

PREVENTIVE GUIDELINES



Johns Hopkins HealthCare LLC

Minimum Recommendations	Frequency	Age to be completed
0 to 23 months		
Health and Development		
Medical and Health History/Update	each visit	birth, 0-1, 2, 4, 6, 9, 12, 15, 18 months
Perinatal History	first visit	birth, 0-1 (at any visit if not previously done)
Psychosocial History/Update	each visit	birth, 0-1, 2, 4, 6, 9, 12, 15, 18 months
Developmental/ Mental Health	each visit	birth, 0-1, 2, 4, 6, 9, 12, 15, 18 months
Physical Exam		
Systems Exam (unclothed)	each visit	birth, 0-1, 2, 4, 6, 9, 12, 15, 18 months
Height, Weight and Head Circumference plotted	each visit	birth, 0-1, 2, 4, 6, 9, 12, 15, 18 months
Hearing and Vision Assessment	each visit	birth, 0-1, 2, 4, 6, 9, 12, 15, 18 months
Oral/Dental Assessment	each visit	birth, 0-1, 2, 4, 6, 9, 12, 15, 18 months
Nutrition Assessment	each visit	birth, 0-1, 2, 4, 6, 9, 12, 15, 18 months
Lead Assessment	each visit	6, 9, 12, 15, 18 months
Tuberculosis Screening	each visit	12, 15, 18 months
Laboratory Tests		
Lead Blood Test	1 time	12 months (15, 18 months if not previously done)
Hereditary/ Metabolic Hemoglobinopathy	2 times	birth, 0-1 month (2, 4, 6, months if not previously done)
Hgb/Hct	1 time	12 months (15, 18 months if not previously done)
Health Education		
Age Appropriate Guidance	each visit	birth, 0-1, 2, 4, 6, 9, 12, 15, 18 months
Education/Referral for Identified Problems	each visit	birth, 0-1, 2, 4, 6, 9, 12, 15, 18 months
Immunizations		
Hepatitis A	2 (6 months apart)	12,15,18 months (minimum age 12 months)
Hepatitis B	3	birth, 2, 6 months
IPV	3	2, 4, 6 months
HIB	4	2, 4, 6, 12, 15 months
DTaP	4	2, 4, 6, 12, 15 months
MMR	1	12 months
VZV	1	12 months
Prevnar	4	2, 4, 6, 12 months
Influenza	yearly	6 to 23months
Rotavirus	3	2, 4, 6 months
2 to 5 Years		
Medical and Health History/Update		
Psychosocial History/Update	each visit	2,3,4,5 years

Developmental/ Mental Health	each visit	2,3,4,5 years
Physical Exam	each visit	2,3,4,5 years
Systems Exam (unclothed)	each visit	2,3,4,5 years
Height, Weight & BMI	each visit	2,3,4,5 years
Hearing and Vision	each visit	2,3,4,5 years
Oral and Dental Assessment	each visit	2,3,4,5 years
Blood Pressure	each visit	3,4,5 years
Nutrition Assessment	each visit	2,3,4,5 years
Lead Risk Assessment	each visit	2,3,4,5 years
Tuberculosis Screening	each visit	2,3,4,5 years
Heart Disease/Lipid Screening	each visit	2,3,4,5 years
Laboratory Tests		
Lead blood test	1 time	2 years (3, 4, 5 years if not previously done)
Hgb/Hct	1 time	2 years (3, 4, 5 years if not previously done)
Health Education		
Age Appropriate Guidance	each visit	2,3,4,5 years
Education/Referral for Identified Problems	each visit	2,3,4,5 years
Dental Referral	each visit	2,3,4,5 years
Immunizations		
IPV	1	4-5 years
DTaP	1	4-5 years
Prevnar	1 and booster	2-5 years
MMR	1	4-5 years
Pneumococcal Vaccine	Once	If considered high risk by CDC guidelines
Menactra	Once	2-10 years where medically indicated
Influenza	Yearly	routinely and focus on high risk
VZV	Booster	4-6 years

