

# Childhood Blood Lead Clinical Treatment Guidelines for Minnesota

These guidelines were created for children from 6 to 72 months of age.

Blood Lead Levels in Micrograms Per Deciliter (ug/dL)

<5      5-9.9      10-14.9      15-44.9      45-59.9      60+

## Medical Evaluation

If capillary <sup>1</sup> result, confirm with venous draw within:		No later than 3 Months	No later than 3 Months	1 Week	48 Hours	IMMEDIATELY
Check nutritional status (especially iron and calcium) • Rule out iron deficiency and treat if present		X If venous result	X	X	X	X
Complete diagnostic evaluation (history, labs, iron studies, physical exam)			X	X	X	X
If exhibiting clinical symptoms check neurologic & developmental status (especially language skills and concentration ability)				X	X	X
Check abdominal x-ray Other diagnostic tests: BUN, CBC, Creatinine, UA and liver enzymes					X	X
<b>TREAT AS AN EMERGENCY - potential encephalopathy</b>						X

## Medical Management

Anticipatory Guidance—discuss high risk categories <sup>2</sup> , primary sources of lead poisoning and measures to keep children safe from lead, including • age of home (built before 1978), • condition of painted surfaces (chipped/peeling), • pica, • remodeling, • occupations/hobbies, • folk remedies <i>Contact the MDH for a list of additional lead sources.</i>	X	X If capillary result				
Provide written, culturally appropriate lead poisoning prevention educational materials		X	X	X	X	X
Educate family—discuss: • Potential sources of lead and ways to reduce or remove exposure • Review and provide lead poisoning prevention literature • Dangers of improper lead abatement/remodeling • Nutrition—encourage high iron/high calcium diet • Chronic nature of problem (need to monitor frequently)		X If venous result	X	X	X	X
Iron supplement if deficient		X If venous result	X	X	X	X
<b>IDENTIFY AND REMOVE LEAD SOURCE</b>			X	X	X	X
Persistently high levels in this range may require more aggressive treatment <i>Consult MDH for information regarding chelation treatment</i>				X	X	X
Be sure to stop iron therapy prior to chelation				X	X	X
This level requires chelation—recommend the use of succimer per routine dosage <i>Consult the MDH for further information/referral if needed</i>					X	X
In-home treatment indicated only in situations of: • Lead-safe environment • Highly compliant family • Home health care monitoring					X	X
Discharge inpatient cases ONLY to LEAD-SAFE ENVIRONMENT					X	X

## Follow-up/Comment<sup>3</sup>

Review risk factors in 1 year	X	X				
Screen other children in the home if result is a venous test		X	X	X	IMMEDIATELY	IMMEDIATELY
Repeat venous test		6 months	3 months	1-3 months	1 week	48 hours
Repeat venous and diagnostic tests 14 days after chelation therapy is complete.					X	X
MDH or the local public health department will conduct an environmental inspection and public health nursing home visit for children up to 72 months of age.				X	X	X

