



**Blue Cross and Blue Shield
of New Mexico**

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
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2003 Adult Preventive Health Guidelines

Applies to Asymptomatic Adults

		Years of Age	18	25	30	35	40	45	50	55	60	65	70	75	
Screening	Blood Pressure	Periodically (At least every 2 years; many recommend yearly)													
	Height & Weight	Periodically													
	Cholesterol (Men)	If risk factors				At least every 5 yrs									
	Cholesterol (Women)	If risk factors					At least every 5 yrs								
	Mammography (Women)					Every 1-2 yrs	Yearly								
	Pap Smear (Women)	Every 1-3 Years unless s/p non-cancer hysterectomy; may d/c at 65 if persistently normal													
	Prostate Cancer Screening or Discussion									Yearly					
	Colorectal Cancer Screening									Every 5-10 years, FOBT yearly					
	Osteoporosis Screening in Women				Note: Begin at age 65 if average risk; age 60 if high risk					Interval at least 2 yrs					
	Chlamydia infection (sexually active women)	Periodic	Screening for asymptomatic women of average risk, up to age 25; high risk needs individual consideration												
	Depression	Periodic screening in settings where follow-up treatment is available.													
Exams	Clinical Breast Exam (Women)	Every 1-3 years					Yearly								
	Rectum						Yearly								
	Prostate							Yearly							
	Other cancers: Thyroid, Mouth, Skin, Ovaries, Testicles, Lymph Nodes	Every 3 years					Yearly								
Vaccine	Tetanus-diphtheria (Td) booster	Every 10 Years													
	Pneumococcal vaccine											Once or q 5 yrs			
	Influenza vaccine							Yearly							
Health Guidance	Tobacco cessation advice and planning	Counsel/assist based on patient's readiness to quit. Pharmacologic agents as indicated.													
	Reduction of harmful behavior: Alcohol & drug use, high-risk behaviors for HIV, unprotected sun exposure	Seek opportunity to counsel/advise or intervene at any appropriate clinical encounter.													
	Preventive measures: Breast or testicular self-exam, nutrition, physical activity, seat belts/airbag, motorcycle helmets, child car seats	Counseling at comprehensive visits or as needed													
	Targeted interventions: Guidance on folate intake for women of child-bearing age and low-dose aspirin prophylaxis for men	As clinically indicated													
	Other health care: yearly dental exam; eye exam (Age >40: every 2-4 yrs; Age >60: every 2 yrs); hearing test after age 65	Discussion/referral at comprehensive visits or as needed													

Upper Age Limit must be individualized

Recommended by **MOST** authorities* and endorsed by BCBSNM/HMONM as appropriate, subject to individual physician/patient judgment.

Recommended by **MANY** authorities* and endorsed by BCBSNM/HMONM as appropriate, subject to individual physician/patient judgment.

*Adopted from the US Public Health Service, "Put Prevention Into Practice." (www.ahrq.gov/clinic/ppipix.htm) Complete guidelines are available online or in the book "Clinician's Handbook of Preventive Services" (1-800-358-9295). BCBSNM/HMONM offers a number of different health plans with varying benefits. Some health services referenced in these guidelines (e.g., dental) may not be covered benefits under the terms of a given patient's medical health plan. See www.bcbsnm.com. If you are not a health care professional and are reading this document, you should understand that the information presented is intended for the use of an expert audience. You should seek assistance from a health care professional in interpreting these materials and applying them in individual cases.



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2003 Children's Preventive Health Guidelines

