Preventive Health Clinical Practice Guidelines

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KEYSTONE MERCY

A Program of Keystone First and Mercy Health Plan

Preface

The Preventive Health Clinical Practice Guideline was adapted from several nationally recognized sources, with additional input from network practitioners and specialty consultants.

This guideline includes the Center for Disease Control's Immunization schedule and updated guidelines from the U.S. Preventive Services Task Force guide to clinical Preventive Services.

Please adjust your patient's treatment plan as changes in national health care guidelines occur. Individual clinical decisions should be tailored to specific patient medical and psychosocial needs.

For more information and/or additional copies of this and other Plan guidelines, log onto: www.keystonemercy.com or call the Provider Service Department at 800-521-6007.

Pregnancy
Preventive Health Guideline
Members who are pregnant should be referred to a participating obstetrical practitioner at the time the pregnancy is first identified.

Examination

Modality	Recommendations
OB/Family History and Physical	Perform at first prenatal visit.[25]
Blood Pressure	Perform at the first prenatal visit and at each visit for the remainder of the pregnancy.[25]
Height and Weight	Same interval as blood pressure screening.
Pelvic Exam	Perform at first prenatal visit and as clinically indicated.
Pap Smear	Perform at first prenatal visit if not done and documented within the previous nine months.
Uterine Size (in cm)	Same interval as blood pressure screening.
Fetal Heart Rate	Same interval as blood pressure screening.
Risk Profile	Perform at first prenatal visit.

Diagnostic Screening/Preventive Services

Modality	Recommendations
CBC with indices	Perform at first prenatal visit.
Gestational Diabetes Mellitus (GDM) Testing	Assess risk for gestational diabetes mellitus (GDM) at the first prenatal visit. Women at higher risk for gestational diabetes (age, obesity, history of gestational diabetes mellitus, glycosuria, high risk group or family history of diabetes) should undergo glucose testing as soon as possible. If negative at the initial screening, they should be retested between 24-28 weeks of gestation. Women of average risk should be tested at 24-28 weeks of gestation.[6] Initial screen with 50-g oral glucose load with results of plasma or serum glucose concentration of >130 mg/dL after 1 hour; or 100-g oral glucose load with results of plasma or serum glucose concentration of >155 mg/dL after 2 hours.
Urine Dipstick	Monitor protein and glucose at each visit.
Hepatitis B surface Antigen Testing (HbsAg)	Perform at first prenatal visit; repeat in third trimester if at risk; Hepatitis B vaccination may be provided for women at high risk of exposure during pregnancy.[25]
Hepatitis C Antibodies (anti-HCV)	Perform at first prenatal visit for pregnant women at high risk for exposure.[25]
Gonorrhea Screening	Perform at first prenatal visit for all high risk patients; repeat in third trimester for those at high

	risk.[14]
Syphilis Serologic Test	Perform for all pregnant women at the first prenatal visit. In populations in which use of prenatal care is not optimal, Rapid Plasma Reagin (RPR) test screening (and appropriate treatment if that test is reactive) should be performed at time pregnancy is confirmed. Women at high risk or previously untested or those with positive (+) test in first trimester should be screened again early in the third trimester and at delivery.[14]
HIV Testing	All pregnant women should be offered voluntary HIV testing at the first prenatal visit. Reasons for refusal of testing should be explored, and test should be reoffered to pregnant women who initially declined testing. Retesting in the third trimester (preferably before 36 weeks gestation) is recommended for women at high risk for acquiring HIV infections (i.e., women who use illicit drugs, have STDs during pregnancy, have multiple sex partners during pregnancy, or have HIV-infected partners). In addition, women who have not received prenatal care should be encouraged to be tested for HIV infection at delivery.
Chlamydia Trachomatis Testing	Perform at first prenatal visit.[14] Repeat in third trimester if at risk (<25 years of age or new or multiple partners).
D Blood typing and Antibody Testing (Rh)	Perform at first prenatal visit, including visits for elective abortion. For D-negative mothers specific treatment recommendations are: • Repeat D antibody test for all unsensitized D-negative women at 28 weeks gestation; follow by administration of recommended dose of D immunoglobulin if antibody negative; • If D-positive infant is delivered, dose should be repeated postpartum, preferably within 72 hours after delivery; dose according to quantification of fetal-maternal transfusion; • A full dose of D immunoglobulin is recommended for all unsensitized D-negative women after elective abortion (check recommended dose if occurs before 13 weeks), spontaneous abortion, amniocenteses, CVS, vaginal bleeding, abdominal trauma, external version (successful or not) unless delivery is planned

	within 48 hours.[25]
Urine Culture	Perform at first prenatal visit and as needed.
Screening for Anogenital and Urologic Group B Streptococcal Disease	During pregnancy treat all women found to have symptomatic or asymptomatic Group B Streptococcal (GBS) bacteriuria at the time of diagnosis. Intrapartum give chemoprophylaxis to:[22] • Women treated for GBS bacteriuria based on initial screening urinalysis are usually heavily colonized with GBS; they should also receive intrapartum chemoprophylaxis; • Screen all pregnant women at 35-37 weeks gestation for anogenital GBS colonization. Patients should be informed of screening results and of potential benefits and risks of intrapartum antimicrobial prophylaxis for GBS carriers; • Lower vaginal and rectal cultures are recommended; cultures should not be collected by speculum exam, but by swabbing both the lower vagina and rectum; • Offer intrapartum chemoprophylaxis to all pregnant women identified as GBS carriers with updated prophylaxis regimens for all women penicillin allergies; • If result of GBS culture is not known at the time of labor, administer intrapartum antimicrobial prophylaxis in presence of one of the following risk factors: gestation ≤37 weeks, duration of membrane rupture≥18 hours, or temperature≥38 ○ C (100.4 ○ F).
Screening for Down Syndrome	Screening for down Syndrome by maternal serum multiple-marker testing at 14-22 weeks gestation. Check with your lab to identify appropriate range.

