

**UNC HOSPITALS I-131 RADIOTHERAPY PATIENT SURVEY REPORT  
PATIENT DATA**

Patient Name: \_\_\_\_\_ Date of Birth.: \_\_\_\_\_ Room No.: \_\_\_\_\_

Radiotherapist: \_\_\_\_\_ NM Technologist(s)(admin&prep): \_\_\_\_\_

Bioassay Results (technologist/date/net count rate) \_\_\_\_\_  
Notify HP when net count rate exceeds 250 CPM

Administered Activity (mCi): \_\_\_\_\_ Treatment Start: \_\_\_\_\_  
Date Time

Metastatic Involvement:  Yes  No Thyroidal Uptake (%) for Determining Precaution Durations: \_\_\_\_\_  
*(assume 5% if metastatic unless determined - % uptake will be determined if thyroid CA only)*

**RADIATION SAFETY DATA – use “RECORD OF RELEASE” if Outpatient**

Surveyor: \_\_\_\_\_ Survey Date: \_\_\_\_\_ Time: \_\_\_\_\_ Notification Time: \_\_\_\_\_

Ion Chamber Used:  Fluke S/N 2774

Calibration Due:  Innovision S/N 209

\_\_\_\_\_  Victoreen S/N 3093

LOCATION	(mrem/hr, max.)	Check Once Completed	Room	Chart
1.0 meter		Nuclide & Activity		
Doorway		Date, Time Loaded		
Hallway		Survey Time, Name		
Room above/below		Exposure Rate at 1Meter		
Adjacent/Other areas		Caregiver Instructions		
		Radiation Signs		
		Housekeeping Signs		N/A

ND= “NOT DONE” - Refers to the following adjacent area surveys:  
 4701 and 4702 Anderson Pavilion, January 17, 1986  
 6W18, 6W19, 6W20, 6W21 Women’s Hospital, April 4, 2000

**DAILY SURVEYS AND DOSE RATE VERIFICATION**

DATE	1 METER (millirem/hr)	SURVEYOR INITIALS

**RESIDUAL ACTIVITY/DOSE RATE DETERMINATION**

$\frac{\text{Administration Dose Rate}}{\text{Activity Administered}} \times \text{Activity for Release} = \text{Dose Rate for Release}$
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**RELEASE CRITERIA**

Patient was released using the following criteria: <i>(check one)</i> <input type="checkbox"/> Residual Activity $\leq$ 33 millicuries. <input type="checkbox"/> Measured Dose Rate at 1 meter $\leq$ 7 millirem/hour. <input type="checkbox"/> Patient-Specific Calculations: <i>(see additional sheets)</i>
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**RECORD OF RELEASE (Escort outpatients to hospital exit)**

Surveyor: _____	Date: _____	Time: _____	NM Notification Time: _____
Ion Chamber Used: <input type="checkbox"/> Fluke S/N 2774	<b>MILLIREM/HR AT RELEASE:</b> _____		
Calibration Due: <input type="checkbox"/> Innovision S/N 209	<small>(at 1 meter)</small>		
_____ <input type="checkbox"/> Victoreen S/N 3093	<b>MILLICURIES AT RELEASE:</b> _____		

## ELIGIBILITY ASSESSMENT CHECKLIST

In order to determine the suitability of the patient for outpatient treatment with I-131, the patient must be interviewed and an objective evaluation made to determine that the patient is able and willing to comply with the restrictions noted on the patient instruction form.

Patient \_\_\_\_\_ was interviewed on \_\_\_\_\_ by \_\_\_\_\_.  
*Patient Name Date Radiation Safety Representative*

### Living Arrangements for required period of isolation: Check one.

- Lives alone  
 Lives with others (age and gender of each household member): \_\_\_\_\_

For household members, patient must be able to stay >6 feet away most of time (*caregivers may approach 3 feet up to 25% of the time*).

Special Household Situations: Check all that apply and ensure appropriate information is provided or alternate arrangements are made.

