<table>
<thead>
<tr>
<th>Clinical Presentation</th>
<th>Treatment</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLL 1 - 4 µg/dL</td>
<td>• As recommended by guidelines</td>
<td>• Ensure that all blood lead test results are reported to Illinois Department of Public Health</td>
</tr>
<tr>
<td>BLL 5 - 9 µg/dL</td>
<td>• Consider repeat BLL sooner than annually based on risks</td>
<td>• Consider repeating the blood lead test especially for a child aged &lt;2 years (blood lead is likely to be on the rise in this age group), or if testing was done in winter or spring (when blood lead results are generally lower)</td>
</tr>
<tr>
<td>BLL 10 - 14 µg/dL</td>
<td>• Medical evaluation • Monitor BLLs every three to six months or more often, as indicated • Screen for iron deficiency</td>
<td>• Provide education regarding nutrition and cleanliness and information for source identification and avoidance • Refer to public health department for environmental investigation and public health nurse visit as required by law • All Illinois children aged 36 months and younger with confirmed blood lead levels ≥10 µg/dL are to receive a home inspection</td>
</tr>
<tr>
<td>BLL 15 - 19 µg/dL</td>
<td>Above actions, plus: • Monitor BLLs every one to three months or more often, as indicated</td>
<td>All above actions</td>
</tr>
<tr>
<td>BLL 20 - 44 µg/dL</td>
<td>Above actions, plus: • Monitor BLLs monthly until stable and falling, and lead hazards have been identified and remediated, then can lengthen testing intervals</td>
<td>All above actions, plus: • Refer to latest CDC and American Academy of Pediatrics recommendations related to chelation management</td>
</tr>
<tr>
<td>BLL 45 - 69 µg/dL</td>
<td>Above actions, plus: • Succimer (oral, 350 mg/m²/dose) or CaNa₂EDTA (IV, 1000 mg/m²/day x 5 days, in divided doses) • Abdominal radiograph to check for lead chips, evacuate bowel as needed • Hospitalize, as necessary, to ensure lead-safe environment and medical management</td>
<td>All above actions, plus: • Hospitalize if acute symptoms are present and monitor BLLs • Additional treatment may be needed depending on blood lead level rebound</td>
</tr>
<tr>
<td>BLL ≥70 µg/dL</td>
<td>Above actions, plus: • Hospitalize and monitor BLLs • Begin management with BAL (IM, BAL 450 mg/m²/day, Q4 hours, x up to three days; four hours after first BAL dose initiate CaNa₂EDTA (this transiently increases blood lead levels, while BAL does not) • Ensure adequate hydration • Monitor urine for heme</td>
<td>All above actions, plus: • Do not start iron therapy if on CaNa₂EDTA • Additional treatment may be needed depending on blood lead level rebound</td>
</tr>
</tbody>
</table>

**ASYMPTOMATIC CHILDREN BEFORE TREATMENT, MEASURE VENOUS BLOOD LEAD**

**SYMPOMATIC CHILDREN**

Above actions with these modifications: • Use BAL, as above x three days and CaNa₂EDTA 1500 mg/m²/day x five days • Interrupt therapy for two days and repeat treatment, as necessary

**NOTE:** For more comprehensive treatment guidelines, refer to the Preventing and Screening for Childhood Lead Poisoning – A Reference Guide for Physicians and Health Care Providers.

Some local health departments may conduct nurse home visits and/or refer and conduct home inspections at lower levels.
Ilinois Lead Program Assessment and Screening Algorithm

**Child presents for a Well Child Visit between the ages of 12 and 84 months**

**Is the child currently enrolled in Medicaid, All Kids, or Head Start?**

(All children enrolled in Illinois Department of Healthcare and Family Services’ Medical Programs are expected to receive a blood lead test no matter where they live.)

**YES**

**ACTION**

Perform blood lead test (venous or capillary).

**WHEN**

- Ages 12 and 24 months or
- Between 24 months and 72 months if no record of previous test exists

**NO**

**Does the child live in a high risk ZIP code area?**

(See reverse of Lead Risk Assessment Questionnaire for listing of high risk ZIP codes. Note: All Chicago ZIP codes are high risk.)

**YES**

**ACTION**

Perform capillary or venous screening for BLL beginning at 9-12 months. After two sequential BLLs are <10 µg/dL (most recent at ≥age 2 years), further BLL tests not indicated unless exposures increase.

**WHEN**

- Ages 12 and 24 months or
- Upon Well Child Visit as indicated
- The city of Chicago requires blood test to be performed at 6, 12, 18, 24 and 36 months.

**NO**

**Does the child live in a low risk ZIP code area?**

**YES**

**ACTION**

Complete the Risk Assessment Questionnaire (If there is a “yes” or “don’t know” answer, test immediately.)

**WHEN**

- Annually at Well Child Visits
- Particularly at ages 1 and 2 years, and to evaluate changes in lead exposures for older children

**NO**

**Is parent/guardian requesting child be tested for lead**

**YES**

**ACTION**

Perform blood lead test (venous or capillary).

**WHEN**

- Immediately

**NO**

**Has child had one previous BLL <10 µg/dL?**

**YES**

**ACTION**

- Reassess risks
- Obtain BLL if risks increase

**WHEN**

- Annually at Well Child Visits

**NO**

**Has child had two prior sequential BLLs <10 µg/dL with no change in status of housing or potential exposure since last screening and one test at age ≥2 years?**

**YES**

**ACTION**

- No further action

**WHEN**

- As advised for the specific level

**Has child had previous BLL ≥10 µg/dL?**

**YES**

**ACTION**

- Assess and obtain BLLs

**WHEN**

- As advised for the specific level

**ACTION**

- Nofurtheraction

**WHEN**

- As advised for the specific level

**<10 µg/dL**

Reapply risk assessment instrument or obtain blood lead annually at Well Child Visits.

**10-19 µg/dL**

Follow up with venous test within three months (or sooner if there is concern for increasing BLL or the child is younger than 1 year old.)

**20-44 µg/dL**

Follow up with venous test within one week to one month.

**45-59 µg/dL**

Follow up with venous test within 48 hours.

**60-69 µg/dL**

Follow up with venous test within 24 hours.

**≥70 µg/dL**

Do venous testing immediately.

Recommendations for subsequent assessment, screening, and/or treatment are based on the follow-up blood test.