

Area:	Health Services
Subject:	HS17 - Hemoglobin/Hematocrit
Reference:	1304.20(a)(1)(ii)
Policy:	Designated Health staff shall refer to child's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) schedule in making a determination of needed nutrition education/prevention or referral to child's health care provider/registered dietitian for diagnosis, treatment and follow-up care needed within 90 calendar days of child enrollment for programs operating over 90 days and within 30 calendar days of child enrollment for programs operating less than 90 days.

Procedure:

1. Every child shall have completed hemoglobin/hematocrit testing to evaluate for anemia, per each child's individual EPSDT schedule.
2. Designated Health Staff will review child physical/medical records provided by parent/guardian at time of enrollment to determine if child has received hgb/hct testing and if those results are up to date. Designated Health Staff will enter hgb/hct results and date of testing in the electronic tracking system.
3. For children without up to date hgb/hct results or who have been identified with low hemoglobin levels (**less than 11gm/dl**), Designated Health Staff will complete a Notice of Need/Exclusion form requesting:
 - hgb or hct results or
 - verification of health care follow up for low levels (e.g.: verification of iron supplementation)
4. If parent/guardian unable to provide verification of up to date hgb/hct testing, the assigned Head Start Nurse will test for anemia at the facility by taking the following steps:
 - a. Follow Universal Precaution procedures.
 - b. Seat the child comfortably (have parent hold child on lap). Ensure that the child's hand is warm so that the blood circulates freely before sampling. The child's fingers should be straight but relaxed to avoid the stasis effect, which occurs when the fingers are bent.
 - c. Use only middle finger or ring finger for sampling. Fingers with rings on should not be used. Clean the puncture site with an alcohol wipe and let it dry.
 - d. Using a rolling movement of thumb, lightly press the finger from the top knuckle towards the tip without touching the puncture site. This stimulates the flow of blood towards the sampling area.
 - e. When the thumb has reached the fingertip, maintain gentle pressure and prick the side of the tip. This causes the least pain and the best flow of blood.
 - f. Using a dry absorbent pad, wipe away the first three drops of blood to stimulate a spontaneous blood flow. If necessary, press gently again until another drop of blood appears. Avoid "milking".
 - g. Ensure that the drop of blood is big enough to fill the cuvette completely. Apply the cuvette to the middle of the blood drop.

- h. The cuvette will fill itself automatically, by capillary action. Never top up the cuvette after the first filling.
 - i. Dry off any surplus on the tip of cuvette. Ensure that no blood is sucked out of the cuvette.
 - j. Place cuvette in its holder and gently push the holder into the photometer. Reseal the cuvette container immediately after use.
 - k. Blood-hemoglobin results are displayed after 15-45 seconds. The cuvette should be analyzed immediately – ten minutes at the latest – after being filled. If a second sample is to be taken from the same site, it is important that this is done immediately after the first has been taken. Wipe away the remains of the first drop of blood and take a second sample from a second drop.
- 5. Evaluation of Results
 - a. For children that have low hemoglobin levels (**less than 11gm/dl**), Head Start Nurse will provide nutritional education and refer parent/guardian to the child's health care provider for possible iron supplementation.
 - b. If there is a secondary symptom observed (e.g.: underweight/PICA) Head Start nurse shall refer parent/guardian back to child's health care provider for care and offer a consultation with the program's Registered Dietitian.
 - c. Testing results and any referrals made by the program will be entered into the electronic tracking system.
 - d. Head Start Nurse will provide follow up services to family as needed.

Supervised by: Health Services Director

Performed by: Head Start Nurses/Registered Dietitian

Forms needed: Child Physical Report, Lab Testing Results, Electronic Dietitian Referral, Electronic Tracking Report, Family Contact Log, Parent Consent Form

Frequency: Per Child EPSDT Schedule