



LEAD POISONING CHILD MEDICAL MANAGEMENT

Quick Guide for Lead Testing & Treatment

Schedule for Venous Confirmation of Capillary Blood Lead Levels (BLL)

Capillary BLL	Confirm With Venous Test
0-3.4 mcg/dL	No confirmation. Continue to screen for exposure risk (see reverse). Ensure testing at 1 & 2 yrs.
3.5-4.9 mcg/dL	Confirm within 3 months.
5-9 mcg/dL	Confirm within 1 month.
10-19 mcg/dL	Confirm within 2 weeks.
20-44 mcg/dL	Confirm within 1 week.
45-64 mcg/dL	URGENT! Conduct venous test within 48 hours. - Inform NH Lead RN at 800-897-5323. - Symptomatic child requires ED evaluation. - Contact Poison Control 24/7 at 800-222-1222.
65+ mcg/dL "HIGH" result on Lead Care II	EMERGENCY! Send child for venous test NOW. Note: STAT venous result NOT available in NH. - Symptomatic child requires ED evaluation. - Contact Poison Control 24/7 at 800-222-1222.

**The higher the capillary test result,
the more urgent the need for a confirmatory venous test**

Schedule for Follow-Up Testing of Venous Blood Lead Levels (BLL)

Initial Venous BLL	Early Follow-Up Schedule
0-3.4 mcg/dL	No follow-up needed. Continue to screen for exposure risk (see reverse). Ensure testing at 1 & 2 yrs.
3.5-9 mcg/dL	Test every 3 months until result is <3.5 mcg/dL.
10-19 mcg/dL	Test every 1 to 3 months.
20-44 mcg/dL	Test every 2 weeks to 1 month.
45+ mcg/dL	Contact Poison Control for guidance 24/7 at 800-222-1222.


**Scan the QR code below for Table 2:
"Schedule for Later Follow-up Blood Lead Testing"**

QUESTIONS?

- NH DHHS RN at 800-897-5323
- CDC Childhood Lead:
[www.cdc.gov/lead-prevention/hcp/
clinical-guidance](http://www.cdc.gov/lead-prevention/hcp/clinical-guidance)



Clinical Management of Children with Confirmed Venous Blood Lead Levels

3.5-19 mcg/dL	20-44 mcg/dL <i>Previous Column AND:</i>	45-64 mcg/dL <i>Previous Columns AND:</i>	65+ mcg/dL <i>Previous Columns AND:</i>
<ul style="list-style-type: none"> Provide parents three factsheets: <ul style="list-style-type: none"> - Lead & Children - Lead & Nutrition - Lead Hazards <p>Available at www.dhhs.nh.gov/ leadresources</p>  <ul style="list-style-type: none"> Explain blood lead level to parents. 	<ul style="list-style-type: none"> Assess for iron deficiency and prescribe iron if needed. Refer to WIC and/or nutritionist. Refer to Early Intervention and monitor neuro-development (see reverse). Obtain BLL of other children living in same household. Encourage parents to work with NH DHHS RN managers. Follow-up BLL testing as defined above. 	<ul style="list-style-type: none"> Complete history and physical exam, assessing the child for symptoms related to lead exposure. Consider performing abdominal x-ray to check for radiopaque foreign bodies. Contact Poison Control 24/7 at 800-222-1222 for additional guidance. <p>URGENT!</p> <ul style="list-style-type: none"> Symptomatic child requires ED evaluation. Contact Poison Control 24/7 at 800-222-1222 for consultation. Contact NH DHHS RN at 800-897-5323. Encourage parents to create a lead-safe environment for child if chelation is required. 	<p>EMERGENCY!</p> <ul style="list-style-type: none"> Child requires an ED evaluation, even if asymptomatic. Contact Poison Control 24/7 at 800-222-1222.

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Quick Guide for Clinical Evaluation & Management

NH Universal Testing Law: Test ***all*** children at 12 months and ***again*** at 24 months.

Additionally, Medicaid regulations require testing for children 3 to 6 years old who have not had a blood lead test previously.

Ask 'Lead Risk Questions' At Well-Child Visits Ages 6 Months to 6 Years

If 'YES' to any question, test the child at time of visit:

- Does the child live in a house built before 1978?
- Are you renovating a house built before 1978?
- Does the child attend child care in a building built before 1978?
 - Are there recent renovations at this child care?
- Do parents' occupations/hobbies have potential for lead exposure (e.g., renovations, painting, welding, fishing, target shooting, stained glass, antiques, jewelry making)?
- Are there developmental delays or learning disabilities?
- Is there excessive mouthing or ingestion of non-food items?
- Is the child a recent refugee, immigrant, or international adoptee?
- Is there use of imported ethnic spices/powders that may contain lead (e.g., sindoor, surma, greta, orange shringar, asafetida, turmeric, cinnamon)?
- Does child have sibling or playmate with an EBLI?

NH DHHS Nurse Case Management Services

Child's BLL is 3.0-4.9 mcg/dL (capillary and venous):

- Family notified by mailed letter of blood lead level:
 - Given information on funding to remove lead hazards.
 - Encouraged to notify landlord.
 - Advised not to DIY renovate, repair, or paint their homes.

Child's BLL is 5.0 mcg/dL or higher (venous):

- DHHS Nurse case management offered to include:
 - Home visits by public health nurse.
 - Education on lead hazards and avoidance.
 - Supplies to help manage lead hazards.
- On-site environmental assessment to identify the source of lead (required for rental units; offered for owner-occupied units)

QUESTIONS?

- NH DHHS RN at 800-897-5323
- CDC Childhood Lead:
www.cdc.gov/lead-prevention



Developmental Assessment and Intervention

Lead exposure damages the brain and nervous system, slows growth and development, and increases learning and behavior problems.

Child with venous BLL 3.5-4.9 mcg/dL:

- Continue with periodic developmental monitoring and screening.
- **Refer to Early Intervention** (603-271-5143) for emerging behavioral, cognitive, or developmental concerns.

Child with venous BLL 5+ mcg/dL, continue with periodic developmental monitoring and screening, AND refer child for an intake assessment:

- Child younger than 3 years old: contact **Early Intervention** (603-271-5143).
- Child older than 3 years old: contact the local public school district.

Additional action steps include:

- Maintaining the diagnosis of "abnormal lead level in blood" on the child's problem/diagnosis list, even if BLL is reduced.
- Recommending early childhood education and stimulation programs.
- Including long-term developmental monitoring as a component of the child's medical care.
- Maintaining vigilance for physical, social, emotional, and academic challenges at critical transition points in childhood (e.g., preschool, 1st, 4th, 6th and 7th grades).

For children of any age: if issues arise, encourage the family to call their medical provider and notify their school.

For more information

Visit dhhs.nh.gov/ClinicalLeadInfo or Email leadinfo@dhhs.nh.gov



Department of
**HEALTH &
HUMAN SERVICES**

Division of
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