### FOLLOW-UP SCHEDULE FOR DIAGNOSTIC / CONFIRMED BLOOD LEAD LEVELS FOR CHILDREN UNDER THE AGE OF SIX

<table>
<thead>
<tr>
<th>Blood Lead Level</th>
<th>Response</th>
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| <5 µg/dL         | - Report blood lead test result to parents and document notification  
- Educate family about lead sources and prevention of lead exposure  
Retest at age 2, earlier if risk of exposure increases |
| 5-9 µg/dL        | 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  
Follow-up testing: Every 3 months until 2 consecutive tests are <5 µg/dL (based on the truncated test result) |
| 10-44 µg/dL      | Take same actions as above -AND- if diagnostic test result is 10-44 µg/dL:  
- Refer to local health department for required 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      | 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 µg/dL: every 2 weeks to 1 month until 2 consecutive tests are <5 µg/dL (based on the truncated test result) |
| ≥70 µg/dL        | 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

**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 another 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 must be sent to an outside reference laboratory.

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### 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