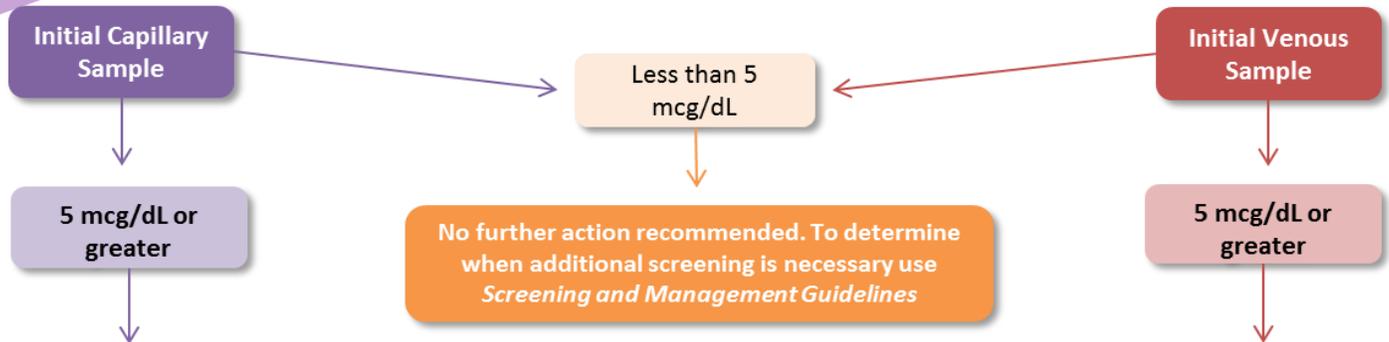


LEAD POISONING

CHILD MEDICAL MANAGEMENT Quick Guide for Lead Testing & Treatment



Schedule For Obtaining Venous Sample	
Capillary Blood Lead Level	Confirm For Venous Test Within
5-9 mcg/dL	If under age 3 → confirm within 3-6 months If over age 3 → retest based on risk-factors
10-19 mcg/dL	1 month
20-44 mcg/dL	1 week
45-69 mcg/dL	48 hours
70+ mcg/dL	Immediately as an emergency test
The higher the capillary test result, the more urgent the need for a confirmatory venous test	

Schedule For Venous Re-testing	
Venous Blood Lead Level	Follow-Up and Re-testing
5-9 mcg/dL	If under age 3 → confirm within 3-6 months If over age 3 → retest based on risk-factors
10-19 mcg/dL	3 months
20-39 mcg/dL	1-2 months until blood level <20 mcg/dL
40-69 mcg/dL	1-2 weeks (even after chelation)
70+ mcg/dL	Initiate chelation and re-test within 1-2 weeks
Contact HHLPPP @ 1-800-897-5323	

Clinical Treatment Guidelines for Venous Confirmed Blood Lead Levels			
5 - 9 mcg/dL	10 - 44 mcg/dL	45 - 69 mcg/dL	70+ mcg/dL
<ul style="list-style-type: none"> Provide factsheets to parents (<i>Lead & Children, Lead & Nutrition</i>) Follow-up BLL monitoring Test siblings for EBLL HHLPPP sends letter to home, notifying parents of EBLL 	<p>Continue management, AND:</p> <ul style="list-style-type: none"> Rule out iron deficiency & prescribe iron if needed Neurodevelopmental monitoring & consider referral for evaluation Patients with BLL of 25-44 mcg/dL need aggressive environmental intervention CHEMET (succimer) is NOT recommended to treat BLL 25-44 mcg/dL as there is no cognitive benefit HHLPPP provides nurse case management & environmental lead investigation 	<ul style="list-style-type: none"> Confirm BLL within 2 days Stop iron therapy prior to chelation Begin chelation in consultation with clinician experienced in lead toxicity therapy Consider directly observed therapy with CHEMET (succimer) For chelation guidance contact PEHSU at Children's Hospital @ 1-888-214-5314 and/ or follow AAP Treatment Guidelines Ensure child is discharged to a lead-free environment 	<p>EMERGENCY!</p> <ul style="list-style-type: none"> Confirm BLL immediately Hospitalize even if asymptomatic Begin medical treatment immediately in consultation with clinicians experienced in lead toxicity therapy Continue management as noted for 45-69 mcg/dL BLLs

