the late 1960s, children have rarely died of lead poisoning, and seizures or cognitive impairment have become less likely. However, even mild and moderate lead poisoning can cause a number of cognitive and behavioral problems in young children, including aggression, hyperactivity, impulsivity, delinquency, disinterest, and withdrawal. Long-term neurocognitive signs of lead poisoning include developmental delays, lowered intelligence quotient (IQ), reading skill deficits, visual-spatial problems, visual-motor problems, learning disabilities, and lower academic success. Chronic lead toxicity may also affect physical growth and reproductive efficiency (Jones, 2009).

Diagnostic Evaluation

Children with lead poisoning rarely have symptoms even at levels requiring chelation therapy. A diagnosis of lead poisoning is based only on the lead testing of a venous blood specimen from a venipuncture. The collection process is important. Blood must be collected carefully to avoid contamination by lead on the skin. The acceptable BLL has dropped from 40 mcg/dl in 1970 to 10 mcg/dl today (Chandran and Cataldo, 2010).

Anticipatory Guidance

The most effective prevention of lead exposure is ensuring that environmental exposures are reduced before children are exposed. The following information should be made available to families beginning during prenatal and postnatal care (Centers for Disease Control and Prevention Advisory Committee on Childhood Lead Poisoning Prevention, 2012):

- Hazards of lead-based paint in older housing
- Ways to control lead hazards safely
- How to choose safe toys
- Hazards accompanying repainting and renovation of homes built before 1978
- Other exposure sources, such as traditional remedies, that might be relevant for a family

There has been recent concern regarding toys and other imported items children play with that were found to contain lead. Parents