

# Well-Child-Care: The Cornerstone of Pediatric Healthcare

---

AAPA We are Family (Medicine)

Phoenix, Arizona

January 2024

**Baylor**  
College of  
Medicine



**Elizabeth P. Elliott, MS, PA-C**

Associate Professor, Baylor College of Medicine

Physician Assistant, Texas Children's Hospital

# Disclosures

---

I have no relevant relationships with ineligible companies to disclose within the past 24 months.

(Note: Ineligible companies are defined as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.)

# Educational Objectives

---

- List the components of the well-child visit according to the American Academy of Pediatrics.
- Describe the various tools and materials available to providers for well-child visits.
- Examine various practice models to develop a standardized way of approaching well-child visits.

# Well-Child Visit Components

---

- Priorities/Questions from the Family
- History
- Surveillance of Development
- Review of Systems
- Observation of Parent-Child Interaction
- Physical Examination
- Screening
- Immunizations
- Anticipatory Guidance



# AAP Gold Standard

American Academy  
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

- 
- The American Academy of Pediatrics endorses Bright Futures as the gold standard resource for well-child-care.
  - Bright futures...is a set of principles, strategies and tools that are theory-based, evidence-driven, and systems-oriented, that can be used to improve the health and well-being of all children through culturally appropriate interventions that address the current and emerging health promotion needs at the family, clinical practice, community, health system and policy levels.
  - It is a strength-based approach to well-child-care.



# Priorities

---

## Priorities for the 18 Month Visit

*The first priority is to attend to the concerns of the parents.*

**In addition, the Bright Futures Early Childhood Expert Panel has given priority to the following topics for discussion in this visit:**

- ▶ Temperament, development, toilet training, behavior, and discipline (anticipation of return to separation anxiety and managing behavior with consistent limits, recognizing signs of toilet training readiness and parental expectations, new sibling planned or on the way)
- ▶ Communication and social development (encouragement of language, use of simple words and phrases, engagement in reading, playing, talking, and singing)
- ▶ Television viewing and digital media (promotion of reading, physical activity and safe play)
- ▶ Healthy nutrition (nutritious foods; water, milk, and juice; expressing independence through food likes and dislikes)
- ▶ Safety (car safety seats and parental use of seat belts, poisoning, sun protection, firearm safety, safe home environment: burns, fires, and falls)

# History

---

## History

**Interval history may be obtained according to the concerns of the family and health care professional's preference or style of practice. The following questions can encourage in-depth discussion:**

### General Questions

- What are you most proud of since our last visit? (If the parent responds, "Nothing," the clinician should be prepared with a compliment, such as, "You made time for this visit despite your busy schedule.")
- What's exciting about this stage of development? What do you like most about this age?
- How are things going in your family?
- Let's talk about some of the things you most enjoy about your child.
- What questions or concerns do you have about your child?

### Past Medical History

- Has your child received any specialty or emergency care since the last visit?

### Family History

- Has your child or anyone in the family (parents, brothers, sisters, grandparents, aunts, uncles, or cousins) developed a new health condition or died? **If the answer is Yes:** Ascertain who in the family has or had the condition, and ask about the age of onset and diagnosis. If the person is no longer living, ask about the age at the time of death.

### Social History

- What major changes have occurred in your family since your last visit? Tell me about any stressful events. What is the effect of these changes on your family?
- What are some of the things you find most difficult about your child?

# Surveillance of Development

---

## Surveillance of Development

**Do you or any of your child's caregivers have any specific concerns about your child's development, learning, or behavior?**

Clinicians using the *Bright Futures Tool and Resource Kit* Previsit Questionnaires or another tool that includes a developmental milestones checklist, or those who use a structured developmental screening tool, need not ask about these developmental surveillance milestones. (For more information, see the *Promoting Healthy Development* theme.)

### Social Language and Self-help

*Does your child*

- Engage with others for play?
- Help dress and undress self?
- Point to pictures in book?
- Point to object of interest to draw your attention to it?
- Turn and look at adult if something new happens?
- Begin to scoop with spoon?
- Use words to ask for help?

### Verbal Language (Expressive and Receptive)

*Does she*

- Identify at least 2 body parts?
- Name at least 5 familiar objects, such as ball or milk?

### Gross Motor

*Does he*

- Walk up with 2 feet per step with hand held?
- Sit in small chair?
- Carry toy while walking?

### Fine Motor

*Does she*

- Scribble spontaneously?
- Throw small ball a few feet while standing?

