cardiovascular risk factors in adults (Berenson, Srinivasan, Bao, et al, 1998).

- Most severely affected children come from families with a high incidence of early heart disease. Children whose genetic family history is unknown should also be screened (National Heart, Lung, and Blood Institute, 2011).

- Universal cholesterol screening in children would identify all individuals with dyslipidemia. Using solely the family history to identify subjects for cholesterol screening missed individuals with moderate dyslipidemia and those with potentially genetic dyslipidemia (Ritchie, Murphy, Ice, et al, 2010).

Apply the Evidence: Nursing Implications

There are strong recommendations (Guyatt, Oxman, Vist, et al, 2008) that lipid screening should be performed on all children 9 to 11 years old and again between 17 and 21 years old. Selective screening is still recommended over the age of 2 years old in children with affected first or second degree relatives or those with individual cardiac risk factors. The National Heart, Lung, and Blood Institute guidelines have been endorsed by the American Academy of Pediatrics (National Heart, Lung, and Blood Institute, 2011).

Quality and Safety Competencies: Evidence-Based Practice*

Knowledge

Differentiate clinical opinion from research and evidence-based summaries.

Describe use of cholesterol screening in children.

Skills

Base individualized care plan on patient values, clinical expertise, and evidence.

Integrate evidence into practice by using cholesterol screening in