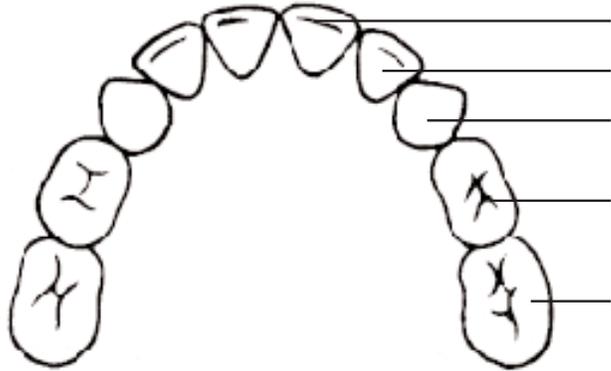


Section 3 – Tables and Charts

<u>Chart 1</u>	Primary Tooth Eruption <i>Updated 2015</i>
<u>Chart 2</u>	Permanent Tooth Eruption <i>Updated 2015</i>
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<u>Table 4</u>	DHMH List of Metabolic Disorders on the Newborn Screen <i>Updated 2016</i>
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Chart 1 Primary Teeth

Eruption



Upper Teeth

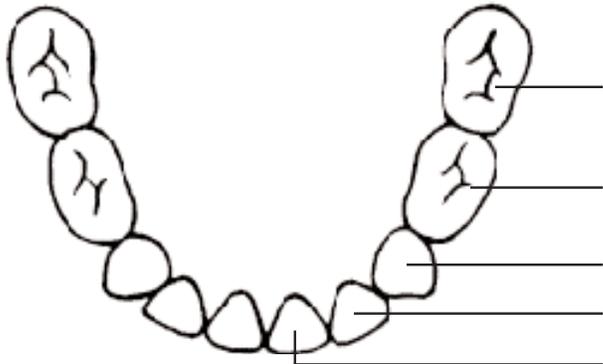
- Central incisor
- Lateral incisor
- Canine (cuspid)
- First molar
- Second molar

Erupt

- 8-12 mos.
- 9-13 mos.
- 16-22 mos.
- 13-19 mos.
- 25-33 mos.

Exfoliate

- 6-7 yrs.
- 7-8 yrs.
- 10-12 yrs.
- 9-11 yrs.
- 10-12 yrs.



Lower Teeth

- Second molar
- First molar
- Canine (cuspid)
- Lateral incisor
- Central incisor

