

Bright Futures - Middle Childhood & Adolescence

Measures

Directions: Please review 20 or more charts of patients who were seen for a health supervision visit within the last calendar year (ideally 10 from each age group):

1. Pull 10 or more charts of patients recently seen for their 12-year health supervision visit; **and**
2. Pull 10 or more charts of patients recently seen for their 16 or 17-year health supervision visit.

Note: It is recommended that you have an equal mix of male and female patient charts, if possible.

Chart Information:

Aim	Data Collection Question	Measure	Goal
N/A	1. Health Supervision Visit age: <input type="radio"/> 12 years <input type="radio"/> 16 or 17 years	Not Measured	N/A
N/A	2. Is this patient Male or Female ? <input type="radio"/> Male <input type="radio"/> Female	Not Measured	N/A

Data Collection Measures:

Aim	Data Collection Question	Measure	Goal
Is there documentation in the medical record that the following were done at the most recent health supervision visit?			
100% of patient charts will have documentation in the medical record that the patient/family was asked if they had any concerns at the most recent health supervision visit.	3. Were patient/family concerns elicited ? <input type="radio"/> Yes <input type="radio"/> No If no, skip to Question #4.	Name: Patient/Family Concerns Elicited KCA: Elicit and Address Patient/Family Concerns Definition: Percentage of patients/families that were asked if they had concerns. Source: Question(s) #1 & #3 Numerator: Yes selected in Question #3 Denominator: Total Number of Charts (12 years and 16 or 17 years)	100%

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Aim	Data Collection Question	Measure	Goal
N/A	3a. If yes, did the patient/family express concerns? <input type="radio"/> Yes <input type="radio"/> No If no, skip to Question #4	Not Measured	N/A
100% of patients/families who expressed concerns will have those concerns addressed and documented in the medical record.	3b. If yes, were those concerns addressed? <input type="radio"/> Yes <input type="radio"/> No If no, skip to Question #4	Name: Patient/Family Concerns Addressed KCA: Elicit and Address Patient/Family Concerns Definition: Percentage of patients/families that expressed concerns with concerns addressed. Source: Question(s) #3a & 3b Numerator: Yes selected in Question #3b Denominator: Total Number of Charts With Yes selected in Question #3a (concerns expressed)	100%
100% of patient's will have documentation of an age appropriate developmental surveillance/identification of patient strengths completed at the most recent health supervision visit.	4. Was age appropriate <u>developmental surveillance/identification of patient strengths</u> completed? <input type="radio"/> Yes <input type="radio"/> No	Name: Age appropriate developmental surveillance/identification of patient strengths completed KCA: Perform Developmental Surveillance/Identification of Patient Strengths Definition: Percentage of patients with age appropriate developmental surveillance/identification of patient strengths completed at the last health supervision visit. Source: Question(s) #1 & #4 Numerator: Yes selected in Question #4 Denominator: Total Number of Charts (12 years & 16 or 17 years)	100%

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Aim	Data Collection Question	Measure	Goal
100% of patient's will have documentation of age appropriate feedback about youth strengths and development.	<p>5. Was age appropriate feedback about youth strengths and development provided?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Name: Age appropriate feedback about youth strengths and development</p> <p>KCA: Perform Developmental Surveillance/Identification of Patient Strengths</p> <p>Definition: Percentage of patients with age appropriate feedback about youth strengths and development provided</p> <p>Source: Question(s) #1 & #5</p> <p>Numerator: Yes selected in Question #5</p> <p>Denominator: Total Number of Charts (12 years & 16 or 17 years)</p>	100%
100% of patients will have documented in the medical record an age appropriate risk assessment was completed at the most recent health supervision visit	<p>6. Was age appropriate risk assessment performed?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>If no, skip to Question # 7</p>	<p>Name: Age appropriate risk assessment completed</p> <p>KCA: Perform Risk Assessment and Medial Screening</p> <p>Definition: Percentage of patients with age appropriate risk assessment completed at the last health supervision visit.</p> <p>Source: Question(s) #1 & #6</p> <p>Numerator: Yes selected in Question #6</p> <p>Denominator: Total Number of Charts (12 years & 16 or 17 years)</p>	100%
N/A	<p>6a. If yes, was the risk assessment screen positive?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>If no, skip to Question # 7</p>	Not Measured	N/A