Modality	Recommendations
Screening for Neural Tube Defects	Maternal serum alpha fetoprotein (MSAFP) measurement at 14-22 weeks gestation for all pregnant women. Check with your lab to identify appropriate range.[1]
Screening for Herpes Simplex	In the absence of lesions during the third trimester, routine serial cultures for HSV are not indicated for women who have a history of recurrent genital

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	herpes.[14]
Ultrasound	Women without known LMP (8-18 weeks). Vaginal Ultrasound may be considered at 18-22 weeks for women at risk for preterm delivery and as baseline for cervical length.[25]
Chorionic Villus Sampling and Amniocentesis	Offer to all women ≥35 years of age and for those at high risk of Down syndrome and other known genetic syndromes.
Genetic and Hemoglobinopathy Screening	Discuss at first prenatal visit and refer those at risk (i.e., cystic fibrosis, sickle cell disease, Tay Sachs, Canavan, and other hemoglobinopathies are recommended.
Postpartum Depression	Counsel and monitor all patients for signs and symptoms of depression after delivery; closely monitor those with previous history of depression.

Immunization (Also see Adult Immunization Schedule)

Modality	**Recommendations**
Influenza Vaccination	Consider influenza vaccination for: All women who would be pregnant during the influenza season.[25]
Rubella Immunity	Conduct a Rubella immunoglobulin G test for all pregnant women at the first prenatal visit. Susceptible pregnant women should be monitored for signs of rubella during pregnancy and vaccinated in the **immediate postpartum period.** Counsel women to avoid conceiving for at least one month after vaccination.[13]
Varicella Immunity	Screen to identify women at risk (those with no documented disease or exposure). **Counsel non-pregnant women to avoid becoming pregnant for at least one month following each vaccine injection.** According to the Advisory Committee on Immunization Practices, Varicella Zoster Immune Globulin (VZIG) should be considered for susceptible pregnant women who have been exposed. Check recommended window for exposure risk. It is unknown whether the fetus will be protected if VZIG is administered; it is primarily to prevent complications of varicella in the mother.[25]

Health Education/Discussion topics [ENROLLMENT IN Wee Care]
Recommendations

Recommendations
Counsel on the effects of passive smoking, discourage use of any/all tobacco products and provide augmented, pregnancy-tailored counseling for those who smoke. Refer to Plan tobacco cessation programs.
Avoid drinking alcohol and illicit drug use.
Sexually Transmitted Disease prevention.
Pre-term labor signs and symptoms, self-palpation.
Orientation to normal and abnormal signs and symptoms in pregnancy/fetal movement counts.
Vaginal Birth After C-section (VBAC) information for patients with prior C-section.
Labor and delivery classes; selection of newborn physician.
Exercise during pregnancy as appropriate.
Follow-up visits within 4-6 weeks of delivery for mother; first few days for a baby or as recommended by pediatrician.
Family planning for future pregnancy and birth control options.
Regular visits to a dental care provider; tooth brushing with fluoride toothpaste, dental flossing.

Nutrition
Recommendations

Recommendations
Adequate calcium and Vitamin D intake.
Folic acid treatment: ♦ Women with no prenatal history of tube defects who are capable of becoming pregnant should consume 0.4 mg to 0.8 mg of folic acid daily.[25] ♦ Periconceptional folic acid 4.0 mg to 0.8 mg daily for women with previous affected pregnancy starting one month before the time they plan to become pregnant and throughout the first three months of pregnancy, unless contraindicated. NOTE: Women should be advised not to use over the counter (OTC) or prescription multivitamins to achieve recommended daily dose of folic acid due to the danger of ingesting harmful levels of other vitamins.[1]
Iron supplements as appropriate.[8]
Counsel women on the benefits and risks (those HIV positive, being treated for cancer, taking certain medicines, or illegal drugs or alcohol) of breast-feeding.[5]

Injury Prevention

Recommendations
Lap/shoulder belts-correct use.
Infant car safety seats.
Infant sleep environment and sleep position (BACK TO SLEEP POSITION)
Back-pain prevention.
Environmental/Occupational risks.

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Screen and treat for abuse, domestic violence.
Properly install/test smoke detectors and carbon monoxide monitors (change batteries every Spring and Fall when clocks change).
Pregnant women should be screened for evidence of problem or risk drinking.
Medication safety to include over the counter and herbal medicines.

Well Baby/Well Child (Birth through 10 years)
Preventive Health Guideline

Examination

Modality	Recommendations
Well Visits	Include: • History and Physical examination.[25] • Schedule: Penna. Children's Check up (EPSDT) Program Periodicity Schedule and Coding Matrix Assessment Recommended schedule Newborn (inpatient) 1,2-3,4-5,6-8,9-11,12,15,18 months and at 2,3,4,5,6,8,10 years. [19] 1. Height, Weight 2. Graphic recording of change (growth charts) and/or body Mass Index (BMI = body weight in kg divided by the square of height in meters) 3. Head Circumference (Infants) 4. Vision and Hearing Screening—ensure newborn hearing screening completed per AAP recommendations. Assess through observation or health history/physical. Begin annual visual acuity screen, audio screen and pure tone (air) assessment at age 3[19]. (Recommended: referral to visual care specialist if screening is failed prior to beginning school) 5. Blood pressure measurement during office visits (every year, AAP) 6. Developmental/Behavioral Assessment.