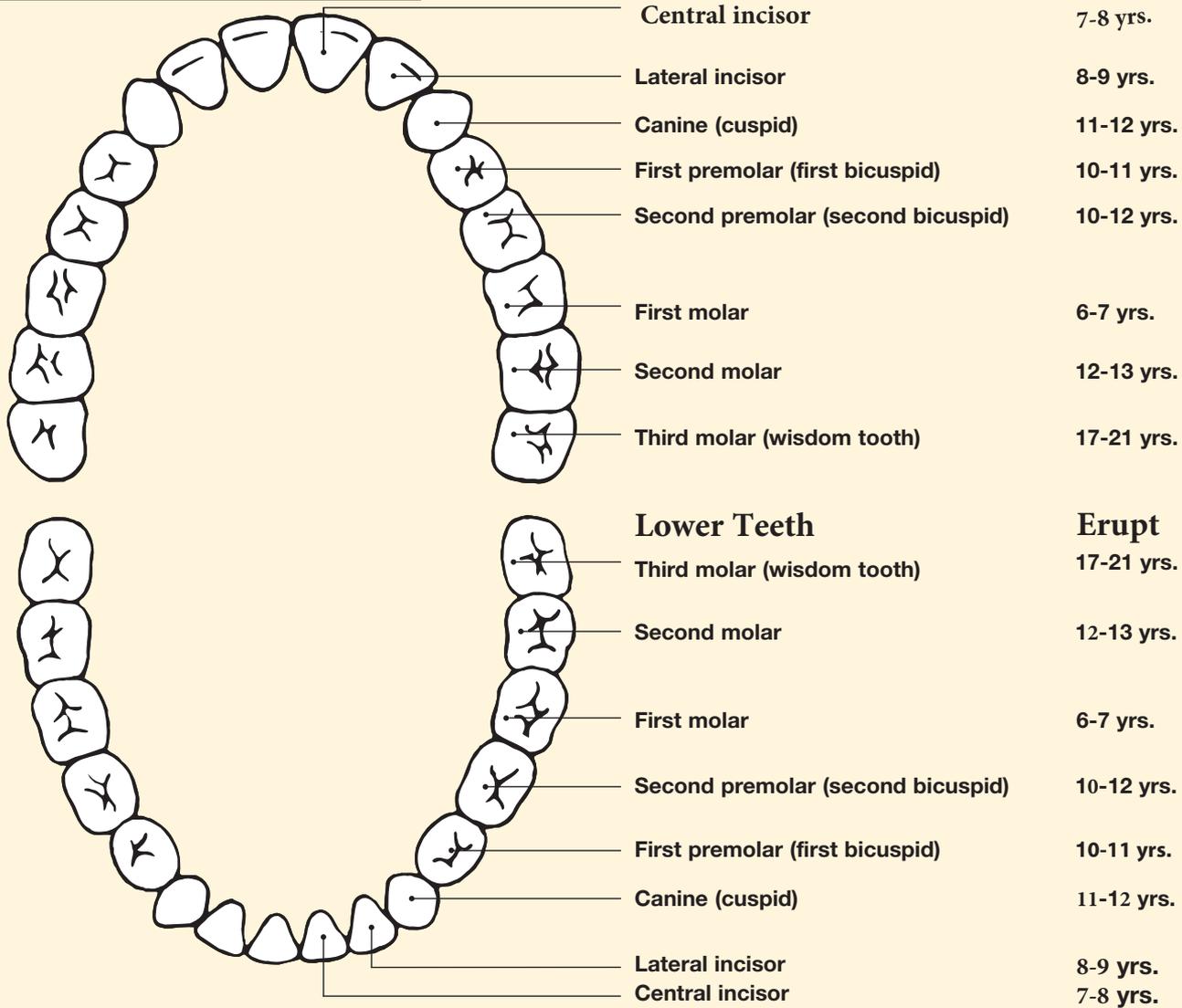
Erupt

- 23-31 mos.
- 14-18 mos.
- 17-23 mos.
- 10-16 mos.
- 6-10 mos.

Exfoliate

- 10-12 yrs.
- 9-11 yrs.
- 9-12 yrs.
- 7-8 yrs.
- 6-7 yrs.

Chart 2: Permanent Tooth Eruption



Adapted from: American Academy of Pediatrics. (2008). Brith Futures Guidelines for Health Supervision of Infants, Children and Adolescents: Pocket Guide

Girls SBP by Age and Height
(Normal SBP is less than the prehypertensive result.)

Age ↓	BP Classification	Systolic BP (mmHg)						
3	Height (cm)	91	92	95	98	100	103	105
	Prehypertension	100	100	102	103	104	106	106
	Stage 1 HTN	104	104	105	107	108	109	110
	Stage 2 HTN	116	116	118	119	120	121	122
4	Height (cm)	97	99	101	104	108	110	112
	Prehypertension	101	102	103	104	106	107	108
	Stage 1 HTN	105	106	107	108	110	111	112
	Stage 2 HTN	117	118	119	120	122	123	124
5	Height (cm)	104	105	108	111	115	118	120
	Prehypertension	103	103	105	106	107	109	109
	Stage 1 HTN	107	107	108	110	111	112	113
	Stage 2 HTN	119	119	121	122	123	125	125
6	Height (cm)	110	112	115	118	122	126	128
	Prehypertension	104	105	106	108	109	110	111
	Stage 1 HTN	108	109	110	111	113	114	115
	Stage 2 HTN	120	121	122	124	125	126	127
7	Height (cm)	116	118	121	125	129	132	135
	Prehypertension	106	107	108	109	111	112	113
	Stage 1 HTN	110	111	112	113	115	116	116
	Stage 2 HTN	122	123	124	125	127	128	129
8	Height (cm)	121	123	127	131	135	139	141
	Prehypertension	108	109	110	111	113	114	114
	Stage 1 HTN	112	112	114	115	116	118	118
	Stage 2 HTN	124	125	126	127	128	130	130
9	Height (cm)	125	128	131	136	140	144	147
	Prehypertension	110	110	112	113	114	116	116
	Stage 1 HTN	114	114	115	117	118	119	120
	Stage 2 HTN	126	126	128	129	130	132	132
10	Height (cm)	130	132	136	141	146	150	153
	Prehypertension	112	112	114	115	116	118	118
	Stage 1 HTN	116	116	117	119	120	121	122
	Stage 2 HTN	128	128	130	131	132	134	134
11	Height (cm)	136	138	143	148	153	157	160
	Prehypertension	114	114	116	117	118	119	120
	Stage 1 HTN	118	118	119	121	122	123	124
	Stage 2 HTN	130	130	131	133	134	135	136
12	Height (cm)	143	146	150	155	160	164	166
	Prehypertension	116	116	117	119	120	120	120
	Stage 1 HTN	119	120	121	123	124	125	126
	Stage 2 HTN	132	132	133	135	136	137	138
13	Height (cm)	148	151	155	159	164	168	170
	Prehypertension	117	118	119	120	120	120	120
	Stage 1 HTN	121	122	123	124	126	127	128
	Stage 2 HTN	133	134	135	137	138	139	140
14	Height (cm)	151	153	157	161	166	170	172
	Prehypertension	119	120	120	120	120	120	120
	Stage 1 HTN	123	123	125	126	127	129	129
	Stage 2 HTN	135	136	137	138	140	141	141
15	Height (cm)	152	154	158	162	167	171	173
	Prehypertension	120	120	120	120	120	120	120
	Stage 1 HTN	124	125	126	127	129	130	131
	Stage 2 HTN	136	137	138	139	141	142	143
16	Height (cm)	152	154	158	163	167	171	173
	Prehypertension	120	120	120	120	120	120	120
	Stage 1 HTN	125	126	127	128	130	131	132
	Stage 2 HTN	137	138	139	140	142	143	144
17	Height (cm)	152	155	159	163	167	171	174
	Prehypertension	120	120	120	120	120	120	120
	Stage 1 HTN	125	126	127	129	130	131	132
	Stage 2 HTN	138	138	139	141	142	143	144

