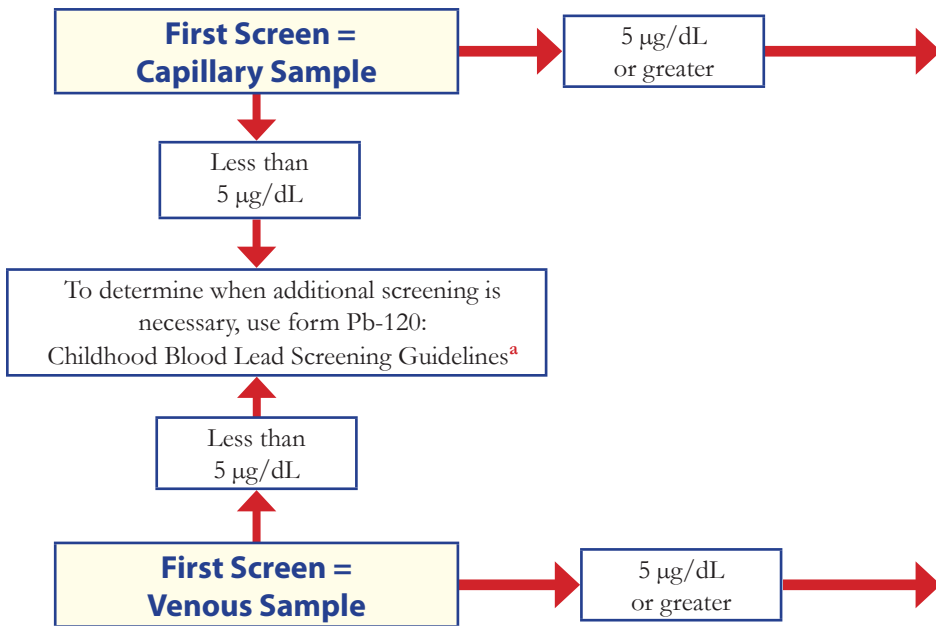


# Reference for Blood Lead Retesting and Medical Case Management

- 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 <sup>b</sup>
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 <sup>c</sup>

**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"> <li>1. Lead Education: Dietary &amp; Environmental</li> <li>2. Continued BLL monitoring</li> </ol>	<ol style="list-style-type: none"> <li>1. Lead Education: Dietary &amp; Environmental</li> <li>2. Continued BLL monitoring</li> <li>3. Environmental Lead Investigation if: <ul style="list-style-type: none"> <li>• BLLs persist at least 12 weeks after diagnostic venous test</li> </ul> </li> </ol>	<ol style="list-style-type: none"> <li>1. Lead Education: Dietary &amp; Environmental</li> <li>2. Continued BLL monitoring</li> <li>3. Proceed according to actions for 20-44 µg/dL if: <ul style="list-style-type: none"> <li>• BLLs persist at least 12 weeks after diagnostic venous test</li> </ul> </li> </ol>	<ol style="list-style-type: none"> <li>1. Lead Education: Dietary &amp; Environmental</li> <li>2. Continued BLL monitoring</li> <li>3. Complete history and physical exam</li> <li>4. Lab work: Hemoglobin or hematocrit; Iron status</li> <li>5. Environmental Lead Investigation</li> <li>6. Lead hazard reduction</li> <li>7. Neurodevelopmental monitoring</li> <li>8. Abdominal X-ray (if particulate lead ingestion is suspected) with bowel decontamination if indicated</li> </ol>	<ol style="list-style-type: none"> <li>1. Lead Education: Dietary &amp; Environmental</li> <li>2. Continued BLL monitoring</li> <li>3. Complete history and physical exam</li> <li>4. Complete neurological exam</li> <li>5. Lab work: Hemoglobin or hematocrit; Iron status; FEP or ZPP</li> <li>6. Environmental Lead Investigation</li> <li>7. Lead hazard reduction</li> <li>8. Neurodevelopmental monitoring</li> <li>9. Abdominal X-ray with bowel decontamination if indicated</li> <li>10. Chelation therapy<sup>c</sup></li> </ol>	<ol style="list-style-type: none"> <li>1. Hospitalize and commence chelation therapy<sup>c</sup></li> <li>2. Proceed according to actions for 45-69 µg/dL</li> </ol>

<sup>a</sup>Childhood Blood Lead Screening Guidelines. Go to: [www.dshs.state.tx.us/lead/screening.shtm](http://www.dshs.state.tx.us/lead/screening.shtm). <sup>b</sup>The higher the blood lead level on the screening test, the more urgent the need for diagnostic testing. <sup>c</sup>Healthcare 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

Texas Childhood Lead Poisoning Prevention Program

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