



**BlueCross 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

Infancy: Birth to 18 months

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)

	Birth	2-4wk	2mos	4 mos	6 mos	12 mos	15 mos	18 mos
Physical exam	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head circumference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood Pressure	once or as indicated							
Oral cavity assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developmental/behavioral asses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercise/Physical assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision assessment	Subjectively during all well-child visits starting in newborn period to 3 years of age							
Hearing Assessment	Subjectively starting prior to 3 months of age							
PKU screening	<input type="checkbox"/>							
T4 and/or TSH	<input type="checkbox"/>							
Lead Level						<input type="checkbox"/>		
Galactosemia	<input type="checkbox"/>							
Ophthalmic antibiotic	<input type="checkbox"/>							
Gonorrhea, Prophylactic Medication	<input type="checkbox"/> Prophylactic ocular topical medication <u>for all newborns</u> against gonococcal ophthalmia neonatorum							
Hemoglobinopathies	<input type="checkbox"/>							
Adrenal hyperplasia	<input type="checkbox"/>							
Maple syrup urine disease	<input type="checkbox"/>							
Biotinidase deficiency	<input type="checkbox"/>							

IMMUNIZATIONS UNLESS CONTRAINDICATED

CONNECT TO CDC: 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

ADDITIONAL RECOMMENDED GUIDELINES FOR HIGH RISK POPULATIONS	
POPULATION	RECOMMENDED GUIDELINES
Preterm or low birth weight	H & H
Infants of mothers at risk for HIV	HIV testing
Low income; immigrants	H & H; PPD
Iron Deficiency Anemia Prevention	Routine iron supplementation for asymptomatic children aged 6 to 12 months who are at increased risk for iron deficiency anemia.
TB contacts	PPD
Native American / Alaska Native	H & H; PPD; Hep A vaccine; pneumococcal vaccine
Certain chronic medical conditions	PPD; pneumococcal vaccine; influenza vaccine
Increased lead exposure	Blood lead level 1,2, and 3 yrs
Inadequate water fluoridation	Daily fluoride supplement
Family history of skin cancer; nevi; fair skin, eyes, hair	Avoid excess sun; use protective clothing and sunscreens

INJURY PREVENTION								
Document education on the following:	Birth	2-4wk	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos
Child safety car seats					<input type="checkbox"/>			
Smoke detectors					<input type="checkbox"/>			
Hot water burns					<input type="checkbox"/>			
Stairway gates, window guards, &/or pool fences					<input type="checkbox"/>			
Passive smoke damage					<input type="checkbox"/>			
Storage of drugs, and toxic chemicals					<input type="checkbox"/>			
Syrup of ipecac; poison control center information					<input type="checkbox"/>			
CPR training options					<input type="checkbox"/>			
Infant sleep position and SIDS					<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
 Department of Health and Human Services, Centers for Disease Control and Prevention www.cdc.gov
 National Partnership for Immunizations (NPI) www.cdc.gov/nip/recs/adult-schedule.htm
www.cdc.gov/nip/recs/child-schedule.htm
 Advisory Committee on Immunization Practices (ACIP) www.cdc.gov/nip/ACIP/default.htm
 American Academy of Family Physicians (AAFP) www.aafp.org
 American Academy of Pediatrics (AAP) www.aap.org
 National Partnership for Immunization www.partnersforimmunization.org
 American Cancer Society www.cancer.org

All Preventive Health Guidelines were updated and approved by Blue Cross and Blue Shield of Nebraska's Quality Improvement Committee. Last Updated March 2008