Measurement

- Begin routine blood pressure (BP) measurement at 3 years of age.
- Correct cuff size depends on arm size. Practically speaking, correct cuff size equals largest cuff that will fit on the upper arm with room below for the stethoscope head.
- BP should be measured in the right arm of a relaxed, seated child.
- BP measurement by auscultation is the Gold Standard.
- BP by automated device correlates reasonably well with auscultation, with practical advantages of rapid measurement remote from child and elimination of reader error.
- If BP is high by automated device, repeat by auscultation.

BP Classification/Interpretation

BP is classified by systolic BP (SBP) and diastolic BP (DBP) percentiles for age/sex/height. If SBP or DBP >90th percentile, repeat twice at same office visit before interpreting result.

Normal BP: SBP and DBP <90th percentile

⇒ Recheck in 1 year.

Prehypertension: SBP or DBP ≥ 90th percentile to <95th percentile or BP >120/80 mmHg to <95th percentile

⇒ Recheck in 6 months.

⇒ Begin weight management (as appropriate).

Stage 1 Hypertension (HTN): SBP and/or DBP ≥95th percentile to ≤ 99th percentile plus 5 mmHg

⇒ Recheck in 1 to 2 weeks.

⇒ If BP remains at this level on recheck, begin evaluation and treatment including weight management if appropriate.

Stage 2 HTN: SBP and/or DBP >99th percentile plus 5 mmHg

⇒ Begin evaluation and treatment within 1 week, immediately if symptomatic.

Systolic BP Percentile Tables

Since diastolic HTN rarely occurs without systolic HTN in children, the SBP percentile tables on the next page can be used for HTN screening. If a child's SBP on screening is classified as prehypertension or HTN, then both SBP and DBP percentiles should be determined using the tables in the complete report: The Fourth Report on the Diagnosis, Evaluation, and Treatment of High Blood Pressure in Children and Adolescents. *Pediatrics* 2004 Aug;114(Suppl 2:):555-76; or http://www.nhlbi.nih.gov/health/prof/heart/hbp/hbp_ped.htm.

Directions for Use of Tables

1. Heights in the table are given for age at midyear. Use closest height to interpret BP.
2. **Prehypertension** SBP ≥ value from table (90th percentile) to < Stage 1 HTN value; or SBP >120 mmHg to < Stage 1 HTN value.
 - Stage 1 HTN** SBP ≥ value from the table (95th percentile) to ≤ Stage 2 HTN.
 - Stage 2 HTN** SBP >value from table (99th percentile plus 5 mmHg).

For more information go to: www.nhlbi.nih.gov.

Boys SBP by Age and Height (Normal SBP is less than the prehypertensive result.)

