# RIVERSIDE PHYSICIAN NETWORK
## PREVENTIVE HEALTH GUIDELINES FOR 2015
Based on recommendations from the USPSTF, ICSI, CDC, ACIP, AAFP, AAP and AHRQ

<table>
<thead>
<tr>
<th>ASSESSMENT</th>
<th>0-10 YEARS</th>
<th>11-24 YEARS</th>
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<tbody>
<tr>
<td>Abdominal Aortic Aneurysm¹</td>
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<tr>
<td>Breast Cancer Screening²³</td>
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<td>Cervical Cancer Screening⁴</td>
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1. One time screening by ultrasound for males with history of smoking
2. Screening mammography, with or without clinical breast exam, every 1 to 2 years for women age 40 and older
3. Inform of potential benefits, limitations, and possible harms of mammography in making decisions about when to begin and intervals of screening
4. Women whose family history is associated with an increased risk for deleterious mutations in BRCA1 or BRCA2 genes be referred for genetic counseling and evaluation for BRCA testing
5. May discontinue regular testing after age 65 in women who have had regular previous screenings in which test results have been consistently normal
6. Provide for the coverage for any other FDA-approved cervical cancer screening test.
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<tr>
<td>Chlamydia&lt;sup&gt;7&lt;/sup&gt;</td>
<td></td>
<td>• Routine at onset of female sexual activity or other high risk behavior</td>
<td>• Routine for sexually active females age 25 and younger</td>
<td>• Routine if female at high risk</td>
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<tr>
<td>Colorectal Cancer Screening&lt;sup&gt;6&lt;/sup&gt;</td>
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<td>• Beginning at age 50: ✓ Annual FOBT OR ✓ Flexible sigmoidoscopy every 5 years OR ✓ Colonoscopy every 10 years • If there is a family history of colon cancer, five years prior to index case</td>
<td>• Routine screening with interval determined by method, patient assessment. • Consider cessation of screening at age 75 based on patient assessment and discussion.</td>
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<tr>
<td>Depression Screening&lt;sup&gt;7&lt;/sup&gt;</td>
<td>• When systems for diagnosis, treatment and follow-up are in place • At physician discretion with a high index of suspicion in persons with a family or personal history of depression, suicide attempt or substance abuse, and psychosocial risk factors, including stressful life events</td>
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<td>• At physician discretion with a high index of suspicion in persons with a family or personal history of depression, those with chronic illnesses, those who perceive or have experienced a recent loss, and those with sleep disorders, chronic pain or multiple unexplained somatic complaints</td>
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<td>Diabetes Screening&lt;sup&gt;8&lt;/sup&gt;</td>
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<td>Adults with asymptomatic sustained blood pressure &gt;135/80 mgHg</td>
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<tr>
<td>Hearing&lt;sup&gt;9&lt;/sup&gt;</td>
<td>• Screen for hearing loss in all newborns</td>
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<td>• At physician discretion</td>
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<tr>
<td>Height, Weight and BMI&lt;sup&gt;10&lt;/sup&gt;</td>
<td>• Growth chart plotted during office visit from birth on</td>
<td>• Periodically.</td>
<td>• Periodically.</td>
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<td>Hypertension&lt;sup&gt;11&lt;/sup&gt;</td>
<td>• Screenings beginning at age 18 years</td>
<td>• Periodic screening</td>
<td>• Periodic screening</td>
<td>• Periodic screening</td>
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<tr>
<td>Human Immunodeficiency (HIV)&lt;sup&gt;12&lt;/sup&gt;</td>
<td>• Screen all adolescents and adults at increased risk for HIV infection and all pregnant women</td>
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<tr>
<td>Immunizations</td>
<td>• Per CDC Recommended Childhood and Adolescent Immunization Schedule</td>
<td>• Per CDC Recommended Childhood and Adult Immunization Schedule</td>
<td>• Per CDC Recommended Adult Immunization Schedule</td>
<td>• Per Recommended Adult Immunization Schedule</td>
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<td>Lead Testing</td>
<td>• Risk assessment and testing at 12 and 24 months if risk identified</td>
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<tr>
<td>Lipid Disorder Screening&lt;sup&gt;13&lt;/sup&gt;</td>
<td>• Routine screening beginning at age 20 if other risk factors for CAD exist</td>
<td>• Periodic screenings for men age 35 to 65 and women age 45 to 65</td>
<td>• Routine screening for younger adults if risk factors exist</td>
<td>• Routine screening</td>
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<tr>
<td>Obesity14</td>
<td>Screen children 6 years and over – offer or refer to intensive counseling and behavioral interventions to promote sustained weight loss for obese children/adolescents</td>
<td>• Routine screening for adults – offer or refer to intensive counseling and behavioral interventions to promote sustained weight loss for obese adults</td>
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<tr>
<td>Osteoporosis Screening&lt;sup&gt;15&lt;/sup&gt;</td>
<td>• Discuss adequate calcium intake with females aged 11 and over</td>
<td>• Routine screening for women age 65 and over or at age 60 for increased risk for osteoporosis</td>
<td>• Routine screening for women age 65 and over or at age 60 for increased risk for osteoporosis</td>
<td>• Routine screening no more frequent than every 2 years or based on patient assessment</td>
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<td>Prostate Cancer</td>
<td>• Discuss risks and benefits of screening with</td>
<td>• Discuss risks and benefits of screening with</td>
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<td>• Discuss risks and benefits of screening with</td>
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<tr>
<td>Screening^16</td>
<td>medical provider</td>
<td>medical provider</td>
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<tr>
<td>Syphilis Screening^17</td>
<td>• Screening for persons at increased risk for</td>
<td>• Screening for persons at increased risk for</td>
<td>• Screening for persons at increased risk for</td>
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<td>syphilis infection</td>
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<tr>
<td>Tuberculosis Screening^18</td>
<td>• Risk assessment and testing if risk identified</td>
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<tr>
