



BSPU ID:

DOB: / /

British Paediatric Surveillance Unit Study

CLINICALLY RECOGNISED RAISED BLOOD LEAD CONCENTRATIONS IN CHILDREN

One Year follow-up Questionnaire

Thank you for completing our case notification form.

This questionnaire asks you about this child and the year following initial notification.

We would be grateful if you could complete the following questions on clinical outcomes for this child.

Please provide information for this child for the past 12 months. Please try to complete this questionnaire, even if the child has died or you have not seen them recently. Thank you.

Please return the completed form to:

Eirian Thomas
HPA, IRD Group,
Centre for Radiation, Chemicals and Environmental
Hazards (CRCE),
5th Floor Neuadd Meirionnydd,
Heath Park,
Cardiff CF14 4YS

Phone: 02920 687231
Email: eirian.thomas@hpa.org.uk

Fax: 02920 687292



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Section 1: Your details

Your name:

Address (including
postcode)

Telephone

Email

If you have no further information since <date>, could you suggest who we could contact for more information or detail?

Name:

Address:

Telephone:

Email:

Section 2: Child's details

2.1 When
was the
child last
seen?

DD/MM/YY

/ /

(Please provide the date of their most recent hospital discharge or visit to a hospital outpatient clinic or other contact as appropriate)

2.2 Is the child now?
(please tick one that
applies)

At home

In hospital

Deceased

Not known

If the child has died, please give the date of death

DD/MM/YY

/ /

and state the cause of death:

2.3 Since <date>, please indicate on how many occasions this child's blood lead

Not Known



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concentration has been tested?

2.4 Please supply the results of the most recent blood lead concentrations

$\mu\text{g/L}$

$\mu\text{mol/L}$

2.5 Date of this test

/ /

Please now complete the following sections about the child's clinical management over the past 12 months since initial notification to this study. If the child has died, please complete the questions for the period before death.

Section 3: Admission history

3.1 Since the original notification, has the child required admission to hospital for management of elevated blood lead levels? Yes No Not Known

3.2 Number of hospital admission(s)?



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	Date of admission	Date of discharge: or tick if still in hospital:	Reason for admission	If the child required chelation therapy, which chelating agent was used? <i>(tick all that apply)</i>
ADMISSION 1	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="checkbox"/>	Chelation therapy <input type="checkbox"/>	DMSA (succimer) <input type="checkbox"/>
			Whole bowel irrigation <input type="checkbox"/>	EDTA <input type="checkbox"/>
			Iron /Vitamin C treatment <input type="checkbox"/>	Dimercaprol (BAL) <input type="checkbox"/>
			Further investigation <input type="checkbox"/>	Penicillamine <input type="checkbox"/>
			Other <input type="checkbox"/>	Not known <input type="checkbox"/>
			Please give reason	
ADMISSION 2	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="checkbox"/>	Chelation therapy <input type="checkbox"/>	DMSA (succimer) <input type="checkbox"/>
			Whole bowel irrigation <input type="checkbox"/>	EDTA <input type="checkbox"/>
			Iron /Vitamin C treatment <input type="checkbox"/>	Dimercaprol (BAL) <input type="checkbox"/>
			Further investigation <input type="checkbox"/>	Penicillamine <input type="checkbox"/>
			Other <input type="checkbox"/>	
			Please give reason	



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ADMISSION 3

/ / / /

.....
.....
Chelation therapy Not known
Whole bowel irrigation DMSA (succimer)
Iron /Vitamin C treatment EDTA
Further investigation Dimercaprol (BAL)
Other Penicillamine
Please give reason
.....
Not known

ADMISSION 4

/ / / /

Chelation therapy DMSA (succimer)
Whole bowel irrigation EDTA
Iron /Vitamin C treatment Dimercaprol (BAL)
Further investigation Penicillamine
Other
Please give reason
Not known



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Section 4: Out patient Management

4.1 Number of out-patient appointment(s)?

4.2 Any home visits?

Y N NK

4.3 If yes, by whom?

Section 5: Ongoing follow-up

5.1 Has the child been discharged from follow-up?

Y N NK

5.2 If yes, please give date of discharge

 / /

5.3 If the child is still under follow-up, please indicate why by marking any of the following that apply :

Blood lead concentration continues to be monitored

Exposure source has not been identified

Exposure source has not been remediated

Clinical condition requiring follow-up

Other reasons

Please give details



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Section 6: Referrals

6.1 Has the child been referred to a Clinical Toxicologist? Yes No Not Known

If yes, which hospital?

