



AMERICAN ACADEMY OF
FAMILY PHYSICIANS

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Recommended Curriculum Guidelines for Family Medicine Residents

Care of Infants and Children

This document was endorsed by the American Academy of Family Physicians (AAFP).

Introduction

This AAFP Curriculum Guideline defines a recommended training strategy for family medicine residents. Attitudes, behaviors, knowledge, and skills that are critical to family medicine should be attained through longitudinal experience that promotes educational competencies defined by the Accreditation Council for Graduate Medical Education (ACGME), www.acgme.org. The family medicine curriculum must include structured experience in several specified areas. Much of the resident's knowledge will be gained by caring for ambulatory patients who visit the family medicine center, although additional experience gained in various other settings (e.g., an inpatient setting, a patient's home, a long-term care facility, the emergency department, the community) is critical for well-rounded residency training. The residents should be able to develop a skillset and apply their skills appropriately to all patient care settings.

Structured didactic lectures, conferences, journal clubs, and workshops must be included in the curriculum to supplement experiential learning, with an emphasis on outcomes-oriented, evidence-based studies that delineate common diseases affecting patients of all ages. Patient-centered care, and targeted techniques of health promotion and disease prevention are hallmarks of family medicine and should be integrated in all settings. Appropriate referral patterns, transitions of care, and the provision of cost-effective care should also be part of the curriculum.

Program requirements specific to family medicine residencies may be found on the ACGME website. Current AAFP Curriculum Guidelines may be found online at

www.aafp.org/cg. These guidelines are periodically updated and endorsed by the AAFP and, in many instances, other specialty societies, as indicated on each guideline.

Please note that the term “manage” occurs frequently in AAFP Curriculum Guidelines. “Manage” is used in a broad sense indicating that the family physician takes responsibility that optimal and complete care is provided to the patient. To manage does not necessarily mean that all aspects of care need to be directly delivered personally by the family physician and may include appropriate referral to other health care providers, including other specialists for evaluation and treatment.

Each residency program is responsible for its own curriculum. **This guideline provides a useful strategy to help residency programs form their curricula for educating family physicians.**

Preamble

Family physicians must develop knowledge, skills, and attitudes appropriate to manage medical, physical, social, and emotional problems in patients of all ages, including infants and children. Family physicians have a unique opportunity to communicate with and treat all members of the family and to appreciate the influence that family members and siblings have on an individual infant or child. It is the responsibility of the family physician to monitor the development of each child so that the child can reach his or her full potential. The family physician is also responsible for improving the health of children and families in the community in a proactive, scholarly, and responsive manner.

Competencies

At the completion of residency training, a family medicine resident should be able to:

- Demonstrate the ability to assess for appropriate development by taking an age-appropriate history and performing a physical examination (Patient Care, Medical Knowledge)
- Perform health promotion (well-child care) visits at recommended ages based on nationally recognized periodicity schedules (e.g., Bright Futures, GAPS) (Patient Care, Medical Knowledge)
- Synthesize an appropriate diagnosis and treatment plan for common pediatric conditions in both the outpatient and inpatient settings (Patient Care, Medical Knowledge)
- Demonstrate the ability to communicate effectively with the patient, as well as the patient’s family and caregivers, to ensure the development and clear understanding of an appropriate, acceptable evidence-based diagnosis and treatment plan (Interpersonal and Communications Skills)

- Recognize his or her own practice limitations and seek consultation with other health care professionals and resources when necessary to provide optimal patient care (Professionalism, Systems-based Practice)
- Demonstrate the ability to communicate effectively and coordinate care of children who have chronic conditions (including mental health) with families and community resources (Interpersonal and Communications Skills, Systems-based Practice)

Attitudes and Behaviors

The resident should demonstrate attitudes and behaviors that encompass:

- Empathic concern for the health of the child in the context of the family
- Importance of continuity and access to care for prevention and treatment of acute and chronic illness, including mental health conditions
- Promotion of healthy lifestyles for children and families
- Support for parents in transitioning to new roles and responsibilities as children develop
- Awareness of unique vulnerabilities of infants and children that may require special attention, consultation, and/or referral
- Awareness of social, cultural, and environmental factors that impact the health and well-being of infants and children
- Importance of educating the public about environmental factors that can adversely affect children
- Development and support of community programs to promote the health of children
- Importance of obtaining and utilizing information about school performance and learning disabilities in order to assist in the creation of a management plan

