

Adapting to Achieve High Quality Pediatric Health Supervision

AAPA Conference
Indianapolis, Indiana
May 21st, 2022



**Bright
Futures™**

prevention and health promotion for infants,
children, adolescents, and their families™

American Academy of Pediatrics

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Speaker Disclosure

- **Non-Declaration Statement:** 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.)



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Learning Objectives

At the conclusion of this session, participants should be able to:

- Define strategies to implement high-quality preventive services by adapting *Bright Futures Guidelines* and American Academy of Pediatrics (AAP) content, tools, and resources.
- Identify opportunities to apply Bright Futures/AAP recommendations using tools and resources available in your practice setting.
- Apply shared strategies and ideas to overcome common barriers related to pediatric health supervision visits.



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Agenda



Introduction &
Background



Implementation &
Practice Workflow



Using Tools
with a Case
Study



Resources

Introduction & Background



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What is *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.



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What is *Bright Futures*?



Bright Futures is the health promotion and disease prevention part of the medical home. At the heart of the medical home is the relationship between the clinician and the family or youth.



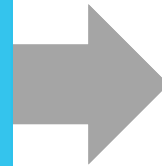
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Components of a *Bright Futures* Visit

Tasks to Do

- Disease detection
- Disease prevention
- Health promotion
- Anticipatory Guidance



- History
- Review of systems
- Surveillance
- Screening
- Physical examination
- Immunizations

Periodicity Schedule & Bright Futures Guidelines, 4th Edition

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Recommendations for Preventive Pediatric Health Care
Bright Futures/American Academy of Pediatrics

Bright Futures
GUIDELINES FOR HEALTH SUPERVISION OF INFANTS, CHILDREN, AND ADOLESCENTS

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, psychological, 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 (Bryant, JF, Shaw JS, Duncan PM, eds. Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents. 4th ed. American Academy of Pediatrics, 2017). The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations taking into account individual circumstances may be appropriate. The Bright Futures/American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care are updated annually.

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	AGE	Present*	Best/best*	1-5 y†	1 mo	2 mo	4 mo	8 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y						
VISITS																																						
MEASUREMENTS																																						
Length/Height and weight		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*				
Head Circumference		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*			
Weight for Length		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*		
Body Mass Index																																						
HEAR																																						
SENSORY SCREENING																																						
DEVELOPMENTAL/BEHAVIORAL HEALTH																																						
Developmental Screening																																						
Autism Spectrum Disorder Screening																																						
Developmental Surveillance		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
Proficiency of Motorian Assessment																																						
Talking, Reading, or Singing (See Assessment)																																						
Depression Screening		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
Resilient/Depression Screening																																						
PHYSICAL EXAMINATION*																																						
PROCESSES*																																						
Head and Neck		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
Neurological Examination		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
Critical Congenital Heart Defects		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
Immunization		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
Respiratory		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
Gastrointestinal		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Substernal		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Dyslipidemia*																																						
Secondary Systemic Hypertension*																																						
Hepatitis C Virus Infection*																																						
Genital/Orchid Test*																																						
ORAL HEALTH*																																						
All-caries Risk Assessment		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
Fluoride Supplement*		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
ANTICIPATORY GUIDANCE		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	

- 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 clinician should be brought up to date on the earliest available date.
- A prenatal visit is recommended for parents and/or high-risk, for both the parents and/or those who require a consultation. The prenatal visit should include obstetric guidance, assessment of medical history and a discussion of benefits of breastfeeding and general medical of feeding per "The Prenatal Visit." <https://www.aap.org/clinical-guidance/prenatal-visit> (AAS-00-0001).
- Resuscitator should have an evaluation after birth, and breastfeeding should be encouraged and instruction and support should be offered.
- Resuscitator should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital. For multiple evaluations for feeding and parental breastfeeding evaluation should receive formal breastfeeding evaluation, and the mother should receive encouragement and instruction as recommended in "Breastfeeding and the Use of Human Milk." <https://www.aap.org/clinical-guidance/breastfeeding> (AAS-00-0002).
- Screening per "Vital Signs/General Assessment." Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity. Summary Statement. <https://www.aap.org/clinical-guidance/obesity> (AAS-00-0003).
- Screening should occur per "Child Health Guidelines for Screening and Management of High Blood Pressure in Children and Adolescents." <https://www.aap.org/clinical-guidance/blood-pressure> (AAS-00-0004). Blood pressure measurement in infants and children with specific risk conditions should be performed at least before age 3 years.
- Evaluation of vision is recommended at ages 4 and 5 years, as well as at ages 6, 8, and 10 years, with a minimum annual screening may be used to assess risk at age 12 and 24 months, in addition to the well visits at 3 through 5 years of age. See "Child Health Guidelines for Vision, Hearing, and Hearing Loss." <https://www.aap.org/clinical-guidance/vision-hearing> (AAS-00-0005).
- Carotid/femoral artery was completed, only results and follow-up, as appropriate. Resuscitator should be screened per "New 2017 Positive Statement: Principles and Guidelines for Early Hearing Detection and Intervention Program." <https://www.aap.org/clinical-guidance/ehdi> (AAS-00-0006).
- Screening should occur per "Integrating Recognition and Management of Perinatal Depression into Pediatric Practice." <https://www.aap.org/clinical-guidance/perinatal-depression> (AAS-00-0007).
- At each visit, age appropriate physical examination is essential, with short study, unaided and older children unaided and with a stethoscope. See "The Physical Examination of the Pediatric Patient." <https://www.aap.org/clinical-guidance/physical-examination> (AAS-00-0008).
- Screening should occur per "Preschool Screening for Depression and Anxiety in Children." <https://www.aap.org/clinical-guidance/preschool-screening> (AAS-00-0009).
- Screening should occur per "Anticipatory Guidance for Parents and Caregivers of Children with Autism Spectrum Disorder." <https://www.aap.org/clinical-guidance/autism> (AAS-00-0010).
- Screening should occur per "Identification, Evaluation, and Management of Children With Autism Spectrum Disorder." <https://www.aap.org/clinical-guidance/autism-evaluation> (AAS-00-0011).
- This statement should be family centered and take medical assessment of child social-emotional health, caregiver depression, and social determinants of health. See "Promoting Optimal Development, Screening for Behavioral and Emotional Problems, Child Health and Developmental Assessment." <https://www.aap.org/clinical-guidance/social-emotional> (AAS-00-0012).
- Recommendation of screening using the Patient Health Questionnaire (PHQ-2) or other tools available in the GLAD PC toolkit and e-HealthChecklist.org are available at <https://www.aap.org/clinical-guidance/glad>.
- Screening should occur per "Integrating Recognition and Management of Perinatal Depression into Pediatric Practice." <https://www.aap.org/clinical-guidance/perinatal-depression> (AAS-00-0007).
- Screening should occur per "Identification, Evaluation, and Management of Children With Autism Spectrum Disorder." <https://www.aap.org/clinical-guidance/autism> (AAS-00-0010).
- Screening should occur per "Identification, Evaluation, and Management of Children With Autism Spectrum Disorder." <https://www.aap.org/clinical-guidance/autism> (AAS-00-0010).