Diagnostic Screening/Preventive Services

Modality	Recommendations
Hemoglobin/Hematocrit	Once, between 9-12 months; then assess for risk factors of iron deficiency.[8] For females, do once after onset of menses.[19]
Urinalysis	Once, at age 5, repeat if indicated by history and/or symptoms.[19]
Lead Screening	Once, at 9-11 months, preferred at 9 months; then based on risk or as mandated by state law, especially

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	children who[2]: • Live in communities in which the prevalence of lead levels require individual intervention, including those in which residential lead hazard control or chelation, is high or undefined; • Live in or frequently visit a home built before 1978 with dilapidated paint or in homes with recent or ongoing renovations or remodeling; • Have close contact with a person who has an elevated blood lead level; • Live near lead industry or heavy traffic; • Live with someone whose job or hobby involves lead exposure; • Use lead-based pottery; or • Take traditional ethnic remedies that contain lead.
PPD Testing	Upon recognition of risk factors, repeat regularly in high-risk individuals between ages 12 months and 21 years.[25] • Persons infected with HIV, close contacts of persons with known or suspected TB, persons with medical risk factors associated with TB, immigrants from countries with high TB prevalence, migrant workers, medically underserved low-income populations (including homeless), alcoholics, injection drug users, residents of long-term care facilities.
Newborn Hemoglobinopathy Screening	Screen newborns at risk or as clinically indicated.
General Newborn Disease Screening	Test newborns as clinically indicated or as mandated by State/Federal law for various diseases including but not limited to PKU, thyroid, cystic fibrosis, galactosemia, etc.
Vitamin K	To prevent Vitamin K dependent hemorrhagic disease of the newborn, every neonate should receive a single dose of natural Vitamin K within one hour of birth.
Ocular Prophylaxis	Erythromycin 0.5% ophthalmic ointment, tetracycline 1% ophthalmic ointment, or 1% silver nitrate solution should be applied topically to the eyes of all newborns as soon as possible after birth

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	and no later than 1 hour after birth.[25]
Cholesterol Screening	Identify children at highest risk for the development of accelerated atherosclerosis by screening for hyperlipidemia in children who have parental or grandparental history (<55 years of age) of a documented myocardial infarction, angina pectoris, peripheral vascular disease, or sudden cardiac death, or a parent with a high blood cholesterol level (>240 mg/dL).[17]
Diabetes Screening	The American Diabetes Association recommends that overweight or other high-risk youths be screened every 2 years starting at age 10 or at the onset of puberty, whichever is earlier.[7]
Obesity Screening	Beginning at age 6 years, children should be screened for obesity and if indicated offered or referred to comprehensive, intensive behavioral interventions to promote improvement in weight status.
Scoliosis Screening	Annual screening using Adam's test starting at age 10 or earlier if at increased risk.[23]
Sickle Cell Screening	If indicated by history and/or symptoms.[19]
Sexually Transmitted Disease	If indicated by history and/or symptoms.[19]

Immunization

See Childhood Immunization Schedule. Temporary shortages of individual vaccines may lead to delay in scheduled immunizations. Be sure to check each child's record and catch up on any necessary vaccinations as soon as the vaccine is available.[10]

Health Education/Discussion Topics

Recommendations
Counsel parents of young children on measures to reduce injury risk.
Counsel parents and children as appropriate on the effects of passive smoking, anti tobacco message.
Encourage regular physical activity/exercise as appropriate.
Regular visits to dental care provider; tooth-brushing with fluoride toothpaste; dental flossing (check age appropriateness).
Fluoride supplementation of persons aged <16 years of age in areas with inadequate water fluoridation.
Counsel on baby-bottle tooth decay.
Evaluate for feelings of sadness/depression and problems with attention, concentration and impulsivity.
Discuss avoidance of alcohol and illegal drug use in preteens as appropriate.

Nutrition

Recommendations
Breast-feeding (adequate intake), iron-enriched formula and foods; elements of good nutrition.[5]
Maintain caloric balance through proper diet and exercise; use of growth charts; BMI
Emphasize fruits, vegetables and grain products containing fiber; encourage adequate calcium intake and iron rich foods as appropriate.

Injury Prevention

Recommendations
CPR training for parents/caretakers.
Evaluate risks for violence/abuse/neglect—counseling on measures to reduce youth violence/risk.
Properly install/test smoke detectors and carbon monoxide monitors (change batteries every Spring and Fall when clocks change).
Infant sleep environment and sleep position (BACK TO SLEEP POSITION)
Proper installation of child car safety seats; lap/shoulder belts (check height & weight appropriateness).
Flame retardant sleepwear for all children
Safe storage of medications and toxic chemicals (to include over the counter vitamins, etc.)
Safe storage or removal of firearms and matches in the home.
Use of poison control number.
Use of window/stair guards, cabinet locks, key locks
Prompt removal of old cigarette butts (major cause of poisoning by ingestion)
Hot water temperature (<120 ○ F)bath safety.
Pool fence/water safety (swimming lessons, life vests, etc.).
Avoid bicycling near traffic/obey traffic safety rules; proper use/sizing of bicycle/motorcycle/ATV helmets.
Adoption of sun safety practices/protection.
Use of proper safety equipment (sports, recreational-knee pads, elbow pads, helmets, etc.) as appropriate.

Adolescent (Ages 11-20 years)
Preventive Health Guideline

Examination

Modality	Recommendations
Well Visits (Annually)	Include: • History and Physical;[25] • Height, Weight, BMI; • Blood Pressure; • Vision and Hearing Screening. • Behavioral/Developmental/Educational status

Diagnostic Screening/Preventive Services

Modality	Recommendations
Papanicolaou (Pap) Test (Females)	Annual Pap exam should start 3 years after the onset of vaginal intercourse no later than 21 years old (annually with conventional cervical cytology or every 2 years with liquid-based cytology). Reduction in Pap screening intervals should not be implied to reduce frequency of pelvic exam and counseling for reproductive health, contraception and other GYN care.[21]
Pelvic Exam	As appropriate and based on risk factors.[25]
Urinalysis	Once between ages 11-18.
Testing for Sexually Transmitted Diseases	Chlamydia Screen:[20] • Sexually active adolescent females (age 11 – 13) and all adolescents (age 14 – 20) should be screened for chlamydial infection at least annually, even if symptoms are not present. Serologic Screening for Syphilis[11] • High-risk persons; • Pregnant women. Routine Gonorrhea Screening: culture or non-culture testing:[14] • Sexually active adolescent females should be screened for gonorrheal infection at least annually during the annual pelvic examination, even if symptoms are not present. • High risk men • High risk women

