**How this Framework can help you:**

This framework is designed to provide a standard set of strategies and tools specific to help you improve care provided in the ambulatory environment. The framework has a three tiered approach that we believe provides a foundation for improvement work resulting in effective adoption and sustainability. These elements include:

1. **Infrastructure:** this first section focuses on the role of the care team and highlights how to prepare for upcoming appointments, optimize the role of team members, address equipment needs or medical record needs as well as how to regularly monitor your results;

2. **Competencies:** this section identifies what trainings are available to build clinical and content knowledge for all members of the care team and the patient population. Whenever possible hyperlinks to web based handouts, tools or webinars are included.

3. **Additional Resources:** We recognize that healthcare alone may not meet all of a patient’s needs so this section includes medication and health care coverage as well as related community resources when applicable.

**Need help implementing this Framework?**

The MaineHealth ACO Improvement team can assist you with strategies and workflows in support of ACO initiatives. To learn more about what frameworks are available or for improvement support please contact Michele Gilliam, Director, Performance Improvement, at MGilliam@mmc.org or (207) 661-3804.
1. **Infrastructure:** Adolescent Well Care Visits

- **Identify Equipment Needs and Standardize (Hardware/Testing)**
  - **✓** Pre-Visit Planning/Huddle
    - ____ Pre-visit check list
    - ____ Example of huddle tool
  - **✓** Define Care Team Roles
    - ____ Bright Futures Recommendations by Age
  - **✓** EMR Tools
    - ____ Standardized process for capturing in EMR (CQM Guide)
  - **✓** Referral/Communication with Expanded Care Team
    - ____ Pediatric/Adolescent Referral Guidelines
      - [https://mainehealth.org/healthcare-professionals/clinical-resources-guidelines-protocols/pediatric-guidelines-protocols](https://mainehealth.org/healthcare-professionals/clinical-resources-guidelines-protocols/pediatric-guidelines-protocols)
      - Referral to Registered Dietician (RD) if available
    - ____ Transitions of Care
      - [http://www.gottransition.org/providers/index.cfm](http://www.gottransition.org/providers/index.cfm)
  - **✓** Regularly Measure Results (Sustainability)
    - ____ Gaps in care report
    - ____ Performance for related measures (Adolescent Immunizations, Depression Screening, etc.)
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<thead>
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<th>Diabetic: Gap(s) in Care or Due Soon:</th>
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<td>□ Tobacco Use/Counsel/Referral to MTHL</td>
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<td>□ Tobacco Use/Counsel/Referral to MTHL</td>
<td>□ Depression Screen</td>
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Room Set Up Needs/General Notes:
Huddle Sheet

- What can we proactively anticipate and plan for in our work day/week? At the beginning of the day, hold a review of the day, review of the coming week and review of the next week. Frequency of daily review is dependent on the situation, but a mid-day review is also helpful.
- This worksheet can be modified to add more detail to the content and purpose of the huddles.

<table>
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<th>Huddle Sheet</th>
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<td>Practice: ___________________ Date: ___________________</td>
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**Aim:** Enable the practice to proactively anticipate and plan actions based on patient need and available resources, and contingency planning.

**Follow-ups from Yesterday**

**“Heads up” for Today:** (include review for orders, labs, etc.; special patient needs, sick calls, staff flexibility, contingency plans)

**Meetings:**

**Review of Tomorrow and Proactive Planning**

**Meetings:**
Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in a satisfactory fashion. Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits. Additional visits also may become necessary if circumstances suggest variations from normal. Recommendations should occur per "Experiences of Infants, Children, and Young Adults in Pediatric Care: Understanding the Use of Human Milk" (http://pediatrics.aappublications.org/content/129/3/e827.full). Newborns discharged less than the suggested age, the schedule should be brought up-to-date at the earliest possible time.

Newborns should have an evaluation after birth, and breastfeeding should be encouraged (and instruction and support should be offered).

Newborns should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital to include evaluation for feeding and jaundice. Breastfeeding newborns should receive formal breastfeeding evaluation, and their mothers should receive encouragement and instruction, as recommended in “Breastfeeding and the Use of Human Milk” (http://pediatrics.aappublications.org/content/120/4/898.full).

Newborns discharged less than 48 hours after delivery must be evaluated within 48 hours of discharge. See “Use of Chaperones During the Physical Examination of the Pediatric Patient” (http://pediatrics.aappublications.org/content/126/5/1032).

Screening should occur per “Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening” (http://pediatrics.aappublications.org/content/118/4/455.full).

Screening should occur per “Identification and Evaluation of Children With Autism Spectrum Disorders” (http://pediatrics.aappublications.org/content/127/3/585).

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” (http://pediatrics.aappublications.org/content/115/5/109) and “Poverty and Child Health in the United States” (http://pediatrics.aappublications.org/content/117/4/9459).


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<tr>
<th>SCREENING</th>
<th>EFFECTIVE AGE</th>
<th>INTERVIEWS</th>
<th>HISTORY</th>
<th>INSTANTANEOUS</th>
<th>MEASUREMENTS</th>
<th>PROCEDURES</th>
<th>PHYSICAL EXAMINATION</th>
<th>PROCEDURES*</th>
<th>VISUAL SCREENING</th>
<th>ORAL HEALTH</th>
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<td>7. 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 &quot;Visual System Assessment in Infants, Children, and Young Adults by Pedodiatricians&quot; (<a href="http://pediatrics.aappublications.org/content/137/1/x10153596">http://pediatrics.aappublications.org/content/137/1/x10153596</a>) and &quot;Procedures for the Evaluation of the Visual System by Pediatricians&quot; (<a href="http://pediatrics.aappublications.org/content/137/1/x10153596">http://pediatrics.aappublications.org/content/137/1/x10153596</a>).</td>
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<td>8. 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” (<a href="http://pediatrics.aappublications.org/content/120/4/898.full">http://pediatrics.aappublications.org/content/120/4/898.full</a>).</td>
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<td>14. Screening with audiometry including 6,000 and 8,000 Hertz high frequencies once between 11 and 14 years, once between 15 and 17 years, and once between 18 and 21 years. See “The Sensitivity of Adolescent Hearing Screens Significantly Improves by Adding High Frequencies” (<a href="http://www.jahonline.org/article/S1054-139X(16)00048-3/fulltext">http://www.jahonline.org/article/S1054-139X(16)00048-3/fulltext</a>).</td>
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Summary of Changes Made to the Bright Futures/AAP Recommendations for Preventive Pediatric Health Care (Periodicity Schedule)

This schedule reflects changes approved in February 2017 and published in April 2017. For updates, visit www.aap.org/periodicityschedule

For further information, see the Bright Futures Guidelines, 4th Edition, Evidence and Rationale chapter (https://brightfutures.aap.org/Bright%20Future%20Documents/84_Evidence_Rationale.pdf).

CHANGES MADE IN FEBRUARY 2017

HEARING
- Timing and follow-up of the screening recommendations for hearing during the infancy visits have been delineated. Adolescent risk assessment has been added to screening once during each time period.

Footnote 8 has been updated to read as follows: “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’ (http://pediatrics.aappublications.org/content/120/4/898.full).”

Footnote 9 has been added to read as follows: “Verify results as soon as possible, and follow up, as appropriate.”

Footnote 10 has been added to read as follows: “Screening for dyslipidemia has been updated to occur once during each time period.”

Footnote 11 has been updated to read as follows: “Screening for maternal depression has been updated to occur once during each time period.”

DYSLIPIDEMIA
- Screening for dyslipidemia has been updated to occur once between 9 and 11 years of age, and once between 17 and 21 years of age (to be consistent with guidelines of the National Heart, Lung, and Blood Institute).

SEXUALLY TRANSMITTED INFECTIONS
- Footnote 29 has been updated to read as follows: “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.”

HIV
- A subheading has been added for the HIV universal recommendation to avoid confusion with STIs selective screening recommendation.

Footnote 30 has been added to read as follows: “Adolescents should be screened for HIV according to the USPSTF recommendations (http://www.annals.org/10.1373/annfam.2016.021012) once between the ages of 15 and 18, making every effort to ensure 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.”

ORAL HEALTH
- Assessing for a dental home has been updated to occur at the 12-month and 18-month through 6-year visits. A subheading has been added for fluoride supplementation, with a recommendation from the 6-month through 12-month and 18-month through 16-year visits.

Footnote 32 has been updated to read as follows: “Assess whether the child has a dental home. If no dental home is identified, screen for critical congenital heart disease using pulse oximetry.”

Footnote 33 has been updated to read as follows: “Perform a risk assessment (https://www.aap.org/RiskAssessmentTool) to 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’ (http://pediatrics.aappublications.org/content/134/6/1224).”

Footnote 35 has been added to read as follows: “If primary water source is deficient in fluoride, consider oral fluoride supplementation. See ‘Fluoride Use in Caries Prevention in the Primary Care Setting’ (http://pediatrics.aappublications.org/content/134/6/1224).”

DEPRESSION SCREENING
- Adolescent depression screening begins routinely at 12 years of age (to be consistent with recommendations of the US Preventive Services Task Force [USPSTF]).

MATERNAL DEPRESSION SCREENING
- Screening for maternal depression at 1-, 2-, 3-, and 6-month visits has been added.

