

Oklahoma State Department of Health
Guidelines for Management of Blood Lead Levels in Children – March 2018

- All capillary blood lead results $\geq 10 \mu\text{g/dL}$ must be confirmed with a venous specimen.*
- Primary management of lead poisoning relies on source identification and removal from exposure.
- Treatment decisions should be made in consultation with a physician knowledgeable about lead poisoning and medical management.
- For any child with a confirmed elevated blood lead level, follow-up according to retest schedule below until two consecutive blood lead tests are below $5 \mu\text{g/dL}$.
- **PLEASE BE ADVISED THAT ALL RESULTS ARE ROUNDED UP OR DOWN AS APPROPRIATE PER CDC GUIDELINES.**
(EXAMPLE: 4.7 would be recorded as $5 \mu\text{g/dL}$ and 4.2 would be recorded as $4 \mu\text{g/dL}$ for follow up and surveillance)

CAPILLARY BLOOD LEAD LEVELS

Blood Lead ($\mu\text{g/dL}$)	Significance	Management
< 5	Not Elevated	Risk assessment (LERAQ) at well-child visit or clinic visit. No additional action is necessary unless an exposure risk change has occurred.
≥ 5	Needs Confirmation	Confirm results with a venous specimen. A second capillary may be used if venous not available for results for 5 - 9 $\mu\text{g/dL}$ only.

CONFIRMATORY TESTING TIMELINE

If capillary (screening) blood lead level ($\mu\text{g/dL}$) is:	Perform venous (diagnostic) confirmatory blood test:
5 – 14	Within 3 months*
15 – 19	Within 1 month
≥ 20	Within 1 week

VENOUS BLOOD LEAD LEVELS

Blood Lead ($\mu\text{g/dL}$)	Significance	Management [^]
< 5	Not Elevated	Risk assessment (LERAQ) at next well-child or clinic visit. No additional action is necessary unless an exposure risk change has occurred.
5 – 14	Elevated	Retest with a venous test every 3 months until trend is downward or stable and then less often as trend indicates. Provide family with lead education including nutritional and environmental interventions.
15 – 19	Moderate Elevation	Retest with a venous test every 1 – 3 months until trend is downward or stable and then less often as trend indicates. If blood lead level remains between 15 – 19 $\mu\text{g/dL}$ after 2 venous tests at least 30 days apart, proceed according to actions for 20 – 44 $\mu\text{g/dL}$ range.
20 – 44	High Elevation	Environmental Investigation should be initiated. Refer for medical management. Child needs a venous blood draw every 1 – 2 months until trend is downward or stable and then less often as trend indicates. Pharmacological treatment may be indicated. Contact OCLPPP to arrange an environmental investigation.
45 – 69	Severe Elevation	Children in this range need both medical and environmental intervention. Refer for medical management. Child needs a venous blood draw every 2 weeks – 1 month (<i>or more frequently if status requires</i>) until trend is downward or stable and then less often as trend indicates. Pharmacological treatment may be indicated.
≥ 70	Emergency	Children in this range need immediate medical treatment and environmental intervention. Child needs a venous blood draw every 2 weeks – 1 month (<i>or more frequently if status requires</i>) until trend is downward or stable and then less often as trend indicates.

For more information or additional copies of this form contact Screening and Special Services and ask for information on Lead Poisoning at 405-271-6617 or toll free 1-800-766-2223 or email OKLPPP@health.ok.gov.

*A second capillary test may be used to confirm an initial capillary result from 5-9 $\mu\text{g/dL}$ if it is collected within 12 weeks of the first capillary test. If confirmed as elevated, all subsequent follow-up testing MUST be through venous sampling.

[^] If a retest time range is given, county health department nurses will retest based on the shorter retest time interval.