

Iowa Recommendations for Scheduling Care for Kids Screenings

		AGE																						
		Infancy						Early childhood				Late childhood				Adolescence								
		2-3 ¹ days	by 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	2 yr	3 yr	4 yr	5 yr	6 yr	8 yr	10 yr	12 yr	14 yr	16 yr	18 yr	20+ yr		
History	Initial/Interval	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Physical exam	As part of each screening	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Measurements	Height/weight	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
	Head circumference	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
	Blood pressure											●	●	●	●	●	●	●	●	●	●	●	●	
Nutrition	Assess/educate	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Oral health	Assessment - Dental history; recent concerns, pain, or injury; visual inspection of the oral cavity	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
	Dental referral							●						EVERY SIX MONTHS										
Developmental and behavioral assessment	By history and physical exam; if questions arise, by specific objective development testing	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Sensory screening	Vision	S	S	S	S	S	S	S	S	S	S	S	O	O	O	O	S	O	O	S	O	O		
	Hearing	O	S	S	S	S	S	S	S	S	S	S	O	O	S	S	S	O	S	S	O	S		
Immunization	Perform an immunization review at each visit; administer immunizations at recommended ages, or as needed	●		●	●	●		●	●	●				●		●	●	●	●					
Anticipatory guidance	Provided at every visit	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
PROCEDURES	Urinalysis														●				●					
	Hemoglobin/hematocrit	Perform once between 9-month and 12-month visits for children at risk; also annually for adolescents if risk factors are present							●											●				
	Gynecologic testing	Pap test for females who are sexually active or, if sexual history may be unreliable, at age 18 or older. Pregnancy testing done as indicated.																				●		
	Hemoglobinopathy	Only once (newborn screen) and offered to adolescents at risk.	●																			adolescents at risk		
	Lead Screening	Assess and screen children at 12 mo. Follow protocol in Medicaid provider manual for children up to age 6.												For information call IDPH 1-800-972-2026										
	Metabolic screening	The Iowa Newborn Screening Program tests each Iowa newborn for hypothyroidism, galactosemia, phenylketonuria, hemoglobinopathies, and congenital adrenal hyperplasia.	●																					
	Sexually transmitted diseases	Screen as appropriate. People with a history of, or at risk for, STDs should be tested for chlamydia and gonorrhea.																				as appropriate		
	Tuberculin test	For high risk groups, annual testing is recommended. High risk groups include household members of persons with TB or others at risk for close contact with the disease; recent immigrants or refugees from countries where TB is common (e.g., Asia, Africa, Central and South America, Pacific islands); migrant workers; residents of correctional institutions or homeless shelters; persons with certain underlying medical disorders.	ANNUAL SCREENING FOR HIGH RISK GROUPS																					

¹For newborns discharged within 24 hours or less after delivery.