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Aim	Data Collection Question	Measure	Goal
100% of patients with a positive risk assessment screen at the most recent health supervision visit will have medical screening performed based on the positive risk assessment	<p>6b. If yes, was medical screening performed based on the positive risk assessment?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Name: Age appropriate medical screening performed</p> <p>KCA: Perform Risk Assessment and Medical Screening</p> <p>Definition: Percentage of patients with positive risk assessment that had medical screening performed.</p> <p>Source: Question(s) #6a & 6b</p> <p>Numerator: Yes selected in Question #6b</p> <p>Denominator: Total Number of Charts with Yes selected in Question #6a</p>	100%
100% of patients will have their BMI measured and plotted on the percentile curves according to age and sex at the most recent health supervision visit.	<p>7. Was BMI measured and plotted on the percentile curves according to age and sex?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Name: BMI measured and plotted on percentile curves</p> <p>KCA: Perform Risk Assessment & Medical Screening</p> <p>Definition: Percentage of patients with documentation in the medical record that BMI was measured and plotted on the percentile curves at the most recent health supervision visit.</p> <p>Source: Question(s) #1 & #7</p> <p>Numerator: Yes selected in Question #7</p> <p>Denominator: Total Number of Charts (12 years & 16 or 17 years)</p>	100%
100% of patients will have documented in the medical record an adolescent depression screen was completed at the most recent health supervision visit or another health visit within the last year.	<p>8. Was an Adolescent depression screen completed at the most recent health supervision visit or at another health visit within the last year?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>If no, skip to Question #9</p>	<p>Name: Adolescent depression screen completed</p> <p>KCA: Perform Adolescent Depression Screening and Follow-up</p> <p>Definition: Percentage of patients with an adolescent depression screen completed at the most recent health supervision visit or health visit within the last year.</p> <p>Source: Question(s) #1 & #8</p> <p>Numerator: Yes selected in Question #8</p> <p>Denominator: Total Number of Charts (12 years & 16 or 17 years)</p>	100%

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N/A	8a. If yes, was the screen positive? <input type="radio"/> Yes <input type="radio"/> No If no, skip to Question #9	Not Measured	N/A
100% of patients will have documented in the medical record emergency services activated or a follow-up plan was established for all patients with a positive adolescent depression screen.	8b. If yes, were adolescent emergency services activated or follow-up plan established? <input type="radio"/> Yes <input type="radio"/> No	<p>Name: Adolescent depression emergency services activated or follow-up plan established if screening was positive</p> <p>KCA: Perform Adolescent Depression Screening and Follow Up</p> <p>Definition: Percentage of patients with a positive adolescent depression screen for whom emergency services were activated or a follow-up plan was established.</p> <p>Source: Question (s) #8a & 8b</p> <p>Numerator: Yes selected in Question #8b</p> <p>Denominator: Total Number of Charts with Yes selected in Question #8a</p>	

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12 year health supervision visits:

Aim	Data Collection Question	Measure	Goal
100% of patients will have documentation in the medical record that at least 1 of the Bright Futures priorities (anticipatory guidance) for 12 year old patients were discussed at the most recent health supervision visit.	<p>(12 year only)</p> <p>9. What Bright Futures priorities (anticipatory guidance) were discussed? (select all that apply)</p> <p>a) 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])</p> <p>b) Physical and development (oral health, body image, healthy eating, physical activity and sleep)</p> <p>c) Emotional well-being (mood regulation and mental health, sexuality)</p> <p>d) Risk reduction (pregnancy and sexually transmitted infections; tobacco, e-cigarettes, alcohol, prescription or street drugs; acoustic trauma)</p> <p>e) Safety (seat belt and helmet use, sun protection, substance use and riding in a vehicle, firearm safety)</p>	<p>Name: Bright Futures priorities (anticipatory guidance) discussed with 12-year-old patients/families</p> <p>KCA: Provide Anticipatory Guidance</p> <p>Definition Percentage of 12-year-old patients with documentation that at least 1 of the Bright Futures priorities were discussed at the most recent health supervision visit.</p> <p>Source: Question(s) #1 & #9</p> <p>Numerator: Total number of charts with at least 1 item checked a-e in Question #9</p> <p>Denominator: Total Number of Charts (12 years only)</p>	100%

