

Childhood Lead Case Management Follow-up Checklist

Name: _____ D.O.B: _____

Address: _____

Parent/Guardian: _____

Phone Number(s): _____

Unconfirmed (capillary/screening test) $\geq 5 \mu\text{g/dL}$:

- Phone call or [letter](#) to family stating need for confirmatory (venous) draw within specified timeframe (see [Lead Poisoning Investigative Guidelines](#) for schedule).

Date and type of contact: _____

- Phone call or letter (copy of above) to medical provider stating need for confirmatory (venous) draw within specified timeframe (see [Lead Poisoning Investigative Guidelines](#)).

Date and type of contact: _____

Confirmed (venous test) $\geq 5\text{-}19 \mu\text{g/dL}$:

- Educational materials and letter sent to family to help identify possible source(s).
- Phone contact with family to set-up on-site home investigation. (Case management activities based on health department resources. Use the [Elevated Blood Lead Initial Environmental Investigation Report](#).)

Date: _____

- Arrangements made for translation (if applicable)
- Arrangements made with OHA for testing materials (if applicable)
Date: _____
- On-site or phone investigation performed
Date: _____
- Family referred to enforcement, remediation, social services, WIC (if applicable)
- Follow-up letter sent to family
- Follow-up letter sent to medical provider
- Follow-up letter sent to landlord (if applicable)
- Family advised of need for follow-up testing within specified timeframe
- Copies of case management documentation sent to OHA through ORPHEUS.**

Confirmed (venous test) 20-44 µg/dL:

- Above actions, plus family advised of need for BLL testing of other family/household members
- Medical information form (MIF-page 1 only) sent to provider for completion

Confirmed (venous test) ≥ 45 µg/dL

- Above actions, plus chelation required. Consult with OHA Lead Poisoning Prevention Program or the Oregon Poison Center.

Confirmed cases of ≥ 70 µg/dL

- Above actions, plus hospitalize child for chelation immediately. Consult with OHA Lead Poisoning Prevention Program or the Oregon Poison Center.