Footnote 16 was added to read as follows: “Screening should occur per ‘Incorporating Recognition and Management of Perinatal and Postpartum Depression Into Primary Pediatric Care’ (http://pediatrics.aappublications.org/content/126/5/1012).”

NEWBORN BLOOD
- Timing and follow-up of the newborn blood screening recommendations have been delineated.

Footnote 19 has been updated to read as follows: “Confirm initial screen was accomplished, verify results, and follow up, as appropriate. The Recommended Uniform Newborn Screening Panel (http://www.hrsa.gov/advisorycommittees/mchbadvisory/hereditarydisorders/recommendedpanel/uniformsscreenerpanel.pdf), as determined by The Secretary’s Advisory Committee on Heritable Disorders in Newborns and Children, and state newborn screening laws/regulations (http://genes-r-us.uic.edu/risk/genes-r-us/files/obsdseedorders.pdf) establish the criteria for and coverage of newborn screening procedures and programs.”

NEWBORN BILIRUBIN
- Screening for bilirubin concentration at the newborn visits has been updated to read as follows: “Verify results as soon as possible, and follow up, as appropriate.”

Footnote 21 has been added to read as follows: “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’ (http://pediatrics.aappublications.org/content/124/4/1192).”

Tobacco, Alcohol, or Drug Use Assessment
- The header was updated to be consistent with recommendations.

Footnote 33 has been updated to read as follows: “Assess whether the child has a dental home. If no dental home is identified, perform a risk assessment (https://www.aap.org/RiskAssessmentTool) 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’ (http://pediatrics.aappublications.org/content/134/6/1224).”

Footnote 34 has been updated to read as follows: “Screening for maternal depression has been updated to occur once during each time period. A subheading has been added for fluoride supplementation, with a recommendation from the 6-month through 12-month and 18-month through 6-year visits.”

Footnote 35 has been added to read as follows: “If primary water source is deficient in fluoride, consider oral fluoride supplementation. See ‘Fluoride Use in Caries Prevention in the Primary Care Setting’ (http://pediatrics.aappublications.org/content/134/6/1224).”

Footnote 20 has been added to read as follows: “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. Testing should be performed on recognition of high-risk factors.”

Footnote 16 was added to read as follows: “See ‘Diagnosis and Prevention of Iron-Deficiency and Iron-Deficiency Anemia in Infants and Young Children (0-3 Years of Age)’ (http://pediatrics.aappublications.org/content/124/4/1193).”

Footnote 26 has been updated to read as follows: “Perform risk assessments or screenings as appropriate, based on universal screening requirements for patients with Medicaid or in high prevalence areas.”

Footnote 27 has been updated to read as follows: “The Recommended Uniform Newborn Screening Panel (http://www.hrsa.gov/advisorycommittees/mchbadvisory/hereditarydisorders/recommendedpanel/uniformsscreenerpanel.pdf), as determined by The Secretary’s Advisory Committee on Heritable Disorders in Newborns and Children, and state newborn screening laws/regulations (http://genes-r-us.uic.edu/risk/genes-r-us/files/obsdseedorders.pdf) establish the criteria for and coverage of newborn screening procedures and programs.”

Footnote 28 has been updated to read as follows: “Assess whether the child has a dental home. If no dental home is identified, screen for critical congenital heart disease using pulse oximetry.”

Footnote 30 has been updated to read as follows: “Adolescents should be screened for HIV according to the USPSTF recommendations (http://www.annals.org/10.1373/annfam.2016.021012) once between the ages of 15 and 18, making every effort to ensure 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.”

Footnote 31 has been updated to read as follows: “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 ‘Endowment of Health and Human Services Recommendation for Pulse Oximetry Screening for Critical Congenital Heart Disease’ (http://pediatrics.aappublications.org/content/119/4/676).”

Footnote 32 has been updated to read as follows: “Assess whether the child has a dental home. If no dental home is identified, screen for critical congenital heart disease using pulse oximetry.”

Footnote 33 has been updated to read as follows: “Perform a risk assessment (https://www.aap.org/RiskAssessmentTool) to 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’ (http://pediatrics.aappublications.org/content/134/6/1224).”

Footnote 34 has been updated to read as follows: “Screening for dyslipidemia has been updated to occur once during each time period.”

Footnote 35 has been added to read as follows: “If primary water source is deficient in fluoride, consider oral fluoride supplementation. See ‘Fluoride Use in Caries Prevention in the Primary Care Setting’ (http://pediatrics.aappublications.org/content/134/6/1224).”
Effective Date: 8/21/18
Role: Ambulatory Provider, Ambulatory Clinical
Category: Documentation

Optimizations for Ambulatory Pediatric Departments

What follows are a number of updates related to ambulatory departments that see pediatric patients. Please review this document in full and share within your practices and regions.

Screenings Tab Layout

The layout of the pediatric SCREENINGS tab has changed to better match office workflow. Note that some screening tools may not be used at every encounter, and some are driven by meaningful use needs as well as MaineHealth quality metrics. Keep in mind, screening tools change and vary by age of the patient.

<table>
<thead>
<tr>
<th>Screenings</th>
<th>Travel/Exposure</th>
<th>Cognitive/Functional</th>
<th>Fall Risk</th>
<th>Safety Screening</th>
<th>Oral Health</th>
<th>Hearing/Vision</th>
<th>ACEs/Trauma 5 and older</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHQ9</td>
<td>CRAFFT 3cm</td>
<td>Questionnaires</td>
<td>Rev Quality Metrics</td>
<td>Scolometry</td>
<td>Peds Sympt Qsttl</td>
<td>CES-D</td>
<td>Sexual Identity</td>
</tr>
</tbody>
</table>

Sports Clearance Documentation and Sports Letter

Office visits in Primary Care Pediatric Departments with patients 6 yrs and older, will now have new language to address sports clearance embedded within the Well Child Visit Template, and the opportunity for an automatic Sports Clearance letter if needed at the time of visit.

Sports clearance questions will appear just below the Review of Systems (ROS) section as follows:

**Sports Clearance Questions**

- Chest pain during or after exercise {YES / NO:21069}
- Passed out during or after exercise {YES / NO:21068}
- History of concussions, when was the last one and how long did it take to fully recover {YES / NO:21069}
- Family history of sudden cardiac death, sudden unexplained deaths (drownings, car accidents without clear cause); SIDS or infant deaths {YES / NO:21069}

New verbiage at the end of Well Child SmartTexts was also added to reflect Sports Clearance, so that someone reviewing the office visit at a later date can see that sports clearance was addressed:

Cleared for sports and or camp activities: {Yes/No-Ex 120004}
To generate a Sports Clearance Letter after the visit, navigate to Communications Management. The letter template will appear in the activity automatically.

To utilize the letter, click **EDIT**. Letters in Communications Management route according to the communication preference of the selected recipient. (IE: If the patient receives documentation via MyChart, these letters will automatically route to MyChart.) If you would like to print the letter, click **Preview** – from within the Preview screen, you can click **Print Document**.

**NOTE:** If the Sports Clearance letter is not needed, no action is needed by the end user. The letter will not route.
Food Insecurity Screening and New WIC Resources Document

In order to have alignment with screening across our population, the wording of the food security screening questions are slightly changed. In addition, responses for food insecurity have been changed to Never, Sometimes, or Often True.

Offices may need to update their paper screening questionnaires to match this update.

A new System Smartphrase ".FOODWICRESOURCES" is now available along with ".FOODPANTRIES" and ".FOODSTAMPSINFORMATION" to help your patients.
ACES/Trauma Screening

SCREENING tab Potentially Traumatic Events “PTE” is now called ACES/ Trauma in the menu. The layout is designed to help teams move from screening to symptom determination and then to recommendations. Screening questions includes the 2 question trauma screener and a new ACES score manual entry option for those practices asking ACES questions via standardized questionnaires. The MaineHealth ACES team recommends using the PTSD symptom screener to support clinical decision making for both screening tools. RECOMMENDATIONS for follow-up are now easier to enter as below.

For more information in general on ACES screening, please visit [www.mainehealth.org/ACES](http://www.mainehealth.org/ACES).

Well Child Safety Screening Questions Moved to the Screenings Tab

All safety screening questions that were in Well Child SmartTexts have been moved to the Screenings tab. Once these questions are filled out by MAs or providers, they will automatically populate into the Well Child SmartTexts. Questions on gun storage safety have also been added.
HIV and Chlamydia Screening Questions

AAP recommendations include HIV screening once in adolescents, more frequently for high risk adolescents. HIV screening questions are now in Well Child SmartTexts for children 15 years of age and older and mirror questions already in place for CHLAMYDIA testing.

Blood Pressure Percentiles added to Well Child SmartTexts

A SmartLink has been added to all Well Child SmartTexts for patients 3 years of age and older. This link pulls in verbiage to let providers know what percentiles the blood pressure readings are based on the AAP August 2017 Clinical Practice Guideline on Hypertension in Pediatrics. This data pulls in after vital signs are entered in the current encounter.

