

Preventive HEALTH Guidelines



Health Plan of San Joaquin
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For Children...

Some Healthy Tips To A Better You!



PREVENTIVE GUIDELINES	NEW BORN	2-4 DAYS	1 MTH	2 MTH	4 MTH	6 MTH	9 MTH	12 MTH	15 MTH	18 MTH	24 MTH	3 YRS	4 YRS	5 YRS	6 YRS	8 YRS	10 YRS	11 YRS	12 YRS	13 YRS	14 YRS	15 YRS	16-18 YRS
Well Child Visits & Screenings																							
Well Child Exams	• 6 visits from birth to 15 months											• Annual Exams						• Annual Exams					
Measure height & weight	Green																						
Head Measurement	Green																						
Measure blood pressure	Green																						
Screening for certain diseases	• (hereditary/metabolic)																						
Lead screening												• If 2nd test not done											
Blood tests (hematocrit/hemoglobin)	• With each history & physical												• With each history & physical										
Urine test (urinalysis)												• With each health assessment											
TB screening (tuberculin test)												• (Testing should be done at 4-5 yrs and 11-16 yrs for any child with high-risk factors)											
Cholesterol screening												• (Screening should be done for children with high-risk factors.)											
Vision screening	• With each history & physical or as indicated with referral when needed																						
Hearing screening	• Non-audiometric screening with each history and physical											• Audiometric screening with each history and physical											
Pelvic exam/PAP test	• All sexually active females should be examined																						
Referral to dentist & dental check-up									• First visit				• Regular check-ups every year										
Talk about past health	• Must be included with every well child exam																						
Development & behavior	• Must be included with every well child exam																						
Talk about safety, nutrition, parenting	• (Anticipatory Guidance)																						
STDs screening & education	• All sexually active males & females should be screened																						
Immunizations																							
Hepatitis B	• Hep B		• Hep B(2 doses)				• Hep B(3 doses)												• Hep B series (If not received earlier)				
Rotavirus	• Rota • Rota • Rota																						
DtaP	• DtaP • DtaP • DtaP				• DtaP								• DtaP-Booster if needed						• Tdap Booster				
Humanpapillomavirus (HPV)	• HPV (3 doses)																						
Hib	• Hib • Hib • Hib				• Hib																		
Polio	• IPV • IPV • IPV				• IPV																		
Pneumococcal Conjugate	• PCV • PCV • PCV				• PCV																		
Influenza	• Yearly																						
MMR									• MMR				• MMR						• MMR (If not received earlier)				
Varicella									• VZV				• VZV						• VZV (If not received earlier)				
Hepatitis A	• Hep A (2 doses)																						
Meningococcal	• Before 7th grade																						