



**Blue Cross BlueShield  
of Nebraska**  
A Not-For-Profit Mutual Insurance Company and an Independent Licensee of the  
Blue Cross and Blue Shield Association.

# Preventive Health Guidelines

## *Childhood through 18 Years*

These recommendations will help you achieve a healthy lifestyle and are intended as an educational reference. They do not replace the clinical judgment of your health care provider.

### SCREENING INDICATORS (boxes indicate - age screening is suggested)

	2 yrs	3 yrs	4 yrs	5 yrs	7-11 yrs	12-18 yrs
Physical exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family History	Update as indicated					
Height	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weight (or BMI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screening of Visual Impairment in Children to detect amblyopia, strabismus, and defects in visual acuity	Younger than 5 years <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral cavity assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dental Caries in Preschool Children, Preventions	Prescribe oral fluoride supplementation at currently recommended doses to preschool children older than 6 months whose primary water source is deficient in fluoride.					
Developmental/behavioral assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutritional assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obesity in Children Screening	Intensive counseling and behavioral interventions to promote sustained weight loss for obese children					
Exercise or physical activity assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead Level	<input type="checkbox"/>	<input type="checkbox"/>				
Sexual maturity assessment					<input type="checkbox"/>	<input type="checkbox"/>
HIV, Screening	All adolescents and adults at increased risk for HIV infection and all pregnant women.					
Sexual activity assessment					<input type="checkbox"/>	<input type="checkbox"/>
Females: Calcium intake					<input type="checkbox"/>	<input type="checkbox"/>
Males: Testicular exam					<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse assessment, and cessation counseling: Tobacco - alcohol - drug abuse					<input type="checkbox"/>	<input type="checkbox"/>

### IMMUNIZATIONS -- UNLESS CONTRAINDICATED

CONNECT TO CDC: [www.cdc.gov/nip/recs/child-schedule.htm](http://www.cdc.gov/nip/recs/child-schedule.htm)

**Please see Recommended Up-to-Date Childhood and Adolescent Immunization Schedule**

Unvaccinated or under-vaccinated children should be made current with the recommended immunizations provided on the CDC Catch-Up Schedule. [www.cdc.gov/nip/recs/child-schedule.htm](http://www.cdc.gov/nip/recs/child-schedule.htm)

### ADDITIONAL RECOMMENDED GUIDELINES FOR HIGH-RISK POPULATIONS

POPULATION	RECOMMENDED GUIDELINES
Low income; immigrants	H & H; PPD
Native American/ Alaska Native, African-American, children who attend group day care	H & H; PPD; Hep A vaccine; pneumococcal vaccine

Certain chronic medical conditions	PPD; pneumococcal vaccine; influenza vaccine
Inadequate water fluoridation	Daily fluoride supplement
TB contacts	PPD
Injection or street drug use	RPR or VDRL; HIV screen; Hep A & Hep B vaccines; Hep C screen; PPD; advise to reduce risk of infection
Susceptible to varicella, measles, mumps, rubella	VAR vaccine; MMR vaccine
Blood transfusion between 1978-1985	HIV screen
Clotting factors prior to 1987, or blood transfusion prior to 1992, or Gammagard brand IVIG from 1-1-93 to 2-23-94, or hemodialysis	Screen for Hep C virus
Family hx of skin cancer; nevi; fair skin, eyes, hair	Avoid excess sun; use protective clothing and sunscreens
Increased lead exposure	Blood lead level age, 1,2, and 3 years
Sexually active (current or prior sexual activity)	RPR or VDRL; gonorrhea & chlamydia screen; HIV screen; Hep A vaccine (for males who have sex with males); Hep B vaccine; Hep C screen (for multiple sexual partners); Pap smear; microscopic examination of vaginal secretions; advise to reduce infection risk
Prior pregnancy with neural tube defect	Folic acid 4.0 mg
Children with primary relative hx of CAD <55 yrs in men and < 65 yrs in women, or a parent with a total cholesterol >300.	Measure non-fasting total cholesterol and HDL
College dorm students	Meningitis vaccine

## INJURY PREVENTION

Document education on the following:	2 yrs	3 yrs	4 yrs	5 yrs	7-11 yrs	12-18 yrs
Child safety car (until 40 lbs.)		<input type="checkbox"/>				
Belt-positioning booster seat (40-80 lbs. and 4'9" tall)				<input type="checkbox"/>		
Lap/shoulder belts &/or airbags			<input type="checkbox"/>		<input type="checkbox"/>	
Bicycle safety helmets				<input type="checkbox"/>		
ATV/motorcycle safety helmets						<input type="checkbox"/>
Smoke detectors		<input type="checkbox"/>				<input type="checkbox"/>
Passive smoke damage		<input type="checkbox"/>				<input type="checkbox"/>
Window/stair guards & pool fences		<input type="checkbox"/>				
Burn protection		<input type="checkbox"/>				
Electrical cords and outlets		<input type="checkbox"/>				
Warning about strangers		<input type="checkbox"/>				
Storage of drugs, chemicals, matches and firearms		<input type="checkbox"/>				
Syrup of ipecac, poison control center information		<input type="checkbox"/>				
Unintended pregnancy						<input type="checkbox"/>
Sports injuries						<input type="checkbox"/>

Vaccinations, screenings and counseling recommendations may not be covered benefits under all Blue Cross and Blue Shield Nebraska plans. Please consult your benefits materials.

### References

United States Preventive Services Task Force 2007 [www.ahrq.gov/clinic](http://www.ahrq.gov/clinic)  
 Department of Health and Human Services, Centers for Disease Control and Prevention [www.cdc.gov](http://www.cdc.gov)  
 National Partnership for Immunizations (NPI) [www.cdc.gov/nip/recs/adult-schedule.htm](http://www.cdc.gov/nip/recs/adult-schedule.htm)  
[www.cdc.gov/nip/recs/child-schedule.htm](http://www.cdc.gov/nip/recs/child-schedule.htm)  
 Advisory Committee on Immunization Practices (ACIP) [www.cdc.gov/nip/ACIP/default.htm](http://www.cdc.gov/nip/ACIP/default.htm)  
 American Academy of Family Physicians (AAFP) [www.aafp.org](http://www.aafp.org)  
 American Academy of Pediatrics (AAP) [www.aap.org](http://www.aap.org)  
 National Partnership for Immunization [www.partnersforimmunization.org](http://www.partnersforimmunization.org)  
 American Cancer Society [www.cancer.org](http://www.cancer.org)

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