

**Oklahoma State Department of Health
Provisional Guidelines for Management of Blood Lead Levels in Children**

June 2012

- All capillary blood lead results ≥ 5 $\mu\text{g}/\text{dL}$ 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 elevated blood lead level, risk assessment (LERAQ) in 1 year after 2 consecutive blood lead tests are below 5 $\mu\text{g}/\text{dL}$.

CAPILLARY BLOOD LEAD LEVELS

Blood Lead ($\mu\text{g}/\text{dL}$)	Significance	Management
< 5	Not Elevated	Risk assessment (LERAQ) in 1 year. No additional action is necessary unless an exposure risk change has occurred.
≥ 5	Needs Confirmation	Confirm results with a venous specimen.

CONFIRMATORY TESTING TIMELINE

If capillary (screening) blood lead level ($\mu\text{g}/\text{dL}$) is :	Perform venous (diagnostic) confirmatory blood test:
5 – 14	Within 3 months
15 - 19	Within 1 month
≥ 20	Within 1 week

VENOUS BLOOD LEAD LEVELS

Blood Lead ($\mu\text{g}/\text{dL}$)	Significance	Management
< 5	Not Elevated	Risk assessment (LERAQ) in 1 year. No additional action is necessary unless an exposure risk change has occurred.
5 – 14	Low Elevation	Rescreen with a venous test every 3 months. Provide family with lead education including nutritional and environmental interventions.
15-19	Moderate Elevation	Rescreen with a venous test every 3 months. If blood lead level remains between 15-19 $\mu\text{g}/\text{dL}$ after 2 venous samples at least 3 months apart proceed according to actions for 20-44 $\mu\text{g}/\text{dL}$ range. Contact OCLPPP for consultation.
20-44	High Elevation	Environmental Investigation should be initiated. Refer for medical management. Child needs a venous blood draw every 2 months. Pharmacological treatment may be indicated. Consult OCLPPP for consultation.
45-69	Severe Elevation	Children in this range need both medical and environmental intervention. Refer for medical management. Child needs a venous blood draw every 2 months. Pharmacological treatment may be indicated. Consult OCLPPP for consultation.
≥ 70	Emergency	Children in this range need immediate medical treatment and environmental intervention. Consult OCLPPP for consultation.

For more information or additional copies of this form contact the Oklahoma Childhood Lead Poisoning Prevention Program at 405-271-6617 or toll free 1-800-766-2223 or email OKLPPP@health.ok.gov.