

Integrating Adolescent Health Screening Into Health Supervision Visits



Adolescence is often considered the healthiest period in a person’s life. The infectious diseases and developmental concerns that are the focus of most visits to a health care professional during childhood are much less common during adolescence, and chronic illnesses are not yet an issue for many adolescents.

Yet, despite their relatively good health, adolescents have important health issues that need focused attention. It is necessary to follow growth parameters, including height, weight, and sexual maturity rating, to ensure they are progressing normally. Risk factors for adult diseases, such as cardiovascular disease, diabetes, and cancer, may emerge. Identifying these factors is important to ensure long-term health. Optimal development also depends on robust mental and emotional health. Therefore, assessing mental well-being and health-risk behaviors are a necessary part of ongoing health supervision for this age group.

Along with ongoing surveillance, screening with a standardized, validated tool is an essential approach that health care professionals can use to assess healthy development and detect disease. Each Bright Futures health supervision visit recommends universal screening for all adolescents as well as selective screening for those adolescents who are at increased risk (see table on page 2).

WHAT’S NEW IN THE *BRIGHT FUTURES* GUIDELINES SCREENING RECOMMENDATIONS?

Added to the 4th Edition

- **Universal depression screening.** This screening is based on a 2016 recommendation of the U.S. Preventive Services Task Force (USPSTF), which also notes that “screening should be implemented with adequate systems in place to assure accurate diagnosis, effective, treatment, and appropriate follow-up.”
- **Universal HIV screening in middle and late adolescence.** This screening is based on a 2013 USPSTF recommendation. Bright Futures follows this recommendation, encouraging every effort to preserve the confidentiality of the adolescent.

ABOUT BRIGHT FUTURES

Bright Futures is a national health promotion and prevention initiative, led by the American Academy of Pediatrics (AAP) and supported by the Maternal and Child Health Bureau, Health Resources and Services Administration. The *Bright Futures Guidelines* provide theory-based and evidence-driven guidance for all preventive care screenings and well-child visits. Bright Futures content can be incorporated into many public health programs such as home visiting, child care, school-based health clinics, and many others. Materials developed especially for families are also available. Learn more about Bright Futures and get Bright Futures materials by visiting brightfutures.aap.org.





	Universal	Selective
Early Adolescence (11 Year Visit through 14 Year Visit)	<ul style="list-style-type: none"> • Depression (beginning at 12Y) • Dyslipidemia (once between 9Y and 11Y) • Hearing (once between 11Y and 14Y) • Tobacco, Alcohol, or Drug Use • Vision (12Y) 	<ul style="list-style-type: none"> • Anemia • Dyslipidemia (if not universally screened) • HIV • Oral Health • Sexually Transmitted Infections (STIs; Chlamydia, Gonorrhea, Syphilis) • Tuberculosis • Vision
Middle Adolescence (15 Year Visit through 17 Year Visit)	<ul style="list-style-type: none"> • Depression • Dyslipidemia (once between 17Y and 21Y) • Hearing (once between 15Y and 17Y) • HIV (once between 15Y and 18Y) • Tobacco, Alcohol, or Drug Use • Vision (15Y) 	<ul style="list-style-type: none"> • Anemia • Dyslipidemia (if not universally screened) • HIV (if not universally screened) • Oral Health (through 16Y) • STIs (Chlamydia, Gonorrhea, Syphilis) • Tuberculosis • Vision
Late Adolescence (18 Year Visit through 21 Year Visit)	<ul style="list-style-type: none"> • Cervical Dysplasia (all young women at 21Y) • Depression • Dyslipidemia (once between 17Y and 21Y) • Hearing (once between 18Y and 21Y) • HIV (once between 15Y and 18Y) • Tobacco, Alcohol, or Drug Use 	<ul style="list-style-type: none"> • Anemia • Dyslipidemia (if not universally screened) • HIV (if not universally screened; those at increased risk of infection should be tested for HIV and reassessed annually) • STIs (Chlamydia, Gonorrhea, Syphilis) • Tuberculosis • Vision

- **Universal hearing screening.** The incidence of hearing loss is rising, but hearing screening questions do not identify adolescents at risk of hearing loss. Therefore, Bright Futures recommends hearing screening with a standardized tool for all adolescents once during the early, middle, and late adolescence visits.