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	Screening for HIV Infection:[14] HIV testing with appropriate counseling and informed consent should be offered to persons at increased risk for infection: • Those seeking treatment for sexually transmitted diseases; • Recipients of transfusions between 1978-1985; • Persons with multiple sex partners; • Men who have had sex with men after 1975; • Past or present injection drug users; • Persons who exchange sex for money or drugs, and their sex partners; • Women and men whose past or present sex partners were HIV-infected, bisexual, or injection drug users.
Hemoglobin/Hematocrit	Assess for risk factors of iron deficiency.[12]
PPD Intradermal testing	Upon recognition of risk factors, repeat regularly in high-risk individuals between ages 12 months and 21 years:[25] • Persons infected with HIV, close contacts of persons with known or suspected TB, persons with medical risk factors associated with TB, immigrants from countries with high TB prevalence, medically underserved low-income populations (including homeless), migrant workers, alcoholics, injection drug users, residents of long-term care facilities.
Cholesterol Screening	Identify children at highest risk for the development of accelerated atherosclerosis by screening for hyperlipidemia in children who have parental or grandparental history (≤55 years of age) of a documented myocardial infarction, angina pectoris, peripheral vascular disease, or sudden cardiac death, or a parent with a high blood cholesterol level (≥240 mg/dL).[17]
Scoliosis Screening	Annual screening using Adam's test.
Depression	Adolescents age 12-18 years of age should be screened for major depressive disorder (MDD).[25]

Diabetes Screening	The American diabetes Association recommends that overweight or other high-risk youths be screened every 2 years starting at age 10 or at the onset of puberty, whichever is earlier.[7]
Obesity Screening	Children should be screened for obesity and if indicated offered or referred to comprehensive, intensive behavioral interventions to promote improvement in weight status.
Sickle Cell	As indicated by history and/or symptoms.[19]

Immunization

See Childhood Immunization Schedule. Temporary shortages of individual vaccines may lead to delay in scheduled immunizations. Be sure to check each child's record and catch up on any necessary vaccinations as soon as the vaccine is available.[9]

Health Education/Discussion Topics

Recommendations
Counsel on the effects of passive smoking; discourage use of any/all tobacco products.
Avoid drinking alcohol.
Avoid illicit drug and illegal steroid use.
Sexually Transmitted Disease prevention: abstinence from sex, avoid high-risk behavior; barrier methods, as appropriate.
Unintended pregnancy: abstinence from sex or use of contraceptives as appropriate.
Evaluate for depression, eating disorders, and anxiety disorders.
Regular visits to a dental care provider; tooth brushing with fluoride toothpaste; dental flossing.
Fluoride supplementation of persons aged 16 years of age in areas with inadequate water fluoridation.
Encourage regular physical activity with progression to a level of activity that achieves cardiovascular fitness.

Nutrition

Recommendations
Emphasize fruits, vegetables, and grain products containing fiber.
Maintain caloric balance through proper diet and exercise; measure and counsel on BMI.
Maintain adequate intake of dietary calcium and vitamin D.
Recommend 0.4 mg to 0.8 mg folic acid for women of childbearing age who are capable of becoming pregnant.[1]

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Injury Prevention

Recommendations
Lap/shoulder belts (check height and weight appropriateness).
Proper use/sizing of bicycle/motorcycle/ATV helmets.
Avoid bicycling near traffic/obey traffic safety rules.
Properly install/test smoke detectors and carbon monoxide monitors (change batteries every Spring and Fall when clocks change).
Safe storage of medications and toxic chemicals (to include over the counter vitamins, etc.).
Safe storage or removal of firearms and matches in the home.
Counseling on measures to reduce youth violence risk.
Evaluate risk of abuse/neglect/violence.
Avoid alcohol/drug use.
Adoption of sun safety (swimming lesions, life vests, etc.).
Use of proper safety equipment (sports, recreational-knee pads, elbow pads, helmets, etc).

Adult Age 21 – 39
Preventive Health Guideline

Examination

Modality	Recommendations
Well Visits	At age 21 then every 3 years[25] Include: • History and Physical; • Height, weight, BMI; • Blood Pressure Measurements every two years in person >21 years; increase frequency of blood pressure monitoring if last blood pressure was > 120/80

Diagnostic Screening/Preventive Services

Modality	Recommendations
Hemoglobin/Hematocrit	Assess for risk factors of iron deficiency.[12]
Cholesterol Screening	• Men over age 35 should be screened for lipid disorders.[25] • Men age 20 to 35 and women aged 20 to 45 should be screened for lipid disorders if they are at increased risk for coronary artery disease.[25] • Follow-up lipid evaluation for patients initiating lipid-lowering therapeutic lifestyle changes and/or drug therapy should be individualized after approximately each 6 weeks of treatment until desired target is reached, according to ATP III. Adherence to treatment should be assessed every 4-6 months.[17]
Diabetes Screening	Screen if any of the following risk factors are present:[7] • Family history of diabetes; • History of vascular disease; • Overweight as defined BMI>25kg/m, • Habitual physical inactivity; • Belonging to a high-risk ethnic or racial group (Native American, African American, Hispanic American, Pacific Islander, or Asian American); • Previously identified impaired fasting glucose or Impaired Glucose tolerance (IGT); • Hypertension (blood pressure greater than

	135/80 mm Hg – either treated or untreated) [25]; • Dyslipidemia; • History of gestational diabetes or delivery of baby weighing >9lbs; • Polycystic ovary syndrome.
Papanicolaou (Pap) Test (females)	Pap exam should start 3 years after onset of vaginal intercourse no later than age 21 years old (annually with conventional cervical cytology). Non-high risk women 30 years old or older with 3 consecutive normal Pap results may be screened 2-3 years. Women with risk factors may need to be screened more frequently.[21]
Human Papillomavirus (HPV) DNA screening	HPV DNA screening should be performed annually for women over age 30, in conjunction with the Pap test. Non-high risk women 30 years old or older with 3 consecutive normal Pap and HPV results may be screened 2-3 years. Women with risk factors may need to be screened more frequently.[16]
Monthly Breast Examination (Females)	Optional monthly Breast Self-Exam (BSE) starting at age 20 instruct as necessary.[25]
Clinical Breast Examination (Females)	Every three years for women in 20's and 30's.
Pelvic Examination (Females)	Part of a woman's regular health care screening.
Colorectal Cancer Screening	Identify individual's risk to determine screening initiation and testing needs.
Testing for Sexually Transmitted Diseases	Chlamydia Screen:[20] • All males and females age 25 and younger should be screened for chlamydial infections at least annually, even if symptoms are not present. Screening of older sexually active women is also recommended if risk factors are present.
	Serologic Screening for Syphilis:[14] • High-risk persons; • Pregnant women.
	Routine Gonorrhea Screening: culture or non-culture testing:[14] • Sexually active women age 25 and younger should be screened for gonorrheal infections at least annually, even if symptoms are not present. Screening of older sexually active women is also recommended if risk factors are present. • High-risk women (including pregnancy); • High-risk men.

