



## Management Guidelines

Management guidelines for children with Elevated Blood Lead Levels (BLL)

<b>BLL</b>	<b>Follow-Up Service</b>
<10 µg/dL	<ul style="list-style-type: none"><li>• Evaluate nutrition and risk of lead exposure</li><li>• Provide anticipatory guidance to caregiver on: lead poisoning, test results, lead hazards and prevention (e.g. nutrition, housekeeping, hand washing, controlling hand-to-mouth behavior, avoiding take-home lead)</li></ul>
10-14 µg/dL	<ul style="list-style-type: none"><li>• History and physical</li><li>• Evaluate nutrition and lead exposure history</li><li>• Provide guidance to caregiver on: lead poisoning, test results, lead hazards and prevention (e.g. nutrition, housekeeping, hand washing, hand-to-mouth behavior, take-home lead and importance of retesting)</li></ul>
15-19 µg/dL	<ul style="list-style-type: none"><li>• History and physical</li><li>• Evaluate nutrition and lead exposure history</li><li>• Provide guidance to caregiver on: lead poisoning, test results, lead hazards and prevention (e.g. nutrition, housekeeping, hand washing, hand-to-mouth behavior, take-home lead and importance of retesting)</li><li>• Consider hct, hgb, and WIC referral</li><li>• If follow-up venous BLL ≥ 15 µg/dL, treat as for 20-44 µg/dL, below</li></ul>
20-44 µg/dL	<ul style="list-style-type: none"><li>• History and physical</li><li>• Evaluate nutrition, psychosocial and neurodevelopmental status, and lead exposure history</li><li>• Provide guidance to caregiver on: lead poisoning, test results, lead hazards, and prevention: (e.g. nutrition, housekeeping, hand washing, hand-to-mouth behavior, take-home lead, and importance of retesting)</li><li>• Hct, hgb, and WIC referral</li><li>• Consider FEP, ferritin, Fe/TIBC, and abdominal x-rays</li><li>• Refer to local health department or CLPPP for case management and environmental investigation</li><li>• Refer to CCS for eligibility determination and medical specialty services</li><li>• Refer family members (especially if pregnant) for evaluation and testing; test young children in family</li></ul>
45-69 µg/dL	<ul style="list-style-type: none"><li>• As above for 20-44 plus refer to local health department or CLPPP and CCS immediately</li><li>• Probably chelate, per protocol: CaNa<sub>2</sub>EDTA in hospital or succimer as outpatient; repeat as needed, based on blood lead rebound.</li><li>• Consider hospitalization to prevent further exposure, implement treatment, and monitor response.</li></ul>
≥70 µg/dL	<ul style="list-style-type: none"><li>• As above for 20-44 µg/dL plus refer to local health department or CLPPP and CCS immediately</li><li>• Chelate per protocol: combined therapy with BAL and CaNa<sub>2</sub>EDTA; repeat as needed, based on blood lead rebound</li><li>• Immediate hospitalization to prevent further exposure, implement treatment, and monitor response</li></ul>