Well Child Check Policy

Patients are required to comply with the well child check schedule, including annual physicals following the age of three (3). Failure to do so may warrant dismissal from the practice.

- Well visits are conducted when a child is feeling well and intended to prevent health problems.
- A well visit includes review of medical history, screenings of overall health and development, preventative health counseling, and immunization review and administration.
 - If during the visit there are any illnesses or other problem-oriented issues that may require further evaluation or management (ex: ADD, depression, anxiety, ear infection, warts, pain, acne, etc.) the well child visit may be rescheduled. If the provider's schedule permits time, additional concerns may be addressed in conjunction.
 - Insurance policies will be charged both a well child and a problem-oriented (or sick) visit. This may incur a co-pay, deductible, or coinsurance depending on the individuals' insurance plan.
- Pediatric Office Name follows clinical practice guidelines published by Bright Futures and American Academy of Pediatrics.
 - Reference: Periodicity Schedule
- Well Child Check Schedule
 - Newborn (2-5 days of life)
 - o 2 Week
 - o 1 Month
 - o 2 Month
 - o 4 Month
 - o 6 Month
 - o 9 Month
 - o 12 Month
 - o 15 Month
 - o 18 Month
 - o 24 Month
 - o 30 Month
 - 30 Month
 - 3- 18 Years Annually
 Routine immunizations are provided at each well child visit, based on CDC/ACIP guidelines.
- Missed, no showed, or cancelled appointments with less than 24-hour notice may be subjected to a \$25 fee.
- Multiple missed appointments or late cancellations may result in discharge from the practice. (Reference No Show Policy)
- Non-compliant patients are subject to termination from the practice.
 - Add specific protocol here: (# sick visits w/ no well prior to discharge. Locking of accounts for scheduling visits other than well child outside of urgent/ER, etc.
- Well Child Check appointments reminders are broadcasted by Phreesia, and reminder notifications are sent within 24-48hours prior to scheduled appointment. OR reminders are bradcasted by patient portal? Employees calling for reminders?
- Pre-Visit screening procedures are broadcasted through Phreesia for all scheduled well child checks.
 In the event a parent/guardian/patient does not complete screenings prior to the visit, it is requested upon arrival of the appointment via Phreesia iPad and/or paper.
 - Screening services can be added/removed as the practice deems necessary and/or upon changes in clinical practice guidelines.

- o PHQ-9
- o ASC
- o PSC

Well Child Check Age Requirements

Newborn

- o Vital Signs (Height, Weight, Head Circumference, Temperature, O2 Saturation)
- Hepatitis B Vaccine #1 (If given at birth, place in historical immunization template, otherwise to be given at this visit)
- Birth History (To be completed in its entirety according to discharge summary provided by parents OR to the best knowledge of the parents)
- o Request birth records from birth hospital, and NICU hospital if different.
- PHQ-9/Maternal Depression Screen

• One (1) Month

- Vital Signs (Height, Weight, Head Circumference, Temperature)
- Verify hospital/birth records have been obtained/requested
- Verify newborn screen/PKU has been received. (Otherwise, obtain results.)
- PHQ-9/Maternal Depression Screen

Two (2) Month

- Vital Signs (Height, Weight, Head Circumference, Temperature)
- o Immunizations (DTAP #1, IPV #1, Hep B #2, HIB #1, PCV13 #1, Rotavirus #1).
- Verify newborn screen/PKU has been received (Otherwise, obtain document)
- PHQ-9/Maternal Depression Screen

• Four (4) Month

- Vital Signs (Height, Weight, Head Circumference, Temperature)
- o Immunizations (DTAP #2, IPV #2, Hep B #3, HIB #2, PCV13 #2, Rotavirus #2)
- PHQ-9/Maternal Depression Screen

• Six (6) Month

- O Vital Signs (Height, Weight, Head Circumference, Temperature)
- o Immunizations (DTAP #3, IPV #3, Hep B #4, HIB #3, PCV13 #4, Rotavirus #3).
- PHQ-9/Maternal Depression Screen
- o PRN Fluoride & Dental Screening

• Nine (9) Month

- O Vital Signs (Height, Weight, head Circumference, Temperature)
- Hepatitis B vaccine (If behind on schedule)
- Hemoglobin/Hematocrit
- TB Risk Assessment
- Lead Questionnaire