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Aim	Data Collection Question	Measure	Goal
100% of patients 12 years of age will have documentation in the medical record that an appropriate lipid screen was completed at least once between the ages of 9-11 years.	<p>(12 year only)</p> <p>10. Was an Appropriate lipid screen completed at least once between ages 9-11 years?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Name: Appropriate lipid screen completed at least once between ages 9-11 years</p> <p>KCA: Perform Cholesterol Screening and Follow-up</p> <p>Definition: Percentage of patients with at least once a non-fasting lipid profile completed between the ages of 9-11 years.</p> <p>Source: Question(s) #1 & #10</p> <p>Numerator: Yes selected in Question #10</p> <p>Denominator: Total Number of Charts (12 years only)</p>	100%
N/A	<p>10a. If yes, was the screen positive?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>If no, skip to Question #11</p>	Not Measured	N/A
100% of patients with a positive lipid profile will have documentation in the medical record that a follow-up plan established.	<p>10b. If yes, was a follow-up plan established?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Name: Follow-up plan established for patients with positive lipid profile</p> <p>KCA: Perform Cholesterol Screening and Follow-up</p> <p>Definition: Percentage of patients with a positive lipid profile with a follow-up plan established.</p> <p>Source: 12 year tool, Question(s) #10a & #10b</p> <p>Numerator: Yes selected in Question #10b</p> <p>Denominator: Total Number of Charts (12 years only) with Yes selected in Question # 10a.</p>	100%

12 year old patients, STOP, you have completed your review of this patient

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16 or 17 year health supervision visits:

Aim	Data Collection Question	Measure	Goal
100% of patients will have documentation in the medical record that at least 1 of the Bright Futures priorities (anticipatory guidance) for patients 16 or 17 years of age were discussed at the most recent health supervision visit.	<p>(16 or 17 year only)</p> <p>11. What Bright Futures priorities (anticipatory guidance) were discussed at the most recent health supervision visit? (<i>select all that apply</i>)</p> <ul style="list-style-type: none"> a) 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]) b) Physical growth and development (oral health, body image, healthy eating, physical activity and sleep) c) Emotional well-being (mood regulation and mental health, sexuality) d) Risk reduction (pregnancy and sexually transmitted infections; tobacco, e-cigarettes, alcohol, prescription or street drugs; acoustic trauma) e) Safety (seat belt and helmet use, driving, sun protection, firearm safety) 	<p>Name: Bright Futures priorities (anticipatory guidance) discussed with 16 or 17-year-old patients</p> <p>KCA: Provide Anticipatory Guidance</p> <p>Definition: Percentage of 16 or 17-year-old patients with documentation that at least 1 of the Bright Futures priorities were discussed at the most recent health supervision visit.</p> <p>Source: Question(s) #1 & #11</p> <p>Numerator: Total number of charts with at least 1 item checked a-e in Question #11</p> <p>Denominator: Total Number of Charts (16 or 17 years only)</p>	100%

