KPNV Lunch and Learn 2026

Intro to Well Child Visits

Faculty
Katie Paul, MD, MPH

Wednesday, August 19, 2026

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KP Medical Foundation

KPNV Lunch and Learn 2026

1st and 3rd Wednesdays from 12:15 PM to 1:00 PM
Online via MS Teams

Target Audience

KPNV Primary Care Providers

About the Course

This ongoing continuing medical education series is designed to provide clinicians with timely, evidence-based education on clinical, operational, and professional practice topics. Through regularly scheduled sessions, participants will engage with subject matter experts, review current best practices, and explore strategies that support high-quality patient care, professional growth, and continuous improvement within Kaiser Permanente

Objectives

At the end of this educational activity, participants will be able to:

- Apply current evidence, clinical guidelines, and best practices to improve patient care and outcomes.
- Evaluate emerging clinical, operational, and quality improvement information relevant to their professional practice.
- Incorporate new knowledge and skills into daily practice to enhance the delivery of safe, effective, and patient-centered care.
- Identify opportunities for interdisciplinary collaboration and system-based approaches to address healthcare challenges.
- Reflect on individual and organizational performance and implement practice changes when appropriate to improve care delivery.

Planners

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Accreditation

Kaiser Foundation Health Plan of Washington is accredited by the Washington State Medical Association CME Accreditation Committee to sponsor continuing medical education for physicians.

Kaiser Foundation Health Plan of Washington designates this educational activity for a maximum of **0.75 credits** in Category 1 to satisfy the relicensure of the Washington State Medical Quality Assurance Commission.

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Intro to Well Child Visits

Slide credit: Mary Beth Bennett, MD

Katie Paul, MD MPH
Medical Director of Clinical Knowledge Services, KPMF

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- I have no disclosures

It takes a village

Schedule of visits

- 3-5 days
- 7-14 days
- 2 months
- 4 months
- 6 months
- 9 months
- 1 year
- 15 months
- 18 months
- 2 years
- 2.5 years
- Annually 3-18

Many parents don't know this!

Why so frequent?

- Assess growth and development
- Screen for congenital conditions and delays
- Advise & educate parents

Neonatal Visits
(3-5 day and 7-14 day)

Objectives:

- Review prenatal/birth records to assess risks (infection, congenital differences, withdrawal symptoms)
- Assess weight loss/gain to determine whether current feeding plan is appropriate
- Support family adjusting to stress of new baby
- Identify any concerns on history or exam that require work-up or referral

Neonatal Visits
(3-5 day and 7-14 day)

Screenings:

- First newborn screen ordered in hospital
  - Nevada | Newborn Screening
- Second newborn screen ordered at 7-14 day visit
- Hearing and critical congenital heart defect screening in hospital (verify they passed)
- TcB at each appointment, TsB if >15 or within 3 points of phototherapy threshold based on age and risk factors
- Use Bilitool.org to determine appropriate follow-up
- If breech during third trimester or at birth, order 4-6 week hip US and 6-9 month hip x-ray to evaluate for developmental dysplasia of the hip

Neonatal Visits

(3-5 day and 7-14 day)

Logistics:

- May need to look up birth parent's chart to find info on baby before visit
- Ensure birth weight and current weight are correct in Epic so percentage down from birthweight is accurate (this will guide feeding plan)\
- Use a standardized visit questionnaire which can be sent to parents ahead of time or filled out in the exam room
- Learn a bit about parents/family in the room to establish rapport and develop trust
- Place Lactation referral for any breastfeeding related issues

2-month, 4-month, & 6-month visits

Time for shots

Immunization Schedule

Table 1 Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2026

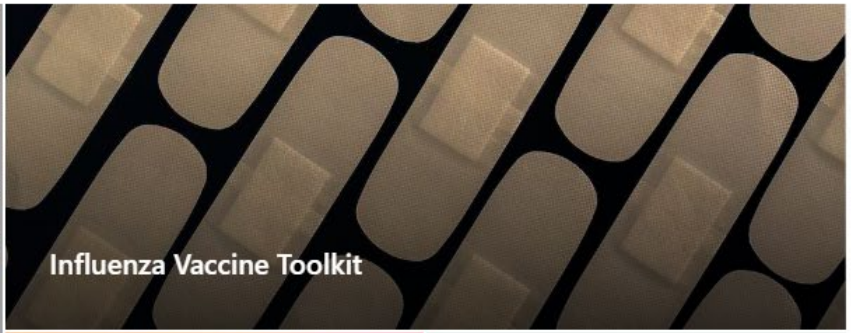
These recommendations must be read with the Notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earlies opportunity as indicated by the outlined purple bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2).