	Screening for HIV Infection:[14] HIV testing with appropriate counseling and informed consent should be offered to persons at increased risk for infection: • Those seeking treatment for sexually transmitted diseases; • Recipients of blood transfusions between 1978-1985; • Persons with multiple sex partners; • Men who have had sex with men after 1975; • Past or present injection drug users; • Persons who exchanges sex for money or drugs, and their sex partners; • Women and men whose past or present sex partners were HIV-infected bisexual or injection drug users.
PPD intradermal testing	Upon recognition of risk factors:[14] • Persons infected with HIV, close contacts of persons with known or suspected TB, persons with medical risk factors associated with TB, immigrants from countries with high TB prevalence, medically underserved low-income populations (including homeless), alcoholics, migrant workers, injection drug users residents of long-term care facilities.
Skin Cancer Screening	Recommend thorough full-body exam for moles, freckles, or other skin abnormalities every 3 years beginning at age 20.
Depression	Screen for depression, refer as appropriate. See information on page XX.
Medications	Review all prescription and over the counter medications and supplements at least quarterly.

Immunization

See Adult Immunization Schedule. Temporary shortages of individual vaccines may lead to delay in scheduled immunizations. Be sure to check each patient’s record and catch up on any necessary vaccinations as soon as the vaccine is available.

Health Education /Discussion Topics

Recommendations
Assess risk of violence/sign of abuse or neglect.
Evaluate risk for environmental hazards, occupational risk, stress, depression.
Counsel on the effects of passive smoking, discourage use of any/all tobacco products and provide tobacco cessation interventions for those who use tobacco products.
Counsel on the effects of illicit drug use and excessive alcohol use.
Screen all adults for problem and/or hazardous drinking; careful history can be augmented by brief questionnaire (e.g. CAGE or AUDIT).
Pregnant women should be screened for evidence of risk drinking.
Avoid alcohol/drug use while driving, swimming, boating, bicycling, hunting, using power equipment, etc.
Sexually Transmitted Disease prevention.
Unintended pregnancy: abstinence or regular use of contraceptives; family planning.
Regular visits to a dental care provider; tooth brushing with fluoride toothpaste; dental flossing.
Adoption of sun safety practice/protection.
Encourage regular physical activity with progression to a level of activity that achieves cardiovascular fitness.

Nutrition

Recommendations
Limit dietary fat intake to 30% of total calories, saturated fat to <10% of total calories and dietary cholesterol to <300 mg/day.
Emphasize fruits, vegetables and grain products containing fiber.
Maintain caloric balance through proper diet and exercise; measure and counsel for BMI.
Maintain adequate intake of dietary calcium and vitamin D.
Recommend 0.4 mg to 0.8 mg folic acid for women capable of pregnancy and/or planning pregnancy (for prevention of neural tube defects).

Injury Prevention

Recommendations
Evaluate risk of abuse/neglect/violence.
Lap/shoulder belts.
Bicycle/motorcycle/ATV helmets/general riding safety.
Properly install/test smoke detectors and carbon monoxide monitors (change batteries every Spring and Fall when clocks change).
Safe storage of medications and toxic chemicals.
Safe storage or removal of firearms in the home.
Pool water safety (swimming lessons, life vests, etc).

Use of proper safety equipment (sports, recreational-knee pads, elbow pads, helmets, etc.

Adult Age 40-64
Preventive Health Guideline

Examination

Modality	Recommendations
Well Visits	One examination every three years.[25] Include: • History and Physical; • Height, Weight, BMI • Blood Pressure Measurements every two years with increase frequency of blood pressure monitoring if last blood pressure was >120./80; • Glaucoma/Vision Screening

Diagnostic Screening/Preventive Services

Modality	Recommendations
Hemoglobin/Hematocrit	Assess for risk factors of iron deficiency.
Cholesterol Screening	• Men over age 35 and women over age 45 should be screened for lipid disorders.[25] • Women aged 20 to 45 should be screened for lipid disorders if they are at increased risk for coronary artery disease.[25] • Follow-up lipid evaluation for patients initiating lipid-lowering therapeutic lifestyle changes and/or drug therapy should be individualized after approximately each 6 weeks of treatment until desired target is reached, according to ATP III. Adherence to treatment should be assessed every 4-6 months.[17]
Diabetes Screening	Every three years beginning at age 45, or earlier or more frequently if at risk: (see risk factors below.) • Family history of diabetes; • History of vascular disease; • Overweight as defined by BMI>25kg/m:[7] • Habitual physical inactivity; • Belonging to a high-risk ethnic or racial group (Native American, African American, Hispanic American, Pacific Islander, or Asian American); • Previously identified impaired Glucose

