

## MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

## HEALTHY CHILDREN AND YOUTH (HCY) LEAD RISK ASSESSMENT GUIDE

M D C C C N N								
CHILD'S NAME:		DATI		DATE OF BIRTH:	AGE:	TODAY'S DATE:		
PROVIDER NAME/TITLE:		PROVIDER ADDRESS:			PROVIDER PHONE:			
PARENT/GUARDIAN:		ADDRESS:			PHONE:			
Circle the appropriate answer: Any	response of yes or unknown	 own requires immediate capil	lary or ven	ous blood lead testing.				
Have siblings, housemates, or pl	avmates with lead poison	ing (lead levels of 5 mcg/dL o	or higher)?			No	Yes	Unknown
•	•	• •	•	last 6 months?		No	Yes	Unknown
<ol> <li>Live in or visit a home or daycare built before 1978 with old deteriorated paint or remodeling in the last 6 months?</li> <li>Mouth or eat non-food items such as dirt, crayons, paper, keys, etc.?</li> </ol>						No	Yes	Unknown
<ol> <li>Play in bare soil, reside in areas near lead tailings piles, or near smelting or battery recycling plants, large airports, or other industry likely to release lea</li> </ol>						No	Yes	Unknown
5. Resides with an individual that w		•	No	Yes	Unknown			
6. Receive or use cultural medicine	s, cultural make-up, or fol	lk remedies?				No	Yes	Unknown
7. Been adopted from, lived in, or v	risited another country wit	hin the last 6 months?				No	Yes	Unknown
<u> </u>	•	COMMON LEAD EX	(POSURE	SOURCES				
OCCUPATIONS	НОВ	BIES/ACTIVITIES	-	RAL MEDICINES & COSMETIC	S ENVIRON	MENTAL	MISCELL	ANEOUS
Auto repair, mechanics Battery or plastic manufacturers Lead miners, smelters, and refiners Plumbers, pipe fitters Brass/copper foundry Industrial machinist Steel welders/cutters Construction workers Bridge reconstruction workers Building demolition	astic manufacturers Target shooting at firing ranges Preparing lead shot, bullets, or fishin Lead soldering (electronics) Stained glass making Achinist Glazed pottery making Car or boat repair Furniture refinishing Drinking home distilled liquids		Marla Lul  Asian: Cr ghassard  Middle Ea cebagin, Chinese: Thailand/	Azarcon, greta. Also known as Lsa, Alarcon, coral, rueda uifong tonkuwan, pay-loo-ah, bali goli, kandu astern: alkohl, kohl, surma, saooghasard ba-baw-san Burma: Daw Tway guardian refused this questionna on and forward copy to their prin	Mouthing hor Soil/dust near Proximity to Imported lear Plumbing or Leaded gase Crayons Mini-blinds Antique pain aire or blood lead to	ead crystal rs, jewelry s/roadways/airports d industries cans eachate  uered furniture ain their signature		
Lead Testing Requirements for Missouri Children			PARENT/GUARDIAN SIGNATURE:			TH Other t	DATE:	provided.
<ul> <li>Child under the age of 4, test</li> <li>Between 48 and 72 months:         <ul> <li>Complete lead risk quiter</li> <li>If any answers are yest</li> </ul> </li> <li>Lead Risk Questionnaire Instruction</li> <li>A complete lead risk assess questions at each well visit be with parent/guardian regarding environments as well as eduguidance.</li> </ul>	estionnaire s/unknown, testing shall be ons for Health Care Prov ment consists of the clinic between 6 and 72 months ng common lead exposur	iders: cian's verbal review of all and includes discussion e sources in children's	REASON FO	R REFUSAL				

MO 580-3428 (6-2023)

DHSS-DCPH-4809-342 (6-23)

Recommended Blood Lead Testing Schedule and Actions Based on Blood Lead Level (BLL) **LAB is to report by Fax or email ALL BLL's to DHSS: 573-526-6946 (including LeadCare Analyzers®) or DHSS.leadresults@health.mo.gov									
Schedule to Obtain CONFIRMATORY VENOUS Blood Lead Test		Schedule to Obtain FOLLOW-UP VENOUS Blood Lead Testing							
CAPILLARY BLL micrograms (μg)/dL			EARLY VENOUS Follow-up Testing (2-4 tests after initial elevation)			LATER VENOUS Follow-up Testing (After BLL declining)			
≥ 3.5 - 9 µg/dL **Labs Report within 3 days	1-3 months	≥ 3.5 - 9 µg/dL **Labs Report within 3 days	3 months*			6-9 months			
10 - 44 μg/dL **Labs Report within 3 days	1 week - 1 month	10 - 19 μg/dL **Labs Report within 3 days	1-3 months*			3-6 months			
45 - 59 μg/dL **Fax BLL results and call DHSS*** IMMEDIATELY	Within 48 hours (Request <mark>STAT VENOUS</mark> lab draw <u>and</u> analysis)	20 - 24 μg/dL **Labs Report within 3 days	1-3 months*			1-3 months			
60 - 69 µg/dL **Fax BLL results and call DHSS*** IMMEDIATELY	Within 24 hours (Request STAT VENOUS lab draw <u>and</u> analysis)	<b>25 - 44 μg/dL</b> **Labs Report within 3 days	2 weeks - 1 month*			1 month			
≥ 70 µg/dL  **Fax BLL results and call DHSS*** IMMEDIATELY	IMMEDIATELY as emergency test (Request STAT VENOUS lab draw and analysis)  Note that STAT venous Blood Lead Analysis may not be readily available in all areas of the state particularly during weekends, evenings and nights. Contact DHSS for assistance if needed.	≥ 45 µg/dL **Fax BLL results and call DHSS*** IMMEDIATELY	45-69: STAT Venous Lead Test and receipt of result before chelation administered; at the end of chelation; 7 days and 21 days* after chelation.  ≥ 70: STAT Venous Lead Test blood draw before chelation (but chelation should commence prior to receipt of result); at the end of chelation; 7 days & 21 days* after chelation.		ered; at the days* after blood draw on should sult); at the	As clinically indicated, depending on the level, date of chelation, and child's individual situation.			
The higher the blood lead level on the capillary test, the more urgent the need for confirmatory venous testing  *Healthcare providers or case managers may choose to repeat VENOUS blood lead tests within shorter intervals to ensure that the Blood Lead Level is not rising more quickly than anticipated. (i.e. when child's mobility or hand to mouth behaviors increase)									
Please Note: The following actions are NOT recommended at any Blood Lead Level		<ul> <li>Searching for gingival lead lines</li> <li>Testing of hair, teeth, or nails for lead</li> <li>X-ray fluore</li> </ul>		Radiographic ima     X-ray fluorescence	ging of long boe e of long bone	Evaluation of renal function (except during chelation with EDTA)     Testing of neurophysiologic function			

Email: Leadsafe@health.mo.gov

\*\*\*Contact Missouri DHSS Lead Program