# Review of Systems

## Review of Systems

**The Bright Futures Early Childhood Expert Panel recommends a complete review of systems as a part of every health supervision visit. This review can be done through questions about the following:**

Do you have concern about your child's

- Head
  - Shape
- Eyes
  - Cross-eyed
- Ears, nose, and throat
- Breathing
- Stomach or abdomen
  - Vomiting or spitting
  - Bowel movements
- Genitals or rectum
- Skin
- Development
  - Muscle strength, movement of arms or legs, any developmental concerns

# Observation of Parent-Child Interaction

---

## Observation of Parent-Child Interaction

**During the visit, the health care professional acknowledges and reinforces positive parent-child interactions and discusses any concerns. Observation focuses on**

- How do the parent and child communicate?
- What are your child care needs?
- If handed a book, does the child show the parent pictures (shared attention)?
- Does the parent speak clearly and in a conversational tone when addressing the child?
- What is the tone of the parent-child interactions and the feeling conveyed? Does the parent notice and acknowledge the child's positive behaviors?
- How does the parent guide the child to learn safe limits?
- Does the parent seem positive when speaking about the child?

# Physical Examination

## Physical Examination

**A complete physical examination is included as part of every health supervision visit.**

When performing a physical examination, the health care professional's attention is directed to the following components of the examination that are important for a child this age:

- **Measure and plot on appropriate WHO Growth Chart**
  - Recumbent length
  - Weight
  - Head circumference
  - Weight-for-length
- **Neurologic**
  - Observe gait (walking and running), hand control, and arm and spine movement. Note communication efforts.
  - Formal motor system testing is indicated at this age.
  - Note behavior (adult-child interaction, eye contact, use of gestures)
- **Eyes**
  - Assess ocular motility.
  - Examine pupils for opacification and red reflexes.
  - Assess visual acuity using fixate and follow response.
- **Mouth**
  - Note number of teeth and observe for caries, plaque, demineralization (white spots), staining, and injury.
- **Abdomen**
  - Palpate for masses.
- **Skin**
  - Observe for nevi, café-au-lait spots, birthmarks, or bruising.
  - Note behavior (adult-child interaction, eye contact, use of gestures)

# Screening

Screening		
Universal Screening	Action	
<b>Autism</b>	Autism spectrum disorder screen	
<b>Development</b>	Developmental screen	
<b>Oral Health</b> (in the absence of a dental home)	Apply fluoride varnish after first tooth eruption and every 6 months.	
Selective Screening	Risk Assessment <sup>a</sup>	Action if Risk Assessment Positive (+)
<b>Anemia</b>	+ on risk screening questions	Hematocrit or hemoglobin
<b>Blood Pressure</b>	Children with specific risk conditions or change in risk	Blood pressure measurement
<b>Hearing</b>	+ on risk screening questions	Referral for diagnostic audiologic assessment
<b>Lead</b>	If no previous screen or change in risk	Lead blood test
<b>Oral Health</b>	Does not have a dental home	Referral to dental home or, if not available, oral health risk assessment
	Primary water source is deficient in fluoride.	Oral fluoride supplementation
<b>Vision</b>	+ on risk screening questions	Ophthalmology referral

<sup>a</sup> See the *Evidence and Rationale* chapter for the criteria on which risk screening questions are based.

# Immunizations

---

## Immunizations

**Consult the CDC/ACIP or AAP Web sites for the current immunization schedule.**

CDC National Immunization Program: [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)

*AAP Red Book:* <http://redbook.solutions.aap.org>

# Anticipatory Guidance

## Priority

### Communication and Social Development

Encouragement of language, use of simple words and phrases, engagement in reading, playing, talking, and singing

### Encouragement of Language, Use of Simple Words and Phrases, Engagement in Reading, Playing, Talking, and Singing

The development of language and communication during the early childhood years is of central importance to the child's later growth in social, cognitive, and academic domains. Communication is built on interaction and relationships. Health care professionals have the opportunity to educate parents about the importance of language stimulation, including singing songs, reading, and talking to their child. Parent-child play, in which the child takes the lead and the parent is attentive and responsive, elaborating but not controlling, is an excellent technique for enhancing both the parent-child relationship and the child's language development. Because young children are active learners, they find joy in exploring and learning new words.

Parents may ask health care professionals about the effects of being raised in a bilingual home. They may be reassured that this situation permits the child to learn both languages simultaneously. Parents should be encouraged to speak, play, talk, and sing in whatever language they feel most comfortable. What is most important is that the child be exposed to rich, diverse language in any language.

Provide anticipatory guidance about reading aloud at every visit. Look for opportunities to provide children's books at each visit, if they can be made available. The AAP supports the use of Reach Out and Read and other programs for literacy promotion.

