APPENDIX A: DEFINITIONS FOR INDICATOR TABLES
DEFINITIONS FOR ACNE (CHAPTER 1)

There are no definitions for this chapter.

DEFINITIONS FOR ADOLESCENT PREVENTIVE SERVICES (CHAPTER 2)

Blood pressure above the 95th percentile: We define both significant and severe hypertension for adolescents according to the following age-specific criteria:

<table>
<thead>
<tr>
<th>Age</th>
<th>Significant Hypertension</th>
<th>Severe Hypertension</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-12</td>
<td>Systolic ≥ 126 mm Hg</td>
<td>Systolic ≥ 134 mm Hg</td>
</tr>
<tr>
<td></td>
<td>Diastolic ≥ 82 mm Hg</td>
<td>Diastolic ≥ 90 mm Hg</td>
</tr>
<tr>
<td>13-15</td>
<td>Systolic ≥ 136 mm Hg</td>
<td>Systolic ≥ 144 mm Hg</td>
</tr>
<tr>
<td></td>
<td>Diastolic ≥ 86 mm Hg</td>
<td>Diastolic ≥ 92 mm Hg</td>
</tr>
<tr>
<td>16-18</td>
<td>Systolic ≥ 142 mm Hg</td>
<td>Systolic ≥ 150 mm Hg</td>
</tr>
<tr>
<td></td>
<td>Diastolic ≥ 92 mm Hg</td>
<td>Diastolic ≥ 98 mm Hg</td>
</tr>
</tbody>
</table>

Normal Pap smear: one without atypia, dysplasia, CIS or invasive carcinoma.

Severely abnormal Pap smear: a note that indicates “moderate dysplasia” or “severe dysplasia” or “carcinoma in situ” or CIS or CIN II or CIN III, or “high grade SIL” or “squamous cell carcinoma” or “adenocarcinoma.”

Counseling (for cigarette smoking): includes providing pamphlets, brief advice, specialized structured programs.

DEFINITIONS FOR ALLERGIC RHINITIS (CHAPTER 3)

There are no definitions for this chapter.
DEFINITIONS FOR ASTHMA
(CHAPTER 4)

Chronic oral corticosteroids: Three or more (14-day or greater) corticosteroid tapers for exacerbations in the past year; or continuous treatment with any dose of prednisone; or three or more administrations of IM corticosteroids in the past year.

Frequent bursts of prednisone: Two to three (or more) 5 day courses, following an exacerbation, in a 6 month period.

Asthma exacerbation: characterized by acute obstruction to airflow; patients become acutely short of breath, tachycardic, and if severe, use accessory muscles of respiration.

Intensive care setting: A monitored setting with the capacity to monitor continuous O2 saturation at a minimum. For example, a step down unit would meet this definition.

DEFINITIONS FOR ATTENTION DEFICIT/HYPERACTIVITY DISORDER (CHAPTER 5)

Comorbidities: Thyroid disease, sleep disorder, cognitive disorder, family dysfunction such as parent child conflict disorder, poor fit with the home or school environment, oppositional behavior disorder, conduct disorder, pervasive developmental disorder, any neurologic disorder, learning disorder, affective disorder such as depression, vision disorder, hearing disorder.

Risks (of pharmacotherapy): Effects on the cardiorespiratory system, on weight and height, as well as possibility of tics, decreased appetite, insomnia, headaches, stomach aches, irritability, anxiety, excessive sadness, social withdrawal, euphoria or dizziness.

Benefits (of pharmacotherapy): May lead to improved short-term abatement of the core symptom complex of inattention, impulsivity and overactivity compared to nonpharmacologic or no treatment. Also may improve child’s performance on intelligence measures, achievement scores, and perceptual, motor and memory measures.

Development: Appropriateness of development should be based on standardized development tests such as the Denver II or development guidelines of the American Academy of Pediatrics (AAP, 1988).
Learning disorder (of family member): A physician notation in the chart that a family member had a learning disorder or an equivalent notation (e.g., "(family member) had problems in school" is sufficient). Physicians typically will not have adequate information to make a definitive diagnosis for a family member.

