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

Selected Guidelines and Resources - Page 5

Strength of Recommendations Bold = Good Italics = Fair Plain Text = consensus or inconclusive evidence

Su	mmary of guideline elements
	neral eral
	Visits recommended every one to two years.
	Use other visits as opportunities to address prevention
Ado	plescent
	At least part of the visit with parents or guardians excused.
	Confidentiality is central to the interaction.
	Minors can give consent. Must understand treatment, risks and
	consequences. Confidentiality is central but exceptions exist with
	homicidal and suicidal ideation and with abuse.
Sch	ool and Activities, Peer relationships
	Ask about enjoyment, performance, challenges. Ask about activities.
	Ask about bullying including cyber-bullying.
Sex	ual Health and Relationships
БСЛ	Consider the "Five Ps"
	Consider consent, sexting, dating violence, contraception, STI
	screening, HIV
Boo	ly Image
ВОС	Ask about desire to change body, desire to change weight, self-esteem,
	foods eaten, weight control behaviours, obsessive thinking about food,
	weight, shape or exercise.
Dhy	sical activity and sedentary behaviour
rny	Counsel from supplementary table page 1
	Active video games are not a strategy for increasing physical activity
11	
неа	ring Protection
	Keep volume down on personal players. Ear protection for concerts etc.
01	Wear properly fitting earbuds and earphones
Sle	
	Adolescents require 9 to 9.5 hours of sleep per night.
** 1	Ask about daytime somnolence, issues with concentration, irritability
Hel	mets
	Good evidence for use and counselling
Fire	arms
	Counsel to remove from home, or safe storage if removal not
	l •1.1
***	possible
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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.





Examination		
	Measure weight and height. Calculate BMI for ≥ 10 years	
	Measure blood pressure.	
	Assess visual acuity.	
	Assess sexual maturity in the adolescent.	
	Exclude clinical breast examination and teaching self-examination	
	Exclude clinical testicular examination and teaching self-examination.	
	Exclude scoliosis screening in asymptomatic individuals.	

Tables of Blood Pressures by Percentiles

www.nhlbi.nih.gov/health-pro/guidelines/current/hypertension-pediatric-jnc-4/blood-pressure-tables

www.nhlbi.nih.gov/health/public/heart/hbp/bp_child_pocket/bp_child_pocket.

T7		
Vaccination – Strategies for reducing pain, the evidence		
Use the least painful brand.		
Keep child in a non-supine position.		
Rapid injection without aspiration.		
Inject the most painful vaccine last.		
Rub or stroke the skin of the injection site with moderate intensity before and		
during vaccination.		
Parent-led distraction or coaching may be used.		
Clinician-led or child-led distraction should be used.		
Have child do slow deep breathing or blowing during vaccination.		
Use combined psychological interventions.		
Avoid telling child, "It won't hurt".		

TaddioA, CMAJ Dec14, 2010;182(14);E843-855,

Recommendations for overweight and obesity in children		
History and general physical	to rule out 2° causes, obesity-related risks, and complications	
Laboratory Investigation	Lipid profile and fasting plasma glucose in children over 10	
	Liver enzymes, urinalysis and sleep studies when appropriate	
Management	Comprehensive healthy lifestyle intervention - including family-oriented	
	behaviour therapy	
	Nutritionally balanced diet to maintain growth	
	Energy-reduced diet to lower caloric intake	
	Regular physical activity, reduce sedentary pursuits and "screen time"	
	Emphasis on fun and recreation	
Follow-up	Ongoing follow-up for a minimum of 3 months	

"Most children with idiopathic obesity are tall for their age and genetic expectations. Testing for endocrine disorders is unlikely to be useful unless the child has demonstrated reduced growth velocity, is shorter than expected based on the family background or has a history of CNS injury. Obesity associated with a genetic syndrome is usually of early onset, is often associated with neurodevelopmental delay and may be associated with dysmorphic features."

Type II Diabetes Screening		
Screen the following individuals every two years with fasting plasma glucose		
1. Pubertal children with 2 or more of the following: OR		
Pre-pubertal with 3 or more of the following:		
Obesity (BMI ≥ 95th %ile)		
High risk population - Aboriginal, Asian, Hispanic, South Asian or		
African descent		
Family history of Type 2 diabetes and/or exposure to hyperglycemia		
in utero		
Signs or symptoms of insulin resistance (including acanthosis		
nigricans, hypertension, dyslipidemia, non alcoholic fatty liver)		
2. Those with Impaired Glucose Tolerance		
3. Those using antipsychotic medications / atypical neuroleptics		
For BMI \geq 99 th %ile or with multiple risk factors (see 1.) – screening may		

be done with OGTT