KEY: * = to be performed; ** = risk assessment to be performed with appropriate action to follow, if positive; → = range during which a service may be provided



The Periodicity Schedule tells you what to do in well-child visits, while the *Bright Futures Guidelines* tell you why to do it—and how to do it well.



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Bright Futures Guidelines: Health Promotion Themes

Lifelong Health for Families and Communities

Family Support

Health for Children and Youth With Special Health Care Needs

Healthy Development

Mental Health

Healthy Weight

Healthy Nutrition

Physical Activity

Oral Health

Healthy Sexual Development and Sexuality

The Healthy and Safe Use of Social Media

Safety and Injury Prevention



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Bright Futures Guidelines, Health Supervision Visits

Detailed discussion
for

32

age-specific visits
(prenatal through
21 years)

For each visit,
there are

5

health
supervision
priorities

Areas of Priority

- Parent or adolescent concerns
- Social determinants of health
- Growth & development
- Health & safety risks
- Positive parenting reinforcement



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Promoting Physical Activity

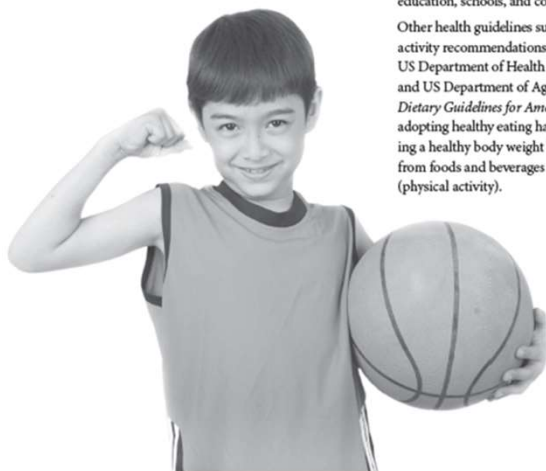
Participating in physical activity is an essential component of a healthy lifestyle and ideally begins in infancy and extends throughout adulthood. Regular physical activity increases lean body mass, muscle, and bone strength and promotes physical health. It fosters psychological well-being, can increase self-esteem and capacity for learning, and can help children and adolescents handle stress. Parents should emphasize physical activity, beginning early in a child's life.

The dramatic rise in pediatric overweight and obesity in recent years has increased attention to the importance of physical activity. Along with a balanced and nutritious diet, regular physical activity is essential to preventing pediatric overweight. Therefore, health care professionals are encouraged

to review this Bright Futures theme in concert with the *Promoting Healthy Nutrition and Promoting Healthy Weight* themes.

A number of groups have released physical activity guidelines. The *Physical Activity Guidelines for Americans*, which include guidance for children and adolescents aged 6 to 17 years, were released in 2008.¹ These guidelines recommend that children and adolescents engage in 60 minutes or more of physical activity daily. In 2009, the National Association for Sport and Physical Education released physical activity guidelines for infants and children younger than 6.² More recent reviews have found evidence to support physical activity interventions across a variety of settings important to children and youth, including early care and education, schools, and communities.³

Other health guidelines support these physical activity recommendations. For example, the US Department of Health and Human Services and US Department of Agriculture *2015–2020 Dietary Guidelines for Americans*⁴ emphasize adopting healthy eating habits and maintaining a healthy body weight by balancing calories from foods and beverages with calories expended (physical activity).



Priorities for the 15 Through 17 Year Visits

The first priority is to address the concerns of the adolescent and the parents.

In addition, the Bright Futures Adolescence Expert Panel has given priority to the following additional topics for discussion in the 3 Middle Adolescence Visits.

The goal of these discussions is to determine the health care needs of the youth and family that should be addressed by the health care professional. The following priorities are consistent in all the Middle Adolescence Visits. However, the questions used to effectively obtain information and the anticipatory guidance provided to the adolescent and family can vary.

Although each of these issues is viewed as important, they may be prioritized by the individual needs of each patient and family. The goal should be to address issues important to this age group over the course of multiple visits. The issues are

- ▶ Social determinants of health⁵ (risks [interpersonal violence, food security and living situation, family substance use], strengths and protective factors [connectedness with family and peers, connectedness with community, school performance, coping with stress and decision-making])
- ▶ Physical growth and development (oral health, body image, healthy eating, physical activity and sleep)
- ▶ Emotional well-being (mood regulation and mental health, sexuality)
- ▶ Risk reduction (pregnancy and sexually transmitted infections; tobacco, e-cigarettes, alcohol, prescription or street drugs; acoustic trauma)
- ▶ Safety (seat belt and helmet use, driving, sun protection, firearm safety)

⁵ Social determinants of health is a new priority in the fourth edition of the *Bright Futures Guidelines*. For more information, see the *Promoting Lifelong Health for Families and Communities* theme.

Bright Futures Tool & Resource Kit, 2nd Edition

Core Tools

- Previsit Questionnaire
- Visit Documentation Form
- Bright Futures Parent/Patient Handouts



Supporting Materials

- Screening and Assessment Tools
- Screening Reference Tables

Additional Tools

- Initial History Questionnaire
- Medication Record
- Problem List
- Episodic Visit
- AAP Education Handouts


Core Tools: Integrated Format

PATIENT NAME: _____ DATE: _____

Family ID# _____

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BRIGHT FUTURES PREVISIT QUESTIONNAIRE 1 MONTH VISIT



To provide you and your baby with the best possible health care, we would like to know how things are going. Please answer all the questions. Maternal Depression screening is 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 BABY AND FAMILY.

What excites or delights you most about your baby?

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

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

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

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

YOUR GROWING AND DEVELOPING BABY

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

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

<input type="checkbox"/> Look at you.	<input type="checkbox"/> Make short sounds such as "ooh" and "ahh."	<input type="checkbox"/> Use different cries for hunger and distress.
<input type="checkbox"/> Follow you with her eyes.	<input type="checkbox"/> Become alert when she hears unexpected sounds.	<input type="checkbox"/> Move both arms and legs together.
<input type="checkbox"/> Comfort himself by doing things such as bringing his hands to his mouth.	<input type="checkbox"/> Become quiet or turn when he hears your voice.	<input type="checkbox"/> Hold his stern up when he is on his stomach.
<input type="checkbox"/> Start to get fussy when she is bored.	<input type="checkbox"/> Show signs she is sensitive to her surroundings (such as crying or starting) or need extra support to handle daily activities.	<input type="checkbox"/> Open her fingers a little when at rest.
<input type="checkbox"/> Calm when he is picked up or spoken to.		
<input type="checkbox"/> Look briefly at objects.		