Behavior problem (of family member): A physician notation in the chart that a family member had a behavior problem or an equivalent notation is sufficient. Physicians typically will not have adequate information to make a definitive diagnosis for a family member.

Psychiatric disorder (of family member): A physician notation in the chart that a family member had a psychiatric disorder or an equivalent notation is sufficient. Physicians typically will not have adequate information to make a definitive diagnosis for a family member.

Isolated ADHD: ADHD with no comorbidities (see list under comorbidities).

Failure to respond (to a trial of medication): lack of improvement in attention and impulsivity/hyperactivity, despite maximal therapeutic dosage of sufficient duration.

Parent rating scale: Examples include the ADHD Rating Scale; Swanson, Nolan, and Pelham Rating Scale; Child Behavior Check List; Conners Scales; Yale Children’s Inventory; or Aggregate Neurobehavioral Student Health and Education Review.

Teacher rating scale: Examples include the ADHD Rating Scale; Swanson, Nolan, and Pelham Rating Scale; Child Behavior Check List; ADD-H Comprehensive Teacher Rating Scale; Conners Scales; Yale Children’s Inventory; or Aggregate Neurobehavioral Student Health and Education Review.

Affective symptoms: include unexplained somatic complaints; drop in school performance; apathy and loss of interest; social withdrawal; increased irritability or tearfulness; sleep changes; appetite changes; suicidal ideation or behavior; substance use; promiscuous sexual behavior; or risk-taking behavior.

Oppositional Defiant Disorder: characterized by symptoms of negativistic, hostile, and defiant behavior.
Conduct Disorder: characterized by symptoms of aggression to people and animals, destruction of property, deceitfulness or theft, and serious violations of rules.

DEFINITIONS FOR CESAREAN DELIVERY (CHAPTER 6)

**Antiobiotic Prophylaxis**
There are no definitions for this portion of the chapter.

**Failure to Progress in Labor**
**Failure to progress (FTP) in labor:** Also known as “dystocia.” Labor (as measured by cervical dilation and descent of the presenting part) has either stopped progressing or progresses at a rate below accepted norms. Accepted norms for cervical dilation range from 0.5 to 1.5 cm of cervical change per hour. *Also known as “cephalopelvic disproportion,” “protracted or prolonged active phase,” “protracted or prolonged first stage,” “feto-pelvic disproportion,” and “arrest of dilatation.”*

**Active phase of labor:** a cervical dilatation of 3 cm for nulliparas and 4 cm for multiparas.

**Fetal Distress**
**Electronic fetal monitoring (EFM):** A method by which the fetal heart rate can be monitored continuously during labor. External EFM uses a doppler device strapped to the mother's abdomen. Internal EFM uses a clip attached to the fetal scalp to detect electrocardiographic impulses from the fetus. Certain patterns of EFM tracing may be indicative of fetal hypoxia.

**Prior Cesarean**
**Trial of labor:** This term implies that vaginal delivery is intended. Labor is allowed to proceed until delivery, or until some indication for cesarean (such as fetal distress of failure to progress in labor) intervenes.
DEFINITIONS FOR DEPRESSION (CHAPTER 7)

Risk factors for depression in adolescents include: parental divorce in past six months; death of family member or friend in past six months; school failure; history of depression; history of cigarette, alcohol, or other drug use; history of depression, substance abuse, or suicide attempts in family members; fired from job; parental marital discord, parental-patient discord; school suspension, expulsion, or dropping out.

Symptoms of depression: include depressed mood, diminished interest or pleasure in activities, weight loss/gain, impaired concentration, suicidality, fatigue, feelings of worthlessness and guilt, and psychomotor agitation/retardation.

