

UTAH PREVENTIVE CARE RECOMMENDATIONS

ADOLESCENT AGES 11-18

HEALTH GUIDANCE

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GENERAL

LiVe Well Fact Sheets discussing preventive care for adolescents are available to print or to order from iprint in English and in Spanish. The “Well Check: Teen” handouts are aimed at teens ages 15 to 17 years. Fact Sheets include:

- [Preventive Care for Teens and Young Adults](#)
- [Well Check: 11 to 14 years \(for Parents\)](#)
- [Well Check: 11 to 14 years \(for Patients\)](#)
- [Well Check: Teen \(for Parents\)](#)
- [Well Check: Teen \(for Patients\)](#)

TOBACCO USE

Ask – Take history of all types of tobacco use (cigarette, e-cigarette, vape, cigar, cigarillo, hookah, spit, snus, snuff) with each visit (include friends or family use and attempts to quit).

Primary prevention, discuss:

- Commitment not to use
- Alternatives to use
- Peer Pressure
- Assertiveness
- Social and physical consequences

Advise – Give a clear, strong, personalized message to adolescent and to parents who use tobacco or vape to quit.

Assist – Refer patients for cessation services to QUIT NOW, the free Utah tobacco quit line (1-800-784-8669) for a personal counselor to help them during their quit attempt.

SUBSTANCE USE

Use the same primary prevention strategies mentioned in the TOBACCO USE section for alcohol,

recreational drug use and prescription drug misuse.

Advise not to use when driving or swimming.

Advise about impaired judgment with sex and violence.

Develop a treatment plan for abusers.

For advice on where to send adolescents for alcohol and drug treatment in your local area, contact the Intermountain Healthcare Behavioral Health Clinical Program Referral Line:

- SelectHealth Members: 1-800-876-1989 or 801-442-1989
- Non-SelectHealth Plan members dial 211 for the community resource referral line

Use of performance-enhancing substances for athletic or other purposes should be strongly discouraged.

Naloxone hydrochloride is an emergency opioid antagonist that is FDA-approved for the treatment of opioid overdose. Naloxone is NOT a controlled substance and can be prescribed without liability. According to 2016 Utah Code, naloxone can be prescribed to any individual who is or may be at risk of opioid overdose, to a family member, friend, or other person in a position to assist an individual who is or may be at risk, or to an outreach provider. Intermountain community pharmacy and other pharmacies have collaborative agreements in place that allow patients to obtain naloxone without a prescription. For more information, refer to [Clinical Recommendations for Prescribing Naloxone in the Outpatient Setting](#) clinical guideline. (The link to this document will only work within the Intermountain firewall). Provide patients and their families and friends the fact sheet: Naloxone for Opioid Overdose in [ENGLISH](#) and [SPANISH](#).

SAFETY

Age appropriate safety topics should be addressed at each well visit. The [Safekids.org](#) newsletter provides seasonally and age appropriate safety information.

General:

- Avoid use of alcohol or recreational drugs
- Ask about threat of violence in their environment (home/school/community). Provide conflict resolution skills and referrals for protective resources.

Motor Vehicle/Travel:

- Children under age 13 years should not sit in the front seat (and then should continue to be restricted from front if very small for age and airbag present).
- Discuss driver safety with parents and adolescents including use of seat belts, distracted driving, no cell phone use or texting, fatigue and no alcohol or drug use when driving. No driving as a passenger with others who use alcohol or drugs.
- Adolescents should not be allowed to ride in open pickup truck beds.
 - No adolescent under age 16 years should ride on an off-road vehicle with two or four wheels, and no person of any age should ride a 3-wheeled off-road vehicle.
 - No adolescent under age 16 years should operate a snowmobile or personal watercraft.

Home Safety:

- Encourage parents to eliminate firearms from home or keep them locked up with ammunition and firearms in separate, locked areas. Teach firearm safety.
- Safe storage of all drugs.
- Advise against tobacco use in home or cars.
- Encourage the use of smoke detectors and carbon monoxide detectors in the home and storage of fire extinguishers.

Recreation:/Sports:

- Promote concussion training and awareness.
- Helmets should be worn when riding a motorcycle or scooter, bicycling, skateboarding, rollerblading, skiing, snowboarding, or horseback riding. Parents must model helmet wearing behavior.
- Discourage use of trampolines, and do not allow more than one person jumping on trampoline at the same time.
- Wear sunscreen, protective clothing and mosquito repellent while outdoors.
- Adolescents should be supervised around fireworks.
- Handouts are available regarding injury prevention by individual [type of sport](#).