- Household member or visitor is pregnant, and the patient cannot stay at least 6 feet away all of the time  
 Household member or visitor is breastfeeding  
 Household member(s) or visitor(s) are under the age of 16, and the patient cannot stay at least 6 feet away  
 Patient is responsible for the care of an infant or young child  
 There is not sufficient space to maintain >6 feet distance from others  
 Patient unable to sleep alone during nighttime restricted period  
 Patient must share a bathroom with others

*Additional description of circumstances:* \_\_\_\_\_

### Transportation Home: Check one.

- Patient will drive alone and appears competent to do so  
 Patient plans to use private car with a driver, or taxi, or car service - the patient must sit alone in a back seat >3 feet from the driver (*describe justification for travel duration over 2 hours*)  
 Patient is limited to travel by bus, train, subway, ferry, or other public conveyance (*requires a calculation of TEDE for other individuals*)

*Additional description of circumstances:* \_\_\_\_\_

### Work and School Situation: Check one.

- Can Delay Return  Cannot Delay Return  Not in School and/or Not Working

Check all that apply and ensure appropriate information is provided or alternate arrangements are made.

- Associated with children <16 years of age and patient cannot stay >6 feet away  
 Associated with pregnant women and patient cannot stay >6 feet away  
 Food preparation for others  
 Car pooling or public transportation for periods of daytime restriction

*Additional description of circumstances:* \_\_\_\_\_

## CONSIDERATION OF HOSPITALIZATION

### Consider Inpatient Therapy for the Following Situations: Check all that apply.

- Administered activity is >300 mCi  
 Based upon the eligibility assessment, the TEDE is likely to exceed 500 mrem to a family member, caregiver, or other member of the general public (*despite written instructions*)  
 The patient is unable to comply instructions and therefore will require special planning because of:  
 Incontinence issues  
 Requires help with devices such as Foley catheters, peritoneal dialysis equipment, feeding tubes, etc.  
 Cognitive/psychiatric limitations  
 Travel/housing limitations (*hotels/motels are not recommended*)  
 Other limitations

*Additional description of circumstances:* \_\_\_\_\_

# PATIENT-SPECIFIC CALCULATIONS AND DOCUMENTATION OF RELEASE

Check one:

\_\_\_ **Meets guidelines listed below for 0.25 occupancy factor (OF):**

- Patient maintains a prudent distance (*6 feet*) from others for at least the first 2 days.
- Sleeps alone in a room for at least the first night.
- Does not travel by mass transportation for at least the first day.
- Does not travel on a prolonged auto trip (*>200 miles*) with others for at least the first 2 days.
- Have sole use of a bathroom for at least the first 2 days (*detailed instructions provided for shared bathroom*).
- Drink plenty of fluids for at least the first 2 days.

*Maximum likely TEDE = 490 mrem to any member of the public from the release of a postthyroidectomy thyroid cancer patients meeting the guidelines of 0.25 OF and administered 175 mCi\**

\_\_\_ **Meets guidelines for 0.25 OF and those listed below for 0.125 OF:**

- Lives alone (*or otherwise isolates themselves as if they lived alone*) for at least the first two days.
- Have few visits by family or friends for at least the first 2 days.

*Maximum likely TEDE = 490 mrem to any member of the public from the release of a postthyroidectomy thyroid cancer patients meeting the guidelines of 0.125 OF and administered 225 mCi\**

\_\_\_ **Meets all of the guidelines above and justification is provided for a reduced OF:**

- OF of down to 0.1 (*OF of <0.75 first 8 hours*) - (*justification based upon patient interview per Radiation Safety Subcommittee approval 4/2006*)

Justification for use of reduced OF of 0.1 and reduced OF of \_\_\_\_\_ for first 8 hours: \_\_\_\_\_

\_\_\_\_\_

**Maximum TEDE to a general public member due to the release of this patient was calculated to be \_\_\_\_\_ millirem (using equations and tables of Reg. Guide 8.39).**

**RELEASE DETERMINATION: I have interviewed the patient and determined that the patient appears:**

- able and willing** to comply with the instructions required for outpatient I-131 treatment.
- unable or unwilling** to comply with the instructions required for outpatient I-131 treatment and should therefore be hospitalized.

*Additional description of circumstances:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Signature - Radiation Safety Representative*

\_\_\_\_\_  
*Date*

**AUTHORIZATION FOR RELEASE:** *I authorize the release of the patient with the precautions listed above. The basis for this release is that the radiation exposure (total effective dose equivalent) to any other individual from the released patient is not likely to exceed 500 millirem (5 millisieverts), as required by 15A NCAC 11 .0358.*

\_\_\_\_\_  
*Signature - Authorized User*

\_\_\_\_\_  
*Date*

*\*Calculation on file at EHS. Assumptions different than those described require patient-specific calculations to demonstrate acceptable release criteria.*