



**LEAD SCREENING REQUIREMENTS and
MEDICAL MANAGEMENT RECOMMENDATIONS
For children ages 6 to 84 months**

Risk Assessment Questionnaire

1. Is your child living or has lived in, or regularly visiting or has regularly visited, a house or child care center built before 1978?
2. Does your child have a sibling or playmate who has or did have lead poisoning?
3. Does your child frequently come in contact with an adult who works in an industry or has a hobby that uses lead (battery factory, steel smelter, stained glass)?
4. Is your child (A) a recent immigrant (B) a member of a minority (C) enrolled in Hoosier Healthwise?
5. Does anyone in your family use ethnic or folk remedies or cosmetics?

If the answer is YES or UNKNOWN to any of the questions, a blood lead test is needed!

Recommended Medical Management Actions

Blood Lead Levels (BLL)	Recommended Medical Management Actions							
	Confirmatory Blood Lead Test	Hospitalization	Chelation Therapy	Blood Lead Level Retest	Referrals (A)	History and Physical (B)	Lead Poisoning Education (C)	Reducing Exposure and Absorption (D)
< 10 µg/dL	no	no	no	within 1 year if BLL ≥ 5 µg/dL	no	no	YES	YES
10-14 µg/dL 15-19 µg/dL*	ASAP, within 2 months, venous or capillary	no	no	see <i>Retest Chart</i> below	YES	YES	YES	YES
20-24 µg/dL 25-44 µg/dL	ASAP, within 1 week, venous or capillary	no	no	see <i>Retest Chart</i> below	YES	YES	YES	YES
45-69 µg/dL	ASAP, within 24 hours, venous only	No, but only if home is lead-safe	YES	see <i>Retest Chart</i> below	YES	YES	YES	YES
70 µg/dL or higher	ASAP, within 24 hours, venous only	YES MEDICAL EMERGENCY	YES	see <i>Retest Chart</i> below	YES	YES	YES	YES

* If the child's blood lead level persists at this level (2 confirmed blood lead tests 2 months apart), proceed according to the level of care for 20-24 µg/dL

Indiana Childhood Lead Poisoning Prevention Program

Indiana State Department of Health, 2 N Meridian St Section 5J, Indianapolis, IN 46204 (317) 233-1250 or (800) 761-1271

Explanation of Recommended Medical Management Actions

- (A) **Referrals:** contact ICLPPP and/or local health department to assist in case management and environmental investigations
- (B) **History and physical:** take medical, environmental, and nutritional history; test for anemia and iron deficiency; assess neurologic, psychosocial, and language development; screen all siblings under age 7; evaluate risk of other family members, especially pregnant women
- (C) **Lead poisoning education:** discuss sources, effects of lead, and hazards associated with living in a pre-1978 and/or renovating a pre-1978 home, during prenatal care and well child care at 3, 6, and 12 months; Explain what blood lead levels mean; contact ICLPPP for materials
- (D) **Reducing exposure and absorption:** discuss wet cleaning to remove lead dust on surfaces; eliminating access to deteriorating lead paint surfaces, and ensuring regular meals which are low in fat and rich in calcium and iron. Contact ICLPPP for materials

Retest Chart

Use this chart to determine when to retest children who are *confirmed as lead-poisoned*

If the child's last confirmed BLL was...	and...	
	if the child's blood lead level HAS NOT DROPPED at least 3 µg/dl over a span of at least 3 months...	if the child's blood lead level HAS DROPPED at least 3 µg/dl over a span of at least 3 months...
	then test the child again in...	
*0-14 µg/dL	3 months	6 months
15-19 µg/dL	2 months	3 months
20-24 µg/dL	1 month	2 months
25-44 µg/dL	2 weeks	1 month
45-69 µg/dL	1 month after chelation	1 month after chelation
≥70 µg/dL	1 month after chelation	1 month after chelation

*NOTE: A child with an elevated blood lead level will most likely not have his or her BLL reduced to zero; however, this retesting schedule should be followed regardless of the BLL to ensure the BLL is decreasing rather than remaining the same or increasing, which would indicate continued exposure.