Additional Oral Health Questions

Questions about Water source and Fluoride supplements will now show for children age 4 years and older.
2. Clinical Competencies: Adolescent Well Care Visits

☑ MA/RN

- MH Medical Assistant Training- Fundamental
  http://www.mh-edu.org/d/xvq7vf/1Q
- MH Medical Assistant Training – Advanced
  http://www.mh-edu.org/d/4vqth5/1Q
- Childhood Immunizations Training
  http://www.mh-edu.org/surveys/Welcome.aspx?s=ce376628-ba8a-423b-877f-c9f8b1ce4143

☒ Provider

- AAP EQUIPP: Bright Futures – Middle Childhood and Adolescence

☑ Staff & Patient Comprehension

- Bright Futures: Guidelines for Health Supervision of Adolescents
- Bright Futures Medical Screening Reference Table

☑ Shared Decision Making Tools

- Pediatric/Adolescent Referral Guidelines
  https://www.bbch.org/referrals

☐ Build Staff Training Into Annual Competencies and New Staff Orientation
Priorities for the 11 Through 14 Year Visits

The first priority is to address the concerns of the adolescent and the parent. In addition, the Bright Futures Adolescence Expert Panel has given priority to the following additional topics for discussion in the 4 Early Adolescence Visits.

The goal of these discussions is to determine the health care needs of the youth and family that should be addressed by the health care professional. The following priorities are consistent throughout the Early Adolescence Visits. However, the questions used to effectively obtain information and the anticipatory guidance provided to the youth and family can vary.

Although each of these issues is viewed as important, they may be prioritized by the individual needs of each patient and family. The goal should be to address issues important to this age group over the course of multiple visits. The issues are:

- Social determinants of health* (risks [interpersonal violence, living situation and food security, family substance use], strengths and protective factors [connectedness with family and peers, connectedness with community, school performance, coping with stress and decision-making])
- Physical growth and development (oral health, body image, healthy eating, physical activity and sleep)
- Emotional well-being (mood regulation and mental health, sexuality)
- Risk reduction (pregnancy and sexually transmitted infections; tobacco, e-cigarettes, alcohol, prescription or street drugs; acoustic trauma)
- Safety (seat belt and helmet use, sun protection, substance use and riding in a vehicle, firearm safety)

* Social determinants of health is a new priority in the fourth edition of the Bright Futures Guidelines. For more information, see the Promoting Lifelong Health for Families and Communities theme.
### Screening 11 Through 14 Year Visits

<table>
<thead>
<tr>
<th>Universal Screening</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression: Adolescent (beginning at 12 Year Visit)</td>
<td>Depression screen&lt;sup&gt;2&lt;/sup&gt;</td>
</tr>
<tr>
<td>Dyslipidemia (once between 9 Year and 11 Year Visits)</td>
<td>Lipid profile</td>
</tr>
<tr>
<td>Hearing (once between 11 Year and 14 Year Visits)</td>
<td>Audiometry, including 6,000 and 8,000 Hz high frequencies</td>
</tr>
<tr>
<td>Tobacco, Alcohol, or Drug Use</td>
<td>Tobacco, alcohol, or drug use screen</td>
</tr>
<tr>
<td>Vision (12 Year Visit)</td>
<td>Objective measure with age-appropriate visual-acuity measurement using HOTV or LEA symbols, Sloan letters, or Snellen letters</td>
</tr>
</tbody>
</table>

### Selective Screening

<table>
<thead>
<tr>
<th>Selective Screening</th>
<th>Risk Assessment&lt;sup&gt;4&lt;/sup&gt;</th>
<th>Action if Risk Assessment Positive (+)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anemia</td>
<td>+ on risk screening questions</td>
<td>Hematocrit or hemoglobin</td>
</tr>
<tr>
<td>Dyslipidemia</td>
<td>+ on risk screening questions and not previously screened with normal results</td>
<td>Lipid profile</td>
</tr>
<tr>
<td>HIV</td>
<td>+ on risk screening questions</td>
<td>HIV test&lt;sup&gt;4&lt;/sup&gt;</td>
</tr>
<tr>
<td>Oral Health</td>
<td>Primary water source is deficient in fluoride.</td>
<td>Oral fluoride supplementation</td>
</tr>
<tr>
<td>STIs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chlamydia</td>
<td>Sexually active girls</td>
<td>Chlamydia test</td>
</tr>
<tr>
<td></td>
<td>Sexually active boys + on risk screening questions</td>
<td></td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>Sexually active girls</td>
<td>Gonorrhea test</td>
</tr>
<tr>
<td></td>
<td>Sexually active boys + on risk screening questions</td>
<td></td>
</tr>
<tr>
<td>Syphilis</td>
<td>Sexually active and + on risk screening questions</td>
<td>Syphilis test</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>+ on risk screening questions</td>
<td>Tuberculin skin test</td>
</tr>
</tbody>
</table>

### Screening (continued)

Risk Assessment<sup>4</sup>:
- + on risk screening questions

Action if Risk Assessment Positive (+):
- Objective measure with age-appropriate visual-acuity measurement using HOTV or LEA symbols, Sloan letters, or Snellen letters

**Note:**
- If depression screen is positive, further evaluation should be considered during the Bright Futures Health Supervision Visit. Suicide risk and the presence of firearms in the home must be considered. Disorders of mood are further discussed in the Anticipatory Guidance section of this visit.
- See Evidence and Rationale chapter for the criteria on which risk screening questions are based.
- Adolescents should be screened for STIs per recommendations in the current edition of the AAP Red Book: Report of the Committee on Infectious Diseases. Additionally, all adolescents should be screened for HIV according to the USPSTF recommendations (www.uspreventiveservicestaskforce.org/uspstf/uspsolv.htm) once between the ages of 15 and 18, making every effort to preserve confidentiality of the adolescent. Those at increased risk of HIV infection should be tested for HIV and reassessed annually.

Abbreviations: HIV, human immunodeficiency virus; STI, sexually transmitted infection; USPSTF, US Preventive Services Task Force.

Continued
Priorities for the 15 Through 17 Year Visits

The first priority is to address the concerns of the adolescent and the parents. In addition, the Bright Futures Adolescence Expert Panel has given priority to the following additional topics for discussion in the 3 Middle Adolescence Visits.

The goal of these discussions is to determine the health care needs of the youth and family that should be addressed by the health care professional. The following priorities are consistent in all the Middle Adolescence Visits. However, the questions used to effectively obtain information and the anticipatory guidance provided to the adolescent and family can vary.

Although each of these issues is viewed as important, they may be prioritized by the individual needs of each patient and family. The goal should be to address issues important to this age group over the course of multiple visits. The issues are:

- Social determinants of health* (risks [interpersonal violence, food security and living situation, family substance use], strengths and protective factors [connectedness with family and peers, connectedness with community, school performance, coping with stress and decision-making])
- Physical growth and development (oral health, body image, healthy eating, physical activity and sleep)
- Emotional well-being (mood regulation and mental health, sexuality)
- Risk reduction (pregnancy and sexually transmitted infections; tobacco, e-cigarettes, alcohol, prescription or street drugs; acoustic trauma)
- Safety (seat belt and helmet use, driving, sun protection, firearm safety)

* Social determinants of health is a new priority in the fourth edition of the Bright Futures Guidelines. For more information, see the Promoting Lifelong Health for Families and Communities theme.
<table>
<thead>
<tr>
<th>Screening 15 Through 17 Year Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Universal Screening</strong></td>
</tr>
<tr>
<td><strong>Depression: Adolescent</strong></td>
</tr>
<tr>
<td><strong>Dyslipidemia (once between 17 Year and 21 Year Visits)</strong></td>
</tr>
<tr>
<td><strong>Hearing (once between 15 Year and 17 Year Visits)</strong></td>
</tr>
<tr>
<td><strong>HIV (once between 15 Year and 18 Year Visits)</strong></td>
</tr>
<tr>
<td><strong>Tobacco, Alcohol, or Drug Use</strong></td>
</tr>
<tr>
<td><strong>Vision (15 Year Visit)</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Selective Screening</th>
<th>Risk Assessment⁶</th>
<th>Action if Risk Assessment Positive (+)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Anemia</strong></td>
<td>+ on risk screening questions</td>
<td>Hematocrit or hemoglobin</td>
</tr>
<tr>
<td><strong>Dyslipidemia (if not universally screened at this visit)</strong></td>
<td>+ on risk screening questions and not previously screened with normal results</td>
<td>Lipid profile</td>
</tr>
<tr>
<td><strong>HIV (if not universally screened at this visit)</strong></td>
<td>+ on risk screening questions</td>
<td>HIV test⁵</td>
</tr>
<tr>
<td><strong>Oral Health (through 16 Year Visit)</strong></td>
<td>Primary water source is deficient in fluoride.</td>
<td>Oral fluoride supplementation</td>
</tr>
<tr>
<td><strong>STIs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▶ <strong>Chlamydia</strong></td>
<td>Sexually active girls</td>
<td>Chlamydia test</td>
</tr>
<tr>
<td>▶ <strong>Gonorrhea</strong></td>
<td>Sexually active boys + on risk screening questions</td>
<td>Gonorrhea test</td>
</tr>
<tr>
<td>▶ <strong>Syphilis</strong></td>
<td>Sexually active girls + on risk screening questions</td>
<td>Syphilis test</td>
</tr>
<tr>
<td></td>
<td>Sexually active and + on risk screening questions</td>
<td></td>
</tr>
<tr>
<td><strong>Tuberculosis</strong></td>
<td>+ on risk screening questions</td>
<td>Tuberculin skin test</td>
</tr>
</tbody>
</table>

*Abbreviations: AAP, American Academy of Pediatrics; HIV, human immunodeficiency virus; STI, sexually transmitted infection; USPSTF, US Preventive Services Task Force.  
³ If depression screen is positive, further evaluation should be considered during the Bright Futures Visit. Suicide risk and the presence of firearms in the home must be considered. Disorders of mood are further discussed in the Anticipatory Guidance section of this visit.  
⁵ Adolescents should be screened for STIs per recommendations in the current edition of the AAP Red Book: Report of the Committee on Infectious Diseases. Additionally, all adolescents should be screened for HIV according to the USPSTF recommendations (www. uspreventiveservicestaskforce.org/uspstf/ usphsivii. html) once between the ages of 15 and 18, making every effort to preserve confidentiality of the adolescent. Those at increased risk of HIV infection should be tested for HIV and reassessed annually.  
⁶ See Evidence and Rationale chapter for the criteria on which risk screening questions are based.
Priorities for the 18 Through 21 Year Visits

The first priority is to address any specific concerns that the young adult may have.

