

Name:

Birthdate:

Today's date:

Age:

CHILD LEAD RISK QUESTIONNAIRE

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| 1. Did the child have an elevated blood lead level in the past? | Yes | No |
| 2. Does the child have a sibling or playmate with lead poisoning? | Yes | No |
| 3. Does the child live in or regularly visit a place built before 1978?
Is it being or was it recently remodeled or renovated? | Yes | No |
| 4. Does anyone who spends time with the child have a job or hobby in: | | |
| ▪ Automotive repair / car batteries | Yes | No |
| ▪ Making ceramics or pottery using lead glaze | Yes | No |
| ▪ Fishing sinkers / fishing activities / boat repair | Yes | No |
| ▪ Painting / electrical / plumbing / soldering / welding | Yes | No |
| ▪ Remodeling / renovation / building demolition | Yes | No |
| 5. Does the child often eat, chew, or mouth dirt, paint chips, or other things that are not food? | Yes | No |
| 6. Does the family cook or serve food using ceramic dishes or pottery that may have lead glaze (such as Chinese or Mexican pottery)? | Yes | No |
| 7. Does the family have a catchment water system? | Yes | No |

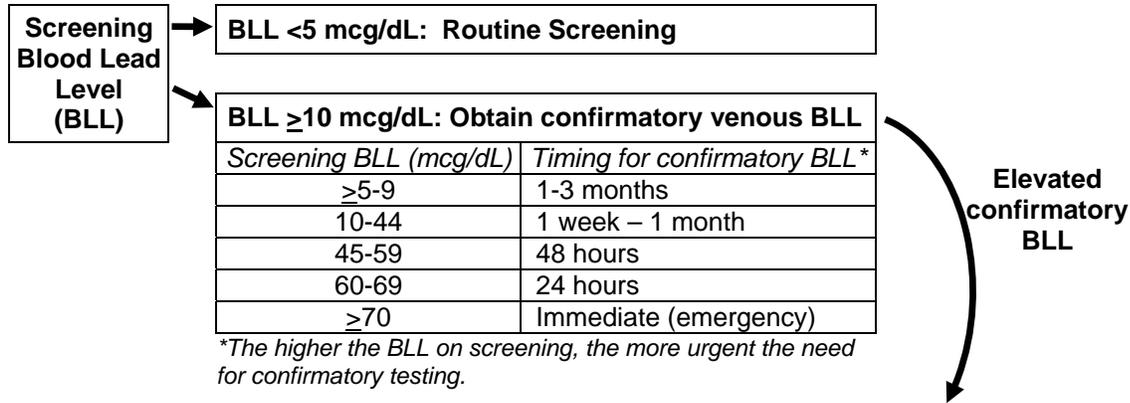


Lead risk assessment is recommended at ages 9-12 months and 2 years (or at 3-6 years if not previously done) and as risk level changes.

Medicaid/EPSDT requirement: Blood lead levels are required at ages 9-12 months and 2 years. A blood lead level should be done at 3-6 years of age if a level has never been done or risk level changes.

For children with other insurance coverage: Blood lead levels are recommended if there are risk factors. Health plans vary in their coverage of blood lead levels.

Guide for Follow-Up Based on Blood Lead Levels (BLL)



Guide for Medical Management for Elevated Confirmatory BLL			
Confirmatory BLL (mcg/dL)	Action	Follow-up BLL	
		for first 2-4 tests after confirmation	after BLL begins to decline
≥5-9	<ul style="list-style-type: none"> Provide nutritional/environmental lead education 	3 months	6-9 months
10-19	<ul style="list-style-type: none"> Provide nutritional/environmental lead education Follow management for BLL 20-44 if a follow-up BLL is in this range at least 3 months after the initial venous test or BLL increases 	1-3 months	3-6 months
20-44	<ul style="list-style-type: none"> Provide nutritional/environmental lead education Complete history and physical exam Hemoglobin/ hematocrit, iron status Abdominal X-ray (if particulate lead ingestion is suspected) with bowel decontamination if indicated Neurodevelopmental monitoring Environmental Investigation with lead hazard reduction 	For initial venous BLL 20-24: 1-3 months	1-3 months
		For initial venous BLL 25-44: 2 weeks-1 month	1 month
≥45-69	<ul style="list-style-type: none"> Follow management for BLL 20-44 Complete neurological exam Lab work to include FEP or ZPP Chelation therapy with consultation from a medical toxicologist 	As soon as possible	Follow-up of chelation
≥70	<ul style="list-style-type: none"> Hospitalize the child and begin chelation therapy immediately with consultation from a medical toxicologist Follow management for BLL 45-69 	As soon as possible	Follow-up of chelation

For More Information

- Report of the Advisory Committee on Childhood Lead Poisoning Prevention of the Centers for Disease Control and Prevention. Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention, 2012, www.cdc.gov/nceh/lead/ACCLPP/CDC_Response_Lead_Exposure_Recs.pdf.
- American Academy of Pediatrics. Policy Statement – Lead Exposure in Children: Prevention, Detection, and Management. Pediatrics 2005;116:1036-1046.
- Bright Futures/American Academy of Pediatrics. Recommendations for Preventive Pediatric Health Care.
- Hawaii Early Periodic Screening, Diagnosis, and Treatment Guidelines.
- Hawai'i Childhood Lead Poisoning Prevention Guidelines (2006), <http://hawaii.gov/health/family-child-health/mchb/fp-docs/Lead>.
- **Contact Department of Health:**
 - Office of Hazard Evaluation and Emergency Response – ph. (808) 586-4249
 - Family Health Services Division – ph. (808) 733-9069