

**NORTH CAROLINA DIVISION OF PUBLIC HEALTH
FOLLOW-UP SCHEDULE FOR DIAGNOSTIC / CONFIRMED BLOOD LEAD LEVELS
FOR CHILDREN UNDER THE AGE OF SIX**

Blood Lead Level	Response
<p>Clinical and environmental follow-up is based on the <i>truncated</i> test result. Example: actual result= 4.79; truncated result= 4</p>	
<p>All diagnostic (i.e., confirmation) tests should be performed as soon as possible within specified time periods.</p> <ul style="list-style-type: none"> ➤ <u>Diagnostic tests</u> should be venous; however, capillary tests are accepted if a venous is not provided. ➤ <u>Follow-up testing</u> can be capillary. ➤ CDC protocol for capillary sampling of blood lead should be followed (See Resources). ➤ If diagnostic test result falls into a lower category - follow response for the lower risk category. ➤ If diagnostic or follow-up test result falls into a higher category – conduct <u>another</u> diagnostic test to confirm the higher risk category and follow guidelines for higher risk category, after confirmation. ➤ Point of care (POC) lead analyzers (i.e., LeadCare) should NOT be used for diagnostic tests. ➤ Diagnostic tests must be sent to an outside reference laboratory. 	
<p><5 µg/dL</p>	<ul style="list-style-type: none"> • Report blood lead test result to parent and document notification • Educate family about lead sources and prevention of lead exposure <p style="text-align: center;">Retest at age 2, earlier if risk of exposure increases</p>
<p>5-9 µg/dL (Perform diagnostic test within 3 months)</p>	<p>Take same actions as above -AND- if diagnostic test result is 5-9 µg/dL:</p> <ul style="list-style-type: none"> • Provide clinical management • Conduct nutritional assessment and refer to the WIC Program • Take environmental history to identify lead sources (use DHHS 3651 Form) • Refer to local health department to offer an environmental investigation • Test other children under the age of six in same household <p>Follow-up testing: Every 3 months until 2 consecutive tests are <5 µg/dL (based on the <i>truncated</i> test result)</p>
<p>10-44 µg/dL (Perform diagnostic test within 1 month at 10-19 µg/dL; within 1 week at 20-44 µg/dL)</p>	<p>Take same actions as above -AND- if diagnostic test result is 10-44 µg/dL:</p> <ul style="list-style-type: none"> • Refer to local health department for <u>required</u> environmental investigation and remediation enforcement if hazards are identified • Refer children to CDSA* Early Intervention or CC4C** as appropriate • Refer to Social Services as needed for housing or additional assistance <p>Follow-up testing: Every 30 days until 2 consecutive tests are <5 µg/dL (based on the <i>truncated</i> test result)</p>
<p>45-69 µg/dL (Perform diagnostic test within 48 hours at 45-59 µg/dL; 24 hours at 60-69 µg/dL)</p>	<p>Take same actions as above -AND- if diagnostic test result is 45-69 µg/dL:</p> <ul style="list-style-type: none"> • Consult with a specialist for possible chelation or hospitalization • Consider an abdominal x-ray to rule out an ingested object • Alert NC CLPPP by calling 919-707-5950 <p>Follow-up testing: Same as above</p>
<p>≥70 µg/dL (Perform emergency diagnostic test immediately)</p>	<p>Take same actions as above -AND- if diagnostic test result is ≥70 µg/dL:</p> <ul style="list-style-type: none"> • Hospitalize child and begin medical treatment <u>immediately</u> <p>Follow-up testing: Same as above</p>

*Children's Developmental Service Agency

**Care Coordination for Children

Updated 9/20/17

Resources:

- [DHHS 3651 Form](#)
- [Agencies for Referrals by County](#)
- [Educational Materials for Families](#)
- [CDC Protocol for Capillary Sampling of Blood Lead](#)

