

IOWA DEPARTMENT OF PUBLIC HEALTH CHILDHOOD LEAD POISONING RISK QUESTIONNAIRE

Name: _____ Date of Birth: _____

Date: _____ Address: _____

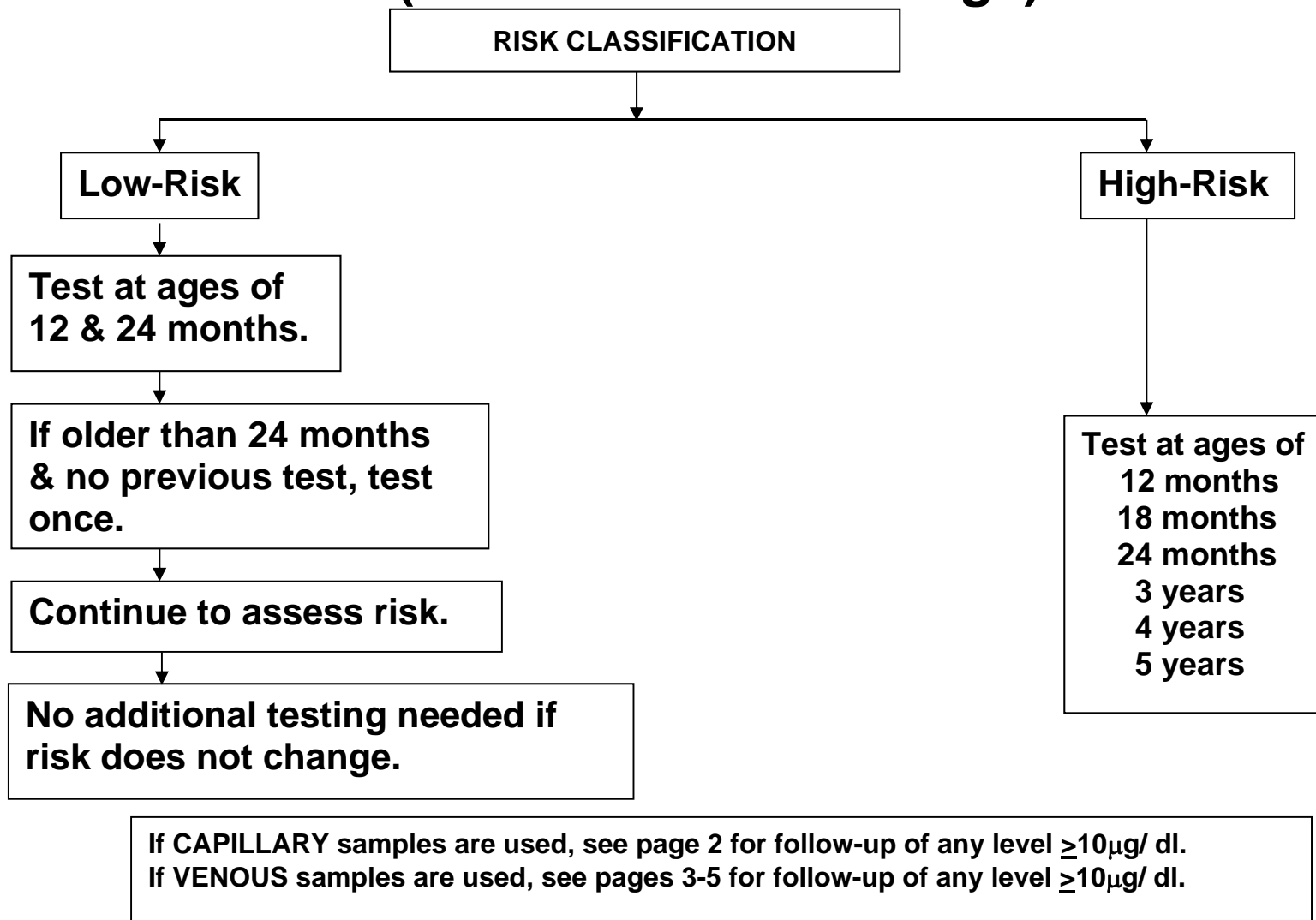
You may use this questionnaire to decide whether to use the high risk or low risk blood lead testing schedule on the Basic Lead Testing Chart. Or you may use the high risk testing schedule for all children. You may not assume that all children are at low risk.