Knowledge

In the appropriate setting, the resident should demonstrate the ability to apply knowledge of:

1. Perinatal and neonatal conditions, including:
 - a. Impact of prenatal and perinatal risk factors as outlined in Maternity Care
 - b. Effects of labor and delivery on the infant
 - c. Physiologic adaptations to extrauterine life
 - d. Gestational age assessment (Ballard score)
 - e. Screening

- i. Newborn metabolic screen (state specific)
 - ii. Critical congenital heart defect screening (pulse oximetry)
 - iii. Newborn hearing screen (automated auditory brainstem response tests, otoacoustic emissions testing)
 - iv. Jaundice screen (bilirubin level, including using nomogram)
 - v. Newborn physical exam, including weight, heart exam, hip exam, testicular exam, etc.
- f. Diagnosis and role-appropriate management of:
- i. Meconium-stained amniotic fluid, perinatal asphyxia
 - ii. Respiratory distress (including transient tachypnea of newborn), cyanosis, apnea
 - iii. Cardiac conditions: congenital heart disorders, murmurs, bradycardia
 - iv. Seizures
 - v. Hypoglycemia
 - vi. Developmental dysplasia of the hip
 - vii. Birth-related injuries
 - viii. Neonatal abstinence syndrome (in utero drug exposure)
 - ix. Hematologic problems: anemia, polycythemia
 - x. Jaundice: Rh factor and blood type incompatibility, breastfeeding jaundice, breastmilk jaundice, other causes
 - xi. Premature and post-date gestations
 - xii. Congenital and neonatal infections: sepsis, "TORCH" infections, Group B Strep, others
 - xiii. Maternal factors: infections (e.g., HIV, hepatitis); medical conditions (e.g., diabetes, hypertension), substance use/abuse (abstinence syndrome)
2. Well newborn and well-child care, including:
- a. Recommended schedule and content of examinations from birth to adolescence
 - b. Anticipatory guidance appropriate to age and developmental stage
 - i. Breastfeeding, including:
 - 1) Early bonding
 - 2) Impact of maternal medication use, substance use/abuse, and maternal conditions
 - 3) Common breastfeeding problems
 - 4) Importance of social supports and cultural issues
 - ii. Infant nutrition: including feeding problems, feeding options, and variations
 - iii. Temperament, developmental crying, and behavior
 - iv. Developmental stages and milestones
 - v. Toilet training
 - vi. Family and social relationships: including maternal postpartum depression
 - vii. Effective parenting
 - viii. Child abuse and neglect prevention
 - ix. Injury prevention: bicycle helmets, seat belts, etc.
 - x. Counseling on secondhand smoke exposure

- xi. School readiness: including school failure, bullying, social media, and peer pressure
 - xii. Media exposure, social media, screen time
 - xiii. Sleep problems
 - xiv. Physical activity and exercise
 - xv. Use of over-the-counter (OTC) medications and complementary and alternative medicine (CAM)
- c. Physical growth
 - i. Feeding strategies, caloric requirements, and nutritional supplementation
 - ii. Normal growth and variants, including dental development
 - iii. Failure to thrive and/or malnutrition
 - iv. Obesity
 - v. Sexual development and sexual maturity rating (Tanner Scale)
 - vi. Reproductive health maintenance and health promotion
 - d. Current immunization schedule
 - e. Screening appropriate to age
 - i. Weight, length, and head circumference
 - ii. Fluoride varnish and oral health
 - iii. Hemoglobin/hematocrit for anemia
 - iv. Lead
 - v. High-risk children (e.g., lipids, tuberculosis [TB], other infectious diseases)
 - vi. Development (Ages and Stages, Bright Futures Questionnaire)
 - vii. Autism
 - viii. Vision and Hearing
 - ix. Hypertension
 - x. Depression
 - xi. Alcohol and drug use
 - xii. Sexual behavior and sexually transmitted infections, including HIV
 - xiii. Physical, psychological, and sexual abuse
 - xiv. Other environmental health issues: actinic damage, media exposure, violence
3. Psychological disorders including:
- a. Families with high risk for parent-child interaction problems, dysfunction, or psychiatric problems
 - b. Evaluation, treatment, and/or referral for:
 - i. Mood disorders: depressive disorders, anxiety disorders, and bipolar disorder
 - ii. Developmental and psychological issues of lesbian, gay, bisexual, trans, queer/questioning (LGBTQ+) youth
 - iii. Disruptive behavior, impulse control, oppositional defiant disorder, and conduct disorders
 - iv. Elimination disorders
 - v. Feeding and eating disorders

