Washington State Health Care Authority

Periodicity schedule

Key: x = to be performed. o = risk assessment to be performed with appropriate action to follow, if positive.

Note: Children in foster care may receive additional EPSDT well-child checkups. See EPSDT and Foster Care.

Age[1]	0-6 weeks	2-3 months	4-5 months	6-8 months	9-11 months	12-14 months	15-17 months	18-23 months	24-35 months	3 years	4 years	5 years	6 years	7-8 years	9-10 years	11-12 years	13-14 years	15-16 years	17-18 years	19-20 years
History: Initial / interval	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Measurements: Length / height and weight	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Measurements: Head circumference	x	x	x	x	x	x	x	x												
Measurements: Weight for length	x	x	x	x	x	x	x	x												
Measurements: Body mass index[2]									x	x	x	x	x	x	x	x	x	x	x	x
Measurements: Blood pressure[3]	o	o	o	o	o	o	o	o	o	x	x	x	x	x	x	x	x	x	x	x
Sensory screening: Vision[4]										x	x	x	x	x	x	x	o	x	o	o
Sensory screening: Hearing	x[5]	o	o	o	o	o	o	o	o	o	x	x	x	x	x	←	→	x	o	x
Developmental / behavioral health: Developmental screening[6]					x			x	x											
Developmental / behavioral health: Autism Spectrum Disorder screening[7]								x	x											
Developmental / behavioral health: Developmental surveillance	x	x	x	x		x	x			x	x	x	x	x	x	x	x	x	x	x
Developmental / behavioral health: Psychosocial / behavioral assessment[8]	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Developmental / behavioral health: Tobacco, alcohol, or drug use assessment[9]																o	o	o	o	o
Developmental / behavioral health: Depression screening[10]																x	x	x	x	x
Developmental / behavioral health: Maternal depression screening[11]	x	x	x	x																
Physical examination[12]	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Procedures:[13] Newborn blood	x[14]																			
Procedures: Newborn bilirubin[15]	x																			
Procedures: Critical congenital heart defect[16]	x																			
Procedures: Immunization[17]	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Procedures: Anemia[18]			o			x	o	o	o	o	o	o	o	o	o	o	o	o	o	o
Procedures: Lead[19]				o	o	x[20]	o	o	x[20]	o	o	o	o							
Procedures: Tuberculosis[21]	o			o					o	o	o	o	o	o	o	o	o	o	o	o
Procedures: Dyslip idemia[22]									o		o		o	o	x	o	o	o	x	o
Procedures: Sexually transmitted infections[23]																o	o	o	o	o
Procedures: HIV[24]																o	o	←	→	o
Oral health:[25] Fluoride varnish[26]			o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o
Oral health: Fluoride supplementation[27]				o	o	o	o	o	o	o	o	o	o	o	o	o	o	o		
Anticipatory guidance	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x

[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 age, the schedule should be brought up-to-date at the earliest possible time.
[2] Screen, per Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report.
[3] Screening should occur per Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents. Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.
[4] A visual acuity screen is recommended at ages 4 and 5 years, as well as in cooperative 3- year-olds. Instrument-based screening may be used to assess risk at ages 12 and 24 months, in addition to the well visits at 3 through 5 years of age. See Visual System Assessment in Infants, Children, and Young Adults by Pediatricians and Procedures for the Evaluation of the Visual System by Pediatricians.
[5] 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.
[6] See Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening.
[7] Screening should occur per Identification and Evaluation of Children with Autism Spectrum Disorders.
[8] 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 and Poverty and Child Health in the United States.
[9] A recommended assessment tool is available at The CRAFFT Screening Tool.
[10] Recommended screening using the Patient Health Questionnaire (PHQ)-2 or other tools available in the GLAD-PC toolkit and the Mental Health Screening and Assessment Tools for Primary Care.
[11] Screening should occur per **Incorporating Recognition and Management of Perinatal and Postpartum Depression into Pediatric Practice.**
[12] At each visit, age-appropriate physical examination is essential, with infant totally unclothed and older children undressed and suitably draped. See Use of Chaperones During the Physical Examination of the Pediatric Patient.
[13] These may be modified, depending on entry point into schedule and individual need.
[14] Confirm initial screen was accomplished, verify results, and follow up, as appropriate. The Recommended Uniform Newborn Screening Panel, as determined by The Secretary's Advisory Committee on Heritable Disorders in Newborns and Children and state newborn screening laws/regulations, establish the criteria for and coverage of newborn screening procedures and programs.

[15] Confirm initial screening was accomplished, verify results, and follow up, as appropriate. See Hyperbilirubinemia in the Newborn Infant ≥35 Weeks' Gestation: An Update with Clarifications.
[16] Screening for critical congenital heart disease using pulse oximetry should be performed in newborns, after 24 hours of age, before discharge from the hospital, per Endorsement of Health and Human Services Recommendation for Pulse Oximetry Screening for Critical Congenital Heart Disease.
[17] Schedules, per the Centers for Disease Control and Prevention (CDC) Immunization Schedules or the American Academy of Pediatrics (AAP) Committee on Infectious Diseases, available on the American Academy of Pediatrics Infectious Disease Resources webpage. Every visit should be an opportunity to update and complete a child's immunizations.
[18] Perform risk assessment or screening, as appropriate, per recommendations in the current edition of the AAP *Pediatric Nutrition: Policy of the American Academy of Pediatrics* (Iron chapter).
[19] For children at risk of lead exposure, see **Prevention of Childhood Lead Toxicity** and **Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention**.
[20] Perform risk assessments or screenings as appropriate, based on universal screening requirements for patients with Medicaid or in high prevalence areas.
[21] 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.
[22] See Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents.
[23] 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*.
[24] Adolescents should be screened for HIV according to the USPSTF recommendations once between the ages of 15 and 18, making every effort to preserve confidentiality of the adolescent. Those at increased risk of HIV infection, 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.
[25] Assess whether the child has a dental home. If no dental home is identified, perform a risk assessment using the AAP's Oral Health Risk Assessment Tool and refer to a dental home. Recommend brushing with fluoride toothpaste in the proper dosage for age. See Maintaining and Improving the Oral Health of Young Children.
[26] See USPSTF recommendations Dental Caries in Children from Birth Through Age Five Years: Screening. Indications for fluoride use are noted in Fluoride Use in Caries Prevention in the Primary Care Setting. Once teeth are present, fluoride varnish may be applied to all children in the primary care or dental office as follows:

- Age 6 and younger – Three times within a 12-month period with a minimum of 110 days between applications
- Age 7 through 18 or residing in ALFs or nursing facilities - Two times within a 12- month period with a minimum of 170 days between applications
- Age 7 through 20 receiving orthodontic treatment - Three times within a 12-month period during orthodontic treatment with a minimum of 110 days between applications (billed with the initial appliance placement date)
- Age 19 and older – Once within a 12-month period

[27] If primary water source is deficient in fluoride, consider oral fluoride supplementation. See Fluoride Use in Caries Prevention in the Primary Care Setting.