	Tolerance (IGT); • Hypertension; • Dyslipidemia; • History of gestational diabetes or delivery of baby weighing >9lbs; • Polycystic ovary syndrome.
Papanicolaou (Pap) Test (Females)	Annual Pap exam with conventional cervical cytology or every 2 years with liquid-based cytology. Non-high risk women with 3 consecutive normal Pap results may be screened every 2-3 years. Women with risk factors may need to be screened more frequently.[21]
Human Papillomavirus (HPV) DNA screening	HPV DNA screening should be performed annually for women over age 30, in conjunction with the Pap test. Non-high risk women with 3 consecutive normal Pap and HPV results may be screened every 2-3 years. Women with risk factors may need to be screened more frequently.[16]
Mammography (Females)	Annually[24] (Discuss possible barriers to obtaining mammogram).
Monthly Breast Examinations (Females)	Optional monthly Breast Self-Exam (BSE) with instruction as appropriate.[24]
Pelvic Exam (Females)	Annually, as part of a woman's regular health care screening.
Clinical Breast Exam (Females)	Annually.
Prostate Screening (Males)	High risk males (African American males and those with a positive family history of Prostate cancer) should be screened annually beginning at age 40 with serum PSA and digital rectal exam (DRE). Low risk men should begin annual screening at age 50.[4] According to the American College of Preventive Medicine, men aged 50 or older with a life expectancy of greater than 10 years should be given information about the potential benefits and harms of screening and limits of current evidence and should be allowed to make their own choice about screening in consultation with their physician.[15]
Postmenopausal Assessment (Females)	Counsel postmenopausal women about signs and symptoms of menopause as well as assessing risk factors for heart disease, osteoporosis and endometrial and breast cancer.[25]
Bone Density Screening	Screening via Bone Mineral Density (BMD) testing:[25] • Postmenopausal women who present with

	fractures; • Women considering initiation or continuation of osteoporosis prophylactic therapy if BMD would facilitate decision; • Men or women on prolonged corticosteroid therapy; • Other at risk signs and symptoms. • Consider screening for at risk women beginning 2 years after menopause and continuing every other year.
Colorectal Cancer Screening	Identify individual's risk to determine screening initiation and testing needs in those <50 years old. Beginning at age 50, ONE of the following screening options should be offered:[8] • Annual Fecal Occult Blood Testing (FOBT) with either guiac-based test (ensure proper dietary restrictions are taken per test instructions), or immunochemical test (ensure that two samples from three consecutive stools are taken-Do not rehydrate); • Flexible sigmoidoscopy every 5 years; • Combination annual FOBT with flexible sigmoidoscopy every 5 years (note FOBT should be done first per national recommendations); • Double-contrast barium enema (DCBE) every 5 years; • Colonoscopy every 10 years Physician may determine that Screening should begin earlier and/or more often if any of the following risk factors are present: • First degree relative (parent, sibling, child) with adenomatous polyps or colon cancer that was diagnosed at <60 years of age or 2 first-degree relatives diagnosed with colorectal cancer at any age; • Family history of colorectal cancer syndrome; • Person history of colorectal cancer, adenomatous polyps, or chronic inflammatory bowel disease.
Testing for Sexually Transmitted Diseases (as appropriate)	Chlamydia Screening:[14] • Screen women with risk factors (those with new or multiple sex partners) annually.

	Serologic Screening for Syphilis: [14] • High-risk persons; • Pregnant women.
	Routine Gonorrhea Screening: culture or non-culture testing:[14] • High-risk women (including pregnancy); • High-risk men.
Testing for Sexually Transmitted Diseases (as appropriate)	Screening for HIV Infection.[14] HIV testing with appropriate counseling and informed consent should be offered to persons at increased risk for infection: • Those seeking treatment for sexually transmitted diseases; • Recipients of transfusions between 1978-1985; • Persons with multiple sex partners; • Men who have had sex with men after 1975; • Past or present injection drug users; • Persons who exchange sex for money or drugs, and their sex partners; • Women and men whose past or present sex partners where HIV-infected, bisexual, or injection drug users.
PPD Intradermal testing	Upon recognition of risk factors; [25] • Persons infected with HIV, close contacts of persons with known or suspected TB, persons with medical risk factors associated with TB, immigrants from countries with high TB prevalence, medically underserved low-income populations (including homeless), alcoholics, migrant workers, injection drug users, residents of long-term care facilities.
Skin Cancer Screening	Recommend thorough full-body exam for moles, freckles, or other skin abnormalities annually after age 40.
Depression	Screen for depression, refer as appropriate. See information on page XX.
Medications	Review all prescription and over the counter medications and supplements at least quarterly.

Immunization

See Adult Immunization Schedule. Temporary shortages of individual vaccines may lead to delay in scheduled immunizations. Be sure to check each patient's record and catch up on any necessary vaccinations as soon as the vaccine is available.

Health Education/Discussion Topics

Recommendations
Aspirin prophylaxis for primary prevention of MI: • May be of some benefit for men or women with other risk factors for coronary heart disease who lack the following contraindications to aspirin use (including allergy to aspirin, history of uncontrolled hypertension, liver or kidney disease, diabetic retinopathy, peptic ulcer or other gastrointestinal disease, bleeding problems, other risk factors for bleeding or cerebral hemorrhage-please check with manufacturer for complete list of contraindications). • Aspirin prophylaxis is not recommended in men younger than 45 years of age. [25]
Counsel on the effects of passive smoking; discourage use of any/all tobacco products.
Pregnant women should be screened for evidence of risk drinking.
Avoid alcohol/drug use while driving, swimming , boating, bicycling, hunting, using power equipment, etc.
Sexually Transmitted Disease prevention.
Unintended pregnancy: abstinence or regular use of contraceptives.
Regular visits to a dental care provider; tooth brushing with fluoride toothpaste; dental flossing.
Adoption of sun safety practice/protection .
Encourage regular physical activity with progression to a level of activity that achieves cardiovascular fitness.
Evaluate risks and educate regarding prevention for the following areas, as appropriate: Environmental hazards, occupational risk, stress, depression, violence prevention.

Nutrition

Recommendations
Limit dietary fat intake to <30% of total calories, saturated fat to <10% of total calories and dietary cholesterol to <300 mg/day.
Emphasize fruits, vegetables, and grain products containing fiber.
Maintain caloric balance through proper diet and exercise; measure and counsel on BMI.
Maintain adequate intake of dietary calcium and vitamin D: • Adults aged 25-50 1000 mg/day (calcium); • Postmenopausal women 1000-1500 mg/day (calcium); • Pregnant and nursing women 1200-1500 mg/day (calcium).
Recommend 0.4 mg to 0.8 mg folic acid for women capable of pregnancy and/or planning pregnancy (for prevention of neural tube defects).

