National Guide lifecycle chart | Child





Screening/assessment	How often?	Who?	Page* Newborn	2 4 6 9 12 18 24 2-5 6-14 1
	now often:	WIIO:	Tage Newborn	2 4 0 9 12 10 24 2-3 0-14 1
hild health				
nmunisation			00	
accination	As per National Immunisation Program Schedule (NIPS)	All children	33	
Catch-up schedule	Opportunistically	Children behind in vaccination schedule	33	
naemia				
lutritional history	6–9 months and 18 months	All children	35	
Perform haemoglobin test	6–9 months and 18 months (increase frequency if iron deficiency anaemia [IDA] is diagnosed); use age-appropriate haemoglobin levels to diagnose IDA	Children in other areas with risk factors (refer to Chapter 3: Child health) All children aged >6 months from communities with a high prevalence of IDA	35	
	in conjunction with age-appropriate treatment and review until age five years	All Children aged >6 months from communities with a high prevalence of IDA		
rowth failure	3			
rowth monitoring	One week, six weeks, four, six, 12 and 18 months, and yearly to age five	All children		
	years	Use age-appropriate and sex-appropriate Centers for Disease Control and Prevention and World Health Organization growth charts	37	
hildhood kidney disease				
heck skin for scabies and impetigo and treat according to guidelines	Annually and opportunistically	Children living in areas with high rates of infectious skin disease	39	
ssess need for imaging tests	At first episode of urinary tract infection (UTI)	Children with first UTI	39	
lbumin-creatinine ratio (ACR)	At age 10 years or at puberty (whichever is earlier) after 2–5 years' diabetes duration, and annually thereafter	Children with pre-pubertal and pubertal onset diabetes	39	
etal alcohol spectrum disorder				
ssess child growth and development, particularly head circumference, hearing and sion	Annually and opportunistically	All children (refer to Chapter 3: Child health, 'Fetal alcohol spectrum disorder')	42	
ussess child development and behaviour using a validated assessment tool, including for child social and emotional wellbeing defer to a paediatrician for developmental assessment, or a child development ervice for multidisciplinary assessment	Annually and opportunistically	All children exposed to alcohol in the prenatal period, if there is a parental or clinician concern about the child not meeting normal developmental milestones	42	
creen for prenatal alcohol exposure as well as cognitive, language and behavioural roblems	On initial contact with child protection, police or justice system	All children at high risk for fetal alcohol spectrum disorder (FASD), including children coming into contact with the child protection, police or justice systems	42	
reventing child maltreatment				
ealth, 'Growth failure')	Annually and opportunistically	All children	44	
ssess the risk of child maltreatment and the need for support (refer to Chapter 3: child health, 'Preventing child maltreatment')	Annually and opportunistically	All families	44	
ye health				
sual acuity				
eneral eye examination	Newborn and at 3–6 months	Infants (age 3–6 months)	66	
creen for visual acuity	Annually and opportunistically or before school entry	Children aged 3–5 years	66	
earing loss				
accination (rubella, measles, <i>Haemophilus influenzae</i> type b, meningococcus)	NIPS and state/territory schedules	Children aged <15 years	68	
3-valent pneumococcal conjugate vaccination (13vPCV)	NIPS and state/territory schedules	Infants aged two, four and six years (and 18 months in high-risk areas)	68	
fluenza vaccine	Annually pre-influenza season Prioritise provision of vaccination to high-risk groups in the pre-influenza season months (March-April)	People aged >15 years Children aged six months to five years	68	
		All individuals aged ≥6 months with a chronic disease	00	
niversal neonatal hearing screening program	Prior to one month	Newborns	68	
ar examination	Annually and opportunistically	Children aged <15 years	68	
lonitor for hearing loss	Annually and opportunistically Annually	Children aged <5 years and older children at high risk of hearing impairment Youth aged >15 years	69	
ral and dental health				
ral health review	Annually and opportunistically Annually	Children aged 0–5 years Children and youth aged 6–18 years	74	
ndertake oral health review as part of regular health check and offer appropriate ral hygeine advice to minimise oral bacterial levels	6–12-monthly	Children with past rheumatic heart disease and cardiovascular abnormalities	74	
Respiratory health				
fluenza				
nfluenza vaccine	Annually pre-influenza season Prioritise provision of vaccination to high-risk groups in the pre-influenza season months (March–April)	People aged >15 years Children aged six months to five years All individuals aged ≥6 months with a chronic disease	79	
Sexual health and blood-borne viruses				
lepatitis C virus (HCV)				
CV serology testing	18 months and repeat if positive	Infants born to HCV-infected mothers	103	
lepatitis B virus (HBV)	To monato and repeat it positive	IIIIdillo Dolli to Filo V IIIIootou IIIotioio	100	
	At high prior to locuing bogoital and at the face and six speakle	Negactor and infants	100	
epatitis B vaccination	At birth prior to leaving hospital and at two, four and six months	Neonates and infants	102	
epatitis B immunoglobulin (HBIG) and vaccination	HBIG within 12 hours and HBV within 24 hours	Babies born to mothers who are hepatitis B virus surface antigen (HBsAg) positive	102	