

## CHILDHOOD LEAD POISONING CASE CLOSURE

Child's Full Legal Name	
Address	
Date Case Closed	Last Venous Blood Lead Level (BLL) _____ μg/dL
Name of [Health] <b>*Primary*</b> Care Provider (notified of case closure)	Date Case Closure Form sent to [Health] <b>*Primary*</b> Care Provider

CRITERIA FOR CASE CLOSURE		
<p><b>Cases should be closed when the following criteria are met:</b></p> <ul style="list-style-type: none"> <li>Environmental lead hazards have been eliminated or managed using interim controls.</li> <li>Child's venous BLL remains &lt;10μg/dL after 3 months from the last elevated blood lead level.</li> <li>All assessments and referrals have been completed.</li> <li>All elements of the care plan have been completed.</li> <li>Plans have been completed with the [physician] <b>*primary care provider*</b> and the primary caregiver for long term developmental follow-up.</li> </ul>	OR	<p><b>Cases should be closed administratively if:</b></p> <ul style="list-style-type: none"> <li>At least 3 documented attempts to locate or gain access to the child and caregiver have failed.</li> <li>One documented attempt as certified letter from the board of health to caregiver has failed.</li> </ul>

CHECK ALL THAT APPLY:		
Check	Closure Reasons	Additional Notes:
<input type="checkbox"/>	1 venous BLL below 10μg/dL after 3 months	
<input type="checkbox"/>	Environmental lead hazards have been eliminated or managed using interim controls.	
<input type="checkbox"/>	Plans have been completed with the [physician] <b>*primary care provider*</b> and the primary caregiver for long term developmental follow-up	
<input type="checkbox"/>	Administrative Closure: Lost to follow-up/Unable to locate	Date of first home visit attempt: _____ Date of second home visit attempt: _____ Date certified letter sent: _____
<input type="checkbox"/>	Services refused	
<input type="checkbox"/>	Moved out of Jurisdiction/State to: _____ _____	Date of referral: _____ Name of Agency referred to: _____
<input type="checkbox"/>	Other (Specify): _____ _____	
Signature of Public Health Nurse Case Manager		Date of Signature