

Healthcare Provider:

- Immediately retest the child if the blood lead test result is invalid due to “Clotted” or “Insufficient Quantity.”
- Follow the flowchart below to determine if or when follow-up testing and medical case management is necessary.

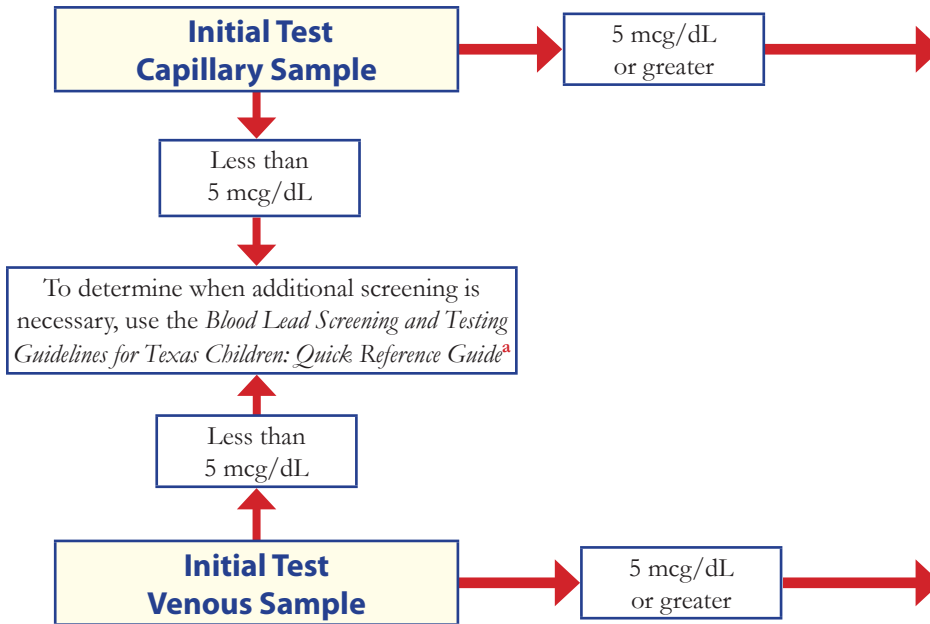


Table 1: Schedule for Obtaining a Diagnostic Venous Sample

Capillary Screening Test Result (mcg/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 Follow-up Venous Blood Lead Testing

Venous Blood Lead Level (mcg/dL)	Early Follow-up (first 2-4 tests after identification)	Late Follow-up (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 follow-up ^c

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

5 - 9 mcg/dL	10 - 14 mcg/dL	15 - 19 mcg/dL	20 - 44 mcg/dL	45 - 69 mcg/dL	70 or higher mcg/dL
<ol style="list-style-type: none"> 1. Lead Education: Dietary & Environmental 2. Follow-up BLL monitoring 	<ol style="list-style-type: none"> 1. Lead Education: Dietary & Environmental 2. Follow-up BLL monitoring 3. Environmental Lead Investigation if: <ul style="list-style-type: none"> • Follow-up BLLs persist at least 12 weeks after diagnostic venous test 	<ol style="list-style-type: none"> 1. Lead Education: Dietary & Environmental 2. Follow-up BLL monitoring 3. Proceed according to actions for 20-44 mcg/dL if: <ul style="list-style-type: none"> • Follow-up BLLs persist at least 12 weeks after diagnostic venous test 	<ol style="list-style-type: none"> 1. Lead Education: Dietary & Environmental 2. Follow-up BLL monitoring 3. Complete history and physical exam 4. Lab work: Hemoglobin or hematocrit; Iron status 5. Environmental Lead Investigation 6. Lead hazard reduction 7. Neurodevelopmental monitoring 8. Abdominal X-ray (if particulate lead ingestion is suspected) with bowel decontamination if indicated 	<ol style="list-style-type: none"> 1. Lead Education: Dietary & Environmental 2. Follow-up BLL monitoring 3. Complete history and physical exam 4. Complete neurological exam 5. Lab work: Hemoglobin or hematocrit; Iron status; FEP or ZPP 6. Environmental Lead Investigation 7. Lead hazard reduction 8. Neurodevelopmental monitoring 9. Abdominal X-ray with bowel decontamination if indicated 10. Chelation therapy^c 	<ol style="list-style-type: none"> 1. Hospitalize and commence chelation therapy^c 2. Proceed according to actions for 45-69 mcg/dL

^aBlood Lead Screening and Testing Guidelines for Texas Children: Quick Reference Guide. Go to: www.dshs.state.tx.us/lead. ^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.