

## Appendix VII-B — Child/Teen Health Plan (C/THP) Guidelines and Immunization Schedule

The matrix displayed below generally follows recommendations of the Committee on Standards of Child Healthcare of the American Academy of Pediatrics. The contents of each exam are the recommended standards for the specific age of the child/teenager and do not preclude providers from performing additional tests if indicated. A star indicates the age at which each component of the exam should be performed.

	2-4 wks	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	24 mos	3 yrs
<b>HISTORY – Initial/Interval</b>	*	*	*	*	*	*	*	*	*	*
<b>MEASUREMENTS</b>										
Length/Height and Weight	*	*	*	*	*	*	*	*	*	*
BMI Screening									*	
Head Circumference	*	*	*	*	*	*	*	*	*	
Weight for Length	*	*	*	*	*	*	*	*		
Blood Pressure		+	+	+		+	+	+	+	*
<b>PHYSICAL EXAMINATION (1)</b>	*	*	*	*	*	*	*	*	*	*
<b>SENSORY SCREENING – Sight &amp; Hearing</b>	+	+	+	+	+	+	+	+	+	*
<b>DEVELOPMENTAL &amp; BEHAVIORAL ASSESSMENT</b>	*	*	*	*	*	*	*	*	*	*
<b>DENTAL CARE (2)</b>				*		*		*	*	*
<b>COUNSELING and EDUCATION</b>	*	*	*	*	*	*	*	*	*	*
<b>IMMUNIZATIONS (See Guidelines) (3)</b>	*	*	*	*	*	*	*	*	*	*
<b>SCREENING – GENERAL</b>										
Hereditary/Metabolic Screening (4)	*									
Hemoglobin and Hematocrit (5)			*			+		*	*	*
<b>SCREENING PATIENTS AT RISK</b>										
Tuberculosis (6)	*			*		*			*	*
Lead Screening (7)				*	*	*		*	*	
Cholesterol Screening (8)									*	
		4 y.o.	5 y.o.	6 y.o.	8 y.o.	10 y.o.	11-14 y.o.	15-17 y.o.	18-21 y.o.	

<b>HISTORY – Initial/Interval</b>	*	*	*	*	*	*	*	*
<b>MEASUREMENTS</b>								
Height and Weight	*	*	*	*	*	*	*	*
BMI Screening	*	*	*	*	*	*	*	*
Head Circumference								
Blood Pressure	*	*	*	*	*	*	*	*
<b>PHYSICAL EXAMINATION</b>	*	*	*	*	*	*	*	*
<b>SENSORY SCREENING – Sight &amp; Hearing</b>	*	*	*	*	*	*	*	*
<b>DEVELOPMENTAL &amp; BEHAVIORAL ASSESSMENT</b>	*	*	*	*	*	*	*	*
<b>DENTAL CARE</b>	*	*	*	*	*	*	*	*
<b>COUNSELING and EDUCATION</b>	*	*	*	*	*	*	*	*
<b>IMMUNIZATION (See Guidelines)</b>	*	*	*	*	*	*	*	*
<b>SCREENING – GENERAL</b>								
Hemoglobin and Hematocrit	+	+	+	+	+	+	+	+
Urinalysis (9)		*				*	*	*
<b>SCREENING PATIENTS AT RISK</b>								
Tuberculosis	+	+	+	+	+	+	+	+
Lead Screening	+	+	+					
Cholesterol screening	*	*	*	*	*	*	*	*
STI (including chlamydia) (10)						*	*	*
HIV (11)						*	*	*
Pelvic exam. (Pap smear) (12)						*	*	*
Testicular/Breast Examination (13)							*	*
<b>* = to be performed</b>								
<b>+ = risk assessment to be performed with appropriate action to follow, if positive</b>								

At each visit, a complete physical exam is essential, with infants totally unclothed, older children undressed or suitably dressed.

1. Scheduling a visit to the dentist is recommended within six (6) months of the eruption of the first tooth and no later than the child's first (1st) birthday, then 2 times a year thereafter.
2. See guidelines for immunization.
3. At first encounter, obtain results of newborn screening tests for all children born in New York State.
4. Performed during the 9th- to 10th-month visit and then repeated during the 23rd- to 25th-month visit (2 tests by age 2 years).  
All menstruating adolescents should be screened annually.
5. Testing should be done upon recognition of high-risk factors.
6. Regardless of exposure risk, all children must be screened with a blood lead test at or around 12 months and 24 months of age. Elevated blood lead levels require evaluation and referral for appropriate follow-up services.

7. Performed if family history is positive for early cardiovascular disease or hyperlipidemia.
8. Conduct dipstick urinalysis for leukocytes for male and female adolescents.
9. Screen at least annually if sexually active.
10. Screen if high-risk for infection. Provide age and developmentally appropriate education/prevention, as well as confidential HIV counseling, testing, and supportive services.
11. Screen females annually if sexually active or if 18 years or older.
12. Should have physician exam with periodic health exam and be taught to do monthly breast self-examinations.

*Sources: NYS Chapter 6 – Operational Protocol (Child/Teen Health Plan), Guidelines for Adolescent Preventive Services.*

*The U.S. Preventive Services Task Force, American Academy of Pediatrics and American Dental Association, Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents. 3rd ed.*