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Aim	Data Collection Question	Measure	Goal
<p>100% of male and female 16 or 17 year old patients will have documentation in the medical record that HIV screening was completed at least once at a health supervision visit, or at any other health visit within the last year, unless the practice has a policy to screen at age 18 years if the patient has no HIV risk factors.</p>	<p>12. Was HIV screening completed at least once at a health supervision visit or at another health visit within the last year?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A, if patient has no HIV risk factors, practice policy is to screen at 18 yr visit</p> <p>If no or N/A, skip to Question #13</p>	<p>Name: HIV screen completed once between ages 16 and 18</p> <p>KCA: Perform HIV Screening and Follow-up</p> <p>Definition: Percentage of 16 or 17-year-old patients, with documentation in the medical record that HIV screening was completed at least once at a health supervision visit or another health visit within the last year unless practice has a policy to screen at age 18 if the patient has no HIV risk factors.</p> <p>Source: Question(s) #1 and #12</p> <p>Numerator: Yes selected in Question #12</p> <p>Denominator: Total Number of Charts 16 or 17 years of age; minus N/A selected in Question #12 IF No selected in Question #13 OR NO selected in Question #14.</p> <p>Note: NA can only be excluded from the denominator if EITHER questions #13 or #14 are marked NO.</p> <p>Name: HIV screen completed within last 12 months for 16 and 17-year-old patients with increased risk of HIV acquisition</p> <p>KCA: Perform HIV Screening and Follow-up</p> <p>Source: Question(s) #1, #12, #13, and #14</p> <p>Numerator: Yes selected in Question #12 AND Yes selected in Question #13 or Question #14</p> <p>Denominator: Total Number of Charts with Yes selected in Question #13 OR #14</p>	<p>100%</p>

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Aim	Data Collection Question	Measure	Goal
N/A	<p>12a. If yes, was the screen positive?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>If no, skip to Question #13</p>	Not Measured	N/A
100% of male and female patients with a positive HIV screen will have a follow-up plan established and documented in the medical record.	<p>12b. If yes, was a follow-up plan established?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>Name: Follow-up plan established for patients with positive HIV results</p> <p>KCA: Perform HIV Screening and Follow-up</p> <p>Definition: Percentage of 16 or 17-year-old patients with a positive HIV screen will have a follow-up plan established and documented.</p> <p>Source: Question(s) #12a and #12b</p> <p>Numerator: Yes selected in Question #12b</p> <p>Denominator: Total Number of Charts that are 16 or 17 years of age; with Yes selected in Question #12a (positive HIV screen)</p>	100%
100% of patients will have documentation in the medical record of the patient's injection drug use status.	<p>13. Does this patient participate in injection drug use?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> N/A, patient was not asked</p>	<p>Name: Documentation of injection drug use status</p> <p>KCA: Perform HIV screening and Follow-up</p> <p>Definition: Percentage of patients with documentation in the medical record of the patient's injection drug use status.</p> <p>Source: Question(s) #1 & #13</p> <p>Numerator: Yes OR No selected in Question #13</p> <p>Denominator: Total Number of Charts (16 or 17 years)</p> <p>ONLY N/A is incorrect</p>	

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Aim	Data Collection Question	Measure	Goal
100% of patients will have documentation in the medical record of the patient's sexual activity status.	<p>14. Is this patient sexually active?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> N/A, patient was not asked</p> <p>Females: If yes, continue to Question #15 Males: If yes, continue to Question #16 If no, or N/A, STOP, you have completed your review of this patient</p>	<p>Name: Documentation of sexual activity status</p> <p>KCA: Perform Chlamydia screening and Follow-up</p> <p>Definition: Percentage of patients with documentation in the medical record if the patient is or isn't sexually active.</p> <p>Source: Question(s) #1 & #14</p> <p>Numerator: Yes OR No selected in Question #14</p> <p>Denominator: Total Number of Charts (16 or 17 years)</p> <p>ONLY N/A is incorrect</p>	100%

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NOTE: The following questions only apply to FEMALE patients:

Aim	Data Collection Question	Measure	Goal
100% of sexually active females, 16 or 17 years old will have documentation in the medical record that the patient was screened for Chlamydia at the most recent health supervision visit or another health visit within the last year.	<p>15. Was chlamydia screening completed at the most recent health supervision visit or at another health visit within the last year?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>If no, STOP, you have completed your review of this patient</p>	<p>Name: Chlamydia screening for 16 or 17-year-old, sexually active females</p> <p>KCA: Perform Chlamydia screening and Follow-up</p> <p>Definition: Percentage of patients with documentation in the medical record that Chlamydia screening was performed for sexually active 16 or 17-year-old females, at the most recent health supervision visit or another health visit within the last year.</p> <p>Source: Question(s) #2, #14, & #15</p> <p>Numerator: Yes selected in Question #15</p> <p>Denominator: Total Number of Female Charts (16 or 17 years); with Yes selected in Question #14 (sexually active)</p>	100%
N/A	<p>15a. If yes, was the screen positive?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>If no, STOP, you have completed your review of this patient</p>	Not Measured	N/A