- vi. Neurodevelopmental disorders, Attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, intellectual developmental disorder, learning disorders, tic disorders, Tourette syndrome)
 - vii. Obsessive-compulsive disorder, phobic disorder, and related disorders
 - viii. Psychiatric emergencies (including suicide)
 - ix. Psychotic disorders (including schizophrenia)
 - x. Sleep-wake disorders
 - xi. Somatic symptom disorder and related disorders
 - xii. Trauma- and stressor-related disorders (including post-traumatic stress disorder [PTSD])
 - xiii. Substance abuse
4. Social and ethical issues, including:
- a. Adoption and foster care
 - b. Child abuse and neglect, physical and sexual abuse, sexual assault, and trafficking
 - c. Divorce, separation, death, and dying
 - d. Initiating, withholding, and withdrawing life support
 - e. Family violence and/or drug/alcohol abuse
 - f. Cultural beliefs/diversity
 - g. Non-traditional families
 - h. Refugee and immigrant status
5. Children with chronic conditions, including:
- a. Genetic disorders
 - i. Common chromosomal abnormalities
 - ii. Screening issues (including ethical, legal, and social implications)
 - iii. Appropriate referral for necessary genetic diagnosis and counseling
 - b. Children with special needs or developmental delays
 - c. Cancer survivors
 - d. Premature infants
 - i. Chronic lung disease
 - ii. Gestational age correction for growth and development
 - iii. Nutrition
6. Evaluate and manage common signs and symptoms that present in the context of acute medical care in the inpatient or outpatient setting
- a. Categories of symptoms and conditions:
 - i. General
 - 1) Brief resolved unexplained event (BRUE)
 - 2) Constitutional symptoms

- 3) Fever without source
- 4) Fever of unknown origin
 - a) < 30 days
 - b) >30 days to 90 days
 - c) >90 days
- 5) Fussiness, irritability, lethargy, and fatigue
- 6) Sleep disturbances
- ii. Allergic
 - 1) Symptoms: anaphylaxis, angioedema, rhinitis
 - 2) Types: drug, food, insect, environmental
 - 3) Stevens-Johnson/toxic epidermal necrolysis
- iii. Cardiovascular
 - 1) Arrhythmias: supraventricular arrhythmia, bradycardia, long QT syndrome, Wolff-Parkinson-White syndrome
 - 2) Congenital heart defect
 - 3) Cardiomyopathies: dilated, hypertrophic, restrictive
 - 4) Heart failure
 - 5) Endocarditis, myocarditis, pericarditis
 - 6) Rheumatic heart disease
 - 7) Kawasaki's disease
 - 8) Hypertension
 - 9) Chest pain
 - 10) Murmurs
- iv. Dermatologic
 - 1) Bacterial: acne, impetigo, cellulitis, abscess
 - 2) Viral exanthema: measles, German measles, parvovirus B19, roseola infantum, Epstein-Barr virus, coxsackievirus, varicella, pityriasis rosea
 - 3) Other viruses: molluscum, warts, herpes simplex virus
 - 4) Parasitic: scabies, lice
 - 5) Fungal: tinea
 - 6) Atopic dermatitis/eczema
 - 7) Burns
 - 8) Purpura, petechiae
 - 9) Urticaria
- v. Eye, ear, nose, throat
 - 1) Ear: otitis media, otitis externa, mastoiditis, foreign body, hearing loss
 - 2) Eye: visual changes, conjunctivitis, red eye, chalazion, dacryocystitis, hordeolum, strabismus, orbital and periorbital cellulitis
 - 3) Nose: epistaxis, sinusitis, foreign body
 - 4) Mouth: dental caries and abscess
 - 5) Throat/neck: pharyngitis, laryngomalacia, deep neck space infections, congenital remnants (branchial cyst)
- vi. Endocrine/Metabolic
 - 1) Diabetes mellitus: type 1, type 2, diabetic ketoacidosis, nonketotic hyperosmolar coma

