



2008-2009 Physician Preventive Health Guidelines

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2008-2009

Provider Preventive Health Guidelines: Newborn-21 Years



	Service	1-23 Months	2-5 Years	6-10 Years	11-21 Years
Exam	<i>Physical Exam</i>	Birth, age 3-5 days 1,2,4,6,9,12,15,18 months	Annual	Annual	Annual
	<i>Height & Weight</i>	Weight, length, head circumference every visit	Height/Weight every visit	Height, Weight, and BMI every visit	
	<i>Developmental Assessment</i>	Reflexes, muscle tone	Milestones	School performance, age appropriate behavior, relationships, emotional development	Assess for high risk behavior, mood disorders, suicidal thoughts
	<i>Vision</i>	Subjective Testing	Objective for amblyopia, strabismus, acuity for ≥ 3 years old	Objective testing annually	Objective testing at 12 and 18 years old
	<i>Hearing</i>	Objective at birth, subjective at every visit	Objective test annually after 3 years old; tympanometry as indicated	Objective testing annually	Objective testing at 12 and 18 years old
	<i>Dental</i>	Assess for Fluoride supplementation after 6 months old	Refer for dental screening by age 3 years	Semi-annual exams	Semi-annual exams and cleaning
	<i>Blood Pressure</i>		Annual after 3 years old	Annual	
	<i>Gynecological Exam & Pap Smear, Chlamydia</i>				For all sexually active females, including gonorrhea, HIV, whether or not symptomatic

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	Service	1-23 Months	2-5 Years	6-10 Years	11-21 Years
Screenings	<i>Hemoglobin & Hematocrit (AAP) for Anemia</i>	9-12 months; 23 months if indicated	If indicated		Annually in girls after menarche
	<i>Screening for Hereditary and Metabolic Disorders</i>	≥ 24 hours after birth; ideally at 2-6 days, no later than a month			
	<i>Urinalysis</i>	If indicated	Dipstick once at 5 years		If sexually active, dipstick for leukocytes annually
	<i>Blood Lead Screening</i>	Between 9-12 months	Repeat at 2 years and as needed based on risk factors up to age 6 years		
	<i>Cholesterol Screening</i>		Screen children and adolescents if parent has total cholesterol ≥ 240, or with a significant family history in a parent or grandparent under the age of 55. If family history cannot be ascertained and other risk factors present screening should be at physician discretion.		
	<i>Tuberculin Screening, Mantoux Test</i>	Beginning at 12 months if high risk	Annually if high risk		
	<i>Immunizations</i>	As per recommendations of CDC; See westernhealth.com for immunization schedule			



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	Service	1-23 Months	2-5 Years	6-10 Years	11-21 Years
Counseling and Education	<i>Exercise and Physical Activity Guidance</i>	Adequate “Tummy Time” Discuss playtime and adequate stimulation	Encourage active play 30 minutes a day	Children should participate in one hour or more of moderate or vigorous physical activity per day. They should also participate in muscle-strengthening activity (push-ups, sit-ups, etc.) 3 days per week and bone-strengthening (jumping rope, hopping, or running) activities 3 days a week.	
	<i>Nutrition Guidance</i>	Encourage and support breast feeding ideally for the first 6 months; staged introduction of solid foods no sooner than age 4 months; no cow’s milk until 12 months; no fat limitation until 2 years old. Discuss iron supplementation for asymptomatic children.	Limit saturated fat to <10% of total daily calories, total fat to <20% by age 5 years; limit dietary cholesterol to less than 300 mg daily; avoid trans fat; increase fruits vegetables, low fat milk products, whole grains and lean meats/fish.	Avoid fast and processed foods, foods with high sodium content, high content of sugars, eat a variety from all food groups.	Females need adequate intake of calcium and folic acid, consider supplementation; encourage low fat, low sugar choices; lower calorie intake and increase exercise as needed for overweight individuals

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Newborn-21 Years



	Service	1-23 Months	2-5 Years	6-10 Years	11-21 Years
Counseling and Education	<i>Injury Prevention</i>	Auto Safety Restraints: rear facing to 1 year, center of the back seat; protect from falls, choking hazards, hot water temperature set to less than 120 degrees F; locked storage of cleaners and medicines, post poison control number, violence prevention and shaken baby precautions; working smoke detectors	Auto Safety: car seats in center of back seats, use of booster seat until 4'9" or over 80 pounds; window and stair guards, pool fences and/or alarms: locked storage of cleaners, medicines and firearms; proper use of bicycle helmets, knee, elbow and wrist pads; working smoke detectors	Booster seats to 4'9" or 80 pounds; Ride in back seat only; Protective gear and helmets for all sports; lock/remove firearms; violence prevention and problem solving	Violence prevention and problem solving; extreme sports protective equipment; safe motor vehicle operation, use of seat belts
	<i>Parental Anticipatory Guidance</i>	Sleep positioning; suffocation prevention; sunscreen; sensory stimulation and other skills to promote development	Sunscreen; limit -setting and behavioral management; limit TV/video game time; promote active play, build cooperative play skills	Sunscreen; education of the negative health effects of drugs, alcohol and smoking	Sunscreen; counsel regarding risks with sexual activity; use of contraceptives and benefits of abstinence risks associated with alcohol and street drug use; smoking prevention or cessation support.