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Aim	Data Collection Question	Measure	Goal
100% of sexually active 16 or 17 year old female patients with documentation in the medical record of a positive Chlamydia screen, will have a follow-up plan established.	<p>15b. If yes, was a follow-up plan established?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Female patients, STOP, you have completed your review of this patient</p>	<p>Name: Follow-up plan established for sexually active 16 or 17-year-old females with positive Chlamydia screen</p> <p>KCA: Perform Chlamydia screening and Follow-up</p> <p>Definition: Percentage of 16 or 17-year-old female patients that are sexually active and have documentation in the medical of a positive Chlamydia screen will have a follow-up plan established.</p> <p>Source: Question(s) #15a; & #15b</p> <p>Numerator: Yes selected in Question #15b</p> <p>Denominator: Total Number of Female Charts (16 or 17 years); with Yes selected in Question #15a (positive chlamydia screen).</p>	100%

NOTE: The following questions only apply to MALE patients:

Aim	Data Collection Question	Measure	Goal
N/A	<p>16. Was this patient seen in a high risk setting (such as correctional facility, adolescent clinic or STD clinic) or has had sex with another male (MSM)?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>If no, STOP, you have completed your review of this patient</p>	Not Measured	N/A

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Aim	Data Collection Question	Measure	Goal
100% of 16 or 17 year old males in high risk settings will have documentation in the medical record that Chlamydia screening was completed at the most recent health supervision visit or any other health visit within the last year.	<p>16a. If yes, was Chlamydia screening completed at the most recent health supervision visit or at another health visit within the last year?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>If no, STOP, you have completed your review of this patient</p>	<p>Name: Chlamydia screening for 16 or 17-year-old males in high risk setting</p> <p>KCA: Perform Chlamydia screening and Follow-up</p> <p>Definition: Percentage of 16 or 17-year-old male patients, in high risk settings, with documentation in the medical record that Chlamydia screening was completed at the most recent health supervision visit or another health visit within the last year.</p> <p>Source: Question(s) #2, #14, #16, #16a</p> <p>Numerator: Yes selected in Question #16a</p> <p>Denominator: Total Number of Male Charts (16 or 17 years); with Yes selected in Question #16.</p>	100%
N/A	<p>16b. If yes, was the screen positive?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>If no, STOP, you have completed your review of this patient</p>	<p>Not Measured</p>	N/A
100% of patients with documentation in the medical record of a positive Chlamydia screen will have a follow-up plan established.	<p>16c. If yes, was a follow-up plan established?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Name: Follow-up plan established for 16 or 17-year-old male patients, in high risk settings, with positive Chlamydia screening results.</p> <p>KCA: Perform Chlamydia Screening and Follow-up</p> <p>Definition: Percentage of 16 or 17-year-old males with documentation in the medical record of positive Chlamydia screening will have a follow-up plan established.</p> <p>Source: Question(s) #16b; & 16c</p> <p>Numerator: Yes selected in Question #16c</p> <p>Denominator: Total Number of Male Charts (16 or 17 years); with Yes selected in Question #16b</p>	100%



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Appendix

Male or Female (anatomic/biological status) – For this course, we are focused on the child's biological status rather than gender identity.

