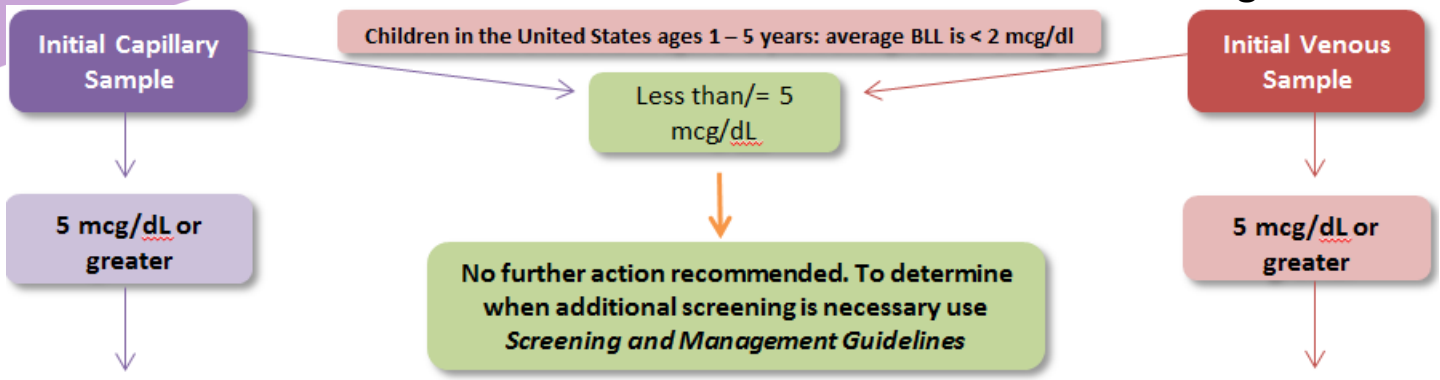
Lead Poisoning

Leading Education & Awareness on LEAD Greater Nashua

Child Medical Management

Quick Guide for Lead Testing & Treatment



Schedule For Obtaining Venous Sample	
Capillary Blood Lead	**Confirm For Venous Test Within**
<5mcg/dL	Not necessary unless other risk factors. Test children less than 12 mos. old in 3 to 6 months as BLL may increase with mobility.
5-9 mcg/dL	Within 3 months.
10-19 mcg/dL	Within 1 month
20-44 mcg/dL	Within in 1 week
45-69 mcg/dL	Within 48 hours
70+ mcg/dL	Immediately as an emergency test
The **higher** the capillary test result, the more urgent the need for a **confirmatory venous test**	

Schedule For Venous Re-testing	
Venous Blood Lead	**Follow-Up and Re-testing**
< 5 mcg/dl	Retest child at 1 and 2 years old. Retest child in 6 – 12 months if child is at high risk or risk changes during time frame.
5-9 mcg/dL	Within 3 months *May necessitate frequent follow-up testing.
10-19 mcg/dL	Every 3 months
20-39 mcg/dL	Every 1-2 months
40-69 mcg/dL	Every 1-2 weeks (even after chelation)
70+ mcg/dL	Initiate chelation and re-test within 1-2 weeks
*Some providers may choose to repeat BLL tests within 1 month to ensure BLL is not rising more quickly than anticipated.	

Clinical Treatment Guidelines for Venous Confirmed Blood Lead Levels			
3 - 9 mcg/dL	**10 - 44 mcg/dL**	**45 - 69 mcg/dL**	**70+ mcg/dL**
• Provide factsheets to parents (*Lead & Children, Lead & Nutrition*) • Follow-up BLL monitoring • Retest infants earlier than 3-6 months • Test siblings for EBLL • The HHLPPP sends letter notifying parents of EBLL	**Continue management, AND**: • Rule out iron deficiency & prescribe iron if needed • Neurodevelopmental monitoring & consider referral for evaluation • Patients with BLL of 25-44 mcg/dL need aggressive environmental intervention • For BLL 25 - 44mcg/dL, CHEMET (succimer) is NOT recommended as there is no cognitive benefit • The HHLPPP provides nurse case management & an environmental lead investigation	• Contact PEHSU at Children's Hospital (1-888-214-5314) for chelation guidance and/ or follow AAP Treatment Guidelines • Confirm BLL within 2 days • Stop iron therapy prior to chelation • Begin chelation in consultation with clinician experienced in lead toxicity therapy • Consider directly observed therapy with CHEMET (succimer) • Ensure child is discharged to a lead -free environment	**EMERGENCY!** • Confirm BLL immediately • Hospitalize even if asymptomatic • Contact PEHSU at Children's Hospital (1-888-347-2632) for immediate consultation on lead toxicity therapy • Stop iron therapy prior to chelation • Ensure child is discharged to a lead-free environment