<td>Vision Screening^19</td>
<td>• Screening for amblyopia and strabismus between ages 3 and 4</td>
<td>• Refer high risk individuals for evaluation by eye specialist; frequency at physician discretion</td>
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<td>COUNSELING</td>
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| Cardiovascular Disease Prevention\(^{20}\) | • Regular dental care<br>• Floss, brush with fluoride toothpaste daily<br>• Daily fluoride drops or tablets for children living in areas with inadequate fluoridation | • Regular dental care<br>• Floss, brush with fluoride toothpaste daily<br>• Daily fluoride drops or tablets for children up to age 16 living in areas with inadequate fluoridation | • Discuss benefits, risks of aspirin prophylaxis with adults at increased risk of coronary heart disease | • Regular dental care<br>• Floss, brush with fluoride toothpaste daily |}
<p>| Dental Health(^{21}) | • Encourage breastfeeding of infants; diet of iron-enriched formula and foods&lt;br&gt;• Iron supplementation for asymptomatic children ages 6-12 months who are at increased risk for iron deficiency anemia&lt;br&gt;• Over age 2, limit fat and cholesterol, maintain caloric balance and emphasize fruits, vegetables, and grain products containing fiber&lt;br&gt;• Regular physical activity | • Limit fat and cholesterol, maintain caloric balance and emphasize fruits, vegetables, and grain products containing fiber&lt;br&gt;• Adequate calcium intake (women)&lt;br&gt;• Regular physical activity | • Limit fat and cholesterol, maintain caloric balance and emphasize fruits, vegetables, and grain products containing fiber&lt;br&gt;• Dietary counseling for adults with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease(^{23})&lt;br&gt;• Adequate calcium intake (women)&lt;br&gt;• Regular physical activity | • Limit fat and cholesterol, maintain caloric balance and emphasize fruits, vegetables, and grain products containing fiber&lt;br&gt;• Adequate calcium intake (women)&lt;br&gt;• Regular physical activity |</p>
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<td>Hormone Replacement Therapy$^{24}$</td>
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<td>Injury Prevention</td>
<td>• Car seat (under 5 years)</td>
<td>• Lap/shoulder belts$^{25}$</td>
<td>• Lap/shoulder belts$^{25}$</td>
<td>• Lap/shoulder belts$^{25}$</td>
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<td></td>
<td>• Booster seat (6 years of age or 60 pounds)</td>
<td>• Bicycle/motorcycle helmets</td>
<td>• Bicycle/motorcycle helmets</td>
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<td>• Lap-shldr belts (8 years and over 80 pounds)$^{25}$</td>
<td>• Wrist, elbow, knee guards</td>
<td>• Smoke detectors and carbon monoxide detectors</td>
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<td></td>
<td>• Bicycle helmet</td>
<td>• Smoke detectors and carbon monoxide detectors</td>
<td>• Safe storage/removal of firearms</td>
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<td></td>
<td>• Wrist, elbow, knee guards</td>
<td>• CPR training for caretakers of high risk individuals</td>
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<td></td>
<td>• Smoke detectors and carbon monoxide detectors</td>
<td>• Water safety</td>
<td>• Water safety</td>
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<td></td>
<td>• Flame retardant sleepwear</td>
<td>• Hot water heater temperature (under 120-130°F)</td>
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<td></td>
<td>• Place newborns on their backs to sleep</td>
<td>• Window/stair guards, pool fence</td>
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<td>• Hot water heater temperature (under 120-130°F)</td>
<td>• Storage of drugs, toxic substances, firearms and matches</td>
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<td></td>
<td>• Window/stair guards, pool fence</td>
<td>• Poison control phone number</td>
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<td>• Storage of drugs, toxic substances, firearms and matches</td>
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<td>• CPR training for caretakers of high-risk individuals</td>
<td>• Measures to reduce risk of falling</td>
<td>• Measures to reduce risk of falling</td>
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<td>• Water safety</td>
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<td>Prenatal Care</td>
<td>Pregnant women should be advised to seek their first pre-natal visit in the first trimester or as soon as pregnancy is known. To reduce the risk of neural tube defects in newborns, all women not planning but still capable of pregnancy should take a multivitamin containing 0.4mg of folic acid daily. During the 1st prenatal visit, perform Rh (D) blood typing and antibody testing, and screen for hepatitis B virus, iron deficiency anemia, HIV and syphilis infection; at 12-16 weeks’ gestation, screen for asymptomatic bacteriuria. Screen all pregnant women for tobacco use and provide augmented pregnancy-tailored counseling to those who smoke. Advis all pregnant women of potential adverse effects of drug use on the development of the fetus.</td>
<td>Sexually Transmitted Disease prevention: All adolescent and adults advised of risk factors and counseled about effective measures to prevent infection. Unintended pregnancy: Contraception</td>
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<td>Sexual Behavior</td>
<td>Sexually Transmitted Disease prevention: All adolescent and adults advised of risk factors and counseled about effective measures to prevent infection.</td>
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<td>Substance Use and Substance Abuse</td>
<td>Effects of passive smoking. Anti-tobacco message. Regular screening for tobacco-use and provision of cessation interventions. Behavior counseling interventions to reduce alcohol/drug misuse. Avoid underage drinking and illicit drug use. Avoid alcohol/drug use while driving, swimming, boating, etc.</td>
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<td>Domestic Violence³⁶</td>
<td>• Observe for signs/symptoms of abuse, neglect at each visit. Report per guidelines as described in policy</td>
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<td>Child Abuse³⁷</td>
<td>• Observe for signs/symptoms of abuse, neglect at each visit. Report per guidelines as described in policy</td>
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The United States Preventive Services Task Force (USPSTF) found good evidence that screening for abdominal aortic aneurysm and surgical repair of large AAAs (5.5cm or more) in men age 65 – 75 who ever smoked leads to decreased mortality. There is good evidence that screening performed in a setting with adequate quality assurance is an accurate screening for AAA.