Age ↓	BP Classification	Systolic BP (mmHg)						
3	Height (cm)	92	94	96	99	102	104	106
	Prehypertension	100	101	103	105	107	108	109
	Stage 1 HTN	104	105	107	109	110	112	113
	Stage 2 HTN	116	117	119	121	123	124	125
4	Height (cm)	99	100	103	106	109	112	113
	Prehypertension	102	103	105	107	109	110	111
	Stage 1 HTN	106	107	109	111	112	114	115
	Stage 2 HTN	118	119	121	123	125	126	127
5	Height (cm)	104	106	109	112	116	119	120
	Prehypertension	104	105	106	108	110	111	112
	Stage 1 HTN	108	109	110	112	114	115	116
	Stage 2 HTN	120	121	123	125	126	128	128
6	Height (cm)	110	112	115	119	122	126	127
	Prehypertension	105	106	108	110	111	113	113
	Stage 1 HTN	109	110	112	114	115	117	117
	Stage 2 HTN	121	122	124	126	128	129	130
7	Height (cm)	116	118	121	125	129	132	134
	Prehypertension	106	107	109	111	113	114	115
	Stage 1 HTN	110	111	113	115	117	118	119
	Stage 2 HTN	122	123	125	127	129	130	131
8	Height (cm)	121	123	127	131	135	139	141
	Prehypertension	107	109	110	112	114	115	116
	Stage 1 HTN	111	112	114	116	118	119	120
	Stage 2 HTN	124	125	127	128	130	132	132
9	Height (cm)	126	128	132	136	141	145	147
	Prehypertension	109	110	112	114	115	117	118
	Stage 1 HTN	113	114	116	118	119	121	121
	Stage 2 HTN	125	126	128	130	132	133	134
10	Height (cm)	130	133	137	141	146	150	153
	Prehypertension	111	112	114	115	117	119	119
	Stage 1 HTN	115	116	117	119	121	122	123
	Stage 2 HTN	127	128	130	132	133	135	135
11	Height (cm)	135	137	142	146	151	156	159
	Prehypertension	113	114	115	117	119	120	120
	Stage 1 HTN	117	118	119	121	123	124	125
	Stage 2 HTN	129	130	132	134	135	137	137
12	Height (cm)	140	143	148	153	158	163	166
	Prehypertension	115	116	118	120	120	120	120
	Stage 1 HTN	119	120	122	123	125	127	127
	Stage 2 HTN	131	132	134	136	138	139	140
13	Height (cm)	147	150	155	160	166	171	173
	Prehypertension	117	118	120	120	120	120	120
	Stage 1 HTN	121	122	124	126	128	129	130
	Stage 2 HTN	133	135	136	138	140	141	142
14	Height (cm)	154	157	162	167	173	177	180
	Prehypertension	120	120	120	120	120	120	120
	Stage 1 HTN	124	125	127	128	130	132	132
	Stage 2 HTN	136	137	139	141	143	144	145
15	Height (cm)	159	162	167	172	177	182	184
	Prehypertension	120	120	120	120	120	120	120
	Stage 1 HTN	126	127	129	131	133	134	135
	Stage 2 HTN	139	140	141	143	145	147	147
16	Height (cm)	162	165	170	175	180	184	186
	Prehypertension	120	120	120	120	120	120	120
	Stage 1 HTN	129	130	132	134	135	137	137
	Stage 2 HTN	141	142	144	146	148	149	150
17	Height (cm)	164	166	171	176	181	185	187
	Prehypertension	120	120	120	120	120	120	120
	Stage 1 HTN	131	132	134	136	138	139	140
	Stage 2 HTN	144	145	146	148	150	151	152



Measurement

- Begin routine blood pressure (BP) measurement at 3 years of age.
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⇒ Recheck in 6 months.

⇒ Begin weight management (as appropriate).

Stage 1 Hypertension (HTN): SBP and/or DBP ≥95th percentile to ≤ 99th percentile plus 5 mmHg

⇒ Recheck in 1 to 2 weeks.

⇒ If BP remains at this level on recheck, begin evaluation and treatment including weight management if appropriate.

Stage 2 HTN: SBP and/or DBP >99th percentile plus 5 mmHg

⇒ Begin evaluation and treatment within 1 week, immediately if symptomatic.

Systolic BP Percentile Tables

Since diastolic HTN rarely occurs without systolic HTN in children, the SBP percentile tables on the next page can be used for HTN screening. If a child's SBP on screening is classified as prehypertension or HTN, then both SBP and DBP percentiles should be determined using the tables in the complete report: The Fourth Report on the Diagnosis, Evaluation, and Treatment of High Blood Pressure in Children and Adolescents. *Pediatrics* 2004 Aug;114(Suppl 2:):555-76; or http://www.nhlbi.nih.gov/health/prof/heart/hbp/hbp_ped.htm.

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 - Stage 1 HTN** SBP ≥ value from the table (95th percentile) to ≤ Stage 2 HTN.
 - Stage 2 HTN** SBP >value from table (99th percentile plus 5 mmHg).

