



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
Public Health Department
Children's Medical Services

Child Health and Disability Prevention Program Online Vision Screening Training



Objectives

By the end of the training, participants will be able to:

- Understand the CHDP requirements for vision screening
- Know the basic anatomy of the eye and the pathway of vision
- Perform a vision acuity screening on a preschool child
- Identify the correct screening charts and when to use them
- Document visual acuity screening results
- Refer to an eye specialist if needed



CHDP Visual Acuity Screening Requirements

- Screen for visual problems at **every** well child visit
- Visual Acuity Screening should be done beginning at age 3
- Conduct the screen in a well-lit room, free of visual and auditory distractions
- The eye chart should be at the child's eye level
- Each eye should be screened separately
- Proper selection of age-appropriate optotypes and testing methods are important in obtaining accurate screening results
- Screening distance is 10 feet. This short distance will enhance interaction between the child and screener without decreasing accuracy of screening results

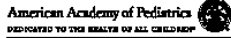


CHDP Visual Acuity Screening Recommendations for Providers

- Complete a CHDP approved training in Vision Screening
 - Certificate is good for 4 years
- Either Critical Line or Threshold Screening may be used for the vision screening



Bright Futures Periodicity



Recommendations for Preventive Pediatric Health Care Bright Futures/American Academy of Pediatrics



Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in a satisfactory fashion. Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits. Additional visits also may become necessary if circumstances suggest variations from normal.

These recommendations represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care. Refer to the specific guidance by age as listed in the *Bright Futures Guidelines* (Hagan JE, Shaw JS, Duncan PM, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*. 4th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2017).

The recommendations in this statement do not indicate an exclusive course of treatment or standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Copyright © 2017 by the American Academy of Pediatrics, updated February 2017. No part of this statement may be reproduced in any form or by any means without prior written permission from the American Academy of Pediatrics except for one copy for personal use.

AGE ^a	NEWBORN					EARLY CHILDHOOD										MIDDLE CHILDHOOD					ADOLESCENCE									
	Prenat ^b	1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	9 yr	10 yr	11 yr	12 yr	13 yr	14 yr	15 yr	16 yr	17 yr	18 yr	19 yr	20 yr	21 yr
HISTORY																														
MEASUREMENTS																														
Length/Height and Weight																														
Head Circumference																														
Weight for Length																														
Body Mass Index ^c																														
Blood Pressure ^d	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
SENSORY SCREENING																														
Vision ^e	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Hearing	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
DEVELOPMENTAL/BEHAVIORAL HEALTH																														
Developmental Screening ^f																														
Autism Spectrum Disorder Screening ^g																														
Developmental Surveillance																														
Psychosocial/Behavioral Assessment ^h																														
Tobacco, Alcohol, or Drug Use Assessment ⁱ																					*	*	*	*	*	*	*	*	*	*
Depression Screening ^j																					*	*	*	*	*	*	*	*	*	*
Maternal Depression Screening ^k																					*	*	*	*	*	*	*	*	*	*
PHYSICAL EXAMINATION^l																														
PROCEDURES^m																														
Newborn Blood	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Newborn Bilirubin ⁿ	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Critical Congenital Heart Disease ^o	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Immunization ^p	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Anemia ^q					*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Lead ^r					*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Tuberculosis ^s		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Dyslipidemia ^t														*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Sexually Transmitted Infections ^u														*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
HPV ^v														*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Cervical Dysplasia ^w														*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
ORAL HEALTH^x																														
Fluoride Varnish ^y					*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Fluoride Supplementation ^z					*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
ANTICIPATORY GUIDANCE																														

- If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.
- A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding per "The Prenatal Visit" (<http://pediatrics.aappublications.org/content/134/4/127.full>).
- Newborns should have an evaluation after birth, and breastfeeding should be encouraged and instruction and support should be offered.
- Newborns should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital to include evaluation for feeding and jaundice. Breastfeeding newborns should receive formal breastfeeding evaluation, and their mothers should receive encouragement and instruction, as recommended in "Breastfeeding and the Use of Human Milk" (<http://pediatrics.aappublications.org/content/129/4/e127.full>). Newborns discharged less than 48 hours after delivery must be examined within 48 hours of discharge, per "Hospital Stay for Healthy Term Newborns" (<http://pediatrics.aappublications.org/content/125/2/400.full>).
- Screen per "Report Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report" (http://pediatrics.aappublications.org/content/120/Supplement_4/534.full).
- Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.
- A visual acuity screen is recommended at ages 4 and 5 years, as well as in cooperative 3-year-olds. Instrument-based screening may be used to assess risk at ages 12 and 24 months. In addition to the well visits at 3 through 5 years of age. See "Visual System Assessment in Infants, Children, and Young Adults by Pediatricians" (<http://pediatrics.aappublications.org/content/137/1/e0113396>) and "Procedures for the Evaluation of the Visual System by Pediatricians" (<http://pediatrics.aappublications.org/content/137/1/e0113397>).
- Confirm initial screen was completed, verify results, and follow up, as appropriate. Newborns should be screened per "Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs" (<http://pediatrics.aappublications.org/content/120/4/898.full>).
- Verify results as soon as possible, and follow up, as appropriate.
- Screen with audiometry including 4000 and 6000 Hz high frequencies once between 11 and 14 years, once between 15 and 17 years, and once between 18 and 21 years. See "The Sensitivity of Adolescent Hearing Screens Significantly Improves by Adding High Frequencies" (<http://www.pediatrics.org/cgi/doi/10.1594/1098-0064.3.fulltext>).
- See "Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening" (<http://pediatrics.aappublications.org/content/118/1/665.full>).
- Screening should occur per "Identification and Evaluation of Children With Autism Spectrum Disorder" (<http://pediatrics.aappublications.org/content/120/2/1181.full>).
- This assessment should be family centered and may include an assessment of child social-emotional health, caregiver depression, and social determinants of health. See "Promoting Optimal Development: Screening for Behavioral and Emotional Problems" (<http://pediatrics.aappublications.org/content/135/3/279>) and "Prenatal and Child Health in the United States" (<http://pediatrics.aappublications.org/content/137/4/e301633>).
- A recommended assessment tool is available at <http://www.caesar.boston.org/CHART/index.php>.
- Recommended screening using the Patient Health Questionnaire (PHQ-2) or other tools available in the GLAD-PC Toolkit and at http://www.aap.org/en-us/advocacy-and-policy/adv-health/initiatives/Mental-Health/Documents/WHI_Screening_Toolkit.pdf.
- Screening should occur per "Incorporating Recognition and Management of Perinatal and Postpartum Depression into Pediatric Practice" (<http://pediatrics.aappublications.org/content/126/5/1020>).
- At each visit, age-appropriate physical examination is essential, with infant fully unclothed and older children undressed and fully draped. See "Use of Chaperones During the Physical Examination of the Pediatric Patient" (<http://pediatrics.aappublications.org/content/122/5/991.full>).
- These may be modified, depending on entry point into schedule and individual need. (continued)

KEY: * = to be performed; * = risk assessment to be performed with appropriate action to follow, if positive; ← → = range during which a service may be provided

https://www.aap.org/en-us/Documents/periodicity_schedule.pdf



COUNTY OF SAN LUIS OBISPO

www.slocounty.ca.gov

**Please PAUSE and view
the videos located on
Step 3**

