

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 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) 5-9 $\mu\text{g/dL}$:

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

Confirmed (venous test) 10-44 $\mu\text{g/dL}$:

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

Date: _____

- Arrangements made for translation if applicable
- Arrangements made with DHS for EBLL kit delivery (if applicable)
- Family advised of need for 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 $\mu\text{g/dL}$.
(Full medical exam recommended with EBLs between 10-19 $\mu\text{g/dL}$)

On-site or phone investigation performed

Date: _____

Educational materials given to family

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 DHS

Confirmed (venous test) ≥ 45 $\mu\text{g/dL}$

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

Confirmed cases of ≥ 70 $\mu\text{g/dL}$

Above actions, plus hospitalize child for chelation immediately. Consult with DHS Lead Poisoning Prevention Program.

Case management notes: _____