#### Sample Questions

*How does your child communicate what she wants? Who or what does she call by name? What gestures does she use to communicate effectively? For example, does she point to something she wants and then watch to see if you see what she's doing? Does she wave "bye-bye"?*

#### Anticipatory Guidance

- Encourage your toddler's language development by reading and singing to her, and by talking about what you both are seeing and doing together. Books do not have to be read. Talk about the pictures or use simple words to describe what is happening in the book. Do not be surprised if she wants to hear the same book over and over. Words that describe feelings and emotions will help your child learn the language of feelings.
- Although play in which your child takes the lead is a wonderful activity, you also will often need to play an active role with your 18-month-old. You may want to make up a story with figures or characters that can be based on an activity you have done together or a book you have read together.
- Ask your child simple questions, affirm her answers, and follow up with simple explanations.
- Use simple, clear phrases to give your child instructions.

# Tools and Materials

---

- Pre-visit Questionnaire
- Visit Documentation Form
- Parent/Child Educational Handout

# Visit Documentation Form

Records activities DURING the visit

# Parent/Patient Educational

## Handout

Reinforces anticipatory guidance AFTER the visit

# Pre-visit Questionnaire

Gathers pertinent information BEFORE the visit

CLEAR FORM

PATIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
Please print.

American Academy of Pediatrics  
**BRIGHT FUTURES PREVISIT QUESTIONNAIRE**  
**18 MONTH VISIT**

To provide you and your child with the best possible health care, we would like to know how things are going. Please answer all the questions. Child Development and Autism Spectrum Disorder screenings are also part of this visit. Thank you.

**WHAT WOULD YOU LIKE TO TALK ABOUT TODAY?**

Do you have any concerns, questions, or problems that you would like to discuss today?  No  Yes, describe:

**TELL US ABOUT YOUR CHILD AND FAMILY.**

What excites or delights you most about your child?

Does your child have special health care needs?  No  Yes, describe:

Have there been major changes lately in your child's or family's life?  No  Yes, describe:

Have any of your child's relatives developed new medical problems since your last visit?  No  Yes  Unsure if yes or unsure, please describe:

Does your child live with anyone who smokes or spend time in places where people smoke or use e-cigarettes?  No  Yes  Unsure

**YOUR GROWING AND DEVELOPING CHILD**

Do you have specific concerns about your child's development, learning, or behavior?  No  Yes, describe:

Check off each of the tasks that your child is able to do.

<input type="checkbox"/> Engage with others for play	<input type="checkbox"/> Turn and look at an adult if something new happens.	<input type="checkbox"/> Walk up with 2 feet per step with his hand held.
<input type="checkbox"/> Help dress and undress himself	<input type="checkbox"/> Begin to scoop with a spoon.	<input type="checkbox"/> Sit in a small chair.
<input type="checkbox"/> Point to pictures in a book.	<input type="checkbox"/> Use words to ask for help.	<input type="checkbox"/> Carry a toy while walking.
<input type="checkbox"/> Point to an interesting object to draw your attention to it.	<input type="checkbox"/> Identify at least 5 body parts.	<input type="checkbox"/> Scribbles spontaneously.
	<input type="checkbox"/> Name at least 5 familiar objects, such as ball or milk.	<input type="checkbox"/> Throw a small ball a few feet while standing.

American Academy of Pediatrics | Bright Futures | <https://brightfutures.aap.org> PAGE 1 of 3

CLEAR FORM

**Well Child | 18 Month Visit**

Accompanied By: \_\_\_\_\_ Preferred Language: \_\_\_\_\_ Date/Time: \_\_\_\_\_ Name: \_\_\_\_\_

Weight (kg): \_\_\_\_\_ Length (cm): \_\_\_\_\_ Weight-for-length (%): \_\_\_\_\_ HC (%): \_\_\_\_\_ ID Number: \_\_\_\_\_

Vitals (if indicated): Temp: \_\_\_\_\_ HR: \_\_\_\_\_ Resp Rate: \_\_\_\_\_ SpO<sub>2</sub>: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F

**HISTORY**

Concerns and Questions:  None

Interval History:  None

Medical History:  Child has special health care needs.  
Areas reviewed and updated as needed  
 Past Medical History (See Initial History Questionnaire)  
 Surgical History (See Initial History Questionnaire)  
 Problem List (See Problem List)

Medications:  None

Reviewed and updated (See Medication Record)

Allergies:  No known drug allergies

Nutrition:  Good appetite  Good variety  
 Daily fruits and vegetables:  Iron source: \_\_\_\_\_  
 Comments: \_\_\_\_\_

**DEVELOPMENT**

Normal development  See Previsit Questionnaire.  
 Concerns/concerns about development:  None  Yes \_\_\_\_\_

