Child Medical Management Quick Guide for Lead Testing & Treatment

What's New?

Updated Screening and Testing Guidelines

The South Dakota Childhood Lead Poisoning Prevention Program (SD CLPPP) recognizes there is **NO safe level of lead in the blood** and recommends the following:

- Universal testing of children at ages **12 months and 24 months.**
- Catch-up testing if a child does not have two blood lead tests by age 3 years.
- Additional targeted testing may be needed for children aged 6 months and then once a year until age 6 based on the risk assessment questions.

Please note: Washing hands with soap and water prior to capillary specimen collection helps remove any lead from the skin for an accurate test result. Alcohol hand gel or alcohol pads do not remove lead from the skin.

If the capillary blood lead level is ≥ 3.5 µg/dL, follow the recommended schedule for a confirmatory venous sample

Capillary BLL	Retest Within*
3.5 - 9 µg/dL	3 months
10 - 44 µg/dL	1 month
45 - 59 µg/dL	48 hours
60 - 69 µg/dL	24 hours
≥ 70 µg/dL	Immediately

*The higher the BLL on the screening test, the more urgent the need for confirmatory venous test.

If the confirmatory venous sample is ≥ 3.5 µg/dL, follow the recommended schedule for follow-up testing

Venous BLL	Follow-Up Venous Test Schedule	Long-Term Follow-Up**
3.5 - 9 µg/dL	3 months	6-9 months
10- 19 µg/dL	Within 3 months	3-6 months
20 - 44 µg/dL	2 weeks-1 month	1-3 months
≥ 45 µg/dL	Repeat venous blood test immediately	Based on chelation protocol

**Health care providers may choose to repeat blood lead tests within a month to ensure that their BLL level is not rising more quickly than anticipated.

Risk Assessment Questions

If answer is 'YES' or 'I DON'T KNOW' to any question below, proceed with testing:

- Does the child live in or regularly spend time in a home built before 1978? (This is especially important if there is chipping or peeling paint or if a renovation was completed in the past year.)
- Does the child live with a parent or caregiver who works in an occupation with frequent lead exposure? (Examples include plumbing, construction, auto repair, metal/battery recycling, and welding)?
- Does the child have a sibling or playmate with a blood lead level of 3.5 µg/dL or higher? Or has a parent or caregiver expressed concern about lead exposure and requested a lead test?
- Has the child recently arrived in the U.S. as an immigrant, refugee, or foreign adoptee?

Recommended Follow-up Actions for Children Based on a Venous Blood Lead Level

< 3.5 µg/dL	3.5 - 9µg/dL	10 - 44 µg/dL	45 - 69 µg/dL	≥ 70 µg/dL
Ensure levels are done at 1 and 2 years of age Routine assessment of developmental milestones and nutritional status with a focus on iron, zinc, and calcium intake Anticipatory guidance about common sources of lead exposure and how to prevent exposure Continue to follow screening and testing guidelines	Refer child <6 years old to South Dakota Department of Health Childhood Lead Poisoning Prevention Program for case management services, referrals, and health education Schedule retest of the lead level based on confirmatory venous result	Perform steps as described for levels at 3.5 – 9 µg/dL. Ensuring iron sufficiency with adequate laboratory testing (CBC, Ferritin, CRP) and treatment per AAP guidelines Performing structured developmental screening evaluations at periodic health visits to ensure appropriate developmental milestones are being met Assessing nutritional status (especially iron, calcium, and zinc) Checking and following neurologic and developmental status **Consider:** Testing siblings or other children in the household	Perform steps as described for levels at 10 – 44 µg/dL. **Consider:** Testing iron status, neurodevelopmental monitoring, abdominal X-ray (if particulate lead ingestion is suspected), chelation therapy, consultation with South Dakota Poison Center (800-222-1222) or Rocky Mountain Pediatric Environmental Health Line (877-800-5554)	Perform steps as described for levels at 45– 69 µg/dL. **Consider:** Hospitalizing child and beginning chelation therapy (following confirmatory venous blood lead test) AAP and PEHSU Guidance Link

Educating Parents to Help Limit Lead Exposure at Home

Discuss potential sources of lead exposure:

- Encourage washing of hands with soap and water after play, before meals, and before bed
- Recommend cleaning child's toys, bottles and pacifiers often
- Recommend foods with calcium, iron, and vitamin C to help reduce lead absorption
- Recommend blocking areas with lead hazards
- Encourage using wet wipes to clean windowsills, door jams, and door frames
- Recommend wet mopping floors and stairs once a week or more
- Recommend using HEPA filter vacuum to clean up dust and paint

childhood LEAD POISONING PREVENTION PROGRAM

SOUTH DAKOTA DEPARTMENT OF HEALTH

Order materials from our website.

SD Childhood Lead Poisoning Prevention Program

State law requires all blood lead test results for South Dakota residents be reported to the South Dakota Department of Health. This includes reporting negative venous and capillary tests.

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