

Gallagher, Carol

From: Kenneth Bennet, MD <Kbennet@emhc.org>
Sent: Monday, February 08, 2016 5:27 PM
To: Howe, Donna-Beth; 'KGBennet@yahoo.com'
Cc: Gallagher, Carol
Subject: [External_Sender] release documents for I-131 patients
Attachments: Additional Instructions for I-131 - Dr Bennet revised 5-15-15 with low iodine diet changes 2.doc; I131 RX new 12-30-2015.doc

Hi,

I was told that the NRC is collecting existing patient instructions given to patients receiving I-131 therapies. Here are the release instructions/radiation safety instructions given to our patients at Elmhurst Memorial Hospital in Elmhurst IL
Dr Bennet

11/16/2015
SOPR 170843
13

RECEIVED

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RULES AND DIRECTIVES
BRANCH
USNRC

SUNSI Review Complete
Template = ADM - 013
E-RIDS= ADM-03
Add= D-B Howe (dbh)

**Additional Instructions for Patients Receiving
More Than 30 mCi I-131**

- 1. Avoid public transportation as much as possible for 48 hours after receiving the dose of Iodine-131. Avoid going to the movies or sporting events for the first 48 hours. It is strongly recommended to avoid staying in a hotel for the next 3 days.**

- 2. The salivary glands (glands that make spit) in the cheeks and under the chin may become inflamed due to I-131 passing through them. This is called sialoadenitis. To minimize this, drink plenty of water for the next 3 days and chew on hard candy for 1-2 days starting 24 hours after receiving the I-131, and do not spit outdoors (use a sink or toilet if you want to spit). If you have swelling of the cheeks, THIS IS NOT MUMPS. Take acetaminophen (Tylenol) or ibuprofen (Motrin) according to directions on the bottle if you have pain or a lot of discomfort. This condition may last several days but will get better.**

- 3. Some patients with large thyroid remnants may have breakdown of the remaining thyroid tissue due to the I-131. This is called radiation thyroiditis. Some patients may have an excess of thyroid hormone released into the blood stream and have a small amount of hyperthyroid symptoms such as: nervousness, mild sleep difficulties, fast heart beats, irritability, increased sweating. Usually this is not a problem and these symptoms, if they occur, will be mild. If you have a pulse greater than 110 beats per minute while well rested, moderate or severe pain in the neck where the thyroid was, and/or a fever of more than 101 degrees orally, please call Dr. Bennet. The problem of radiation thyroiditis would be seen within the first two days after receiving I-131 and will not persist more than two days, usually.**

- 4. FOLLOW UP POST-TREATMENT SCAN. Please come to nuclear medicine at _____ on _____ for a follow-up scan after I-131.**

- 5. STARTING THYROID HORMONE: You will receive a prescription for synthetic thyroid hormone to start five days after**

receiving I-131 (if you don't already have such a prescription). Take your thyroid hormone every day, same time. Do not miss doses. Do not run out of thyroid hormones. Do not stop thyroid hormone unless instructed to do so by your doctor.

- 6. FOLLOWUP WITH YOUR PRIMARY CARE PHYSICIAN. Please make an appointment to see your physician in the next month unless instructed to do otherwise by your physician.**

- 7. FOLLOWUP WITH DR. BENNET: Please call Dr. Bennet at 331-221-0805 circa _____ to schedule a Thyrogen stimulated I-131 whole body scan. Do not stop taking your thyroid hormone medication.**

- 8. DIET: Please keep on the low iodine diet for the two weeks after receiving I-131. These items contain non-radioactive iodine and will cause displacement of I-131 from thyroid or thyroid cancer cells.**
 - Avoid taking any multivitamins or herbal supplements
 - Avoid fast food (the iodized bread flour they use is very high in iodine)
 - Avoid any Chinese or Asian food that contains soy sauce, soy products (e.g. tofu) or fish sauce
 - Avoid eating any fish, seafood or seaweed containing products (e.g. Nori)
 - Please refrain from taking any cough suppressants as they may contain iodine
 - Please avoid adding any iodized salt to food during cooking or eating (Kosher salt for Passover contains no iodine – avoid all other types of salt)
 - Dairy in moderation – no more than 2 servings per day

- 9. Questions: Please do not hesitate to call Dr. Bennet at 331-221-0805 with questions. If you have an emergency, go to the nearest Emergency Room and bring all your I-131 treatment documents with you. If you need to talk to a nuclear physician after usual business hours with an urgent question, please call the hospital operator at 331-221-1000 and ask to have the nuclear physician on call paged.**

These instructions were given to the patient on _____

Signature _____

**ELMHURST MEMORIAL HOSPITAL-NUCLEAR MEDICINE SECTION
PATIENT ASSESSMENT AND INSTRUCTION SHEET
IODINE-131 THERAPY**

(NOTE: THIS FORM WILL BE USED FOR ANY ADMINISTRATION OF I-131 IN EXCESS OF 7 mCi-see USNRC Regulatory Guide 8.39 dtd April 1997, table 2 page 6, and pursuant to IEMA regulation 335.2110)

Patient Assessment:

Name: _____ **DOB:** _____

Hospital number: _____

I-131 date of administration: _____ For (circle) Graves Dis. Thy. Ca.

