



Childhood Lead Poisoning Risk Exposure Questionnaire for Children Between the Ages of 22-26 Months

Test Date: \_\_\_/\_\_\_/\_\_\_ (Month / Day / Year)

Child's Name: \_\_\_ (Last) \_\_\_ (First) DOB: \_\_\_/\_\_\_/\_\_\_ (Month / Day / Year)

Address: \_\_\_ (Street) \_\_\_ (City) \_\_\_ (ZIP)

Phone No: \_\_\_ Gender: Male / Female (circle one)

Health Insurance Type: \_\_\_\_\_

Medicaid #: \_\_\_\_\_ Parent / Guardian: \_\_\_\_\_

If the parent/guardian answers "yes" to just one of these questions, a blood lead level test is required again when the child is around 24 months of age.

Table with 3 columns: Questionnaire Filled Out (Date), YES, NO. Rows include questions about lead exposure, sibling playmates, house age, immigration, household remedies, adult exposure, and zip code areas.

File questionnaire in chart.

Revised 3/06/18



## **Instructions for Completing Childhood Lead Poisoning Risk Exposure Questionnaire for Children Between the Ages of 22-26 Months**

### **I. Purpose**

The purpose of the Childhood Lead Poisoning Prevention Risk Assessment Questionnaire form for children between the ages of 22-26 months is to provide documentation of verbal screening and blood lead-level test results for eligible children.

Delaware State law requires that children between the ages of 22-26 months have proof of this lead risk exposure questionnaire in addition to blood lead testing at 12 months of age.

1. Complete the information on the upper portion of the form.
2. Complete the date box (MM/DD/YY) and age (in months) box.
3. Screen all children between the ages of **22** and **26** months of age by asking the parent or guardian the eight questions on the form.
4. Put a check mark in the box in the column indicating the parent's or guardian's response to each of the eight questions.
5. If the parent or guardian answers **YES** to only one or more questions, draw a sample for blood-lead testing or give a lab slip to the parent to get the child a blood lead level test done.
6. If the parent or guardian answers **NO** to all of the questions, the lead screening is complete.
7. Fill in the test results on the bottom row.
8. File questionnaire in the patient's chart.

If the test results are **05 ug/dl or above**, refer to the **CDC Guidelines for Blood Lead Level Testing** for the recommended follow-up testing schedule.

Test results that have been **confirmed by venipuncture that are 20 ug/dl and greater, or confirmed one to three months apart that are 15 – 19 ug/dl** should be reported immediately by telephone to the Division of Public Health's Lead Poisoning Prevention Program at (302)744-4546. This reporting will alert the Lead Poisoning Prevention Program to schedule a home visit by a nurse case manager as well as an environmental lead hazard risk assessment of the home.



## CDC Guidelines for Blood Lead Level Testing

### Recommended Schedule for Obtaining a Confirmatory Blood Lead Level Venous Sample

Blood Lead Level (µg/dL)	Time to Confirmation Testing
≥5–9	1–3 months
10–44	1 week–1 month*
45–59	48 hours
60–69	24 hours
≥70	Urgently as emergency test

\*The higher the BLL on the screening test, the more urgent the need for confirmatory testing.

### Schedule for Follow-Up Blood Lead Testing

Venous Blood lead Levels (µg/dL)	Early follow up testing (2-4 tests after identification)	Later follow up testing after BLL declining
≥5–9	3 months*	6–9 months
10–19	1–3 months*	3–6 months
20–24	1–3 months*	1–3 months
25–44	2 weeks–1 month	1–months
≥45	As soon as possible	As soon as possible

- Seasonal variation of BLLs exists and may be more apparent in colder climate areas. Greater exposure in the summer months may necessitate more frequent follow ups.
- Some case managers or healthcare providers may choose to repeat blood lead tests on all new patients within a month to ensure that their BLL level is not rising more quickly than anticipated.

Updated January 1, 2018