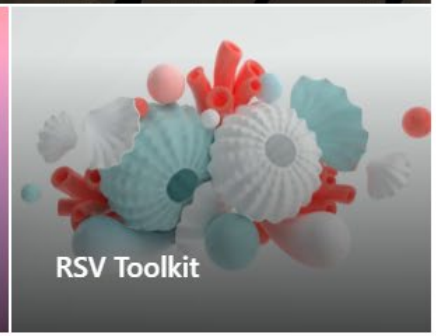
Vaccine and other immunizing agents	Birth	1 mos	2 mos	4 mos	6 mos	8 mos	9 mos	12 mos	15 mos	18 mos
Respiratory syncytial virus (RSV-mAb [nirsevimab, clesrovimab])	1 dose during RSV season depending on maternal RSV vaccination status (See Notes)					1 dose nirsevimab during RSV season (See Notes)				
Hepatitis B (HepB)	1st dose	2nd dose			3rd dose					
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1st dose	2nd dose	See Notes					
Diphtheria, tetanus, and acellular pertussis (DTaP <7 yrs)			1st dose	2nd dose	3rd dose				4th dose	
Haemophilus influenzae type b (Hib)			1st dose	2nd dose	See Notes			3rd or 4th dose (See Notes)		
Pneumococcal conjugate (PCV15, PCV20)			1st dose	2nd dose	3rd dose			4th dose		
Inactivated poliovirus (IPV)			1st dose	2nd dose	3rd dose					
COVID-19 (1vCOV-mRNA, 1vCOV-aPS)					1 or more doses of 2025-2026 vaccine (See Notes)					
Influenza					1 or 2 doses annually (See N					
Measles, mumps, and rubella (MMR)					See Notes			1st dose		
Varicella (VAR)								1st dose		
Hepatitis A (HepA)					See Notes			2-dose series (See Note		

AAP-Immunization-Schedule.pdf

KPMF Immunization Toolkit

[KPMF Immunization Toolkit - Home]





2-Month

Development

- Social smile
- Seems happy to see caregivers
- Tracking with eyes
- Responds to loud noises
- Making sounds other than crying
- Lifting head while on tummy
- Hands are opening up

Screenings/Guidance

- If breech or concerning exam, hip US performed between 4 and 6 weeks ideally but can still be ordered at 2-month
- Two newborn screens collected/resulted, verify normal and if so, no follow-up
- Check red reflex at every infant/toddler WCV
- Maternal mental health screening

4-Month

Development

- "Talking" with parents, cooing
- Socially engaging with face, sounds
- Improved head control
- Looking at hands with interest
- Can hold toy placed in hand
- Pushing up to elbows when on tummy
- Starting to roll

Screenings/Guidance

- Exposure to solid foods, early introduction to allergens
- Iron supplement if exclusively breastfed
- Check that they can bear weight on both feet - screen hips for DDH at every infant visit

6-Month

Development

- Recognizes caregivers
- Laughs
- Bringing toys to mouth
- Reaching for toys
- Starting to babble
- Rolling from tummy to back
- Can sit briefly with no or minimal support

Screenings/Guidance

- If breech or concerning exam, hip x-ray can be performed after 6 months
- Discuss safety of play areas at home given increase in movement/exploration
- Sleep training
- Maternal mental health screening
- Sun protection!

Active Play

Ask about what baby's favorite activities are and what they're playing with. Caregivers can support healthy development by playing, talking, and singing with their infants.