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Provider Preventive Health Guidelines: Adults 22-65+ Years

	Service	22-39 Years	40-49 Years	50-64 Years	65+ Years	
Physical Exam	<i>Medical History and Physical Exam</i>	Every 5 years	Every 1-3 years	Annually		
	<i>Height</i>	Establish baseline height	If indicated	If indicated based on risk	Annually	
	<i>Weight</i>	Every visit	At each office visit or as indicated		Annually	
	<i>Body Mass Index (BMI)</i>	All adults should be screened using calculated BMI and waist circumference at least every 2-3 years				
	<i>Blood Pressure</i>	Every 2 years	At each office visit or as indicated	Annually and as indicated		
Screenings and Tests	<i>Vision Screening</i>	If diabetic DRE annually. All others if indicated			Annually	
	<i>Hearing Screening</i>	If indicated				
	<i>Colon Cancer</i>		If at high risk	FOBT annually and/or sigmoidoscopy every 5 years; or double contrast barium enema every 5 years; or colonoscopy every 10 years until age 80.		
	<i>Depression Screening</i>	Routine Screening of all adults				
	<i>Diabetes Mellitus in Adults, Screening for Type 2</i>	Screening if high risk including adults with hypertension or hyperlipidemia				
	<i>Tuberculosis Screening</i>	Screening for tuberculosis infection is recommended for asymptomatic high risk individuals				

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Provider Preventive Health Guidelines:
Adults 22-65+ Years



	Service	22-39 years	40-49 years	50-64 years	65+ years
Education	<i>Injury Prevention</i>	Counsel regarding domestic violence, safety at home, driving (seat belt use), helmets and protective gear for bicycling and sports like skiing.			
	<i>Physical Activity</i>	All adults benefit from two and one half hours a week of moderate aerobic physical activity or an hour and 15 minutes of vigorous physical activity. Increasing aerobic activity to five hours of moderate or two and one half hours of vigorous physical activity per week is recommended. Adults should do muscle-strengthening activities at least two days a week.			
	<i>Substance Use and Abuse</i>	Screening and counseling to reduce alcohol and drug misuse as indicated. Refer for treatment.			
	<i>Tobacco Use Screening</i>	Screening for tobacco use and provide tobacco interventions as appropriate.			

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Provider Preventive Health Guidelines: Men 22-65+ Years



	Service	22-39 Years	40-49 Years	50-64 Years	65+ Years
Screening and Guidelines	Abdominal Aortic Aneurysm				One time screening by ultrasound in men aged 65-75 who have ever smoked
	Coronary Heart Disease Screening	Ages 35-39 with risk factors for CAD	If at risk counsel on risk/benefit of aspirin therapy		If at risk consider preventive therapy
	Lipid Disorder Screening	Beginning at age 35, then every 5 years; if high risk begin testing at age 22		Routinely as indicated	
	Prostate Cancer Screening	Screening based on individual risks and benefits			
	HIV/Sexually Transmitted Diseases	Counsel regarding the risks and how to prevent them			

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Provider Preventive Health Guidelines: Women 22-65+ Years



	Service	22-39 Years	40-49 Years	50-64 Years	65+ Years	
Screenings and Tests	Breast Cancer Chemoprevention	Discuss with women of high risk for breast cancer and low risk for adverse effects of chemoprevention				
	Breast Cancer Screening		Screening mammography annually all women > 40			
	Breast Feeding	Structured breastfeeding education and behavioral counseling programs to promote breastfeeding.				
	Cervical Cancer Screening	Begin screening within 3 years of onset of sexual activity or age 21 (whichever comes first) and continue at least every 3 years			May discontinue in women who have had negative screening	
	Chlamydia Infection Screening	Screening for Chlamydia infection for all sexually active non-pregnant women aged 25 and younger and for older non-pregnant women who are at increased risk				
	Coronary Heart Disease Screening	Post menopausal women counsel on risk/benefit of aspirin therapy			If at risk consider preventive therapy	
	Lipid Disorder Screening		Beginning at age 45, then every 5 years			
	Osteoporosis Screening	Counsel on benefits of prevention and weight-bearing exercise				
				Screening beginning at age 60 for women at risk for fractures	Routine screening for all women	
	HIV/Sexually Transmitted Diseases	Counsel regarding the risks and how to prevent them				

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Provider Preventive Health Guidelines: Normal Pregnancy