If the answer to any question is "yes," then the child is at high risk for lead poisoning and must be tested according to the high-risk testing schedule. If the parent does not know the answer to a question, assume that the answer is "yes." If the child is at low risk for lead poisoning, test according to the low risk testing schedule. This questionnaire is not accurate enough to decide that a child does not need to be tested.

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|-----|---|-----|----|
| 1. | Has your child <u>ever</u> lived in or regularly visited a house built before 1960?
(Examples: home, day-care center, baby-sitter, relative's home) | Yes | No |
| 2. | Have you noticed any peeling or chipping paint in or around the pre-1960 house that your child has lived in or regularly visited? | Yes | No |
| 3. | Is the pre-1960 home that your child has lived in or regularly visited been remodeled or renovated by:
A. Stripping, sanding, or scraping paint on the inside or outside of the house;
B. Removing walls and/or tearing out lath and plaster. | Yes | No |
| 4. | Does your child eat non-food items such as dirt? | Yes | No |
| 5. | Have any of your other children or their playmates had lead levels $\geq 15 \mu\text{g/dL}$? | Yes | No |
| 6. | Does your child live with or frequently come in contact with an adult who works with lead on the job or in a hobby? (Examples: painter, welder, foundry worker, old home renovator, shooting range worker, battery plant worker, battery recycling worker, ceramics worker, stained glass worker, sheet metal worker, scrap metal worker, plumber). | Yes | No |
| 7. | Does your child live near a battery plant, battery recycling plant, or lead smelter? | Yes | No |
| 8. | Do you give your child any home or folk remedies? (Ex: Azarcon, greta, pay-loo-ah) | Yes | No |
| 9. | Does your child eat candy that is produced in Mexico, Central America or Southeast Asia? | Yes | No |
| 10. | Has your child ever lived in Mexico, Central America, South America, Africa, Asia, or Eastern Europe, or visited one of these areas for a period longer than two months? | Yes | No |

In Iowa, all children are required to have had at least one blood lead test prior to entering kindergarten.

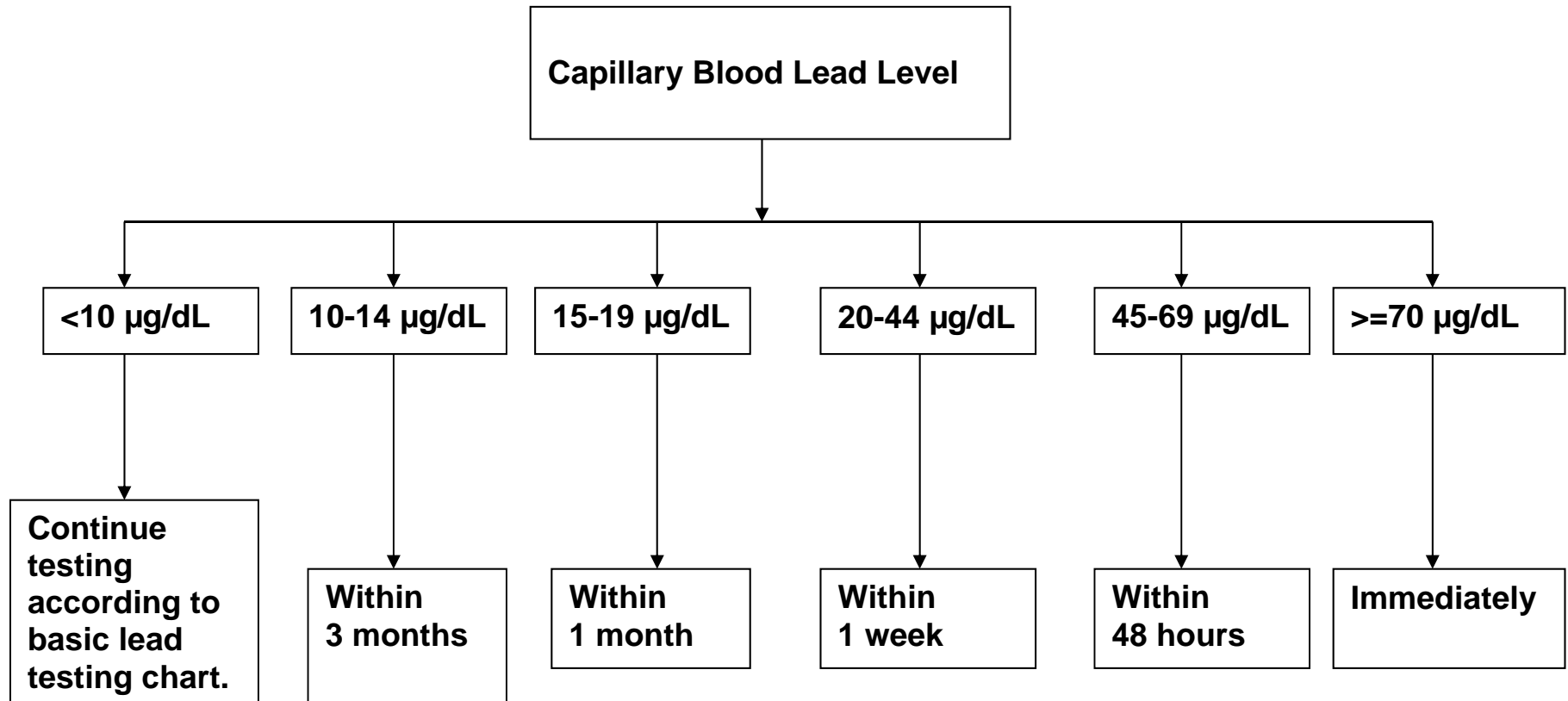
BASIC LEAD TESTING CHART (Based on Risk and Age)



