

Crossroad Health Center Pediatrics
(Well Child Check schedule and guidelines) Updated Nov 2017

Age of WCC	Vaccines due	Screening Tests/Notes
0-5 days	Record Hepatitis-B¹	<i>Written documentation from birth hospital required to count this shot - hospital uploads to SIIS eventually</i>
2-4 weeks	Schedule 2 month visit	Confirm adequate wt gain; give anticip. guidance Confirm: -Newborn Metabolic screening -Neonatal hearing screen
6-8 weeks	*Pediarix (DTaP¹ IPV¹ Hep-B²) PCV¹ HIB¹ Rotarix¹	<i>First set of vaccines not before 6 weeks old</i> Give the <u>Calm Baby Gently</u> book
4 months	Pediarix (DTaP² IPV² Hep-B³) PCV² HIB² Rotarix²	<i>Don't start rotavirus after 14 weeks and 6 day of age. No rotavirus if 8 mo or older.</i>
6 months *must be > 180 days old	Pediarix*(DTaP³ IPV³ Hep-B⁴) PCV³	Consider lead (Pb) if child is mobile or high risk of Pb poisoning SEEK
6mo to 18 years	Influenza Vaccine	.25 ml 6 mo - 36 mo; .5ml > 36 mo
8 – 10 months		Hgb and Pb ASQ If blood-draw unsuccessful, do at 12 months.
12 months (after 1 st birthday)	MMR¹, Varicella¹, Hep-A¹ PCV⁴ HIB³ (consider DTaP⁴)	Safety anticipatory guidance
15 months Nutritional visit	DtaP⁴ (must be >6months since DTaP³)	Healthy Habits Survey
18 months	Hep-A² Catch up vaccines	Hep-A ² minimum interval 6 months from Hep-A ¹ MCHAT-R
24 months	Catch up vaccines	Pb (two tests required by 36 months) ASQ
30 months		MCHAT-R # 2
3 years		Pb* Healthy Habits Survey, SEEK
4 years	DTaP⁵ IPV⁴ MMR² Var² <i>(DTaP, IPV must be >48months)</i>	Pb*(if at risk) ASQ ASQ to consider Kgarten readiness assessment
5 years (then WCC yearly)	<i>must have had at least one PCV-13</i>	Hgb, Pb* (if at risk) ASQ if not done at 4 yrs
11- 12 years	MCV4 (Menactra), Tdap - Required for 7th grade HPV (2 doses, 6 months apart) GET ADOLESCENT CONSENT FORM Signed & Catch-up vaccines.	
16 years	MCV⁴ (Menactra) booster may offer the Meningitis B (Bexsero) 2 dose series, 1 month apart	(screenings as indicated)

*IF mother is Hepatitis-B positive, Pediarix can not be used. Use individual Hepatitis B vaccines at 0, 1 and 6 months of age then test serology (Hep-B surface antigen and Hep-B surface antibody) at 9-15 months of age

*If fails ASQ and referral made to Help Me Grow, include the ASQ results

https://www.aap.org/en-us/Documents/periodicity_schedule_oral_health.pdf

Lead (Pb) screening recommendations:

*All children (Medicaid and high risk) **must be tested twice between 9 – 36 months** (12 months apart unless clinically indicated sooner). Test yearly until age 72 months unless 3 normal Pb's are documented & no new risk factors present, or two normal Pb's after 36 months if no previous tests.

- *Low level exposure (2.1-4.9)*: MVI, hygiene, recheck in 6 months
- *Higher exposure (5 or greater)*: MVI, hygiene, refer to Health Dept, recheck in 3 months

Hemoglobin (Hgb) recommendations: Iron Deficiency Anemia

Definition:

<u>Age</u>	<u>Hb</u>	<u>MCV</u>	Usually also ↓MCH&MCHC and ↑platelets &RDW >17
9-35 mo	<11gm/dl	<70	
>36 mo	<11.5 gm/dl	<75	

Mentzer index: $MCV/RBC = >13$ - probable iron deficiency <13 probable thalassemia

Treatment: Low indices without anemia: MVI, iron rich foods, consider less milk consumption

Anemia: 3-6 mg/kg/day elemental iron divided bid/tid for total 3 months. Recheck Hgb in 2-4 wks.

Fer-in-sol drops: 75mg/0.6ml (15mg elemental iron) - generic is 15mg elem iron in 1 ml at Pharm OTR

Ferrous Sulfate elixir: 220 mg/5ml (44 mg elemental iron) - request flavor added