

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	ANTICIPATORY GUIDANCE AND REFERRALS
NOT YET TESTED		<ul style="list-style-type: none"> Conduct the risk assessment on the other side of this document Test based on Medicaid requirements or risk assessment results 		<ul style="list-style-type: none"> Provide education about nutrition and lead exposure prevention
BLL < 3.5 µg/dl	<ul style="list-style-type: none"> Review lead level with family 	<ul style="list-style-type: none"> The limit of detection for lead can vary by lab method and is typically between 1 and 3.3 µg/dL 	<ul style="list-style-type: none"> Retest in 6-12 months if child is at high risk If child tested at age < 12 months, retest in 3-6 months 	
BLL 3.5-14 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"> Conduct environmental history Consider other children who may be exposed Review diet for calcium and iron Ensure iron sufficiency with laboratory testing Perform developmental screening 	<ul style="list-style-type: none"> Venous retest within 1-3 months to ensure BLL is not rising If it is stable or decreasing, retest in 3 months 	<ul style="list-style-type: none"> Provide education about nutrition and lead exposure prevention Refer family to local health department for linkage to services Refer family to Lead Safe Home Program to determine eligibility for environmental investigation and abatement For children < 3 years refer to Early On
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"> Follow guidance above for 3.5-14 µg/dL Consider abdominal xray if ingested lead is suspected 	<ul style="list-style-type: none"> Venous retest within 2-4 weeks, more rapidly at higher levels Repeat every 1-3 months until levels are < 3.5 µg/dL 	
BLL 45+ µg/dl	<ul style="list-style-type: none"> Confirm capillary result with venous test as soon as possible within 48 hours Review lead level with family 	<ul style="list-style-type: none"> Follow guidance above for 15-44 µg/dL 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 as soon as possible within 48 hours Retesting as directed by expert 	

QUESTIONS?
Contact us at (313) 876-0133
Detroitmi.gov/Health










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 lead exposure. 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 (e.g., ba-baw-san, daw tway, greta, azarcon, balguti kesaria, ghasard) or imported spices that may contain lead?
-  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 Detroit Health Department:
(313) 876-0133 or [Detroitmi.gov/Health](https://detroitmi.gov/Health)**

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