In addition, the Bright Futures Adolescence Expert Panel has given priority to the following topics for discussion in the 4 Late Adolescence Visits.

The goal of these discussions is to determine the health care needs of the young adult that should be addressed by the health care professional. The following priorities are consistent in all the Late Adolescence Visits. However, the questions used to effectively obtain information and the anticipatory guidance provided to the young adult can vary.

Although each of these issues is viewed as important, they may be prioritized by the individual needs of each patient. The goal should be to address issues important to this age group over the course of multiple visits. The issues are

- Social determinants of health\(^a\) (risks [interpersonal violence, living situation and food security, family substance use], strengths and protective factors [connectedness with family and peers, connectedness with community, school performance, coping with stress and decision-making])
- Physical health and health promotion (oral health, body image, healthy eating, physical activity and sleep, transition to adult health care)
- Emotional well-being (mood regulation and mental health, sexuality)
- Risk reduction (pregnancy and sexually transmitted infections; tobacco, e-cigarettes, alcohol, prescription or street drugs; acoustic trauma)
- Safety (seat belt and helmet use, driving and substance use; sun protection; firearm safety)

\(^a\) Social determinants of health is a new priority in the fourth edition of the Bright Futures Guidelines. For more information, see the Promoting Lifelong Health for Families and Communities theme.
## Screening 18 Through 21 Year Visits

### Universal Screening

<table>
<thead>
<tr>
<th>Condition</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cervical Dysplasia (all young women at the 21 Year Visit)</td>
<td>Pap smear</td>
</tr>
<tr>
<td>Depression: Adolescent</td>
<td>Depression screen¹</td>
</tr>
<tr>
<td>Dyslipidemia (once between 17 Year and 21 Year Visits)</td>
<td>Lipid profile</td>
</tr>
<tr>
<td>Hearing (once between 18 Year and 21 Years Visits)</td>
<td>Audiometry including 6,000 and 8,000 Hz high frequencies</td>
</tr>
<tr>
<td>HIV (once between 15 Year and 18 Year Visits)</td>
<td>HIV test²</td>
</tr>
<tr>
<td>Tobacco, Alcohol, or Drug Use</td>
<td>Tobacco, alcohol, or drug use screen</td>
</tr>
</tbody>
</table>

### Selective Screening

<table>
<thead>
<tr>
<th>Condition</th>
<th>Risk Assessment¹</th>
<th>Action if Risk Assessment Positive (+)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anemia</td>
<td>+ on risk screening questions</td>
<td>Hematocrit or hemoglobin</td>
</tr>
<tr>
<td>Dyslipidemia (if not universally screened at this visit)</td>
<td>+ on risk screening questions and not previously screened with normal results</td>
<td>Lipid profile</td>
</tr>
<tr>
<td>HIV (if not universally screened at this visit)</td>
<td>+ on risk screening questions</td>
<td>HIV test²</td>
</tr>
</tbody>
</table>

#### STIs

- **Chlamydia**
  - All sexually active young women
  - Sexually active young men + on risk screening questions

- **Gonorrhea**
  - All sexually active young women
  - Sexually active young men + on risk screening questions

- **Syphilis**
  - Sexually active and + on risk screening questions

### Tuberculosis

- + on risk screening questions

### Vision

- + on risk screening questions

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**Abbreviations:** AAP, American Academy of Pediatrics; HIV, human immunodeficiency virus; STI, sexually transmitted infection; USPSTF, US Preventive Services Task Force.

¹ If depression screen is positive, further evaluation should be considered during the Bright Futures Health Supervision Visit. Suicide risk and the presence of firearms in the home must be considered. Disorders of mood are further discussed in the Anticipatory Guidance section of this visit.

² Adolescents should be screened for STIs per recommendations in the current edition of the AAP Red Book: Report of the Committee on Infectious Diseases. Additionally, all adolescents should be screened for HIV according to the USPSTF recommendations (www.uspreventiveservicestaskforce.org/uspstf/usphsiniti.htm) once between the ages of 15 and 18, making every effort to preserve confidentiality of the adolescent. Those at increased risk of HIV infection should be tested for HIV and reassessed annually.

³ See Evidence and Rationale chapter for the criteria on which risk screening questions are based.
### Universal Screening

<table>
<thead>
<tr>
<th>Condition</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cervical Dysplasia (all young women at the 21 Year Visit)</td>
<td>Pap smear</td>
</tr>
<tr>
<td>Depression: Adolescent (beginning at the 12 Year Visit)</td>
<td>Depression screen^a</td>
</tr>
<tr>
<td>Dyslipidemia (once between 9 and 11 Year and 17 and 21 Year Visits)</td>
<td>Lipid profile</td>
</tr>
<tr>
<td>Hearing (once between 11 and 14 Year, 15 and 17 Year, and 18 and 21 Year Visits)</td>
<td>Audiometry, recommended to include 6,000 and 8,000 Hz frequencies</td>
</tr>
<tr>
<td>HIV (once between 15 and 18 Year Visits)</td>
<td>HIV test^b</td>
</tr>
<tr>
<td>Tobacco, Alcohol, or Drug Use</td>
<td>Tobacco, alcohol, or drug use assessment</td>
</tr>
<tr>
<td>Vision (12 and 15 Year Visits)</td>
<td>Objective measure with age-appropriate visual acuity measurement using HOTV or LEA symbols, Sloan letters, or Snellen letters</td>
</tr>
</tbody>
</table>

### Selective Screening

<table>
<thead>
<tr>
<th>Selective Screening</th>
<th>Medical History Risk Factors^c</th>
<th>Risk Assessment^d</th>
<th>Action if Risk Assessment Is Positive</th>
</tr>
</thead>
</table>
| Anemia              | Starting in adolescence, screen all nonpregnant females for anemia every 5 to 10 years throughout their childbearing years during routine health examinations. | At the 11 through 14 Year Visits, ask the parent  
  - Do you ever struggle to put food on the table?  
  - Does your child’s diet include iron-rich foods such as meat, iron-fortified cereals, or beans?  
  - Has your child ever been diagnosed as having iron-deficiency anemia?  
  - If your child is a girl, does she have excessive menstrual bleeding or other blood loss?  
  - If your child is a girl, does her period last more than 5 days?  
  > At the 11 through 21 Year Visits, ask the adolescent or young adult  
  - Do you eat a vegetarian diet (do not eat red meat, chicken, fish, or seafood)?  
    > If you are a vegetarian (do not eat red meat, chicken, fish, or seafood), do you take an iron supplement?  
  - Does your diet include iron-rich foods such as meat, iron-fortified cereals, or beans?  
  - For females: Do you have excessive menstrual bleeding or other blood loss?  
  - For females: Does your period last more than 5 days?  
  > At the 15 through 21 Year Visits, ask the previous questions, plus  
  - Have you ever been diagnosed as having iron-deficiency anemia?  
  - Does your family ever struggle to put food on the table? (15 through 17 Year Visits)  
  - Do you or your family ever struggle to put food on the table? (18 through 21 Year Visits) | Hematocrit or hemoglobin |
|                     | Annually screen for anemia in females having risk factors for iron deficiency (eg, extensive menstrual or other blood loss, low iron intake, or a previous diagnosis of iron-deficiency anemia).  
  - Environmental factors (eg, poverty, limited access to food). | |

^a Depressive symptoms are common in adolescence and may not be a cause for concern under 12 years of age. Adolescents may need additional screening if they continue to report depressive symptoms, especially if symptoms are severe. Use a tool such as the PHQ-9 to screen for major depression when first seen at 12 years of age or if depressive symptoms persist. If symptoms persist even with appropriate treatment, seek consultation with a mental health professional. See the AAP publication “Screening for Depression in School-Age Children and Adolescents” for more information. 

^b HIV testing should be offered if the adolescent has risk factors for HIV infection or reports high-risk sexual behavior. 

^c Risk factors to consider: 

- Iron deficiency anemia: 
  - Iron-rich foods: meat, iron-fortified cereals, beans, legumes, shellfish, dark green leafy vegetables, dried fruits, and fortified grain products.  
  - Iron intake is a concern for individuals who have been prescribed medications that are known to interfere with iron absorption, such as non-steroidal anti-inflammatory drugs (NSAIDs) and antibiotics. 
  - Iron deficiency anemia is also a concern for individuals who have a history of gastrointestinal blood loss (eg, bleeding peptic ulcer, inflammatory bowel disease, or Crohn’s disease).  

