

**DEPARTMENT OF HEALTH SERVICES**

Division of Public Health  
F-44771B (11/06)

**STATE OF WISCONSIN**

ss. 254.15, Wis. Stats  
Phone (608) 266-5817  
FAX (608) 267-0402

**NURSING CASE CLOSURE REPORT****Case Management Of Children with Elevated Blood Lead Levels\***

\*Elevated Blood Lead Level (EBLL) = 1 venous Blood Lead Level (BLL)  $\geq 20$  mcg/dL **OR**  
2 venous BLLs of  $\geq 15$  mcg/dL drawn at least 90 days apart.

Completion of this form is mandatory for agencies contracting with the Division of Public Health for program funding. Data will be used in the aggregate to assist research and project future service needs. Nursing case management should follow the Case Management Protocol in the Wisconsin Childhood Lead Poisoning Prevention Program Handbook. The case manager should discuss provisions for appropriate long-term developmental follow-up with the primary health care provider and caregiver. Managing Elevated Blood Lead Levels Among Young Children, Centers for Disease Control & Prevention, 2002.

**CHILD INFORMATION**

Name of Child - Last	First	MI	Date of Birth (mm/dd/yy)	
Current Street Address	Apt. No.	City	County	Zip Code

Indicate how it was determined that the child is in a lead safe environment:

- Lead hazard remediation work complete, property met final visual clearance investigation, and dust wipe samples met clearance standards
- Child moved to a new property identified as lead safe
- The source of lead poisoning was not lead-based paint and the child is no longer exposed

**CASE CLOSURE**

Date Case Closed (mm/dd/yy)	Name of Case Manager	Telephone No. (include area code)
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Reason for Closure:

- Minimum Closure Criteria Met: 2 BLLs  $< 15$ mcg/dL at least 6 months apart **and** the child is in a lead-safe environment
- Moved, referral forwarded (if known, indicate new address below in comments)
- Unable to locate
- Family refuses further intervention

**FOLLOW-UP OF DEVELOPMENTAL SCREENING TEST**

When the screening test indicates 2 or more delays, the standards of practice call for the test to be repeated in 2-4 weeks or a referral to a provider for a comprehensive developmental assessment. The results of these follow-up actions are:

- No follow-up needed; screening test within normal limits
- The results of a second screening test were normal
- The results of a second screening test or referral indicated delays in:
- Language    Gross Motor Skills    Fine Motor Skills
- Personal - Social    Other (specify):
- Other (describe):

**REFERRALS OR OTHER SERVICES**

The child or family is enrolled in:

- Head Start    Birth to 3/Early Intervention    Early Childhood    Parenting
- 4-Year Kindergarten    Children with Special Health Care Needs (Regional CSHCN Center)
- Refused referral    Other (describe):

**Comments:**

**Send completed form to: DEPARTMENT OF HEALTH SERVICES**  
**Division of Public Health**  
**Childhood Lead Poisoning Prevention Program**  
**P. O. Box 2659, Room 145**  
**Madison, WI 53701-2659**