

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.

Venous* Blood Lead Level (µg/dL)	Classification	Retest Schedule / Management
less than 10	Background	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ▪ Nutritional intervention and referrals (e.g., WIC). ▪ Evaluate for anemia. ▪ Test siblings. ▪ Education: sources, effects, prevention, resources.
15 to 19	Mild exposure	<ul style="list-style-type: none"> • 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: <i>as above</i>.
<p>📞 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.</p>		
20 to 44	Moderate exposure	<ul style="list-style-type: none"> • 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: <i>as above</i>. • Chelation therapy: None
45 to 69	High exposure	<ul style="list-style-type: none"> • <i>Confirm within 48 hours.</i> • 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	<ul style="list-style-type: none"> • 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

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