<input type="checkbox"/> SOCIAL LANGUAGE AND SELF-HELP	<input type="checkbox"/> VERBAL LANGUAGE	<input type="checkbox"/> FINE MOTOR
<ul style="list-style-type: none"> <li>Engages with others for play</li> <li>Helps dress and undress self</li> <li>Points to pictures in book</li> <li>Points to object of interest to draw attention to it</li> <li>Tune and looks at adult if something new happens</li> <li>Begin to scoop with spoon</li> </ul>	<ul style="list-style-type: none"> <li>Uses 6 to 10 words other than names</li> <li>Identifies at least 2 body parts</li> </ul>	<ul style="list-style-type: none"> <li>Scribbles spontaneously</li> <li>Throws a small ball a few feet while standing</li> </ul>
	<input type="checkbox"/> GROSS MOTOR	
	<ul style="list-style-type: none"> <li>Walks up with 2 feet per step with hand held</li> <li>Sits in small chair</li> <li>Carries toy while walking</li> </ul>	

American Academy of Pediatrics  
 DEDICATED TO THE HEALTH OF ALL CHILDREN™

The information on this form is not intended as a substitute for treatment or advice from a pediatrician or other health care provider. Always follow the instructions on any medicine or medical device. If you have any questions, please call the American Academy of Pediatrics at 1-800-422-1222. © 2018 American Academy of Pediatrics. All rights reserved.

American Academy of Pediatrics | Bright Futures | <https://brightfutures.aap.org> PAGE 1 of 3

American Academy of Pediatrics  
**BRIGHT FUTURES HANDOUT ► PARENT**  
**18 MONTH VISIT**

Here are some suggestions from Bright Futures experts that may be of value to your family.

**✓ YOUR CHILD'S BEHAVIOR**

- Expect your child to cling to you in new situations or to be anxious around strangers.
- Play with your child each day by doing things she likes.
- Be consistent in discipline and setting limits for your child.
- Plan ahead for difficult situations and try things that can make them easier. Think about your day and your child's energy and mood.
- Wait until your child is ready for toilet training. Signs of being ready for toilet training include:
  - Staying dry for 2 hours
  - Knowing if she is wet or dry
  - Can pull pants down and up
  - Wanting to learn
  - Can tell you if she is going to have a bowel movement
- Praise sitting on the potty or toilet.
- If you are expecting a new baby, you can read books about being a big brother or sister.
- Recognize what your child is able to do. Don't ask her to do things she is not ready to do at this age.

**✓ TALKING AND HEARING**

- Read and sing to your child often.
- Talk about and describe pictures in books.
- Use simple words with your child.
- Suggest words that describe emotions to help your child learn the language of feelings.
- Ask your child simple questions, offer praise for answers, and explain simply.
- Use simple, clear words to tell your child what you want him to do.

**✓ HEALTHY EATING**

- Offer your child a variety of healthy foods and snacks, especially vegetables, fruits, and lean proteins.
- Give one bigger meal and a few smaller snacks or meals each day.
- Let your child decide how much to eat.
- Give your child 16 to 24 oz of milk each day.
- Know that you don't need to give your child juice. If you do, don't give more than 4 oz a day of 100% juice and serve it with meals.
- Give your toddler many chances to try a new food. Allow her to touch and put new food into her mouth so she can learn about them.

**✓ YOUR CHILD AND TV**

- Do activities with your child such as reading, playing games, and singing.
- Be active together as a family. Make sure your child is active at home, in child care, and with others.
- If you choose to introduce media now,
  - Choose high-quality programs and apps.
  - Use them together.
  - Limit viewing to 1 hour or less each day.
- Avoid using TV, tablets, or smartphones to keep your child busy.
- Be aware of how much media you use.

**Helpful Resources:** Poison Help Line: 800-222-1222  
 Information About Car Safety Seats: [www.safercar.gov/parents](http://www.safercar.gov/parents) | Toll-free Auto Safety Hotline: 888-327-4236

American Academy of Pediatrics | Bright Futures | <https://brightfutures.aap.org> PAGE 1 of 2

# What are the Benefits of the Bright Futures Toolkit?

---

- Toolkit helps you provide standardized care
  - All the forms are closely linked to Bright Futures visit components and recommendations, making clinical activities and messages consistent throughout
  - Completed visit documentation forms help you track care over time, ensuring that all patients receive recommended exams, screenings, immunizations, and anticipatory guidance
- **AND** it helps you provide individualized care
  - Forms allow parent/patient priorities and concerns to surface, giving you opportunities to tailor care and anticipatory guidance

# Pre-visit Questionnaire

---

- What does it cover?
  - Priorities
  - Strength-based questions
  - Surveillance of Development
  - Medical Screening
  - Anticipatory Guidance
- There are separate forms for the patient starting at age 11 years. From 11-14 years, there are versions with and without sensitive questions.
- Written in plain language

# Visit Documentation Form

---

- Health care professional uses DURING visit to document activities and conforms to evaluation and management (E/M) documentation guidelines
- Includes sections for each component of visit:
  - History
  - Development
  - Social and Family History
  - Review of systems
  - Physical examination
  - Assessment
  - Anticipatory guidance
  - Plan

