

## Case Management Guidelines for EBLLS $\geq 45$ $\mu\text{g}/\text{dL}$

Case Manager Scope and Role for managing cases undergoing evaluation for chelation therapy and treatment.

Refer to [Scope of Standards and Standards of Practice](#) to review case manager's role in reducing blood lead level in eligible children. As a reminder, activities completed by a community health worker (CHW), can include providing resources related to social determinants of health, assistance with completing an abatement program application and other duties as delegated by the public health nurse as appropriate.

The ordering provider is responsible for determining the best management of the child in the context of the medical history, physical, and other laboratory values. While case managers can provide basic guidance and set broad expectations using published guidelines, the case manager and team are not able to provide a full assessment and a recommendation for specific treatment, including whether to chelate, which agent, duration, or other specific details. Hesitant parents and guardians should be encouraged to share decision making with the medical provider from whom they are choosing to seek care.

### PHN Checklist

Refer to the checklist below if you receive a case requiring evaluation for chelation therapy.

- Once you receive an EBLL  $\geq 45$   $\mu\text{g}/\text{dL}$  contact your assigned CLPPP Nurse Consultant (NC) for guidance. If background information is available, such as history of lead poisoning and housing information, provide this to the NC to better establish next steps.
- Contact the patient's Primary Care Provider (PCP), inform them of the EBLL and referral to the nearest hospital for evaluation and possible chelation.
- If PCP has not already done so, instruct family to go to the nearest emergency room as soon as possible to assess if chelation therapy is necessary. The child will likely receive an abdominal x-ray and additional blood draws. If the x-ray is positive, a gut protocol will be initiated and depending on the ability of the hospital to obtain chelation medication and/or manage, the child may be transported to a neighboring hospital.
- Contact **Michigan Poison & Drug Information Center (MiPDC)** for consultation. MiPDC is available to provide guidance for inpatient treatment across the State of Michigan in addition to guidance on follow up testing post chelation. Be prepared to provide details related to the child's blood lead history, most recent blood lead test, possible sources of exposure, history of remediation work, plan for relocation or lead safe housing post discharge, in addition to which hospital the child was sent to and PCP contact information.

Michigan Poison & Drug Information Center Phone Number: (313) 486-0078 (Michigan only) or 1-800-222-1222

- Complete Lead Services Application at [Apply-for-home-lead-inspection-and-abatement-services.pdf \(michigan.gov\)](https://www.michigan.gov/apply-for-home-lead-inspection-and-abatement-services.pdf) to initiate scheduling of the environmental investigation. Collect all information from the family for relocation, submit to Lead Safe Homes Program (LSHP) or local lead services grantee within two days of admission. A Family Services Coordinator from LSHP will reach out to coordinate relocation to a hotel, when applicable.
- If family does not qualify for LSHP or local lead services, identify local resources for temporary housing or relocation. Post-1978 housing preferred. If relocation or temporary housing was built before 1978, an environmental investigation is necessary prior to child relocating to the residence. Discuss discharge to post 1978 housing with NC to determine whether a lead inspection risk assessment is warranted. **A child should not return to a residence where lead hazards are present, after discharge, due to the potential for re-exposure post-chelation therapy.**
- Refer family to Medicaid Health Plan/Children's Special Health Care Services (MHP/ CSHCS) for transportation assistance. Non-emergency transportation may also be provided by a local community action agency.
- Encourage family to save your contact information (name, number, position) and share with Child Protective Services (CPS), if a referral is made. CPS referral will be made by hospital staff if abuse or neglect (including physical neglect) is suspected. In the event a referral is placed, family should notify CPS worker they are collaborating with local health department lead program.
- Encourage parent/guardian to prepare for at least an overnight stay in the hospital. If child is receiving intravenous chelation therapy, the child will be in-patient for at least 5 days. Coordinate with hospital social worker and Medicaid Health Plan for food vouchers and transportation concerns.
- Complete release of information for CSHCS, if the family is interested in participating. Chelation is a qualifying diagnosis.
- Coordinate the child's discharge with hospital social worker and family. If family is discharged to a hotel, make sure they have contact information for the Family Services Coordinator to discuss questions or concerns related to temporary relocation.
  - Prior to discharge, confirm child has a follow-up blood lead test scheduled. **Follow-up testing** is crucial to ensure child has not been re-exposed and additional chelation treatment is necessary. As a reminder, PCP can consult Poison Center for follow up testing management. Post chelation blood lead test result may indicate a significant decrease; however, this is a result of the chelating agents binding to the lead. Provide referrals as necessary for transportation and essential resources if the family has been relocated to a temporary residence.
  - Follow up blood lead test will be scheduled between 2-4 weeks post discharge for children treated with IV chelation.
  - Follow up blood lead tests will be scheduled more frequently for oral chelation, starting on day 5, then day 7 and 21, with ongoing testing occurring every 2 weeks for 2 months.
- Arrange home visit after discharge from hospital for assessment, education, referrals, follow-up testing and care plan. If applicable, a visit in the hospital may be made.

□ Document all communication with family, NC, PCP, Poison Center, hospital system and other partners assisting with case management in MiCLEAR. Document each contact as an event, also initiate the [Individualized Plan of Care with Chelation Addendum](#), document interventions accordingly. Refer to [Nursing Case Management Documentation Standards Procedure Pilot V1.1](#), [MiCLEAR Case Management Quick Reference Guide V1.1](#) and [MiCLEAR Tutorial-How to Add a Chelation Case](#) for documentation requirements.

The CLPPP NCs are here to help, keep them in the loop and don't hesitate to contact them if you need additional support.

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PHN - Public Health Nurse

PCP - Primary Care Provider

CLPPP - Childhood Lead Poisoning Prevention Program

NC - Nurse Consultant

LSHP - Lead Safe Home Program

MHP - Medicaid Health Plan

CSHCS - Children's Special Health Care Services