

II Critical Elements of Care by Age of Child

13 to 21 Years – Adolescence

AREA OF FOCUS	ASSESSMENT	INTERVENTIONS REFERRAL RESOURCES	ANTICIPATORY GUIDANCE
MEDICAL EVALUATION			
Interim History <i>AAP Recommended Visits: Annual</i>	<ul style="list-style-type: none"> - Obtain interim history including health and psycho-emotional concerns, academic performance, sexuality and risk-taking behaviors - Discuss with adolescent continuing concerns he/she might have relating to prematurity or health/developmental problems 		<ul style="list-style-type: none"> - Start preparing adolescent to enter adult health care system - Encourage adolescent to assume personal responsibility for own health care commensurate with age and allow to participate in health care decisions
Growth	<ul style="list-style-type: none"> - Assess height and weight at each visit. Plot on standardized growth grid 		
Nutrition/ Feeding	<ul style="list-style-type: none"> - Assess nutrition 	<ul style="list-style-type: none"> - Referral to Nutritionist as needed 	
Vision	<ul style="list-style-type: none"> - Perform visual acuity screen at 15 years and 18 years of age or if concerns arise 	<ul style="list-style-type: none"> - Referral to Ophthalmologist or Optometrist as indicated 	
Hearing	<ul style="list-style-type: none"> - Perform hearing screen at 15 years and 18 years or for interim concerns 	<ul style="list-style-type: none"> - Refer to Audiologist as indicated 	
Special Health Concerns	<ul style="list-style-type: none"> - Assess for continued health concerns related to prematurity, if any: <ul style="list-style-type: none"> •RAD/pulmonary function •Residual scars •Other 	<ul style="list-style-type: none"> - Consultation with subspecialists as indicated - Plastic surgery consultation upon child's request for scar revisions 	<ul style="list-style-type: none"> - Exercise tolerance - Persistence of pulmonary function abnormalities - Some school age former preemies become very self conscious about scars - The appearance of some scars may be significantly improved by plastic surgery but no revision should be done until the child can fully understand and consent to the procedure

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DEVELOPMENTAL BEHAVIORAL ASSESSMENT			
Temperament/ Rhythmicity			
Sensory/Motor	<ul style="list-style-type: none"> - Continue to monitor for minor motor concerns 		<ul style="list-style-type: none"> - Continue to encourage recreational sports activities and fitness programs
Language	<ul style="list-style-type: none"> - Continue to monitor for articulation, expressive and receptive language and language processing skills 	<ul style="list-style-type: none"> - Continue interventions as indicated 	
Cognitive	<ul style="list-style-type: none"> - Monitor for overall cognitive skills as well as for possible specific learning disabilities 	<ul style="list-style-type: none"> - Refer for psychological assessment as needed 	<ul style="list-style-type: none"> - May need to interface frequently with teacher both for students qualifying for services, but especially for students that do not meet school criteria for assistance (a not insignificant group)
Social Adaptive	<ul style="list-style-type: none"> - Monitor for signs of low self-esteem, depression, anxiety, peer relationships/difficulties or other problems with social competency 	<ul style="list-style-type: none"> - Referral to appropriate mental health services as indicated 	<ul style="list-style-type: none"> - Continue facilitation of social activities <ul style="list-style-type: none"> • Peer interaction • School activities • Community clubs and teams, church or other resources.
School Performance	<ul style="list-style-type: none"> - Monitor academic performance particularly at the transition from middle school to high school. - Monitor for signs of inattention or distractibility - If concerns, in addition to physiologic causes, consider substance abuse and family stress 	<ul style="list-style-type: none"> - Referral for academic or vocational guidance counseling as indicated - Refer to ADHD clinic or other mental health specialist as indicated 	<ul style="list-style-type: none"> - Support systems such as tutoring, special school based homework assistance etc. may be needed due to continued effect of minor LD/ADHD and neurodevelopmental sequelae. - Review potential need for special untimed SAT/ACT or other college entry tests for children with ADHD/LD
Family Support	<ul style="list-style-type: none"> - Assess parenting skills and understanding of appropriate child development and behavior for their child. If prescribing therapeutic programs, when necessary assist parents in follow through with assessment and enrollment processes for any referrals. Parents at highest risk for difficulty following through are adolescent parents, those with less than high school education, those in extreme poverty, and any parent with multiple stressors. - Establish goals with the family's input, support siblings & other family members 	<ul style="list-style-type: none"> - Provide requested medical and developmental reports to support parent's application to the intervention program and to social and financial support agencies - Refer to literature resources and organizations for specific disorders (e.g. ARC, POP...) - Refer to community resources, respite care, parent support groups, etc. 	