



Guidelines for Health Maintenance Screenings for Pediatric and Adolescent Residents in Long Term Care Facilities¹

Each resident is unique, therefore these recommendations are a guide to help Primary Care Providers consider minimum screenings for their long term care residents. These recommendations are considered a model of care that should be adjusted to each individual resident, their needs, condition and their goals.

Pediatric Health Care Maintenance

Advanced Directives review annually and as needed

AGE	INFANCY					EARLY CHILDHOOD					MIDDLE CHILDHOOD						EARLY ADOLESCENCE					LATE ADOLESCENCE								
	by 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3y	4y	5y	6y	7y	8y	9y	10y	11y	12y	13y	14 y	15y	16y	17y	18y	19y	20y	21y	
Physical Exam	Regulations require monthly visits until age 22																													
History Initial /Interval	At each medical encounter					At each medical encounter					At each medical encounter						At each medical encounter					At each medical encounter								
Measurements	Per Minimum Data Set must be obtained quarterly																													
Height and weight	●	●	●	●	●	●	●	●																						
Head Circumference	●	●	●	●	●	●	●	●	●																					
Weight for Length	●	●	●	●	●	●	●	●																						
Body Mass Index									●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Blood Pressure	*	*	*	*	*	*	*	*	●	*	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Sensory Screening																														
Vision	*	*	*	*	*	*	*	*	*	*	●	●	●	●	●	●	*	●	*	●	*	*	●	*	*	●	*	*	*	
Hearing	●	*	*	*	*	*	*	*	*	*	*	●	●	●	●	●	*	●	*	*	*	*	*	*	*	●	*	*	*	
Developmental Screening																														
Autism Screening				●			●	●																						
Developmental Surveillance	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Psychosocial/behavioral Assessment	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
ETOH and illicit drug use																										*	*	*	*	
Procedures-General																														
Hereditary/ Metabolic Screening	If not prev done, per provider's discretion																													
Immunizations	Per current CDC, American Academy of Pediatrics and American Academy of Family Providers guidelines																													
Hematocrit or Hemoglobin			*			●		*	*	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Cervical Dysplasia Screening																		*	*	*	*	*	*	*	*	*	*	*	*	
Procedures-Residents at risk																														
Lead Screening				*	*	●Or*		*	●Or*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
Tuberculin Test	*			*		*		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
Cholesterol screening									*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*		
STD Screening																	*	*	*	*	*	*	*	*	*	*	*	*		
Oral Health				*	*	●		●			●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	

● = to be performed
 * = for residents at risk

¹ Based on review of the following primary guidelines/resources
 i. Massachusetts Health Quality Partners Pediatric Routine Preventive Care Recommendations 2007/8
 ii. American Academy of Pediatrics Bright Futures Recommendations for Preventive Pediatric Health Care 2008
 iii. Commonwealth of Massachusetts MassHealth Early and Periodic screening, Diagnosis, and Treatment medical Protocol and Periodicity Schedule
 iv. United States Services Task Force Guidelines 2009