



EMORY UNIVERSITY HOSPITAL
Nuclear Medicine

I-131 MIBG TREATMENT WORK-UP SHEET FOR RESIDENTS/FELLOWS

Resident/ Fellow: _____ Referring Physician: _____

Date: ____/____/____ Pager: _____

Patient name: _____ DOB ____/____/____

Height: _____ Weight: _____ X-ray #: _____

Pregnancy test (for all child-bearing age women): does not apply no yes on ____/____

Diagnosis: _____

CBC (____/____/____): WBC _____ Neutrophils _____ Hgb _____ Platelets _____

Renal function (____/____/____): Creatinine _____ BUN _____

LFT (____/____/____): AST _____ ALT _____ Albumin _____ Bilirubin _____

I-123 MIBG scan (____/____/____): _____

CT scan (____/____/____): _____

Summary of prior therapies (include chemotherapy regimens, surgeries and respective dates):

Written informed consent: no yes



EMORY UNIVERSITY HOSPITAL
Nuclear Medicine

I-131 MIBG TREATMENT PERMISSION FORM

Patient name: _____ DOB: ____/____/____

Date: ____/____/____ Referring Physician: _____

I hereby authorize Dr. _____ and/or such assistants as may be selected by him/her to treat the condition in the manner indicated by the diagnostic studies already performed. The treatment is intended to destroy neuroendocrine tumor cells. MIBG labeled with radioactive iodine will be the medicine for this treatment.

The procedure necessary to treat my condition has been explained to ME by Dr. _____ and I understand the procedure involves an intravenous administration of MIBG labeled with radioactive iodine. I agree to continue being followed by my referring physician for consultation and treatment and will have periodic examinations as long as deemed necessary by my personal physician.

I have been made aware to my complete satisfaction of certain risks and consequences that are associated with the procedure described above. These include:

- 1) The necessity of re-treatment as my condition requires.
- 2) Hematologic toxicities: neutropenia (low white cell counts), thrombocytopenia (low platelet counts) and anemia (low red cell counts).

Pregnancy test: positive negative Date: ____/____/____

I have been encouraged to ask questions concerning this procedure and have read the Patient Instruction Sheet for I-131 MIBG Treatment.

Witness

Patient Signature

Physician's Signature

Date



EMORY UNIVERSITY HOSPITAL
Nuclear Medicine

PATIENT INSTRUCTIONS (I-131 MIBG):

Precautions for patients receiving I-131 MIBG for neuroendocrine cancer and metastasis

General Advice

Do not spend long periods of time near other people, especially children and pregnant women, for several days after your release. A few minutes of close contact each day is all right.

Take care to not contaminate others with urine, saliva or sweat.

Do not become pregnant for at least 12 months. The risk of this treatment prior to pregnancy is low, compared to the normal risks of pregnancy.

Do not breastfeed your baby.

Specific Recommendations

For oneself: duration (after hospital discharge): ___ days.

Drink extra fluids and use the bathroom frequently.

Sucking on hard candies will help prevent sore throat and injury to your salivary glands.

Do not share food, dishes or glasses. Do not kiss anyone. Wear disposable gloves to prepare food. Discard uneaten food in sink disposal if available.

Flush the toilet several times after use. Use a separate toilet, or clean the toilet after each use if you have to share a toilet.

If you feel nauseous, please make every effort to make it to the toilet. Wash your hands frequently and shower every day. Wash your laundry separately, and use an extra rinse cycle.

With regard to partner:

Sleep alone for at least ___ day(s).

Refrain from sexual activities for at least ___ day(s).

With regard to public places: (___ days after hospital discharge)

Do not go where you may be near pregnant women or small children for long periods of time, such as theaters and restaurants or buses and planes.

Check CBC (blood) weekly for 12 weeks.

A post-therapy scan will take place 7-10 days post-injection.

Thyroid function tests will be done at 2 month intervals for 1 year.

If you have questions about your medical care, call your doctor. If you have a question about radiation exposure, call the Emory University Hospital Radiation Safety Office at (404) 712-7867 (day).

SHOW THESE INSTRUCTIONS TO ANY DOCTOR WHO ATTENDS YOU.

If you will be traveling through airports or entering high security buildings, the radioactive substance in your body might trigger the alarm systems at these locations. Be sure to carry this document with you and show it to the security personnel if needed. Ask them to call Emory Hospital Nuclear Medicine Department (404) 712-4843 for verification.