Medical complications of substance abuse: include blackouts, seizures, delerium, liver failure (for alcohol); local infection, endocarditis, hepatitis and HIV, death from overdose (for IV drugs of any kind); seizures, myocardial infarction, and hypertensive crises (for cocaine and amphetamines).

DEFINITIONS FOR DEVELOPMENTAL SCREENING (CHAPTER 8)

Social/personal development: An amalgamation of development in multiple streams, particularly cognition. Social dysfunction may be a symptom of neurodevelopmental abnormality assessed by looking at milestones such as play skills, domestic mimicry, and parallel play (up to 24 months) and associative play (up to 42 months). We will accept a note on social or personal development status (normal or delayed) as an indicator that this area was assessed.

Fine motor/visuomotor development: This is assessed to quantify the cognitive components of visual and fine motor manipulative tasks. May be abnormal secondary to visual impairment, gross or fine motor impairment, or outright refusal to perform task. Adequate cognitive abilities frequently overcome mild to moderate upper extremity limitations. We will accept a note on fine motor or visuomotor
development status (normal or delayed) as an indicator that this area was assessed.

**Language development:** This is the best single measure of cognitive development both in infancy and childhood. Language can be used as an objective tool for early assessment via prelinguistic and linguistic milestones of later cognitive development. Recognition of language delay is probably the most sensitive indicator of subsequent mental retardation. We will accept a note on language development status (normal or delayed) as an indicator that this area was assessed.

**Gross motor development:** Gross motor development is the key to early detection of many disabilities. Significant early motor delay and abnormalities of the neuromotor examination are the hallmark of cerebral palsy. We will accept a note on gross motor development status (normal or delayed) as an indicator that this area was assessed.

**Developmental delay:** Refers to a performance significantly below average in a given area of skill. A developmental quotient below 70 constitutes delay;

\[
\text{Developmental Quotient} = DG = \frac{\text{developmental age}}{\text{chronologic age}} \times 100
\]

**DEFINITIONS FOR DIABETES MELLITUS** *(CHAPTER 9)*

**Diabetic complications:** Although the following list is not intended to be exhaustive, examples include visual loss, dysfunction of the heart, peripheral vasculature, peripheral nerves, and kidneys.

**Failed dietary therapy:** Adherence to ADA diet fails to improve glycemic control, as glycosylated hemoglobin measure remains above 6.05 mg/dl percent.

**Failure of preferred agents:** Failure to achieve glycemic control or reduce diabetic complications.
DEFINITIONS FOR ACUTE DIARRHEA
(CHAPTER 10)

*Note:* These indicators are intended to apply to children up to age 3 years.

**Acute diarrhea:** Symptoms have lasted less than two weeks.

**Frequency and volume (of fluid intake):** How much and how frequently child takes fluids.

**Frequency and volume (of urinary output):** How much and how often urine is produced. (e.g. number of diapers with urine, notation of “less than normal”, “having urine”, etc.)

**Recent weight obtained:** A recent weight is age-specific and defined according to the National Center for Health Statistics Growth Curves as follows:

<table>
<thead>
<tr>
<th>Age</th>
<th>Definition of Recency</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;=3 months</td>
<td>Within 1 week of visit</td>
</tr>
<tr>
<td>3 months to &lt;= 6 months</td>
<td>Within 2 weeks of visit</td>
</tr>
<tr>
<td>6 months to &lt;= 9 months</td>
<td>Within 4 weeks of visit</td>
</tr>
<tr>
<td>9 months to &lt;=15 months</td>
<td>Within 10 weeks of visit</td>
</tr>
<tr>
<td>15 months to &lt;= 4 years</td>
<td>Within 4 months</td>
</tr>
</tbody>
</table>

**Severity of dehydration** is defined in terms of estimated fluid loss (percentages below multiplied by patient’s recent weight) as shown below:
**% Dehydration** | **Clinical Observation**
---|---
5-6% | Mild Dehydration | HR (10-15% above baseline); slightly dry mucous membranes; concentration of urine; *poor tear production.
7-8% | Moderate Dehydration | Increase in severity of above signs; decreased skin turgor; oliguria; sunken eyeballs*; sunken anterior fontanelle.
>9% | Severe Dehydration | Marked severity of above signs; decreased blood pressure for age; delayed capillary refill; acidosis (large base deficit).

