I. Introduction and general background

Health supervision and well-child visits are opportunities for the healthcare provider to assess a child’s growth and development and to promote wellness in the child and family. In addition, the provider needs to address disease detection and prevention and offer proper anticipatory guidance during the visit (Hagan, Shaw, & Duncan, 2008a).

Children between 3 and 6 years of age experience an explosion of language, mastery of physical skills, sense of self and peers, an increase in independence, and endless curiosity, all in preparation for a successful school entry milestone (Hagan, Shaw, & Duncan, 2008b). They cross from early childhood into the beginning stages of middle childhood.

The approach to early childhood during the well-child visit is twofold: although most of the history may still be provided by the parent or caretaker, children at this age may now participate in some of the interview and actively engage with the provider. Careful observation of their behavior in the examination room is also useful, including their interaction with the parent or caretaker, the environment, and the provider (Duderstadt, 2014). Healthcare maintenance visits in this age range include comprehensive history, physical examination, screening tests (as appropriate), immunizations, anticipatory guidance, counseling at a yearly basis, and follow-up as needed.

II. Database (may include but is not limited to)

A. Subjective

1. Parental and child concerns (chief complaint)
   a. History of present illness
2. Interval history
3. Past medical history
   a. Birth history
   b. Trauma, surgeries, or hospitalizations
   c. Dental home: date of last examination (if any); caries or dental work
4. Medication (include homeopathic or herbal supplements and vitamins)
5. Allergies (medication, environmental, and food)
6. Immunization status
7. Family history
8. Social history
   a. Daycare or preschool attendance; kindergarten
   b. Household members
   c. Means of financial support in family
   a. Indoor exposures: smoke, mold, cockroaches, rodents, damp walls, strong odors, broken windows, lead exposure, and parental occupation
   b. Outdoor exposures: sun, industrial smokestack, and housing proximity to heavy traffic
10. Nutrition
    a. Foods—intake of fruits, vegetables, lean meat/beans, iron-rich foods, whole grains; calcium sources: milk, cheese, and yogurt; and juice and water intake (source of water and fluoride)
    b. Eating habits, mealtime behavior, and family meals
11. Elimination
    a. Potty training process and status; voiding habits
    b. Stooling patterns
12. Sleep (quality and quantity): bedtime routine
13. Developmental (see Chapter 9, Developmental Assessment: Screening for Developmental Delay and Autism): evaluate overall school readiness
    a. Socioemotional: self-care skills, typical play, and description of self
    b. Language (expressive and receptive)
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14. Review of systems
   a. General
   b. Skin, hair, and nails: birthmarks, rashes
   c. Head–eyes–ears–nose–throat: headaches; ocular history (vision, eyes straight, eyelid droop, eye injury); hearing and history of otitis media; nasal congestion, allergies, and nosebleeds; oral health, dental brushing, and flossing; and sore throats and difficulty swallowing
   d. Chest and lungs: history of asthma or reactive airway disease, croup, bronchitis, or persistent cough
   e. Cardiac and heart: history of heart murmur, cyanosis, shortness of breath, and energy level
   f. Abdomen and gastrointestinal: appetite, diet, abdominal pain, constipation, vomiting, and diarrhea
   g. Genitourinary: incontinence, enuresis, urinary tract infections, dysuria, frequency, hematuria, vaginal discharge, and phimosis or balanitis
   h. Musculoskeletal: deformities, limb pains, injuries, and orthopedic appliances
   i. Neurologic: seizures, fainting spells, loss of consciousness, headache, and gait
   j. Endocrine: seizures, fainting spells, loss of consciousness, headache, and gait
   k. Musculoskeletal: muscle strength, range of motion, inspect spine and back, and gait
   l. Neurologic: cranial nerves II–XII; deep tendon reflexes; symmetry, tone, gait, strength; observe fine and gross motor skills
   m. Developmental: assess language acquisition, speech fluency, and clarity; thought content and ability to understand abstract thinking

III. Assessment

A. Summary of health, growth, and development
   1. Identify general health risks based on age, gender, past history, and ethnicity
   2. Determine child’s and caregiver’s motivation to promote and maintain positive health behaviors
   3. Identify ability to accomplish and master developmental milestones

B. Objective
   1. Physical examination
      a. Weight, height, and body mass index (BMI)
      b. Pulse, respiratory rate, and blood pressure
      c. General: state of alertness and quality of interaction with parent and staff

IV. Plan

A. Screening (Hagan, Shaw, & Duncan, 2008c); see resources and screening questions from http://www.brightfutures.org
   1. Vision screening
**Plan**

2. Audiometric screening
3. Lead screening and risk assessment (see Chapter 4 for lead screening recommendations)
4. Anemia screening and risk assessment
5. Tuberculosis screening and risk assessment
6. Dyslipidemia screening and risk assessment
7. Urinalysis (one time between 3 and 5 years of age)

**B. Treatment**
1. Immunizations appropriate for age are available at http://www.cdc.gov/vaccines/schedules/
2. Oral fluoride (if primary water source is deficient in fluoride)
4. Vitamin D supplementation: breastfed infants and all children > 1 year old (Institute of Medicine, 2010)

**C. Anticipatory guidance and family education**
(Hagan et al., 2008b)
1. Address child and parental—caregiver concerns
2. Family support and routine
   a. Family decisions, sibling rivalry, work balance, and discipline methods
   b. Temperament
3. Reading literacy and comprehension, speech and language skills
4. Peers
   a. Interactive games, play opportunities, social interactions, and taking turns
5. School readiness
   a. Preschool: structured learning experiences; friends; socialization; and able to express feelings of joy, anger, sadness, fear, and frustration
   b. Kindergarten and elementary school: establish routine, after-school care and activities, parent—teacher communication, friends, bullying, maturity, management of disappointments, and fears
6. Physical activity
   a. Limit screen time (television, computer, mobile device) to 2 hours per day of appropriate programming; no television in child’s room
   b. Encourage 60 minutes of physical activity per day (5–6 year-olds)
7. Personal health habits
   a. Daily routines including bedtime routine
   b. Oral health: daily brushing and flossing, adequate fluoride intake

**D. Expected outcomes**
1. Reassure child and parents about health concerns
2. Promote optimal health for children and their families
3. Promote family support and acceptable discipline approach
4. Promote social development
5. Encourage literacy activities
6. Empower parents to provide healthy eating habits and encourage physical activities; limit amount of television and computer time
7. Promote safety parameters at home, in the car, and in the neighborhood
8. Support school readiness

**E. Consultation and referral**
1. Dental home if not already established
2. Further developmental testing if indicated
3. Subspecialty referral if indicated

**F. Resources for families**
3. Bright Futures for Families: www.brightfuturesforfamilies.org

**G. Resources for providers**
1. National Association of Pediatric Nurse Practitioners: www.napnap.org

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REFERENCES


