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## **Pediatric Screenings at Wellness Visits**

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# PEDIATRIC SCREENINGS AT WELLNESS VISITS

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Newtown Primary Care

Amberly Lao

Family Medicine April–May 2021

Maura Conway, DO

# PROBLEM IDENTIFICATION AND NEED



Newtown Primary Care sees many pediatric patients daily. Many of them have screening tests done at their wellness visits, that are either required for school or by CT. When one patient was told she had to get a fingerstick in order to check her hemoglobin, she burst into tears. Luckily, the anemia screening test could be done in the next few years so they child did not have to get it today. In several other patient encounters, women were talking about Pap smears but had the misconception that it also screened for ovarian cancer in addition to cervical cancer.



I realized that if patients and families could read about the screening tests they may potentially receive in the office or be asked about during the visit prior to the provider entering the room, it may help them feel more prepared and reduce the child's anxiety. Likewise, adults have many screenings and have questions concerning options, recommendations, and how to interpret the screening.

# PUBLIC HEALTH CONSIDERATIONS

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- According to the CDC, in 2019, the percentage of having a well child check-up in the past 12 months for children under 18 was **93.8%**
- According to the American Academy of Pediatrics, preventative childcare from just the ages of 1 to 2 is worth about **\$600** (3 well child visits, physical exam, growth charting, blood pressure screenings, vision and hearing screenings, developmental/behavioral assessments, vaccines) and **saves money in the future by monitoring the child's health**
- Anemia in children continues to be a common problem for the United States. About **20%** of children in the United States will be diagnosed with anemia, which can negatively impact neurodevelopment and behavior. Diagnosing it earlier can allow clinicians to act and prevent these long term sequelae.

# COMMUNITY PERSPECTIVE

- How can knowledge given to pediatric patients and their parents about screenings help during a visit?

- "I think knowledge is power, so having clear plans and policies helps parents to feel informed and prepared. They can also ensure nothing gets missed in error, which unfortunately happens and can lead to wasted time for families and physicians. Some parents want more screening, some want less, but when reasoning is explained, most are ok and understand it."

Dr. Maura Conway, Physicians at Newtown Primary Care

- How can learning about screenings enhance your visit and care?

- "It can help a lot. I think as I get older, there are more tests to be done and I know this is to help keep me healthy. Information about what the screenings mean and when I have to get them done is great because sometimes, I can't figure out this stuff on my own."

Community member

# INTERVENTION AND METHODOLOGY

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- Discussed with my preceptor what the most common screening tests for the pediatric population were
- Searched USPSTF, CDC, and American Academy of Pediatrics, for current screening guidelines
- Created a 1 page summary of the screening tests that the pediatric patient may receive that visit or when to anticipate that screening test
- Collaborated with the other student at my site (Anna Chamby) who is creating a 1 page summary for adult screening recommendations so that the flyer is double sided
- The flyer is meant to be given to the patient when they check in or when the MA comes into the room so that the patient or family member can read it over and ask any questions or express any concerns when the provider comes in

# INTERVENTION AND METHODOLOGY (CONTINUED)

- My project (left) and Anna's project (right) is intended to be double sided so that parents who come with their child can take home and read about screening guidelines recommended for their age
- We thought this would be helpful for families who many times see the same provider but can also be helpful for parents who see a different provider or specialists.

## Pediatric Screenings at a Well Visit

### Hemoglobin Screening\*\*

Universal anemia screening begins at **9-12 months**

Child **MAY** be screened again between **1-5 years old** if their history includes:

- History of prematurity or low birth weight
- Lead exposure
- Exclusive breastfeeding beyond 4 months of age without supplemental iron
- Weaning to whole milk or other foods that are not rich in iron
- Feeding issues, inadequate nutrition
- Poor growth

If the child goes to a **CT Public School**:

- Anemia screening begins when entering public school
- Screen again when entering 6<sup>th</sup> or 7<sup>th</sup> grade
- Screen again when entering 9<sup>th</sup> or 10<sup>th</sup> grade

### Obesity\* and Dyslipidemia\* Screening

Obesity\*

- BMI used to screen for obesity starting at **6 years old**

Lipids\*

- If child has risk factors, lipid screening may be done earlier and more frequently.
- If child has no risk factors:
  - One time screening between **9-11 years old AND**
  - One time screening between **17-21 years old**

\* = performed annually

\* = involves bloodwork

\*\* = fingerstick

### Developmental/Behavioral Health Screening

- **Modified Checklist for Autism in Toddlers (M-CHAT)**: one time parent reporting screening tool to assess for Autism Spectrum Disorder in the **18 month old**.
- **Vision screening<sup>†</sup>**: uses a chart and begins at **3 years old**.
- **Hearing screening<sup>†</sup>**: audiometry begins at **4 years old**.
- **Scoliosis screening<sup>†</sup>**: part of the physical exam to assess the curvature of the spine. Begins around **10 years old**.
- **Depression screening<sup>†</sup>**: child fills out a form. Begins at **13 years old**.