**Pulse rate was elevated:** An elevated pulse rate at rest is age-specific and defined as greater than the upper limits of normal as follows:

<table>
<thead>
<tr>
<th>Age</th>
<th>Elevated Pulse Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newborn</td>
<td>&gt;150/min</td>
</tr>
<tr>
<td>1-11 months</td>
<td>&gt;160</td>
</tr>
<tr>
<td>1-2 years</td>
<td>&gt;130</td>
</tr>
<tr>
<td>2-4 years</td>
<td>&gt;120</td>
</tr>
<tr>
<td>4-6 years</td>
<td>&gt;115</td>
</tr>
<tr>
<td>6-8 years</td>
<td>&gt;110</td>
</tr>
<tr>
<td>8-12 years</td>
<td>&gt;110 for girls, &gt;105 for boys</td>
</tr>
<tr>
<td>12-14 years</td>
<td>&gt;105 for girls, &gt;100 for boys</td>
</tr>
<tr>
<td>14-16 years</td>
<td>&gt;100 for girls, &gt;95 for boys</td>
</tr>
</tbody>
</table>

**Low blood pressure:** A low blood pressure is age-specific and may be defined as follows:

<table>
<thead>
<tr>
<th>Age</th>
<th>Low Blood Pressure (Systolic)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 7 days to 30 days</td>
<td>&lt; 65</td>
</tr>
<tr>
<td>30 days to 2 years</td>
<td>&lt; 85</td>
</tr>
<tr>
<td>2-5 years</td>
<td>&lt; 95 (diastolic &lt; 60)</td>
</tr>
</tbody>
</table>
**Immunocompromise:** Person with immune disorders such as hematologic and solid tumors, congenital immunodeficiency, HIV and long-term immunosuppressive therapy.

**Growth delay:** Child younger than 2 years whose weight or height is below the fifth percentile for age on more than one occasion or who has dropped 2 major percentile lines (e.g., from the 90th percentile to below the 50th percentile), using the standard growth charts of the National Center for Health Statistics (NCHS):

<table>
<thead>
<tr>
<th>Age</th>
<th>Length (in cm)</th>
<th>Weight (in kg)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Birth</td>
<td>46.4</td>
<td>45.4</td>
</tr>
<tr>
<td>1 month</td>
<td>50.4</td>
<td>49.2</td>
</tr>
<tr>
<td>3 months</td>
<td>56.7</td>
<td>55.4</td>
</tr>
<tr>
<td>6 months</td>
<td>63.4</td>
<td>61.8</td>
</tr>
<tr>
<td>9 months</td>
<td>68.0</td>
<td>66.1</td>
</tr>
<tr>
<td>12 months</td>
<td>71.7</td>
<td>69.8</td>
</tr>
<tr>
<td>18 months</td>
<td>77.5</td>
<td>76.0</td>
</tr>
<tr>
<td>24 months</td>
<td>82.3</td>
<td>81.3</td>
</tr>
</tbody>
</table>

For the purpose of the study, growth delay will be present if the health care provider documents in any problem list the general term growth delay or the specific term failure to thrive or short stature (not familial/genetic or constitutional).

**Malnutrition:** For the purpose of the study, malnutrition will be present if the health care provider documents in any problem list the general term malnutrition or a synonym, such as marasmus or protein malnutrition.

**General condition:** characterized by well, alert; restless, irritable; or lethargic or unconscious, floppy.

**Appearance of eyes:** characterized by normal; sunken; or very sunken and dry.

**Degree of oral moisture:** characterized by moist; dry; or very dry.

**Degree of thirst:** characterized by drinks normally, not thirsty; thirsty, drinks eagerly; or drinks poorly or not able to drink.

