



BSPU ID:

British Paediatric Surveillance Unit Study

CLINICALLY RECOGNISED RAISED BLOOD LEAD CONCENTRATIONS IN CHILDREN

Case notification form

BPSU ID:

Case Definition:

Any child up to (but not including) 16 years of age with a blood lead concentration reported by the laboratory as being greater than or equal to 10 micrograms per decilitre ($0.48\mu\text{mol/L}$) with or without any of the accepted clinical signs and symptoms of lead toxicity.

Reporting Instructions:

Please report any child from birth up to (but not including) 16 years of age with a raised blood lead concentration greater than or equal to 10 micrograms per decilitre ($0.48\mu\text{mol/L}$) who was diagnosed (recognised to have a raised blood lead concentration) for the first time in the last month.

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

Fax: 02920 687292

Email: eirian.thomas@hpa.org.uk

Referring Hospital: _____

Consultant Responsible for Reporting Case: _____

Person Completing Questionnaire: _____

Email contact address: _____

Contact Telephone Number: _____

Date of completing questionnaire / /

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Section 1: Child's details

1.1	Date of birth	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
1.2	Sex	boy <input type="checkbox"/> girl <input type="checkbox"/>
1.3	Initials	<input type="text"/> <input type="text"/>
1.4	Hospital Ref. No	
1.5	NHS No. (or equivalent, e.g. CHI)	
1.6	Home Post Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1.7	Ethnic Origin <i>(Please tick one)</i>	
WHITE		
	White British <input type="checkbox"/>	White Irish <input type="checkbox"/> Other White <input type="checkbox"/>
ASIAN/ ASIAN BRITISH		
	Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other Asian <input type="checkbox"/>
BLACK/BLACK BRITISH		
	Black Caribbean <input type="checkbox"/>	Black African <input type="checkbox"/> Black Other <input type="checkbox"/>
MIXED		
	White and Asian <input type="checkbox"/>	White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> Other Mixed <input type="checkbox"/>
OTHER		
	Chinese <input type="checkbox"/>	Other <input type="checkbox"/> <i>Please specify:</i> _____ Not Known <input type="checkbox"/>
1.8	Was the child born outside the UK?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known <input type="checkbox"/>
	If yes, please state <i>(if known)</i>	
	A. Country of birth
	B. Any other countries of residence prior to entering the UK
	C. Age at which child entered the UK

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Section 2: Clinical presentation and diagnosis

2.1 Date of diagnosis - By this we mean date of outpatient or hospital visit at which the clinical diagnosis of lead poisoning was given to the family. / /

2.2 When did the child first experience symptoms?

years months OR date / / OR No Clinical Symptoms

2.3 Have there been previous episodes of illness that might be attributed to unrecognised raised blood lead concentrations?

Yes No Not Known

2.4 Who referred the child? Please tick one

GP

Health visitor

Hospital clinician

Other Please give details

2.5 What was the blood lead concentration?

.....µg/L ORµmol/L

Date sample taken / /

Name of lab that processed this sample

2.6 What was the reason for blood lead testing? (Please tick any that apply))

Clinical symptoms or signs

Exposure history (including history of pica) Please give details

Screening in asymptomatic children with learning difficulties or developmental delay

Finding of elevated blood lead levels in household contacts

Following advice from HPU or environmental health dept that child may have been exposed to lead

Other Please give details

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2.7 Clinical symptoms and signs at diagnosis (if any)

Which of the following signs and symptoms suggestive of lead toxicity were present at the time of diagnosis? (*Please tick all that apply*)

No clinical symptoms

2.7.1

GI

Abdominal pain

2.7.2

Constipation

2.7.3

Vomiting

2.7.4

Anorexia

2.7.5

Other GI

2.7.6 *Please specify:*

Neurological

Encephalopathy

2.7.8

Motor problems (gross or fine)

2.7.9

Impaired cognition (no background learning difficulties)

2.7.10

Learning difficulties / developmental delay

2.7.11

Please tick if:

