

Medical Management Recommendations

for Ohio Children Receiving Blood Lead Tests Ohio Healthy Homes and Lead Poisoning Prevention Program

There is no safe level of lead in the blood.

- All capillary (finger/heel stick) test results $\geq 5\mu\text{g}/\text{dL}$ must be confirmed by venous draw by the schedule below. Point of care instruments such as the LeadCare® II cannot be used to confirm an elevated blood lead level, even if the sample is collected by venipuncture.
- Any confirmed level of lead in the blood is a reliable indicator that the child has been exposed to lead.
- All blood lead test results, by law, are required to be reported to ODH by the analyzing laboratory.
- The Ohio Healthy Homes and Lead Poisoning Prevention Program will respond accordingly to all blood lead levels of $5\mu\text{g}/\text{dL}$ or greater.

Blood Lead Level (BLL):	Confirm using Venous Blood within:	Medical Management Recommendations for BLL:	Venous Retest Intervals after Recommended Actions:
$<5\mu\text{g}/\text{dL}$	Not required	<ul style="list-style-type: none"> • Explain that there is no safe level of lead in the blood, what the child's BLL means, and how the family can reduce exposure. For reference, the geometric mean blood lead level for children 1-5 years is $1.3\mu\text{g}/\text{dL}$. • Monitor the child's neurologic, psychosocial, and language development. 	<ul style="list-style-type: none"> • Test again at age 2 if first test is at age 1 • Lead testing should be considered if the child moves to a different home, daycare, school, etc. that was built before 1978
$5-9\mu\text{g}/\text{dL}$	1-3 months	<p>In addition to medical management actions listed above:</p> <ul style="list-style-type: none"> • Provide lead education: potential environmental sources, effect of diet on exposure, potential health effects, and hazards associated with renovating pre-1978 homes. • Monitor subsequent increases/decreases in blood lead levels until the BLL remains $<5\mu\text{g}/\text{dL}$ for at least six months and lead exposures are controlled. • Complete child history and physical exam. • Assess iron status. Also consider status of hemoglobin or hemoctrit. Children with low iron levels are more likely to have high blood lead levels. Follow AAP guidelines for prevention of iron deficiency. • Obtain an abdominal X-ray if particulate lead ingestion is suspected. Bowel decontamination should be performed if particulate lead ingestion is indicated. • Refer to the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) for other nutritional counseling. • Refer to Help Me Grow program within 7 days if a potential delay in development has been identified. • Refer to the Children with Medical Handicaps program (CMH). 	<ul style="list-style-type: none"> • Every 3 months for first 2-4 tests • After 4 tests, every 6-9 months until BLLs drop to below $5\mu\text{g}/\text{dL}$
$10-44\mu\text{g}/\text{dL}$	Within 1 month	<p>In addition to medical management actions listed above:</p> <ul style="list-style-type: none"> • Confirm results by venous blood sample immediately. A venous specimen will ensure therapy is based on current and reliable information. • Lab work for hemoglobin or hematocrit and free erythrocyte protoporphyrin are indicated. • Immediately remove child from exposure source (chelation could have negative effects if not moved to lead safe environment). • Hospitalization and chelation therapy should be considered with consultation from a medical toxicologist or pediatric environmental health specialist. 	<ul style="list-style-type: none"> • Within 1 month
$\geq 45\mu\text{g}/\text{dL}$	As soon as possible	<p>In addition to medical management actions listed above:</p> <ul style="list-style-type: none"> • Confirm results by venous blood sample immediately. A venous specimen will ensure therapy is based on current and reliable information. • Lab work for hemoglobin or hematocrit and free erythrocyte protoporphyrin are indicated. • Immediately remove child from exposure source (chelation could have negative effects if not moved to lead safe environment). • Hospitalization and chelation therapy should be considered with consultation from a medical toxicologist or pediatric environmental health specialist. 	<ul style="list-style-type: none"> • As soon as possible • Consult with expert

Ohio Healthy Homes and Lead Poisoning Prevention Program: 1-877-LEAD-SAFE

Help Me Grow Hotline (Home Visiting and Early Intervention): 1-800-755-GROW (4769)

Children with Medical Handicaps (CMH): 614-644-1700

Medicaid Provider Hotline: 1-800-686-1516

Women, Infants and Children (WIC): 614-644-8571

Poison Control: 1-800-222-1222