- 2) Diabetes insipidus
 - 3) Adrenal disorders
 - 4) Pituitary disorders: Cushing's syndrome, acromegaly, growth failure/delay, hypopituitarism
 - 5) Thyroid disease (hyperthyroidism, hypothyroidism)
 - 6) Precocious or delayed puberty
 - 7) Multiple endocrine neoplasia (MEN1, MEN2)
 - 8) Bone, mineral disorders
 - 9) Turner syndrome
- vii. Gastrointestinal
- 1) Symptoms: abdominal pain, vomiting, constipation, diarrhea (acute, chronic, encopresis), bloody stool, jaundice
 - 2) Infectious: gastroenteritis, hepatitis
 - 3) Other diseases: gastroesophageal reflux disease, colic, inflammatory bowel disease, irritable bowel syndrome, intussusception, pancreatitis
 - 4) Food intolerance/malabsorption: celiac disease, lactose intolerance
 - 5) Surgical: appendicitis, cholecystitis, hernia, pyloric stenosis, Meckel's diverticulum
- viii. Gynecologic
- 1) Pelvic pain
 - 2) Imperforate hymen
 - 3) Menstrual disorders
 - 4) Sexually transmitted infection, pelvic inflammatory disease
 - 5) Vaginitis/vaginal discharge
 - 6) Endometriosis
 - 7) Birth control
 - 8) Sexual assault
- ix. Hematologic
- 1) Anemias
 - 2) Hemoglobinopathies: sickle cell, beta thalassemia
 - 3) Bleeding diatheses, including hemophilia
 - 4) Thrombocytopenia
 - 5) Thrombophilias
 - 6) Venous thromboembolism: deep vein thrombosis, pulmonary embolism
 - 7) Lymphadenopathy
- x. Rheumatologic
- 1) Juvenile idiopathic arthritis
 - 2) Juvenile dermatomyositis
 - 3) Juvenile lupus
 - 4) Juvenile scleroderma
 - 5) Rheumatic fever
 - 6) Vasculitis: Henoch-Schönlein purpura, Kawasaki's disease
 - 7) Mixed connective tissue disease
 - 8) Fibromyalgia
 - 9) Auto inflammatory disorders
- xi. Infectious diseases

- 1) Bacteremia, sepsis
 - 2) Community-acquired pneumonia
 - 3) Tuberculosis
 - 4) HIV
 - 5) Late presentation of congenital infections: cytomegalovirus, syphilis
 - 6) Lyme disease and other vector-borne illnesses
 - 7) Meningitis
 - 8) Osteomyelitis/septic arthritis
 - 9) Prophylaxis for patients with history of certain conditions: endocarditis, sickle cell, HIV, etc.
 - 10) Local/regional differences in prevalence of infectious diseases, emerging infections, and antimicrobial resistance patterns
- xii. Musculoskeletal/orthopedic
- 1) Hip disorders: Aseptic necrosis of the femoral head (Legg-Calve-Perthes disease), developmental dysplasia of the hip (DDH), slipped capital femoral epiphysis (SCFE), toxic synovitis
 - 2) Knee disorders: patellofemoral syndrome, Osgood-Schlatter disease, patellar dislocations
 - 3) Nursemaid's elbow
 - 4) Club foot
 - 5) Shoulder dislocations
 - 6) Scoliosis
 - 7) Sprains, dislocations, fractures, including patterns suspicious for abuse
 - 8) Growing pains
 - 9) Limp, gait disorders
 - 10) Muscular dystrophy
 - 11) Osteogenesis imperfecta
 - 12) Marfan's syndrome
- xiii. Neurologic
- 1) Concussion
 - 2) Altered mental status/encephalopathy
 - 3) Developmental delay, learning disabilities
 - 4) Diplopia/visual disturbance
 - 5) Meningitis, encephalitis
 - 6) Guillain-Barre syndrome
 - 7) Headache (migraine, tension), neurofibromatosis
 - 8) Hypotonia/weakness
 - 9) Hypertonia
 - 10) Seizure
 - 11) Stroke
 - 12) Syncope
 - 13) Traumatic brain injury
- xiv. Oncologic
- 1) Leukemias
 - 2) Brain/spinal cord tumors
 - 3) Neuroblastoma

