

Childhood Case Management Follow-up Checklist



Name: _____ D.O.B: _____

Address: _____

Parent/Guardian: _____

Phone Number (s): _____

Unconfirmed (capillary/screening test) $\geq 10 \mu\text{g/dL}$:

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

Date and type of contact: _____

- Phone call or letter to medical provider stating need for confirmatory (venous) draw within specified timeframe (see Lead Poisoning Disease Guidelines).

Date and type of contact: _____

Confirmed (venous test) 5-9 $\mu\text{g/dL}$:

- Educational materials sent to family to help identify possible source(s). (Case management activities based on health department resources).

Confirmed (venous test) 10-14 $\mu\text{g/dL}$:

- Questionnaire administered over phone or on-site investigation

Date and type of contact: _____

- Family advised of testing other family & household members

- Educational materials sent to family (phone contact only)

- Medical information form (MIF-page 1 only) sent to provider for completion

- Family referred to remediation, social services as needed

- Follow-up letter sent to family and medical provider

- Follow-up letter sent to landlord (if applicable)

- Family advised of need for follow-up testing within 3 months

- Copies of case management documentation sent to DHS**

Confirmed (venous test) 15-44 µg/dL:

- Phone contact with family to set-up on-site investigation

Date: _____

- Family advised of BLL testing of other family & household members

- Medical information form (MIF-page 1 only) sent to provider for completion

Date: _____

- Medical provider advised of need for full medical exam at EBLL ≥ 20 µg/dL.
(Full medical exam recommended with EBLs between 10-19 µg/dL)

- On-site investigation performed

Date: _____

- Family referred to remediation, social services as needed

- Follow-up letter sent to family and 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 DHS**

Confirmed (venous test) ≥ 45 µg/dL

- Above actions, plus chelation required. Consult with DHS Lead Poisoning Prevention Program.

Case management notes: _____
