

NURSING CASE CLOSURE REPORT

Case Management of Children with Lead Poisoning

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.

CHILD INFORMATION

Name of Child (last, first, middle initial)			Date of Birth (MM/DD/YYYY)	
Current Street Address	Apt. No.	City	County	Zip Code

CASE TRANSFER OR CLOSURE

Indicate if case transferred or closed: <input type="checkbox"/> Transferred <input type="checkbox"/> Closed	Name of Case Manager
Date completed (MM/DD/YYYY): _____	

If case **transferred**, indicate reason (**do not close case**):

Notify DHSLeadPoisoningPrevention@dhs.wisconsin.gov.

Indicate new address in Comment section below if known.

Child moved to new Wisconsin jurisdiction.

Child moved out of state.

If case **closed**, indicate reason:

Case met both minimum closure criteria for EBLL* case:

1. The child had two consecutive blood lead levels <15mcg/dL at least six months apart.
2. The child is in a lead-safe environment.

Case met jurisdiction's minimum closure criteria for non-EBLL case.

Staff unable to locate child or family.

Family refuses further intervention.

If EBLL* minimum closure criteria met, 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.

The source of lead poisoning was not lead-based paint, and the child is no longer exposed.

Child moved to a new property identified as lead safe.

No hazards identified (explain in Comments section below).

DEVELOPMENTAL ASSESSMENT

Check all that apply:

Initial screening test within normal limits.

Initial screening test not within normal limits; referral made.

Second screening test within normal limits.

Second screening test indicated delays in (Check all that apply):

Language

Fine motor skills

Problem solving

Gross motor skills

Personal-social

Other (describe): _____

The child or family is currently enrolled in the following programs or services (check all that apply):

None

Birth to 3

Early Head Start or Head Start

School or school services

Occupational therapy

Speech therapy

Women, Infants, and Children Program (WIC)

Other early childhood or childhood services

(describe): _____

Comments:

*Elevated Blood Lead Level (EBLL) = 1 venous Blood Lead Level (BLL) greater than or equal to 20 mcg/dL or 2 venous BLLs greater than or equal to 15 mcg/dL drawn at least 90 days apart [Wis. Stat. § 254.11(5m)].

Attach this completed form to the case record in HHLPS (see Job Aid 3.14, Patient Attachments, at

<https://www.dhs.wi.gov/publications/p02299-3-14.pdf>). Contact the Wisconsin Childhood Lead Poisoning Prevention Program at

608-266-5817 or DHSLeadPoisoningPrevention@wi.gov when all documents have been uploaded to the case record.