

# ***EPSDT GUIDELINES***

## **Comprehensive Health and Developmental History:**

Past hx, Family hx, Interval hx

Developmental/Behavior Assessment—Age specific milestones must be reviewed

Nutrition

Cholesterol Risk (**age 2 and up**), Lead Risk (**6 mo-72 mo**)

## **Comprehensive Unclothed Physical Exam:**

Unclothed and appropriately draped

Weight and Height

HC: **through 2 years**

BP: **START** at **3 years**

## **Health Education:**

Age appropriate anticipatory guidance

Dental referral for **3 years and above**

## **Vision Screen:**

Document subjective evaluation/physical exam at each visit, especially for infants

Objective Screening: **START** at **3 years!**

4, 5, and 6 years

Then 8, 10, 12, 15, 18 years

## **Hearing Screen:**

Document subjective evaluation/physical exam at each visit, especially for infants

Newborn (document nursery results, refer if failed or didn't have hearing screen)

Objective Screening: **START** at **4 years!**

5 and 6 years

Then 8, 10, 12, 15, 18 years

## **Immunizations:**

Document UP TO DATE in the plan – even UTD per parents is acceptable if you have no shot record

Copy of shot record from elsewhere should be in our chart

## **Lab:**

**Newborn Screen:** 0-2 months

**CBC:** 12 months and adolescence

\*\*If high risk then check again between 15 mo and 5 years

\*\*All girls age 14 & up or post-menarche should have it annually.

**Lead:** 12 months AND 2 years or if high risk at any age

**Urine:** 5 years and adolescence, urine should be tested on sexually active adolescents

Cholesterol, PPD, and STD Labs as indicated

\*\*\*DOCUMENT if patient is uncooperative or parents refuse any component of the visit.

\*\*\*Obviously, check hearing, vision, & lab as history dictates even if not “assigned age”