# Educational Handout

---

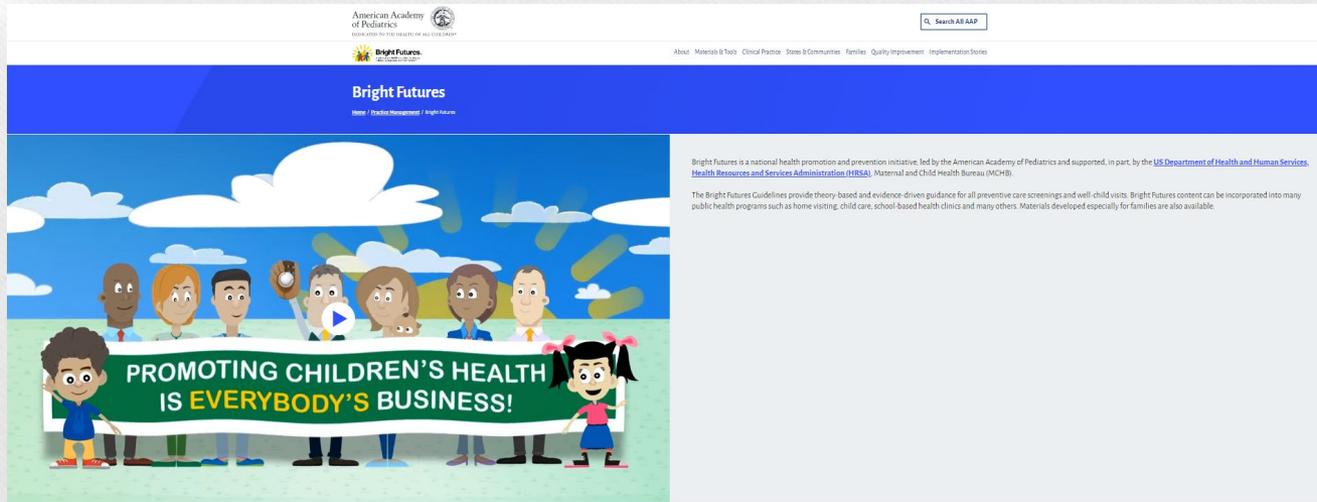
- Parent handouts for 1<sup>st</sup> Week to 17 Year Visits
- Patient handouts for the 7 Year to 21 Year Visits
- Summarize anticipatory guidance for the visit
- Tied to the 5 priorities for that visit
- Written in plain language

# Additional Resources

---

- Website
- Tip Sheets
- EHR Integration
- Telehealth

# Bright Futures Website Resources



**Materials and Tools**  
Bright Futures Guidelines provide a common framework for well-child care from birth to age 21.

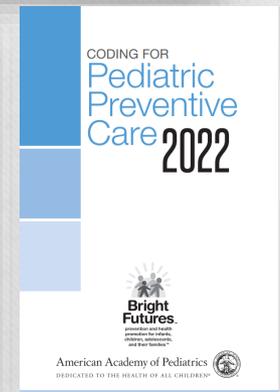
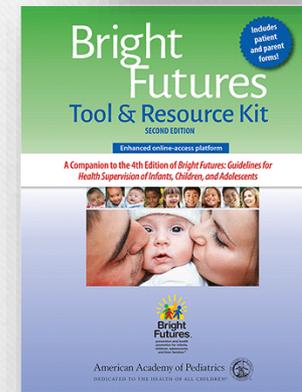
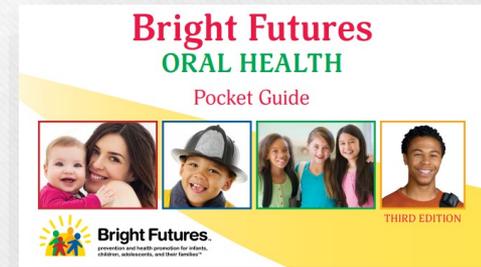
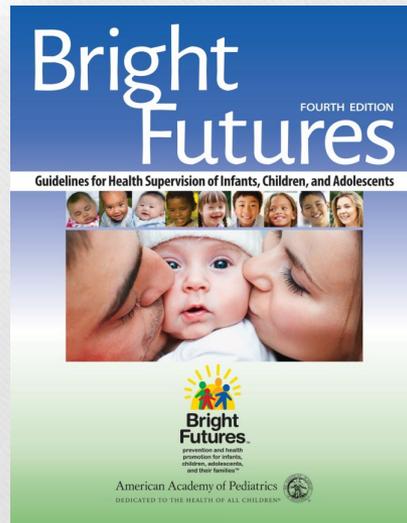
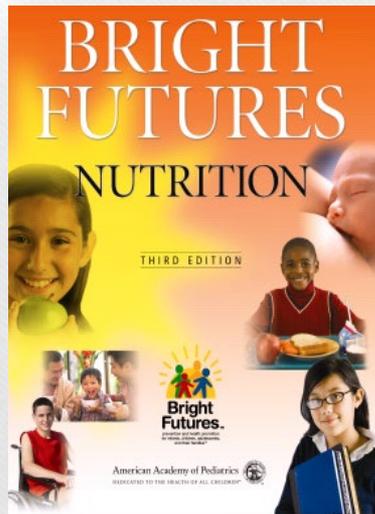
**Clinical Practice**  
With Bright Futures, health care professionals can accomplish 4 tasks in 18 minutes!