Applies to Healthy or Asymptomatic Infants, Children, and Adolescents

		Years of Age																			
		B	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	
Screening	Newborn Screening																				
	Head Size	Periodically																			
	Height & Weight, Growth Chart, Development	Periodically																			
	Blood Pressure				Periodically																
	Anemia screen																				
	Lead screen consideration																				
	Urinalysis																				
	Tuberculosis																				
	Hearing																				
	Vision																				
	Chlamydia infection (sexually active female)																				Begin once becomes sexually active
	Dental		First tooth			Yearly															
	Immunizations	Hepatitis B**			Three times: Birth; 1mth - 4 mths; 6mths-18mths; if mother HbsAg (-), first dose can be by 2 mths													Full series if never vaccinated			
Polio**																					IPV at 2 and 4 mths. 3rd dose by 18 mths. Booster at 4-6 years
Hemophilus influenzae b (Hib)**																					4 doses: 2mth, 4mth, 6mth, 12-15mth
Diphtheria, Tetanus, Pertussis**																					DTaP at 2,4,6, 12-18 mths (must be 6 mths since third dose), 4-6 yrs. Td age 11-12 if at least 5 years since last tetanus toxoid containing vaccine, then q 10 years
Measles, Mumps, Rubella**																					Once by 18m Once (any time >1mth post 1st dose, age >12) Once (if not given 4-6 yrs)
Varicella**																					Once (12-18mths) or Once if not vaccinated or unreliable hx of chicken pox
Hepatitis A**					Two-dose series, if patient resides in a NM DOH determined endemic geographic area																
Pneumococcus (7-valent Prevnar™)**																					
Counseling	Tobacco cessation advice and planning																				Seek age-appropriate opportunity to prevent tobacco use at ANY clinical encounter.
	Reduction of harmful behavior: Alcohol & drugs, High risk behaviors for HIV infection, unprotected sun exposure																				At comprehensive visits and as needed
	Preventive measures: Nutrition, physical activity, seat belts/airbag, motorcycle helmets, child car seats, family planning, gun safety																				At comprehensive visits and as needed
	Special interventions: Folate supplements (childbearing female)																				If clinically indicated

** Detailed Immunization Schedules are available on-line at www.cdc.gov/nip

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2003 Prenatal Care Guidelines

Applies to routine prenatal care of asymptomatic, healthy women with **NO** risk factors

Risk Factors Typically Assessed
Medical Infectious, endocrine, hematologic, neurologic, nutritional, substance abuse
Obstetric Maternal age <16, >35 Multiple gestation, IUGR, abn amniotic fluid Isoimmunization Third trimester bleeding Pregnancy Induced Hypertension Risk of prematurity Breech or transverse lie Rupture of membranes >24hours Chorioamnionitis Known teratogen exposure Previous offspring with chromosomal/congenital problem Family history chromosomal or genetic disorders Previous complicated obstetric history

Notes:
Gray bars indicate approximate dates at which prenatal services are recommended by ACOG and AAP. References: 1. American College of Obstetrics and Gynecology & American Academy of Pediatrics. Guidelines for Perinatal Care. 3rd ed. 2. Danforth's Obstetrics & Gynecology, 7th edition

Weeks of Gestation	First Prenatal Visit	4	8	12	16	20	24	28	32	36	40
IMPORTANT: Schedule first prenatal visit as early in first trimester as practical.											
Patient Education											
When to return for follow-up visits	✓	Repeat training as needed on follow-up visits									
How to handle emergencies	✓	Repeat training as needed on follow-up visits									
Childbirth programs	✓						24 wks				
Conditions to be reported to doctor	✓	Repeat training as needed on follow-up visits									
Folate, vitamins, nutrition, growth expectations	✓	Repeat training as needed on follow-up visits									
Tobacco, drug, & alcohol use in pregnancy	✓	Repeat training as needed on follow-up visits									
Establish Data Base											
Medical, Social, Family, Obstetric history	✓										
LMP, EDD	✓										
Risk factors assessment (see table)	Initially and on follow-up visits as clinically indicated										
Lab Tests											
Test for asymptomatic Chlamydia infection	Screen at least once for pregnant women age 25 and younger										
Hgb/Hct, UA bacteriuria screen	✓						26-28 wks				
Urine dipstick for protein, glucose	Initially and on follow-up visits as clinically indicated										
Blood group and Rh typing	✓										
Antibody screen	✓										
Rubella antibody titer	✓										
Syphilis screen and HIV if indicated	✓										
Cervical cytology (and culture if indicated)	✓										
Hepatitis B screen	✓										
Ultrasound if indicated by risk factors		8-18 wks									
Chorionic villus sampling if indicated		8-18 wks									
Amniocentesis if indicated		8-18 wks									
Discuss and offer MSAF if indicated					16-18 wks						
Glucose intolerance screen if risk factors						26-28 wks					
Repeat antibody test if unsensitized Rh-neg						28 wks					
Beta Strep vaginal culture if indicated	As indicated										
Evaluations & Interventions											
Follow-up visits		Every 4 weeks						Every 2-3wk		Weekly	
Assess fetal heart tones		Each follow-up visit									
Reassess gestational age if indicated						✓					
Interval history, BP, Weight, Uterine Size		Each follow-up visit									
Rho (D) immune globulin if indicated							28 wks				
Fetal surveillance when indicated									✓	✓	✓
Plan for post-date pregnancy if applicable											✓