For more information go to: www.nhlbi.nih.gov.

Fluoride Supplement Dosage Schedule

Approved by the American Dental Association Council on Scientific Affairs

Age	Fluoride Ion Level in Drinking Water (ppm)*		
	<0.3 ppm F	0.3 to 0.6 ppm F	> 0.6 ppm F
Birth–6 months	None	None	None
6 months–3 years	0.25 mg/day**	None	None
3–6 years	0.50 mg/day	0.25 mg/day	None
6–16 years	1.0 mg/day	0.50 mg/day	None
<p><i>*1.0 part per million (ppm) = 1 milligram per liter (mg/l)</i> <i>** 2.2 mg sodium fluoride contains 1 mg fluoride ion.</i></p>			

DHMA Alphabetical List of Disorders on the Newborn Screen

Argininemia (Arginase deficiency)
Argininosuccinate aciduria
Beta Ketothiolase (Mitochondrial Acetyl-CoA Thiolase Deficiency)
Biotinidase Deficiency
Carnitine Acyl-Carnitine Translocase Deficiency
Carnitine Palmitoyltransferase Deficiency Type 1 (CPT I)
Carnitine Palmitoyltransferase Deficiency Type 1 CPT II
Carnitine Uptake Deficiency
Citrullinemia
Cobalamin C deficiency
Congenital Adrenal Hyperplasia
Congenital Hypothyroidism
Cystic Fibrosis
2,4-dienoyl-CoA Reductase
Galactosemia
Glutaric Acidemia
Glutaric Acidemia Type II
Homocystinuria
3-Hydroxy-3Methylglutaric aciduria
Isobutyryl-CoA Dehydrogenase Deficiency
Isovaleric Acidemia
Long chain 3-hydroxyacyl-CoA dehydrogenase deficiency (LCHADD)
Malonic Acidemia
Maple syrup urine disease (Branched-chain ketoacid dehydrogenase deficiency)
Medium chain acyl-CoA dehydrogenase deficiency (MCADD)
2-Methyl-3Hydroxybutyryl-CoA Dehydrogenase Deficiency
2-Methylbutyryl-CoA Dehydrogenase Deficiency
3 Methylcrotonyl- CoA carboxylase deficiency (3-MCC)
Methylmalonic Acidemia
Multiple Carboxylase Deficiency
Phenylketonuria/ hyperphenylalaninemia
Propionic Acidemia
Short chain acyl-CoA dehydrogenase deficiency (SCADD)
Short chain 3-hydroxyacyl-CoA dehydrogenase deficiency (SCHADD)
Sickle Cell Anemia
Trifunctional Protein Deficiency
Tyrosinemia Type I
Tyrosinemia Type I/II/III
Very long chain acyl-CoA Dehydrogenase (VLCADD)

Source:http://phpa.dhmh.maryland.gov/genetics/Pages/NBS_Disorders_Alphabetical_List.aspx

Updated 06/20/2016

Maximum Hemoglobin Concentration and Hematocrit Values for Anemia*

	Hemoglobin concentration (<g/dL)	Hematocrit (<%)
Children (age, in years)		
1-<2 +	11.0	32.9
2-<5	11.1	33.0
5-<8	11.5	34.5
8-<12	11.9	35.4
Men (age in years)		
12-<15	12.5	35.7
15-<18	13.3	39.7
≥18	13.3	39.9
Nonpregnant women & lactating women (age in years)		
12-<15	11.8	35.7
15-<18	12.0	35.9
≥18	12.0	35.7

*Age- and sex-specific cutoff values for anemia are based on the 5th percentile from the third National Health and Nutrition Examination Survey, 1988-1994 (NHANES III).

+ Although no data are available from NHANES III to determine the maximum hemoglobin concentration and hematocrit values for anemia among infants, the values listed for children aged 1-<2 years can be used for infants aged 6-12 months.

Elevated Blood Lead Diagnostic and Follow-Up Schedule

This table presents the suggested frequency of follow-up tests. Case managers and HCPs should consider individual patient characteristics and caregiver capabilities and adjust the frequency of follow-up tests accordingly.

Confirmation of a Capillary Blood Lead Test

Screening test result (µg/dL)	Perform a confirmation test within:
5-9	3 months
10-19	3 months
20-44	1 week-1 month ^a
45-59	48 hours
60-69	24 hours
> 70	Immediately as an emergency lab test

^a The higher the BLL on the screening test, the more urgent the need for confirmatory testing.