- Iron deficiency: 
  - Iron deficiency is a concern for individuals who have a personal or family history of iron deficiency anemia.  
  - Iron deficiency is also a concern for individuals who have a personal or family history of iron deficiency.  
  - Iron deficiency is also a concern for individuals who have a personal or family history of iron deficiency.  

- Iron deficiency: 
  - Iron deficiency is a concern for individuals who have a personal or family history of iron deficiency.  

- Iron deficiency: 
  - Iron deficiency is a concern for individuals who have a personal or family history of iron deficiency.  

^d Risk assessment is positive if questions are answered yes, or if the adolescent reports symptoms suggestive of anemia.
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| Dyslipidemia (if not universally screened at this visit) | - 12 through 16 Year Visit  
  - Parent, grandparent, aunt or uncle, or sibling with myocardial infarction, angina, stroke, coronary artery bypass graft/stent/angioplasty, or sudden death at <55 years in males and <65 years in females.  
  - Parent with total cholesterol level ≥240 mg/dL or known dyslipidemia.  
  - Patient has diabetes, hypertension, or body mass index ≥85th percentile or smokes cigarettes.  
  - Patient has a moderate- or high-risk medical condition. | **Not previously screened with normal results**  
  - **At the 11 through 14 Year Visits, ask the older child or young adolescent**  
    - Do you smoke cigarettes or use e-cigarettes?  
      Ask the parent  
    - Does your child have parents, grandparents, or aunts or uncles who have had a stroke or heart problem before age 55 (males) or 65 (females)?  
    - Does your child have a parent with an elevated blood cholesterol level (≥240 mg/dL) or who is taking cholesterol medication?  
  - **At the 15 and 16 Year Visits, ask the adolescent**  
    - Do you have parents, grandparents, or aunts or uncles who have had a stroke or heart problem before age 55 (males) or 65 (females)?  
    - Do you have a parent with an elevated blood cholesterol level (≥240 mg/dL) or who is taking cholesterol medication?  
    - Do you smoke cigarettes or use e-cigarettes?  
  - **At the 17 through 21 Year Visits, if not universally screened, ask the adolescent or young adult**  
    - Do you have parents, grandparents, or aunts or uncles who have had a stroke or heart problem before age 55 (males) or 65 (females)?  
    - Do you have a parent with an elevated blood cholesterol level (≥240 mg/dL) or who is taking cholesterol medication?  
    - Do you smoke cigarettes or use e-cigarettes? | Lipid profile |
| Hearing                      | - Parental concern                                                                                      | **At the 11 through 14 Year Visits, ask the parent**  
  - Do you have concerns about how your child hears?                                                                                                             | Audiometry                           |
## Adolescence Visits (11 Through 21 Years)

<table>
<thead>
<tr>
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</tr>
</thead>
</table>
| HIV (if not universally screened at this visit) | • Males who have sex with males  
• Active injection drug users  
• Males and females having unprotected vaginal or anal intercourse  
• Males and females having sexual partners who are HIV infected, bisexual, or injection drug users  
• Males and females who exchange sex for drugs or money  
• Males and females who have acquired or request testing for other STIs | **At the 11 through 14 Year (Older Child/Younger Adolescent) Visits, ask the parent**  
• Adolescents who are sexually active are at risk of acquiring STIs, including HIV. Adolescents who use injection drugs are at risk of acquiring HIV. Are you concerned that your older child or young adolescent might be at risk?  
**At the 11 through 14 Year (Early Adolescence) Visits, 15 through 17 Year (Middle Adolescence) Visits, and 18 through 21 Year (Late Adolescence) Visits, if not universally screened, ask the adolescent or young adult**  
• Do you now use or have you ever used injection drugs?  
• Have you ever had sex (including intercourse or oral sex)?  
> If no, skip to the next section.  
• Are you having unprotected sex?  
• Are you having sex with multiple partners or anonymous partners?  
• Are you or any of your past or current sexual partners bisexual?  
• Have you ever been treated for an STI?  
• Have any of your past or current sex partners been infected with HIV or used injection drugs?  
• Do you trade sex for money or drugs or have sex partners who do?  
• **For males:** Have you ever had sex with other males? | HIV test<sup>b</sup> |
| Oral Health (through 16 Year Visit) | The US Preventive Services Task Force recommends that primary care clinicians prescribe oral fluoride supplementation at currently recommended doses to children starting at 6 months of age whose primary water source is deficient in fluoride. Systemic fluoride intake through optimal fluoridation of drinking water or professionally prescribed supplements is recommended to 16 years of age or the eruption of the second permanent molars, whichever comes first. | **At the 11 through 14 Year Visits, ask the parent**  
• Does your child’s primary water source contain fluoride?  
**At the 15 and 16 Year Visits, ask the adolescent**  
• Does your primary water source contain fluoride? | Oral fluoride supplementation |
### Selective Screening

#### STIs

**Chlamydia**

- The US Preventive Services Task Force strongly recommends that clinicians routinely screen all sexually active females ≤25 years and other asymptomatic females at increased risk for infection for chlamydial infection.
- The AAP recommends that sexually active males who have sex with females may be considered for annual screening in settings with high prevalence rates.
  - Jails or juvenile corrections facilities
  - National job training programs
  - STI clinics
  - High school–based clinics
  - Adolescent clinics for patients who have a history of multiple partners
  - Sexually active males who have sex with males (known as MSM) should be screened annually for rectal and urethral chlamydia. Males who have sex with males at high risk should be screened every 3 to 6 months.
  - Multiple or anonymous sex partners
  - Sex in conjunction with illicit drug use
  - Sex with partners who participate in these activities

**Gonorrhea**

- The US Preventive Services Task Force recommends that clinicians screen all sexually active females, including those who are pregnant, for gonorrheal infection if they are at increased risk for infection (ie, they are young or have other individual or population risk factors).
- The AAP recommends that sexually active males who have sex with females (known as MSF) may be considered for annual screening on the basis of individual and population risk factors, such as disparities by race and neighborhood.
- Sexually active males who have sex with males should be screened annually for rectal and urethral gonorrhea.
- Males who have sex with males at high risk should be screened every 3 to 6 months.
  - Multiple or anonymous sex partners
  - Sex in conjunction with illicit drug use
  - Sex with partners who participate in these activities

**Syphilis**

- Males who have sex with males and engage in high-risk sexual behavior
- Persons living with HIV
- Commercial sex workers
- Persons who exchange sex for drugs
- Those in adult correctional facilities

### Risk Assessment

**At the 11 through 14 Year (Older Child/Younger Adolescent) Visits, ask the parent**
- Adolescents who are sexually active are at risk of acquiring STIs. Are you concerned that your older child or young adolescent might be at risk?

**At the 11 through 14 Year (Early Adolescence) Visits, 15 through 17 Year (Middle Adolescence) Visits, and 18 through 21 Year (Late Adolescence) Visits, ask the adolescent or young adult**

- Have you ever had sex (including intercourse or oral sex)?
  - If no, skip to the next section.
- Are you having unprotected sex?
- Are you having sex with multiple partners or anonymous partners?
- Are you or any of your past or current sexual partners bisexual?
- Have you ever been treated for an STI?
- Have any of your past or current sex partners been infected with HIV or used injection drugs?
- Do you trade sex for money or drugs or have sex partners who do?
- **For males:** Have you ever had sex with other males?

### Action if Risk Assessment Is Positive

**Chlamydia test**

- Have you ever had sex with another male?

**Gonorrhea test**

- Have you ever been treated for gonorrhea?

**Syphilis test**

- Have you ever been treated for syphilis?
### Selective Screening

<table>
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</table>
| Adolescents aged 11 through 17 years who should have an annual tuberculosis test  
  • Adolescents infected with HIV  
  Young adults aged 18 through 21 years who should have an annual tuberculosis test  
  • Born in, or former residents of, countries with increased tuberculosis prevalence  
  • Living in, or who have lived in, high-risk congregate settings (e.g., homeless shelters, correctional facilities)  
  • Immunocompromised or living with HIV | **At the 11 through 14 Year (Older Child/Younger Adolescent) Visits, ask the parent**  
  • Was your child or any household member born in, or has he or she traveled to, a country where tuberculosis is common (this includes countries in Africa, Asia, Latin America, and Eastern Europe)?  
  • Has your child had close contact with a person who has tuberculosis disease or who has had a positive tuberculosis test result?  
  • Is your child infected with HIV? | **Tuberculosis test**  
  | adolescents aged 11 through 17 years who should have an annual tuberculosis test  
  • Adolescents infected with HIV  
  Young adults aged 18 through 21 years who should have an annual tuberculosis test  
  • Born in, or former residents of, countries with increased tuberculosis prevalence  
  • Living in, or who have lived in, high-risk congregate settings (e.g., homeless shelters, correctional facilities)  
  • Immunocompromised or living with HIV | **At the 11 through 14 Year (Early Adolescence) Visits, 15 through 17 Year (Middle Adolescence) Visits, and 18 through 21 Year (Late Adolescence) Visits, ask the adolescent or young adult**  
  • Were you or any household member born in, or has he or she traveled to, a country where tuberculosis is common (this includes countries in Africa, Asia, Latin America, and Eastern Europe)?  
  • Have you had close contact with a person who has tuberculosis disease or who has had a positive tuberculosis test?  
  • Are you infected with HIV? | **Tuberculosis test**  
  | Patients or parental concern.  
  • Relevant family histories regarding eye disorders or preschool or early childhood use of glasses in parents or siblings should be explored. | **At the 11 through 14 Year Visits, ask the parent**  
  • Do you have concerns about how your child sees?  
  • Does your child have trouble with near or far vision?  
  • Has your child ever failed a school vision screening test?  
  • Does your child tend to squint? | **Objective measure with age-appropriate visual acuity measurement using HOTV or LEA symbols, Sloan letters, or Snellen letters**  
  | Patients or parental concern.  
  • Relevant family histories regarding eye disorders or preschool or early childhood use of glasses in parents or siblings should be explored. | **At the 15 through 21 Year Visits, ask the adolescent or young adult**  
  • Do you have concerns about your vision?  
  • Have you ever failed a school vision screening test?  
  • Do you have trouble with near or far vision?  
  • Do you tend to squint? | **Objective measure with age-appropriate visual acuity measurement using HOTV or LEA symbols, Sloan letters, or Snellen letters**  