**States and Communities**  
Put Bright Futures into practice to promote health at the state and community levels.

**Families**  
Families use Bright Futures as a framework to partner with professionals about their children's health.

[aap.org/brightfutures](http://aap.org/brightfutures)

# Professional Resources



**Bright Futures**  
Building Positive Parenting Skills Across Ages

**Free PediaLink Course Available Now!**

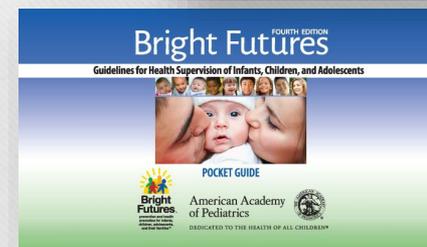
Get the knowledge and skills to provide parental support and advice - Free course!



**Bright Futures.**  
prevention and health promotion for infants, children, adolescents, and their families™



**American Academy of Pediatrics**  
DEDICATED TO THE HEALTH OF ALL CHILDREN®



# Additional Web Resources for Families

## The Well-Child Visit: Why Go and What to Expect



Regular checkups are an important way to keep track of your child's health and physical, emotional, and social development. These visits are important for ALL children, including children and youth with special health care needs who may also be under the care of specialists. Your conversations can range from sharing your successes and milestones, to overall concerns about child development, to challenges in daily routines. Think of these visits as your chance to learn as much as you can about the best ways to help your child grow. By focusing on your child's growth and learning, both you and your health care professional make sure your child is developing as expected. Your family and health care professional form a partnership based on respect, trust, honest communication, and understanding your family's culture and traditions.

### How to prepare for it

To get the most out of your team during the visit, take a few minutes to prepare. For example:

1. Make notes about what your child's health and changes in behavior or
2. Write a list of questions, them during your visit. If ask the most important another time for a longer (Planner page link below) you identify questions at your health care professional to ask questions about it
3. Gather information that health care professional school (such as your child's program or child care) professional learn more

## La visita de control del niño: Por qué ir y qué esperar



Los controles periódicos son una forma importante de llevar un registro de la salud de su hijo y de su desarrollo físico, emocional y social. Estas visitas son importantes para TODOS los niños, incluidos los niños y jóvenes con necesidades de salud especiales que pudieran estar bajo el cuidado de especialistas. Sus conversaciones pueden ir desde compartir sus éxitos e hitos alcanzados hasta preocupaciones en general sobre desarrollo infantil y desafíos en las rutinas diarias. Piense en estas visitas como su oportunidad de aprender tanto como pueda sobre las mejores maneras de ayudar a su hijo a crecer. Al concentrarse en el crecimiento y el aprendizaje de su hijo, tanto usted como su profesional de atención médica se aseguran de que el niño se está desarrollando según lo esperado. Su familia y el profesional de atención médica forman una sociedad basada en el respeto, la confianza, la comunicación honesta y la comprensión de la cultura y las tradiciones de su familia.

### Cómo prepararse para la visita de control del niño

Para aprovechar al máximo su tiempo con el equipo de atención médica durante la visita, tome algunas medidas simples para prepararse. Por ejemplo:

1. Anote lo que haya observado respecto a la salud y el desarrollo de su hijo. Incluya todos los cambios en la conducta o en las rutinas familiares.
2. Haga una lista de preguntas. Tómese tiempo para plantearlas durante la visita. Si tiene muchas preguntas, haga primero las más importantes y planifique otro espacio para hacer un debate más prolongado. El planificador de las visitas de control (véase el enlace a continuación) es una herramienta en línea que puede ayudarlo a identificar preguntas e inquietudes para plantear a su profesional de atención médica. Avéale a su profesional a hacer preguntas sobre su propia salud.
3. Reúna información que pueda ser útil para su profesional de atención médica. Comparta información de la escuela (como p. ej. el programa de educación individualizada) o de la guardería para ayudar al profesional de atención médica a saber más sobre su hijo.



**Well-Child Visits: Parent and Patient Education**

Health care professionals: The [Bright Futures, Tail and Resource Kit](#), and [Sitemap](#) available as an online access product. For more detailed information about the Toolkit, visit [http://www.aap.org](#) to license the Toolkit to use the forms on practice and/or incorporate them into an Electronic Medical Record System. Please contact [AAP/USP](#).

