Management guidelines for childhood lead poisoning

Screen for lead risk beginning at 6 months. Test for blood lead at 12 months and 24 months regardless of exposure risk status *(required for CHDP, MediCal, WIC and other federally funded programs)*. Test all children between 25 and 72 months old who have never been tested. Test for lead any time a high-risk status is identified, regardless of age.

<table>
<thead>
<tr>
<th>Venous* Blood Lead Level (µg/dL)</th>
<th>Classification</th>
<th>Retest Schedule / Management</th>
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</thead>
</table>
| less than 10                    | Background     | • Review lead exposure risk at each periodic health assessment (6 to 72 months).  
  • Retest as per general recommendations above.  
  • Provide anticipatory guidance. |
| 10 to 14                        | Low exposure   | • Retest in 3 months.  
  • Repeat blood lead testing as trend indicates, (e.g., if 2 consecutive tests are < 10µg/dL, or 3 tests are < 15µg/dL, then retest in one year).  
  • **Other actions:**  
    ▪ Nutritional intervention and referrals (e.g., WIC).  
    ▪ Evaluate for anemia.  
    ▪ Test siblings.  
    ▪ Education: sources, effects, prevention, resources. |
| 15 to 19                        | Mild exposure  | • Retest blood lead level in 1 – 3 months.  
  • If lead level remains elevated in this range, refer for public health investigation.  
  • Retesting and other actions: *as above*. |

*R* All confirmed cases with blood lead levels ≥ 20µg/dL, or persistent levels ≥ 15µg/dL, should be referred immediately to Public Health at (510) 231-8501 for home visit, environmental testing and care coordination.  
Most children with blood lead levels ≥ 20 µg/dL are CCS eligible.

20 to 44                        Moderate exposure | Retest blood lead level within 1 week to 1 month.  
• Thereafter, retest every 1 – 3 months. Consistently high levels need careful monitoring.  
• Monitor trend and confer with public health. Less frequent testing may be appropriate if lead source has been identified / controlled, and blood lead levels are consistently decreasing.  
• Medical evaluation / management, especially for neurologic, developmental, and nutritional status.  
• Other actions: *as above*.  
• **Chelation therapy:** None  

45 to 69                        High exposure    | *Confirm within 48 hours.*  
• **Chelation therapy: Indicated.**  
• Contact Children’s Hospital and Public Health lead program immediately for consultation regarding chelation therapy and follow-up. |

70 and above                    Severe exposure/ Medical emergency | Retest immediately.  
• **Chelation therapy: Urgent.**  
• Contact Children’s Hospital and Public Health lead program immediately for consultation regarding chelation therapy and follow-up. |

*Fingerstick or venous. Use fingerstick only as a screening tool. All elevated blood lead (EBL) retests must be venous samples.  
Adapted from California State Childhood Lead Poisoning Prevention Branch guidelines,  
CDC’s *Screening Young Children for Lead Poisoning* (1997), and CHDP Health Assessment Guidelines

Contra Costa Lead Poisoning Prevention Project ♦ (510) 231-8501 ♦ Fax (510) 231-8505