

**Management Guidelines for EBLLs ≥ 45 µg/dL**

Once you receive an EBLL **≥ 45 µg/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 Children’s Hospital of Michigan, University of Michigan CS Mott Children’s Hospital or Helen DeVos Children’s Hospital.

Contact **Poison Control Center (PCC)** for consultation. PCC 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.

**Poison Control Phone Number: (313) 486-0078 (Michigan only) or 1-800-222-1222**

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. LSHP requires the first two pages of the application to be submitted, find the application here, [Apply-for-home-lead-inspection-and-abatement-services.pdf (michigan.gov)](https://www.michigan.gov/mileadsafe/-/media/Project/Websites/mileadsafe/Forms-and-data-collection-tools/Apply-for-home-lead-inspection-and-abatement-services.pdf?rev=5ebfca42c6754be0b5abaa5ee1dc1161).

Coordinate with LSHP/local lead services and family for environmental investigation.

￼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.**

￼Contact the NC if your department does not have an internal lab to process environmental investigation specimens. If spices or other **non-paint items** are suspected as the primary source of poisoning, collect the name, picture, instructions and/or inserts inside of packaging. You can also take a picture of the information to send to the NC.

￼Specimens from non-paint sources should be sent to the lab immediately, coordinate with either local environmental health or LSHP. Ensure family does not use items that were identified as potential sources of poisoning until the laboratory results have been reviewed and items deemed safe.

If source of lead poisoning is new (i.e. new spice, ayurvedic supplement, imported good) prepare a plan to notify health officials in your county/jurisdiction.

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 present to 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.

Coordinate child’s discharge with Social Worker on unit and family. Reminder DMC Children’s Hospital of Michigan administers inpatient intravenous chelation therapy medication whereas Helen DeVos and University of Michigan Mott administers outpatient oral chelation, unless the child’s blood lead level is ≥ 70µg/dL, in which inpatient intravenous chelation therapy will be considered. The Social Worker may be able to assist with transportation, food vouchers, etc.

￼Encourage parent/guardian to prepare for at least an overnight stay in the hospital. If child is receiving intravenous chelation therapy 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.

Prior to discharge, confirm child has a follow-up blood lead test scheduled. Follow up blood lead test will be scheduled between 2-4 weeks post discharge. 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.

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.

**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 Control for follow up testing management.

￼Document all communication with family, NC, PCP, Poison Control, Children’s Hospital of Michigan and other partners assisting with case management in HHLPSS. Document each contact as a separate occurrence in Case Events located under Case Information.

Document **chelation start** and **end dates** in HHLPSS under the Chelation tab, include hospital information (organization and provider). Hospital contact (Social Worker, Discharge Planner, etc.) should be able to provide this information. If you are unable to collect, contact NC. If you are having difficulty updating chelation tabs in HHLPSS, notify CLPPP.

Additional trainings related to chelation located at <https://miclppp.org/case-management/>.

2018 Lead Poisoning Presentation -Kanta Bhambhani, MD

2018 CLPPP Chelation Protocol Presentation

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