

Lakeland Care
 PROTOCOL ORDERS
Well Child Preventative Care Protocols
Birth to 24 Months

Diagnosis/Chief Complaint	
Patients ages birth to 24 months of age.	
Lab Evaluations/Results	
Lead screening for Medicaid or other high-risk child between 12-18 months of age. Hemoglobin and hematocrit between 9-12 months of age and age 2.	
Diagnostic Evaluation/Results	
Autism screening between 18 – 24 months of age. <i>(MI Medicaid requirement; although it is recommended for all children)</i>	
Plan of Care	
<p><i>SPECIAL ATTENTION: Recommend child be seen for physical and developmental/behavioral assessments at birth, before 1 month, 1 month, 2, 4, 6, 9, 12, 15, 18 and 24 months.</i></p> <p>Immunizations based upon CDC & MCIR guidelines attached. Assess for exposure to second hand smoke. Assess Social Determinants of Health.</p>	
Additional Care	
Approval/Signatures	
Physician Section Leader:	Date:
Medical Director:	Date:

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: 3-22-18, 6-11-19
 Revised Dates: 6-11-19