Incorporating Pediatric obesity Prevention Into Your Practice

A Panel Discussion



The Challenge

➤ 21-22 hours per day to care for an average primary care panel of 2,500 patients

➤ Fewer than 20% of medical school grads going into primary care



CLOSED TODAY BECAUSE TOO MUCH WORK





Recommendations for Preventive Pediatric Health Care



American Academy of Pediatrics § DEDICATED TO THE HEALTH OF ALL CHILDRENS



Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in a satisfactory fashion, Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits. Additional visits also may become necessary if circumstances suggest variations from normal.

These recommendations represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care.

Refer to the specific guidance by age as listed in the Bright Futures Guidelines (Hagan JF, Shaw JS, Duncan PM, eds. Bright Futures: Guidelines for Health Supervision of Infants. Children. and Adolescents. 4th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2017).

The recommendations in this statement do not indicate an exclusive course of treatment or standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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				INFANCY					EARLY CHILDHOOD							MIDDLE CHILDHOOD						ADOLESCENCE										
AGE	PrenataP	Newborn ¹	3-5 dF	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	16 mo	24 mo	30 mo	2y	4y	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	12 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	\perp
HISTORY	_																								_		•					Т
MEASUREMENTS	•	-	-	•	•	•	•	•	•	-	•	-	•	•	•	•	•	•	•	•	•	-	•	•	•	•	•	•	•	•	-	+
Length/Height and Weight	_	-			-				_	_		_	_	-			-		_	_							•	_	_	_		+
Head Circumbrence	_	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•		•	•	•	•	-	•	•	•	•	•	•	•		•	+
Weight for Length	_	:	•	-:	:	 }	:	:	-	-	•	•					_				_	_		_						_	_	+
Body Mass Index	_		•	•	•	•	•	•	•	•	•		-	-		-			-		-		-			-	-	-	•	-		+
Blood Pressure ²	_	*	*	*	*	*	*	*	*	*	*	*	*	:	÷	:	+:-	-	•	-	:	:	:	-:-	-	-:-	•	:	-:-	:	÷	H
SENSORY SCREENING	_	-	-	_	-	-	-	-	*	-	-	-	-	•	-	•	-	•	•	•	-	-	•	-	•	•	•	•	•	-	-	+
Vision ⁷	_				-	-							_			_	_				_	_		_					-		_	+
Hearing	_	*	*	*	*	*	*	*	*	*	*	*	*			•		*	•	*	•	*	•	*	*	•	*	*	*	*	*	+
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DEVELOPMENTAL/REHAVIORAL HEALTH	_		_	_	-	-	_									_	-	_		_	_			_						-	-	4
Developmental Screening ¹¹	_		├	_	—	⊢	⊢	•		_	•		•	-	-	_	-	-		-	_	_		_						-	-	4
Author Spectrum Disorder Screening ¹¹	_		-	_	-	├	_				•	•				_	-				_			_						-	-	4
Developmental Surveillance	_	•	•	•	•	•	•	_	•	•		•			•	•		•	•	•	•	•	•	•	•	•	•	•	•	•		Н
Psychosocial/flehavioral Assessment ⁽¹⁾	_	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	4
Tobacco, Alcohol, or Drug Use Assessment N	_		—		—	—								—	_							*	*	*	*	*	*	*	*	*	*	Ц
Depression Screening ¹⁵					_	—								_	_								•	•	•	•	•	•	•	•	•	Ц
Maternal Depression Screening N				•	•	•	•							_	_																	Ц
PHYSICAL EXAMINATION [®]		•	•	•		•	•		•		•	•	•	•	•	•		•	•	•	•	•	•		•		•	•	•			Ц
PROCEDURES					_		_																									Ц
Newborn Blood		•"	● ²⁰ -		-																											
Newtorn Billinubin ²¹		•																														
Critical Congenital Heart Defect ²³		•																														
Immunization ²⁷		•		•	•	•	•	•	٠			•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	٠	•	•	•		
Arsomia ³⁴						*			•	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
Lead®							*	*	or ★ ²⁸		*	• ∞ ★28		*	*	*	*															П
Tuberculosis ²⁷				*			*		*			*		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	П
Dyslipidemia ³⁸					$\overline{}$							*			*		*		*	4		-	*	*	*	*	*	*				4
Sexually Transmitted Infections ²⁰					$\overline{}$																	*	*	*	*	*	*	*	*	*	*	П
HVe																						*	*	*	*	+			ļ	*	*	П
Corvical Dysplasia ¹⁰																																٦
ORAL HEALTH							•11	•11	*		*	*	*	*	*	*	*															đ
Fluoride Varnish ^M					-		-									-																1
Fluoride Supplementation ^{III}							*	*	*		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*					1
ANTICIPATORY GUIDANCE	_					—										_							_					-	_			1