- 4) Wilms tumor
 - 5) Lymphomas
 - 6) Rhabdomyosarcoma
 - 7) Retinoblastoma
 - 8) Bone cancer (osteosarcoma, Ewing sarcoma)
 - 9) Tumor lysis syndrome
- xv. Renal/urologic
- 1) Bladder: urinary tract infection, vesicoureteral reflux, nocturnal enuresis
 - 2) Kidney: pyelonephritis, glomerulonephritis, hemolytic-uremic syndrome, nephrolithiasis, nephrotic syndrome
 - 3) Male reproductive: undescended testes, hydrocele, scrotal mass, scrotal pain, testicular torsion
- xvi. Respiratory
- 1) Apnea, obstructive sleep apnea
 - 2) Asthma
 - 3) Bronchiolitis
 - 4) Croup
 - 5) Cystic fibrosis
 - 6) Epiglottitis
 - 7) Pertussis
 - 8) Pneumonia
 - 9) Bacterial tracheitis
 - 10) URI
- xvii. Toxicology
- 1) Drugs of abuse
 - 2) Heavy metal poisoning
 - 3) Overdose: acetaminophen, diphenhydramine, nonsteroidal anti-inflammatory drugs (NSAIDs), selective serotonin reuptake inhibitors (SSRIs), etc.

Skills

In the appropriate setting, the resident should know at a minimum the indications, contraindications, and steps required of the following procedures. They should demonstrate the ability to appropriately perform the following skills where applicable and relevant, obtain informed consent, maintain universal precautions, and sterile technique. The resident should also understand when and how to appropriately refer patients for:

- 1. Newborn care
 - a. Apgar score assignment
 - b. Circumcision
 - c. Frenotomy (i.e., tongue-tie snipping) for true ankyloglossia in the newborn
 - d. Neonatal resuscitation program (NRP)

e. Immunizations

2. Well Care

- a. Age-appropriate history and physical examination (including pre-participation physical examination)
 - i. Use appropriate growth charts (e.g., World Health Organization [WHO] <2 years, Centers for Disease Control and Prevention [CDC] >2 years, Down Syndrome, etc.)
 - ii. Calculation of body mass index (BMI)
- b. Immunizations
- c. Cerumen removal
- d. Coordination of patient care and specialty services, when required
- e. Hearing and vision screening test interpretation
- f. Interpretation of radiologic or other diagnostic studies (e.g., spirometry, electrocardiogram [EKG])
- g. Performance of developmental surveillance, as well as administration and interpretation of developmental screening tests (e.g., Modified Checklist for Autism in Toddlers [M-CHAT], Childhood Autism Rating Scale [CARS])
- h. Pneumatic otoscopy and tympanograms, including interpretation
- i. Psychosocial/behavioral questionnaire administration and interpretation (e.g., Conners and Vanderbilt for ADHD; Pediatric Symptom Checklist [PSC] for cognitive, emotional, and behavioral problems)
- j. Subcutaneous and intramuscular injections
- k. Vascular access and blood sampling

3. Acute care

- a. Anesthesia
 - i. Local
- b. Digital biopsy of skin lesion
- c. Destruction of skin lesion (cryotherapy)
- d. Bladder catheterization
- e. Casting and splinting
- f. Conscious sedation
- g. Eye exam
 - i. Fluorescein/Wood's lamp
- h. Foreign body removal: skin or orifice
- i. Gastric tube placement: orogastric or nasogastric
- j. History and physical for physical or sexual abuse

- k. Incision and drainage of abscess
- l. IV fluid calculations: maintenance, replacement, electrolytes, blood
- m. Laboratory test interpretation: complete blood count, chemistries, renal function, hepatic function, inflammatory markers, coagulation studies, blood gases, urinalysis, cerebrospinal fluid analysis, wet prep, stool studies, bacterial/viral/fungal studies
- n. Imaging interpretation
- o. EKG interpretation
- p. Laceration repair
 - i. Staple
 - ii. Suture
 - iii. Tissue adhesive
 - iv. Steri-Strip
- q. Lumbar puncture
- r. Management of acute diagnosis/diagnoses in the presence of comorbid conditions
- s. Medication delivery: IM/SC/IV/rectal/inhaled/intranasal/buccal
- t. Nail removal
- u. Radiographic interpretation
- v. Reduction of dislocations
- w. Pediatric Advanced Life Support (PALS)
- x. Spirometry interpretation
- y. Suctioning: nares, nasopharynx
- z. Universal precautions
- aa. Vascular access
 - i. Intraosseus
 - ii. Intravenous
- bb. Vital signs: interpretation, appropriate monitoring modalities
- cc. Wound care/dressing management

Implementation

This curriculum should be taught during both focused and longitudinal experiences throughout the residency program. Physicians who have demonstrated skills in caring for children should be available to act both as role models and information resources for the residents and should be available to give support and advice to individual residents regarding the evaluation and treatment of their patients. Each family medicine resident's

panel of patients should include pediatric patients to meet current ACGME requirements.