6 to 21 years

Health and Developmental

Medical and Health History/Update	each visit	6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18-20 yrs.
Psychosocial History/Update	each visit	6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18-20 yrs.
Developmental/ Mental Health	each visit	6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18-20 yrs.
Substance Abuse Assessment	each visit	12, 13, 14, 15, 16, 17, 18, 19, 20 years
Physical Exam		
Systems Exam, Height, Weight & BMI	each visit	6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18-20 yrs
Hearing and Vision	each visit	6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18-20 yrs
Blood Pressure	each visit	6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18-20 yrs
Nutrition Assessment	each visit	6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18-20 yrs

Tuberculosis Screening	each visit	6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18-20 yrs
Heart Disease/Cholesterol	each visit	6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18-20 yrs
Sexually Transmitted Diseases (STD)	each visit	11, 12, 13, 14, 15, 16, 17, 18, 19, 20 years
Health Education		
Age Appropriate Guidance	each visit	6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18-20 yrs
Education/Referral for Identified Problems	each visit	6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18-20 yrs
Dental Referral	each visit	6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18-20 yrs
Scheduled Return Visit	each visit	6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18-20 yrs
Immunizations		
VZV	1 and booster	unvaccinated & no history of chickenpox
Hepatitis B	2 (4 months apart)	12 years and over
MMR	1	11-12 years (if unvaccinated & no history of MMR)
Meningococcal Vaccine Menactra	once	11-12 years, adolescents entering high school, 13 to 18 year olds if not previously vaccinated and college freshman, living in dormitories
Tdap Booster	once	11-18 yrs, 11-12 is preferred age
Pneumococcal Vaccine	once	If considered high risk by CDC guidelines
Influenza	yearly	6-18 years and focus on high risk
Human Papillomavirus (Gardasil)	3	11-12 year olds and 13 to 18 year olds if not previously vaccinated (2 nd dose at least 2 months after 1 st dose and 3 rd dose at least 6 months after 1 st dose)

22 to 49 years

Health and Developmental		
Medical and Health History/Update	Each visit	22 years +
Physical Exam		
Systems Exam, Height and Weight	periodically	22 years +
Blood Pressure	periodically	22 years +
Oral Assessment by PCP	periodically	22 years +
Laboratory Tests		
Lipid Screening	every 5 years	35 years +(men) 45 years +(women)
Glucose	every 3 years	45 years or high risk
Tuberculosis Screening	once	22-49 years
Screening		
Breast Exam	yearly	40 years +
Mammogram	every 1-2 years	40 years +
PAP Smear	every 1-3 years	22 years +
DRE	every 1-3 years	clinical discretion
Colo-rectal Screening	discuss with provider	clinical discretion
PSA	yearly	starting at age 40
Immunizations		
Td	every 10 years	22 years +
Tdap Booster	once	22 years +, once if never given and in place of one TD

Pneumococcal Vaccine

once

If considered high risk by CDC guidelines

Influenza

yearly

If considered high risk by CDC guidelines

50+ years

Medical and Health History Update

Physical Exam

Systems Exam, Height, Weight & BMI

Blood Pressure

Vision Exam (or Referral)

Breast Exam

DRE

Laboratory

Glucose

Screening

PSA

Lipid Screening

Colo-rectal Cancer Screening

Mammogram

PAP Smear

Immunizations

Td

Tdap Booster

Pneumococcal Vaccine

Influenza

Zostavax

each visit

periodically

every 1-2 years

every 1-2 years

yearly

every 1-3 years

every 1-3 years

yearly

every 5 years

every 5-10 years.

yearly

every 1-3 years

every 10 years

once

once

yearly

once

50 years +

50 years +

50 years +

50 years +

50 years +

50 years + (check with physician)

50 years + (check with physician)

50 years +

50 years +

65 years +

65 years + Td only

65 years +

all people considered high risk by CDC guidelines
60 years +