**Abbreviations**: AAP, American Academy of Pediatrics; HIV, human immunodeficiency virus; STI, sexually transmitted infection.

<sup>a</sup> If depression screen is positive, further evaluation should be considered during the Bright Futures Health Supervision Visit. Suicide risk and the presence of firearms in the home must be considered. Disorders of mood are further discussed in the Anticipatory Guidance sections of the Adolescence Visits (11 Through 21 Years).

<sup>b</sup> Adolescents should be screened for STIs per recommendations in the current edition of the AAP Red Book: Report of the Committee on Infectious Diseases. Additionally, all adolescents should be screened for HIV according to the US Preventive Services Task Force recommendations (www.uspreventiveservicestaskforce.org/uspstf/usaphivi.htm) once between the ages of 15 and 19, making every effort to preserve confidentiality of the adolescent. Those at increased risk of HIV infection should be tested for HIV and reassessed annually.

<sup>c</sup> The Evidence and Rationale chapter of Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th Edition, provides additional information on these risk criteria.

<sup>d</sup> Based on risk factors noted in italics or on the risk assessment questions listed here.

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The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Revision of document originally included as part of Bright Futures Tool and Resource Kit. © 2018 American Academy of Pediatrics. All rights reserved. The American Academy of Pediatrics (AAP) does not review or endorse any modifications made to this document and in no event shall the AAP be liable for any such changes.
3. Additional Resources: Adolescent Well Care Visits

- **Transportation**

- **Financial Support**
  - CarePartners (https://mainehealth.org/patients-visitors/billing-insurance/financial-assistance/carepartners)

- **Community Resources**
  - Maine Consent Resource

- **Medication Subsidies**

- **Additional Patient Support/Education**
  - Patient education flyer
  - VIS Immunizations Sheets
  - Confidentiality Policy (Teen Patient Handout)

- **Explore Technology**
  - Rapid Assessment for Adolescent Preventive Services
    - http://www.possibilitiesforchange.com/raaps/
Confidentiality

Fear of disclosure prevents some minors from seeking services. When young people are assured that providers will respect their privacy and provide confidential care, they are more likely to seek care, especially reproductive health care. Generally, when a minor has the right to consent to treatment or testing, the minor has the same right to confidentiality that adults have.

However, there are circumstances in which confidentiality may not be possible, including:
1. Cases of suspected child abuse or neglect, including sexual abuse.
2. Threats by the minor against self or others.
3. Cases where the provider believes that failure to inform the parent or guardian would seriously jeopardize the health of the minor or seriously limit the provider’s ability to provide medical care.
4. The billing and the health insurance claims process, which may result in the disclosure of confidential information to a minor’s parents.

To Help Ensure Confidentiality, Health Care Providers May:

- Ask the minor patient for alternative contact information (address and phone numbers where they can be reached) if the patient does not want to be contacted at home.
- Inform the patient if billing or the insurance claims process may compromise confidentiality, take steps to prevent the inadvertent disclosure of confidential information.
- Discuss insurance, billing, and alternative forms of payment with the minor patient.
- Educate their billing department about minors’ rights to confidentiality and be sensitive to the information on bills sent home.

To Help Ensure Confidentiality ... continued

- Investigate ways to create filing and other systems that protect adolescents’ confidentiality
- Seek the permission of the patient prior to releasing medical records of confidential care provided to minors.
- Consult with legal counsel before releasing any medical records that might result in harm to the adolescent patient.

Please Note: This publication is intended as a guide, and is not meant to provide individual legal assistance. Please check with your legal counsel for site-specific clarification.

Minors’ Rights to Confidential Health Care
In Maine:
A Practitioner’s Resource

A Minor
A minor is a person under the age of 18.

Minors’ Consent
As a general rule, Maine law requires a minor who seeks medical treatment to obtain the consent of a parent or guardian. However, as described below, minors who meet specific criteria may consent to all medical treatment. In addition, all minors may give consent to certain medical treatments outlined in this card, if the practitioner believes they are capable of giving informed consent.

Minors Who May Consent to ALL Medical Care
If a minor fits one of the following categories, she/he may consent to ALL health care evaluation and treatment without the consent of a parent or guardian:

- The minor has been living separately from the minor’s parents or legal guardians for at least 90 days and is independent of parental support.
- The minor is or was legally married.
- The minor is or was a member of the Armed Forces of the United States.
- The minor has been legally emancipated by a court.

Developed by:
Physicians for Reproductive Choice and Health® (PRCH)
Maine Chapter of the American Academy of Pediatrics
Maine Medical Association
The Center for Adolescent and Young Adult Health, Maine Medical Center
The American Civil Liberties Union of Maine
Family Planning Association of Maine

To become a physician member of Physicians for Reproductive Choice and Health®
call 666-366-1940 x12 or visit www.prch.org.

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Physicians for Reproductive Choice and Health®
Specific Medical Care for Which ANY Minor May Give Consent:

**Contraceptives and Pregnancy Testing**

Minors do not need parental consent to receive pregnancy tests or contraceptives, which include birth control pills, patches, injectables and implants, so long as the physician believes that the minor would “suffer serious health hazards” (including sexually transmitted infections, unintended pregnancy, etc.) if she or he does not receive these services.

**Emergency Contraception (EC)**

Emergency contraception (also known as the morning-after pill) is a form of contraception that may be used within 120 hours following intercourse. It is intended for situations such as unprotected intercourse, contraceptive failure or sexual assault. For more information on EC, contact the Family Planning Health Center closest to you at 1-877-326-2345. The National EC Hotline (888-NO-T-AHE or www.nor-7ahe.com) offers additional information on EC options and providers. Minors do not need parental consent to obtain EC.

**STIs and HIV**

Minors may obtain testing and treatment for sexually transmitted infections, including HIV, without the consent of a parent or guardian.

Maine law requires that anyone who is tested for HIV status receive personal counseling before and after the test. The counseling must include information on the test, such as its reliability and who may be informed of the test results. In addition, the provider must offer the patient specific written information concerning HIV. A recently enacted law also requires providers to document the substance of the pre- and post-test counseling in the patient’s medical record. It is permissible to use a written consent form for this purpose.

Minors may also obtain anonymous testing for HIV/AIDS at the Department of Human Services-certified anonymous testing sites.

**Abortion Services**

A minor may consent to an abortion if she does one of the following:

1. Provides the physician performing the abortion with her informed written consent and the written consent of a parent or another adult family member (aunt, grandmother, etc.).
2. Provides the physician performing the abortion with her informed written consent and receives abortion counseling. The counseling may be provided by a physician or from an approved counselor, who may be a psychiatrist, a psychologist, a social worker, an ordained clergy member, a medical assistant, a nurse practitioner, a guidance counselor, a registered nurse or a licensed practical nurse.
3. Provides the physician performing the abortion with her informed written consent and the written consent of a judge.

**Sexual Assault**

A minor may consent to health services associated with a sexual assault forensic examination after a sexual assault. If medical personnel believe that the minor has been sexually assaulted or abused, it must be reported, pursuant to the child abuse reporting law.

**Emergency Care**

When an attempt to secure consent would result in a delay of treatment and increase the risk to the minor’s life or health, a minor may receive health services without the consent of a parent or guardian. In an emergency situation, if the patient is incapacitated or unable to make an informed decision about medical treatment, medical care may be provided without the minor’s consent or that of a parent or guardian.

**Mental Health and Substance Abuse Care**

In general, minors may consent to confidential outpatient counseling and treatment for alcohol, drug, and emotional or psychological problems.

**Please Note:** In cases where minors give their own consent to treatment for substance abuse, STIs, or collecting evidence of sexual assault provided in a hospital, the hospital must notify and obtain the consent of the parent or guardian if hospitalization of the minor continues more than 16 hours.

