



2016 Recommendations for Preventive Pediatric Health Care

COMMITTEE ON PRACTICE AND AMBULATORY MEDICINE and BRIGHT FUTURES PERIODICITY SCHEDULE WORKGROUP

COMMITTEE ON PRACTICE AND AMBULATORY MEDICINE, 2014–2015

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Summary of changes made to the Bright Futures/AAP Recommendations for Preventive Pediatric Health Care (Periodicity Schedule)

This Schedule reflects changes approved in October 2015 and published in January 2016. For updates, visit www.aap.org/periodicityschedule.

Changes made October 2015

- **Vision Screening-** The routine screening at age 18 has been changed to a risk assessment.
- Footnote 7 has been updated to read, "A visual acuity screen is recommended at ages 4 and 5 years, as well as in cooperative 3 year olds. Instrument-based screening may be used to assess risk at ages 12 and 24 months, in addition to the well visits at 3 through 5 years of age. See 2016 AAP statement, "Visual System Assessment in Infants, Children, and Young Adults by Pediatricians" (www.pediatrics.org/cgi/content/full/137/1/e20153596) and "Procedures for the Evaluation of the Visual System by Pediatricians" (www.pediatrics.org/cgi/content/full/137/1/e20153597).

Changes made May 2015

- **Oral Health-** A subheading has been added for fluoride varnish, with a recommendation from 6 months through 5 years.
- Footnote 25 wording has been edited and also includes reference to the 2014 clinical report, "Fluoride Use in Caries Prevention in the Primary Care Setting" (<http://pediatrics.aappublications.org/cgi/doi/10.1542/peds.2014-1699>) and 2014 policy statement, "Maintaining and Improving the Oral Health of Young Children" (<http://pediatrics.aappublications.org/content/134/6/1224.full>).
- Footnote 26 has been added to the new fluoride varnish subheading: See USPSTF recommendations (<http://www.uspreventiveservicestaskforce.org/uspstf/uspsdnch.htm>). Once teeth are present, fluoride varnish may be applied to all children every 3 to 6 months in the primary care or dental office. Indications for fluoride use are noted in the 2014 AAP clinical report "Fluoride Use in Caries Prevention in the Primary Care Setting" (<http://pediatrics.aappublications.org/cgi/doi/10.1542/peds.2014-1699>).

Changes made March 2014

Changes to Developmental/Behavioral Assessment

- **Alcohol and Drug Use Assessment-** Information regarding a recommended screening tool (CRAFFT) was added.
- **Depression-** Screening for depression at ages 11 through 21 has been added, along with suggested screening tools.

Changes to Procedures

- **Dyslipidemia screening-** An additional screening between 9 and 11 years of age has been added. The reference has been updated to the AAP-endorsed National Heart Blood and Lung Institute policy (http://www.nhlbi.nih.gov/guidelines/cvd_ped/index.htm).
- **Hematocrit or hemoglobin-** A risk assessment has been added at 15 and 30 months. The reference has been updated to the current AAP policy (<http://pediatrics.aappublications.org/content/126/5/1040.full>).
- **STI/HIV screening-** A screen for HIV has been added between 16 and 18 years. Information on screening adolescents for HIV has been added in the footnotes. STI screening now references recommendations made in the AAP Red Book. This category was previously titled "STI Screening."
- **Cervical dysplasia-** Adolescents should no longer be routinely screened for cervical dysplasia until age 21. Indications for pelvic examinations before age 21 are noted in the 2010 AAP statement "Gynecologic Examination for Adolescents in the Pediatric Office Setting" (<http://pediatrics.aappublications.org/content/126/3/583.full>).
- **Critical Congenital Heart Disease-** Screening for critical congenital heart disease using pulse oximetry should be performed in newborns, after 24 hours of age, before discharge from the hospital, per the 2011 AAP statement, "Endorsement of Health and Human Services Recommendation for Pulse Oximetry Screening for Critical Congenital Heart Disease" (<http://pediatrics.aappublications.org/content/129/1/190.full>).

See www.aap.org/periodicityschedule for additional updates made to footnotes and references in March 2014.