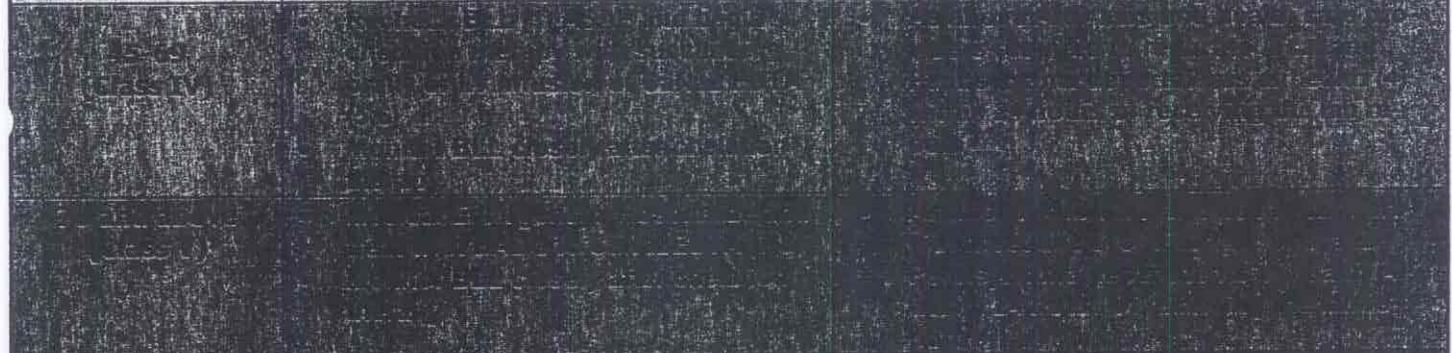


Screening, Diagnosis and Management of Lead Toxicity in Children*,**

ALL CHILDREN LIVING IN PENNSYLVANIA SHOULD HAVE BLOOD LEAD LEVEL TESTING AT ONE AND TWO YEARS OF AGE, AT THE MINIMUM (1)(2)

Blood Lead Level (BLL) (µg/dL)	Medical Intervention	Other Actions
0 - 9 (Class I)	<ul style="list-style-type: none"> Recheck BLL at age 2 years 	<ul style="list-style-type: none"> Parent education about exposure prevention Discuss & assess the possible sources of lead Nutritional counseling for adequate iron and calcium intake Labs required to report (4)
10 - 14 (Class IIA)	<ul style="list-style-type: none"> Confirm capillary with venous; Recheck venous BLL within 3 months (1, 3) 	<ul style="list-style-type: none"> As above AND labs required to report (4)
15 - 19 (Class IIB)	<ul style="list-style-type: none"> Recheck venous BLL within 1-3 months (1, 3) 	<ul style="list-style-type: none"> As above AND labs and health care providers required to report to local and Pennsylvania departments of health (4) for case management, lead hazard reduction, and follow-up
20 - 44 (Class III)	<ul style="list-style-type: none"> Recheck venous BLL within 2-4 weeks (1, 3) Screen for iron deficiency Close medical attention 	<ul style="list-style-type: none"> As above AND labs and health care providers required to report to local and Pennsylvania departments of health (4)



Symptomatic With or Without Acute Lead Encephalopathy Proceed as Class V patients, regardless of BLL

- All elevated capillary BLLs should be confirmed by a venous sample.
- Older children up to age 6 who were never screened for BLL should be screened.
- Frequency of further testing depends on the recheck results and the upward or downward trend in BLL results. Fairly frequent follow-up testing is recommended by CDC for cases under clinical management until the exposure to lead hazards is resolved, and BLL have stabilized; at which point less frequent testing is recommended.
- For state reporting, all laboratories are required to: report electronically through NEDSS all lead levels in Pennsylvania children up to age 16 years and venous lead levels of 25 µg/dL or higher in persons 16 years and older. Health care providers are required to: report electronically through NEDSS all cases they treat for lead poisoning (a lead level of 20 µg/dL or higher or 2 or more venous levels of 15-19 µg/dL drawn at least 3 months apart) in persons under age 16 years and pregnant women. To register for NEDSS reporting call 717-772-8797 or email PA-NEDSS@state.pa.us. Check local statutes for local reporting requirements in your county or city.
- Succimer (Chemet) is FDA approved for BLLs of 45 and higher. Although not routinely recommended for BLL of 25-44, providers may consider its use, particularly at the higher end of the range. Consult AAP & CDC recommendations. 10mg/kg/dose (350 mg/m²/dose) q. 8 hours x 5 days and then q. 12 hrs for 14 days. Foul smell may compromise compliance.
- CaNa₂EDTA (Versenate), 1000 mg/m²/day (or 25mg/kg/day) x 5 days ≤ 0.5% in D5W or NS, continuous infusion or, in divided doses. Allow 5 to 7 medication free days if additional treatment is required (BLL staying ≥ 45)
- Start with BAL (Dimercaprol) 75 mg/m²/dose q. 4 hrs IM (450mg/m²/day) (or 25mg/kg/day). After 4 hours and when a good urine flow is established, start CaNa₂EDTA, 1500mg/m²/day (or 50mg/kg/day) ≤ 0.5% solution in D5W or NS X 5 days. BAL should be given for a 3-5 day course.
- Another course of BAL-EDTA if BLL rebounds to ≥ 70. CaNa₂EDTA or succimer only if ≥ 45 and <70.

* Prepared by the Childhood Lead Poisoning Prevention Program (CLPPP) of the Pennsylvania Department of Health, based on the recommendations of CDC, AAP & the Pennsylvania Lead Elimination Plan Workgroup. Consult these reports (CDC and AAP) and the manufacturers' information about the precautions required in administration of specific medications listed in this chart. Local health jurisdictions may issue more stringent recommendations, which should be followed. The above are recommendations only; a health care provider may choose to do lead screening more frequently than recommended.

** For information and consultation, call Pennsylvania Lead Information Line (LIL) at 1-800-440-LEAD & for after hours emergencies call the Poison Control Center at (215) 590-2100 (Philadelphia area) or 1-800-222-1222 (Pittsburgh area).