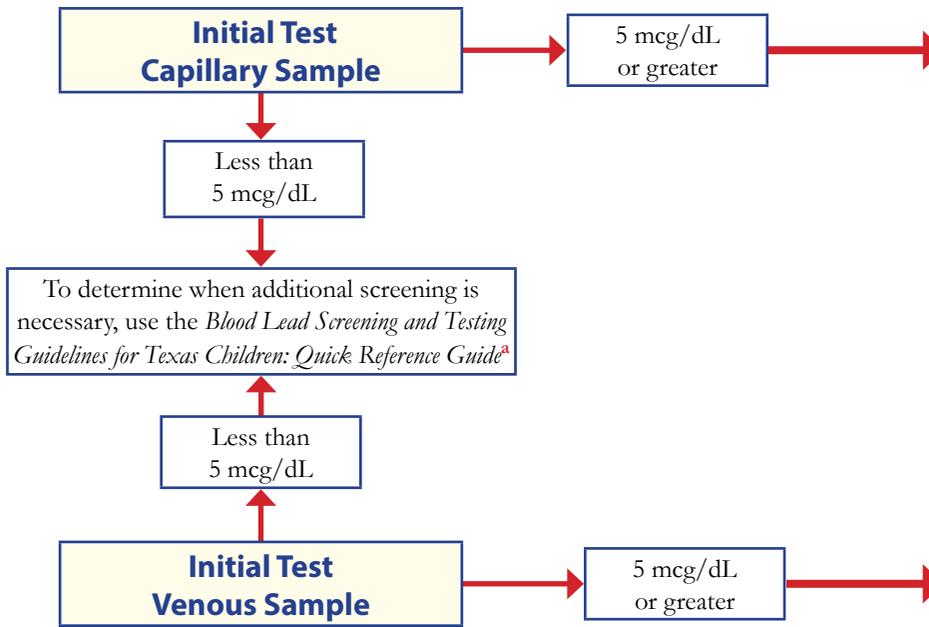


# Reference for Follow-up Blood Lead Testing and Medical Case Management

- Healthcare Provider:**
- Immediately retest the child if the blood lead test result is invalid due to “Clotted” or “Insufficient Quantity.”
  - Follow the flowchart below to determine if or when follow-up testing and medical case management is necessary.



**Table 1: Schedule for Obtaining a Diagnostic Venous Sample**

Capillary Screening Test Result (mcg/dL)	Perform Venous Diagnostic Test Within
5-9	12 weeks
10-44	1 week - 4 weeks <sup>b</sup>
45-59	48 hours
60-69	24 hours
70 and up	Immediately as an emergency lab test

**Table 2: Schedule for Follow-Up Venous Blood Lead Testing**

Venous Blood Lead Level (mcg/dL)	Early Follow-up (first 2-4 tests after identification)	Late Follow-up (after BLL begins to decline)
5-9	6 months	6 months
10-14	3 months	6-9 months
15-19	1-3 months	3-6 months
20-24	1-3 months	1-3 month
25-44	2 weeks - 1 month	1 month
45 and up	As soon as possible	Chelation with subsequent follow-up <sup>c</sup>

**Table 3: Medical Case Management for Children with a Diagnostic Elevated Blood Lead Levels**

5-9 mcg/dL	10-14 mcg/dL	15-19 mcg/dL	20-44 mcg/dL	45-69 mcg/dL	70 or higher mcg/dL
<ol style="list-style-type: none"> <li>1. Lead Education: Dietary &amp; Environmental</li> <li>2. Follow-up BLL monitoring</li> </ol>	<ol style="list-style-type: none"> <li>1. Lead Education: Dietary &amp; Environmental</li> <li>2. Follow-up BLL monitoring</li> <li>3. Environmental Lead Investigation if:                             <ul style="list-style-type: none"> <li>• Follow-up BLLs persist at least 12 weeks after diagnostic venous test</li> </ul> </li> </ol>	<ol style="list-style-type: none"> <li>1. Lead Education: Dietary &amp; Environmental</li> <li>2. Follow-up BLL monitoring</li> <li>3. Proceed according to actions for 20-44 mcg/dL if:                             <ul style="list-style-type: none"> <li>• Follow-up BLLs persist at least 12 weeks after diagnostic venous test</li> </ul> </li> </ol>	<ol style="list-style-type: none"> <li>1. Lead Education: Dietary &amp; Environmental</li> <li>2. Follow-up BLL monitoring</li> <li>3. Complete history and physical exam</li> <li>4. Lab work: Hemoglobin or hematocrit; Iron status</li> <li>5. Environmental Lead Investigation</li> <li>6. Lead hazard reduction</li> <li>7. Neurodevelopmental monitoring</li> <li>8. Abdominal X-ray (if particulate lead ingestion is suspected) with bowel decontamination if indicated</li> </ol>	<ol style="list-style-type: none"> <li>1. Lead Education: Dietary &amp; Environmental</li> <li>2. Follow-up BLL monitoring</li> <li>3. Complete history and physical exam</li> <li>4. Complete neurological exam</li> <li>5. Lab work: Hemoglobin or hematocrit; Iron status; FEP or ZPP</li> <li>6. Environmental Lead Investigation</li> <li>7. Lead hazard reduction</li> <li>8. Neurodevelopmental monitoring</li> <li>9. Abdominal X-ray with bowel decontamination if indicated</li> <li>10. Chelation therapy<sup>c</sup></li> </ol>	<ol style="list-style-type: none"> <li>1. Hospitalize and commence chelation therapy<sup>c</sup></li> <li>2. Proceed according to actions for 45-69 mcg/dL</li> </ol>

<sup>a</sup>Blood Lead Screening and Testing Guidelines for Texas Children: Quick Reference Guide. Go to: [www.dshs.state.tx.us/lead](http://www.dshs.state.tx.us/lead). <sup>b</sup>The higher the BLL on the screening test, the more urgent the need for diagnostic testing. <sup>c</sup>Health care providers should consult with an expert in the management of these lead levels before administering chelation. Chelation therapy should never be administered before a venous diagnostic is obtained.

Tables adapted from Managing Elevated Blood Lead Levels Among Young Children: CDC, March 2002; and the Strategic Planning Committee to Eliminate Childhood Lead Poisoning in Texas