**Degree of skin turgor:** characterized by skin goes back quickly; skin goes back slowly; or skin goes back very slowly.
Condition of anterior fontanelle: characterized by normal/flat; slightly sunken; or severely sunken.

Young infant: an infant aged 3 months or less.

Morbidity (of untreated diarrhea): may include severe hydration, abdominal and rectal pain, weight loss, lost school days, and lost work days for the parent.

Complications of sepsis: include multi-organ failure and death.

DEFINITIONS FOR FAMILY PLANNING (CHAPTER 11)

Effective contraception: Any one of the following methods is considered an effective method of preventing contraception:
- Hormonal contraception (OC, injectable prostaglandins or implants)
- IUD
- Barrier + spermicide
- Sterilization
- Complete abstinence

At risk for unintended pregnancy: those who are sexually active without effective contraception and who do not desire pregnancy.

DEFINITIONS FOR FEVER IN CHILDREN UNDER 3 YEARS OF AGE (CHAPTER 12)

Cerebrospinal fluid studies are abnormal: Values for cerebrospinal fluid white blood count, protein, or glucose outside the normal range are age specific and will be defined as below:

<table>
<thead>
<tr>
<th>Test</th>
<th>Abnormal</th>
</tr>
</thead>
<tbody>
<tr>
<td>WBC</td>
<td>≥ 22.4/µL (up to 1 month)</td>
</tr>
<tr>
<td></td>
<td>≥ 5/µL with 0% PMNs (over 1 month)</td>
</tr>
<tr>
<td>Serum glucose</td>
<td>≥ 119 mg/dL (term infant to 1 month)</td>
</tr>
<tr>
<td></td>
<td>≥ 80 mg/dL (over 1 month)</td>
</tr>
<tr>
<td>Protein</td>
<td>≥ 90 mg/dL (term infant to 2 months)</td>
</tr>
<tr>
<td></td>
<td>&gt; 40 mg/dL (over 2 months)</td>
</tr>
</tbody>
</table>

Low risk (infant 28 days to 3 months): All of the following criteria are true:
- appears generally well,
• previously healthy (see definition below)
• no evidence of skin, soft tissue, bone, joint, or ear infection found, and
• laboratory values negative
  - peripheral blood white blood count 5.0 to 15.0 \( \times 10^3 \) cells/ml,
  - absolute band from count \( \leq 1.5 \times 10^3 \) cells/ml,
  - \( \leq 10 \) WBC per high-power field (x 40) on microscopic examination of a spun urine sediment, and
  - \(< 5 \) WBC per high-power filed (x 40) on microscopic examination of a stool smear (only for infants with diarrhea).

**High risk (infant 28 days to 3 months):** Two or more of the following criteria are NOT true:
• appears generally well,
• previously healthy (see definition below)
• no evidence of skin, soft tissue, bone, joint, or ear infection found, and
• laboratory values negative
  - peripheral blood white blood count 5.0 to 15.0 \( \times 10^3 \) cells/ml,
  - absolute band from count \( \leq 1.5 \times 10^3 \) cells/ml,
  - \( \leq 10 \) WBC per high-power field (x 40) on microscopic examination of a spun urine sediment, and
  - \(< 5 \) WBC per high-power field (x 40) on microscopic examination of a stool smear (only for infants with diarrhea).

**High risk in an infant/child 3 to 36 months of age** would be indicated by: lethargy; poor perfusion; or marked hypoventilation, hyperventilation, hypotension/tachycardia, or cyanosis.

**Low risk in an infant child 3 to 36 months of age is defined as a patient that meets none of the criteria for high risk.**

**Toxic appearing infant (28 to 90 days): signs of sepsis based on lethargy, poor perfusion, hypoventilation, hyperventilation, or cyanosis.**

**Previously healthy:** An infant is considered to have been previously healthy if all the following apply:
• born at term (\( \geq 37 \) weeks’ gestation)
• did not receive perinatal, antimicrobial therapy
• was not treated for unexplained hyperbilirubinemia,
• had not received and was not receiving antimicrobial agents,
• had not been previously hospitalized,
• had no chronic underlying illness, and
• was not hospitalized longer than the mother.

