

BLOOD LEAD LEVEL (BLL)

QUICK REFERENCE FOR PRIMARY CARE PROVIDERS

Medicaid requires all children to be tested at 12 and 24 months of age. Children between 36 and 72 months who were not previously tested must be tested at least once.

	BEST PRACTICE	CONSIDERATIONS/TREATMENT	RETESTING	PARENT EDUCATION & REFERRALS
NOT YET TESTED		Conduct risk assessment (see page 2 of this document). Test based on Medicaid requirements or risk assessment results.	Need for testing can be based on risk factors and Medicaid testing requirements	<ul style="list-style-type: none"> Nutritional handouts Safe cleaning handouts
BLL <4.5 µg/dL	Review lead level with family		<ul style="list-style-type: none"> Retest in 6-12 months if child is at high risk If child is less than one year of age at initial test, retest after first birthday 	<ul style="list-style-type: none"> Nutritional handouts Safe cleaning handouts
BLL 4.5-14 µg/dL	<ul style="list-style-type: none"> Confirm capillary result with venous test Review lead level with family 	<ul style="list-style-type: none"> Consider other children who may be exposed Conduct environmental history Review diet/iron sufficiency Provide nutritional counseling related to calcium and iron 	Venous retest within 1-3 months to ensure BLL is not rising	<ul style="list-style-type: none"> Nutritional handouts Safe cleaning handouts Refer family to local health department for nursing case management Refer family to Lead Safe Home Program to determine eligibility for environmental investigation and abatement
BLL 15-44 µg/dL	<ul style="list-style-type: none"> Confirm capillary result with venous test Review lead level with family 	<ul style="list-style-type: none"> Consider other children who may be exposed Consider evaluation such as an abdominal x-ray if leaded foreign bodies are suspected Conduct environmental history Review diet/iron sufficiency 	<ul style="list-style-type: none"> Venous retest within 4 weeks to ensure BLL is not rising Repeat every 1-3 months until levels are <5 	<ul style="list-style-type: none"> Nutritional handouts Safe cleaning handouts Refer family to local health department for nursing case management Refer family to Lead Safe Home Program to determine eligibility for environmental investigation and abatement
BLL 45+ µg/dL	<ul style="list-style-type: none"> Confirm capillary result with venous test within 48 hours Review lead level with family 	<ul style="list-style-type: none"> Consider other children who may be exposed Any treatment at this level should be performed in consultation with MI Poison Control 800-222-1222 Consider hospitalization and/or chelation Family should NOT return to lead-contaminated home 	<ul style="list-style-type: none"> Confirm initial BLL with venous repeat within 48 hours Treat as directed by expert Monthly venous samples will be required 	<ul style="list-style-type: none"> Nutritional handouts Safe cleaning handouts Refer family to local health department for nursing case management Refer family to Lead Safe Home Program to determine eligibility for environmental investigation and abatement

QUESTIONS?

Contact us at 517-335-8885
www.michigan.gov/lead



See Blood Lead
 Risk Assessment
 on other side.

BLOOD LEAD RISK ASSESSMENT

Medicaid Requirements: All children covered by Medicaid are considered at high risk for blood lead poisoning. Medicaid requires all children to be tested at 12 and 24 months of age. Children between 36 and 72 months, who were not previously tested, must be tested at least once.

All children under 6 years old (72 months) should be assessed for risk of lead poisoning using the following questions:

- ◆ Does the child live in or regularly visit a home built before 1978? (Note: recent or planned renovations can greatly increase risk of lead exposure in homes built before 1978)
- ◆ Does the child live in or regularly visit a home that had a water test with high lead levels?
- ◆ Does the child have a brother, sister, or friend that has an elevated blood lead level?
- ◆ Does the child come in contact with an adult whose job or hobby involves exposure to lead (e.g., smelting, indoor shooting/firing ranges, pottery, stained glass, refinishing old furniture)?
- ◆ Does the child's caregiver use home remedies that may contain lead (e.g. ba-baw-san, daw tway, greta, azarcon, balguti kesaria, ghasard)?
- ◆ Is the child in a special population group such as foreign adoptee, refugee, migrant, immigrant, or foster child?
- ◆ Does the child's caregiver have reason to believe the child is at risk for lead exposure (e.g. exhibiting pica behavior, developmental delays)?

If answered YES or DON'T KNOW to any of these questions, lead testing is recommended.

**To learn more about lead poisoning prevention and blood lead testing,
contact the Childhood Lead Poisoning Prevention Program:**

517-335-8885 or www.michigan.gov/lead

Also see: AAP Council on Environmental Health. Prevention of Childhood Lead Toxicity. Pediatrics. 2016; 138(1):e20161493.DOI: 10.1542/peds.2016-1493