Project ECHO: Sunflower Health Plan Case Presentation

Presentation Information

Series: Pathways to Prevention and Treatment for Youth
Session: Lead Screening
Name: Robin Hazeslip
Date: 5/14/2026

Patient Information

Gender: ☐ Male ☒ Female
Age: 8
Race:

☐ American Indian/Alaskan Native Asian	☐ Native Hawaiian/Pacific Islander	☐ Multi-racial Other
☐ Black/African American	☒ White/Caucasian	☐ Prefer not to say

Ethnicity:

☐ Hispanic/ Latino	☐ Not Hispanic/Latino	☐ Prefer not to say

Strengths and Preferences (goals, motivators, preferences, Important to the individual)

Click here to insert summary
Great Social support system: adopted by grandparents, no mention of members' mother.
In pageants, grandmother pays/enrolls her into pageants, and they travel out of town for them.
Member is very outgoing, described as a 'typical outgoing, happy 8 yr old'

Relevant Social and Trauma History (Current living situation, employment status, pertinent legal history, level of education, relationship status, children, support system, etc.)

Adopted by grandparents, has sever issues about getting blood drawn for labs 'traumatizing', Oct of 2024 grandmother started being a protective advocate for member and refusing to have the labs drawn. Member was running level in 4's at this time and had been getting blood drawn every 3 months for a long time, moved to every 6 months then grandmother refused with permission from PCP.
**It was hard on them both, grandmother for having it done to her, and member getting it done.

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Relevant Medical History (Diagnosis, conditions, etc.)	**Medication Summary** (Name, dose, frequency, route)
Referral received: CM received referral for member: Outreached by **KDHE Health Department** requesting case management for member due to ongoing elevated lead levels. (we have a primary Lead PHCM nurse at this time, but when this was assigned, we all shared getting the cases) Originally, we attempted outreach to get guardian enrolled into active complex case management, but she was unable to be reached, so outreach and f/u was made to provider office. Later, through repeated attempts (about every 90 days) members guardian, her grandmother, returned my call and communication was 'spotty' moving forward. Sometimes she would and sometimes updates were received from provider. Things changed when grandmother reached out to me, inquiring about assistance for an unrelated issue, when that conversation took place and resources provided to assist, she was more open to my calls. Through communication with provider office, it was discovered that member never showed any signs or symptoms of elevated lead level. It was discovered during a routine well child check. Level of 10, in July of 2021, was discovered and orders for it to be rechecked every 3 months. (This is typical unless numbers are critical). Following numbers were 7.6, 11.3, 9.9. 9.1, 8.8 then in 2024 it dropped to 4.5. Grandmother informed me that the levels started dropping when she stopped giving member prepackaged applesauce. It stayed in the 4's, once getting as low as 3.8, and last report was 5 in Dec of 2025. Due to member never showing adverse effects and the trauma it caused on both grandmother and member, to have labs drawn, Pediatrician agreed that member could stop lab draws and just be observed during well child checkups. The family had all the tests done of the house/home environment, for lead elevation, none were found, it passed inspections. It was thought, at one time, to be the members grandfather's job/work clothes and boots, but I was able to verify that he changed before coming home and never brought boots/clothing into the house.	This is a mild case of elevated lead level, but I wanted to give you another example of how sever it can be (asked our lead nurse case manager for an example of how bad number can be): 7/17/25- Referral was received by our lead nurse case manager, due to a high lead level of 116, member was admitted to the hospital for Chelation. This is a treatment option only for high levels as it has risk and is hard on the body. Member level dropped to 70 by discharge (5 days inpt). PCP coordinated with toxicology team at the hospital, continued 2 rounds of treatment (19 days each) at home until level dropped below 44. 10/2025- 32.9 was first venous draw that was under value to treat w chelation. With such high numbers to start and not knowing how long they had been high the body was likely depositing lead in tissues and bone making reduction a long process as the lead is pulled back into blood stream overtime so it can be expelled. This can cause fluctuation without re-exposure and increase caretakers stress and feelings of defeat but is common and expected as the body does this by natural process and there is no safe treatment used to speed up process at this time. This member is still working on reducing to 3.5 or less as this is considered within normal limits. Important takeaway is: there is NO safe levels for lead. This member is tested monthly to ensure no drastic spike indicating new exposure, but values reduce slowly at this point and is expected. Last draw 3/31/26- 34.1. Member was noted to have speech delay and difficulty managing emotions. Currently, overall member has greatly improved after initial drop and improves monthly despite values reducing slowly.

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Lab Summary (Test, result, date, etc.)	**Toxicology Summary** (Test, result, date, etc.)
Assessment & Plan **Problems** 1. Encounter for well child visit at 5 years of age Z00.129 2. Seasonal allergies J30.2 3. Elevated blood lead level R78.71 7/12/21 - venous lead level 10, repeat 3 months 11/1/21 - lead level 7.6, repeat in 6 months 6/24/22 - lead level 11.3, repeat in 3months 9/28/22 - lead level 9.9, repeat in 6months 1st reported to this cm: 8/17/23 started reaching out to provider office, their record was last drawn in June: 9.1 to be retested in 3 months which would be Aug. So I set outreach to be following when lab draws were due. 9/27/23, labs drawn in aug, results 8.8 Dec/2023: 6 May 2024: 4.5 Dec of 2024 reported: 4.8 (started refused 3 month draws and provider agreed to 6 month draws) June 2025 3.8 Dec 2025 5 Last report/last lab draw	Grandmother didn't rush to get labs drawn and when 3 months came around, she then would wait for new order to be sent to lab in their area, closer to home, and then go get it done. All this took about an additional month. I think my making outreach to provider, who would call her and/or me calling her prompted the whole process. I did provide education to grandmother and would encourage her to get the labs drawn, she would explain how traumatizing it was for member and how she has no effects of level, but would agree to get it done. HX of lead labs: Typically, we (case mgrs.) are to follow a member until results read 3.5 or lower for 3 lab draws in a row. We had to contact the pediatrician office to verify that they educated grandmother and approved the labs to stop.

Substance Use History (Substance, age of first use, age where use became problematic, longest period of sobriety, how sobriety was achieved, method of use)

na

Psychiatric History (Age of first mental health contact, past diagnosis, self-harming behavior, suicide attempts, etc.)

Na

Treatment Summary (Form of treatment, engagement in treatment, date entered, voluntary, etc.)

Click here to insert summary

Barriers to Treatment

No barriers to treatment. But there were barriers to test/labs getting done. The trauma of member having 'to be stuck' repeatedly.