9-Month

Development

- Stranger danger
- Wider variety of sounds and expressions
- Reacts when you leave
- Looks for an object moved out of sight
- Bangs two things together
- Pulling up to stand
- Sitting without support

Screenings/Guidance

- Increased solid food in diet, wide variety, 2-3 meals per day
- Safety of play area, no choking hazards, risk of furniture tipping
- Introduce plans for anemia screening for 12-month visit
- If not pulling to stand and/or not bearing weight, consider hip x-ray

1-Year

Development

- Waves "bye-bye"
- Has specific word for parent, like "mama" or "dada"
- Understands "no"
- Puts something in a container
- Picks things up with thumb and pointer finger
- Drinks from cup without lid (while parent holds)
- "Cruises" / walks along edges of furniture

Screenings/Guidance

- Solid food diet with around 15 ounces of milk per day
- Transitioning from bottle to sippy cups
- **Universal anemia and targeted lead screening**
- Maternal mental health screening
- Water safety, burn and accident prevention at home, sun protection

15-Month

Development

- Shows you an object they like
- Claps with excitement
- Tries to say 1-2 words other than "mama" or "dada"
- Follows simple directions
- Points to things to get help
- Stacking things, like 2 blocks
- Taking a few steps on their own

Screenings/Guidance

- First dental visit
- Consistent boundaries and routines
- Family mealtime
- Iron supplementation if deficient
- Water safety, burn and accident prevention at home, sun protection

18-Month

Development

- Exploring environment but looks back to reference parent
- Tries to say 3 or more words other than "mama" or "dada"
- Will look at a few pages of a book
- Copies what parent does, i.e. sweeping motion with broom
- Tries to use spoon, can feed self with fingers
- Scribbles
- Walking confidently without help

Screenings/Guidance

- M-CHAT for autism
- Positive reinforcement of desired behaviors
- Name emotions and narrate ways to handle frustration
- Encourage pretend play
- Still recommend against screen time <2
- Water safety, accident prevention at home, sun protection, helmets on wheeled toys

Why Annual Wellness Visits?

Many parents operate under one of these assumptions:

- My child only needs to see the doctor when there's a problem
- My child only needs to see the doctor when they're due for vaccines
- My child's wellness visits happen every two years….right?

Adolescent Visits

Slide credit: Dr. Mary Beth Bennett

What is an Adolescent?

A. 11-16 years old
B. 8-12 years old
C. 10-21 years old
D. I have no idea

What is an Adolescent?

A. 11-16 years old
B. 8-12 years old
C. **10-21 years old**
D. I have no idea

Stages of Adolescence

Early Adolescence (10-13)

- Preoccupation with body changes
- Gender identity evolution
- Concrete, black-and-white thinking, egocentric
- New self-consciousness / need for privacy
- Intense same gender friendships

Middle Adolescence (14-17)

- More interest in romantic relationships
- Conflict with parents, assertion of autonomy
- Evolution of perspective but still impulsive

Late Adolescence (18-21+)

- Physical maturity but frontal lobes still developing
- Identification of values
- Better able to gauge risks and rewards
- Intense romantic relationships

Major Risks to Adolescent Health

- Depression and suicidality
- Motor vehicle accidents (incl. as pedestrians and cyclists)
- Substance use
- Sedentary lifestyle + poor nutrition
- Risky sexual behaviors
- Bullying

Mortality in Adolescents

According to the Centers for Disease Control and Prevention (CDC), the three leading causes of mortality among adolescents ages 15 to 19 are:

- accidents or unintentional injuries (e.g., car crashes and poisonings, including overdoses): 22 deaths per 100,000 teens in 2022;
- homicides: 13 per 100,000; and
- suicides: 10 per 100,000.

Note: substance use plays a key role in accidental deaths and injuries (not just overdoses), and firearms are responsible for a steep rise in youth homicides

Adolescent Behavioral Health Statistics

Among US adolescents ages 12-17 in 2021-2023:

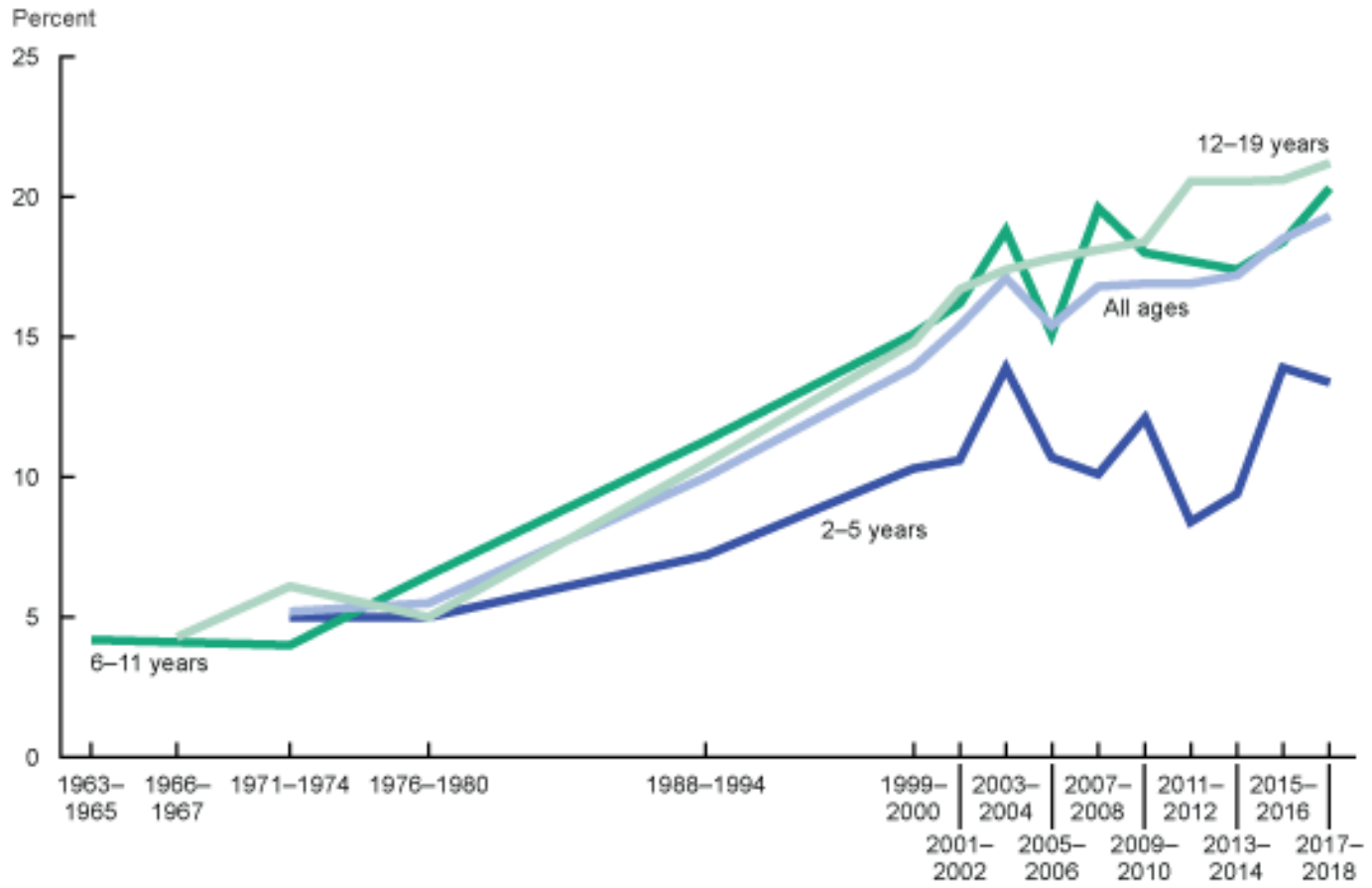
- 20% reported symptoms of anxiety in the past two weeks.
- 18% reported symptoms of depression in the past two weeks.

Among US high school students in 2023:

- 40% reported persistent feelings of sadness or hopelessness in the past year.
- 20% reported seriously considering attempting suicide in the past year.
- 16% reported making a suicide plan in the past year.
- 9% reporting attempting suicide in the past year.
- 22% report drinking alcohol in the past 30 days.
- 17% report using marijuana in the past 30 days.
- 4% report misusing prescription pain medication in the past 30 days.
- 10% report ever using illicit drugs.

Obesity Rates Among Adolescents

Figure. Trends in obesity among children and adolescents aged 2–19 years, by age: United States, 1963–1965 through 2017–2018



NOTE: Obesity is body mass index (BMI) at or above the 95th percentile from the sex-specific BMI-for-age 2000 CDC Growth Charts.
SOURCES: National Center for Health Statistics, National Health Examination Surveys II (ages 6–11), III (ages 12–17); and National Health and Nutrition Examination Surveys (NHANES) I–III, and NHANES 1999–2000, 2001–2002, 2003–2004, 2005–2006, 2007–2008, 2009–2010, 2011–2012, 2013–2014, 2015–2016, and 2017–2018.

