



Blood Lead Level (BLL)

Quick Reference Guide for Parents and Primary Care Providers

After your child receives a **venous test**, use the table below to identify steps you and your medical provider can take to lower your child's lead level. Lead poisoning affects a child's growth and brain development.

What parents can do...	Confirmatory Lead Level	What providers can do...
<ul style="list-style-type: none">– Give your child healthy foods with calcium, iron, and vitamin C– Testing is recommended at 1 and 2 years old and if the child has risk factors (see reverse)– Learn more about lead poisoning– Have other children in the home tested if one child has elevated lead levels	0 – 5µg/dL	<ul style="list-style-type: none">– Routine exam– Retest in 6 – 12 months if child is at high risk– Provide nutritional and cleaning information
<ul style="list-style-type: none">– Give your child healthy foods with calcium, iron, and vitamin C– Follow medical provider recommendations for retesting– Find and remove sources of lead in a lead-safe manner. Remediation should only be done by a lead-safe contractor.– Prevent exposure to lead dust on parent clothing from a job or hobby with lead.– In homes built before 1978:<ul style="list-style-type: none">○ Use wet paper towels to remove dust○ Wash hands and toys often with soap and water○ Cover chipping and peeling paint	5 – 10µg/dL	<ul style="list-style-type: none">– Developmental screenings– Recommend testing for other children in the home if one child has an elevated blood lead level– Retest child's blood within 3 months
	10 – 15µg/dL	<ul style="list-style-type: none">– Developmental screenings– Retest child's blood within 1 to 3 months
	15 – 24µg/dL	<ul style="list-style-type: none">– Developmental screenings– Retest child's blood within 1 to 3 months– May perform specific evaluation, such as abdominal X-ray– Treatment not typically done
	25 – 44µg/dL	<ul style="list-style-type: none">– Developmental screenings– Retest child's blood within 2 to 4 weeks– May perform specific evaluation, such as abdominal X-ray– Treatment not typically done
<ul style="list-style-type: none">– Follow medical provider treatment instructions– Give your child healthy foods with calcium, iron, and vitamin C– Find and remove sources of lead in a lead-safe manner. Remediation should only be done by a lead-safe contractor.	45µg/dL and up	<ul style="list-style-type: none">– Retest child's blood as soon as possible– May hospitalize child and/or perform chelation therapy– Manage child's care with assistance of experienced medical provider

**Childhood Lead Program Screening Questionnaire
for Lead Exposure**

Today's Date

A. Child's InformationChild's Name: _____
Race: _____
Address: _____
_____Child's DOB #: _____
Ethnicity: _____ Hispanic or Latino/Not Hispanic or Latino
Phone #: _____
_____**B. Lead Risk Information**

Parents: Please check either "Yes," "No," or "Don't Know" after each question. Your health care provider will go over these questions with you and decide if your child needs a test for lead. *Note: Some children may have a lead test even if all answers are "No."*

Lead Screening Questions	NO	YES	Don't Know	If yes, please give details.
1. Is your child enrolled in Medicaid?				
2. Does your child live in or often visit a house or apartment built before 1978? This includes a childcare provider or babysitter's home, or relative's home. If yes, please provide the address.				
3. Have you seen your child eat paint chips, soil, or dirt?				
4. Have you seen your child chew on painted surfaces like windowsills?				
5. Does your child live in or often visit a house with vinyl mini-blinds made before 1996, or mini-blinds that are not labeled as "lead safe"?				
6. Do you have pottery or ceramics made in other countries or lead crystal or pewter that are used for cooking, storing, or serving food or drink?				
7. Does your child eat imported candies or other imported snacks?				
8. Has your child ever used any traditional or imported spices, jewelry, or cosmetics such as Azarcón, Greta, Rueda, Pay-loo-ah, or Kohl?				
9. Has anyone in your family been diagnosed with lead poisoning?				
10. Does your child have a brother, sister, or other child living in the home, or a playmate who has high lead levels in his/her blood?				
11. Has your child been adopted from, lived in or visited a foreign country in the last 6 months?				
12. Does your child spend time with an adult whose job or hobby involves working with lead? (like house painting or remodeling; working in the oil fields; welding or soldering; auto body work and repair; working with batteries, stained glass, or ceramics; making fishing lures or sinkers; recasting bullets; going to shooting ranges; hunting, or fishing)				

FOR PROVIDER USE ONLY**C. Lead Testing Planned or Performed/Education Provided**

Test(s) Done	<input type="checkbox"/> None	Type (Capillary or Venous)	Result (µg/dL)	Follow-up/Education Provided
Date:				
Date:				
Date:				
Date:				

Notes (i.e., reason for *not* testing, date of retest, language preferred, siblings, etc.):**Provider Signature:** _____Child's Chart#: _____
Child's Medicaid#: _____Child's ID#: _____
Other Insurance#: _____