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**Guidelines for Screening for Lead Poisoning
Protocol for Venous Lead Levels Only
CDC 6/98--NJ STATE HEALTH DEPT. 8/1/08**

AUGUST 8, 2008

Children 3-36 months of age

A questionnaire should be used at each routine office visit to assess the potential for high-dose lead exposure and therefore the appropriate frequency of screening.

The parent/caregiver should be notified in writing of all abnormal lab test results and appropriate follow-up recommendations.

HEALTH DEPT. MUST BE NOTIFIED OF LEAD LEVELS > 10 ug/dl, THEN FOLLOW OFFICE PROTOCOL UNLESS OTHERWISE STATED BY HEALTH DEPT.

LOW RISK

1. Obtain initial lead level at 12 months.
2. If initial lead level is less than 10, retest at 24 months.
3. If a lead level is 10-14, retest q 3-4 months until:
 - a. 2 consecutive levels are less than 10

OR

 - b. 3 consecutive levels are less than 15 and then retest in 1 year.
4. If a lead level is 15 or above, retest at least q 3-4 months and provide individualized management:

HIGH RISK

1. Obtain initial lead level at 6 months.
2. If initial lead level is less than 10, retest every 6 months until:
 - a. 2 consecutive levels are less than 10

OR

 - b. 3 consecutive levels are less than 15 and then retest once a year.
3. If a lead level is 10-14, retest q 3-4 months until:
 - a. 2 consecutive levels are less than 10

OR

 - b. 3 consecutive levels are less than 15 and then retest once a year.
4. If a lead level is 15 or above, follow the same guidelines as for low risk children.

If lead level is 15-19:

1. Retest q 3-4 months
2. Provide education and nutritional counseling
3. Obtain detailed environmental history to identify any obvious source of lead.

If the lead level remains between 15-19 on 2 consecutive tests 3-4 months apart:
Environmental investigation and abatement should be conducted if resources permit. Public Health Department is to be notified.

If the lead level is 20 or above: **NOTIFY THE HEALTH DEPARTMENT**

1. Repeat for confirmation
2. If the lead level is confirmed to be 20 or above, the child requires medical evaluation and follow-up as described in Chapter 7 of CDC booklet.
3. Retest at least every 3-4 months.
4. If the lead level is 45 or above, consult with the specialist.
5. Symptomatic lead of poisoning or a venous lead level of 70 or above is a medical Emergency requiring immediate in-patient chelation therapy.

Children at least 36 months of age and less than 72 months of age (6th birthday)

1. Questionnaire should be used at each routine visit.
2. Any child at high risk by questionnaire who has not recently had a lead level should be tested.
3. All children who have had venous lead levels of 15 or above or who are at high risk by questionnaire should be screened at least once a year until their 6th birthday or later, if indicated. (eg. A retarded child with pica)
4. Children with lead levels of 15 or above should receive the same evaluation as Younger children with lead levels of 15 or above.

Addendum:

1. With a child who has a lead level of 10 or above, all other children in the household between 6 months and 6 years of age who have not been tested within the past 3 months should be tested.
2. A parent can refuse to have the children screened for any reason; however, this Refusal must be documented in writing.