Basics of Obesity Prevention for Kids (from CDC)

Family centered-approach:

- Model healthy eating and drinking (no health role for soda or juice)
- Move more as a family (walks, active chores, youth sports)
- Establish routines around healthy sleep (8-10 hours for adolescents)
- Encourage screen-free family activities
- Seek out high quality childcare with healthy foods and access to outdoor physical play

Consent for care - Nevada

Minors in Nevada have the right to consent to healthcare without parental involvement for the following reasons:

- **STI testing and treatment (as well as prevention such as PrEP)**
- **Emergency care**
- **Contraception, abortion services & prenatal care (this applies to minors of any age)**
- **Substance use**
- **Any health care if minor is emancipated, pregnant, living independently**

Find more information here: ncylminorconsentcompendium2024-nevada.pdf

Why Confidentiality?

Confidentiality has been shown to increase adolescents' intent to seek contraception services and STI testing/treatment.

It also supports autonomy as young people move through the stages of adolescence

Introducing Confidentiality

- Normalize having time to chat with teen 1-on-1
- Most parents are comfortable giving teens time alone – if they aren't, this should pique your curiosity
- After parent has left, ask teen if they know what confidentiality means
- Make it clear that what you discuss is confidential except in a few specific cases:
  - They are at risk of hurting themselves
  - They are risk of hurting someone else
  - There is ongoing abuse or neglect

Teen Well Visit Basics

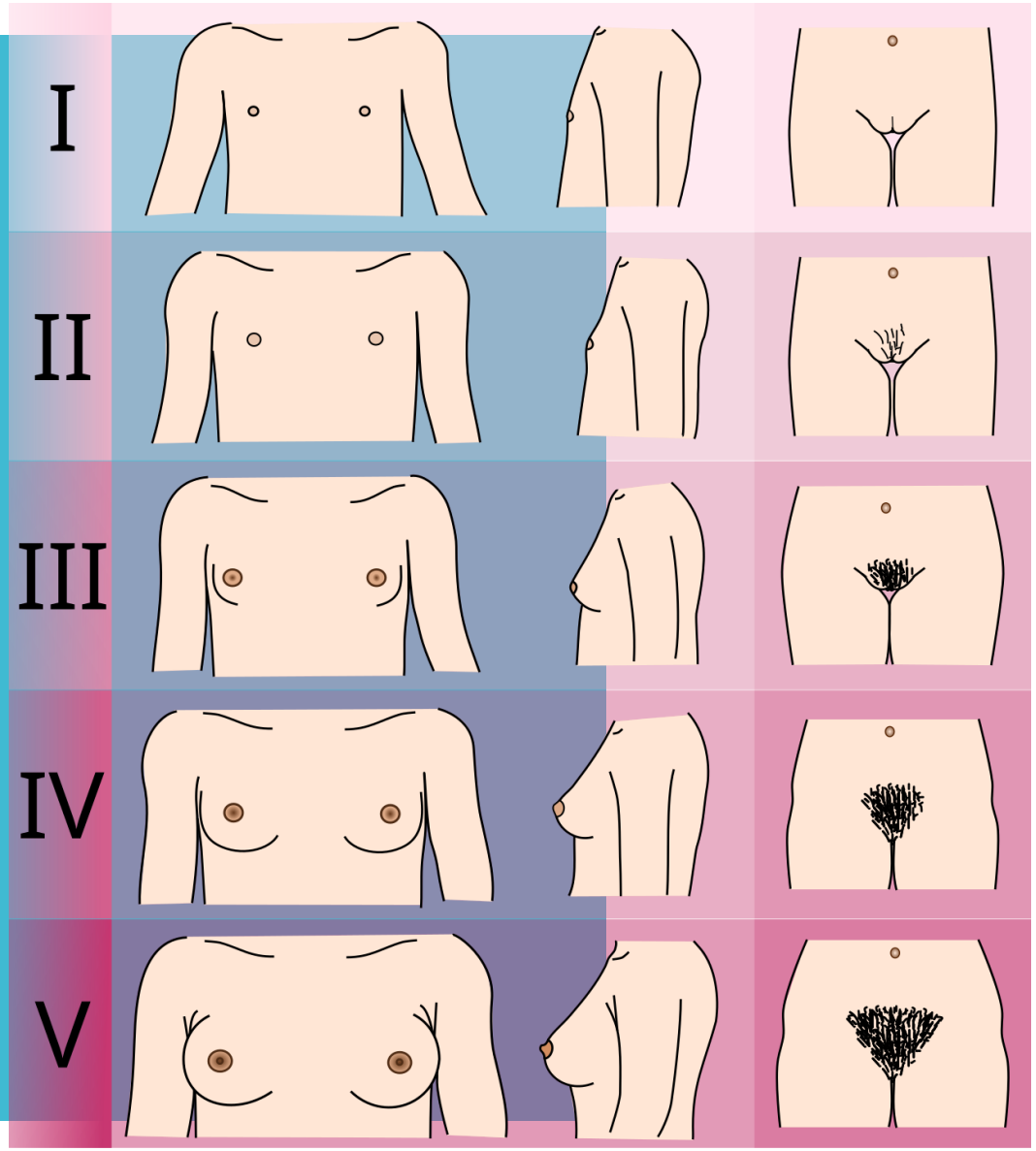
- Teen well visits need 40 minutes (otherwise not enough time)
- Use SmartSet (if available); ensure standardized well teen questionnaire typically filled out on paper, which should include depression and substance use screening
- First part of visit is with everyone, then ask parent/guardian to step out to review teen paper forms, collect additional history
- Exam should be done with chaperone in the room
- Confidential documentation – typically a "Notes Encounter" in Epic but depends on local workflows

