TEXAS Health and Human Services

Texas Department of State Health Services

Reference for Blood Lead Retesting and Medical Case Management

form Pb-109

- Immediately retest the child if the blood lead level (BLL) is unsatisfactory (e.g. "Clotted" or "Insufficient Quantity").
- Follow the flowchart below to determine when retesting and medical case management is necessary.

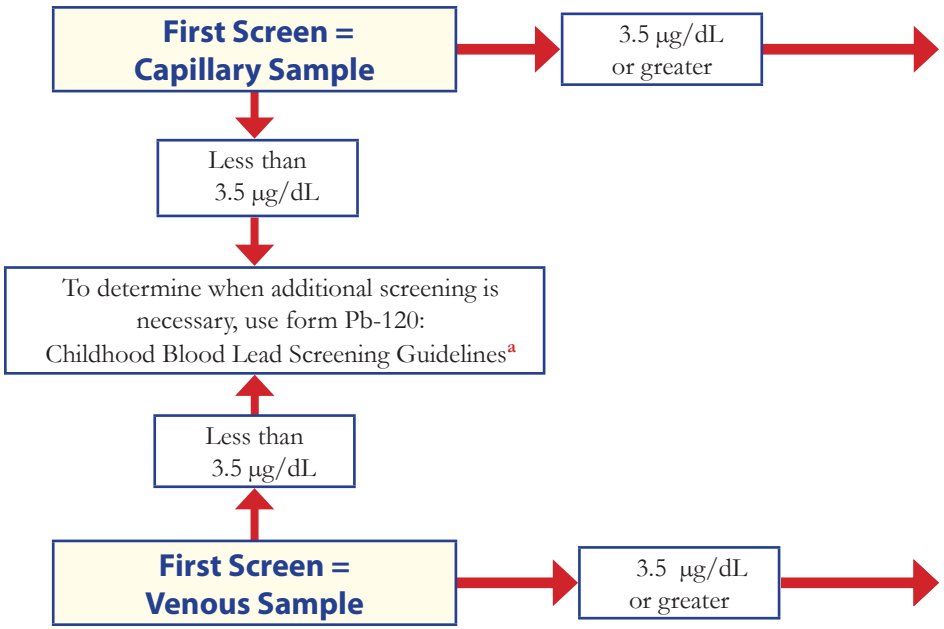

Table 1: Schedule for Obtaining a Diagnostic Venous Sample

Capillary Screening Test Result (µg/dL)	Perform Venous Diagnostic Test Within
≥ 3.5-9	1 week - 12 weeks[b]
≥ 10-19	1 week - 4 weeks
≥ 20-44	1 week - 2 weeks
≥45	Within 48 hours

Table 2: Schedule for Venous Blood Lead Testing

Venous Blood Lead Level (µg/dL)	Early Retesting (first 2-4 tests after identification)	Late Retesting (after BLL begins to decline)
≥ 3.5-9	3 months	6 months - 9 months
≥ 10-19	1 month - 3 months	3 months - 6 months
≥ 20-44	2 weeks - 1 month	1 month - 3 months
≥45	As soon as possible	As soon as possible

Table 3: Medical Case Management for Children with a Diagnostic Blood Lead Level Greater than 3.5 µg/dL

≥ 3.5-19 µg/dL	≥ 20 -44 µg/dL	≥ 45µg/dL
1. Lead Education: Dietary & Environmental 2. Continued BLL monitoring 3. Lab work: Hemoglobin or hematocrit; Iron status 4. Nutrition Counseling, as needed 5. Lead Questionaire 6. Environmental Lead Investigation if: • venous BLL ≥10 persists at least 12 weeks after diagnostic venous test	1. Lead Education: Dietary & Environmental 2. Continued BLL monitoring 3. Complete history and physical exam 4. Lab work: Hemoglobin or hematocrit; Iron status 5. Environmental Lead Investigation 6. Lead hazard reduction 7. Neurodevelopmental monitoring 8. Abdominal X-ray (if particulate lead ingestion is suspected) with bowel decontamination if indicated 9. Contact a Pediatric Environmental Health Specialty Unit (PEHSU) or poison control center for assistance.	1. Lead Education: Dietary & Environmental 2. Continued BLL monitoring 3. Complete history and physical exam 4. Complete neurological exam 5. Lab work: Hemoglobin or hematocrit; Iron status; FEP or ZPP 6. Environmental Lead Investigation 7. Lead hazard reduction 8. Neurodevelopmental monitoring 9. Abdominal X-ray with bowel decontamination if indicated 10. If signs or symptoms of blood lead poisoning- Admit 11. Hospitalize and Commence Chelation Therapy, if indicated[c] 12. Contact a Pediatric Environmental Health Specialty Unit (PEHSU) or poison control center for assistance.

[a] *Childhood Blood Lead Screening Guidelines*. Go to: www.dshs.state.tx.us/lead/screening.shtm. [b] The higher the blood lead level on the screening test, the more urgent the need for diagnostic testing. [c] Healthcare providers should consult with an expert in the management of these lead levels before administering chelation. Chelation therapy should never be administered before a venous diagnostic is obtained.

Tables adapted from Recommended Actions Based on Blood Lead Level, Center for Disease Control and Prevention, September 2022, https://www.cdc.gov/nceh/lead/advisory/acclpp/actions-blls.htm

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