- The child's BLL and what it means
- Potential adverse health effects of an elevated BLL
- Sources of lead exposure and suggestions on how to reduce exposure, such as the importance of wet cleaning to remove lead dust on floors, windowsills, and other surfaces
- Importance of good nutrition in reducing the absorption and effects of lead; for persons with poor nutritional patterns, adequate intake of calcium and iron and importance of regular meals
- Need for follow-up testing to monitor the child's BLL
- Results of an environmental investigation if applicable
- Hazards of improper removal of lead paint (dry sanding, scraping, or open-flame burning)

Treatment actions vary depending on the child's BLL. Based on a diagnosis from a venous BLL test, the Centers for Disease Control and Prevention (2002) recommends the following actions:

Blood Lead Level (mcg/dl)	Action
<5	Provide family with lead education.
	Reassess or rescreen in 1 year. If exposure status changes, do this sooner.
5 to 14	Provide family with lead education, regular developmental/behavioral
	surveillance, and social service referral if necessary.
	Provide follow-up testing within 1 month, and then every 3 to 4 months.
15 to 19	Provide family with lead education, regular developmental/behavioral
	surveillance, and social service referral if necessary.
	Provide follow-up testing within 1 month, and then every 3 to 4 months.
	Initiate professional environmental cleanup.
	Follow guidelines for BLL of 20 to 44 mcg/dl if BLL remains 15 mcg/dl or
	higher on two samples obtained at least 3 months apart.
20 to 44	Provide family with lead education, regular developmental/behavioral
	surveillance, and social service referral if necessary.
	Refer to clinical center specializing in lead poisoning.
	Provide both clinical and environmental management.
	Consider treating with appropriate chelation therapy.
45 to 69	Provide lead education.
	Refer to clinical center specializing in lead poisoning; provide coordination of
	care.
	Provide diagnostic testing within 24 to 48 hours.
	Perform clinical evaluation and management within 48 hours.
	Provide appropriate chelation therapy.
	Ensure aggressive environmental intervention.
	Follow up testing at least once per month.
70 or over	<i>Immediately</i> provide diagnostic testing and initiate chelation therapy.
	Begin other activities (listed above).

Chelation Therapy