Preventive Care Visits – 6 to 17 years **Greig Health Record 2016**

Selected Guidelines and Resources - Page 4

Strength of Recommendations Bold = Good

Italics = Fair

Plain Text = consensus or inconclusive evidence

HEADSSS - a mnemonic for interviewing adolescents				
Home				
Where, who lives there? How do the people in your family get along?				
Do you argue with your parents?				
Do you feel safe at home?				
Education and Employment				
Do you feel safe at school?				
Performance at school?				
Do you have a job? How many hours?				
Have you ever failed or repeated a grade?				
Have you ever been suspended?				
Activities				
What do you and your friends do for fun?				
What are your hobbies?				
Do you participate in sports?				
Have you ever been in trouble with the law?				
What would you like to do after you finish school				
Drugs, Drinking and Dieting (and smoking)				
Do you or your friends often drink or smoke pot at parties?				
Do you ever drink or smoke pot alone?				
Have you ever been in a car driven by someone who was drunk or high?				
Have you ever tried any other drugs?				
Are you satisfied with your weight? Have you ever dieted, exercised or				
used drugs to change your weight?				
Sexuality				
DO NOT ASSUME HETEROSEXUALITY				
Do you have any concerns about your physical/sexual development?				
Are you dating? How long have you been together?				
Have you ever had sexual contact? What kind of sexual contact have				
you had? Are you sexually active now? How often do you have sex?				
What was your age when you first had sex?				
Have you used protection for sexually transmitted diseases or birth				
control?				
Have you ever been pregnant?				
Have you ever been forced to have sex?				
Suicide (and depression)				
Do you feel down or depressed much of the time?				
For how long have you felt this way?				
Have you thought of hurting yourself?				
Have you ever tried to harm yourself?				
Safety (violence and abuse)				
Have you ever seen or been the victim of violence?				
Is there a gun in your home?				
Have you ever been in trouble with the law?				
Do you have use of a car? Do you wear a seat belt?				

Adapted from Sacks D, Westwood M Paediatrics & Child Health 2003;8:554-6

Sexuality Questions (examples):			
Partners	Sex with men, women, both or people who identify in other ways? How many partners in past 2 months / 12 months? Any partners having sex with someone else while in a sexual relationship with you?		
Pregnancy Prevention	What are you doing to prevent pregnancy?		
STI Protection	What do you do to protect yourself from STIs and HIV?		
Practices	Kind of sex: Vaginal, anal, oral. Condom use – always, sometimes, never. If not always, what situations or circumstances make condom use less likely?		
Past STI history	Have you or a partner -ever had a STI? -ever injected drugs? -exchanged sex for drugs or money? Is there anything else about your sexual practices, either now or in the past, that I should know?		

 $\underline{http://www.cdc.gov/std/treatment/2010/clinical.htm\#shpc}$

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Disclaimer: Given the evolving nature of evidence and changing recommendations, the Greig Health Record is meant to be used as a guide only.





Prevention Counselling for Sexual Activity			
Abstinence and reduction of number of sex partners	CDC		
Pre-exposure Immunization – Hepatitis B, HPV	CDC, PHAC		
Pre-exposure Immunization for men who have sex with men – Hepatitis A	CDC, PHAC		
Condom use (male), female condoms	CDC, PHAC		
Education about STIs – signs, symptoms, transmission, risk factors, safer sex practices	PHAC		
Nonoxynol 9 and increased risk of STI transmission	CDC, PHAC		
Partner testing (previously sexually active) for youth contemplating initiation of sexual activity	PHAC		
Folic acid – peri-conceptual	SOGC, USPSTF		
Contraception	SOGC		
Emergency contraception	SOGC, CDC		

CDC www.cdc.gov/std/tg2015 SOGC sogc.org/clinical-practice-guidelines/ PHAC www.phac-aspc.gc.ca/std-mts/sti-its/index-eng.php

Sexually active < 25 years Sexual contact with person with a known STI Serial monogamy – multiple partners over time No barrier contraception Injection drug use		
Serial monogamy – multiple partners over time No barrier contraception		
No barrier contraception		
<u> </u>		
Injection drug use		
Other substances including alcohol especially if associated with having sex		
Unsafe sexual practices (eg unprotected, blood exchange, shared sex toys)		
Sex workers and their clients		
Sex for money, drugs, shelter or food		
Street involvement, homelessness		
Anonymous sexual partnering (internet, bathhouse, rave party etc.)		
Victim of sexual assault or abuse		
Previous STI		

Cervical cancer and STI screening in sexually active teens

PHAC www.phac-aspc.gc.ca/std-mts/sti-its/index-eng.php

Pap smears not recommended, No HPV testing				
Chlamydia and Gonorrhea				
Screen all asymptomatic sexually active women under 25 years males- assess risk		Urine or vaginal or vaginal self- swabs or cervical swabs (use first 10 to 20 mL of urine. Preferable to avoid voiding 2hrs prior but does not preclude testing)		
Screen those who are symptomatic or who have contact with an infected person		Use vaginal or cervical swabs for females Urine for males		
HIV				
Screen all age 15 years and older Screen under 15 if risk factors	Risk factors: Men who have sex with men Injection drug users Those with STI's or requesting STI testing Unprotected vaginal or anal intercourse Having sexual partners who are infected with HIV, bisexual, or injecting drugs Exchanging sex for drugs or money			
Syphilis	Screen for those at increased risk, including high community prevalence			
Hep B, Hep C,	Screen high risk			
HPV	Insufficient evidence for primary screening			
Herpes simplex	Primary screening not recommended			

PHAC www.phac-aspc.gc.ca/std-mts/sti-its/index-eng.php USPFTF www.uspreventiveservicestaskforce.org. www.cps.ca