**Communication is Critical**

Most young people do involve at least one parent when making health care decisions. However, open communication is not always possible. Some cannot involve their parents because they come from homes where physical violence, sexual abuse or emotional abuse is prevalent. For these and other reasons, Maine law allows minors to receive a number of health services, including confidential reproductive health care, without their parents’ permission.

**Health Care Providers May Facilitate Communication By:**

- Establishing a trusting relationship with both patient and parent and discussing the issue of confidentiality.
- Initiating conversations with adolescents about confidential health care.
- Encouraging the adolescent patient to involve a parent or legal guardian when appropriate.
- Discussing whether and how a minor’s parents or legal guardians will be involved in her/his health care.
As you become more independent, there is a lot to think about – school, friends, family, body image, self-esteem... What’s on your mind matters to us, and our trained staff are here for you! At the ENTER CLINIC NAME we offer a wide variety of services to address all your health needs both physically and emotionally. Our health providers are specifically trained to work with teens and are available to help you with whatever you need.

**COMMON TOPICS YOU CAN HAVE ADDRESSED:**

* Your health questions - our priority is partnership
* Emotional health and wellness
* Guidance for healthy relationships
* Bullying
* Health exams and sports physicals
* Weight, diet and overall physical health
* Drug or alcohol use or experimentation
* Sexual Health
* Treatment for illness and infections
* Vision exams and hearing screenings
* Immunizations and vaccines

**YOUR PRIVACY IS IMPORTANT**

At the CLINIC NAME we have specific policies around confidentiality. You may be used to having a parent or guardian come to your appointments, but you can also talk to your provider alone. This is part of transitioning to adult care, and learning how to get the care you need. As long as you are safe and healthy, it will not be shared with your parents or others. If something needs to be shared, we will work with you on how to do that.

**BILLING & INSURANCE**

Under the Affordable Care Act, your annual well-care visit is a covered service that should be paid for by your insurance with no cost to you! Check with your individual health plan for details.

**WHERE ARE WE LOCATED?**

ENTER STREET ADDRESS
ENTER CITY, STATE, ZIPCODE
ENTER general location landmarks if helpful.

**WHEN ARE WE OPEN?**

Monday - Friday @ TIME
Saturday & Sunday @ TIME

Stop by or call us @ (###) ###-####

We want to partner with you to provide the best care possible. Make your appointment today!

Trustworthy * Convenient * Confidential
HPV (Human Papillomavirus) Vaccine: What You Need to Know

1 Why get vaccinated?

HPV vaccine prevents infection with human papillomavirus (HPV) types that are associated with many cancers, including:
- cervical cancer in females,
- vaginal and vulvar cancers in females,
- anal cancer in females and males,
- throat cancer in females and males, and
- penile cancer in males.

In addition, HPV vaccine prevents infection with HPV types that cause genital warts in both females and males.

In the U.S., about 12,000 women get cervical cancer every year, and about 4,000 women die from it. HPV vaccine can prevent most of these cases of cervical cancer.

Vaccination is not a substitute for cervical cancer screening. This vaccine does not protect against all HPV types that can cause cervical cancer. Women should still get regular Pap tests.

HPV infection usually comes from sexual contact, and most people will become infected at some point in their life. About 14 million Americans, including teens, get infected every year. Most infections will go away on their own and not cause serious problems. But thousands of women and men get cancer and other diseases from HPV.

2 HPV vaccine

HPV vaccine is approved by FDA and is recommended by CDC for both males and females. It is routinely given at 11 or 12 years of age, but it may be given beginning at age 9 years through age 26 years.

Most adolescents 9 through 14 years of age should get HPV vaccine as a two-dose series with the doses separated by 6-12 months. People who start HPV vaccination at 15 years of age and older should get the vaccine as a three-dose series with the second dose given 1-2 months after the first dose and the third dose given 6 months after the first dose. There are several exceptions to these age recommendations. Your health care provider can give you more information.

3 Some people should not get this vaccine

- Anyone who has had a severe (life-threatening) allergic reaction to a dose of HPV vaccine should not get another dose.
- Anyone who has a severe (life threatening) allergy to any component of HPV vaccine should not get the vaccine.

Tell your doctor if you have any severe allergies that you know of, including a severe allergy to yeast.

- HPV vaccine is not recommended for pregnant women. If you learn that you were pregnant when you were vaccinated, there is no reason to expect any problems for you or your baby. Any woman who learns she was pregnant when she got HPV vaccine is encouraged to contact the manufacturer’s registry for HPV vaccination during pregnancy at 1-800-986-8999. Women who are breastfeeding may be vaccinated.
- If you have a mild illness, such as a cold, you can probably get the vaccine today. If you are moderately or severely ill, you should probably wait until you recover. Your doctor can advise you.

4 Risks of a vaccine reaction

With any medicine, including vaccines, there is a chance of side effects. These are usually mild and go away on their own, but serious reactions are also possible.

Most people who get HPV vaccine do not have any serious problems with it.

Mild or moderate problems following HPV vaccine:
- Reactions in the arm where the shot was given:
  - Soreness (about 9 people in 10)
  - Redness or swelling (about 1 person in 3)
- Fever:
  - Mild (100°F) (about 1 person in 10)
  - Moderate (102°F) (about 1 person in 65)
- Other problems:
  - Headache (about 1 person in 3)
Problems that could happen after any injected vaccine:

- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting, and injuries caused by a fall. Tell your doctor if you feel dizzy, or have vision changes or ringing in the ears.

- Some people get severe pain in the shoulder and have difficulty moving the arm where a shot was given. This happens very rarely.

- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at about 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death. The safety of vaccines is always being monitored. For more information, visit: www.cdc.gov/vaccinesafety/.

What if there is a serious reaction?

What should I look for?
Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would usually start a few minutes to a few hours after the vaccination.

What should I do?
If you think it is a severe allergic reaction or other emergency that can’t wait, call 9-1-1 or get to the nearest hospital. Otherwise, call your doctor.

Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor should file this report, or you can do it yourself through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does not give medical advice.

The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382 or visiting the VICP website at www.hrsa.gov/vaccinecompensation. There is a time limit to file a claim for compensation.

How can I learn more?

- Ask your health care provider. He or she can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call 1-800-232-4636 (1-800-CDC-INFO) or
  - Visit CDC’s website at www.cdc.gov/hpv

Vaccine Information Statement

HPV Vaccine

12/02/2016

42 U.S.C. § 300aa-26
Meningococcal ACWY Vaccines—MenACWY and MPSV4: What You Need to Know

1 Why get vaccinated?

Meningococcal disease is a serious illness caused by a type of bacteria called Neisseria meningitidis. It can lead to meningitis (infection of the lining of the brain and spinal cord) and infections of the blood. Meningococcal disease often occurs without warning— even among people who are otherwise healthy.

Meningococcal disease can spread from person to person through close contact (coughing or kissing) or lengthy contact, especially among people living in the same household.

There are at least 12 types of N. meningitidis, called “serogroups.” Serogroups A, B, C, W, and Y cause most meningococcal disease.

Anyone can get meningococcal disease but certain people are at increased risk, including:
- Infants younger than one year old
- Adolescents and young adults 16 through 23 years old
- People with certain medical conditions that affect the immune system
- Microbiologists who routinely work with isolates of N. meningitidis
- People at risk because of an outbreak in their community

Even when it is treated, meningococcal disease kills 10 to 15 infected people out of 100. And of those who survive, about 10 to 20 out of every 100 will suffer disabilities such as hearing loss, brain damage, kidney damage, amputations, nervous system problems, or severe scars from skin grafts.

Meningococcal ACWY vaccines can help prevent meningococcal disease caused by serogroups A, C, W, and Y. A different meningococcal vaccine is available to help protect against serogroup B.

Two doses of MenACWY are routinely recommended for adolescents 11 through 18 years old: the first dose at 11 or 12 years old, with a booster dose at age 16. Some adolescents, including those with HIV, should get additional doses. Ask your health care provider for more information.

In addition to routine vaccination for adolescents, MenACWY vaccine is also recommended for certain groups of people:
- People at risk because of a serogroup A, C, W, or Y meningococcal disease outbreak
- Anyone whose spleen is damaged or has been removed
- Anyone with a rare immune system condition called “persistent complement component deficiency”
- Anyone taking a drug called eculizumab (also called Soliris®)
- Microbiologists who routinely work with isolates of N. meningitidis
- Anyone traveling to, or living in, a part of the world where meningococcal disease is common, such as parts of Africa
- College freshmen living in dormitories
- U.S. military recruits

Children between 2 and 23 months old, and people with certain medical conditions need multiple doses for adequate protection. Ask your health care provider about the number and timing of doses, and the need for booster doses.

MenACWY is the preferred vaccine for people in these groups who are 2 months through 55 years old, have received MenACWY previously, or anticipate requiring multiple doses.

MPSV4 is recommended for adults older than 55 who anticipate requiring only a single dose (travelers, or during community outbreaks).

2 Meningococcal ACWY Vaccines

There are two kinds of meningococcal vaccines licensed by the Food and Drug Administration (FDA) for protection against serogroups A, C, W, and Y: meningococcal conjugate vaccine (MenACWY) and meningococcal polysaccharide vaccine (MPSV4).
Some people should not get this vaccine

Tell the person who is giving you the vaccine:

- **If you have any severe, life-threatening allergies.**
  
  If you have ever had a life-threatening allergic reaction after a previous dose of meningococcal ACWY vaccine, or if you have a severe allergy to any part of this vaccine, you should not get this vaccine. Your provider can tell you about the vaccine’s ingredients.