Elicited – Youth or Parent was asked at least once regarding their concerns via one or more of the following methods:

- Youth or Parent was asked on the phone when visit was scheduled
- Previsit questionnaire was mailed/mailed prior to the visit
- Questionnaire was conducted during the visit
- Face-to-face communication with youth or parent during visit

Developmental surveillance/Identification of patient strengths –

- Demonstrates physical, cognitive, emotional, social, and moral competencies
- Engages in behaviors that promote wellness and contribute to a healthy lifestyle
- Forms a caring, supportive relationship with family, other adults, and peers
- Engages in a positive way in the life of the community
- Displays a sense of self-confidence, hopefulness, and well-being
- Demonstrates resiliency when confronted with life stressors
- Demonstrates increasingly responsible and independent decision making

Age appropriate feedback about youth strengths and development – Engage patients with an intentional, productive and constructive approach in the context of their communities, schools, organizations, peer groups, and families. Recognize, utilize, and enhance youths' strengths and promote positive outcomes by providing opportunities, fostering positive relationships, and providing support needed to build on their unique strengths.

Risk assessment – The following Bright Futures documents are helpful when performing age appropriate risk assessment:

- Bright Futures Preventive Services Prompting Sheet
(https://brightfutures.aap.org/Bright%20Futures%20Documents/PreventiveServicesPromptSheet_Sample_MC_Adol.pdf)
- Bright Futures Periodicity Schedule
(https://www.aap.org/en-us/Documents/periodicity_schedule.pdf)

Medical screening – For example: vision, hearing, TB, dyslipidemia, anemia, alcohol and substance abuse, STIs

BMI measured and plotted on the percentile curves – Growth patterns are best studied by accurately plotting stature, weight, and body mass index (BMI) for children 2 years of age and older on age-appropriate CDC growth charts.

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Bright Futures priorities – 12 Years

- 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)

Bright Futures priorities – 16 or 17 Years

- 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)

Anticipatory guidance – Anticipatory guidance is specific, preventive information given to patients/parents or guardians to improve the well-being of pediatric patients, and promote healthy habits and an understanding of child and youth development.

Adolescent depression screen – Many young adults may not present with classic adult symptoms of depression. Pervasive boredom or irritability still may be symptoms of depression in this age group, as can self-injuring behaviors. It is important to question them directly about suicidal thoughts or attempts if there is any concern about depression or other mental health problems at every health supervision visit. Examples of standardized depression screen include: Patient Health Questionnaire (PHQ-2; PHQ-9; PHQ-A), Beck Depression Inventory (BDI) or Columbia Depression Scale. More information regarding screening can be found here: https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Documents/MH_ScreeningChart.pdf

Adolescent emergency services – If the patient is actively suicidal, the health care professional should immediately refer to crisis/emergency services (may include subsequent referral to in-patient treatment).

Appropriate lipid screen –

Per the NHLBI Guidelines, “Screening for dyslipidemia in childhood is based on the concept that early identification and control of dyslipidemia throughout youth and into adulthood will substantially reduce clinical CVD risk beginning in young adult life.” Universal cholesterol screening helps

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to identify all children with familial hyperlipidemias and lipid abnormalities that require lifestyle modification, allowing for proper intervention and follow-up, leading to the prevention of future atherosclerotic disease.

For children between 9 and 11 years of age with no risk factors, do a non-fasting lipid screening test at least once between those ages.

For children between 9 and 11 years of age with borderline/high cholesterol or known risk factors, screen with a fasting lipid profile.

Chlamydia screening – Per the CDC, Chlamydial infection is the “most commonly reported sexually transmitted infection (STI) in the United States.” It is the leading preventable cause of infertility in the United States. The first step to consistent chlamydia screening is determining and documenting every adolescent’s sexual history. Develop a system to alert the practitioner if a need for screening is determined, even for patient is being seen for a non-health supervision visit and has not been screened in the past year. Chlamydia screening is recommended to be performed annually in females who are sexually active and annually in males who are sexually active and have risk factors

HIV screening – Youth at high risk for HIV infection (eg, sexually active, participate in injection drug use) should be tested for HIV and reassessed annually. According to the [AAP statement](#), all adolescents should be universally screened for HIV once between the ages of 15 and 18 making every effort to preserve confidentiality of the adolescent. NOTE: If it your practice’s policy to conduct universal screening at the 18-year health supervision visit, you can choose N/A.