Adapted From Vermont Department of Health

CHILD MEDICAL MANAGEMENT

Quick Guide for Clinical Evaluation & Management

Testing Criteria for Children*

*Does not apply to children currently or previously lead poisoned

- Test all children at 12 and 24 months
- Test all children 3 to 6 years old who haven't been tested
- For refugee children:
 - * Test all children between 6 months and 16 years old upon entry into the US
 - * Regardless of initial testing result, conduct a follow up on all children 6 months to 6 years old

Indications to Test for Lead

Test any child who demonstrates the following risk factors:

- Developmental delays or learning disabilities
- Behavioral problems such as aggression & attention issues
- Excessive mouthing, pica, or hand to mouth behavior
- Ingestion of any object that may contain lead
- Symptoms or signs of lead poisoning including:
 - * Irritability, headaches, vomiting, or no appetite
 - * Seizures or other neurological symptoms
 - * Anemia, abdominal pain, or constipation
- Member of at-risk population:
 - * Living in pre-1978 housing
 - * Medicaid, WIC, Head Start enrollment
 - * Refugee children
 - * Recent immigrant
 - * International adoptees

Lead Exposure Risk Questionnaire

Questions to Ask Parents	Yes	No	Don't Know
Is your child enrolled in Medicaid?			
Does your child receive WIC or Head Start benefits?			
Does your child live in or regularly visit a house (or child care facility) that was built before 1978?			
Does your child live in or regularly visit a house (or child care facility) built before 1978 with recent or ongoing renovations or remodeling (within the last six months)?			
Does your child have a sibling or playmate that has or did have lead poisoning?			

Temporary Interventions to Limit Exposure

Provide "Lead and Nutrition", "Lead and Children" & "Lead Hazards" factsheets to educate parents and caregivers

- Hand washing
- Clean child's toys, bottles & pacifiers often
- Feed child Calcium, Iron & Vitamin C foods daily
- Have barriers blocking access to lead hazards
- Wet wipe window sill, door jams, & door frames
- Wet mop floors and stairs once a week or more
- Use HEPA filter vacuum to clean up dust and paint chips

Developmental Assessment & Intervention for Children with EBLL

* For any child with a **venous BLL ≥ 5 mcg/dL**:

- Before age 6 years: Annual developmental surveillance and screening at ages 3,4 and 5 years is recommended
- At any age: Developmental Surveillance at annual visit to identify emerging/unaddressed behavioral, cognitive, or developmental concerns

* For any child with an **EBLL ≥ 20 mcg/dL** or **persistently ≥ 15 mcg/dL with other developmental risk factors**: neurodevelopmental monitoring is needed

Action Steps:

- Long term developmental monitoring should be a component of the child's management plan
- A history of EBLL should be included in the problem list maintained in the child's permanent medical record, even if BLL is reduced
- Refer child to early intervention or child-check for developmental screening
- Recommend early childhood education and stimulation programs
- Refer to New Hampshire Division of Developmental Services for a list of local Family-Centered Early Supports & Services at (603)-271-5143

Developmental Surveillance should include:

- Vigilance for physical, social, emotional, academic challenges at critical transition points in childhood (e.g. in preschool, 1st, 4th, 6th & 7th grades)
- Vigilance for in-attention, distractibility, aggression, anti-social behavior, irritability, hyperactivity, low impulse control & poor emotional regulation
- Refer children experiencing neurodevelopmental problems for a complete diagnostic medical evaluation
- Continue to monitor development through a child's early and middle-school years, even if BLL is reduced

For children of any age: if issues arise between annual visits, encourage parents to bring them to attention of the medical office and school personnel