HAS ANYONE BEEN IN THIS SITUATION?

It is Friday afternoon…you receive a call regarding a child with a BLL of 68 µg/dL that is headed to the hospital to be chelated.

Who has had this happen to them?

If not, when was the last time you had a chelation case?

OBJECTIVES:

- Outline LHD roles & responsibilities for chelation cases
- Review an epidemiological investigation for a chelated child
- Case study review
WHAT IS CHELATION ACTION LEVEL?

Typically a venous \( \text{BLL} \geq 45 \mu g/dL \)

Children with BLLs \( \geq 45 \mu g/dL \) are at risk for:

- Neurological problems
- Coma
- Seizure
- Death

Higher BLL = greater sense of urgency

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CHELATION THERAPY/TREATMENT

2 types of chelation treatment:

**Oral (pill form - 21 day treatment)**

- Most common
- Inpatient treatment: generally 3 days
- Outpatient treatment = 2x's a day for 18 days
  - strong sulfuric odor and taste – difficult to get down

**Intravenous (IV)**

- More dangerous
- Child is admitted for five days

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THE EFFECTS OF CHELATION

Chelation can be very dangerous

Chelation can:

- damage kidneys
- damage liver
- removes nutrients
- removes most heavy metals, including essential metals such as iron, zinc, magnesium, etc.
LHD RESPONSE TO CHELATION LEVEL CASES

Priorities:
- Identify staff to respond immediately
- Communicate with doctors, family & Regional Lead Treatment Center (RLTC)
- Assist family with & verify lead safe housing (prior to discharge)
- Identify source of EBLL

IMMEDIATE RESPONSE

Verify with pediatrician:
- Child’s name & DOB
- Reported BLL (ven or cap)
- Child’s address
- Parent/guardian name & phone #
- Child’s emergency contact information
- Ask if RLTC has been contacted

REGIONAL LEAD TREATMENT CENTERS

Connecticut Children’s Medical Center contacts:
- Phone number: (860) 547-0979, ext. 6864
  - Dr. Patricia Garcia
  - Dr. Jennifer Haile
  - Darlene Abbate, APRN

Yale-New Haven Hospital contacts:
- Phone number: (203) 688-2195
  - Dr. Carl Baum
  - Dr. Erin Nozetz
  - Chris Prokop, LCSW
  - Marta Wilczynski, LCSW
The majority of chelation cases are handled by our RLTCs however........
The child’s pediatrician may choose to admit the child at a local hospital and seek guidance from the RLTC

Communication

✓ with clinicians completed

What’s next...........

Communication

Contact the family:

- Confirm contact info (verify address, #, etc)
- Begin Epidemiological Investigation
  ✓ Current address (can you get into the home?)
  ✓ Are there other locations where child spends time
- Identify where the child will go when discharged?
Communication

The RLTC pediatricians will NOT release a child until the LHD has confirmed that the home the child is being discharged to has been deemed LEAD SAFE.

Communication

Each case is unique!

1ST PRIORITY:
WHERE WILL CHILD/FAMILY GO WHEN DISCHARGED?

Communication

IS THE PROPOSED HOME PRE OR POST 1978?
IMPORTANCE OF LEAD SAFE HOUSING
CHELATED CHILD = SPONGE FOR LEAD

- Body seeks to replenish heavy metals
- Very vulnerable
- Body is stressed

**Lead Safe Housing is critical to a child’s recovery.**

OPTIONS FOR LEAD SAFE HOUSING

**LHD Relocation Plan to Lead Safe Unit:**

- Relative/Friend
- Additional units owned by property owner
- Hotel/Motel

**All units must be approved by LHD**

IF THE HOME IS PRE-1978

The LHD must verify:

- All painted surfaces must be intact
- Dust wipes must be taken to verify there is no lead dust hazard
- No bare soil
IF THE HOME IS POST-1978

The LHD must verify:

- All surfaces must be intact
- No bare soil
- Clearance samples must be below allowable limits
  - Possible lead dust transfer from soil, pets, occupational exposure, hobbies, etc.

CASE STUDY

It is late Thursday afternoon, your HD (LHD A) receives a call from a neighboring HD (LHD Z) they have a child who has a BLL of 80. This child is currently being chelated and is scheduled to be discharged on Sunday. The child’s grandparents own a home built in 2010 in your jurisdiction.

What are your next steps?

- Get contact info for parents/grandparents
- Schedule a home visit/inspection
- Explain situation, why you need to visit/inspect
  - Verify all painted surfaces are intact
  - Verify there are no bare soil areas
  - Ask questions relating to occupations, hobbies, ethnic remedies, etc.
  - Take sample dust wipes if you ID potential dust hazard
- Share inspection results with LHD A (is it lead safe or not?)
KEY POINTS - TAKE AWAY

- EACH CASE IS UNIQUE
- Chelation occurs in about 10% of all BLLs ≥ 20 µg/dL
- Chelation cases are EBLL cases on STEROIDS
- Chelation cases involve a lot of coordination (the 4 P’s)
  - Parents
  - Pediatricians
  - Property owners
  - Partners (DPH, RLTC, DCF…)
- DPH is here to assist DO NOT HESITATE TO CALL US!

QUESTIONS?

COMMENTS?

CONCERNS?