**Parent Educational Handouts**

**Infancy Visits**

- 1-5 Day Visit (English) | 1-5 Day Visit (Spanish)
- 1 Month Visit (English) | 1 Month Visit (Spanish)
- 2 Month Visit (English) | 2 Month Visit (Spanish)
- 3 Month Visit (English) | 3 Month Visit (Spanish)
- 4 Month Visit (English) | 4 Month Visit (Spanish)
- 5 Month Visit (English) | 5 Month Visit (Spanish)
- 6 Month Visit (English) | 6 Month Visit (Spanish)
- 9 Month Visit (English) | 9 Month Visit (Spanish)
- 1 Year Visit (English) | 1 Year Visit (Spanish)

**BRIGHT FUTURES FAMILY POCKET GUIDE 3rd edition**

RAISING HEALTHY INFANTS, CHILDREN, AND ADOLESCENTS

Content based on Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th Edition

**FAMILY VOICES®** | **Bright Futures.**

### Qué esperar durante la visita

Una visita de control del niño es una oportunidad de obtener actualizaciones regulares sobre la salud y el desarrollo de su hijo. Su equipo de atención médica tomará medidas, llevará a cabo un examen de peso y estatura, actualizará las vacunas y le ofrecerá la posibilidad de hablar con su profesional de atención médica. Su visita de control incluye 4 actividades específicas:

1. Determinar si su hijo tiene algún problema de salud.
2. Ofrecer formas de evitar que su hijo desarrolle problemas de salud.
3. Brindar apoyo a la salud y el bienestar de su hijo en general.
4. Hablar sobre la información de salud y ofrecer consejos.

Al concentrarse en cada actividad, su profesional de la atención médica le ofrece herramientas e información que puede usar para respaldar el desarrollo de su hijo.

**¿De qué hablará usted?**

- El crecimiento y el desarrollo de su hijo
- Los momentos que le dieron orgullo
- La salud de su familia
- Su vida cotidiana
- Sus desafíos
- El consejo de su profesional de atención médica

# Implementation Tip Sheets

## Bright Futures IMPLEMENTATION TIP SHEET

### Promoting Oral Health

## Bright Futures IMPLEMENTATION TIP SHEET

### Integrating Adolescent Health Screening Into Health Supervision Visits

## Bright Futures IMPLEMENTATION TIP SHEET

### Promoting Health for Children and Youth With Special Health Care Needs

## Bright Futures IMPLEMENTATION TIP SHEET

### Practical Tips for Promoting Relational Health

## Bright Futures IMPLEMENTATION TIP SHEET

### Eliciting Youth and Parental Strengths and Needs

## Bright Futures IMPLEMENTATION TIP SHEET

### Integrating Social Determinants of Health Into Health Supervision Visits

## Bright Futures IMPLEMENTATION TIP SHEET

### Promoting Safety and Injury Prevention

## Bright Futures IMPLEMENTATION TIP SHEET

### Screening and Referral

## Bright Futures IMPLEMENTATION TIP SHEET

### Promoting Healthy and Safe Use of Social Media

## Bright Futures IMPLEMENTATION TIP SHEET

### 12 Practical Tips for Implementing Bright Futures Guidelines of the State or Community Level

## Bright Futures IMPLEMENTATION TIP SHEET

### Promoting Healthy Weight

## Bright Futures IMPLEMENTATION TIP SHEET

### Promoting Mental Health

## Bright Futures IMPLEMENTATION TIP SHEET

### Promoting Healthy Development of Sexuality and Gender Identity

# Practice Integration

---

- Use of other developmental screening tools
  - Integration with EMR/HER
    - Telehealth

# Other Developmental Screening Tools

---

- Great! Bright Futures does not exclude the use of these screening tools such as the Ages and Stages Questionnaire, PEDS Developmental Screen, or other state-required screening tools.
- As the AAP recommends that well-child care be provided with a standardized approach, using a standardized resource ensures that this happens

# EMR/EHR Integration

---

- The *Bright Futures Toolkit* Integration Resources page houses resources for EHR/integration partners.
- Forms are available in multiple formats and can be printed out, emailed, or pushed to a patient portal.

## **Bright Futures Toolkit Integration Resources**

March 22, 2022

Bright Futures Toolkit Integration Resources are for use by group practices and institutions, and require an organization license.

If you have an active organization license but cannot access this resource, contact your institution's administrator or AAP Member & Customer Care at [mcc@aap.org](mailto:mcc@aap.org).

For more information about obtaining an organization license for your group practice or institution, please fill out the form at <https://go.aap.org/brightfuturesform> and AAP staff will contact you.

