



Guidelines for Treatment and Follow Up on Childhood Blood Lead Levels

The recommended services can be provided or offered by any of the entities marked by an "X". Providers are always the first line of care for their patients and should provide initial services and information to families.

Blood Lead Levels	Services	Provider*	Case Manager**	Local Public Health	Child Health Service Agencies
For ALL blood lead levels	1) Inform family of blood lead result and meaning	X	X		
	2) Provide information to family regarding lead poisoning.	X	X	X	X
	3) Educate family on importance of cleanliness (hygiene), proper nutrition and housekeeping.	X	X	X	X
	4) Schedule follow up test	X			
<10 mcg/dL (capillary or venous)	· Continue routine blood lead testing based on IDPH testing guidelines.	X			
10-14 mcg/dL	· Test for iron deficiency.	X			
	· If venous, follow-up blood lead test in 12 weeks. If capillary, order venous confirmatory test.	X			
15-19 mcg/dL	· Home nursing visit.		X	X	
	· Nutrition assessment.	X	X	X	X
	· Test for iron deficiency.	X			
	· If venous, follow-up blood lead test in 12 weeks. If capillary, order venous confirmatory test.	X			
	· After two venous levels of 15-19, environmental investigation or assessment of lead hazards.		X	X	
20-44 mcg/dL	· Chelation is NOT recommended.				
	· Medical evaluation by a physician. Test for iron deficiency. Abdominal x-ray for paint chips or objects.	X			
	· Home nursing visit.		X	X	
	· Nutrition assessment.	X	X	X	X
	· If venous, follow-up blood lead test in 4-6 weeks. If capillary, order venous confirmatory test.	X			
	· Developmental assessment.				X
45-69 mcg/dL	If capillary, confirm immediately with venous test.	X		X	
	· Chelation (Consult with the Iowa Poison Control Center, 800-222-1222).	X			
	· Medical evaluation by a physician. Test for iron deficiency. Abdominal x-ray for paint chips or objects.	X			
	· Home nursing visit.		X	X	
	· Nutrition assessment.		X		X
	· Inpatient or outpatient chelation. Venous retest before chelation, at end of chelation, and 7 days after chelation.	X			
	· Developmental assessment.				X
	· Environmental investigation and lead hazard remediation recommendations.		X	X	
≥70 mcg/dL	If capillary, confirm immediately with venous test.	X		X	
	· Medical evaluation by a physician. Test for iron deficiency. Abdominal x-ray for paint chips or objects.	X			
	· Home nursing visit.		X	X	X
	· Nutrition assessment.		X		X
	· Developmental assessment.				X
	· Environmental investigation and lead hazard remediation recommendations.		X	X	

* Provider (Physicians, nurses, clinicians)

** Case Manager (clinical or environmental)

Child Health Service Agencies include AEA, Early Access, WIC and other agencies providing services to lead poisoned children and families.

For additional guidance, contact the Iowa Childhood Lead Poisoning Prevention Program at 800-972-2026.

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