

State of Illinois Illinois Department of Public Health

Childhood Lead Program Case Management Action Plan

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Child's Name		Date of Birth					
Case Manager Phone				i ne parent/guardian will			
Initial Venous BLL Subsequent BLLs				• wash the child's nands, pacher, and toys nequency.			
				 "Wet Clean" areas where paint is cracked/peeling. Use interim controls until mitigation activities can be 			
The nurse will	Date completed	Notes		complete	im controls until mitigation ed (see Cleaning Checklist an and Pregnant Persons from	nd Protecting	
Refer to the Lead Risk Assessor for home inspection.				 Provide a well-balanced diet and any supplements recommended by the physician. Use bottled/filtered water for bottles and cooking, if able. If unable, use COLD tap water and let it run prior 			
Conduct a home visit to identify potential lead hazards.							
Discuss possible sources of lead exposure.				to using.			
Discuss the effects of elevated blood lead levels.				 Stop using any food, candy, spices, supplements, home remedies, or cosmetics identified as potentially contaminated with lead until test results are known. Have any child or pregnant person living in the home 			
Review behaviors that put the child at risk for lead exposure.							
Discuss nutrition (Vit C, iron, Calcium, 3 meals-3 snacks).				tested for lead.✓ Review the educational materials provided and address			
Discuss lead hazard reduction strategies, including cleaning, remodeling, and hygiene.				any ques	tions with the nurse.		
Provide educational materials and Protecting Children and Pregnant Persons from Lead Exposure.			Ti	me Frame	e for Follow-Up Blood		
Explain the importance of/schedule for follow-up testing.		Next test:	В	lood Lead Level (μg\dL)	(2-4 tests after the initial test above specific venous BLLs)	Later follow-up testing after BLL declining	
Refer for developmental screening or Early Intervention services, as appropriate.				3.5 – 9.9	3 months*	6-9 months	
Provide a copy of the Action Plan to the parent/ guardian and physician.		Physician name:		10 – 19.9	1-3 months*	3-6 months	
				20 – 44.9	2 weeks - 1 month	1-3 months	
Follow up with the family, providing reminders and further education as needed.				≥ 45	as soon as possible	as soon as possible	
The primary care physician will							
Follow IDPH recommendations for follow-up testing.							
Work in conjunction with social, educational, and other medical providers to coordinate services.						ノト	

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