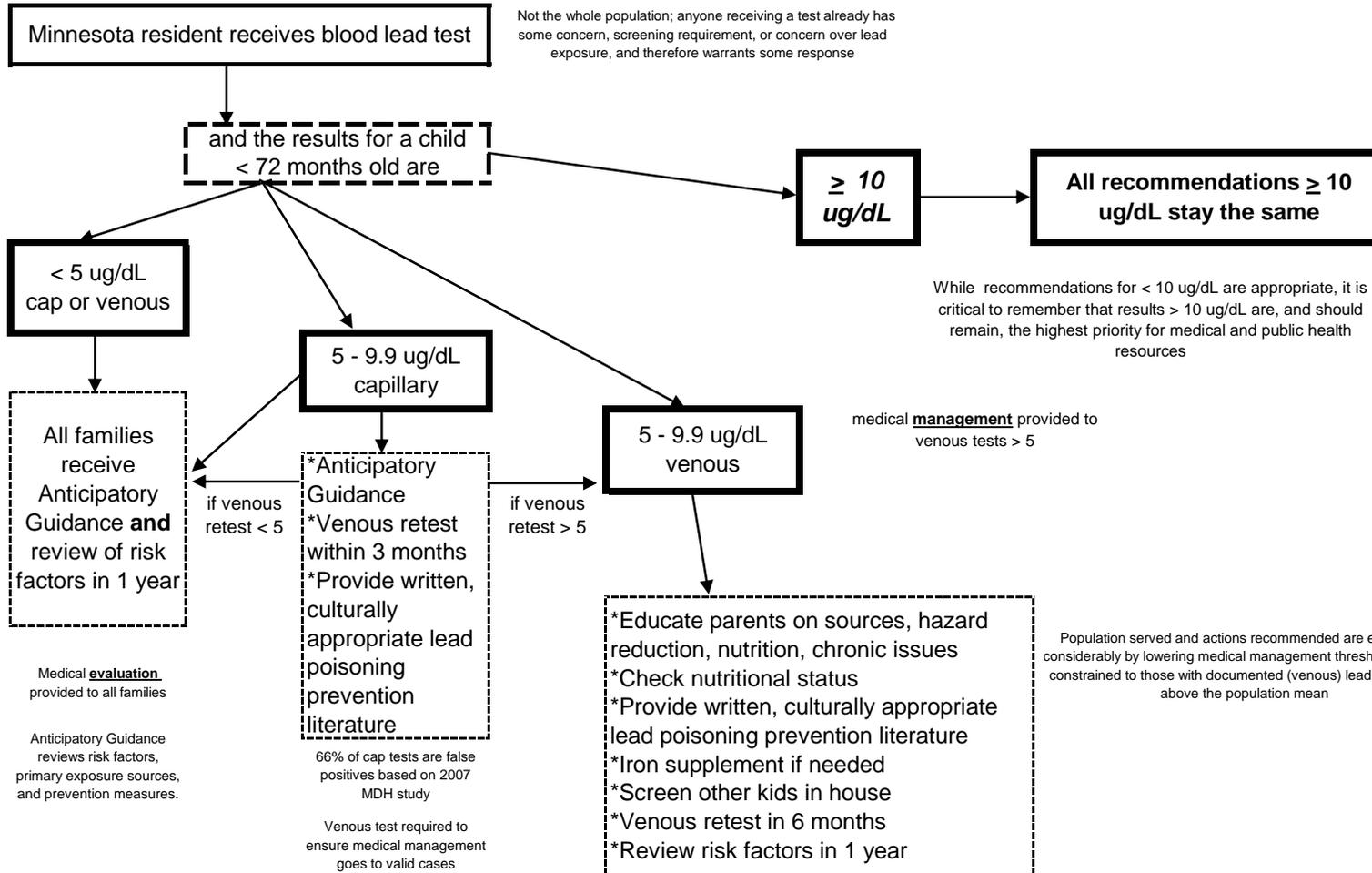
<sup>1</sup> Venous specimens are considered diagnostic tests; Capillary (e.g. finger-stick) specimens are considered screening tests and are prone to false-positive results  
<sup>2</sup> A high risk child lives in Minneapolis or St. Paul, receives services from Minnesota Care (MnCare) or Medical Assistance (MA), or fits one of the following criteria:  
a) lived in or regularly visits home built before 1960; b) lived in or regularly visits home built between 1960 and 1978 that is being, or has been, renovated; or  
c) sibling/playmate has EBL.  
<sup>3</sup> Additional guidelines for public health case management, screening children, and screening pregnant women are also available from MDH



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## Decision flow chart



For more information about lead, contact the Minnesota Department of Health at (651) 201-4620  
 If you require this document in another format, such as large print, Braille or cassette tape, call:  
 (651) 201-5000 1 (800) 657-3908 MDH TTY (651) 201-5797

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