**Afebrile:** Without fever. For a child less than three months old, the diagnosis of fever should be based on a temperature measurement of 38 degrees centigrade or greater taken at home or in the medical setting. For children older than three months, the threshold for defining fever is 39 degrees centigrade.

**Positive urine culture:** The following colony counts from a pure culture, by method of collection, are defined as a positive urine culture (Feld, et al. 1989):

- **Suprapubic aspiration:** gram-negative bacilli (any number), gram-positive cocci (> few thousand)
- **Catheterization** >10^4 (10^3-10^4 is suspicious, meriting a repeat test)
- **Clean-voided** > 10^4 (boy), > 10^5 (girl), (10^4-10^5 for girls is suspicious; repeat test)

**Tachypnea:** Respiratory rate above 60 for children less than 90 days; above 40 for children age 3 months to one year; and above 30 for children age 1 to 3 years.

**Lower respiratory symptoms:** include tachypnea, grunting, flaring, retractions, decreased breath sounds, rales, or rhonchi.

**DEFINITIONS FOR HEADACHE**

**(CHAPTER 13)**

**New patients:** Patients who present for the first time to the physician, practice or health plan. In other words, patient for whom a history and physical has been performed and is available to the physician.

**New onset headache:** Patient has no prior history of presenting with headache complaint.

**Abnormal neurological examination:** any physician note that indicates the following are not normal: cranial nerves, including
pupils and eye movements, examination of the deep tendon reflexes and of
the fundi, focal neurologic signs, and cerebellar signs.

**Constant headache:** Unrelieved, persistent headache that may range
from low-level to severe. Experts contend that such headaches are more
indicative of intracranial neoplasm than intermittent headaches.

**Moderate or Severe headache:** Headache of a severity that prohibits
daily activities.

**Acute headache:** Headache lasting less than one week.

**Tension headaches:** Tension headaches are likely to be described as
dull, nagging and persistent, with tight and constricting pain, and are
also referred to as contraction, stress or ordinary headaches. The pain
of these headaches may be either unilateral or bilateral and may involve
the frontal region. Pain is likely to be most severe in the neck,
shoulders and occipital region.

**Uncontrolled hypertension:** Failure to control blood pressure to
normal or stage 1 levels (systolic less than 160, diastolic less
than 100).

**Side effects of migraine therapeutic agents:** Although not
exhaustive, examples of side effects include the following:
- Ergotamines: vasoconstriction, nausea, abdominal pain, somnolence;
- Opiates: dependence, somnolence, withdrawal;
- Phenothiazines: distonic reactions, anticholinergic reactions,
  insomnia.

**Migraine symptoms and headaches:** Migraines typically last 4 to 72
hours, with the vast majority lasting less than 24 hours and involving
headache-free periods between prostrating attacks. Migraine pain can
occur anywhere in the head or face, but seems to occur most often in the
temple. Common migraine symptoms include unilateral location, pulsating
quality, moderate or severe intensity (inhibits or prohibits daily
activities), aggravation by walking stairs or similar activity, nausea
and/or vomiting, and/or photophobia and phonophobia. Classic migraine
symptoms include homonymous visual disturbance, unilateral parasthesias,
unilateral weakness and aphasia or unclassifiable speech difficulty.

**Risk factors for depression in adolescents include:** parental
divorce in past six months; death of family member or friend in past six
months; school failure; history of depression; history of cigarette, alcohol, or other drug use; history of depression, substance abuse, or suicide attempts in family members; fired from job; parental marital discord, parental-patient discord; school suspension, expulsion, or dropping out.