	Pre-Conception (6 months before pregnancy)	First Trimester 4-13 Weeks
Office Visit	<p>Initial Planning Visit:</p> <ul style="list-style-type: none"> Physical Exam Assess health risk, medical history Pap, pelvic, clinical breast exam Weight BP All women planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid beginning at least 1 month prior to conception If previous hx of neural tube defect then advise 4mg/day folic acid 	<p>Initial visit as early as possible 7-14 days after diagnosis, then every 4-6 weeks.</p> <p>Initial visit includes:</p> <ul style="list-style-type: none"> Pelvic Exam Family/social history Past/current OB and medical hx Vaccination hx Counseling/education as applicable <p>Visit every 4-6 weeks through 28 weeks gestation.</p> <p>At each visit:</p> <ul style="list-style-type: none"> Weight BP Fetal Heart Rate
Lab and Diagnostic Tests	<ul style="list-style-type: none"> Fasting Glucose Rubella Serology Genetic Screening and teratology screening as indicated* Environmental exposure (worksite, cat litter) History of blood relative fetal malformation, mental retardation, chromosome defects, decent risk conditions Discuss other forms of birth control prior to planned conception Discuss risk factors based on history like substance abuse, alcohol, etc. Discuss any existing medical conditions like diabetes and for blood relatives Update vaccinations 	<ul style="list-style-type: none"> Hepatitis B at first visit Blood Group and antibody screen Hgb and Hct Iron Deficiency Anemia Screening Offer HIV screen Syphillis serology Gonorrhea screening Chlamydia screening Rubella serology TORCH antibody Urine culture Pap smear (if none <12 months) Offer referral for CVS (<13 weeks) age 35 or older Hemoglobinopathy test if hx within high prevalence group Early diabetes screening if high risk Tb screening (PPD) if at risk

*Includes patient, baby's father, or anyone in either family with: sickle cell, NTDs, congenital heart defect, Down's, Tay-Sachs, hemophilia, muscular dystrophy, cystic fibrosis, Huntington's chorea, mental retardation, other inherited genetic or chromosomal disorder



	Second Trimester 14-28 Weeks	Third Trimester 29-42 Weeks	Postpartum 3-6 Weeks after Delivery
<ul style="list-style-type: none"> • Triple marker screen (AFP) between 5-18 weeks • Offer referral for amniocentesis (15-18 weeks) age 35 or older • Diabetes screening at 24-28 weeks • Ultrasonography as indicated • Repeat Rh testing for all unsensitized Rh (D)- negative women at 24-28 weeks gestation unless the biological father is known to be Rh(D)- negative 	<p>Visit every 4-6 weeks through 28 weeks gestation.</p> <p>At each visit:</p> <ul style="list-style-type: none"> • Weight • BP • Fetal Heart Rate • Fundal Height 	<p>Every 2-3 weeks until 36 weeks, then every week after 36 weeks.</p> <p>At each visit:</p> <ul style="list-style-type: none"> • Weight • BP • Urine Screen for glucose, protein • Fetal heart rate • Fundal height 	<p>Follow-up visit 3-6 weeks after delivery.</p> <p>At each visit:</p> <ul style="list-style-type: none"> • Pelvic exam • Weight • BP • Breast exam • Abdominal exam <p>For C-section or complicated gestation follow-up at the providers discretion</p>
		<ul style="list-style-type: none"> • Repeat Hgb and Hct early in the 3rd trimester, if anemic earlier in pregnancy • Repeat evaluation for STDs at 32-36 weeks, if indicated • Group B strep screen at 35-37 weeks, unless treating those with risk factors in labor 	

	Pre-Conception (6 months before pregnancy)	First Trimester 4-13 Weeks	Second Trimester 14-28 Weeks	Third Trimester 29-42 Weeks	Postpartum 3-6 Weeks after Delivery
Patient Education and Counseling		<ul style="list-style-type: none"> • Scope of care that is provided in the office • Laboratory studies • Expected course of the pregnancy • Selection of a pediatrician • Alcohol/other use • Tobacco Cessation and exposure to passic smoking-provide pregnancy specific counseling • Anesthesia plans • Toxoplasmosis precautions • Childbirth classes • Nutrition counseling, including adequate calcium intake • Breast feeding-encourage breast feeding education with behavioral counseling as indicated to promote initiation and continuation of breast feeding for up to 3 months • Bottle feeding-iron enriched formula and foods • Newborn car seat • Postpartum birth control • Environmental/work hazards • Lifestyle, exercise, stress management, work during pregnancy • Depression/mood changes • Lap/shoulder seat belts when driving • Avoiding high risk sexual behaviors and practice of safe sex (condoms) 			

QIC Reviewed: 1/23/08



All immunization and preventive health care information contained in these charts are based on recommendations from groups, such as the U.S. Preventive Services Task Force, Agency for Healthcare Research, 2007, the Advisory Committee on Immunization Practices (ACIP), Recommended Clinical Preventive Services for Adult Men/Women- the American Academy of Family Physicians (AAFP), U.S. Department of Health and Human Services; Physical Activity Guidelines for Americans Oct 2008, Guidelines for Women's Health Care, American College of Obstetricians & Gynecologist, 1996, Guidelines for Perinatal Care, American College of Obstetricians, 4th Edition, 1997, and the American Cancer Society (ACS).