

MEDICAL MANAGEMENT

- All capillary (finger/heel stick) test results $\geq 5\mu\text{g/dL}$ must be confirmed by venous draw (A capillary test is a finger prick. A venous draw is a blood draw.)
- Point-of-care instruments such as the Lead-Care[®]II cannot be used to confirm an elevated blood lead level
- Any confirmed level of lead in the blood is a reliable indicator that the child has been exposed to lead
- The Ohio Healthy Homes and Lead Poisoning Prevention Program will respond accordingly to all blood lead levels of $5\mu\text{g/dL}$ or greater
- According to the American Academy of Pediatrics *Bright Futures*, physicians should follow the *Medical Management Recommendations* provided by ODH.
- A minimum of two tests are recommended for all at-risk children prior to their third birthday; specifically, at the child's one and two year well child visits.
- Healthcare providers must screen for asymptomatic lead poisoning and provide guidance on primary prevention.

Aiding Families

- Perform an environmental and family occupational history to educate parents about common sources of childhood lead exposure.
- Encourage parents to identify potential lead hazards in their homes and recommend ways to reduce their child's lead exposure.
- Provide parents with free educational pamphlets and booklets developed by ODH.

Medical Management Recommendations for Ohio Children receiving Blood Lead Test

- 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)
- Medicaid Provider Hotline: 1-800-686-1516
- Children with Medical Handicaps (CMH): 614-466-1700
- Poison Control: 1-800-222-1222
- Women, Infants and Children (WIC): 614-644-8006

Blood Lead Level (BLL)	Confirm Using Venous Blood Within:	Medical Management Recommendations for BLL	Venous Retest Intervals After Recommended Actions
<5 $\mu\text{g/dL}$	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 year is 1.3 $\mu\text{g/dL}$. • Monitor the child's neurological, 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.
$5-9$ $\mu\text{g/dL}$	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 $\mu\text{g/dL}$ 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 hematocrit. Children with low iron levels re more likely to have high blood lead levels. Follow AAP guidelines for prevention for 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 test, every 6 – 9 months until BLLs drop to below 5 $\mu\text{g/dL}$
$10-44$ $\mu\text{g/dL}$	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. 	Within 1 month
≥ 45 $\mu\text{g/dL}$	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