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Well Child | 1 Month Visit

Accompanied by: _____ Preferred Language: _____ Date/Time: _____ Name: _____

Weight (kg): _____ Length (cm): _____ HC (cm): _____ ID Number: _____

Visit (if included): Temp: _____ HR: _____ Resp: _____ SpO₂: _____ Birth Date: _____ Age: _____ Sex: M F

HISTORY

Concerns and Questions: None

Medical History: Assess reviewed and updated as needed

Past Medical History and Surgical History (See Initial History Questionnaire)

Problem List (See Problem List)

Medication List (See Medication Record)

Infant has special health care needs

Current Medications: None

Allergies: _____ No known drug allergies

Screening Results:

Newborn blood screening: Normal Abnormal

Newborn hearing screening: Passed B₁ Passed B₂ Referred

DEVELOPMENT

See Parent Questionnaire. caregiver concerns about development. None

SOCIAL LANGUAGE AND SELF-HELP

- Alerts to unexpected sounds
- Looks briefly at objects
- Looks briefly at objects

VERBAL LANGUAGE

- Makes brief short vowel sounds
- Makes brief short vowel sounds

GROSS MOTOR

- Holds stern up in prone
- Holds fingers more open at rest

SOCIAL AND FAMILY HISTORY

Assess reviewed and updated as needed (See Initial History Questionnaire) | Social History | Family History

Changes since last visit: _____

Smoking household: No Yes

Parent adjustment to new infant: _____

Occupation or parent- Infant interaction: _____

Reactions of sibling to new infant: _____

Work plans: _____ Child care: Parents Family In-home Center Other

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BRIGHT FUTURES HANDOUT ► PARENT 1 MONTH VISIT

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

HOW YOUR FAMILY IS DOING

If you are worried about your living or food situation, talk with us. Community agencies and programs such as WIC and SNAP can also provide information and assistance.

Ask us for help if you have been hurt by your partner or another important person in your life. Violence and community agencies can also provide confidential help.

Keep your home and car smoke-free.

Don't use alcohol or drugs.

Check your home for mold and radon. Avoid using pesticides.

HOW YOU ARE FEELING

Take care of yourself so you have the energy to care for your baby. Remember to get for your post-partum checkup.

If you feel sad or angry for more than a few days, let us know or call someone you trust for help.

Find time for yourself and your partner.

FEEDING YOUR BABY

Feed your baby only breast milk or iron-fortified formula until she is about 6 months old.

Avoid feeding your baby solid foods, juice, and water until she is about 6 months old.

Feed your baby when she is hungry. Look for her to:

- Put her hand to her mouth.
- Suck or root.
- Open her mouth.

Stop feeding when you see your baby is full. You can tell when she:

- Turns away.
- Closes her mouth.
- Releases her arms and hands.

Know that your baby is getting enough to eat if she has more than 5 wet diapers and at least 3 soft stools each day and is gaining weight appropriately.

Bury your baby during natural feeding breaks.

Hold your baby so you can look at each other when you feed her.

Always hold the bottle. Never prop it.

Breastfeeding

Feed your baby on demand generally every 1 to 3 hours during the day and every 3 hours at night.

Give your baby vitamin D drops (400 IU a day).

Continue to take your prenatal vitamin with iron.

Eat a healthy diet.

Formula Feeding

Always prepare, heat, and store formula safely. If you need help, ask us.

Feed your baby 24 to 27 oz of formula a day. If your baby is still hungry, you can feed her more.

CARING FOR YOUR BABY

Hold and cuddle your baby often.

Enjoy playtime with your baby. Put him on his tummy for a few minutes at a time when he is awake.

Never leave him alone on his tummy or use tummy time for sleep.

When your baby is crying, comfort him by talking to, patting, stroking, and rocking him. Consider offering him a pacifier.

Never hit or shake your baby.

Take his temperature rectally, not by ear or skin. A fever is a rectal temperature of 100.4°F (38.0°C) or higher. Call our office if you have any questions or concerns.

Wash your hands often.

Helpful Resources: National Domestic Violence Helpline: 800-799-7233 | Smoking Quit Line: 800-784-8869
Information About Car Safety Seats: www.safercar.gov/parents | Toll-free Auto Safety Helpline: 888-327-4238

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Previsit Questionnaire

The surveillance tool gathers pertinent information and saves valuable time

Visit Documentation Form

Use to document all pertinent information and fulfill quality measures

Parent/Patient Educational Handout

Provides parental education for all Bright Futures Priorities at each visit



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The *Bright Futures* Previsit Questionnaire

- Parental/youth concerns and questions
- Surveillance of youth/family strengths
- Surveillance of major changes in family
- Medical risk assessment based on age
 - eg, TB, Lead, Anemia, STIs, Cholesterol, Vision, and Hearing
- Oral health risk assessment
 - Dental home, fluoride H₂O
- Developmental surveillance for young children
- Strengths/developmental surveillance for school aged children & adolescents
- Expanded anticipatory guidance questions
 - Caring for infant/child/adolescent
 - Social Determinants of Health
 - Patient's emotional well-being
 - Safety and injury prevention



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Visit Documentation Form - Billing & Coding

Well Child | 1 Month Visit

Accompanied by: _____ Preferred Language: _____ Date/Time: _____ Name: _____
 Weight (kg): _____ Length (cm): _____ HC (cm): _____ ID Number: _____
 Vitals (if indicated): Temp: _____ HR: _____ Resp: _____ SpO₂: _____ Birth Date: _____ Age: _____ Sex: M F

HISTORY

Concerns and Questions: None

Medical History: Areas reviewed and updated as needed
 Past Medical History and Surgical History (See Initial History Questionnaire)
 Problem List (See Problem List)
 Medication List (See Medication Records)
 Infant has special health care needs
 Current Medications: None

Allergies: _____ No known drug allergies

Screening Results:
 Newborn blood screening: ____/____/____ Normal
 Abnormal
 Newborn hearing screening: ____/____/____ Passed BL Referred

DEVELOPMENT

See Previsit Questionnaire. Caregiver concerns about development: _____ None

SOCIAL LANGUAGE AND SELF-HELP
 • Calms when picked up or spoken to
 • Looks intently at objects

VERBAL LANGUAGE
 • Alerts to unexpected sound
 • Makes brief short vowel sounds

FINE MOTOR
 • Holds fingers more open at rest

Well Child | 1 Month Visit Name: _____

PLAN

Immunizations: Vaccine Administration Record reviewed Administered today: _____ Up-to-date for age

Universal Screening:

Maternal depression: Screening tool used: _____ Result: Neg Pos:
 Newborn blood screening: Result: Normal Needs follow-up:
 Newborn hearing screening: Result: Passed BL Referred right/ left/ BL Needs follow-up:
Selective Screening: (based on risk assessment) (See Previsit Questionnaire):
 BP Tuberculosis Vision
 Comments/results: _____

Follow-up:
 Routine follow-up at 2 months Next visit: _____ Referral to: _____

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When standardized screening tools are administered, scored, and interpreted as part of preventive service visit, each screening can be individually coded for billing purposes.

Health Risk Assessments

CPT Codes

96160 Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument

96161 Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument

Source: downloads.aap.org/AAP/PDF/Coding%20Preventive%20Care.pdf



Parent/Patient Educational Handout

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BRIGHT FUTURES HANDOUT ► PARENT 12 MONTH VISIT

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



✓ HOW YOUR FAMILY IS DOING

- If you are worried about your living or food situation, reach out for help. Community agencies and programs such as WIC and SNAP can provide information and assistance.
- Don't smoke or use e-cigarettes. Keep your home and car smoke-free. Tobacco-free spaces keep children healthy.
- Don't use alcohol or drugs.
- Make sure everyone who cares for your child offers healthy foods, avoids sweets, provides time for active play, and uses the same rules for discipline that you do.
- Make sure the places your child stays are safe.
- Think about joining a toddler playgroup or taking a parenting class.
- Take time for yourself and your partner.
- Keep in contact with family and friends.

