

FOLLOW-UP SCHEDULE

Blood Lead Levels for Children Under the Age of Six

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

- *Diagnostic tests* should be venous; however, capillary tests are accepted if a venous cannot be obtained.
- Diagnostic specimens *must* be sent to an outside reference laboratory for analysis.
- Point of care (POC) blood lead analyzers (i.e., LeadCare) should *NOT* be used for diagnostic tests.
- *Follow-up (post-diagnostic) testing* can be capillary.
- CDC protocol for collecting capillary specimens should be followed (see link below).

See <https://nchealthyhomes.com/clinical-lead-resources/> for a list of clinical resources.

Users should contact [Children's Environmental Health](#) for further assistance.

For each initial blood lead level range, follow the steps under the corresponding category. If diagnostic test result falls within a lower category, follow the steps within that category. If diagnostic or follow up test result falls within a higher category, conduct another diagnostic test.

INITIAL BLOOD LEAD LEVEL AND RESPONSE

*Children's Developmental Service Agency **Care Management for At-Risk Children

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| < 3.50 µg/dL | |
| | <ul style="list-style-type: none"> • Report blood lead test results to parents and document notification • Educate family about lead sources and prevention of lead exposure <ul style="list-style-type: none"> - Retest at age 2, earlier if risk of exposure increases. |
| 3.50 – 4.99 µg/dL | Perform diagnostic test ASAP (but at the latest within 3 months) |
| | <p>If diagnostic test result is 3.50 – 4.99 µg/dL, take same action as previous category AND</p> <ul style="list-style-type: none"> • Provide clinical management • Conduct <u>nutritional assessment</u> and refer child to the WIC Program • Test other children under the age of six in same household • Conduct follow-up testing every 3 months until 2 consecutive tests are < 3.50 µg/dL |
| 5.00 – 9.99 µg/dL | Perform diagnostic test ASAP (but at the latest within 3 months) |
| | <p>If diagnostic test result is 5.00 – 9.99 µg/dL, take same action as previous category AND</p> <ul style="list-style-type: none"> • Complete <u>Form 3651: Exposure History of Child with Elevated Blood Lead Level</u> to identify possible lead sources and fax a copy to (919) 841-4015 • Refer case to local health department to offer an environmental investigation • Conduct follow-up testing every 3 months until 2 consecutive tests are < 3.50 µg/dL |
| 10.00 – 44.99 µg/dL | Perform diagnostic test ASAP (but at the latest within 1 month at 10.00 – 19.99 µg/dL and within 1 week at 20.00 – 44.99 µg/dL) |
| | <p>If diagnostic test result is 10.00 – 44.99 µg/dL, take same action as previous category AND</p> <ul style="list-style-type: none"> • Refer to local health department for required environmental investigation • Refer child to CDSA* Early Intervention or CMARC** as appropriate • Refer to Social Services as needed for housing or additional assistance • For 10.00 – 24.99 µg/dL: Conduct follow-up testing every 1-3 months until 2 consecutive tests are < 3.50 µg/dL • For 25.00 – 44.99 µg/dL: Conduct follow-up testing every 2 weeks to 1 month until 2 consecutive tests are < 3.50 µg/dL |
| 45.00 – 69.99 µg/dL | Perform diagnostic test ASAP (but at the latest within 48 hours at 45.00 - 59.99 µg/dL and within 24 hours at 60.00 - 69.99 µg/dL) |
| | <p>If diagnostic test result is 45.00 – 69.99 µg/dL, take same action as previous category AND</p> <ul style="list-style-type: none"> • Consult with North Carolina Poison Control (800) 222-1222 for advice on chelation and/or hospitalization • Consider an abdominal X-ray check for ingested object • Alert NC CLPPP by calling (919) 707-5854 • Conduct follow-up testing every 2 weeks to 1 month until 2 consecutive tests are < 3.50 µg/dL |
| ≥ 70.00 µg/dL | Perform emergency diagnostic test immediately |
| | <p>If diagnostic test result is ≥ 70.00 µg/dL, take same action as previous category AND</p> <ul style="list-style-type: none"> • Hospitalize child and begin medical treatment immediately • Conduct follow-up testing every 2 weeks to 1 month until 2 consecutive tests are < 3.50 µg/dL |



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