Schedule for Follow-Up Blood Lead Testing ^a

Venous blood lead level (µg/dL)	Early follow-up (First 2-4 tests after identification)	Late follow-up (After BLL begins to decline)
5-9	3 months	6-9 months
10-14	3 months ^b	6-9 months
15-19	1-3 months ^b	3-6 months
20-24	1-3 months ^b	1-3 months
25-44	2 weeks-1 month	1 month
> 45	As soon as possible	Chelation with subsequent follow-up

^a Seasonal variation of BLLs exists and may be more apparent in colder climate areas. Greater exposure in the summer months may necessitate more frequent follow-ups.

^b Some case managers or HCPs may choose to repeat blood lead tests on all new patients within a month to ensure that their BLL level is not rising more quickly than anticipated.

Tables adapted from: *Center for Disease Control and Prevention. Managing Elevated Blood Lead Levels Among Children: Recommendations from the Advisory Committee on Childhood Lead Poisoning Prevention. Atlanta: CDC, 2002.*

Maryland Department of the Environment
Lead Poisoning Prevention Program
Case Coordination Guidelines for Lead Poisoned Children

Action Levels for Community Health Nurse’s Coordination with Environmental Investigator and Health Care Provider

This presents minimum standards set by CDC and State law. Consider individual patient characteristics and caregiver capabilities and adjust the frequency of follow-up health care actions accordingly.

BLL	Minimum CDC Recommendations for BLL Follow-up	Coordinate with Health Care Provider	Coordinate with Parent/Guardian and Provide Service Coordination	Coordinate with Environmental Investigator
<p><5 µg/dL Venous or Capillary</p> <p>5-9 µg/dL Venous or Capillary</p>	<p>As mandated by EPSDT, Maryland Targeted Screening Law, and Baltimore City Ordinance.</p> <p>Within 3 month follow-up with venous level.</p>	<p>The Health Care Provider’s (HCP) responsibilities are:</p> <ul style="list-style-type: none"> • Lead and nutritional education along with assessing for possible sources of lead exposure. • Repeat and track blood lead level. 	<p>Venous or Capillary:</p> <ul style="list-style-type: none"> • Education and Outreach for prevention. • For tenants in pre-1950 rental properties, complete EA 6-8 Compliance Interview and forward to MDE. Review and provide tenant “Notice of Defect”. 	<p>Compliance enforcement of pre-1950 rental property owners. Enforcement of Notice of Defect.</p>
<p>10-14 µg/dL Venous or Capillary</p>	<p>3 months for capillary</p> <p>3 months for Early follow-up venous <i>Early follow-up is the first 2-4 tests after identification of an elevated level.</i></p> <p>6-9 months for Late follow-up venous <i>Late follow-up is identified as after the elevated blood lead level begins to decline.</i></p>	<p>The HCP responsibilities are as above plus:</p> <ul style="list-style-type: none"> • Educate to decrease environmental exposure and review WIC’s Dietary Food Pyramid. • Repeat and track blood lead level according to “Blood Lead Follow-up” chart that contains CDC guidance. 	<p>Venous or Capillary:</p> <ul style="list-style-type: none"> • Education and Outreach for prevention. • Follow-up blood lead level monitoring. <p>Venous or 2 capillaries within 12 weeks include:</p> <ul style="list-style-type: none"> • Mail out of “Official Notice Packet” for residence of pre-1950 rental properties. • Information about Special Loans Housing Program. 	<p>*Coordinate* Immediately for Environmental Inspection</p> <p>Venous Environmental Inspection to take place within 5 days of referral from Health Department.</p>
<p>15-19 µg/dL Venous or Capillary</p>	<p>3 months for capillary</p> <p>1-3 months for Early follow-up of a venous blood lead level.</p> <p>3-6 months for Late follow-up of a venous blood lead level.</p>	<p>Contact within 1 month (measure from specimen date) to confirm specimen type and to coordinate follow-up care.</p> <p>The HCP responsibilities are as above plus:</p> <ul style="list-style-type: none"> • Evaluate for iron deficiency • Take environmental history 	<p>Venous or Capillary:</p> <ul style="list-style-type: none"> • Education and Outreach for prevention. • Follow-up blood lead level monitoring. <p>Venous or 2 capillaries within 12 weeks:</p> <ul style="list-style-type: none"> • Mail out of “Official Notice Packet” for residence of pre-1950 rental properties. <p>Venous:</p> <p>Home visit (HV) by CHN or trained ancillary person within 15 days of notification.</p> <ul style="list-style-type: none"> • Follow specific “Guidelines for Nursing Case Management” attached.\ • Information about Special Loans Housing Program. 	<p>*Coordinate* Immediately for Environmental Inspection</p> <p>Venous Environmental Inspection to take place within 5 days of referral from Health Department.</p>

**Maryland Department of the Environment
Lead Poisoning Prevention Program
Case Coordination Guidelines for Lead Poisoned Children**

Action Levels for Community Health Nurse’s Coordination with Environmental Investigator and Health Care Provider

This presents minimum standards set by CDC and State law. Consider individual patient characteristics and caregiver capabilities and adjust the frequency of follow-up health care actions accordingly.