Symptoms of depression include: depressed mood, diminished interest or pleasure in activities, weight loss/gain, impaired concentration, suicidality, fatigue, feelings of worthlessness and guilt, and psychomotor agitation/retardation.

### DEFINITIONS FOR IMMUNIZATIONS
(CHAPTER 14)

- **IPV**: Inactivated polio vaccine.
- **OPV**: Oral polio vaccine.
- **Immunodeficiency**: Immune disorders such as hematologic and solid tumors, congenital immunodeficiency, and long-term immunosuppressive therapy. For immunization recommendations, HIV infection generally is treated as distinct from other causes of immunodeficiency.
- **Immunocompromised contact**: Immunocompromised person to whom the patient is frequently exposed.
- **Anaphylactic reaction**: Allergic reaction to a vaccine or vaccine constituent involving angioedema of the airways and potential respiratory arrest.
- **DTP**: Vaccine for Diphtheria-Tetanus-Pertussis.
- **DTaP**: Diphtheria-Tetanus-Pertussis (DTP) vaccine formulation withacellular pertussis.
- **Td**: Diphtheria-Tetanus-Pertussis (DTP) vaccine formulation with a smaller amount of diptheria toxoid.
- **Encephalopathy**: Cerebropathy; diffuse disturbance of brain function resulting in behavioral changed, altered consciousness, and/or seizures.
- **PRP-OMP Hib**: Formulation of the Haemophilus influenzae type b vaccine using PedvaxHIB®.
- **Hib**: Haemophilus influenza type b vaccine.
- **Adolescents**: Age 13 through 17.
DEFINITIONS FOR OTITIS MEDIA  
(CHAPTER 15)

Nonspecific behavioral changes and symptoms: Includes irritability, lethargy, decreased appetite, vomiting, diarrhea.

DEFINITIONS FOR PRENATAL CARE  
(CHAPTER 16)

Screened for anemia: A hemoglobin or hematocrit (blood test)
Smoking history: Interview asking the patient whether or not she smokes or has smoked during the pregnancy, and if so how much.
Drug history: Interview asking the patient whether or not she has used illicit drugs during the pregnancy or prior to pregnancy, and if so which drugs, how much and how often.
Alcohol history: Interview asking the patient whether she has used alcohol during the pregnancy, and if so how much and how often.

DEFINITIONS FOR SICKLE CELL SCREENING  
(CHAPTER 17)

Sickle cell screening: Any of the following methods may be used; hemoglobin electrophoresis, isoelectric focusing, or high performance liquid chromatography.
Repeat sickle cell screen: Hemoglobin electrophoresis, immunologic testing, or DNA testing are acceptable. Involves reassessment of infant’s hemoglobin phenotype, measurement of hemoglobin concentration and red cell indices, inspection of the red cell morphology, and correlation with clinical history. Globin DNA testing of infant may also be used. Parental assessment may also assist in making a definitive diagnosis.

DEFINITIONS FOR TUBERCULOSIS SCREENING  
(CHAPTER 18)

Region of the world with high TB prevalence: Based on 1990 estimates of tuberculosis incidence produced by the World Health Organization, high prevalence is defined to be greater than 100 infections per 100,000 population. High prevalence regions include
Mexico, Central America (excluding Panama), Ecuador, Peru, Bolivia, Paraguay, Africa (excluding Algeria, Libya and Egypt), Iraq, South Asia and East Asia (excluding Japan).

**Frequently exposed:** A notation or the equivalent is made of “frequent contact,” when screening, diagnosis and/or treatment are merited.

**Immunodeficiency:** Immune disorders such as hematologic and solid tumors, congenital immunodeficiency, and long-term immunosuppressive therapy. For immunization recommendations, HIV infection generally is treated as distinct from other causes of immunodeficiency.