Sports Physicals

- Get comfortable with your basic sports physical exam components
- Kids need a signed sports physical every 2 years, but it doesn't hurt to ask and complete one every year just in case (saves time later)
  - NIAA PPE Forms_Updated 6.5.2025.pdf - Google Drive
- Always remember the **heart history** questions (family hx of sudden cardiac death or unexplained early death, family hx of arrhythmias)

Genital Exams and Tanner Staging

- Normalize the routine checking of genitalia / private parts during youth encounters, after stating why it's ok. Ask permission!
- I generally check private parts every year until a majority of pubertal changes are complete (14-15 years old) for staging purposes and then as needed if concerns
- Disorders of development may rely on clinical assessment of pubertal staging
- Also – testicles can be in the wrong place!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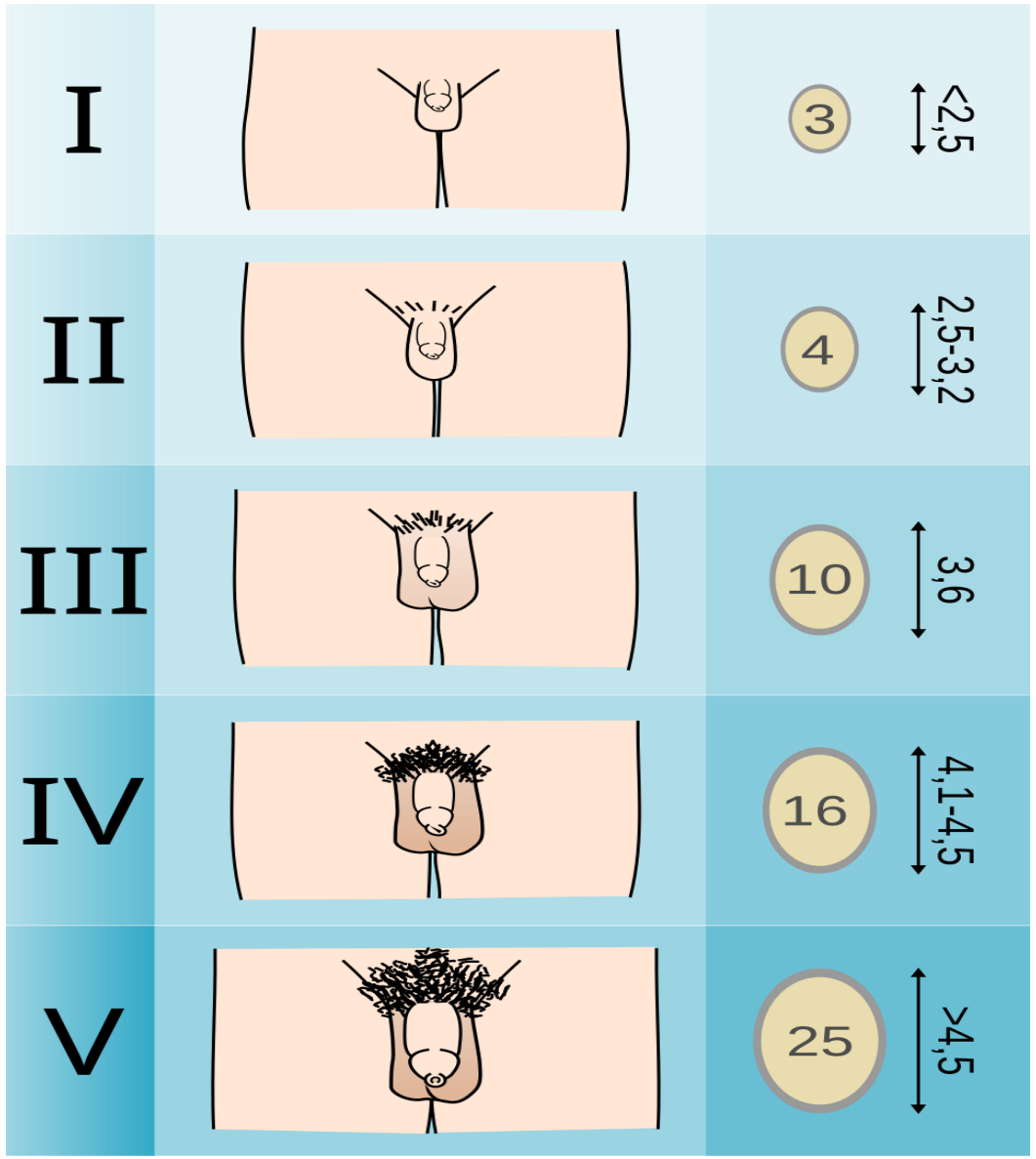
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Love Letter to Growth Charts