The USPSTF recommends screening mammogram, with or without clinical breast exam every 1 – 2 years for women age 40 and over. The precise age at which to discontinue screening mammography is uncertain. Clinicians should inform women about the potential benefits, potential harms and limitations of the test that apply to women their age.

The USPSTF recommends that women whose family history is associated with an increased risk for deleterious mutations in BRCA1 or BRAC2 genes be referred for genetic counseling and evaluations for BRCA testing.

The USPSTF strongly recommends cervical cancer screening for all women who have been sexually active and have a cervix. Indirect evidence suggests most of the benefit can be obtained by screening within 3 years of onset of sexual activity or age 21 (which ever comes first) and screening at least every 3 years. The USPSTF recommends against routinely screening women older than age 65 if they have had adequate recent screening with normal Pap smears and are otherwise not at increased risk for cervical cancer.

The USPSTF strongly recommends routine screening for Chlamydia on all sexually active women 25 years of age and younger and other asymptomatic women at high risk of infection.

The USPSTF strongly recommends screening beginning at age 50. Potential screening options include FOBT, sigmoidoscopy and colonoscopy. Each option has advantages and disadvantages. Clinicians should discuss the benefits and potential harms associated with each option before selecting a screening strategy. The AAFP and American Cancer Society recommend screening persons at higher risk with complete colonoscopy at an earlier age.

