

Lakeland Care
 PROTOCOL ORDERS
Well Child Preventative Care Protocols
Ages 2 – 21 Years

Diagnosis/Chief Complaint	
Patients ages 2 – 21 years of age are recommended to have an Annual Wellness Visit.	
Lab Evaluations/Results	
Cholesterol screening for children at high risk Urine chlamydia screening \geq 11 years, or annually if sexually active. HIV screening \geq 15 years, younger if at increased risk and annually if at high risk. Consider Hepatitis C screening for \geq 18 years of age Dyslipidemia screening at approximately 10 and 20 years old and, if at increased risk, screen ages 2-8 and 12-16	
Diagnostic Evaluation/Results	
Plan of Care	
<i>SPECIAL ATTENTION: Recommend that the use of sports physicals alone be combined with Wellness Visits that ensure immunizations, screening tests and psychosocial/developmental assessments are completed on an annual basis.</i>	
<ul style="list-style-type: none"> *Immunizations based upon CDC & MCIR guidelines. *Developmental Screening performed using a standardized tool. Discuss formal screening at each visit from 4-24 months, and then annually 2- 6 years *Assess for tobacco use or exposure to secondhand smoke, alcohol use and drug abuse, along with behavioral/emotional issues during wellness exams. *Record blood pressure, height, weight and BMI annually with appropriate counseling if indicated. *Assess Social Determinants of Health. *Vision screening prior to school enrollment and then every 2 years *Hearing annually for ages \geq 4 *Psychological, behavioral, depression and suicide screening annually for 10-21 years of age. Assessment PHQ-9 M annually; consider utilizing GAD 7 for any positive PHQ 9 screening or if patient reports anxiety symptoms *Pregnancy prevention (abstinence, long-acting reversible contraception, condom use) for age \geq 12, or earlier if sexually active 	
Additional Care	
Assist with transition of care from pediatrician to adult primary care provider.	
Approval/Signatures	
<i>Physician Section Leader:</i>	<i>Date:</i>
<i>Medical Director:</i>	<i>Date:</i>

DISTRIBUTION

All recipients of this protocol must acknowledge their receipt and understanding of the protocol by referring any questions or problems with the protocol within ten days of the issue date to their immediate supervisor. If no questions or problems are communicated, it will be assumed that the protocol has been read and understood. All questions regarding this protocol its implementation may be referred to the Medical Director of **practice name**

Original Date: 3-25-15

Reviewed Dates: 4-28-16, 6-27-19, 1-6-22, 3-24-22

Revised Dates: 3-26-2020, 3-24-2022