Revised 2/2015

Note: These blood lead testing guidelines are for children ages 0 to 5 years. Contact IDPH (800-972-2026) for recommendations on testing children 6+ years and adults.

SCHEDULE FOR OBTAINING CONFIRMATORY VENIPUNCTURES



If venous level <10 µg/dL, return to regular screening schedule.
If venous level 10-14 µg/dL, follow chart for levels of 10-14 µg/dL.
If venous level 15-19 µg/dL, follow charts for levels of 15-19 µg/dL.
If venous level >=20 µg/dL, follow chart for levels >=20 µg/dL

Revised 2/2015

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CAPILLARY OR VENOUS BLOOD LEAD LEVELS (5-9 µg/dL)

Continue routine blood lead testing



Education about lead poisoning,
importance of good nutrition and
good housekeeping.

If any capillary retest is greater than or equal to 15 µg/dL, follow confirmatory venipuncture schedule.

If any venous retest is greater than or equal to 10 µg/dL, follow charts for confirmed venous levels.

Revised 2/2015

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FOLLOW-UP OF ELEVATED VENOUS BLOOD LEAD LEVELS (10-14 µg/dL)

Retest every 12 weeks

**Education about lead poisoning, importance
of good nutrition and good housekeeping.
Test for iron deficiency.**

**After two levels less than 10 µg/dL
or
three levels less than 15 µg/dL,
return to regular high-risk
testing schedule.**

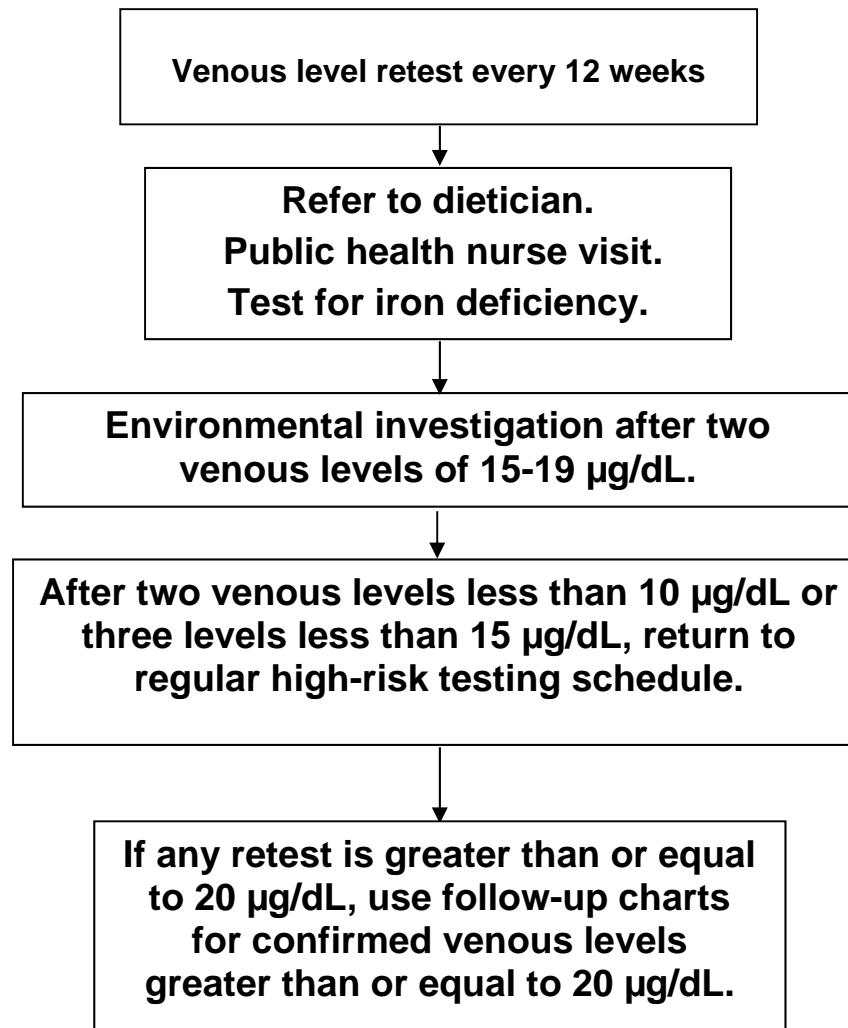
If any capillary retest is greater than or equal to 15 µg/dL, follow confirmatory venipuncture schedule.

