

# 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 OHA 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  $\geq 20$   $\mu\text{g/dL}$ .  
(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 OHA.**

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

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

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

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

**Case management notes:** \_\_\_\_\_

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