I. PURPOSE:
To define the expected standards of outpatient care for well newborns, from birth to 30 days of age, covered by any of the Denver Health Medical Plans.
If a child comes under care for the first time at any point on the Bright Futures schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up-to-date at the earliest possible time.

II. POPULATION:
All infants, from birth through the first 30 days of life, covered by Denver Health Medical Plan, including Denver Health Medicaid Choice.
Care for the well-newborn immediately after birth is to be structured according to current inpatient hospital policy and nationally recognized/evidence based guidelines of care. Relevant Denver Health policies and guidelines are listed as references to this document.

III. GUIDELINE:
A. Evaluation:
1. Newborns should have an evaluation within 3-5 days of birth; and within 48-72 hours after discharge from the hospital.
2. The newborn will be evaluated by a provider within 24 hours of birth.
3. Evaluation should include an evaluation for feeding and jaundice.
4. Breastfeeding is encouraged. Instruction and support should be offered. Breastfeeding newborns should receive a formal breastfeeding evaluation and mothers should receive encouragement and instruction.
5. Re-emphasize and support elements of quality postnatal care for mother and newborn, including identifications of issues, referrals, and follow-up.
6. Vitamin K within 1 hour of birth, to prevent hemolytic disease of the newborn.
7. Vitamin D within the first few weeks of life for breastfed infants.
8. Immunizations: in accordance with the ACIP Recommended Immunization Schedules.
9. Umbilical cord care to prevent infection.
B. History and Physical Examination as per Bright Futures
1. Developmental surveillance is recommended at all Well Visits

C. Screening:
1. Newborn Hearing Screen (per USPSTF recommendations)
   Universal screening for hearing loss is recommended to detect infants with hearing loss and is legally mandated.
2. Pulse oximeter use within 24-48 hours of birth to screen for congenital heart disease
3. Newborn Screening per State of Colorado Guidelines. Initial and second test required by law on all newborns.
4. PKU: after 20 hours of life and at 8 days of life

NOTE:
This guideline is designed to assist providers by providing an analytical framework for the evaluation and treatment of patients, and is not intended either to replace a clinician’s judgment or to establish a protocol for all patients with a particular condition.
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IV. ATTACHMENTS:
Attachment A – Bright Futures Schedule, 2017

V. REFERENCES:

NOTE: This guideline is designed to assist providers by providing an analytical framework for the evaluation and treatment of patients, and is not intended either to replace a clinician's judgment or to establish a protocol for all patients with a particular condition.
Recommendations for Preventive Pediatric Health Care
Bright Futures/American Academy of Pediatrics

Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in a satisfactory fashion. Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits. Additional visits also may become necessary if circumstances suggest variations from normal.

The recommendations in this statement do not indicate an exclusive course of treatment or standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Copyright © 2017 by the American Academy of Pediatrics, updated February 2017. No part of this statement may be reproduced in any form or by any means without prior written permission from the American Academy of Pediatrics except for one copy for personal use.

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<tr>
<th>AGE</th>
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1. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested ages, the schedule should be brought up-to-date at the earliest possible time.

2. A prenatal visit is recommended for all children at high risk for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding, per “The Prenatal Visit” (http://pediatrics.aappublications.org/content/124/A1/227A.full).

3. Newborns should have an evaluation after birth, and breastfeeding should be encouraged (and instruction and support should be offered).

4. Newborns should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital to include evaluation for fever and jaundice. Breastfeeding newborns should receive formal breastfeeding evaluation, and their mothers should receive encouragement and instruction, as recommended in “Breastfeeding and the Use of Human Milk” (http://pediatrics.aappublications.org/content/123/3/411.full). Newborns discharged less than 48 hours after delivery must be evaluated within 48 hours of discharge, per “Hospital Stay for Healthy Term Newborns” (http://pediatrics.aappublications.org/content/123/3/411.full).

5. Screen, per “Export Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report” (http://pediatrics.aappublications.org/content/122/ Supplement_A/516A.full).

6. Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.

7. A visual acuity screen is recommended at ages 12 and 24 months, in addition to the well-visit at 3 through 5 years of age. See “Visual System Assessment in Infants, Children, and Young Adults by Pediatricians” (http://pediatrics.aappublications.org/content/137/1/155S.full) and “Evaluation of the Visual System by Pediatricians” (http://pediatrics.aappublications.org/content/137/1/155S.full).

8. Newborns should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital to include evaluation for fever and jaundice. Breastfeeding newborns should receive formal breastfeeding evaluation, and their mothers should receive encouragement and instruction, as recommended in “Breastfeeding and the Use of Human Milk” (http://pediatrics.aappublications.org/content/123/3/411.full). Newborns discharged less than 48 hours after delivery must be evaluated within 48 hours of discharge, per “Hospital Stay for Healthy Term Newborns” (http://pediatrics.aappublications.org/content/123/3/411.full).

9. Confirm initial screen was completed, verify results, and follow up, if appropriate. Newborns should screen per “Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs” (http://pediatrics.aappublications.org/content/120/5/1183.full).

10. Screen with audiometry including 6,000 and 8,000 Hz high frequencies once between 11 and 14 years, once between 15 and 17 years, and once between 18 and 21 years. See “The Sensitivity of Adolescent Hearing Screens Significantly Improved by Adding High Frequencies” (http://pediatrics.aappublications.org/content/125/4/791.full).