Living Status(circle): alone group/family spouse only

Number of children 8 y/o or younger in household _____

Residence (circle): house apartment other # of bathrooms _____

Does patient speak English? Y N If no, is an English translator in household? Y N

Is patient oriented to time, person, and place? Y N

Can patient read instructions on this sheet? Y N

Occupation of patient _____

Any pregnant persons in household or immediate working environment? Y N

Comments _____

Radiologic Assessment: (As calculated by National Physics Consultants, Ltd. "NPC Patient Release Calculation" Website,

http://medexam.org/Patient_Release/PatRel2.html#uptake

The procedure is described in NUREG-1556, Vol. 9, Ver. 2, 2008 as supplied by EMH RSO Stan Buhr, 10/10/2015)

RAIU: _____ % at _____ hours **I-131 dose** _____ mCi

Assumes: initial 8 hr period divides into two periods at 8 hours

Occupancy factor first 8 hours=.75

Occupancy factor second 8 hrs to decay=.25

Total effective dose equivalent _____ mrem (limit 500 mrem)

INSTRUCTIONS TO THE PATIENT:

FAILURE TO FOLLOW THESE INSTRUCTIONS MAY AFFECT THE HEALTH OF OTHERS!

- 1. KEEP THIS SHEET IN YOUR WALLET OR PURSE FOR THE NEXT 90 DAYS, SHOW IT TO ANY GOVERNMENTAL AUTHORITY WHO ASKS FOR IT OR TO ANY DOCTOR.**
- 2. FLUSH THE TOILET TWO TIMES FOR THE NEXT _____ DAYS. WASH YOUR HANDS THOROUGHLY AFTER USING THE TOILET. IF YOU ARE RECEIVING MORE THAN 30 MILLICURIES OF I-131,**

YOU SHOULD DEDICATE A BATHROOM IN YOUR HOUSE FOR YOUR USE ALONE FOR THE NEXT 72 HOURS. MEN MUST SIT TO URINATE FOR THE NEXT 72 HOURS (AVOIDS MISSES AND SPLASHES).

- 3. SHOWER DAILY AND BEFORE ENTERING ANY SPA OR SWIMMING POOL. RINSE SHOWERSTALL OR TUB WITH PLAIN WATER AFTER SHOWERING-DO NOT USE ANY CLEANERS.**
- 4. KEEP UNDERWEAR, PAJAMAS, SHEETS/PILLOWCASES, AND OTHER CLOTHING YOU MAY SWEAT IN SEPARATE FROM THE REST OF THE FAMILY AND LAUNDRER THEM SEPERATELY DAILY OR AFTER _____ DAYS.**
- 5. STOP ANY BREASTFEEDING. AVOID CONCEIVING A CHILD FOR 9 MONTHS AFTER THIS TREATMENT.**
- 6. YOU MAY CARE FOR CHILDREN UNDER EIGHT YEARS OF AGE BUT DO NOT KEEP SUCH A CHILD AT CLOSE RANGE FOR MORE THAN 5 MINUTES. DO NOT SLEEP WITH SUCH A CHILD UNTIL THESE PRECAUTIONS END.**
- 7. IF YOU ARE RECEIVING MORE THAN 30 MILLICURIES, PLEASE SLEEP ALONE FOR 48 HOURS AFTER THIS TREATMENT.**
- 8. AVOID EXCESSIVE PHYSICIAL ACTIVITY THAT CAUSES EXTRA SWEATING. AVOID EXCESSIVE CONSUMPTION OF WINE, BEER, OR LIQUOR THAT MAY RESULT IN VOMITING.**
- 9. DO NOT SHARE EATING UTENSILS, DRINKING GLASSES, TOWELS, WASHCLOTHS, OR TOOTHBRUSHES WITH OTHERS.**
- 10. YOU MAY GO TO WORK AND ENGAGE IN OTHER ADULT ACTIVITIES AS NECESSARY. PLEASE INFORM NUCLEAR MED PHYSICIAN IF THERE IS A PREGNANT PERSON IN YOUR HOUSEHOLD OR IMMEDIATE WORKPLACE.**
- 11. FOLLOW THESE INSTRUCTIONS FOR THE NEXT _____ DAYS.**
(guide: 48 h to 20 mCi, 72 h 20-30 mCi, 5 days 30+ mCi)

Physician's Certification: I have completed the patient assessment and explained these precautions to the patient. I am professionally satisfied that the patient is likely to comply with these instructions and is suitable for release.

SIGNATURE _____ DATE/TIME _____

Patient's Certification: I have received these instructions and understand them. I will obey these instructions.

SIGNATURE _____ DATE/TIME _____