- o PRN Fluoride & Dental Screening
- Twelve (12) Month
 - Vital Signs (Height, Weight, Head Circumference, Temperature)
 - o Immunizations (MMR#1, VZV#1, Hep A #1)
 - o TB Risk Assessment
 - Lead Questionnaire
 - Lead Test (Blood Sample)
 - Hemoglobin/Hematocrit
 - o PRN Fluoride & Dental Screening
- Fifteen (15) Month
 - o Vital Signs (Height, Weight, Head Circumference, Temperature)
 - o Immunizations (HIB #4, PCV13 #4)
 - o TB Risk Assessment
 - PRN Hemoglobin/Hematocrit
 - o PRN Lead
 - o PRN Fluoride & Dental Screening
- Eighteen (18) Month
 - Vital Signs (Height, Weight, Head Circumference, Temperature)
 - Reach Out and Read Book
 - o Immunizations (DTAP #4, Hep A #2)
 - o TB Risk Assessment
 - o PRN Hemoglobin
 - o PRN Lead
 - PRN Fluoride & Dental Screening
- Twenty-Four (24) Month
 - o Vital Signs (Height, Weight, Head Circumference, Temperature)
 - o Reach Out and Read Book
 - Lead Questionnaire
 - o TB Risk Assessment
 - Lead Test (Blood Sample)
 - Hemoglobin
 - o Immunizations (To catch up if behind on schedule)
 - o PRN Fluoride & Dental Screening
- Thirty (30) Month
 - Vital Signs (Height, Weight, Head Circumference, Temperature, Blood pressure)
 - Lead Questionnaire
 - o TB Risk Assessment
 - PRN Hemoglobin (Rule: Two (2) by the age of five)

- o PRN Lead (Rule: Two (2) by the age of five)
- o Immunizations (To catch up if behind on schedule)
- o PRN Fluoride & Dental Screening

• Three (3) Years

- Vital Signs (Height, Weight, Head Circumference, Temperature, Blood pressure)
- Immunizations (To catch up if behind on schedule)
- Lead questionnaire
- TB Risk Assessment
- PRN Hemoglobin (Rule: Two (2) by the age of five)
- PRN Lead (Rule: Two (2) by the age of five)
- Hearing & Vision Screen (Document if unable to perform) MUST ATTEMPT
- o Urinalysis (Document if unable to perform) MUST ATTEMPT

• Four (4) to Six (6) Years

- Vital Signs (Height, Weight, Temperature, Blood Pressure)
- o Immunizations (DTAP #5, IPV #4, MMR #2, VZ #2).
- Lead questionnaire
- TB Risk Assessment
- PRN Hemoglobin (Rule: Two (2) by the age of five)
- PRN Lead (Rule: Two (2) by the age of five)
- Hearing & Vision Screen (Document if unable to perform) MUST ATTEMPT
- Urinalysis (Document if unable to perform) MUST ATTEMPT
- o PSC
- Dental Screening (Fluoride through age 5-Stops at 6yo)

Seven (7) to Ten (10) Years

- Vital Signs (Height, Weight, Temperature, Blood Pressure)
- Hearing & Vision
- Immunizations (Hep A prn, Recommend HPV at age 9)
- o TB Risk Assessment
- Hemoglobin PRN (Ex: anemia, nutrition concerns, etc.)
- DM Risk Screen & Hemoglobin A1C PRN
- o Lipid
- o PSC
- Dental Screening

• Eleven (11) Year

- Vital Signs (Height, Weight, Temperature, Blood Pressure)
- Immunizations (TDAP #1, HPV, MCV4-Catch up on Hep A, VZV)
- Vision & Hearing
- o Hemoglobin

- o TB Risk Assessment
- o CRAFFT, HEEADS, and/or Social, Eating Habits, Smoking, Alcohol, Drug, Sex
- Hemoglobin A1C PRN
- o Lipid PRN
- Dental Screening
- Twelve (12) to Sixteen (16) Years
 - Vital Signs (Height, Weight, Temperature, Blood Pressure)
 - Immunizations (MCV4#2 at 16 years, otherwise catch up or finish series of Hep A, HPV, MenB#1)
 - o Hemoglobin
 - o TB Risk Assessment
 - o CRAFFT, HEEADS, and/or Social, Eating Habits, Smoking, Alcohol, Drug, Sex
 - Vision & Hearing
 - o Urinalysis
 - HIV/STD Testing as addressed & ordered by clinician
 - DM Risk Screen & Hemoglobin A1C PRN
 - o Lipid PRN
 - o PHQ-9 (12 years & older)
 - HEEADS (15 years & older)
 - Dental Screening
- Seventeen (17) to Twenty-Three (23) Years
 - Vital Signs (Height, Weight, Temperature, Blood Pressure)
 - o Immunizations (Catch up Tdap booster, MCV, Hep A, HPV, MenB#2)
 - o Hearing & Vision
 - o Urinalysis
 - o TB Risk Assessment
 - o Hemoglobin
 - HIV/STD Testing as addressed & ordered by clinician
 - DM Risk Screen & Hemoglobin A1C PRN
 - o Lipid PRN
 - o PHQ-9 (12 years & older)
 - HEEADS and/or Social, Eating Habits, Smoking, Alcohol, Drug, Sex
 - o (15 years & older)
 - o Dental Screening