If any venous retest is greater than or equal to 10 µg/dL, follow charts for confirmed venous levels.

Revised 2/2015

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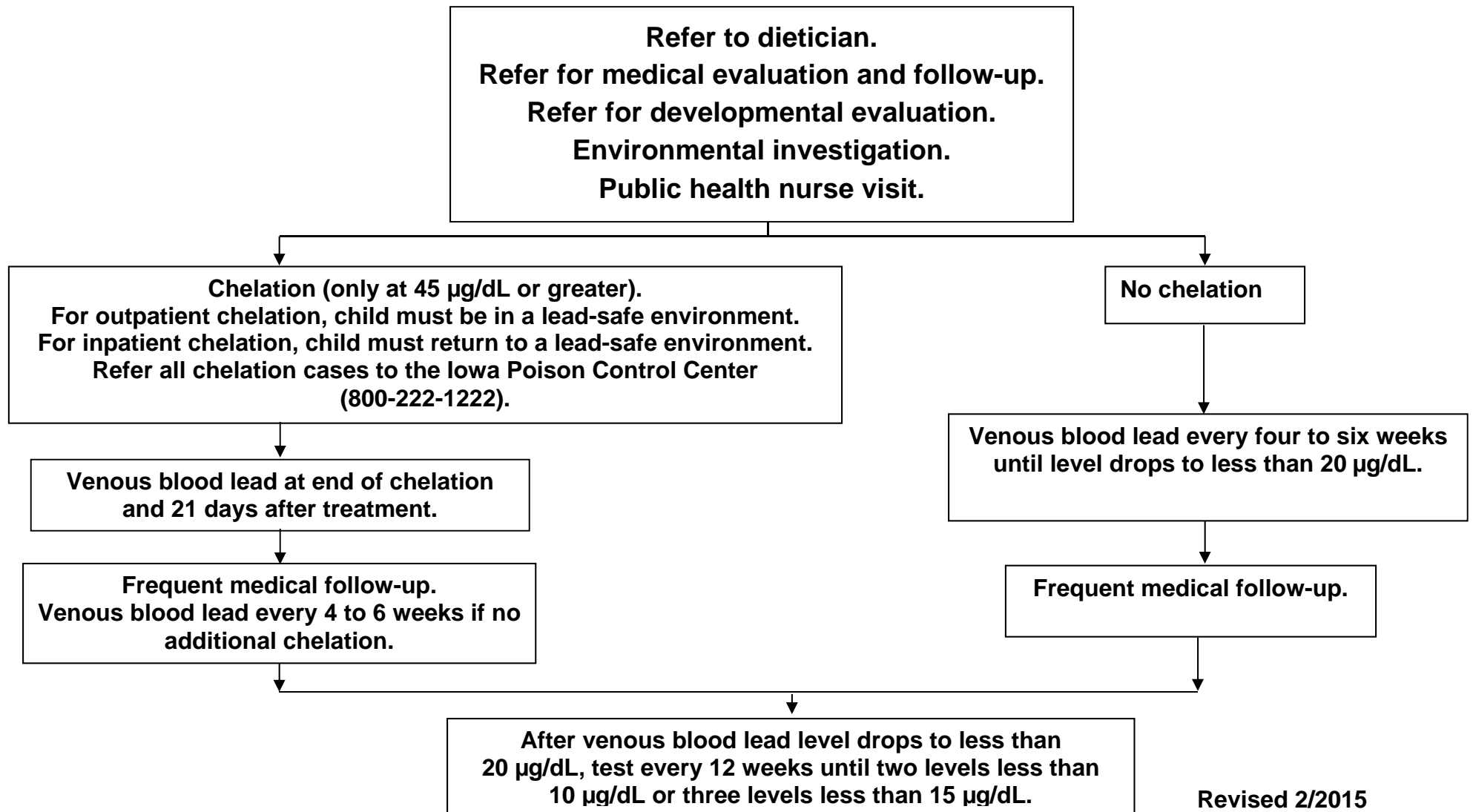
FOLLOW-UP OF ELEVATED VENOUS BLOOD LEAD LEVELS (15-19 µg/dL)



