

PHYSICIAN and HEALTH DEPARTMENT FOLLOW-UP
According to Diagnostic Blood Lead Level

<u>g/dL</u>	ACTION
<10	<p>Reassess and test again (if age appropriate) in 1 year. Provide anticipatory guidance (at appropriate language and reading level) to eliminate exposure sources.</p>
10-14	<p>Confirm test results with a venous blood lead level (BLL). Provide lead poisoning prevention pamphlets and anticipatory guidance to prevent further exposure to lead. Venous BLL again in 3 months. Refer to local PH for family nursing visits for lead assessment and education. (Timeframe determined by local resources; suggested within 2 weeks.)</p>
15-19	<p>Confirm test results with a venous blood lead level (BLL). Refer to local PH for family nursing visits. Provide or refer for follow-up venous BLL in 3 months. Refer for social services as needed. If BLL's persist (i.e., two venous BLLs in this range at least 3 months apart), proceed according to actions for BLLs 20-44.</p>
20-44	<p>Confirm test results with a venous blood lead level (BLL). Physician to provide thorough physical assessment and clinical management and refer to local PH for coordination of care as soon as possible. Refer other children under age 6 and pregnant women who live or spend time at this residence for blood lead tests. Local PH staffs provide nursing and environmental investigations in the home within 5 working days of the referral. (Recommend joint visit if possible.) EBL Environmental Investigation: EBL investigations require a trained and Certified Inspector/Risk Assessor. (Refer for lead hazard control as needed.) Follow-up venous blood lead test every 1-3 months for the first 2-4 tests after initial identification. Repeat test every 3 months as level declines.</p>
45-69	<p>Confirm test results with a venous blood lead level (BLL). Clinical management includes chelation therapy. Refer ASAP to local PH for nursing and environmental investigation, to be done within 48 hours of the referral. Lead hazard control should be completed before the child returns to residence.** Follow-up venous blood lead test every 2 weeks - 1 month for the first 2-4 tests after initial identification. Repeat test every month as level declines.</p>
≥ 70	<p>Confirm test results with a venous blood lead level (BLL). Hospitalize child immediately and begin medical management, including chelation therapy. Refer immediately to local PH for nursing and environmental investigation (to be done within 24 hours of referral). Lead hazard control should be completed before the child returns to residence.**</p>

Continuing follow-up care is needed until the child has **two consecutive BLLs less than 10 g/dL at least three months apart (MDCH)**. At that time, the child may be discharged from care. Blood lead levels may remain high for extended periods of time, depending upon the length of time and severity of exposure. During this time, encourage family to continue the prescribed food plan.

A CHILD, LESS THAN 6-YEARS-OLD, WITH A VENOUS BLL ≥ 2
Should Receive a Thorough Medical AND Developmental
Evaluation by His/Her Primary Care Provider *

CLINICAL EVALUATION COMPONENTS

1. MEDICAL HISTORY

- Symptoms?
- Developmental history – Include mouthing activities and pica.
- Previous BLL measurements?
- Family history of lead poisoning?

2. ENVIRONMENTAL HISTORY

- **Age, condition,** and ongoing **remodeling or repairing** of primary residence and other places where the child spends time (including secondary homes and day-care centers). Determine whether the **child may be exposed** to lead-based paint hazard at any or all of these places.
- Occupational and hobby histories of adults with whom the child spends time. Determine whether the child is being exposed to lead from an adult's workplace or hobby.
- Other local sources of potential lead exposure. (See "Possible Sources of Exposure" list reverse side.)

3. NUTRITIONAL HISTORY

- Evaluate the child's daily diet and nutritional status using 24-hc recall.
- Evaluate the child's iron status using appropriate laboratory tests.
- Ask about the need for food stamps and WIC participation.

4. PHYSICAL EXAMINATION

- Pay particular attention to the neurological examination and to the child's psychosocial and language development. This should be re-evaluated on a regular basis. Refer to Early On.* (Automatic referral for "Toxic Exposure")

* MDCH Lead Advisory Committee recommendations.

** *Screening Young Children for Lead Poisoning*, CDC, Nov 1997, pg 106.