**NORTH CAROLINA DIVISION OF PUBLIC HEALTH**  
**FOLLOW-UP SCHEDULE FOR DIAGNOSTIC / CONFIRMED BLOOD LEAD LEVELS FOR CHILDREN UNDER THE AGE OF SIX**

<table>
<thead>
<tr>
<th>Blood Lead Level</th>
<th>Response</th>
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| **Clinical and environmental follow-up is based on the truncated test result.**  
Example: Actual result= 4.79; Actions based on truncated value= 4 |
| All diagnostic (i.e., confirmation) tests should be performed as soon as possible within specified time periods.  
- Diagnostic tests should be venous; however, capillary tests are accepted if a venous cannot be obtained.  
- Follow-up testing can be capillary.  
- CDC protocol for capillary sampling of blood lead should be followed. (See Resources)  
- If diagnostic test result falls into a lower category - follow response for the lower risk category.  
- If diagnostic or follow-up test result falls into a higher category – conduct another diagnostic test to confirm the higher risk category. Follow guidelines for higher risk category, after confirmation.  
- Point of care (POC) lead analyzers (i.e., LeadCare) should NOT be used for diagnostic tests.  
- Diagnostic tests must be sent to an outside reference laboratory. |
| <5 µg/dL | • Report blood lead test result to parents and document notification  
• Educate family about lead sources and prevention of lead exposure  
**Retest at age 2, earlier if risk of exposure increases** |
| 5-9 µg/dL  
(Peform diagnostic test within 3 months) | Take same actions as above -AND- if diagnostic test result is 5-9 µg/dL:  
• Provide clinical management  
• Conduct nutritional assessment and refer child to the WIC Program  
• Take environmental history to identify lead sources (DHHS 3651 Form)  
• Refer to local health department to offer an environmental investigation  
• Test other children under the age of six in same household  
**Follow-up testing:** Every 3 months until 2 consecutive tests are <5 µg/dL  
(based on the truncated test result) |
| 10-44 µg/dL  
(Peform diagnostic test within 1 month at 10-19 µg/dL; within 1 week at 20-44 µg/dL) | Take same actions as above -AND- if diagnostic test result is 10-44 µg/dL:  
• Refer to local health department for required environmental investigation and remediation enforcement if hazards are identified  
• Refer child to CDSA* Early Intervention or CC4C** as appropriate  
• Refer to Social Services as needed for housing or additional assistance  
**Follow-up testing:**  
- 10-24 µg/dL: every 1-3 months until 2 consecutive tests are <5 µg/dL  
- 25-44 µg/dL: every 2 weeks to 1 month until 2 consecutive tests are <5 µg/dL (based on the truncated test result) |
| 45-69 µg/dL  
(Peform diagnostic test within 48 hours at 45-59 µg/dL; 24 hours at 60-69 µg/dL) | Take same actions as above -AND- if diagnostic test result is 45-69 µg/dL:  
• Consult with Carolinas Poison Center (1-800-222-1222) for advice on chelation and/or hospitalization  
• Consider an abdominal x-ray check for an ingested object  
• Alert NC CLPPP by calling 919-707-5950  
**Follow-up testing:** 45-69 µg/dL: every 2 weeks to 1 month until 2 consecutive tests are <5 µg/dL (based on the truncated test result) |
| ≥70 µg/dL  
(Perform emergency diagnostic test immediately) | Take same actions as above -AND- if diagnostic test result is ≥70 µg/dL:  
• Hospitalize child and begin medical treatment immediately  
**Follow-up testing:** Same as 45-69 µg/dL category |

*Children’s Developmental Service Agency      **Care Coordination for Children  

**Updated 6/20/2018**

**Resources:**  
- DHHS 3651 Form  
- Agencies for Referrals by County  
- Educational Materials for Families  
- CDC Protocol for Capillary Sampling of Blood Lead  
- CDC Protocol for Later Follow-up Testing after Blood Lead Level (BLL) Declining