Revised 2/2015

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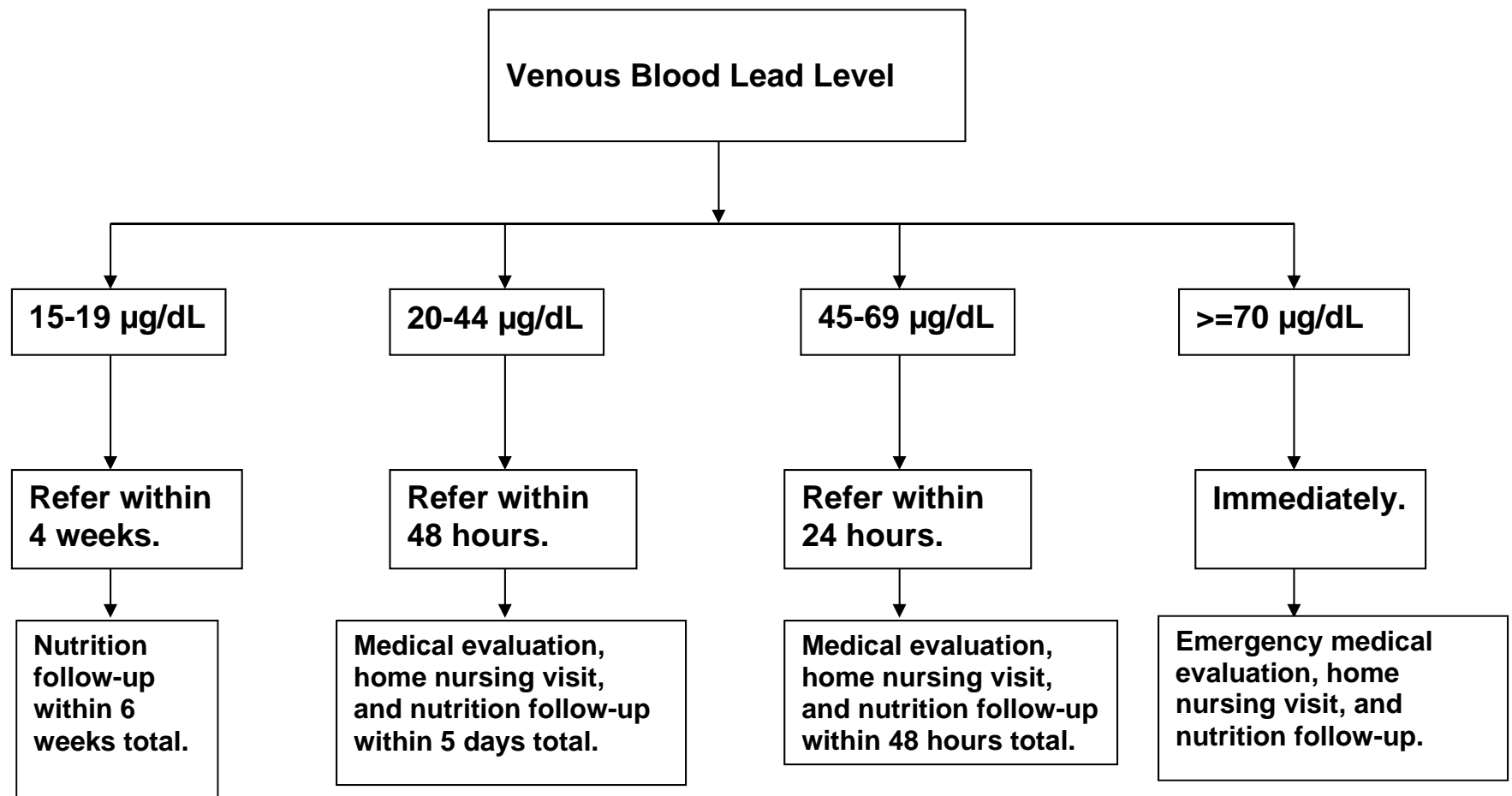
FOLLOW-UP OF ELEVATED VENOUS BLOOD LEAD LEVELS (Greater than or equal to 20 µg/dL)



