

Alaska's Periodicity Schedule for Child Health Screening*

02/29/2000

Age	Infancy						Early Childhood			Late Childhood					Adolescence					
	<1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	3 yrs	4 yrs	5 yrs	6 yrs	8 yrs	10 yrs	12 yrs	14 yrs	16 yrs	18 yrs	20 yrs
History (initial or Interval)	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Height & Weight	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Head Circumference	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Blood Pressure										★	★	★	★	★	★	★	★	★	★	★
Visual Acuity										★	★	★	★	★	★	★	★	★	★	★
Audiometry										★	★	★	★	★	★	★	★	★	★	★
Developmental/ Behavioral	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Physical Exam	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Newborn Metabolic (1)	★																			
Immunizations (2)	★																			
Tuberculosis (3)						★					★				★					
Hematocrit/ Hemoglobin (4)					★					★				★					★	
Anticipatory Guidance	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Oral Health Screen																				
Dental Referral (5)	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
WIC (6)	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★



Due Now

s=subjective o=objective

Screen for Lead (Pb) when indicated..



(Indicates preferred time within range)

References (1) - (6) please see back of form

Preventive health Screening schedule for children on DenalikiCare/Medicaid from birth to 21 years of age. (EPSDT)

Reference notes for Alaska's periodicity schedule for Child Health Screening

The periodicity schedule represents minimum guidelines. Additional populations or frequency of screening may be appropriate.

- (1) In Alaska newborn screening includes phenylketonuria, galactosemia, maple syrup urine disease, homocystinuria, biotinidase deficiency, and congenital adrenal hyperplasia.
- (2) Immunization review and necessary updates are recommended at every visit because many children are not up to date,
- (3) Tuberculosis (TB) screening by an intradermal Mantoux (PPD) is done for children at 12 months of age, 3 years of age, and when entering the kindergarten and seventh grades. In the event that a PPD is not given at the designated age during a screen, document the reason it was not given.
- (4) Hematocrit or hemoglobin once during infancy, early childhood, late childhood, and adolescence. In the schedule the star indicates the recommended age, however screening can occur at any age if indicated.
- (5) Dental referrals required at 3 years of age or earlier if necessary.
- (6) WIC is a required referral for children on Medicaid/Denali KidCare from birth to five years of age. WIC is a required referral for pregnant teens to age 21 who are on DKC or Medicaid.

Pap smear is recommended for females beginning at 18 or earlier if sexually active. STD screenings are recommended for adolescents who are sexually active.

EPSDT means Early and Periodic Screening, Diagnosis and Treatment and is the federal program name for preventive health care for children (birth to 21) on Denali KidCare and other Medicaid. This table represents the screening piece of EPSDT not the diagnosis, treatment or follow-up.