Tennessee Childhood Lead Poisoning Prevention Program

NEW Recommended Schedule for a Confirmatory Venous Sample

Screening test result (µg/dL)	Perform a confirmation test within:
10-19	3 months
20-44	1 week - 1 month*
45-59	48 hours
60-69	24 hours
> 70	*Immediately* as an emergency lab test

*The higher the BLL on the screening test, the more urgent the need for confirmatory testing.

Screening Guidelines

1. Blood lead test may be done as a finger stick
2. If the blood lead level comes back 10 µg /dL or greater, the level must be confirmed by a venous blood lead level

Who Should Be Screened?

1. Children at 12 and 24 months old*
2. Children 36-72 months old without a documented blood lead level*
3. Children whose parent/guardian requests a blood lead level
4. Children whose parent/guardian answers "yes" or "don't know" to any questions on risk assessment questionnaire used at well-child checks of 6 and 72 months or when child's risk status changes

*CMS requirements for TennCare recipients

Recommended Schedule for Follow-Up Blood Lead Testing (a)

Venous blood lead level (µg/dL)	Early follow-up (first 2-4 tests after identification)	Late follow-up (after BLL begins to decline)
10-14	3 months (b)	6-9 months
15-19	1-3 months (b)	3-6 months
20-24	1-3 months (b)	1-3 months
25-44	2 weeks-1 month	1 month
> 45	As soon as possible	Chelation with subsequent follow-up

(a) Seasonal variation of BLLs exists and may be more apparent in colder climate areas. Greater exposure in the summer months may necessitate more frequent follow-ups.
(b) Some case managers or PCPs may choose to repeat blood lead tests on all new patients within a month to ensure that their BLL is not rising more quickly than anticipated.

Additional Contact Information

Tennessee Department of Health: http://www2.state.tn.us/health/lead **OR call: (615) 741-0355**

Tennessee Department of Environment and Conservation: http://www.state.tn.us/environment
OR call: (615) 532-LEAD or the in-state-only hotline at 1-888-771-LEAD (5323)

Lead-based Paint Inspectors, Risk Assessors: http://www.state.tn.us/environment/swm/leadpaint/listprof.htm

Summary of Recommendations for Children with Confirmed (Venous) Elevated Blood Lead Levels

Blood Lead Level (μg/dL)

10-14	15-19	20-44	45-69	≥70
• **Lead education** - Dietary - Environmental • **Follow-up blood lead monitoring**	• **Lead education** - Dietary - Environmental • **Follow-up blood lead monitoring** • **Proceed according to actions for 20-44 μg/dL if:** - A follow-up BLL is in this range at least 3 months after initial venous test **or** - BLLs increase	• **Lead education** - Dietary - Environmental • **Follow-up blood lead monitoring** • **Complete history and physical exam** • **Lab work:** - Hemoglobin or hematocrit - Iron status • **Environmental investigation** • **Lead hazard reduction** • **Neurodevelopmental monitoring** • **Abdominal X-ray** (if particulate lead ingestion is suspected) **with bowel decontamination if indicated**	• **Lead education** - Dietary - Environmental • **Follow-up blood lead monitoring** • **Complete history and physical exam** • **Complete neurological exam** • **Lab work:** - Hemoglobin or hematocrit - Iron status - FEP or ZPP • **Environmental investigation** • **Lead hazard reduction** • **Neurodevelopmental monitoring** • **Abdominal X-ray with bowel decontamination if indicated** • **Chelation therapy**	• **Hospitalize and commence chelation therapy** • **Proceed according to actions for 45-69 μg/dL**

The following actions are NOT recommended at any blood lead level:

- Searching for gingival lead lines
- Testing of neurophysiological function
- Evaluation of renal function (except during chelation with EDTA)
- Testing of hair, teeth or fingernails for lead
- Radiographic imaging of long bones
- X-ray fluorescence of long bones