Injury Prevention

Recommendations
Lap/shoulder belts.
Bicycle/motorcycle/ATV helmets/general riding safety.
Properly install/test smoke detectors and carbon monoxide monitors (change batteries every Spring and Fall when clocks change).
Safe storage or removal of firearms in the home.
Evaluate risk of violence/signs of abuse or neglect.
Use of proper safety equipment (sports, recreational-knee pads, elbow pads, helmets, etc.).
Safe storage of medications and toxic chemicals.

Adult (Age 65 and older)
Preventive Health Guideline

Examination

Modality	Recommendations
Well Visits	One examination annually.[25] Include: • History and Physical; • Height, Weight, BMI; • Periodic Blood Pressure Measurements; increase frequency of blood pressure monitoring if last blood pressure was >120/80; • Routine vision Screening and Glaucoma test; • Periodic Assessment of Shoulder Function; fall risk; • Annual Assessment of Foot Care; • Assess Hearing, Cognitive Function; • Cancer risk assessment.

Diagnostic Screening/Preventive Services

Modality	Recommendations
Cholesterol Screening	• Men over age 35 and women over age 45 should be screened for lipid disorders.[25] • Follow-up lipid evaluation for patients initiating lipid-lowering therapeutic lifestyle changes and/or drug therapy should be individualized after approximately each 6 weeks of treatment until desired target is reached, according to ATP III. Adherence to treatment should be assessed every 4-6 months annually. [17]
Diabetes Screening	Every 3 years, or more frequently if at risk.[7] (See risk factors below) • Family history of diabetes; • History of vascular disease; • Overweight as defined by BMI>25kg/m;[7] • Habitual physical inactivity; • Belonging to a high-risk ethnic or racial group (Native American, African American, Hispanic American, Pacific Islander, or Asian American); • Previously identified impaired fasting glucose or Impaired Glucose Tolerance (IGT); • Hypertension;

	• Dyslipidemia; • Polycystic ovary syndrome.
Assess Thyroid Function	Remain alert for subtle or non-specific symptoms f thyroid dysfunction. Routine screening for thyroid disease with thyroid function tests is not recommended for asymptomatic adults.[25]
Papanicolaou (pap) Test (Females)	Annually with conventional cervical cytology or every 2 years with liquid based cytology. Women with risk factors may need to be screened more frequently. Non high-risk women with 3 consecutive normal Pap results may choose to be screened every 2-3 years. Women with history of total hysterectomy (including removal of cervix) for benign disease may choose to stop cervical cancer screening.[16]
Human Papillomavirus (HPV) DNA screening	HPV DNA screening should be performed annually, in conjunction with the Pap test. Non high-risk women with 3 consecutive normal Pap and HPV results may choose to be screened every 2-3 years. Women with history of total hysterectomy not related to pelvic malignancy (including removal of cervix) may choose to stop cervical cancer screening. [16]
Pelvic Exam (Females)	Annually, as part of a woman's regular health care screening.
Clinical Breast Exam	Annually.
Mammography (Females)	Annually.[25]
Monthly Breast Examination (Females)	Optional monthly Breast Self-Exam (BSE) with instruction as appropriate.[24]
Postmenopausal Assessment (Females)	Counsel postmenopausal women about signs and symptoms of menopause as well as assessing risk factors for heart disease, osteoporosis and endometrial, and breast cancer.[25]
Bone Density Screening	Screening via Bone Mineral Density (BMD) testing:[2]5 • Postmenopausal women who present with fractures; • Women considering initiation or continuation of osteoporosis prophylactic therapy if BMD would facilitate decision; • Men or women on prolonged corticosteroid therapy; • Other at risk signs and symptoms. • Consider screening for at risk women beginning 2 years after menopause and continuing every other year.
Prostate Screening (Males)	Annual screening with Digital Rectal Exam and Serum Prostate-Specific Antigen.[4]

	According to the American College of Preventive Medicine, men aged 50 or older with a life expectancy of greater than 10 years should be given information about the potential benefits and harms of screening and limits of current evidence and should be allowed to make their own choice about screening in consultation with their physician.[15]
Colorectal Cancer Screening	One of the following screening options should be offered:[8] • Annual Fecal Occult Blood Testing (FOBT) with either guiac-based test (ensure proper dietary restrictions are taken per test instructions), or immunochemical test (ensure that two samples from three consecutive stools are taken-Do not rehydrate). • Flexible sigmoidoscopy every 5 years (note FOBT should be done first per national recommendations); • Double-contrast barium enema (DCBE) every 5 years; • Colonoscopy every 10 years Physician may determine that screening should occur more often if any of the following risk factors are present: • First degree relative (parent, sibling, child) with adenomatous polyps or colon cancer that was diagnosed at <60 years of age or 2 first-degree relatives diagnosed with colorectal cancer syndrome; • Personal history of colorectal cancer, adenomatous polyps, or chronic inflammatory bowel disease.
Testing for Sexually Transmitted Diseases (as appropriate)	Chlamydia screening:[14] • Screen women with risk factors (those with new or multiple sex partners) annually.
	Serologic Screening for Syphilis:[14] High-risk persons.
	Routine Gonorrhea Screening: culture or non-culture testing:[14] High-risk women and men.
	Screening for HIV Infection:[14] • Those seeking treatment for sexually transmitted diseases; • Recipients of transfusions between 1978-1985; • Persons with multiple sex partners; • Men who have had sex with men after 1975;

	• Past or present injection drug users; • Persons who exchange sex for money or drugs, and their sex partners; • Women and men whose past or present sex partners were HIV-infected, bisexual, or injection drug users.
PPD Intradermal Testing	Upon recognition of risk factors:[25] Persons infected with HIV, close contacts of person with known or suspected TB, persons with medical risk factors associated with TB, immigrants from countries with high TB prevalence, medically underserved low-income populations (including homeless), migrant workers, alcoholics, injection drug users, residents of long-term care facilities.
Depression	Screen for depression, refer as appropriate. See information on page XX.
Skin Cancer Screening	Recommend thorough full-body exam for moles, freckles, or other skin abnormalities annually after age 40.
Medications	Review all prescription and over the counter medication and supplements at least quarterly.