# Telehealth

---

- Recent years have highlighted the use of telehealth to continue care for our patients from their medical home in a safe manner.
- As it is the gold standard in well-child care, the AAP continues to encourage the use of a standardized approach such as the *Bright Futures Guidelines* in these circumstances.

# Additional AAP Telehealth Resources

## [Telehealth Tips for Pediatricians](#)

The resources provide tips to help minimize implementation barriers as well as important considerations when using telehealth services.

## [Promoting Telehealth Campaign Toolkit](#)

Download and share social media graphics, videos and links to HealthyChildren.org articles to help families in your practice better understand the basics of a telehealth appointment and how to get ready for one.

## [Facilitated Mini Trainings: Telehealth](#)

These trainings help review telehealth-related topics with staff and other team members. Each training consists of powerpoint slides, speakers notes, and a case study.

## [PediaLink Course: Providing Telehealth and Distant Care Services in Pediatrics](#)

# Take Home Points

---

- Well-child care includes all aspects of pediatric care, from parental priorities to anticipatory guidance.
- PAs are well-positioned to be a medical home for pediatric patients, especially in family medicine.
- Well-child care should be done in a standardized way to ensure quality pediatric preventive care.
- AAP Bright Futures can help you provide this standardized care.

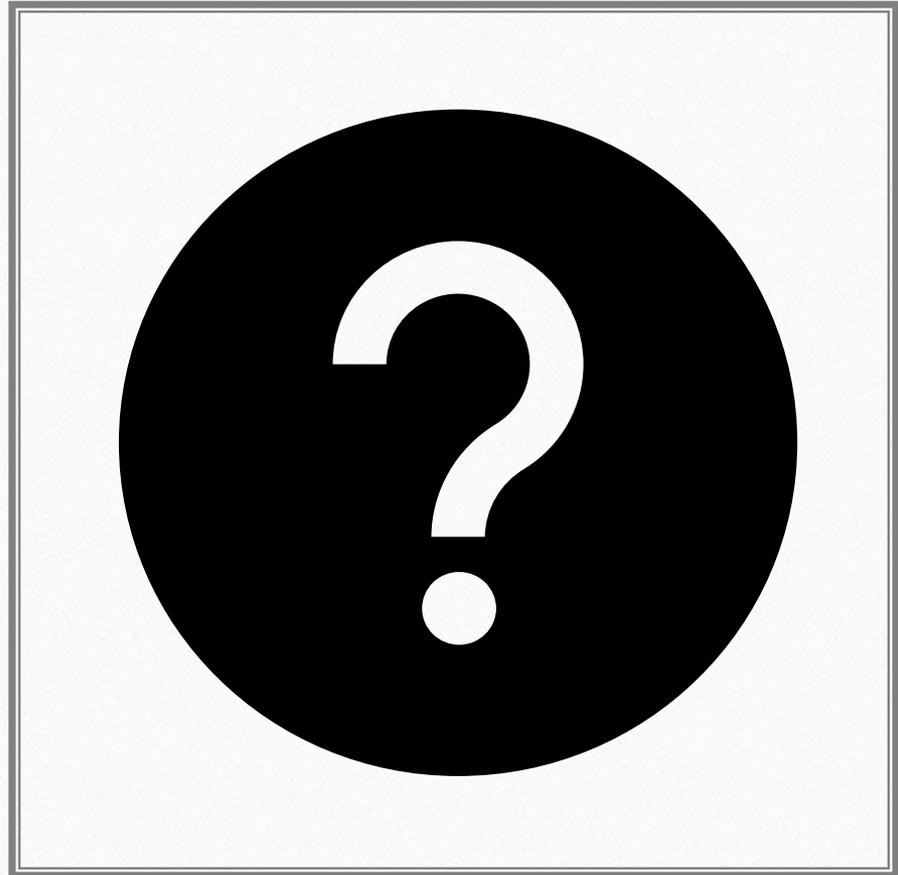
# References

---

- AAP Bright Futures Website - [aap.org/brightfutures](http://aap.org/brightfutures)
- AAP Bright Futures Tool and Resource Kit - <https://www.aap.org/en/practice-management/bright-futures/bright-futures-materials-and-tools/bright-futures-tool-and-resource-kit/>
- AAP Implementation Tip Sheets - [aap.org/en/practice-management/bright-futures/bright-futures-in-clinical-practice/bright-futures-tip-sheets-for-clinical-practices/](http://aap.org/en/practice-management/bright-futures/bright-futures-in-clinical-practice/bright-futures-tip-sheets-for-clinical-practices/)
- AAP Telehealth Resources - <https://www.aap.org/en/practice-management/care-delivery-approaches/telehealth/>

# Questions

Elizabeth Elliott –  
[elliott@bcm.edu](mailto:elliott@bcm.edu)



Baylor  
College of  
Medicine

  
Texas Children's  
Hospital®