

## Tables #6a

### Elevated Blood Lead Diagnostic and Follow-Up Schedule

This table presents the suggested frequency of follow-up tests. Case managers and HCPs should consider individual patient characteristics and caregiver capabilities and adjust the frequency of follow-up tests accordingly.

#### Confirmation of a Capillary Blood Lead Test

Screening test result ( $\mu\text{g}/\text{dL}$ )	Perform a confirmation test within:
5-9	3 months
10-19	3 months
20-44	1 week-1 month <sup>a</sup>
45-59	48 hours
60-69	24 hours
> 70	Immediately as an emergency lab test

<sup>a</sup> The higher the BLL on the screening test, the more urgent the need for confirmatory testing.

#### Schedule for Follow-Up Blood Lead Testing <sup>a</sup>

Venous blood lead level ( $\mu\text{g}/\text{dL}$ )	Early follow-up (First 2-4 tests after identification)	Late follow-up (After BLL begins to decline)
5-9	3 months	6-9 months
10-14	3 months <sup>b</sup>	6-9 months
15-19	1-3 months <sup>b</sup>	3-6 months
20-24	1-3 months <sup>b</sup>	1-3 months
25-44	2 weeks-1 month	1 month
> 45	As soon as possible	Chelation with subsequent follow-up

<sup>a</sup> Seasonal variation of BLLs exists and may be more apparent in colder climate areas. Greater exposure in the summer months may necessitate more frequent follow-ups.

<sup>b</sup> Some case managers or HCPs may choose to repeat blood lead tests on all new patients within a month to ensure that their BLL level is not rising more quickly than anticipated.

Tables adapted from: *Center for Disease Control and Prevention. Managing Elevated Blood Lead Levels Among Children: Recommendations from the Advisory Committee on Childhood Lead Poisoning Prevention. Atlanta: CDC, 2002.*