Drowning prevention:

- Adolescents should be taught water safety and how to swim.
- Parents and adolescents should learn CPR.

NUTRITION

Basic nutrition principles for adolescents:

- Eat a healthy breakfast every day
- Make time to eat meals together as a family every day
- Encourage water intake and avoid sodas and sugared drinks
- Provide 3 servings of low-fat dairy products per day
- Eat 1-2 cups of fruit and 1½ - 3 cups of vegetables per day
 - Choose whole fruits over fruit juices
- Eat whole grains and foods containing fiber and complex carbohydrates rather than simple sugars
- Choose heart healthy animal and plant proteins such as fish, poultry, beans, soy products, nuts and seeds
- Choose unsaturated fats and oils
 - Avoid foods containing trans-fats (hydrogenated or partially-hydrogenated oils)
- Limit salt and sugar intake
- Limit processed and packaged foods
- Learn about appropriate portion sizes
- Follow the “no seconds except for fruits and vegetables” rule
- Keep unhealthy snacks and desserts out of sight to limit cue to consume
- Advise optimal calcium intake (1300 mg/day for ages 11-18 years), Vitamin D intake (600IU/day) and iron intake (12 mg/day for males ages 11-18 years, 15 mg/day for females ages 11-18 years)
- 0.4 mg/day folic acid for adolescent girls (no more than 1 mg folic acid daily)

medication may require 2 to 4 times the 600 IU recommended daily amount of vitamin D

Information on healthy nutrition is available on Intermountain Healthcare's [LiVe Well website](#).

Other patient education tools include the Intermountain Healthcare the [8 to LiVe by Habit Builder](#), and the [8 to LiVe by booklet](#)

- Order Intermountain Healthcare educational materials through [Intermountain iPrint](#), or contact Clinical Education Services at (801) 442-3300.

PHYSICAL ACTIVITY

Assess by history the frequency, type, and duration of physical activities during any health supervision visit

60 minutes of daily moderate to vigorous activity. Aerobic activity should be emphasized on at least 3 days per week. Muscle strengthening should be incorporated into activity 3 days per week, and bone strengthening should be incorporated into activity 3 days per week.

Stress enjoyment, not competition, variety, and incorporation into daily life

< 2 hours/day of sedentary entertainment (i.e. TV, non-school computer)

Encourage helmets, pads, and protective eyewear for safety

Information on healthy activity for adolescents is available on Intermountain Healthcare's [Live Well website](#)

Other patient education tools include the Intermountain Healthcare the [8 to LiVe by Habit Builder](#), and the [8 to LiVe by booklet](#). The LiVe Well [Move More: Ideas for Kids, Teens and Families](#) handout suggests ways to increase activity and to incorporate stretching and strengthening into daily activity.

- Order Intermountain Healthcare educational materials through [Intermountain iPrint](#), or contact Clinical Education Services at (801) 442-3300.

SLEEP

Adolescents should aim for 9 hours of sleep each night

SKIN

Advise no use of tanning beds

Advise adolescents to minimize intense sun exposure through covering and use of sunscreen

SEXUAL RESPONSIBILITY, STD/HIV TRANSMISSION

Pediatric care givers should help prepare parents to be effective sex educators for their children, encouraging them to communicate factual knowledge, family values, and behavioral expectations throughout childhood and especially during the critical transition years into early adolescence.

Abstaining from intercourse should be encouraged because it is the surest way to prevent STDs,

including HIV infection, and pregnancy in adolescents.

Clinicians should actively support and encourage the use of reliable contraception and condoms by adolescents who are sexually active or contemplating sexual activity. The responsibility of male as well as female adolescents in preventing unwanted pregnancies and STDs should be emphasized.

Patients should be encouraged to protect self and partners from pregnancy, STDs (including HIV) and sexual exploitation

Describe and/or demonstrate condom use and discuss the effectiveness of latex condoms

CONFIDENTIALITY

Adolescent patients need to be assured of confidentiality in their interaction with their clinician (See AAP statement "[Confidentiality in Adolescent Health Care](#)", the [2013 AAFP statement](#), and the [2015 ACOG statement](#) concerning adolescents and electronic health records).