



0700001

PLACE LABEL HERE.
IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#

**Nuclear Medicine
NRC WRITTEN DIRECTIVE AND BASIS FOR AUTHORIZING RELEASE
FOR I-131 DOSES GREATER THAN 30 mCi**

Note: Seek guidance from NM MD or chief tech if directives or procedures are not understood.
Oral directives are not acceptable.

Patient Name: _____ **Hospital #:** _____ **Date:** _____

Radiopharmaceutical and Dose Prescribed

- I-131 for Hyperthyroidism
- I-131 for Thyroid Cancer
- I-131 for Thyroid Cancer Met
- I-131 Bexxar (After dosimetry)
- Otros _____
- Draw Bloods?** TSH Tiroglobulina B-Hcg
- Pregnancy excluded by** _____
- Patient Requires Diálisis?** (If yes, notify RSO)
- Patient Breastfeeding?** (If yes, notify RSO)
- Anyone in the household pregnant?** (Give extra instruction)

Prescription (to order but not to administer): Radiopharmaceutical, Dose, Form Route

Authorized User Signature: _____ **Date:** _____

Basis for Authorizing Release from Patient Questionnaire (pg2) verified by Authorized User according to:
 Internal Dose INCLUDED Internal Dose EXCLUDED Patient Measurements attached
 Maximum dose to a member of the general public from exposure to the patient will be less than 500 mRem

Order to Administer – Authorized User Signature: _____ **Date:** _____

- Two Patient ID Confirmations prior to Administration:**
 Full Name Date of Birth ID Band Home Address Drivers License

Patient provided with griten instructions

Doses Preparation & Administration: Lot # Calibration Date/Time
Measured Activity minus Residual Activity equals
Activity Administered

Signature-Tech administering dose: _____ Signatura-Dose Calibrator Checked: _____

Cuestionario para pacientes como base para autorizar la entrega de dosis superiores a 30 mCi de I-131

Nombre del paciente: _____ N° del hospital: _____ Fecha: _____

Determinación de los criterios de autorización del paciente

- | <u>SÍ</u> | <u>NO</u> | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Puede mantener una distancia de al menos 3 pies de los demás durante al menos 2 días. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Puede dormir solo en una habitación durante al menos la primera noche. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Evitará viajar en avión o en transporte público durante los primeros 2 días después de la terapia. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Evitará hacer un viaje prolongado en automóvil con otras personas durante al menos los 2 primeros días después de la terapia. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Podrá usar un baño sin compartirlo con otras personas durante los primeros 2 días después de la terapia. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Podrá beber una taza de líquido cada 4 horas durante los 2 primeros días después de la terapia. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Podrá vivir solo (o en una parte separada de la casa) durante al menos los 2 primeros días. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Recibirá pocas visitas de amigos y familiares durante al menos los 2 primeros días. |

Firma del paciente: _____ Fecha: _____

For NM Staff Use Only

Additional description of circumstances: _____

- A. Answers to 1-8 are all yes, occupancy factor is **0.125 and go to B**
 Answers to 1-6 are all yes but Esther 7 or 8 is no, occupancy factor is **0.25** and go to B
 Answer to any of patient questions 1-6 is no, or **additional circumstances are atypical**, the **STOP** as additional calculations and/or exposure rate measures will be necessary prior to proceeding. Use Patient-Specific Calculation Record Form to document basis for alternate calculation and consult with authorized user and Radiation Safety office (982-4911).

Questionnaire administered by (sign & print): _____

- B. **Includes internal dose contribution** Maximum dose to a member of the general public from exposure to the patient will be less than 500 mRem if the administered activity does not exceed that shown in the table below.

Purpose of Administration	Occupancy Factor	Admin. Activity (mCi)
Post Thyroidectomy for Thyroid Cancer+	0.250	178 mCi or less
	0.125	230 mCi or less
Hyperthyroidism	0.250	53 mCi or less
	0.125	89 mCi or less

[Calculations use equations and referenced tables of Volume 9 of NUREG-1556 (which supercedes Reg. Guide 8.39) on file at OEHS and Nuclear Medicine.]

If the desired dose exceeds the above table, before going to **C**; please ENSURE the patient can adhere to **all** of the other precautions to reduce the spread of radioactive iodine on the instructions to patients.

- C. **Excludes internal dose contribution** Maximum dose to a member of the general public from exposure to the patient will be less than 500 mRem if the administered activity does not exceed that shown in the table below.

Purpose of Administration	Occupancy Factor	Admin. Activity (mCi)
Post-Thyroidectomy for Thyroid Cancer+	0.250	220 mCi or less
	0.125	300 mCi or less
Hyperthyroidism	0.250	56 mCi or less
	0.125	98 mCi or less

If the desired dose exceeds the above table, STOP as additional calculations and/or exposure rate measures will be necessary prior to proceeding. Use Patient-Specific Calculation Record Form to document basis for alternate calculation and consult with authorized user and Radiation Safety office (982-4911).

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