

# Life Course Chart: Children & Adolescents

AGE	At Birth	1 Month	2 Month	4 Months	6 Months	9 Months	12 Months	15 Months	18 Months	19-23 Months	24 Months	30 Months	36-47 Months	4-6 Years	7-10 Years	11-12 Years	13-15 Years	16-18 Years	
<b>Alcohol Misuse</b>																		Children under age 18: screen pending risk and need.	
<b>Cervical Cancer</b>																		All females within 3 years of the onset of sexual activity: screen at least once every three years, no more than once per calendar year.	
<b>Childhood Development</b>							Screen		Screen			Screen							
<b>Contraceptive Use</b>																		Counsel as medically indicated Prescribe as medically indicated	
<b>Dental Caries Prevention</b>																		At-risk: oral fluoride supplementation as prescribed by a clinician	
<b>Depression</b>																		Screen beginning age 12	
<b>Elevated Blood Lead Levels<sup>1</sup></b>										At-risk: Screen		At-risk: Screen		At-risk: Screen					
<b>Immunization<sup>2</sup></b>																			
• <b>Diphtheria, Tetanus, Pertussis</b>			DTaP	DTaP	DTaP										DTaP	Tdap <sup>3</sup>	Tdap (catch-up)		
• <b>Haemophilus influenzae type b</b>			Hib	Hib	Hib														
• <b>Hepatitis A</b>																		HepA Series	
• <b>Hepatitis B</b>	HepB <sup>4</sup>	HepB							HepB									HepB Series (catch-up)	
			Exposed infants: HBIG prophylaxis <sup>5</sup>																
• <b>Human papillomavirus</b>																		HPV Series HPV Series (catch-up)	
• <b>Inactivated Poliovirus</b>			IPV	IPV											IPV			IPV Series (catch-up)	
• <b>Influenza</b>																		Influenza (annually)	
• <b>Measles, Mumps, Rubella</b>																		MMR MMR Series (catch-up)	
• <b>Meningococcal</b>																		MCV MCV (catch-up)	
• <b>Pneumococcal</b>			PCV	PCV	PCV													PCV	
• <b>Rotavirus</b>			Rota	Rota	Rota														
• <b>Varicella (Chicken Pox)</b>																		Varicella Varicella Series (catch-up)	
<b>Iron Deficiency Anemia</b>																		Recommendation forthcoming.	
<b>Motor Vehicle-Related Injury Prevention</b>																		Counsel as medically indicated, reinforce prevention messages annually	
<b>Newborn Hearing</b>	Screen	At-risk: re-screen as medically indicated																	
<b>Newborn Screening for Genetic and Endocrine Disorders</b>	Screen	Re-screen, as medically indicated																	
		All children and adolescents with genetic or endocrine disorders: medications and medical foods, as medically indicated																	
<b>Obesity</b>																		Screen as medically indicated	
<b>Sexually Transmitted Infections (STIs)</b>																			
• <b>Counseling to prevent STIs</b>																		Educate on the risk factors for HIV and other STIs & counsel on effective measure to reduce risk of infection	
• <b>Chlamydia</b>																		All female adolescents from onset of sexually activity through age 25: screen annually	
• <b>Gonorrhea</b>																		All female adolescents from onset of sexually activity through age 25: screen annually	
• <b>Human Immunodeficiency Virus (HIV)</b>																		Screen as medically indicate. at least once per lifetime. Adolescents at high risk should be screened at least annually.	
• <b>Syphilis</b>																		High-risk adolescents: screen as medically indicated	
<b>Tobacco Use</b>																		Children under age 18: screen pending risk and need.	
																		Counsel as medically indicated	
																		Provide nicotine replacement products/medications and/or tobacco cessation medication, as medically indicated	
<b>Vision</b>																		Screen at all well-child visits	

**Screening:** 
**Testing:** 
**Counseling:** 
**Immunization:** 
**Preventive Treatment:** 
**Preventive Medication/Intervention:** 

Notes: 1. Screen at any age when deemed medically necessary by a risk assessment, clinical signs or symptoms consistent with elevated BLL, or when other evidence indicates possible lead exposure.  
 2. The immunization schedule listed on this chart is a graphic representation of recommendations in force at the time the chart was made. Visit the ACIP website (<http://www.cdc.gov/vaccines/recs/acip/default.htm>) for up-to-date recommendations.  
 3. For those children who have completed the recommended childhood DTP/DTaP vaccination series and have not received a Td booster dose.  
 4. All newborns should receive the hepatitis B vaccine soon after birth and before hospital discharge.  
 5. Infants born to mothers who are HBsAg-positive should receive the hepatitis B vaccine with HBIG within 12 hours of birth. Infants born to mothers whose HBsAg status is unknown should receive the hepatitis B vaccine within 12 hours of birth.