For updates, check this website periodically: https://ehs.ncpublichealth.com/hhccehb/cehu

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

Clinical and environmental follow-up is based on the truncated test result.

Example: Actual result= 4.79; Actions based on truncated value= 4

All diagnostic (i.e., confirmation) tests should be performed as soon as possible within specified time periods.

- Diagnostic tests should be venous; however, capillary tests are accepted if a venous cannot be obtained.
- Follow-up testing 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. 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 <u>must be</u> sent to an outside reference laboratory.

<5 µg/dL

- Report blood lead test result to parents and document notification
- Educate family about lead sources and prevention of lead exposure
 - o Retest at age 2, earlier if risk of exposure increases

5-9 µg/dL

(Perform diagnostic test within 3 months)

Take same actions as above -AND- if diagnostic test result is 5-9 µg/dL:

- Provide clinical management
- Conduct nutritional assessment and refer child to the WIC Program
- Take environmental history to identify lead sources (DHHS 3651 Form)
- Refer to local health department to offer an environmental investigation
- Test other children under the age of six in same household

<u>Follow-up testing</u>: Every 3 months until 2 consecutive tests are <5 μg/dL (based on the *truncated* test result)

10-44 μg/dL

(Perform diagnostic test within 1 month at 10-19 μg/dL; within 1 week at 20-44 μg/dL)

Take same actions as above -AND- if diagnostic test result is 10-44 μ g/dL:

- Refer to local health department for <u>required</u> environmental investigation and remediation enforcement if hazards are identified
- Refer child to CDSA* Early Intervention or CC4C** as appropriate
- Refer to Social Services as needed for housing or additional assistance

Follow-up testing:

- 10-24 μg/dL: every 1-3 months until 2 consecutive tests are <5 μg/dL
- 25-44 μg/dL: every 2 weeks to 1 month until 2 consecutive tests are <5 μg/dL (based on the *truncated* test result)

45-69 µg/dL

(Perform diagnostic test within 48 hours at 45-59 μg/dL; **24 hours** at 60-69 μg/dL)

Take same actions as above -AND- if diagnostic test result is 45-69 μg/dL:

- Consult with Carolinas Poison Center (1-800-222-1222) for advice on chelation and/or hospitalization
- Consider an abdominal x-ray check for an ingested object
- Alert NC CLPPP by calling 919-707-5950

Follow-up testing: 45-69 μ g/dL: every 2 weeks to 1 month until 2 consecutive tests are <5 μ g/dL (based on the *truncated* test result)

≥70 µg/dL

(Perform emergency diagnostic test **immediately**)

Take same actions as above -AND- if diagnostic test result is ≥70 μg/dL:

• Hospitalize child and begin medical treatment immediately

Follow-up testing: Same as 45-69 µg/dL category

*Children's Developmental Service Agency

**Care Coordination for Children

Updated 6/20/2018

Resources:

- DHHS 3651 Form
- Agencies for Referrals by County
- Educational Materials for Families
- CDC Protocol for Capillary Sampling of Blood Lead
- CDC Protocol for Later Follow-up Testing after Blood Lead Level (BLL) Declining