✓ ESTABLISHING ROUTINES

- Praise your child when he does what you ask him to do.
- Use short and simple rules for your child.
- Try not to hit, spank, or yell at your child.
- Use short time-outs when your child isn't following directions.
- Distract your child with something he likes when he starts to get upset.
- Play with and read to your child often.
- Your child should have at least one nap a day.
- Make the hour before bedtime loving and calm, with reading, singing, and a favorite toy.
- Avoid letting your child watch TV or play on a tablet or smartphone.
- Consider making a family media plan. It helps you make rules for media use and balance screen time with other activities, including exercise.

✓ FEEDING YOUR CHILD

- Offer healthy foods for meals and snacks. Give 3 meals and 2 to 3 snacks spaced evenly over the day.
- Avoid small, hard foods that can cause choking—popcorn, hot dogs, grapes, nuts, and hard, raw vegetables.
- Have your child eat with the rest of the family during mealtimes.
- Encourage your child to feed herself.
- Use a small plate and cup for eating and drinking.
- Be patient with your child as she learns to eat without help.
- Let your child decide what and how much to eat. End her meal when she stops eating.
- Make sure caregivers follow the same ideas and routines for meals that you do.

✓ FINDING A DENTIST

- Take your child for a first dental visit as soon as her first tooth erupts or by 12 months of age.
- Brush your child's teeth twice a day with a soft toothbrush. Use a small smear of fluoride toothpaste (no more than a grain of rice).
- If you are still using a bottle, offer only water.

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12 MONTH VISIT—PARENT

✓ SAFETY

- Make sure your child's car safety seat is rear facing until he reaches the highest weight or height allowed by the car safety seat's manufacturer. In most cases, this will be well past the second birthday.
- Never put your child in the front seat of a vehicle that has a passenger airbag. The back seat is safest.
- Place gates at the top and bottom of stairs. Install operable window guards on windows at the second story and higher. Operable means that, in an emergency, an adult can open the window.
- Keep furniture away from windows.
- Make sure TVs, furniture, and other heavy items are secure so your child can't pull them over.
- Keep your child within arm's reach when he is near or in water.
- Empty buckets, pools, and tubs when you are finished using them.
- Never leave young brothers or sisters in charge of your child.
- When you go out, put a hat on your child, have him wear sun protection clothing, and apply sunscreen with SPF of 15 or higher on his exposed skin. Limit time outside when the sun is strongest (11:00 am–3:00 pm).
- Keep your child away when your pet is eating. Be close by when he plays with your pet.
- Keep poisons, medicines, and cleaning supplies in locked cabinets and out of your child's sight and reach.
- Keep cords, latex balloons, plastic bags, and small objects, such as marbles and batteries, away from your child. Cover all electrical outlets.
- Put the Poison Help number into all phones, including cell phones. Call if you are worried your child has swallowed something harmful. Do not make your child vomit.

WHAT TO EXPECT AT YOUR CHILD'S 15 MONTH VISIT

We will talk about

- Supporting your child's speech and independence and making time for yourself
- Developing good bedtime routines
- Handling tantrums and discipline
- Caring for your child's teeth
- Keeping your child safe at home and in the car

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Helpful Resources: Smoking Quit Line: 800-784-8669 | Family Media Use Plan: www.healthychildren.org/MediaUsePlan
Poison Help Line: 800-222-1222 | Information About Car Safety Seats: www.safercar.gov/parents | Toll-free Auto Safety Hotline: 888-327-4236



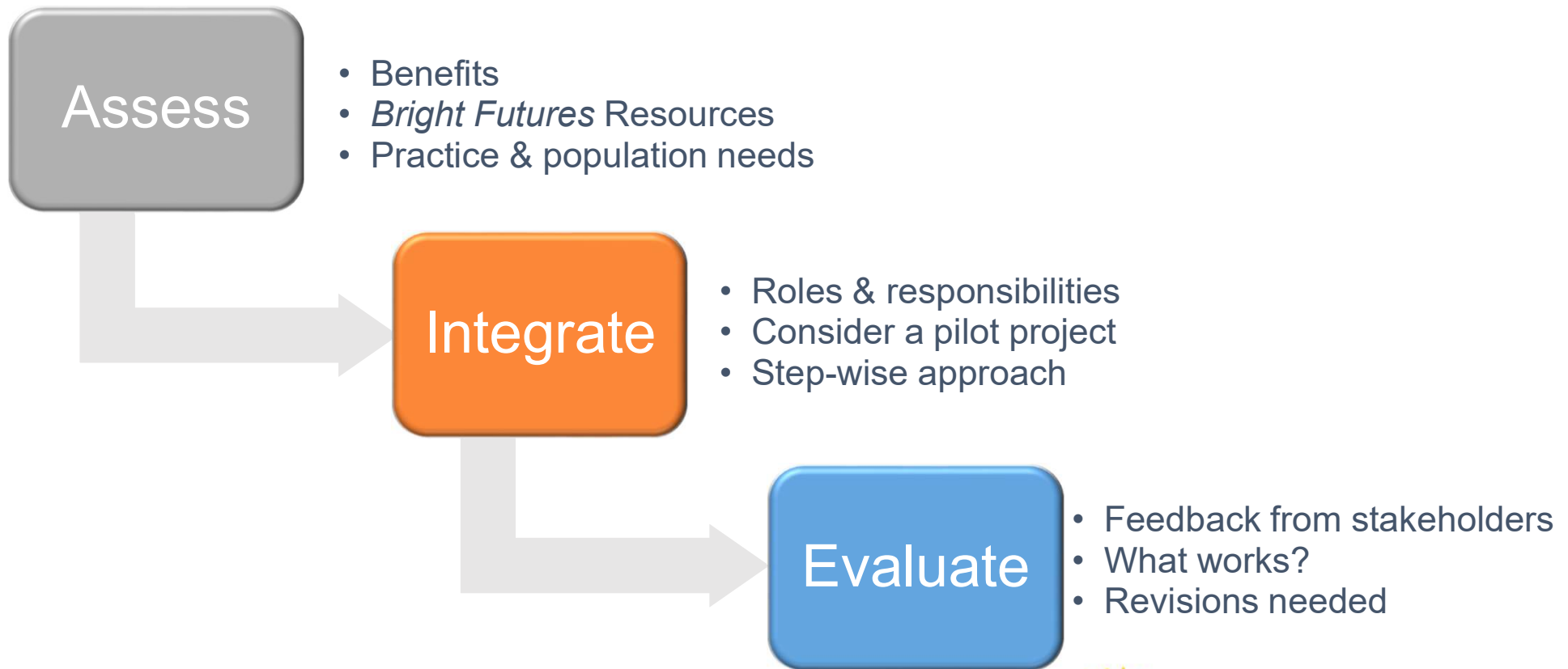
Implementation & Practice Workflow



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The Process of Implementation



How Does *Bright Futures* Help You?