The USPSTF and AAP recommend screening adults for depression. Clinical practices that screen for depression should have systems in place to ensure positive results are accurately diagnosed, carefully treated and actively followed up. Asking two simple questions (“Over the past 2 weeks, have you felt down, depressed or hopeless?” and “Over the past 2 weeks, have you felt little interest or pleasure in doing things?”) may be as effective as using longer evaluation instruments. All positive tests should trigger full diagnostic interviews that use standard diagnostic criteria to determine the presence or absence of specific depressive disorders.

The USPSTF recommends screening for type 2 diabetes in adults with hypertension or hyperlipidemia.

The AAP recommends universal detection of infants with hearing loss before the age of 3 months. High risk infants should be screened prior to leaving the hospital at birth, but those not tested at birth should be tested by 3 months. The AAFP and the USPSTF recommends periodic screening older adults. The optimal frequency of such screening has not been determined and is left for clinical discretion.

The USPSTF and AAP recommend periodic height and weight measurements plotted on growth chart.

The USPSTF strongly recommends screening adults aged 18 and older for high blood pressure.

The USPSTF strongly recommends that clinicians screen for HIV all adolescents and adults at increased risk for HIV infection. A person is considered at risk if he or she reports one or more individual risk factors or receives health care in a high-prevalence or high-risk clinic setting.

The USPSTF and the Academy of American Family Practice (AAFP) recommends periodic screening for lipid disorders starting at age 35 for males and age 45 for females and treating those at increased risk for coronary artery disease. Routinely screen younger adults (men 20 – 35 years of age and women 20 – 45 years of age) if they have other risk factors for CAD.

The USPSTF recommends that clinicians screen all adult patients for obesity and offer intensive counseling and behavioral interventions to promote sustained weight loss for obese adults.

The USPSTF and AAFP recommends that women aged 65 and older be screened routinely for osteoporosis. The USPSTF recommends screening begin at age 60 for women at increased risk of osteoporotic fractures.

The USPSTF does not recommend routine screening for prostate cancer. Potential benefits and harms of early detection and treatment should be discussed with patients before testing.
The USPSTF strongly recommends that clinicians screen patients at increased risk for syphilis infection.

The USPSTF does not wish to duplicate the efforts of the Centers for Disease Control and Prevention (CDC).

The USPSTF recommends screening to detect amblyopia, strabismus and defects in visual acuity in children younger than 5 years.

The USPSTF and AAFP strongly recommend clinicians discuss aspirin chemoprevention with adults who are at increased risk of coronary artery disease.

Counseling patients to visit a dental care provider on a regular basis is recommended by the USPSTF based on evidence for risk reduction from such visits when combined with personal oral hygiene. For children living in an area with inadequate water fluoridation (≤0.6 ppm) the prescription of daily fluoride drops or tablets is recommended.

The USPSTF recommends counseling to promote regular physical activity for all children and adults to prevent coronary heart disease, hypertension, obesity and diabetes. Adults and children over age 2 should limit dietary intake of fat and cholesterol.

The USPSTF recommends intensive behavioral counseling for adult patients with hyperlipidemia and other risk factors for cardiovascular and diet-related chronic disease.

The USPSTF and the AAFP recommend against the routine use of unopposed estrogen and combined estrogen and progesterone for the prevention of chronic conditions in postmenopausal women. Carefully counsel women on the benefits and risks of long and short term hormone replacement therapy and the available treatment options.

The CDC Task Force on Community Preventive Services strongly recommends interventions to increase use of child safety seats, increase safety belt use and reduce alcohol-impaired driving.

The AAP, USPSTF and AAFP recommend all women not planning but still capable of pregnancy should take a multivitamin containing 0.4mg/day of folic acid daily to reduce the risk of neural tube defects.

The American College of Obstetricians and Gynecologists (ACOG) recommends prenatal care beginning early in pregnancy and continuing through the postpartum period.

The USPSTF and ACOG strongly recommends services as listed.

The USPSTF and AAFP recommend that all adolescent and adult patients should be advised about risk factors for sexually transmitted disease and counseled appropriately about effective measures to reduce risk of infection.

The USPSTF, AAP and AAFP recommend screening for tobacco, alcohol and drug use and provide for cessation interventions.

RPN policy Reporting Domestic Violence and Abuse

RPN policy Reporting Child Abuse