Revised 2/2015

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TIMELINES FOR MEDICAL FOLLOW-UP, HOME NURSING VISIT, DEVELOPMENTAL FOLLOW-UP,* AND NUTRITIONAL FOLLOW-UP

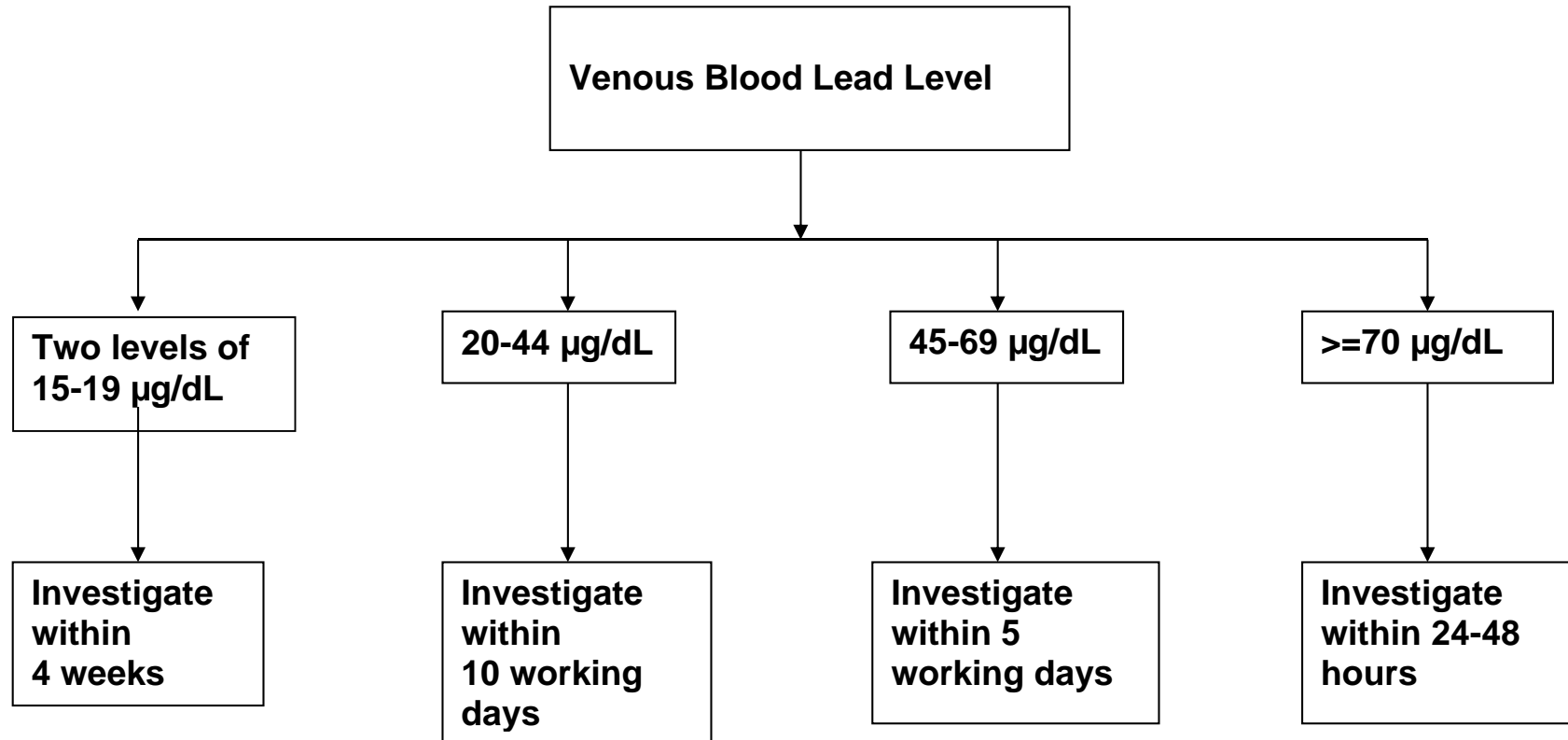


***Note that developmental evaluation is expected only for children with venous blood lead levels greater than or equal to 20 µg/dL.**

