

RECOMMENDED ACTIONS BASED ON BLOOD LEAD LEVELS (BLL)

BLL (µg/dL)	Initial Screening Blood Lead Level-Capillary (If a venous sample was taken during the initial screening test, skip to Confirmed Venous Blood Lead Level.)	Confirmed Venous Blood Lead Level Click here for CDC's recommended actions for medical management of children with elevated BLLs.
≤ 3.4	No confirmation	Conduct follow-up blood lead testing at recommended intervals based on the child's age, risk of exposure and/or Medicaid-enrollment status.
3.5-9.9	Venous test within 3 months	Follow-up venous test in 3 months; repeat test every 3 months; once BLL begins to decline, retest every 6-9 months.
10-19	Venous test within 1 month	Follow-up venous test in 1-3 months; repeat test every 1-3 months; once BLL begins to decline, retest every 3-6 months.
20-44	Venous test within 2 weeks	Follow-up venous test in 2 weeks - 1 month; repeat test every 2 weeks - 1 month; once BLL begins to decline, retest every 1-3 months.
≥45	Venous test within 48 hours	Follow-up venous test ASAP; continue to monitor BLL closely during treatment.

- Screen all children at ages 12 months and at 24 months or at any time from ages 36 months to 72 months, if they have not been previously screened. (Louisiana Administrative Code: Title 48, Part V; §7005)
- All capillary blood lead level results that are ≥3.5 µg/dL should be confirmed with a venous test within the recommended timeframe.
- LCLPPP will provide case management services for those children with positive tests (confirmed venous BLL ≥3.5 µg/dL).
- Case management involves a lead hazard exposure assessment, health education and may include referral for a no-cost environmental assessment of the child's home.

Chelation therapy may be needed for BLLs of 45 µg/dL or higher. Once an elevated BLL is confirmed with a venous sample, a comprehensive evaluation should be performed, including a complete blood count, electrolytes, blood urea nitrogen, creatinine, liver transaminase enzyme levels, and urinalysis. An abdominal X-ray is also recommended to assess for the presence of radio-opaque foreign bodies.

All symptomatic children should be admitted to the hospital immediately. For asymptomatic children, hospitalization and/or chelation therapy should be considered based on clinical judgment and the overall risk assessment.