

Medical Management Recommendations for Ohio Children Receiving Blood Lead Tests

THERE IS NO SAFE LEVEL OF LEAD IN THE BLOOD.

- All capillary (finger/heel stick) test results $\geq 3.5 \mu\text{g/dL}$ must be confirmed by venous draw following 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.
- Under Ohio law, all blood lead test results are required to be reported to the Ohio Department of Health (ODH) by the analyzing laboratory.
- The ODH Ohio Healthy Homes and Lead Poisoning Prevention Program will take appropriate action regarding all blood lead levels of $3.5 \mu\text{g/dL}$ or greater.

Blood Lead Level (BLL)	Confirm using Venous Blood within	Medical Management Recommendations for BLL	Venous Retest Intervals after Recommended Actions
<3.5 $\mu\text{g/dL}$	Not required	<ul style="list-style-type: none"> • Anticipatory guidance about common sources of lead exposure and how to prevent exposure. <ul style="list-style-type: none"> ◦ Consider retesting if the child moves to a different home, daycare, school, etc., that was built before 1978. • Routine assessment of developmental milestones and nutritional status with a focus on iron and calcium intake. • Follow-up blood lead testing at recommended intervals based on child's age. Retest at age 2 if first test was at age 1. <ul style="list-style-type: none"> ◦ Ohio law requires that all Medicaid-enrolled children be tested at ages 12 and 24 months, or at age 24–72 months if they have not previously been screened. ◦ For children not enrolled in Medicaid, Ohio law requires testing for children living in high-risk ZIP codes and with other risk factors (see "Blood Lead Testing Requirements For Ohio Children less than 6 Years of Age" for more information). 	<ul style="list-style-type: none"> • See Medical Management recommendations.
3.5-9 $\mu\text{g/dL}$	1-3 months	<p>In addition to medical management actions listed above:</p> <ul style="list-style-type: none"> • Provide lead education regarding: potential environmental sources of lead exposure, effect of diet on exposure, potential health effects, and hazards associated with renovating pre-1978 homes. • Environmental exposure history to identify potential sources of lead. • Complete child history and physical exam. • Assess iron status. Also consider status of hemoglobin or hematocrit. Children with low iron levels are more likely to have high blood lead levels. Follow AAP guidelines for prevention of iron deficiency. • Nutritional counseling related to calcium, vitamin D, iron and vitamin C intake and refer to supportive services, as needed (e.g., Special Supplemental Nutrition Program for Women, Infants and Children (WIC), etc.) • Refer to the Ohio Early Intervention program within seven days if a potential delay in development has been identified or is suspected. Children younger than 3 years of age with a confirmed blood lead level of $5 \mu\text{g/dL}$ or greater are automatically eligible for Early Intervention. 	<ul style="list-style-type: none"> • Every 3 months for first 2-4 tests. • If level is decreasing, test every 6-9 months until BLLs drop to below $3.5 \mu\text{g/dL}$. • See Important Note below.
10-19 $\mu\text{g/dL}$	Within 1 month	<ul style="list-style-type: none"> • Follow recommendations for BLL 3.5-19 $\mu\text{g/dL}$ as described above. • Complete history and physical exam assessing for signs and symptoms related to lead. • Obtain an abdominal X-ray to evaluate for radiopaque foreign bodies; initiate bowel decontamination if indicated. • Contact a Pediatric Environmental Health Specialty Unit or poison control center for guidance. 	<ul style="list-style-type: none"> • Early follow up testing in 1-3 months (2-4 tests after identification). • If level is decreasing, test every 3-6 months until BLLs drop to below $3.5 \mu\text{g/dL}$. • See Important Note below.
20-44 $\mu\text{g/dL}$	Within 2 weeks	<ul style="list-style-type: none"> • Follow recommendations for BLL 3.5-19 $\mu\text{g/dL}$ as described above. • Complete history and physical exam assessing for signs and symptoms related to lead. • Obtain an abdominal X-ray to evaluate for radiopaque foreign bodies; initiate bowel decontamination if indicated. • Contact a Pediatric Environmental Health Specialty Unit or poison control center for guidance. 	<ul style="list-style-type: none"> • Early follow up testing in 1-3 months (2-4 tests after identification). • If level is decreasing, test every 1-3 months until BLLs drop to below $3.5 \mu\text{g/dL}$. • See Important Note below.

Blood Lead Level (BLL)	Confirm using Venous Blood within	Medical Management Recommendations for BLL	Venous Retest Intervals after Recommended Actions
≥ 45 µg/dL	Within 48 hours	<ul style="list-style-type: none"> Follow recommendations for BLL 20-44 µg/dL as described above. 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. Obtain a complete blood count, Blood urea nitrogen, Creatinine, Liver transaminase enzyme levels, and urinalysis in anticipation of chelation therapy. Immediately remove child from exposure source (chelation could have negative effects if not moved to lead safe environment). If a lead-safe environment cannot be assured or if chelation therapy is being considered in consultation with a Pediatric Environmental Health Specialty Unit or Poison Control Center, admit the patient to a hospital. Contact a Pediatric Environmental Health Specialty Unit or Poison Control Center for assistance. 	<ul style="list-style-type: none"> As soon as possible. Consult with experts. See Important Note below.

Important Note:

- Frequency of testing may depend on available information such as lead exposure source identified, season, other testing conducted and clinical judgment.
- If you have questions regarding frequency of testing, follow-up, or clinical management, please contact a Pediatric Environmental Health Specialty Unit or Poison Control Center (see below).

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

Pediatric Environmental Health Specialty Unit: 513- 803-3688	Children with Medical Handicaps (BCMh): 614-644-1700
Medicaid Provider Hotline: 1-800-686-1516	Ohio Early Intervention Services: 1-800-755-4769
Women, Infants and Children (WIC): 614-644-8571	Poison Control Center: 1-800-222-1222

Ohio Department of Health
Ohio Healthy Homes and Lead Poisoning Prevention Program
www.odh.ohio.gov