

- Immediately retest the child if the blood lead level (BLL) is unsatisfactory (e.g. "Clotted" or "Insufficient Quantity").
- Follow the flowchart below to determine when retesting and medical case management is necessary.

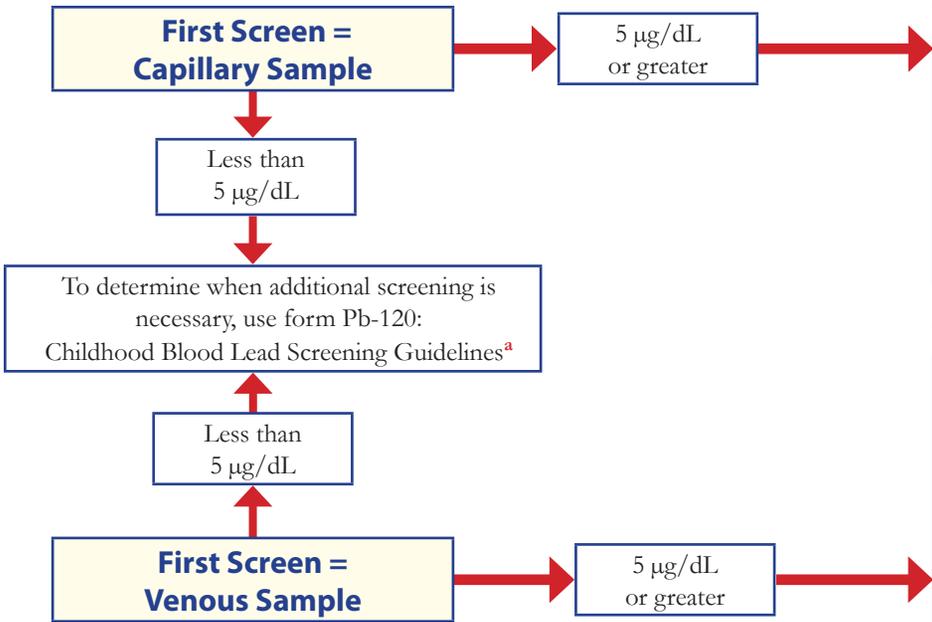


Table 1: Schedule for Obtaining a Diagnostic Venous Sample

Capillary Screening Test Result (µg/dL)	Perform Venous Diagnostic Test Within
5 - 9	1 week - 12 weeks ^b
10 - 44	1 week - 4 weeks
45 - 59	48 hours
60 - 69	24 hours
70 and up	Immediately as an emergency lab test

Table 2: Schedule for Venous Blood Lead Testing

Venous Blood Lead Level (µg/dL)	Early Retesting (first 2-4 tests after identification)	Late Retesting (after BLL begins to decline)
5 - 9	3 months - 6 months	6 months - 9 months
10 - 14	3 months	6 months
15 - 19	1 month - 3 months	3 months - 6 months
20 - 24	1 month - 3 months	1 month - 3 months
25 - 44	2 weeks - 1 month	1 month
45 and up	As soon as possible	Chelation with subsequent retesting ^c

Table 3: Medical Case Management for Children with a Diagnostic Elevated Blood Lead Levels

5 - 9 µg/dL	10 - 14 µg/dL	15 - 19 µg/dL	20 - 44 µg/dL	45 - 69 µg/dL	70 or higher µg/dL
<ol style="list-style-type: none"> Lead Education: Dietary & Environmental Continued BLL monitoring 	<ol style="list-style-type: none"> Lead Education: Dietary & Environmental Continued BLL monitoring Environmental Lead Investigation if: <ul style="list-style-type: none"> BLLs persist at least 12 weeks after diagnostic venous test 	<ol style="list-style-type: none"> Lead Education: Dietary & Environmental Continued BLL monitoring Proceed according to actions for 20-44 µg/dL if: <ul style="list-style-type: none"> BLLs persist at least 12 weeks after diagnostic venous test 	<ol style="list-style-type: none"> Lead Education: Dietary & Environmental Continued BLL monitoring Complete history and physical exam Lab work: Hemoglobin or hematocrit; Iron status Environmental Lead Investigation Lead hazard reduction Neurodevelopmental monitoring Abdominal X-ray (if particulate lead ingestion is suspected) with bowel decontamination if indicated 	<ol style="list-style-type: none"> Lead Education: Dietary & Environmental Continued BLL monitoring Complete history and physical exam Complete neurological exam Lab work: Hemoglobin or hematocrit; Iron status; FEP or ZPP Environmental Lead Investigation Lead hazard reduction Neurodevelopmental monitoring Abdominal X-ray with bowel decontamination if indicated Chelation therapy^c 	<ol style="list-style-type: none"> Hospitalize and commence chelation therapy^c Proceed according to actions for 45-69 µg/dL

^aChildhood Blood Lead Screening Guidelines. Go to: www.dshs.state.tx.us/lead/screening.shtm. ^bThe higher the blood lead level on the screening test, the more urgent the need for diagnostic testing. ^cHealthcare providers should consult with an expert in the management of these lead levels before administering chelation. Chelation therapy should never be administered before a venous diagnostic is obtained.

Tables adapted from Managing Elevated Blood Lead Levels Among Young Children: CDC, March 2002; and the Strategic Planning Committee to Eliminate Childhood Lead Poisoning in Texas, January - March 2013