BLL	Minimum CDC Recommendations for Follow-up BLL Within:	Coordinate with Health Care Provider	Coordinate with Parent/Guardian and Provide Service Coordination	Coordinate with Environmental Investigator
20-44 µg/dL Capillary	1 week-1 month The higher the capillary report, the more urgent the need for a venous specimen to validate the report.	Contact as soon as possible, preferably within 1 week from specimen date, to encourage the HCP to validate the result with a venous test.	Follow-up blood lead level monitoring.	Not applicable.
20-44 µg/dL Venous	20-24 µg/dl 1-3 months for Early and Late follow-up of a venous blood lead level. 25-44µg/dL 2 weeks-1month for Early follow-up of a venous blood lead level. 1month for Late follow-up of a venous blood lead level. The higher the blood lead level, the more urgent the follow-up.	Contact as soon as possible, preferably within 1 month from Specimen Date to discuss with HCP referral to specialty center. The HCPs responsibilities are as above plus: Complete medical / nutritional H& P, developmental assessment, and consultation with specialty centers experienced in chelating and management of lead poisoned children.	CHN HV within 5 workdays of referral from MDE. <ul style="list-style-type: none"> Follow specific “Guidelines for Nursing Case Management” attached. Mail out of “Official Notice Packet” for residence of pre-1950 rental properties (Venous or 2 caps within 12 weeks) Information about Special Loans Housing Program. 	*Coordinate* Immediately for Environmental Inspection Venous Levels 20-29µg/dL Environmental Inspection to take place within 5 days of referral from Health Department. Venous Levels >= 30µg/dL Environmental Inspection to take place within 2 days of referral from Health Department.
45-59 µg/dL Capillary	48 hours	Contact within 48 hours (measure from Specimen Date) to discuss validate with STAT venous.	Contact regarding need for STAT repeat specimen within 2 workdays.	Not applicable.

**Maryland Department of the Environment
Lead Poisoning Prevention Program
Case Coordination Guidelines for Lead Poisoned Children**

Action Levels for Community Health Nurse’s Coordination with Environmental Investigator and Health Care Provider

This presents minimum standards set by CDC and State law. Consider individual patient characteristics and caregiver capabilities and adjust the frequency of follow-up health care actions accordingly.

BLL	Minimum CDC Recommendations for Follow-up BLL Within:	Coordinate with Health Care Provider	Coordinate with Parent/Guardian and Provide Service Coordination	Coordinate with Environmental Investigator
45-69 µg/dL Venous	AS SOON AS POSSIBLE for Early follow-up of a venous blood lead level. Chelation with subsequent follow-up for Late follow-up of a venous blood lead level.	Contact within 1 workday (measure from specimen date) The HCP responsibilities are as above with the expectation of consultation with physician experienced in chelation therapy and performance of urgent chelation.	CHN HV within 2 workdays of referral from MDE. <ul style="list-style-type: none"> Follow specific “Guidelines for Nursing Case Management” attached. Mail out of “Official Notice Packet” for residence of pre-1950 rental properties (Venous or 2 caps within 12 weeks.) Information about Special Loans Housing Program. 	*Coordinate* Immediately for Environmental Inspection Venous Environmental Inspection to take place within 2 days of referral from Health Department.
60-69 µg/dL Capillary	24 hours	Contact within 24 hours (measure from Specimen Date) to discuss validate with STAT venous.	Contact regarding need for STAT repeat specimen within 1 workday.	Not applicable.
>=70 µg/dL Venous	AS SOON AS POSSIBLE for Early follow-up of a venous blood lead level. Chelation with subsequent follow-up for Late follow-up of a venous blood lead level.	Medical Emergency: Hospitalize Contact within 1 workday to discuss hospitalization (measure from specimen date)	CHN HV within 1 workday of referral from MDE. <ul style="list-style-type: none"> Follow specific “Guidelines for Nursing Case Management” attached. Mail out of “Official Notice Packet” for residence of pre-1950 rental properties (Venous or 2 caps within 12 weeks) Information about Special Loans Housing Program. 	*Coordinate* Immediately for Environmental Inspection Venous Environmental Inspection to take place within 2 days of referral from Health Department.
>=70 µg/dL Capillary	Immediately as an emergency	Contact immediately to validate with STAT venous.	Contact regarding need for STAT repeat specimen.	Not applicable.