- Health care professionals can accomplish 4 tasks in about 18 minutes.
- The tools and resources help clinicians structure visits and create practice processes to better address patient needs.



- Families are provided resources and educational materials specific to each well-child visit.
- Recognizes the strengths that families and parents bring to the health care partnership.



- Provides a roadmap for structuring visits and sharing health information with the community.
- Helps identify priorities for funding and provides recommended standardized developmental assessments.

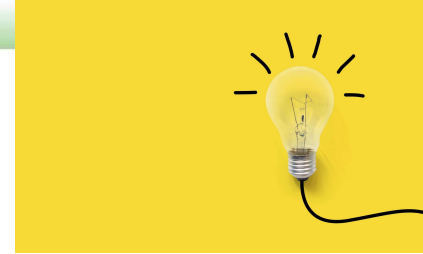


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Think Tank



- How could this standardized approach benefit your patient population (integrated, comprehensive, predictability)?
- What are the barriers in your practice to using this standardized approach (training, adequate staffing, knowledge)?



Implementation for Clinical Staff



You and your team
are the experts!

- Host a session to reinforce importance & contribution
 - Use a mock-up Previsit Questionnaire to practice with your staff and students
 - Train on how to distribute the materials to families
- Share and delegate tasks
- Develop a system to alert the provider when patient is ready



Implementation for Patients and Families



- Help parents & youth with literacy or language differences
- Have all tools and supplies ready to expedite the check-in process
- Multiple health supervision visits, thus multiple opportunities - building a relationship of trust
- Link families to appropriate community resources
- Utilize a strength-based approach and shared decision-making strategy



Implementation for Office-based Systems



- Electronic tools
 - In the waiting or exam room
 - At home (via email or patient portal)
- Paper-based
- Make appointment time 15 minutes earlier
- Utilize a system to:
 - Identify children and youth with SHCN
 - Remind providers and families about immunizations and well child visits
 - Track referrals

Evaluation



- If a pilot project is implemented, evaluate and improve it before full implementation
- Gather data
 - Visit duration
 - Patient and family satisfaction
 - Referrals for positive screenings that may have been missed
- Share the data with the team



Workflow – 1 Month Visit Example


Workflow Needs to be Job-Specific, not Person-Specific

1. Receptionist provides age-specific packet with the 1-month Previsit Questionnaire and a Maternal Depression screening tool.
2. Parent completes the documents in the waiting area.
3. Clinical staff assures documents are complete while rooming the child and attaches it to chart or enters the results into the EHR
4. Provider reviews the results and documents any assessment or intervention.
5. The clinical staff provides appropriate parent handout at the end of the visit.

PATIENT NAME: _____ Please print. DATE: _____

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BRIGHT FUTURES PREVISIT QUESTIONNAIRE
1 MONTH VISIT



To provide you and your baby with the best possible health care, we would like to know how things are going. Please answer all the questions. Maternal Depression screening is 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 BABY AND FAMILY.

What excites or delights you most about your baby?

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

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

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

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

YOUR GROWING AND DEVELOPING BABY

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

Check off each of the tasks that your baby is able to do:

<input type="checkbox"/> Look at you.	<input type="checkbox"/> Make short sounds such as "oh" and "ah."	<input type="checkbox"/> Use different cries for hunger and tiredness.
<input type="checkbox"/> Follow you with her eyes.	<input type="checkbox"/> Become alert when she hears unexpected sounds.	<input type="checkbox"/> Move both arms and legs together.
<input type="checkbox"/> Comfort himself by doing things such as bringing his hands to his mouth.	<input type="checkbox"/> Become quiet or turn when he hears your voice.	<input type="checkbox"/> Hold his chin up when he is on his stomach.
<input type="checkbox"/> Start to get fussy when she is bored.	<input type="checkbox"/> Show signs she is sensitive to her surroundings (such as crying or starting) or need extra support to handle daily activities.	<input type="checkbox"/> Open her fingers a little when at rest.
<input type="checkbox"/> Calm when he is picked up or spoken to.		
<input type="checkbox"/> Look briefly at objects.		

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Using Tools with a Case Study



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Using the *Toolkit*: Case Study

JR is a 15-month-old boy in for a well-child visit



- Lives with his mother and her parents.
- He is her 1st child and their 1st grandchild.
- Mom recently returned to work part-time; grandparents provide care while she is working.
- He is a healthy boy who has been developing typically and has had consistent health supervision visits since birth.
- Your office recently implemented *Bright Futures*.



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PATIENT NAME: _____ DATE: _____

CLEAR FORM

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BRIGHT FUTURES PREVISIT QUESTIONNAIRE 15 MONTH VISIT

To provide you and your child with the best possible health care, we would like to know how you feel. Please answer all the questions. 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.

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, please describe:

Does your child live with anyone who smokes or spend time in places where people smoke or use e-cigs?

YOUR GROWING AND DEVELOPING CHILD

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

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

- Imitate scribbling.
- Drink from cup with little spilling.
- Point to ask for something or to get help.
- Look around when you say things such as "Where's your ball?" and "Where's your blanket?"
- Use 3 words other than names.
- Speak in sounds that seem like an unknown language.
- Follow directions that do not include a gesture.
- Squat to pick up objects.
- Crawl
- Run.
- Make out of

PATIENT NAME: _____ DATE: _____

15 MONTH VISIT

RISK ASSESSMENT

Anemia	Does your child's diet include iron-rich foods, such as meat, iron-fortified cereals, or beans?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unsure
	Do you ever struggle to put food on the table?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
Hearing	Do you have concerns about how your child hears?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
	Do you have concerns about how your child speaks?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
Vision	Do you have concerns about how your child sees?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
	Do your child's eyes appear unusual or seem to cross?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
	Do your child's eyelids droop or does one eyelid tend to close?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
	Have your child's eyes ever been injured?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure

ANTICIPATORY GUIDANCE

How are things going for you, your child, and your family?

TALKING AND FEELING

Is your child learning new things?
Does your child show any worries or fears when meeting new people?
Do you take time for yourself?
Do you spend time alone with your partner?
Does your child point to something he wants and then watch to see if you see what he's doing?
Does she wave "bye-bye"?
Do you talk to, sing to, and look at books with your child every day?

SLEEP ROUTINES AND ISSUES

Does your child have a regular bedtime routine?
Does your child sleep well?
How many hours does your child sleep? _____ Daytime _____ Nighttime
Does your child have a blanket, stuffed animal, or toy that he likes to sleep with?
Do you have a TV or an Internet-connected device in your child's bedroom?

TANTRUMS AND DISCIPLINE

Does your child have frequent tantrums?
If your child is upset, do you help distract her with another activity, book, or toy?
Do you set limits for your child?
Do other caregivers set the same limits for your child as you do?
Do you praise your child when he is being good?
Do you have any questions about what to do when you become angry or frustrated with your child?