Growth charts are an essential part of pediatric healthcare, even for adolescents

Obtain weight and height at every visit for BMI tracking

Major changes in BMI (up or down) should prompt medical discussion and a follow-up plan

Consider adding "Growth Chart" to your pinned Activity tabs so it's easier to find

After age 2, you can add in parents' heights to display mid-parental height (helpful for faltering growth assessments)

SSHADESS Interview

- Strengths
- School
- Home
- Activities
- Drugs and substance use
- Emotions, eating, and depression
- Sexuality
- Safety

Resources

- Pediatrics QCG: External Consults, Well Care, School | WA Clinical Library
- Neonatal & Newborn Practice Resources | WA Clinical Library
- Newborn Weight Loss Pathway - WA | WA Clinical Library
- BiliTool™
- Weaver Curve Tool - Head Size Calculator | WA Clinical Library

CPMG Pediatric CME Series

Pediatric Care Medical Education

Pediatric Care Programs

Start Date	Title	Recording	Handouts (Slides)	Take Home Points	Additional Resour...	Full Size CME Slides
11/18/2026	GAS and Lymphangitis					
10/28/2026	Penicillin Allergy: Fact, Fiction, and the Path to De-Labeling					
9/23/2026	ADHD Across Development: Practical, Collaborative Management for Pediatric and Teen Populations					
8/26/2026	Vaccine Hesitancy					
6/24/2026	From Screening to Support: Practical Strategies for Pediatric Social-Emotional Health	Recording (90 min)	Presentation Slides	Take Home Points		
5/27/2026	Pediatric Substance Use Today: Trends, Tools, and Primary Care Impact	Recording (90 min)	Presentation Slides	Take Home Points		
4/22/2026	Heads Up! Differentiating Plagiocephaly from Craniosynostosis and Navigating Helmet Therapy	Recording (90 min)	Presentation Slides	Take Home Points		
2/25/2026	Concussion in Clinical Practice: From Recognition to Recovery	Recording (90 min)	Presentation Slides			
10/22/2025	Updates on the Management of Skin and Soft Tissue Infections	Recording (90 min)	Presentation Slides	Take Home Points		
9/24/2025	Whole Genome Sequencing, Newborn Screening and Precision Medicine	Recording (90 min)	Presentation Slides		Additional Resources for "Whole Genome Sequencing, Newborn Screening and Precision Medicine" (09/24/2025)	
8/27/2025	Food Allergy: From early introduction to early prevention	Recording (90 min)	Presentation Slides			

Thank You!

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