

Oklahoma State Department of Health
Guidelines for Management of Lead in Blood - Children – October 2022

- All capillary blood lead results $\geq 10 \mu\text{g/dL}$ must be confirmed with a venous specimen. *
- Primary management of lead poisoning relies on source identification and removal from exposure.
- Treatment decisions should be made in consultation with a physician knowledgeable about lead poisoning and medical management.
- For any child with a confirmed lead in blood level, follow-up according to retest schedule below until two consecutive blood lead tests are *below 3.5 $\mu\text{g/dL}$* .

CAPILLARY BLOOD LEAD LEVELS

| Blood Lead ($\mu\text{g/dL}$) | Significance | Management |
|---------------------------------|--------------------|---|
| < 3.5 | No Action | Risk assessment (LERAQ) at well-child visit or clinic visit. No additional action is necessary unless an exposure risk change has occurred. |
| ≥ 3.5 | Needs Confirmation | Confirm results with a venous specimen. A second capillary may be used if venous not available for results for 3.5 – 9.9 $\mu\text{g/dL}$ only. |

CONFIRMATORY TESTING TIMELINE

| If capillary (screening) blood lead level ($\mu\text{g/dL}$) is: | Perform venous (diagnostic) confirmatory blood test: |
|--|--|
| 3.5 – 14 | Within 3 months* |
| 15 – 19 | Within 1 month |
| ≥ 20 | Within 1 week |

VENOUS BLOOD LEAD LEVELS

| Blood Lead ($\mu\text{g/dL}$) | Significance | Management [^] |
|---------------------------------|------------------------|---|
| < 3.5 | No Action | Risk assessment (LERAQ) at next well-child or clinic visit. No additional action is necessary unless an exposure risk change has occurred. |
| 3.5 – 14 | Lead in Blood | Retest with a venous test every 3 months until trend is downward or stable and then less often as trend indicates. Provide family with lead education including nutritional and environmental interventions. |
| 15 – 19 | Moderate Lead in Blood | Retest with a venous test every 1 – 3 months until trend is downward or stable and then less often as trend indicates. If blood lead level remains between 15 – 19 $\mu\text{g/dL}$ after 2 venous tests at least 30 days apart, proceed according to actions for 20 – 44 $\mu\text{g/dL}$ range. |
| 20 – 44 | High Lead in Blood | Environmental Investigation should be initiated. Refer for medical management. Child needs a venous blood draw every 1 – 2 months until trend is downward or stable and then less often as trend indicates. Pharmacological treatment may be indicated. Contact OCLPPP to arrange an environmental investigation. |
| 45 – 69 | Severe Lead in Blood | Children in this range need both medical and environmental intervention. Refer for medical management. Child needs a venous blood draw every 2 weeks – 1 month (<i>or more frequently if status requires</i>) until trend is downward or stable and then less often as trend indicates. Pharmacological treatment may be indicated. |
| ≥ 70 | Emergency | Children in this range need immediate medical treatment and environmental intervention. Child needs a venous blood draw every 2 weeks – 1 month (<i>or more frequently if status requires</i>) until trend is downward or stable and then less often as trend indicates. |

For more information or additional copies of this form contact Screening and Special Services and ask for information on Lead Poisoning at 405-426-8311 or toll free 1-800-766-2223 or email OKLPPP@health.ok.gov.

*A second capillary test may be used to confirm an initial capillary result from 3.5 to 9.9 $\mu\text{g/dL}$ if it is collected within 12 weeks of the first capillary test. If confirmed as lead in blood, all subsequent follow-up testing MUST be through venous sampling.

[^] If a retest time range is given, county health department nurses will retest based on the shorter retest time interval.