Mild Moderate Severe 2.7.12

Irritability

2.7.13

Lethargy

2.7.14

Sleep disturbance

2.7.15

Behavioural problems, e.g. ADHD

2.7.16

Other neurological symptoms

2.7.17 *Please specify:*

Haematological

Anaemia

2.7.19

Other haematological abnormality

2.7.20 *Please specify:*

Renal

Renal dysfunction

2.7.22 *Please specify:*

Other

Other symptoms

2.7.24 *Please specify:*

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2.8 Investigations

2.8.1 Have any investigations (apart from blood lead levels) been performed in the management of this child?	Yes	No	NK
<p>2.8.2 If yes, what investigations (apart from blood lead levels) have been undertaken? (Please tick all that apply and provide details of any abnormal results)</p> <p>Renal function <input type="checkbox"/> <i>please specify any abnormal results</i> </p> <p>Radiological investigations <input type="checkbox"/> <i>please specify any abnormal results</i> </p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 3: Exposure history

3.1 From the information currently available to you, is the likely source of lead exposure for this child known?	Yes	No	NK
<p>3.2 If yes, please could you indicate what the probable source of exposure to lead is for this child? (Please tick all that apply)</p> <p>Pica <input type="checkbox"/> Details..... </p> <p>Exposure to old leaded paint <input type="checkbox"/></p> <p>Soil exposure <input type="checkbox"/></p> <p>Domestic drinking water <input type="checkbox"/></p> <p>Cooking utensils <input type="checkbox"/></p> <p>Exposure to 'surma' / 'lead-containing traditional cosmetics' <input type="checkbox"/></p> <p>Exposure to traditional medicines <input type="checkbox"/></p> <p>Other <input type="checkbox"/> Details..... </p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<p>3.3 Are any investigations about exposure still pending?</p>	<p>Yes <input type="checkbox"/></p>		<p>No <input type="checkbox"/></p>
<p>3.4 If we needed further details on pending investigations, would you be agreeable to be contacted again in 6 months?</p>	<p>Yes <input type="checkbox"/></p>		<p>No <input type="checkbox"/></p>

Section 4: Referrals

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

If yes, which hospital?

.....

Name of clinician

.....

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

4.3 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:

.....

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

If yes, which department?

.....

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Section 5: Management

5.1 Has the child required admission to hospital? Yes No Not Known

5.2 Date of admission: / /

5.3 Date of discharge: / /
 or tick if still in hospital:

5.4 Reason for admission:

Chelation therapy	<input type="checkbox"/>
Whole bowel irrigation	<input type="checkbox"/>
Further investigation	<input type="checkbox"/>
Iron and / or Vit C therapy	<input type="checkbox"/>
Other	<input type="checkbox"/>
<i>Please give reason</i>	

5.5 If the child required chelation therapy, which chelating agent was used? *(tick all that apply)*

DMSA (succimer)	<input type="checkbox"/>
EDTA	<input type="checkbox"/>
Dimercaprol (BAL)	<input type="checkbox"/>
Penicillamine	<input type="checkbox"/>
Not known	<input type="checkbox"/>

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Section 6: Household contacts

<p>6.1 Have any members of the household been identified with elevated blood lead concentrations in the last year?</p>	<p>Yes <input type="checkbox"/></p>	<p>Please give details in question 6.2 and 6.3</p>
	<p>No <input type="checkbox"/></p>	
	<p>Not Known <input type="checkbox"/></p>	

6.2 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		

<p>6.3 For child household members with elevated blood lead concentrations in the last year, please give details in table below.</p>



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6.3 For child contacts, please give as much information you can, as we will try to match contacts with cases already reported, or 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

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	Relationship to case	Sex of household contact (pls circle)	Date of Birth	Home Post code	Reported to BPSU	Date of diagnosis (approximate if necessary)	Name and hospital of responsible clinician	Was a source of exposure identified (NK= not known)	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
5		M/F			Yes/No/NK			Yes/No/NK	 Or NK



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Thank you for completing this questionnaire.