The AAFP would like to recognize the United States Breastfeeding Committee (USBC) for their work in developing *Core Competencies in Breastfeeding Care and Services for All Health Professionals*. The document provided a framework for this AAFP Curriculum Guideline. The USBC document can be downloaded at www.usbreastfeeding.org/p/cm/ld/fid=170.

Resources

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www.aafp.org/dam/AAFP/documents/medical_education_residency/program_directors/Reprint278_Adolescent.pdf

American Academy of Family Physicians (AAFP). Curriculum guideline reprint no. 274: Allergy and immunology. AAFP; 2015.

www.aafp.org/dam/AAFP/documents/medical_education_residency/program_directors/Reprint274_Allergy.pdf

American Academy of Family Physicians (AAFP). Curriculum guideline reprint no. 272: Conditions of the nervous system. AAFP; 2013.

www.aafp.org/dam/AAFP/documents/medical_education_residency/program_directors/Reprint272_Nervous.pdf

American Academy of Family Physicians (AAFP). Curriculum guideline reprint no. 271: Conditions of the skin. AAFP; 2013.

www.aafp.org/dam/AAFP/documents/medical_education_residency/program_directors/Reprint271_Skin.pdf

American Academy of Family Physicians (AAFP). Curriculum guideline reprint no. 267: Health promotion and disease prevention. AAFP; 2014.

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American Academy of Family Physicians (AAFP). Curriculum guideline reprint no. 270: Human behavior and mental health. AAFP; 2015.

www.aafp.org/dam/AAFP/documents/medical_education_residency/program_directors/Reprint270_Mental.pdf

American Academy of Family Physicians (AAFP). Curriculum guideline reprint no. 289D: Lesbian, Gay, Bisexual, Transgender Health. AAFP; 2014.

http://www.aafp.org/dam/AAFP/documents/medical_education_residency/program_directors/Reprint289D_LGBT.pdf

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www.aafp.org/dam/AAFP/documents/medical_education_residency/program_directors/Reprint285_Urgent.pdf

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www.survivorshipguidelines.org/pdf/LTFUResourceGuide.pdf

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Website Resources

American Academy of Family Physicians. *FP Essentials*. (Monographs published monthly. Available by subscription to residency programs and residents.)
www.aafp.org/cme/subscriptions/fp-essentials/editions.html

American Academy of Pediatrics. www.aap.org

Academic Pediatric Association. www.ambpeds.org

Bright Futures. www.brightfutures.org

Centers for Disease Control and Prevention. www.cdc.gov

Early Childhood Development: An Office of the Administration for Children and Families. Birth to 5: Watch Me Thrive! www.acf.hhs.gov/programs/ecd/watch-me-thrive

GeneralPediatrics.com. The General Pediatrician's View of the Internet.
<http://generalpediatrics.com>

iMedicalApps (Apps reviewed in many medical specialties, including family medicine and pediatrics. <https://www.imedicalapps.com/>)

National Institutes of Health. www.nih.gov

App Resources

Bilirubin: Bilicalc

Bug guides: AAP Red Book, Nelson's Pediatric Antibicrobial Therapy

Clinical questions: UpToDate, Dynamed/Dynamed Plus

Developmental/calculators: Kidometer, PediQuickCalc

Emergency reference: palmEM

For parents: Healthy Children, WebMD Baby, Sprout, Children's Hospital of Philadelphia (CHOP) Vaccines on the Go, KidsDoc

General pediatrics: Pediatric Care Online, AAP (multiple apps but will need to be AAP member to reference most)

Medication dosage: Pedi STAT, BluCard, EMRA Peds Meds, iNRP

Medication resources: Epocrates, Micromedex, Lexi-Comp

Miscellaneous: Smiles for Life, Car Seat Helper, Car Seat Check, Lead Screen, EPSS: USPSTF screening guidelines

Rashes: VisualDx, EM Rashes

Vaccine schedules: Shots, CDC Vaccine Schedules

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Revised 08/16 by STFM Group on Care of Infants and Children

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