Revised 2/2015

Note: These blood lead testing guidelines are for children ages 0 to 5 years. Contact IDPH (800-972-2026) for recommendations on testing children 6+ years and adults.

TIMELINES FOR ENVIRONMENTAL FOLLOW-UP



Revised 2/2015

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GUIDELINES FOR DETECTION AND MANAGEMENT OF ASYMPTOMATIC LEAD-POISONED CHILDREN

For Physicians and Health Care Providers

BLOOD LEAD LEVEL in $\mu\text{g}/\text{dL}$ (micrograms per deciliter)	TREATMENT	COMMENT
<5 $\mu\text{g}/\text{dL}$	<ul style="list-style-type: none"> Continue routine blood lead testing. (See Iowa Basic Lead Testing Chart.) 	<ul style="list-style-type: none"> Child does not have abnormal lead level
5 - 9 $\mu\text{g}/\text{dL}$ (capillary or venous)	<ul style="list-style-type: none"> Continue routine blood lead testing. (See Iowa Basic Lead Testing Chart.) 	<ul style="list-style-type: none"> Provide information to family regarding lead poisoning, importance of good nutrition, and housekeeping.
≥ 10 $\mu\text{g}/\text{dL}$ (capillary)	<ul style="list-style-type: none"> Order venous blood lead level. 	<ul style="list-style-type: none"> Further action based on venous blood lead level.
10-14 $\mu\text{g}/\text{dL}$ (venous)	<ul style="list-style-type: none"> Capillary or venous retest within three months (12 weeks). Test for iron deficiency using hematocrit or hemoglobin. 	<ul style="list-style-type: none"> Provide information to family regarding lead poisoning, importance of good nutrition, and housekeeping.
15-19 $\mu\text{g}/\text{dL}$ (venous)	<ul style="list-style-type: none"> Venous retest in 3 months (12 weeks). Test for iron deficiency using hematocrit or hemoglobin. 	<ul style="list-style-type: none"> Refer to dietician for nutrition evaluation. Refer for public health nursing visit. Environmental investigation by public health agency after 2 venous levels of 15-19 $\mu\text{g}/\text{dL}$.
20-44 $\mu\text{g}/\text{dL}$ (venous)	<ul style="list-style-type: none"> Pediatric evaluation. Venous retest in 4 to 6 weeks. Test for iron deficiency using serum iron and iron binding capacity or serum ferritin. 	<ul style="list-style-type: none"> Refer to dietician for nutrition evaluation. Refer for public health nursing visit. Environmental investigation by public health agency.
45-69 $\mu\text{g}/\text{dL}$ (venous)	<ul style="list-style-type: none"> Pediatric evaluation. Test for iron deficiency using serum iron and iron binding capacity or serum ferritin. Inpatient or outpatient chelation*. Venous retest before chelation, at the end of chelation, and 21 days after chelation. 	<ul style="list-style-type: none"> Refer to dietician for nutrition evaluation. Refer for public health nursing visit. Environmental investigation by public health agency and must verify that home is lead-safe before child
≥ 70 $\mu\text{g}/\text{dL}$ (venous) MEDICAL EMERGENCY!!	<ul style="list-style-type: none"> Pediatric evaluation. Test for iron deficiency using serum iron and iron binding capacity or serum ferritin. Inpatient chelation*. Venous retest before chelation, at the end of chelation, and 7 days after chelation. 	<ul style="list-style-type: none"> Refer to dietician for nutrition evaluation. Refer for public health nursing visit. Environmental investigation by public health agency and must verify that home is lead-safe before child returns home.

*For detailed recommendations regarding chelation, contact the Iowa Statewide Poison Control Center at 1-800-222-1222.

This document uses the new reference level of 5 $\mu\text{g}/\text{dL}$ that was set by the CDC and adopted by the Iowa Lead Program.

Rev. 9/2014