HEALTHY TEETH

Has your child been to a dentist?	<input type="radio"/> Yes	<input type="radio"/> No
Do you brush your child's teeth with a smear of fluoridated toothpaste 2 times a day using a soft toothbrush?	<input type="radio"/> Yes	<input type="radio"/> No
Does your child use a bottle?	<input type="radio"/> No	<input type="radio"/> Yes

PATIENT NAME: _____ DATE: _____

15 MONTH VISIT

SAFETY

Car and Home Safety		
Is your child fastened securely in a rear-facing car safety seat in the back seat every time she rides in a vehicle?	<input type="radio"/> Yes	<input type="radio"/> No
Does everyone in the vehicle always use a lap and shoulder seat belt, booster seat, or car safety seat?	<input type="radio"/> Yes	<input type="radio"/> No
Do you keep cleaners and medicines locked up and out of your child's sight and reach?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have emergency phone numbers near every telephone and in your cell phone for rapid dial?	<input type="radio"/> Yes	<input type="radio"/> No
Do you keep furniture away from windows and use operable window guards on windows on the second floor and higher? (Operable means that, in case of an emergency, an adult can open the window.)	<input type="radio"/> Yes	<input type="radio"/> No
Do you have a gate at the top and bottom of all stairs in your home?	<input type="radio"/> Yes	<input type="radio"/> No
Do you keep cigarettes, lighters, matches, and alcohol out of your child's sight and reach?	<input type="radio"/> Yes	<input type="radio"/> No
Do you keep your child away from the stove?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have working smoke alarms on every floor of your home?	<input type="radio"/> Yes	<input type="radio"/> No
Do you test the batteries once a month?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have a fire escape plan?	<input type="radio"/> Yes	<input type="radio"/> No

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CLEAR FORM

PATIENT NAME: JR

Please print.

DATE: Today

American Academy of Pediatrics



BRIGHT FUTURES PREVISIT QUESTIONNAIRE 15 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. 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?

He is a happy baby!

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:

I went back to work part time recently. JR stays with my parents when I am at work.

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 checked="" type="checkbox"/> Imitate scribbling. | <input checked="" type="checkbox"/> Use 3 words other than names. | <input checked="" type="checkbox"/> Crawl up a few steps. |
| <input checked="" type="checkbox"/> Drink from cup with little spilling. | <input checked="" type="checkbox"/> Speak in sounds that seem like an unknown language. | <input checked="" type="checkbox"/> Run. |
| <input checked="" type="checkbox"/> Point to ask for something or to get help. | <input checked="" type="checkbox"/> Follow directions that do not include a gesture. | <input checked="" type="checkbox"/> Make marks with a crayon. |
| <input checked="" type="checkbox"/> Look around when you say things such as "Where's your ball?" and "Where's your blanket?" | <input checked="" type="checkbox"/> Squat to pick up objects. | <input checked="" type="checkbox"/> Drop an object into and take the object out of a container. |



RISK ASSESSMENT

Anemia	Does your child's diet include iron-rich foods, such as meat, iron-fortified cereals, or beans?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unsure
	Do you ever struggle to put food on the table?	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
Hearing	Do you have concerns about how your child hears?	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
	Do you have concerns about how your child speaks?	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
Vision	Do you have concerns about how your child sees?	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
	Do your child's eyes appear unusual or seem to cross?	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
	Do your child's eyelids droop or does one eyelid tend to close?	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
	Have your child's eyes ever been injured?	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure

ANTICIPATORY GUIDANCE

How are things going for you, your child, and your family?

TALKING AND FEELING

Is your child learning new things?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Does your child show any worries or fears when meeting new people?	<input checked="" type="radio"/> No	<input type="radio"/> Yes
Do you take time for yourself?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Do you spend time alone with your partner?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Does your child point to something he wants and then watch to see if you see what he's doing?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Does she wave "bye-bye"?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Do you talk to, sing to, and look at books with your child every day?	<input checked="" type="radio"/> Yes	<input type="radio"/> No

SLEEP ROUTINES AND ISSUES

Does your child have a regular bedtime routine?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Does your child sleep well?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
How many hours does your child sleep? <u>2</u> Daytime <u>10</u> Nighttime		
Does your child have a blanket, stuffed animal, or toy that he likes to sleep with?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Do you have a TV or an Internet-connected device in your child's bedroom?	<input checked="" type="radio"/> No	<input type="radio"/> Yes

TANTRUMS AND DISCIPLINE

Does your child have frequent tantrums?	<input checked="" type="radio"/> No	<input type="radio"/> Yes
If your child is upset, do you help distract her with another activity, book, or toy?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Do you set limits for your child?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Do other caregivers set the same limits for your child as you do?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Do you praise your child when he is being good?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Do you have any questions about what to do when you become angry or frustrated with your child?	<input checked="" type="radio"/> No	<input type="radio"/> Yes

HEALTHY TEETH

Has your child been to a dentist?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Do you brush your child's teeth with a smear of fluoridated toothpaste 2 times a day using a soft toothbrush?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Does your child use a bottle?	<input type="radio"/> No	<input checked="" type="radio"/> Yes

DATE: Today

Please print.

SAFETY

at in the back seat every time she rides in a vehicle?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
r seat belt, booster seat, or car safety seat?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
our child's sight and reach?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
one and in your cell phone for rapid dial?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
e window guards on windows on the second floor and higher? (an open the window.)	<input checked="" type="radio"/> Yes	<input type="radio"/> No
r home?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
f your child's sight and reach?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
ome?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
	<input checked="" type="radio"/> Yes	<input type="radio"/> No
	<input checked="" type="radio"/> Yes	<input type="radio"/> No

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Priorities for the 15 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:

- ▶ Communication and social development (individuation, separation, finding support, attention to how child communicates wants and interests)
- ▶ Sleep routines and issues (regular bedtime routine, night waking, no bottle in bed)
- ▶ Temperament, development, behavior, and discipline (conflict predictors and distraction, discipline and behavior management)
- ▶ Healthy teeth (brushing teeth, reducing caries)
- ▶ Safety (car safety seats and parental use of seat belts, safe home environment: poisoning, falls, and fire safety)



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Well Child | 15 Month Visit

Accompanied By:		Preferred Language:		Date/Time:	Name: JR	
Weight (%):	Length (%):	Weight-for-length (%):	HC (%):	ID Number:		
Vitals (if indicated):	Temp:	HR:	Resp Rate:	SpO ₂ :	Birth Date:	Age:
					Sex:	M <input type="radio"/> F <input checked="" type="radio"/>

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: Meat, chicken

Comments:

Has a sweet tooth.

Nutrition (continued):

Milk: Source: Whole Milk Drinks from: Breast Bottle Cup

Ounces per 24 hours: 12

Dental Home: No Yes: Unable to find a dentist

Brushing twice daily: Yes No: once a day

Fluoride: In water source Oral supplement Other:

tap water in bottle

Elimination: Regular soft stools

Sleep: No concerns

Behavior: No concerns

Grandparents give him sweet snacks and juice.

