

FOLLOW-UP SCHEDULE

Blood Lead Levels for Children Under the Age of Six

All diagnostic (i.e., confirmation) tests should be performed as soon as possible (ASAP), but at a minimum within specified time periods.

- *Diagnostic tests* should be venous; however, capillary tests are accepted if a venous cannot be obtained.
- Diagnostic specimens *must* be sent to an outside reference laboratory for analysis.
- Point of care (POC) blood lead analyzers (i.e., LeadCare) should *NOT* be used for diagnostic tests.
- *Follow-up (post-diagnostic) testing* can be capillary.
- CDC protocol for collecting capillary specimens should be followed (see first link below).

See <https://nchealthyhomes.com/clinical-lead-resources/> for a list of clinical resources.

Users should contact [Children's Environmental Health](#) for further assistance.

For each initial blood lead level range, follow the steps under the corresponding category. If diagnostic test result falls within a lower category, follow the steps within that category. If diagnostic or follow up test result falls within a higher category, conduct another diagnostic test.

INITIAL BLOOD LEAD LEVEL AND RESPONSE

*Children's Developmental Service Agency **Care Management for At-Risk Children

< 3.50 µg/dL

- Report blood lead test results to parents and document notification
- Educate family about lead sources and prevention of lead exposure
 - Retest at age 2, earlier if risk of exposure increases.

3.50 – 4.99 µg/dL

Perform diagnostic test ASAP (but at the latest within 3 months)

If diagnostic test result is **3.50 – 4.99 µg/dL**, take same action as previous category **AND**

- Provide clinical management
- Conduct nutritional assessment and refer child to the WIC Program
- Test other children under the age of six in same household
- Conduct follow-up testing every 3 months until 2 consecutive tests are < 3.50 µg/dL

5.00 – 9.99 µg/dL

Perform diagnostic test ASAP (but at the latest within 3 months)

If diagnostic test result is **5.00 – 9.99 µg/dL**, take same action as previous category **AND**

- Complete Form 3651: Exposure History of Child with Elevated Blood Lead Level to identify possible lead sources and fax a copy to (919) 841-4015
- Refer case to local health department to offer an environmental investigation
- Conduct follow-up testing every 3 months until 2 consecutive tests are < 3.50 µg/dL

10.00 – 44.99 µg/dL

Perform diagnostic test ASAP (but at the latest within 1 month at 10.00 – 19.99 µg/dL and within 1 week at 20.00 – 44.99 µg/dL)

If diagnostic test result is **10.00 – 44.99 µg/dL**, take same action as previous category **AND**

- Refer to local health department for required environmental investigation
- Refer child to CDSA* Early Intervention or CMARC** as appropriate
- Refer to Social Services as needed for housing or additional assistance
- For 10.00 – 24.99 µg/dL: Conduct follow-up testing every 1-3 months until 2 consecutive tests are < 3.50 µg/dL
- For 25.00 – 44.99 µg/dL: Conduct follow-up testing every 2 weeks to 1 month until 2 consecutive tests are < 3.50 µg/dL

45.00 – 69.99 µg/dL

Perform diagnostic test ASAP (but at the latest within 48 hours at 45.00 – 59.99 µg/dL and within 24 hours at 60.00 – 69.99 µg/dL)

If diagnostic test result is **45.00 – 69.99 µg/dL**, take same action as previous category **AND**

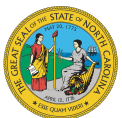
- Consult with North Carolina Poison Control (800) 222-1222 for advice on chelation and/or hospitalization
- Consider an abdominal X-ray check for ingested object
- Alert NC CLPPP by calling (919) 707-5854
- Conduct follow-up testing every 2 weeks to 1 month until 2 consecutive tests are < 3.50 µg/dL

≥ 70.00 µg/dL

Perform emergency diagnostic test immediately

If diagnostic test result is **≥ 70.00 µg/dL**, take same action as previous category **AND**

- Hospitalize child and begin medical treatment immediately
- Conduct follow-up testing every 2 weeks to 1 month until 2 consecutive tests are < 3.50 µg/dL



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