11. Screen with audiometry including 6,000 and 8,000 Hz high frequencies once between 11 and 14 years, once between 15 and 17 years, and once between 18 and 21 years. See “The Sensitivity of Adolescent Hearing Screens Significantly Improved by Adding High Frequencies” (http://pediatrics.aappublications.org/content/125/4/791.full).

12. Screening should occur per “Identification and Evaluation of Children With Autism Spectrum Disorders” (http://pediatrics.aappublications.org/content/137/1/155S.full).

13. This assessment should be family centered and may include an assessment of child social-emotional health, caregiver depression, and social determinants of health. See “Promoting Optimal Development: Screening for Behavioral and Emotional Problems” (http://pediatrics.aappublications.org/content/115/5/450) and “Poverty and Child Health in the United States” (http://pediatrics.aappublications.org/content/117/4/674.full).


17. At each visit, age-appropriate physical examination is essential, with focus typically on well children (including those with undiagnosed autism spectrum disorder) and older children with unexplained medical problems. See “Use of Chaperones During the Physical Examination of the Pediatric Patient” (http://pediatrics.aappublications.org/content/127/5/851.full).

18. These may be modified, depending on entry point into schedule and individual need.

(continued)
Footnote 32 has been updated to read as follows: “Assess whether the child has a dental home. If no dental home is identified, screening once during each time period. For children at risk of lead exposure, see “Low Level Lead Exposure Harms Children: A Renewal Call for Primary Prevention” (http://www.cdc.gov/lead/leadACCUP Final Document.pdf).


29. Adolescents should be screened for sexually transmitted infections (STIs) per recommendations in the current edition of the AAP Red Book Report of the Committee on Infectious Diseases.

30. Adolescents should be screened for HIV according to the USPSTF recommendations (http://www.uspreventiveservicestaskforce.org/uspstf/reports/appendix-j). Once between the ages of 15 and 19, making every effort to preserve confidentiality of the adolescent. Those at increased risk of HIV infections, including those who are sexually active, participate in injection drug use, or are being tested for other STIs, should be tested for HIV and reassessed annually.

31. See USPSTF recommendations (http://www.uspreventiveservicestaskforce.org/uspstf/reports/appendix-j). Indication for the vaccination prior to age 21 are noted in “Manting and Improving the Oral Health of Young Children” (http://pediatrics.aappublications.org/content/134/6/1224).

32. See USPSTF recommendations (http://www.uspreventiveservicestaskforce.org/uspstf/reports/appendix-j). Fluoride supplementation at the newborn visit has been added.

33. See USPSTF recommendations (http://www.uspreventiveservicestaskforce.org/uspstf/reports/appendix-j). Timing and follow-up of the screening recommendations have been delineated.

34. For children at risk of lead exposure, see “Low Level Lead Exposure Harms Children: A Renewal Call for Primary Prevention” (http://www.cdc.gov/lead/leadACCUP Final Document.pdf).

35. For children at risk of lead exposure, see “Low Level Lead Exposure Harms Children: A Renewal Call for Primary Prevention” (http://www.cdc.gov/lead/leadACCUP Final Document.pdf).

36. Perform risk assessments or screenings as appropriate, based on universal screening requirements for patients with Medicaid or in high prevalence areas.

37. Tuberculosis testing per recommendations of the AAP Committee on Infectious Diseases, published in the current edition of the AAP Red Book Report of the Committee on Infectious Diseases. Testing should be performed on recognition of high-risk factors.

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

This schedule reflects changes approved in February 2017 and published in April 2017. For updates, visit www.aap.org/periodic schedule.


CHANGES MADE IN FEBRUARY 2017

HEARING

• Timing and follow-up of the screening recommendations for hearing during the infancy visits have been delineated. Adolescent risk assessment has been added to screening once during each time period.

• Footnote 8 has been updated to read as follows: “Confirm initial screen was completed, verify results, and follow up, as appropriate. Newborns should be screened, per ‘Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs’ (http://pediatrics.aappublications.org/content/120/4/898.full)."

• Footnote 9 has been added to read as follows: “Verify results as soon as possible, and follow up, as appropriate.

• Footnote 10 has been added to read as follows: “Screen with audiometry including 6,000 and 8,000 Hz frequencies once between 11 and 14 years, once between 15 and 17 years, and once between 18 and 21 years. The Sensitivity of Adolescent Hearing Screens Significantly Improves by Adding High Frequencies’ (http://www.jahonline.org/article/S1054-139X(16)30048-3/fulltext)."

PSYCHOSOCIAL/Behavioral Assessment

• Footnote 13 has been added to read as follows: “This assessment should be family centered and may include an assessment of child social-emotional health, caregiver depression, and social determinants of health. See ‘Promoting Optimal Development: Screening for Behavioral and Emotional Problems’ (http://pediatrics.aappublications.org/content/133/2/384) and Poverty and Child Health in the United States” (http://pediatrics.aappublications.org/content/137/4/e20160339).

Tobacco, Alcohol, or Drug Use Assessment

• The header was updated to be consistent with recommendations.