Physical Activity:

Playtime (60 min/d): Yes No:

Screen time: None h/d: 1-2

Source: TV

DEVELOPMENT

= Normal development See Previsit Questionnaire.

Caregiver concerns about development: None Yes:

SOCIAL LANGUAGE AND SELF-HELP

- Imitates scribbling
- Drinks from cup with little spilling
- Points to ask for something or to get help

VERBAL LANGUAGE

- Uses 3 words other than names
- Speaks in sounds that seem like an unknown language
- Follows directions that do not include a gesture
- Looks around when parent says, "Where is...?"

GROSS MOTOR

- Squats to pick up objects
- Crawls up a few steps
- Begins to run

FINE MOTOR

- Makes mark with crayon
- Drops object into and takes object out of container

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Well Child | 15 Month Visit

Name: JR

SOCIAL AND FAMILY HISTORY

Areas reviewed and updated as needed (See Initial History Questionnaire): Social History Family History

Changes since last visit: _____ No interval change

Smoking household: No Yes: _____

Firearms in home: No Yes: _____

Observation of parent-child interaction: Happy, engaged

Parents working outside home: One parent Both parents Child care: No Yes Type: Grandparents

REVIEW OF SYSTEMS

A 10-point review of systems was performed and results were negative except for any positive results listed below.

Bold = Focus area for this Bright Futures Visit

Constitutional: _____ Respiratory: _____ Skin: _____

Eyes: _____ Gastrointestinal: _____ Neurological: _____

Head, Ears, Nose, and Throat: _____ Genitourinary: _____ Other: _____

Cardiovascular: _____ Musculoskeletal: _____ Other: _____

PHYSICAL EXAMINATION

= System examined **Bold** = Focus area for this Bright Futures Visit

Normal examination findings in text. Cross out abnormalities. Describe other findings in the area provided.

General: Alert, active child. **Normal interval growth in height, weight, and head circumference. Normal weight-for-length for age.**

Head: Normocephalic and atraumatic. _____

Eyes: **Fixes and follows. Extraocular eye movements intact. No strabismus. Red reflex present bilaterally. No opacification.**

Normal funduscopic examination findings. _____

Ears, nose, mouth, and throat: Tympanic membranes with visible light reflex bilaterally. **Healthy-appearing teeth without caries, plaque, or discoloration.**

Neck: Supple, with full range of motion and no significant adenopathy. _____

Heart: Regular rate and rhythm. No murmur. _____

Respiratory: Breath sounds clear bilaterally. Comfortable work of breathing. _____

Abdomen: Soft, with **no palpable masses.** _____

Genitourinary:

Normal female external genitalia. _____

Normal male external genitalia, with testes descended bilaterally. _____

Musculoskeletal: Spine straight. Normal hip abduction. _____

Neurological: **Moves all extremities equally. Normal hand grasp and strength. Age-appropriate gait.**

Skin: Warm and well perfused. **No lesions (atypical nevi, café-au-lait spots, or birthmarks) or bruising.** _____

Other comments: _____

ASSESSMENT

Well child Normal interval growth (See growth chart.) Normal weight-for-length percentile for age Age-appropriate development

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Well Child | 15 Month Visit

Name: JR

ANTICIPATORY GUIDANCE

Discussed and/or handout given

COMMUNICATION AND SOCIAL DEVELOPMENT

- Individuation
- Separation
- Finding support
- Attention to how child communicates wants and interests

TEMPERAMENT, DEVELOPMENT, BEHAVIOR, AND DISCIPLINE

- Conflict predictors and distraction
- Discipline and behavior management

SLEEP ROUTINES AND ISSUES

- Regular bedtime routine
- Night waking
- No bottle in bed

HEALTHY TEETH

- Brushing teeth
- Reducing caries

SAFETY

- Car safety seats and parental use of seat belts
- Safe home environment: poisoning, falls, and fire safety

PLAN

Immunizations: Vaccine Administration Record reviewed Administered today: _____ Up-to-date for age

Universal Screening:

Oral health: Fluoride varnish applied: Yes No: _____ Oral fluoride supplementation: Yes No: _____ NA

Selective Screening (based on risk assessment) (See Previsit Questionnaire):

Anemia BP Hearing Vision

Comments/results:

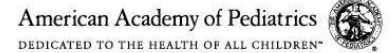
Follow-up:

Routine follow-up at 18 months Next visit: _____ Referral to: Dr Tooth, DDS

PRINT NAME.	SIGNATURE
Provider 1	
Provider 2	

Consistent with *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th Edition*

Downloaded from http://publications.aap.org/ckids/book/chapter-pdf/1210062/ckid_15month.pdf by U Health Methodist & R



Strength-based Anticipatory Guidance

- Explore mom's thoughts about her parents feeding JR juice and sweet foods while reinforcing a varied and healthy diet
- Encourage her to find other ways for her parents to reward JR
- Praise mom for brushing his teeth - ideally twice a day
- Congratulate mom for putting water in the bottle while encouraging her to use cup for milk and juice.
- Since mom uses tap water and water supply is fluoridated, no need for fluoride supplementation
- Apply fluoride varnish



BRIGHT FUTURES HANDOUT ► PARENT 15 MONTH VISIT

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



TALKING AND FEELING

- Try to give choices. Allow your child to choose between 2 good options, such as a banana or an apple, or 2 favorite books.
- Know that it is normal for your child to be anxious around new people. Be sure to comfort your child.
- Take time for yourself and your partner.
- Get support from other parents.
- Show your child how to use words.
 - Use simple, clear phrases to talk to your child.
 - Use simple words to talk about a book's pictures when reading.
 - Use words to describe your child's feelings.
 - Describe your child's behavior with words.

TANTRUMS AND DISCIPLINE

- Use distraction to stop tantrums when you can.
- Praise your child when she does what you ask her to do and for what she can accomplish.
- Set limits and use discipline to teach and protect your child, not to punish her.
- Limit the need to say "No!" by making your home and yard safe for play.
- Teach your child not to hit, bite, or hurt other people.
- Be a role model.

A GOOD NIGHT'S SLEEP

- Put your child to bed at the same time every night. Early is better.
- Make the hour before bedtime loving and calm.
- Have a simple bedtime routine that includes a book.
- Try to tuck in your child when he is drowsy but still awake.
- Don't give your child a bottle in bed.
- Don't put a TV, computer, tablet, or smartphone in your child's bedroom.
- Avoid giving your child enjoyable attention if he wakes during the night. Use words to reassure and give a blanket or toy to hold for comfort.

HEALTHY TEETH

- Take your child for a first dental visit if you have not done so.
- Brush your child's teeth twice each day with a small smear of fluoridated toothpaste, no more than a grain of rice.
- Wean your child from the bottle.
- Brush your own teeth. Avoid sharing cups and spoons with your child. Don't clean her pacifier in your mouth.

