

Childhood Lead Program Case Management Action Plan

| Case Manager: | | Pnone: | |
|---|----------------|-----------------|--|
| The nurse will | Date completed | Notes | |
| Refer to the Lead Risk Assessor for home inspection. | | | |
| Conduct a home visit to identify potential lead hazards. | | | |
| Discuss possible sources of lead exposure. | | | |
| Discuss the effects of elevated blood lead levels. | | | |
| Review behaviors that put the child at risk for lead exposure. | | | |
| Discuss nutrition (Vit C, iron, Calcium, 3 meals-3 snacks). | | | |
| Discuss lead hazard reduction strategies, including cleaning, remodeling, and hygiene. | | | |
| Provide educational materials and Protecting Children and Pregnant Persons from Lead Exposure. | | | |
| Explain the importance of/schedule for follow-up testing. | | Next test: | |
| Refer for developmental screening or Early Intervention services, as appropriate. | | | |
| Provide a copy of the Action Plan to the parent/guardian and physician. | | Physician name: | |
| Follow up with the family, providing reminders and further education as needed. | | | |
| The primary care physician will | | | |
| Follow IDPH recommendations for follow-up testing. | | | |
| Work in conjunction with social, educational, and other medical providers to coordinate services. | | | |

The parent/guardian will...

- ✓ Wash the child's hands, pacifier, and toys frequently.
- ✓ "Wet Clean" areas where paint is cracked/peeling.
- ✓ Use interim controls until mitigation activities can be completed (see Cleaning Checklist and Protecting Children and Pregnant Persons from Lead Exposure).
- ✓ Provide a well-balanced diet and any supplements recommended by the physician.
- ✓ Use bottled/filtered water for bottles and cooking, if able. If unable, use COLD tap water and let it run prior to using.
- ✓ Stop using any food, candy, spices, supplements, home remedies, or cosmetics identified as potentially contaminated with lead until test results are known.
- Have any child or pregnant person living in the home tested for lead.
- Review the educational materials provided and address any questions with the nurse.

Time Frame for Follow-Up Blood Lead Testing

| Venous Blood Lead Level µg/dL | Time Frame for Follow-up Venous Blood Lead Test |
|----------------------------------|--|
| 5-14 | Within 3 months |
| 15-19 | Within 2 months |
| 20-29 | Within I month |
| 30-39 | Within 2 weeks |
| ≥ 40 | Within 1 week |



http://dph.illinois.gov/illinoislead