L.E.A.D. is an initiative out of the City of Nashua Division of Public Health and Community Services, Greater Nashua Public Health Network Services

March 2019

Call 1-603-589-4500 or Visit NashuaNH.gov/LEADGreaterNashua

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Child Medical Management

Quick Guide for Clinical Evaluation & Management

New UNIVERSAL TESTING LAW

- Test all children at 12 mos. and again at 24 mos. (2 tests)*
- Test all children 3 to 6 yrs. old who haven't been tested
- For refugee children:
  - Test all children between 6 mos. and 16 years old upon entry into the US
  - Regardless of initial testing result, conduct a follow up on all children 6 mos. to 6 yrs. old

**Does not apply to children who have elevated blood lead levels and are currently in case management.*

Interventions to Help Limit Exposure

Educate caregivers by providing three DHHS factsheets:
"Lead and Nutrition", "Lead and Children" and "Lead Hazards"

- Hand washing—with soap and water
- Clean child's toys, bottles & pacifiers often
- Feed child Calcium, Iron & Vitamin C foods daily
- Have barriers blocking access to lead hazards
- Wet wipe window sill, door jams, & door frames
- Wet mop floors and stairs once a week or more
- Use HEPA filter vacuum to clean up dust and paint chips

Lead Risk Questions To Ask Parents of Children with EBLL's ≥ 5 mcg/dL

- Developmental delays or learning disabilities?
- Behavioral problems? (*e.g. aggression & attention issues)*
- Excessive mouthing or pica behavior?
- Ingestion of non-food items?
- Living in pre-1978 housing?
- Attending child care in pre-1978 building?
- Recent renovations/ remodeling in pre-1978 housing or child care
- Recent immigrant, refugee, or international adoption?
- Parent occupation or hobbies have lead exposure? *(e.g. renovations, painting, welding, fishing, target shooting, stain glass, jewelry making)*
- Imported ethnic spices/ powders that contain lead? (e.g. *sindoor, surma, greta, orange shringar, asafetida, turmeric)*
- Does child have sibling or playmate that has or did have lead poisoning?

Developmental Assessment & Intervention for Children with EBLL

For any child with a **venous BLL ≥5mcg/dL**
- Annual developmental surveillance and screening at ages 3, 4 and 5 years is recommended
- Developmental surveillance at annual visit for all ages to identify emerging/unaddressed behavioral, cognitive, or developmental concerns

For any child with a **venous ≥ 20 mcg/dL** or **persistently ≥ 15 mcg/dL with other developmental risk factors**: neurodevelopmental monitoring is needed

Action Steps
- Long term developmental monitoring should be a component of the child's management plan.
- A history of EBLL should be included in the problem list maintained in the child's permanent medical record, even if BLL is reduced.
- Refer child to early intervention or child-check for developmental screening.
- Recommend early childhood education and stimulation programs.
- Refer to NH Division of Developmental Services for a list of local Family-Centered Early Supports & Services at (603)-271-5143

Developmental Surveillance should include:
- Vigilance for physical, social, emotional, academic challenges at critical transition points in childhood (e.g. preschool, 1st, 4th, 6th & 7th grades).
- Vigilance for in-attention, distractibility, aggression, anti-social behavior, irritability, hyperactivity, low impulse control and poor emotional regulation.
- Refer children experiencing neurodevelopmental problems for a complete diagnostic medical evaluation.
- Continue to monitor development through a child's early and middle-school years, even if BLL is reduced.

For children of any age: if issues arise between annual visits, encourage parents to bring them to attention of the medical office and school personnel

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