Quick Guide for Lead Poisoning Prevention, Clinical Evaluation, and Management

Schedule for Blood Lead Level (BLL) Screening:

- At any time between age 6-72 months if risk assessment indicates possible exposure.
- Routinely, at 12 and 24 months (12 months between samples), if Medicaid eligible/enrollee.
- At any time between 36-72 months if not previously screened, if Medicaid eligible/enrollee.
- Annually (6-72 months) with risk factors.
- Anytime when medically indicated in work-up of some unexplained illnesses (example: severe anemia, seizures, lethargy, abdominal pain).

Steps to Limit Lead Exposure:

Provide "Lead and Healthy Homes" and "Lead Fact Sheet" which include the following advice:

- Hand washing before eating and after playing outside
- Clean child's toys, bottles and pacifiers often
- Provide child with Calcium, Iron and Vitamin C enriched foods daily
- Have barriers blocking access to lead hazards
- Wet wipe window sills
- Wet mop floors and stairs once a week or more using an all-purpose cleaner.



Schedule for Obtaining Venous Sample		
Capillary Blood Lead Level*	Confirm with Venous Test Within	
3.5-9 μg/dL	Within 3 months	
10-19 μg/dL	Within 1 month	
20-44 μg/dL	Within 2 weeks	
≥ 45 µg/dL	Within 48 hours	

*Any child identified with a capillary lead level of $\geq 3.5 \mu g/dL$
must receive a confirmatory venous test in the time frame shown
above based on the blood lead level (BLL).

Schedule for Venous Re-testing		
Confirmatory Venous Blood Lead Level	Follow-up Venous Testing	
3.5-9 μg/dL	3 months**	
10-19 μg/dL	1-3 months**	
20-44 μg/dL	2 weeks - 1 month	
≥ 45 µg/dL	As soon as possible	

^{**}Some providers may choose to repeat blood lead tests on all new patients within a month to ensure the BLL is not rising more quickly than anticipated.

3.5-19μg/dL	20-44μg/dL	≥45µg/dL
Report test to LPPHHP	Report test to LPPHHP	Report test to LPPHHP
• Ensure iron sufficiency via testing and treatment per AAP guidelines	• Follow recommendations for BLL 3.5-19	• Follow recommendations for BLL 20-44
Nutritional counseling related to calcium and iron intake	 Complete history and physical exam assessing for signs and symptoms related to lead 	 Complete history and physical exam including detailed neurological exam
• BLL ≥10 refer to Early Intervention	 Consider obtaining an abdominal X-ray to evaluate for lead-based paint chips 	 Obtain abdominal X-ray and initiate bowel decontamination if indicated
• BLL ≥15 refer for home visit and environmental assessment	and other foreign bodies • Contact UMMC Poison	Contact UMMC Poison Control Center for guidance
• Assess development per AAP guidelines	Control Center for guidance	• F/U venous retesting and
• F/U venous retesting and monitoring based on chart above.	• F/U venous retesting and monitoring based on chart above.	monitoring based on chart above.

Reporting Requirements

According to the Mississippi State Department of Health (MSDH) List of Reportable Diseases and Conditions, Blood Lead Poisoning is considered a Class II and Class III reportable disease.

- Class II requires that all venous elevated blood lead levels $\geq 3.5 \mu g/dL$ in patients less than or equal to six years of age must be reported to the Mississippi State Department of Health Lead Poisoning Prevention and Healthy Homes Program.
- Class III, for laboratory based surveillance (also includes ESA Leadcare Providers), requires that ALL blood lead level results in patients less than or equal to 6 years of age must be reported to the Mississippi State Department of Health Lead Poisoning Prevention and Healthy Homes Program. Please follow the link below for a copy of the MSDH List of Reportable Diseases and Conditions. https://msdh.ms.gov/file/877.pdf

Report of Lead Level Form https://msdh.ms.gov/file/6612.pdf

