Complete Summary

GUIDELINE TITLE

The teen driver.

BIBLIOGRAPHIC SOURCE(S)

Committee on Injury, Violence, and Poison Prevention, American Academy of Pediatrics, Committee on Adolescence, American Academy of Pediatrics, Weiss JC. The teen driver. Pediatrics 2006 Dec;118(6):2570-81. [82 references] PubMed

GUIDELINE STATUS

This is the current release of the guideline.

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COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

Motor vehicle-related injuries

GUIDELINE CATEGORY

Counseling
Prevention

CLINICAL SPECIALTY

Family Practice
Pediatrics

INTENDED USERS

Physicians

GUIDELINE OBJECTIVE(S)

- To describe why teenagers are at greater risk of motor vehicle-related injuries
- To suggest topics suitable for office-based counseling
- To describe innovative programs and propose preventive interventions for pediatricians, parents, legislators, educators, and other child advocates

TARGET POPULATION

Teenage drivers and their families

INTERVENTIONS AND PRACTICES CONSIDERED

1. Counseling of parents and adolescents to encourage safe driving practices
2. Community advocacy by pediatricians to encourage safe driving practices
3. Legislative advocacy of pediatricians to encourage enforcement of alcohol and safety belt laws and graduated driver licensing
4. Pediatrician encouragement of the alcoholic beverage and entertainment industries in supporting responsible behavior

MAJOR OUTCOMES CONSIDERED

Incidence of motor vehicle-related accidents, fatalities, and injuries in teen drivers

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Not stated

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Not stated

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not applicable

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Because motor vehicle crashes pose a major, continuing threat to the health of teenagers, the American Academy of Pediatrics makes the following recommendations.

Anticipatory Guidance by Pediatricians

Pediatricians should:

- Know their state laws regarding teenaged drivers, the teenaged driver-licensing process, and physician reporting requirements for medical conditions that could impair driving ability.

- Distribute educational materials about local graduated driver licensing (GDL) programs and teenaged driver safety to their adolescent patients (see Appendix 1 in the original guideline document).
- Alert parents and teenagers to high-risk situations for teenaged drivers (see Table below).

Table. Contributors to Teenaged Driver Crashes and Injury

Lack of driver experience
Young age at licensure
Failure to use safety belts
Inadequate hazard-perception skills
Distraction (cellular phone, food, drink, music)
Transporting teenaged passengers
Nighttime driving
Speeding and reckless driving
Fatigue
Unsafe vehicle choice
Alcohol use
Drug or medication use
Inadequate parental limit setting
Unlicensed or revoked license
Attention deficit hyperactivity disorder (ADHD)

- Encourage seat belt use.
- Discourage distractions when driving (eating, drinking, music, cellular phones).
- Encourage teenager-parent written contracts (see Appendix 2 in the original guideline document for sample) that place restrictions on the teenaged driver. At a minimum, parents should place restrictions on nighttime driving (preferably after 9:00 PM) and limits on the number of teenaged passengers. Initially, the rules should be fairly strict, but they can be relaxed as the teenager becomes older and gains more driving experience.
- Counsel teenagers about the dangers of driving while impaired (under the influence of alcohol, drugs, or medications or feeling ill, tired, depressed, or angry). Encourage a "safe-ride" agreement in which the teenager agrees to call the parent rather than drive while impaired and the parent promises to assist in arranging a ride home in a nonjudgmental manner.

- Encourage parents to require that the vehicle driven by the teenager is safe and in good condition.
- Advise parents that in many states, they have the authority to request that the driver's license of their minor child be revoked.
- Encourage parents to be positive role models.
- Advise parents about the various driving schools, Web sites, computer driving simulations, and parent-supervised driving lessons that are available (see Appendix 1 in the original guideline document).

Community Advocacy by Pediatricians

Pediatricians should:

- Support community efforts that encourage safe teenaged driving.
- Work with schools to encourage safety belt use and discourage alcohol use.
- Discourage school systems from continuing traditional driver education programs that are ineffective and encourage licensure of young teenagers.
- Discourage school policies that allow students to drive off campus for lunch.
- Encourage police to enforce GDL and seat belt laws.
- Collaborate with police and media to promote sobriety checkpoints and safety belt education and enforcement programs.

Legislative Advocacy by Pediatricians

Pediatricians should:

- Support strong GDL legislation in their states (see Table below).
- Support improvement and enforcement of laws designed to limit the purchase, possession, and consumption of alcohol by underage adolescents.
- Support primary enforcement of safety belt laws for all occupants.

