Health Supervision

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Growing up is losing some illusions, only to acquire others.

― Virginia Wolfe

**Learning Objectives:**
1. Design a plan for routine screening during a health supervision visit
2. Describe the organizations that decide the periodicity schedule and recommended interventions
3. Evaluate the evidence supporting the topics discussed during a well-child visit
4. Critique current well-child visit models and offer alternative approaches to typical well-child care
5. Discuss the relevance of well-child care on adult health outcomes

**Primary References:**

**Editor’s Note:** This module addresses general considerations related to health supervision. More extensive discussion about specific recommendations and interventions is provided in chapters dedicated to those topics throughout the curriculum.

**CASE ONE:**

The Pevensies, a family with four children, arrive in clinic together for health supervision visits. Susan, the oldest, is age 10, Lucy is 5 years old, Edmund is age 2, and Peter is 9 months old. Their mother says that the older two “just need their school physical forms” and “just the shots” for the younger two. She is 8 months pregnant with her fifth child, and is in a hurry to get to her obstetric appointment.

1. What screening tests and interventions are recommended for the Pevensie kids? What resources are available to guide you to design their visit today?
2. How is the schedule for “well-child visits” determined? What organizations offer input into the content and timing of these visits?

CASE continued:

You ask Mrs. Pevensie if she has any specific concerns about her children’s health or development today, and she denies any recent illnesses. Their physical exams are normal, and Peter’s developmental screen reveals no delay. You open your health record for the visit, and find a barrage of pre-selected topics for you to click off as “discussed.” As you start to remind Mrs. Pevensie that the AAP recommends less than two hours of screen time daily, and that her children should always wear sunscreen, and that backyard pools should have 4-foot tall secure fencing, and that children should now be in rear-facing car seats until age 2, and that well water needs fluoride supplementation… you notice that her eyes are glazing over, and she is simply nodding a lot! You wonder… does any of this talk actually help anything? Why did we choose to spend our time here discussing all this?

3. What evidence is there for the current preventive guidelines for health supervision? Are there interventions or strategies that have been shown to be more effective than others?

4. How are we supposed to fit it all in? Are there alternative strategies for well-child care?
CASE TWO:

You enter the room for your next visit and greet Mr. and Mrs. Risk, with their now three-year-old daughter Ahaya. They are new to your practice, and during family history you learn that both parents suffer from diabetes, and that Mr. Risk has already had his first heart attack. You notice that Ahaya is already at the 99th percentile for age on the BMI curve.

5. What is the effect of childhood health surveillance on adult health? How can we structure our well-child visits with adult health outcomes in mind?

Additional References:

Resources:
1. Information on AAP recommendations. www.aap.org & www.brightfutures.aap.org
2. National Immunization Program, including VFC and ACIP. http://www.cdc.gov/vaccines/

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