Immunization

See Adult Immunization Schedule. Temporary shortages of individual vaccinations may lead to delay in scheduled immunizations. Be sure to check each patient's record and catch up on any necessary vaccinations as soon as the vaccine is available.

Health Education /Discussion Topics

Recommendations
Advance directives (discuss and obtain copy for office records if possible).
Evaluate risk for environmental hazards, stress, and depression.
Aspirin prophylaxis for primary prevention of MI: • May be of some benefit for men or women with other risk factors for coronary heat disease who lack the following contraindications to aspirin use (including allergy to aspirin, history of uncontrolled hypertension, liver or kidney disease, diabetic retinopathy, peptic ulcer or other gastrointestinal disease, bleeding problems, or other risk factors for bleeding or cerebral hemorrhage (please check with manufacturer for complete list of contraindications). • Aspirin prophylaxis is not recommended in men younger than 45 years of age. [25]
Encourage regular physical activity with progression to a level of activity that achieves cardiovascular fitness.
Counsel on the effects of passive smoking, discourage use of any/all tobacco products.
Avoid illicit drug use and excessive alcohol use.
Screen all adults for problem and/or hazardous drinking; careful history can be augmented by brief questionnaire (e.g. CAGE or AUDIT).

Regular visits to a dental care provider; tooth brushing with fluoride toothpaste; dental flossing.
Avoid excessive sun exposure-persons with a family history of skin cancer, nevi, fair skin.
Periodic assessment of urinary continence.
Sexually Transmitted Disease prevention as appropriate.

Nutrition

Recommendations
Limit dietary fat intake to <30% of total calories, saturated fat to <10% of total calories and dietary cholesterol to <300 mg/day.
Emphasize fruits, vegetables, and grain products containing fiber.
Maintain caloric balance through proper diet and exercise; measure and counsel on BMI.
Maintain adequate intake of dietary calcium: postmenopausal women 1000-15000 mg/day and ensure adequate vitamin D intake.

Injury Prevention

Recommendations
Lap/shoulder belts.
Advise patients with dementia not to drive and refer mildly demented patients to the State Department of Transportation for periodic behind-the-wheel testing.
Bicycle/motorcycle/ATV helmets/general riding safety.
Properly install/test smoke detectors and carbon monoxide monitors (change batteries every spring and fall when clocks change).
Set hot water heater to <120 F.
Safe storage or removal of firearms in the home.
Evaluate risk of violence/signs of abuse or neglect.
Avoid alcohol/drug use while driving, swimming, boating, hunting, using power tools, etc.
Assess Need for Home-Based Multifactorial Fall Prevention Interventions in High-Risk Elders: • Those aged>75 years; • Those aged 70-74 years with one or more additional risk factors, including,: 1. Use of certain psychoactive and cardiac medications (e.g., benzodiazepines, antihypertensives); 2. Impaired cognition, strength, balance or gait, vision.
Fall Prevention Interventions May Include: • Physical training to improve balance; • Safety-related skills and behaviors; • Reduction of environmental hazards; • Periodic review and adjustment of all medications.
Medication review to include over-the-counter and herbal medications at each visit.

Childhood Immunization Schedule

Childhood immunization guidelines are updated annually by the Advisory Committee on Immunization Practices (www.cdc.gov/nip/acip), the American Academy of Pediatrics (www.aap.org), and the American Academy of Family Physicians (www.aafp.org). Please use the most current Recommended Childhood and Adolescent Immunization Schedule available.

Immunization Catch-Up Schedule

Childhood immunization guidelines are updated annually by the Advisory Committee on Immunization Practices (www.cdc.gov/nip/acip), the American Academy of Pediatrics (www.aap.org), and the American Academy of Family Physicians (www.aafp.org). Please use the most current Recommended Childhood and Adolescent Immunization Catch-Up Schedule available.

Adult Immunization Schedule

Adult Immunization Guidelines are updated annually by the Advisory Committee on Immunization Practices (www.cdc.gov/nip/acip). Please use the most current Recommended Adult Immunization Schedule available.

Management of Depression

Untreated, a major depressive episode typically lasts at least six months, and of those who receive treatment, 50-85% will experience a recurrence. Once Major Depressive Disorder has been diagnosed it is highly treatable with psychotherapy and/or pharmacotherapy. Thorough patient assessment for depression and suicide risk, and the creation of an individualized treatment plan are critical elements in the prevention of relapse/recurrence of major depressive episodes.

Treatment consists of three phases-acute, continuation, and maintenance. Following is a brief look at treatment strategies during these three phases.

The acute phase, during which remission is induced, usually has a duration of 4-8 weeks during which weekly to biweekly monitoring for symptomatic improvement should occur. Treatment plan reconsideration is warranted if there is no improvement within 4-8 weeks of initiating pharmacotherapy and/or psychotherapy.

During the continuation phase, improvement continues and remission is preserved. Here strategies from the acute phase continue for a recommended 4-9 months. It is recommended that medications continue at full dose for at least 16-20 weeks after full remission. Patients treated for a shorter duration have a higher likelihood of relapse.

Maintenance therapy for at least one year is recommended for patients with one of the following risk factors:

- A history of multiple depressive episodes;
- Evidence of poor interepisode recovery;
- A current episode that has lasted for more than two years, or is otherwise of a severe type
- Suicidality;
- Psychotic features;
- Severe functional impairment;
- A comorbid psychiatric condition that is likely to complicate recovery;
- A comorbid medical disorder that is likely to complicate recovery;
- Other evidence that the patient is at risk for imminent relapse without sustained treatment;
- Patient preference.

Individuals assessed as high risk can continue therapy for up to 10 years with annual or biannual monitoring. Those not considered high risk might taper off treatment within 2-3 months after the maintenance phase.

At any point in treatment, expert consultation (by a behavioral health provider) can be considered if the patient does not respond to treatment as anticipated, or whenever the treating physician feels it is appropriate. The National Institute of Mental Health provides free brochures about the symptoms of depression, effective treatments, and a 24-hour toll-free telephone information line 1-800-SUICIDE.

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