

## CDPHE Childhood Blood Lead Retesting and Case Management Chart

Blood Lead Level (ug/dL)	Retesting schedule	Family Educational Follow-up	Child Medical Follow-up	Environmental Follow-up/Home Investigation
<10	Consider more frequent retesting if child is under 24 months and BLL $\geq$ 5 ug/dL; or pica behavior (see MMWR report, CDC 2007)	Anticipatory guidance		
10-14	Within 3 months	<ul style="list-style-type: none"> <li>• Lead education and exposure prevention guidance</li> <li>• Nutrition evaluation/ counseling</li> <li>• Coordinate with WIC if eligible</li> <li>• Referral to early enrichment programs if at risk for developmental/ behavioral deficits</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure adequate nutritional intake, especially concerning intake of calcium, iron, and vitamin C.</li> <li>• Test all siblings under age 6 years</li> </ul>	
15-19	Within 1-3 months	<ul style="list-style-type: none"> <li>• Same as above</li> <li>• Lead exposure history</li> <li>• Emphasize importance of timely re-screening</li> </ul>	<ul style="list-style-type: none"> <li>• Same as above</li> <li>• Treat as 20-44 ug/dL category if persistent or increasing BLL in this range.</li> </ul>	<ul style="list-style-type: none"> <li>• Environmental investigation should be performed if child has persistent BLLs in this range (i.e., if two venous tests within 3 months of 15-19 ug/dL, treat as per 20-44 category); or if BLL increases.</li> </ul>
20-44	Within 1 month <ul style="list-style-type: none"> <li>○ Collect confirmatory test within 1 week to 1 month (the higher the BLL screening test, the more urgent the need for a confirmatory test)</li> <li>○ Schedule follow-up test within 2 weeks at high end of range</li> </ul>	<ul style="list-style-type: none"> <li>• Same as above</li> </ul>	<ul style="list-style-type: none"> <li>• Same as above</li> <li>• Test for Hgb or Hct (iron status; FEP, ZPP)</li> <li>• Call the Rocky Mountain Poison &amp; Drug Center for consultation services/ medical treatment at 303-739-1123 or 800-332-3073</li> <li>• Refer for full behavioral history/ monitoring (neuro-developmental and psychosocial status)</li> </ul>	<ul style="list-style-type: none"> <li>• Conduct a full environmental investigation.</li> </ul>
45-69	Within 48 hours or less	<ul style="list-style-type: none"> <li>• Same as above</li> </ul>	<ul style="list-style-type: none"> <li>• Same as above</li> <li>• Retest 45-59 ug/dL in 48 hours &amp; 60-69 ug/dL in 24 hours</li> <li>• Complete neurological exam</li> <li>• Probable chelation</li> </ul>	<ul style="list-style-type: none"> <li>• Same as above</li> </ul>
70 and above	Treat as medical emergency	<ul style="list-style-type: none"> <li>• Same as above</li> </ul>	<ul style="list-style-type: none"> <li>• Immediately hospitalize, retest, and chelate.</li> <li>• Refer as above</li> </ul>	<ul style="list-style-type: none"> <li>• Same as above</li> </ul>

Re-screening guidelines adapted by the Colorado Department of Public Health and Environment (CDPHE) based on: *Managing Elevated Blood Lead Levels Among Young Children: Recommendations from the Advisory Committee on Childhood Lead Poisoning Prevention*; Centers for Disease Control and Prevention. Atlanta, GA; CDC 2002; [http://www.cdc.gov/nceh/lead/casemanagement/casemanage\\_main.htm](http://www.cdc.gov/nceh/lead/casemanagement/casemanage_main.htm) and, MMWR; Vol. 56, No. RR-8, *Interpreting and Managing Blood Lead Levels < 10 ug/dL in Children and Reducing Childhood Exposures to Lead: Recommendations of CDC's Advisory Committee on Childhood Lead Poisoning Prevention* (CDC, 2007); <http://www.cdc.gov/MMWR/preview/mmwrhtml/rr5608a1.htm> . Guidelines are applicable to all children ages 6 to 72 months.

All screening blood lead tests (capillary tests) should be confirmed by a venous test to determine appropriate case management steps.

Contact CDPHE at 303-692-2700 or 1-800-886-7689.

Last updated April 2008