Table. Essential Features That Should Be Mandated in GDL Systems

1. A learner-permit phase that starts no earlier than 16 years of age and lasts at least 6 months
2. A minimum of 30 hours (preferably 50 hours) of adult-supervised, on-road driving during the permit stage (at least 5 to 10 of these supervised practice hours should be at night)
3. A provisional (intermediate) stage, with restrictions, that lasts until 18 years of age
4. A nighttime driving restriction (9:00 PM to 5:00 AM until driving with provisional license for 6 months, followed by a midnight to 5:00 AM restriction until 18 years of age)
5. Passenger limits (unless supervised by an adult)
    a. First 6 months with provisional license: no teenaged passengers
    b. Until 18 years of age: no more than 1 teenaged passenger
6. Prompt imposition of fines, remedial driver classes, or license suspension for violation of passenger or curfew restrictions
7. Use of safety belts and appropriate child restraints by all occupants
8. No cellular phone use while in the provisional stage

9. Zero tolerance for alcohol and provisions for administrative license revocation for drunk driving, excessive speeding, or reckless driving
10. Documented safe driving record before full licensure is granted

It is suggested that states also consider a requirement for additional supervised driver experience/education (focused on hazard recognition and risk avoidance) during the provisional stage and a requirement for an additional on-road test to graduate from provisional to full licensure.

Involvement of the Alcoholic Beverage and Entertainment Industries in Encouraging Responsible Behavior

Pediatricians should:

- Encourage the alcoholic beverage industry to eliminate advertising aimed at youth.
- Encourage the media to avoid portrayal of speeding and reckless driving in contexts that invite imitation.
- Encourage the media to show universal use of safety belts.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of evidence supporting the recommendations is not specifically stated.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Prevention of motor vehicle injuries related to teen driving

POTENTIAL HARMS

Not stated

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

IMPLEMENTATION TOOLS

Chart Documentation/Checklists/Forms

For information about availability, see the "Availability of Companion Documents" and "Patient Resources" fields below.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

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ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2006 Dec

GUIDELINE DEVELOPER(S)

American Academy of Pediatrics - Medical Specialty Society

SOURCE(S) OF FUNDING

American Academy of Pediatrics

GUIDELINE COMMITTEE

Committee on Injury, Violence, and Poison Prevention

Committee on Adolescence

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Committee on Injury, Violence, and Poison Prevention, 2005-2006: Gary A. Smith, MD, DrPH, *Chairperson*; Carl R. Baum, MD; M. Denise Dowd, MD, MPH; Dennis R. Durbin, MD, MSCE; H. Garry Gardner, MD; Robert D. Sege, MD, PhD; Michael S. Turner, MD; *Jeffrey C. Weiss, MD; Joseph L. Wright, MD, MPH

Liaisons: Ruth A. Brenner, MD, MPH, National Institute of Child Health and Human Development; Stephanie Bryn, MPH, Health Resources and Services Administration/Maternal and Child Health Bureau; Julie Gilchrist, MD, Centers for Disease Control and Prevention; Jonathan D. Midgett, PhD, US Consumer Product Safety Commission; Alexander (Sandy) Sinclair, National Highway Traffic Safety Administration; Lynne J. Warda, MD, Canadian Paediatric Society

Staff: Rebecca Levin-Goodman, MPH

Committee on Adolescence, 2005-2006: Joanthan D. Klein, MD, *Chairperson*; Michelle S. Barratt, MD; Margaret J. Blythe, MD; Paula K. Braverman, MD; Angela Diaz, MD; David S. Rosen, MD; Charles J. Wibbelsman, MD

Liaisons: Miriam Kaufman, MD, Canadian Paediatric Society; Marc R. Laufer, MD, American College of Obstetricians and Gynecologists; Benjamin Shain, MD, American Academy of Child and Adolescent Psychiatry

Staff: Karen Smith

**Lead author*

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

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GUIDELINE AVAILABILITY

Electronic copies: Available from the American Academy of Pediatrics (AAP) Web site.

Print copies: Available from American Academy of Pediatrics, 141 Northwest Point Blvd., P.O. Box 927, Elk Grove Village, IL 60009-0927.

AVAILABILITY OF COMPANION DOCUMENTS

A sample teen driver contract can be found in Appendix 2 of the original guideline document.

PATIENT RESOURCES

None available

NGC STATUS

This NGC summary was completed by ECRI on April 20, 2007. The information was verified by the guideline developer on April 23, 2007.

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Date Modified: 11/3/2008


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