15 MONTH VISIT—PARENT

SAFETY

- Make sure your child's car safety seat is rear facing until he reaches the highest weight or height allowed by the car safety seat's manufacturer. In most cases, this will be well past the second birthday.
- Never put your child in the front seat of a vehicle that has a passenger airbag. The back seat is the safest.
- Everyone should wear a seat belt in the car.
- Keep poisons, medicines, and lawn and cleaning supplies in locked cabinets, out of your child's sight and reach.
- Put the Poison Help number into all phones, including cell phones. Call if you are worried your child has swallowed something harmful. Don't make your child vomit.
- Place gates at the top and bottom of stairs. Install operable window guards on windows at the second story and higher. Keep furniture away from windows.
- Turn pan handles toward the back of the stove.
- Don't leave hot liquids on tables with tablecloths that your child might pull down.
- Have working smoke and carbon monoxide alarms on every floor. Test them every month and change the batteries every year. Make a family escape plan in case of fire in your home.

WHAT TO EXPECT AT YOUR CHILD'S 18 MONTH VISIT

We will talk about

- Handling stranger anxiety, setting limits, and knowing when to start toilet training
- Supporting your child's speech and ability to communicate
- Talking, reading, and using tablets or smartphones with your child
- Eating healthy
- Keeping your child safe at home, outside, and in the car

Consistent with *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, 4th Edition
For more information, go to <https://brightfutures.aap.org>.

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

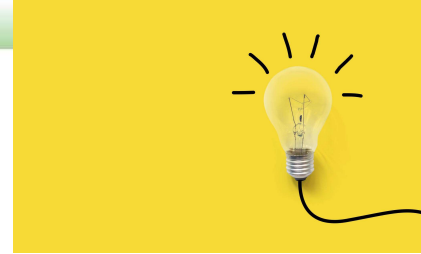


The information contained in this handout should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in circumstances that your pediatrician may recommend based on individual facts and circumstances. Original handout included as part of the *Bright Futures Book and Assessment Kit*, 2nd Edition. Inclusion in this handout does not imply an endorsement by the American Academy of Pediatrics (AAP). The AAP is not responsible for the content of the resources mentioned in this handout. Web site addresses are as current as possible but may change at any time. The American Academy of Pediatrics (AAP) does not review or endorse any medications made in this handout and is not responsible for the AAP's liability for any such changes. © 2010 American Academy of Pediatrics. All rights reserved.





Think Tank



- What resources do you have in your area to help with implementation?
- What one step can you take now that will help you move toward this goal?



Take Home Points

- Implementing a standardized approach to well-child care benefits not only the patient and family, but also the provider and practice.
- Training and a cohesive team of providers and resources are key to successful implementation.
- The Bright Futures resources are there to help – they are adaptable to any patient population.



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Questions?

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Resources



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AAP Resources

Screening

- [STAR Center](#)

Practice Management

- [National Resource Center for Patient/Family-Centered Medical Home](#)
- [Coding for Pediatric Preventive Care](#) booklet
- [Coding and Valuation](#)
- [AAP Coding Hotline](#)

Professional Tools & Resources

Resource Library

Find resources related to Child Development, Perinatal Depression, Social Drivers of Health, and Communicating with Families, including policies, toolkits, infographics, and more.

Getting Started

Tools and Resources to get you started on developing a process for screening, counseling, and referring, including assessing your office environment, creating a family centered screening process, and understanding your community resources.

Office Systems for Practice Transformation

Find practice transformation strategies to test, refine, and implement screening in your office.

Screening Time CME/MOC 2 Course

This training provides pediatricians and other pediatric healthcare professionals the knowledge and resources to implement a screening process.

Screening Technical Assistance and Resource (STAR) Center

Home / Patient Care / Screening Technical Assistance and Resource (STAR) Center



The Screening Technical Assistance & Resource Center (STAR Center) seeks to improve the health, wellness, and development of children through practice and system-based interventions to increase rates of early childhood screening, counseling, referral, and follow-up for developmental milestones, perinatal depression, and social determinants of health. Funded by a grant from The JPB Foundation, the AAP is working toward a system of care in which every child receives the early childhood care needed to foster healthy development.



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FOR PATIENT/FAMILY-CENTERED MEDICAL HOME

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Note: The AAP does not approve nor endorse any specific tool for screening purposes.



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Bright Futures Website Resources

- ❑ Clinical Implementation Tip Sheets
- ❑ Pediatric Residency Resource Library
- ❑ *Bright Futures Tool & Resource Kit* Forms (for review/reference)
- ❑ Well-Child Visits: Parent and Patient Education (for families)
- ❑ Implementation Strategies and Stories From Practices, States, and Communities using Bright Futures
- ❑ *Bright Futures - Building Positive Parenting Skills Across Ages* (free PediaLink course)



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

SEARCH...
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IMPORTANT INFORMATION ABOUT CORONAVIRUS (COVID-19)

- Information for health care professionals regarding COVID-19.
- Interim guidance related to COVID-19 (including information related to well-visits).
- For families, visit [HealthyChildren.org](https://www.healthychildren.org).

Materials & Tools
Bright Futures Guidelines provides 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 & 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 children's health.

 brightfutures.aap.org



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Bright Futures Tools & Resources

- ❑ [Bright Futures Guidelines, 4th Edition – Introductory Webinars - brightfutures.aap.org/materials-and-tools/Pages/Bright-Futures-Webinars.aspx](http://brightfutures.aap.org/materials-and-tools/Pages/Bright-Futures-Webinars.aspx)
- ❑ [Bright Futures Tool and Resource Kit, 2nd Edition \(Narrated Overview\) brightfutures.aap.org/materials-and-tools/Pages/Presentations-and-Handouts.aspx](http://brightfutures.aap.org/materials-and-tools/Pages/Presentations-and-Handouts.aspx)
- ❑ [Screening and Priorities for each age/stage - brightfutures.aap.org/materials-and-tools/Pages/Presentations-and-Handouts.aspx](http://brightfutures.aap.org/materials-and-tools/Pages/Presentations-and-Handouts.aspx)
- ❑ [Medical Screening Reference Tables - brightfutures.aap.org/materials-and-tools/tool-and-resource-kit/Pages/Medical-Screening-Reference-Tables.aspx](http://brightfutures.aap.org/materials-and-tools/tool-and-resource-kit/Pages/Medical-Screening-Reference-Tables.aspx)

Instruments for Recommended Universal Screening at Specific Bright Futures Visits

Recommended Visit	Recommended Screening	Tool by Author/Owner
1 Month 2 Month 4 Month 6 Month	Maternal Depression	Edinburgh Postpartum Depression Scale (EPDS) ^a A modified version of the EPDS is included as part of the Family Questions section in the Survey of Well-being of Young Children (SWYC).
		Patient Health Questionnaires (PHQs) PHQ-9
		PHQ-2 ^b • Bright Futures sample form • Instructions

Note: The AAP does not approve nor endorse any specific tool for screening purposes. The table is not exhaustive, and other screening tools may be available.



How to Obtain *Bright Futures* Materials

- Visit the *Bright Futures* Website: brightfutures.aap.org
- Order the *Bright Futures Guidelines* and *Toolkit*: shopAAP.org
- Sign up for the Bright Futures eNews and other alerts at brightfutures.aap.org/Pages/contactus.aspx



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References

For more information on this subject, see the following publications:

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- Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents*, 4th ed. American Academy of Pediatrics; 2017
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