**Risk factors:** These include abnormalities on chest x-ray suggestive of TB; clinical evidence of TB; HIV-infection, Hodgkin’s disease, lymphoma, diabetes mellitus, chronic renal failure, malnutrition, or another immunosuppressive condition; contact with an adult/adolescent with infectious TB; is from, or household contacts are from, a region of the world with high TB prevalence; or is frequently exposed to adults or adolescents who are HIV-infected, homeless, users of injection and other street drugs, poor and medically-indigent city dwellers, residents of nursing homes, or migrant farm workers.

**DEFINITIONS FOR UPPER RESPIRATORY INFECTIONS**

(CHAPTER 19)

**ARF:** Acute rheumatic fever.

**Nasal symptoms:** Nasal congestion and/or discharge.

**Preceding viral infection:** Viral infection two weeks or less prior to onset. Viral infection examples include common cold and influenza.

**Acute sinusitis:** defined as lasting less than 3 weeks. If symptoms last longer, the patient may have chronic sinusitis, which is more difficult to treat and requires longer duration of antibiotic therapy.

**Suppurative complications of strep throat:** include otitis media, sinusitis, peritonsillar abscess, and suppurative cervical adenitis.

**Chronic sinusitis:** symptoms include nasal congestions, fever, headache, facial pain, toothache, rhinorrhea, and purulent nasal discharge.
DEFINITIONS FOR URINARY TRACT INFECTION
(CHAPTER 20)

Note: These indicators are intended to apply to children up to age 12 or puberty.

Failure to thrive (FTT): Child younger than 2 years whose weight or height is below the fifth percentile for age on more than one occasion or who has dropped 2 major percentile lines (e.g., from the 90th percentile to below the 50th percentile), using the standard growth charts of the National Center for Health Statistics (NCHS):

<table>
<thead>
<tr>
<th>Age</th>
<th>Length (in cm)</th>
<th>Weight (in kg)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Birth</td>
<td>46.4</td>
<td>45.4</td>
</tr>
<tr>
<td>1 month</td>
<td>50.4</td>
<td>49.2</td>
</tr>
<tr>
<td>3 months</td>
<td>56.7</td>
<td>55.4</td>
</tr>
<tr>
<td>6 months</td>
<td>63.4</td>
<td>61.8</td>
</tr>
<tr>
<td>9 months</td>
<td>68.0</td>
<td>66.1</td>
</tr>
<tr>
<td>12 months</td>
<td>71.7</td>
<td>69.8</td>
</tr>
<tr>
<td>18 months</td>
<td>77.5</td>
<td>76.0</td>
</tr>
<tr>
<td>24 months</td>
<td>82.3</td>
<td>81.3</td>
</tr>
</tbody>
</table>

For the purpose of the study, FTT will be present if the health care provider documents in any problem list the general term growth delay or the specific term failure to thrive or short stature (not familial/genetic or constitutional).

Fever in an infant (or febrile): The diagnosis of fever should be based on a temperature measurement of 38 degrees centigrade or greater taken at home or in the medical setting if under 3 months old; if the infant is 3 months to one year, fever is defined as greater than or equal to 39 degrees centigrade. Afebrile or without fever is defined as temperatures under these thresholds.

Infant: Up to one year old.

Pyelonephritis: Nephropyelitis; inflammation of the renal parenchyma and pelvis due to local bacterial infection.

Systemic symptoms: Examples include fever, chills.

VCUG: Voiding cystourethrogram.

RUS: Renal ultrasound.

IVP: Intravenous pyelogram.
**Obstructive symptoms:** Examples include midline lower abdominal distention; flank mass; infrequent or prolonged voiding; weak, dribbling or threadline urinary stream; or ballooning of the penile urethra.

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**DEFINITIONS FOR VAGINITIS AND STDs (CHAPTER 21)**

There are no definitions for this chapter.

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**DEFINITIONS FOR WELL CHILD CARE (CHAPTER 22)**

There are no definitions for this chapter.

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**DEFINITION FOR THE USE OF MEDICATIONS (NO TEXT CHAPTER ACCOMPANYING INDICATIONS)**

There are no definitions for these indicators.