- 1. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up-to-date at the earliest possible time.
- 2. A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastleeding and planned method of feeding, per "The Frenstal Vnit" (http://pediatrics.asppublications.org/ content/129/9/1227.full)
- 1. Newborns should have an evaluation after birth, and breastfeeding should be encouraged (and instruction and support
- 4. Newborns should have an evaluation within 3 to 5 days of birth and within 46 to 72 hours after discharge from the hospital to include evaluation for feeding and jauncies. Breastleeding newtorns should receive formal breastleeding evaluation, and their mothers should receive encouragement and instruction, as recommended in "linearitieeding and the Use of Human Milk" (http://pediatric.aappublications.org/content/129/1/e877.full), Newborns discharged less than 45 hours after delivery must be examined within 45 hours of discharge, per "Hospital Stay for Healthy Term Newborns" (http://pediatrics.aappublications.org/content/125/2/405.htl)
- 5. Screen, per Taipert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report" (http://pediatrics.aappublications.org/content/120/ applement 4/5164/full

- 6. Blood pressure measurement in infants and children with specific risk conditions should be performed at visits
- 7. A visual adulty screen is recommended at ages 4 and 5 years, as well as in cooperative 3-year-olds, instrument-based screening may be used to assess risk at ages 12 and 24 months, in addition to the well visits at 3 through 5 years of age. See "Visual System Assessment in Infants, Children, and Young Adults by Pediatricians" (http://pediatriciaappublications. org/content/1377/4/20153596) and "Procedures for the Evaluation of the Visual System by Fediatricians" (http://pediatricsasppublications.org/content/127/1/e20152597).
- 5. Confirm initial screen was completed, verify results, and follow up, as appropriate. Newborns should be screened, per "Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs" (http://pediatricsaappublications.org/content/120/4/996/ull).
- 9. Verify results as soon as possible, and follow up, as appropriate.
- 10. Screen with audiometry including 6,000 and 8,000 Hz high frequencies once between 11 and 14 years, once between 15 and 17 years, and once between 18 and 21 years. See "The Sensitivity of Adolescent Hearing Screens Significantly Improves by Adding High Frequencies" (http://www.jahonline.org/article/51054-139X(16)00048-3/full add.
- 11. See "identifying infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening" (http://pediatric.uappublications.org/content/118/1/405.full)

- Screening should occur per "Identification and Evaluation of Children With Autism Spectrum Disorders" (http://pediatrics.asppublications.org/content/120/5/1183Jul).
- 13. This assessment should be family centered and may include an assessment of child social-emotional health, caregiver depression, and social determinants of health. See Tromoting Optimal Development: Screening for Behavioral and Emplional Problems' (http://pediatrics.aappublication.com/content/125/3/184) and "Yoverty and Child Health in the United States" (http://pediatrics.asppublications.org/content/137/4/e20160139)
- A recommended assessment tool is available at http://www.csesur-boston.org/CRAFFUindex.ghp
- 15. Recommended screening using the Patient Health Questionnaire (PHQ)-2 or other tools available in the GLAD-PC. toolid and at http://www.asp.org/en-us/advocacy and policy/asp health-initiatives/Wental Health/Documents/MH
- 16. Screening should occur per "Incorporating Recognition and Management of Perinatal and Postpartum Depression Into Pediatric Practice" (http://pediatrics.asppublications.org/content/176/5/1032).
- 17. At each visit, age-appropriate physical examination is essential, with infant totally unclothed and older children undressed and sulfably draped. See "Use of Chaperones During the Physical Examination of the Pediatric Patient" (http://pediatrics.aappublications.org/content/127/5/901.full
- 15. These may be modified, depending on entry point into schedule and individual need.

(continued)



★ : risk assessment to be performed with appropriate action to follow, if positive



- range during which a service may be provided







Our Panel

- Primary Care Pediatrics
 - Dr. Taylor
 - Dr. Ball
- Engaged Parent
 - Aaron's mom
- Quality Improvement Specialist
 - Marla Dorsey
- Physical Activity and Nutrition Expert
 - Arlene Turner