Pediatric Risk Groups for Targeted Testing and Treatment of LTBI with TST Cut-Points and Recommended Testing Frequency		
<i>TST Positive</i>	<i>Risk Group</i>	<i>Testing Frequency</i>
≥ 5 mm	HIV-infected children	At diagnosis, annually (only if other TB risk factors), and with immune reconstitution (CD4 > 200 cells/μl)
	Contacts of persons with confirmed or suspected TB	Baseline, and if negative, 8-10 weeks after exposure ended
	Radiographic or clinical findings suggesting TB	Immediately
	Age < 1 with no risk factors	Not recommended
≥ 10 mm	Children ≥ 6 months who have immigrated from or lived ≥ 12 months in high incidence countries (MD defines as ≥ 15 smear pos/100,000)	Immediately
	Foreign-born children from high incidence countries who do not have prior TST results in the U.S.	Upon school entry
	Children with the following medical conditions (e.g., diabetes mellitus, lymphoma, chronic renal failure, ≥ 10% below ideal body weight, leukemias and other malignancies)	At diagnosis
	Children ≥ 6 months of age upon entry into the foster care system	Prior to foster placement only
	Children exposed to high-risk adults (regular contact [e.g., daily] with adults who are HIV infected, homeless, incarcerated, migrant farm workers or illicit drug users)	Test every 2-3 years
	Incarcerated adolescents	Upon incarceration and annually
	Age 1—4 with no risk factors	Not recommended
≥ 15mm	Age ≥ 5 with no risk factors	Not recommended

Tuberculin Skin Test Cut-Points by Age Low Risk Persons		
Adults		15 mm
Children	Ages \geq 5	15 mm
	Ages 1-4	10 mm
	Age < 1	5mm

Regimens for Treatment of Latent TB Infection and Recommended Monitoring			
Children* (ages 0-18)			Children - INH (9 months)
Isoniazid (INH)9 months Provide only one month supply at a time	Daily	INH 10-20 mg/kg (Max 300 mg)	Clinical Monitoring <ul style="list-style-type: none"> • <i>Pretreatment:</i> ask about other medications and medical conditions, allergies. • <i>Monthly (in person):</i> check for anorexia, nausea vomiting, abdominal pain, dark urine, jaundice, scleral icterus, rash, fatigue, fever, or paresthesias. Laboratory - no routine studies needed
	Twice Weekly DOT	INH 20-40 mg/kg (Max: 900 mg)	
* Rifampin six months daily is an alternative regimen for children (10-20 mg/kg, maximum 600 mg), particularly those exposed to INH resistant disease.			
Treatment Completion: nine months daily = 270 doses within 12 months. Nine months twice weekly DOT= 76 doses within 12 months			

Source: Maryland Guidelines for the Treatment and Prevention of Tuberculosis — 2007

Acceptable, Borderline-High and High Plasma Lipid, Lipoprotein and Apolipoprotein Concentrations (mg/dL) for Children and Adolescents

Note: Values given are in mg/dL. To convert to SI units, divide the results for total cholesterol (TC), low-density lipoprotein cholesterol (LDL-C), high-density lipoprotein cholesterol (HDL-C), and non-HDL-C by 38.6; for triglycerides (TG), divide by 88.6.

	Acceptable	Borderline	High+
TC	< 170	170-199	≥ 200
LDL-C	< 110	110-129	≥ 130
Non-HDL-C	< 120	120-144	≥ 145
ApoB	< 90	90-109	≥ 110
TG			
0-9 years	< 75	75-99	≥ 100
10-19 years	< 90	90-129	≥ 130
Category	Acceptable	Borderline	Low+
HDL-C	> 45	40-45	< 40
ApoA-1	> 120	115-120	< 115

* Values for plasma lipid and lipoprotein levels are from the National Cholesterol Education Program (NCEP) Expert Panel on Cholesterol Levels in Children. Non-HDL-C values from the Bogalusa Heart Study are equivalent to the NCEP Pediatric Panel cut points for LDL-C. Values for plasma ApoB and ApoA-1 are from the National Health and Nutrition Examination Survey III.

+ The cut points for high and borderline high represent approximately the 95th and 75th%iles, respectively. Low cut points for HDL-C and ApoA-1 represent approximately the 10th%ile.

Source: 2011 Expert Panel on Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents Summary Report