Deleted from the 4th Edition

- **Annual pelvic examinations for cervical dysplasia for sexually active young women younger than age 21.** This change is based on a 2012 USPSTF statement, which recommended against cervical dysplasia screening for females younger than age 21 but did recommend cytology screening for cancer for women ages 21 to 65.

ENSURING SUCCESSFUL ADOLESCENT SCREENING

The health supervision visits are critical opportunities for health care professionals to nurture an open and trusting relationship with adolescents and their parents. These

visits allow the adolescent and health care professional to discuss a wide range of issues, from school and friends, to mental health, to lifestyle behaviors, and future educational and work plans. The need for, and value of, screening is an important component of these conversations. To ensure successful screening, health care professionals can:

- Ensure confidentiality to the extent possible. By adolescence, a practice's policies on privacy and confidentiality must be established and reviewed with adolescents and their families. If adolescent patients are entitled to confidential care (either because they are legally at the age of majority or have been deemed an emancipated minor), the health care professional generally needs the adolescents' permission to discuss their care, including the results of screenings, with their parents.
- Incorporate need for screening into anticipatory guidance. Many screenings that occur during the adolescent visits are aligned with the priorities of the adolescent visits. This provides an opportunity for the health care

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professional to explain the importance of screening for issues such as depression, oral health, STIs, and lifestyle behaviors as a part of the larger conversation that occurs during anticipatory guidance.

- Support adolescents' development of independent decision making and taking responsibility for their own health. A consistent and supportive environment for adolescents, with graded steps toward autonomy, is necessary to ensure emotional and social well-being. Open conversations around the importance of screening and how the results may affect patients' behaviors and decisions are one way in which the health care professional can contribute to this environment.

MAKE THE MOST OF HEALTH SUPERVISION VISITS BY USING THE BRIGHT FUTURES TOOL & RESOURCE KIT

The *Bright Futures Tool & Resource Kit*, 2nd Edition, provides the forms and materials that health care professionals need to carry out preventive health supervision and health screening for infants, children, and adolescents.

The toolkit's Core Tools provide valuable resources that help health care professionals focus on adolescent health screening needs during the visit. The **Previsit Questionnaires** note the universal screenings that will be conducted during the visit. Parents' and adolescents' responses on the form elicit valuable information that complement the universal screenings and inform decisions about selective screenings. The answers derived from the questionnaires provide a foundation for anticipatory guidance discussion during the visit. The **Visit Documentation Form** is a convenient resource for documenting activities during the visit, including screening results and observations. This form can be adapted for use in electronic health record systems. The **Parent-Patient Handouts** can reinforce the discussion during the visit and provide additional information on healthful habits.

The 11 Year through 17 Year Visit Core Tools include parent and patient versions of the Previsit Questionnaire and the handouts; the 18 Year through 21 Year Previsit Questionnaire and handouts are for the patient only.

Because the Previsit Questionnaires for the 11- through 14 Year visits must accommodate children and youth at very different developmental stages—prepuberty,

early puberty, and late puberty—the toolkit contains two versions. One includes questions about sexual behaviors that is labeled “Sensitive Questions Included.” The other version does not include these questions. Health care professionals can use the questionnaire that is most appropriate for their patients.

Example: 15–17-Year Visit Previsit Questionnaire for Patients

Example: 15 Year Through 17 Year Visit

Documentation Form

Example: 15 Year Through 17 Year Visit Patient

Education Handout

ADDITIONAL RESOURCES

[Bright Futures Medical Screening Reference Tables](#). These tables provide easy-to-use references for the universal and selective screenings recommended for each Bright Futures visit. Each table lists the relevant medical history risk factors for a screening, risk assessment questions to ask for a selective screening, and the action to take if the risk assessment shows a positive result.

[Adolescent Sexual Health](#). The AAP includes a number of useful resources and tools to facilitate delivery of developmentally appropriate care in a comprehensive and confidential way.

[Society for Adolescent Health and Medicine \(SAHM\)](#).

SAHM provides clinical care resources that provide guidance for health care professionals to share with adolescents, young adults, and youth-serving professionals.

The AAP [Periodicity Schedule](#). This schedule is an easy way for health care professionals to stay up to date with AAP recommendations for health supervision screenings and assessments.



Contact us by email or telephone at:
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