



SALUD INFANTIL / PROGRAMA INFANTIL DE RIESGO AL PLOMO
CUESTIONARIO DE DIAGNÓSTICO DE EXPOSICIÓN AL PLOMO

Fecha de hoy

A. Para los padres: INFORMACIÓN DE RIESGO DE PLOMO

Padres: Marquen “Si” o “No” después de cada pregunta. Su profesional médico revisará con usted estas preguntas y decidirá si su niño(a) necesita una prueba de riesgo de plomo. *Nota: Algunos niños pueden tener una prueba aún si todas las respuestas son “No.”*

Preguntas de diagnóstico de plomo	Si	No	Si es sí, proporcione detalles
1. ¿Su niño(a) vive o visita a menudo casas construidas antes de 1950? Esto incluye un profesional médico, casa de la niñera o casa de un familiar.			
2. Durante los últimos 6 meses, ¿Su niño(a) ha vivido o regularmente ha visitado una casa, guardería u otro edificio construido antes de 1978 con pintado, reparación, remodelación o daño reciente o en proceso?			
3. ¿Su niño(a) ha comido pedazos de pintura, tierra o lodo?			
4. ¿Ha visto a su niño masticar superficies pintadas como alféizares?			
5. ¿Su niño(a) vive o visita a menudo casas con mini persianas de vinilo hechas antes de 1996 o mini persianas que no llevan la etiqueta de “libres de plomo”?			
6. ¿Tiene alfarería o cerámicas hecha en otros países o cristal de plomo o peltre que se usa para cocinar, almacenar o servir comidas o bebidas?			
7. ¿Su niño(a) comen golosinas importadas u otros bocadillos importados?			
8. ¿Su niño(a) alguna vez ha usado cualquier remedio tradicional, importado o casero o cosméticos como: Azarcón, Greta, Rueda, Pay-loo-ah, o Kohl?			
9. ¿Alguien en su familia ha sido diagnosticado con envenenamiento por plomo?			
10. ¿Su niño(a) tiene un hermano, hermana u otro niño que viva en casa o compañero de juegos que tiene niveles altos de plomo en su sangre?			
11. ¿Su niño(a) ha sido adoptado(a) de, vivido en o visitado un país foráneo en los últimos seis meses?			
12. ¿Su niño(a) pasa tiempo con adultos cuyo trabajo o pasatiempo involucra trabajar con plomo? (como pintar casas o remodelación; soldadura; trabajo y reparación de carrocerías; trabajo con baterías, vidrieras o cerámica; fabricación de cebos o pesas de plomo para la pesca; refundición de balas; ir a campos de tiro; cacería o pesca)			

B. For Healthcare Providers: LEAD TESTING PLANNED OR PERFORMED / EDUCATION PROVIDED

Test(s) Done	<input type="checkbox"/> None	Type (capillary or venous)	Result	Follow-up / Education Provided
Date:				
Date:				

Testing is recommended at 9-12 months of age and again at 24 months for children with Yes answers identifying a lead risk. Medicaid [requires](#) testing at 9-12 months, 24 months, and up to age 6 if not previously tested. Other programs (Refugee, Head Start) may also require lead testing.

Provider Signature _____

Child's Name: _____

Child's Chart #: _____

Child's ID #: _____

Child's Medicaid #: _____

Child's DOB: _____

Other Insurance #: _____

LABEL

Instructions for completing the DHEC 3511
Cuestionario de Diagnóstico de Exposición al Plomo (Screening Questionnaire for Lead Exposure)

PURPOSE

This questionnaire may be completed during an encounter for health services to identify common risks that would make a child more likely to have lead exposures/elevated blood lead levels. Questions are answered by, or asked of the parent/guardian. For this version, parent questions are in Spanish.

For children for whom lead testing is required (e.g., Medicaid participants, Head Start enrollees, new refugee status or newly—arrived international adoptees), the questionnaire may be used as an adjunct to testing, and may identify concerns/risks for which health education and/or referrals are needed.

The questionnaire may also be used by healthcare providers or public health staff during telephone or in-person follow-up on elevated blood lead lab reports.

For children with qualifying blood lead levels (venous 15 or greater twice in 3+ months, or a single venous level 20 or greater), the DHEC 3511 may be used by DHEC staff prior to an environmental assessment.

PROCEDURES

Section-by-Section Instructions

Top:

- Enter date when questionnaire is completed.

A. LEAD RISK INFORMATION: Completed by parent. For this version, questions are in Spanish.

- Ask parent or guardian to check Si or No or no after each question.
- Review responses to questions and educate parents about the increased risk of lead exposure for any “yes” responses.
- *If the child is at high risk of lead exposure/elevated blood lead levels, based on one or more “yes” responses, perform, or refer for blood lead screening. Note: routine blood lead screening is not performed in DHEC clinics.*

B. LEAD TESTING PLANNED OR PERFORMED / EDUCATION PROVIDED

- Document results of lead testing performed and any education provided.
- Indicate if no testing done on date when form was completed.
- The provider that reviews the form with the parent/guardian signs at the bottom of Section B.
- DHEC staff:
 - Obtain parent/guardian signature on DHEC 1623 form for referrals made.
 - Document actions and plan of care on the Continuation/Coordination Sheet (DHEC 1619).

Bottom:

- If available, affix a label containing the child’s name, patient number, date of birth, chart number, Medicaid number, other insurance information, to the space at the bottom. Otherwise, write-in these items in the space provided.

DISTRIBUTION AND RETENTION

- Offer a copy of the form to the parent as an educational tool.
- This form becomes part of the child’s medical record, and is retained per retention schedules for pediatric records.
- With a signed DHEC 1623 form, the D-3511S form may be shared with the child’s healthcare provider or other sources of care/follow-up to which the child/family may be referred.