- **If you are pregnant or breastfeeding.**
  
  There is not very much information about the potential risks of this vaccine for a pregnant woman or breastfeeding mother. It should be used during pregnancy only if clearly needed.

If you have a mild illness, such as a cold, you can probably get the vaccine today. If you are moderately or severely ill, you should probably wait until you recover. Your doctor can advise you.

Risks of a vaccine reaction

With any medicine, including vaccines, there is a chance of side effects. These are usually mild and go away on their own within a few days, but serious reactions are also possible.

As many as half of the people who get meningococcal ACWY vaccine have **mild problems** following vaccination, such as redness or soreness where the shot was given. If these problems occur, they usually last for 1 or 2 days. They are more common after MenACWY than after MPSV4.

A small percentage of people who receive the vaccine develop a mild fever.

**Problems that could happen after any injected vaccine:**

- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting, and injuries caused by a fall. Tell your doctor if you feel dizzy, or have vision changes or ringing in the ears.
- Some people get severe pain in the shoulder and have difficulty moving the arm where a shot was given. This happens very rarely.
- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at about 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.

The safety of vaccines is always being monitored. For more information, visit: [www.cdc.gov/vaccinesafety/](http://www.cdc.gov/vaccinesafety/)

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What if there is a serious reaction?

**What should I look for?**

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.

  Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness — usually within a few minutes to a few hours after the vaccination.

**What should I do?**

- If you think it is a severe allergic reaction or other emergency that can’t wait, call 9-1-1 and get to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the “Vaccine Adverse Event Reporting System” (VAERS). Your doctor should file this report, or you can do it yourself through the VAERS web site at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling **1-800-822-7967**.

*VAERS does not give medical advice.*

The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling **1-800-338-2382** or visiting the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation). There is a time limit to file a claim for compensation.

How can I learn more?

- Ask your health care provider. He or she can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636** (1-800-CDC-INFO) or
  - Visit CDC’s website at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)

Vaccine Information Statement

Meningococcal ACWY Vaccines

[03/31/2016]

42 U.S.C. § 300aa-26
# Tdap Vaccine

## What You Need to Know

### Why get vaccinated?

Tetanus, diphtheria and pertussis are very serious diseases. Tdap vaccine can protect us from these diseases. And, Tdap vaccine given to pregnant women can protect newborn babies against pertussis.

**TETANUS** (Lockjaw) is rare in the United States today. It causes painful muscle tightening and stiffness, usually all over the body.

- It can lead to tightening of muscles in the head and neck so you can’t open your mouth, swallow, or sometimes even breathe. Tetanus kills about 1 out of 10 people who are infected even after receiving the best medical care.

**DIPHTHERIA** is also rare in the United States today. It can cause a thick coating to form in the back of the throat.

- It can lead to breathing problems, heart failure, paralysis, and death.

**PERTUSSIS** (Whooping Cough) causes severe coughing spells, which can cause difficulty breathing, vomiting and disturbed sleep.

- It can also lead to weight loss, incontinence, and rib fractures. Up to 2 in 100 adolescents and 5 in 100 adults with pertussis are hospitalized or have complications, which could include pneumonia or death.

These diseases are caused by bacteria. Diphtheria and pertussis are spread from person to person through secretions from coughing or sneezing. Tetanus enters the body through cuts, scratches, or wounds.

Before vaccines, as many as 200,000 cases of diphtheria, 200,000 cases of pertussis, and hundreds of cases of tetanus, were reported in the United States each year. Since vaccination began, reports of cases for tetanus and diphtheria have dropped by about 99% and for pertussis by about 80%.

### Tdap vaccine

Tdap vaccine can protect adolescents and adults from tetanus, diphtheria, and pertussis. One dose of Tdap is routinely given at age 11 or 12. People who did not get Tdap at that age should get it as soon as possible.

Tdap is especially important for healthcare professionals and anyone having close contact with a baby younger than 12 months.

Pregnant women should get a dose of Tdap during every pregnancy, to protect the newborn from pertussis. Infants are most at risk for severe, life-threatening complications from pertussis.

Another vaccine, called Td, protects against tetanus and diphtheria, but not pertussis. A Td booster should be given every 10 years. Tdap may be given as one of these boosters if you have never gotten Tdap before. Tdap may also be given after a severe cut or burn to prevent tetanus infection.

Your doctor or the person giving you the vaccine can give you more information.

Tdap may safely be given at the same time as other vaccines.

### Some people should not get this vaccine

- A person who has ever had a life-threatening allergic reaction after a previous dose of any diphtheria, tetanus or pertussis containing vaccine, OR has a severe allergy to any part of this vaccine, should not get Tdap vaccine. Tell the person giving the vaccine about any severe allergies.

- Anyone who had coma or long repeated seizures within 7 days after a childhood dose of DTP or DTaP, or a previous dose of Tdap, should not get Tdap, unless a cause other than the vaccine was found. They can still get Td.

- Talk to your doctor if you:
  - have seizures or another nervous system problem,
  - had severe pain or swelling after any vaccine containing diphtheria, tetanus or pertussis,
  - ever had a condition called Guillain-Barré Syndrome (GBS),
  - aren’t feeling well on the day the shot is scheduled.
Risks

With any medicine, including vaccines, there is a chance of side effects. These are usually mild and go away on their own. Serious reactions are also possible but are rare.

Most people who get Tdap vaccine do not have any problems with it.

Mild problems following Tdap (Did not interfere with activities)

• Pain where the shot was given (about 3 in 4 adolescents or 2 in 3 adults)
• Redness or swelling where the shot was given (about 1 person in 5)
• Mild fever of at least 100.4°F (up to about 1 in 25 adolescents or 1 in 100 adults)
• Headache (about 3 or 4 people in 10)
• Tiredness (about 1 person in 3 or 4)
• Nausea, vomiting, diarrhea, stomach ache (up to 1 in 4 adolescents or 1 in 10 adults)
• Chills, sore joints (about 1 person in 10)
• Body aches (about 1 person in 3 or 4)
• Rash, swollen glands (uncommon)

Moderate problems following Tdap (Interfered with activities, but did not require medical attention)

• Pain where the shot was given (up to 1 in 5 or 6)
• Redness or swelling where the shot was given (up to about 1 in 16 adolescents or 1 in 12 adults)
• Fever over 102°F (about 1 in 100 adolescents or 1 in 250 adults)
• Headache (about 1 in 7 adolescents or 1 in 10 adults)
• Nausea, vomiting, diarrhea, stomach ache (up to 1 or 3 people in 100)
• Swelling of the entire arm where the shot was given (up to about 1 in 500).

Severe problems following Tdap (Unable to perform usual activities; required medical attention)

• Swelling, severe pain, bleeding and redness in the arm where the shot was given (rare).

Problems that could happen after any vaccine:

• People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting, and injuries caused by a fall. Tell your doctor if you feel dizzy, or have vision changes or ringing in the ears.
• Some people get severe pain in the shoulder and have difficulty moving the arm where a shot was given. This happens very rarely.
• Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at fewer than 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.

The safety of vaccines is always being monitored. For more information, visit: www.cdc.gov/vaccinesafety/

What if there is a serious problem?

What should I look for?

• Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.
• Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would usually start a few minutes to a few hours after the vaccination.

What should I do?

• If you think it is a severe allergic reaction or other emergency that can’t wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.
• Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

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  - Visit CDC’s website at www.cdc.gov/vaccines

Vaccine Information Statement

Tdap Vaccine

2/24/2015

42 U.S.C. § 300aa-26
We provide quality care for teens and young adults. We want to work together with you and your family to meet all of your health care needs.

As you become more independent and take on more responsibilities, we ask for more input from you about your health. Oregon law allows youth at age 14 to consent to some health care services on their own. Starting at age 14 or other age that is standard in your clinic, it is our practice to ask all parents and guardians to wait outside for part of your visit. This gives you and your provider a chance to discuss anything you may feel uncomfortable talking about in front of others.

**Your safety is most important to us.** Know that if you are doing anything to hurt yourself, or others, or if some is hurting you, we may have to tell someone.

We will always encourage you to talk to your parents or guardians about your health. We can help start the conversation.

**As you begin to take more responsibility for your health care, we trust you to:**

- Learn about your medical problems, and let us know if you don’t understand something we are discussing
- Follow the treatment plan that we agree upon as best as you can
- Be honest. Tell us about your medical history, health behaviors, and all medications you are taking
- Let us know when other healthcare providers are involved in your care. Ask them to send us a report whenever you see them
- Be on time for your appointments. If you are not going to keep appointments, call to reschedule or cancel them at least 24 hours in advance
- Call us if you do not receive test results within 2 weeks
- Use the “after hours” line only for issues that cannot wait until the next work day
- Come to our health center when you are sick instead of going to the Emergency Room, so that someone who knows you and your history can take care of you
- Tell us how we can improve our services

We are always available to discuss your health problems or answer questions. We want to work with you to help you make the best choices for a healthy future.

*Some insurance plans may mail information about our visit to your home. Talk to your provider if you are using your family’s insurance and want confidential care.*