Name of clinician

6.2 Has advice on treatment been obtained from the National Poisons Information service? Yes No Not Known

6.3 Has the child been referred to the local Health Protection Unit? Yes No Not Known

If yes, which unit?

If no, are you intending to refer? Yes No Not Known

If you are not intending to refer, please explain why this would not be appropriate for this case:

.....
.....

6.4 Has the child been referred to the local environmental health department? Yes No Not Known

If yes, which department?

If no, are you intending to refer? Yes No Not Known

If you are not intending to refer, please explain why this would not be appropriate for this case:

.....
.....

Section 7: Identification and remediation of source of exposure

7.1 Please indicate the source(s) of exposure for this child:

Domestic – paint	Confirmed <input type="checkbox"/>	Suspected <input type="checkbox"/>
Domestic – soil	Confirmed <input type="checkbox"/>	Suspected <input type="checkbox"/>
Drinking water	Confirmed <input type="checkbox"/>	Suspected <input type="checkbox"/>

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<p>Other domestic e.g. cooking utensils</p> <p>Exposure to other lead-containing compounds e.g. surma, traditional cosmetics</p> <p>Exposure to traditional medicines</p>	<p>Confirmed <input type="checkbox"/></p> <p>Confirmed <input type="checkbox"/></p> <p>Confirmed <input type="checkbox"/></p>	<p>Suspected <input type="checkbox"/></p> <p>Suspected <input type="checkbox"/></p> <p>Suspected <input type="checkbox"/></p>
<p><input type="checkbox"/></p> <p>Other</p>	<p><input type="checkbox"/> Please give details</p> <p>.....</p> <p>.....</p>	
<p>Not known</p>	<p><input type="checkbox"/></p>	

7.2 Has action been taken to control exposure to this source? Y N NK

If you are unsure of the action taken, please skip to next item [box]

7.3 If you know about remediation undertaken, please give details:

Type of remediation (please tick all that apply)	Details
<p>Removal of source <input type="checkbox"/></p>	<input style="width: 100%; height: 25px;" type="text"/>
<p>Alteration to home environment <input type="checkbox"/></p>	<input style="width: 100%; height: 25px;" type="text"/>
<p>Other <input type="checkbox"/></p>	<input style="width: 100%; height: 25px;" type="text"/>

7.4 Was investigation of household undertaken to find other cases linked to this child's exposure? Y N NK

7.5 Were other cases of raised blood lead concentrations identified as a result of this investigation? Y N NK



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7.6 If adult household members had raised blood lead please give details in this table:

For adult household members with elevated blood lead concentrations in the last year, please give relationship to index child.		
	Blood lead level (mcg/L) or NK	Relationship to index case (e.g. mother, uncle)
Adult household member 1		
Adult household member 2		
Adult household member 3		
Adult household member 4		
Adult household member 5		
Adult household member 6		



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7.7 If child household members had raised blood lead, please provide any details that you can, as we will try to match contacts with cases already reported, or, for paediatric cases, will write to responsible clinicians and ask them to complete an anonymised questionnaire. . By date of diagnosis we mean date of outpatient or hospital visit at which the clinical diagnosis of lead poisoning was given to the family.

	Relationship to case	Sex of household contact	Date of Birth	Home Post code	Reported to BSPU	Date of diagnosis (see note above)	Name and hospital of responsible clinician	Was a source of exposure identified	Please indicate the source if known	Blood lead level (µg/L)
1		M/F			Yes/No/NK			Yes/No/NK	 Or NK
2		M/F			Yes/No/NK			Yes/No/NK	 Or NK
3		M/F			Yes/No/NK			Yes/No/NK	 Or NK
4		M/F			Yes/No/NK			Yes/No/NK	 Or NK



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5		M/F			Yes/No/NK			Yes/No/NK	 Or NK
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Thank you for completing this questionnaire