### Oral Health

Fluoride

- If the home water supply is deficient in fluoride, the child may be recommended a fluoride supplementation starting at **6 months**.
- Fluoride varnish may be applied to the child's teeth if the provider finds it beneficial.

### Lead\*

- Between **1-2 years old**

### Tuberculosis\*

- Talk to your provider if at risk

## Preventive Screenings at an Adult Well Visit

### Colorectal Cancer Screening

Screening can prevent colorectal cancer by identifying abnormal growths (precancerous polyps) so that they can be removed before they develop into cancer.

How should I be screened?

- **Colonoscopy** is the gold standard.
- There are other visual exams or stool-based tests available but any abnormal test will be followed up with a colonoscopy.

When should I be screened?

- Most current recommendations state that people at average risk of colorectal cancer should begin screening at **age 50**.
- The American Cancer Society (ACS) has recently updated their guidelines to begin screening at **age 45**.
- Screening should continue at regular intervals (as determined by your provider) until the **age of 75**. You do not need to be screened over the **age of 85**.
- You may need to be tested earlier or more often if you are at increased risk of colorectal cancer.

### Cervical Cancer Screening

How should I be screened?

- **Pap test**: detects pre-cancerous changes to cells in your cervix
- **HPV test**: looks for infection by high-risk types of human papillomavirus (HPV), the most important risk factor for developing cervical cancer

When should I be screened?

- The American College of Obstetrics and Gynecology (ACOG) recommends screening for anyone with a cervix starting at **age 21**
  - **Age 21 to 29** – Pap test every 3 years
  - **Age 30 to 65** – one of three options:
    - **Pap + HPV** every 5 years
    - **Pap** only every 3 years
    - **HPV** only every 5 years
- You do not need to be screened over the **age of 65** if you have no history of abnormal test results.

Other screenings

Your provider will discuss other important preventive screenings with you, depending on your sex, age, and risk factors.

Update your provider with any recent screenings or changes to your health.

### Breast Cancer Screening

How should I be screened?

- **Mammogram** (X-ray of the breast) is the gold standard.
- **Breast MRI and ultrasound** are also available for those at higher risk.

When should I be screened?

- Most guidelines state that women should have the choice to start screening at **age 40**.
- By **age 50**, women at average risk should be screened annually or once every two years.
- By **age 75**, you may choose to stop screening, though some guidelines recommend continued screening.
- Different screening guidelines are suggested for women with risk factors, such as family history or genetic mutations.

### Prostate Cancer Screening

Screening for prostate cancer in anyone with a prostate is controversial. Before you decide whether to be screened, your provider should discuss the potential benefits and harms of screening.

How should I be screened?

- **Prostate specific antigen (PSA)** blood test
- **Digital rectal exam (DRE)** is no longer commonly used for primary screening

When should I be screened?

- The discussion for screening should begin at **age 50** for those at average risk.
- You may need to consider screening earlier if you are at increased risk for prostate cancer.
- The US Preventive Service Task Force (USPSTF) recommends against screening in those **age 70** or older

### Immunizations

Your provider will ask you about your immunization status for certain vaccinations, depending on your age and risk factors:

- Tetanus (Tdap)
- Shingles
- Influenza
- Pneumonia
- COVID-19

# RESULTS/RESPONSES

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- The flyer was printed and distributed to patients by the MA when they were brought in
- Providers expressed that this would be a helpful way to inform pediatric patients and their family members what the screening test was screening for and how it would be conducted. It gave a 'heads up' to the patient or parent if they were getting bloodwork.
- The flyer was something the patient could take home so parents could look it over and anticipate what would be coming in the future

# EVALUATION OF EFFECTIVENESS

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- Because of time constraints, I was unable to assess the intervention
- Future evaluation of effectiveness could potentially include:
  - Feedback from MAs about the ease of distribution and what could be improved
  - Attaching a small survey for the patient or parent to assess whether patients/parents are reading the flyer, if it provides helpful information, if it reduced any anxiety related to getting shots, and if it better facilitated the visit
  - Feedback from clinicians about the utility and efficiency of the flyer
  - Feedback on how to accurately update the flyer according to changing guidelines

# LIMITATIONS

- Patients experience different wait times from when the MA leaves the room to when the provider enters so there may not be enough time for the patient or parent to read over the flyer
- Patients and parents are not required to read the flyer so it is not guaranteed that they will know what tests they are receiving if any
- Only the most common screening guidelines for well visits were included

# RECOMMENDATIONS FOR THE FUTURE

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- Screening guidelines are often updated in a variety of ways. Providing effective and holistic care includes giving patients the most accurate information so they are in charge of their own health.
- Future projects can include:
  - Continuing to make sure the flyer is up to date and easy to read for children and their parents.
  - Implementing feedback from providers, MAs, and nurses on how to better the delivery and utilization of the flyer
  - Individualizing the flyer to the patient by emphasizing what screening tests would be done today vs at a different visit and include references the patient could refer to if they have further questions.

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# INTERVIEW CONSENT FORM

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Consented   x  

Name:   Maura Conway, DO  

Name:   Wil Chua - Community Member