

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



Summary of guideline elements	
General	
	Visits recommended every one to two years.
	Use other visits as opportunities to address prevention
Adolescent	
	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.
School and Activities, Peer relationships	
	Ask about enjoyment, performance, challenges. Ask about activities.
	Ask about bullying including cyber-bullying.
Sexual Health and Relationships	
	Consider the "Five Ps"
	Consider consent, sexting, dating violence, contraception, STI screening, HIV
Body Image	
	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.
Physical activity and sedentary behaviour	
	Counsel from supplementary table page 1
	Active video games are not a strategy for increasing physical activity
Hearing Protection	
	Keep volume down on personal players. Ear protection for concerts etc.
	Wear properly fitting earbuds and earphones
Sleep	
	Adolescents require 9 to 9.5 hours of sleep per night.
	Ask about daytime somnolence, issues with concentration, irritability
Helmets	
	Good evidence for use and counselling
Firearms	
	Counsel to remove from home, or safe storage if removal not possible
Water safety	
	No clear evidence that swim lessons prevent drowning or near-drowning. Active supervision and pool fencing work. Never swim alone.
Sun safety and tanning	
	Avoid excessive sun exposure, use sun-protection.
	Avoid commercial tanning facilities
Workplace	
	Advise adolescents that workplace injuries are largely preventable.
	Advise adolescents that working more than 20 hours per week can cause distress
	Discuss farm and fishing operation and other workplace safety for children who may be exposed to such work environments
Environmental Hazards	
	<i>Advise avoidance of toxins</i>
Second-hand smoke	
	Good evidence of harm – a cause of asthma, worsening respiratory infections and asthma
Smoke Detectors	
	<i>Use and maintain smoke detectors to save lives.</i>
Substances and Addictions	
	Can include smoking including e-cigarettes, caffeine, alcohol, drugs, gambling, internet, gaming, pornography.
Abuse	
	Mandatory reporting
	Educate children for what constitutes abuse and what they can do about it.
	<i>Fair evidence to exclude the use of specific screening tools</i>
Dental care www.cda-adc.ca/files/position_statements/fluoride.pdf	
	<i>Professional care reduces caries</i>
	Discuss fluoride supplementation where not present in sufficient amounts in drinking water.

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.
	<i>Exclude clinical testicular examination and teaching self-examination.</i>
	<i>Exclude scoliosis screening in asymptomatic individuals.</i>

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.pdf

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

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	<i>Lipid profile and fasting plasma glucose in children over 10</i>
	Liver enzymes, urinalysis and sleep studies when appropriate
Management	Comprehensive healthy lifestyle intervention - including family-oriented behaviour therapy
	Nutritionally balanced diet to maintain growth
	<i>Energy-reduced diet to lower caloric intake</i>
	<i>Regular physical activity, reduce sedentary pursuits and "screen time"</i>
	<i>Emphasis on fun and recreation</i>
Follow-up	<i>Ongoing follow-up for a minimum of 3 months</i>
<p>"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."</p>	

2006 Can. CPG www.cma.ca/content/suppl/2007/09/04/176.8.S1.DC1/obesity-lau-onlineNEW.pdf

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 ≥ 95 th %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 ≥ 99 th %ile or with multiple risk factors (see 1.) – screening may be done with OGTT	

<http://guidelines.diabetes.ca/Browse/Chapter35>

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