

**MUTUAL OF OMAHA  
PREVENTIVE CARE GUIDELINES  
AGES 2-18 YEARS**


**SHADED AREAS = RANGE OF ACCEPTABLE AGES**  
**Please note these recommendations are minimal requirements.**

| <u>YEARS</u>   | <b>2</b>                  | <b>5</b>                      | <b>12</b>   | <b>13-18 YEARS</b>                              |
|--|---------------------------|-------------------------------|---|---|
| <b><u>Immunizations</u></b>  |                           |                               |   |   |
| Hepatitis B <sup>1</sup>   | (2 - 18 yrs) <sup>1</sup> |                               |   |   |
| Diphtheria, Tetanus Toxoid, Acellular Pertussis, Tdap <sup>1</sup>   |                           | DTaP (4-6 yrs)                | Tdap ( <i>tetanus, diphtheria and pertussis</i> )<br>(11-18 yrs) <sup>1</sup> |   |
| Human Papillomavirus / Gardasil <sup>3</sup>   |                           |                               | HPV (3 doses) <sup>3</sup>  |   |
| Polio (Inactivated) IPV  |                           | IPV (4-6 yrs)                 |   |   |
| Measles/ Mumps/ Rubella <sup>1</sup>   |                           | MMR (4-6 yrs)                 | MMR(11-12 yrs) <sup>1</sup>   |   |
| Varicella Vaccine <sup>2</sup>   |                           | <i>Varicella #2 (4-6 yrs)</i> |   | >13 yrs 2 doses<br>4-8 weeks apart <sup>2</sup> |
| Meningococcal Vaccine  |                           |                               | (11-18 yrs)   |   |
| Influenza Vaccine  | All children (Yearly)     |                               |   |   |
| <sup>1</sup> Catch up vaccination if not previously immunized  |                           |                               |   |   |
| <sup>2</sup> If lacks reliable history (if not immune)   |                           |                               |   |   |
| <sup>3</sup> Administer HPV 1 <sup>st</sup> dose of series at 11-12 yrs, minimum age 9 yrs, 2 <sup>nd</sup> dose 2 months after first dose and 3 <sup>rd</sup> dose 6 months after 1 <sup>st</sup> dose. Administer series at 13-18 yrs if not previously vaccinated up to age 26 yrs. |                           |                               |   |   |
| <b><u>History / Physical/ Exam</u></b>   |                           |                               |   |   |
| Dietary Intake   |                           |                               |   |   |
| Physical Activity  |                           |                               |   |   |
| Tobacco/Alcohol/Drug Use   |                           |                               |   |   |
| Sexual Practices   |                           |                               |   |   |
| Height & Weight  |                           |                               |   |   |
| Head Circumference   |                           |                               |   |   |
| Blood Pressure   |                           |                               |   |   |
| Eye Exam   |                           |                               |   |   |
| Hearing  |                           |                               |   |   |
| Developmental/Behavioral Assessment  |                           |                               |   |   |
| Testicular Exam  |                           |                               |   |   |
| Skin Exam  |                           |                               |   |   |
| <b><u>Tests</u></b>  |                           |                               |   |   |
| Vision Screening   |                           |                               |   |   |
| UA   |                           |                               |   |   |
| HCT or HGB   |                           |                               |   | Menstruating or symptoms only                   |
| <b><u>Counseling</u></b>   |                           |                               |   |   |
| Nutrition/Diet/Weight  |                           |                               |   |   |
| Exercise   |                           |                               |   |   |
| Seat Belts/Child Safety Seats  |                           |                               |   |   |
| Flame Retardant Sleepwear  |                           |                               |   |   |
| Hot Water Heater Temperature   |                           |                               |   |   |

