

ADOLESCENT HEALTH

RATIONALE

Adolescence is the transitional period between childhood and adulthood. It encompasses not only the physical changes of puberty, but also the developmental tasks which a dependent child must master in order to become an independent adult. The highest rates of deaths in this group are from accidents and unintentional injuries.

Providers have a unique opportunity to intervene on behalf of the adolescent to assist them in choosing behaviors that will benefit them throughout their lifespan. The advice and expertise of their health professionals is valued by adolescents.¹ Health guidance, risk behavior identification, as well as primary and secondary prevention of major health problems, are of primary importance in helping the adolescent cope with physical changes, embrace a healthy lifestyle, and prevent injury.

Beginning with the early adolescence visits, many health care professionals conduct the first part of the medical interview with the parent in the examination room, and then spend time with the adolescent alone. This approach helps adolescents build a unique relationship with their health care professional, promotes confidence and full disclosure of health information, and enhances self-management. When explained within the context of health adolescent development, parents usually support this approach.²

Clinicians are encouraged to network with community partners in areas such as education, behavioral health, social services, and public health to be able to quickly access and maximize available community and local resources. Finally, a recommended element of all adolescent health care is that the clinician supports the adolescent's transition to adult medical services³. More information can be obtained at [“Got Transition” Center for Health Transition Improvement.](#)”

SCREENING REQUIREMENTS

1. Social assessment of home and school life
2. Complete physical exam: measure blood pressure, calculate and plot BMI%, skin and back assessment, assess sexual maturity rating
3. Screenings
 - a. Universal screening of : vision, hearing, tuberculosis risk assessment, depression
 - b. Risk assessment for anemia, dyslipidemia, sexually transmitted infections, pregnancy, cervical dysplasia (for 21 years old), and alcohol and drug use
 - c. A fasting lipid profile beginning between 9 to 11 years through late adolescence.
4. Immunizations
 - a. [Centers for Disease Control and Prevention Vaccines and Immunizations.](#)
5. Anticipatory guidance
 - a. Physical growth and development
 - b. Social and academic competence
 - c. Dental
 - d. Sexual health

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- e. Risk Reduction
 - i. Drugs of abuse, tobacco, alcohol
 - ii. Relationship violence
 - iii. Mood disorders
 - iv. Eating disorders
 - v. Automobile safety
 - vi. Bullying
 - vii. Gang violence
 - viii. Firearm Safety: see the *Firearm Safety Injury Prevention and Anticipatory Guidance* section.
- 6. Visit documentation forms are available for viewing at [the Bright Futures Tool and Resource Kit](#).

Bright Futures*

For further information, see *Bright Futures*, the "[Adolescence \(11-21 Years\)](#)" section, which is divided into:

1. Early Adolescence (11 to 14 Year Visits)
2. Middle Adolescence (15 to 17 Year Visits)
3. Late Adolescence (18 to 21 Year Visits)

CONSIDERATIONS FOR REFERRAL TREATMENT AND/OR FOLLOW-UP

Upon assessment of a positive screen:

1. Refer to a dentist at any age if a dental problem is detected; or suspected or more than 6 months since the last visit
2. Refer as appropriate to registered dietitian and/or endocrinologist for issues such as unhealthy weight, metabolic syndrome, or eating disorders
3. Refer to local resources and community partners who can assist with supplemental nutrition programs and safe neighborhoods for physical activity
4. Refer to behavioral health resources if emotional, behavioral, drug, tobacco and/or alcohol problems
5. Refer to school or local resources for academic problems
6. Refer to local social services and welfare agencies if client has shelter and insurance needs
7. Refer to local resources for gang prevention and or intervention programs
8. For local minor consent regulation consider the [Adolescent Health Working Group](#) or the [National Center for Youth Law](#).

Useful links for health education materials:

1. [Medline Plus](#)
2. Child Health and Disability Prevention Program: [Training and Resource Material](#), and
3. [Publications](#)

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Resources

1. [American Academy of Pediatrics. Bright Futures: American Academy of Pediatrics Periodicity Table.](#)
2. [American Academy of Pediatrics. Bright Futures.](#)
3. [Centers for Disease Control. Adolescent Health.](#)
4. [Office of Disease Prevention and Health Promotion. Healthy People 2020: Adolescent Health.](#)

References

- ¹ Jellinek M, Patel BP, Froehle MC, eds. [Bright Futures in Practice: Mental Health-Volume I Practice Guide.](#) Retrieved May 14, 2014.
- ² Hagan, JF, Shaw JS, Duncan, PM, eds. [Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents.](#) Retrieved March 17, 2014.
- ³ [American Academy of Pediatrics. National Center for Medical Home Implementation: Transitions.](#) Retrieved April 29, 2014.

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