| <u>Years</u>  | <b>2</b>    | <b>5</b> | <b>12</b> | <b>13-18 years</b> |
|---|-------------|----------|-----------|--------------------|
| Stairway Gates, Window Guards   |             |          |           |                    |
| Pool Fence  |             |          |           |                    |
| Storage of Drugs/Toxic Chemicals/Matches/Firearms   |             |          |           |                    |
| Dental Hygiene  |             |          |           |                    |
| Sun Avoidance & Protection  |             |          |           |                    |
| Tobacco & Effects of Passive Smoke  |             |          |           |                    |
| Alcohol & Drugs Cessation   |             |          |           |                    |
| Smoking Cessation   |             |          |           |                    |
| Driving Under the influence   |             |          |           |                    |
| Sexual Development & Behavior   |             |          |           |                    |
| STDs and Birth Control  |             |          |           |                    |
| Breast/Testicular Self Exam   |             |          |           |                    |
| Bicycle Helmets   |             |          |           |                    |
| Smoke / Carbon Monoxide Detector  |             |          |           |                    |
| Firearms (locked / unloaded)  |             |          |           |                    |
| Violence  |             |          |           |                    |
| <b>High Risk / Selected Populations <sup>1</sup></b>  |             |          |           |                    |
| Fluoride Supplement   |             |          |           | To age 16          |
| Lead Screen (according to state law)  | Ages 2-4 yr |          |           |                    |
| PAP Smear (F) Annually (when sexually active)   |             |          |           |                    |
| Sexually Transmitted Diseases VDLR, Gonorrhea, HIV Testing (when sexually active)   |             |          |           |                    |
| Chlamydia (when sexually active)  |             |          |           |                    |
| PPD   |             |          |           |                    |
| Influenza Vaccine <sup>2</sup>  |             |          |           |                    |
| Pneumococcal Vaccine <sup>3</sup>   |             |          |           |                    |
| Meningococcal Vaccine <sup>4</sup>  |             |          |           |                    |
| Hepatitis A <sup>5</sup>  |             |          |           |                    |
| Lipid Profile/ Cholesterol  |             |          |           |                    |
| Blood Sugar   |             |          |           |                    |
| HCT or HGB <sup>6</sup>   |             |          |           |                    |
| <sup>1</sup> These are not requirements but reminders to consider these items in high risk individuals  |             |          |           |                    |
| <sup>2</sup> Influenza vaccine if < 12 yrs old use split vaccine in two doses a month apart, fall of the year.<br>INFLUENZA VACCINE IS RECOMMENDED FOR HEALTH-CARE WORKERS AND OTHER PERSONS, INCLUDING HOUSEHOLD MEMBERS AND OUT OF HOME CAREGIVERS OF SUCH CHILDREN, AND THOSE IN CLOSE CONTACT WITH PERSONS IN GROUPS AT HIGH RISK BE VACCINATED ANNUALLY. |             |          |           |                    |
| <sup>3</sup> Children 24 – 59 months at high risk COCHLEAR IMPLANT RECIPIENTS UP TO DATE ON AGE APPROPRIATE PCV7  |             |          |           |                    |
| <sup>4</sup> <b>High Risk</b> (physician offered for pre-adolescent, college freshman student in a dormitory and non-freshman student)  |             |          |           |                    |
| <sup>5</sup> Children 24 months – 18 years in selected states and regions   |             |          |           |                    |
| <sup>6</sup> Menstruating adolescents or symptoms that suggest a problem  |             |          |           |                    |

FOR ADDITIONAL INFORMATION ON THE RECOMMENDED CHILDHOOD IMMUNIZATION SCHEDULE JANUARY 2007 PERSONS AGED 0-18 YEARS, VOL. 55 MMWR CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), WHICH WAS APPROVED BY THE ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES [WWW.CDC.GOV/NIP/ACIP](http://WWW.CDC.GOV/NIP/ACIP), THE AMERICAN ACADEMY OF PEDIATRICS [WWW.AAP.ORG](http://WWW.AAP.ORG) AND THE AMERICAN ACADEMY OF FAMILY PHYSICIANS [WWW.AAFP.ORG](http://WWW.AAFP.ORG).