

PUBLIC SUBMISSION

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 Nuclear Request for Sodium Iodide I-131 Treatment and Patient Release Information

Comment On: NRC-2015-0020-0014
 Sodium Iodide I-131 Patient Release Information Collection; Request for Information

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@172 70843

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Submitter Information

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RECEIVED
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 RULES AND DIRECTIVES
 DIVISION
 (101-105)

General Comment

See attached file(s)

Our I-131 treatment patients are very satisfied with the information we provide them at the time of their appointment with the endocrinologist and again on the day of their treatment. They are provided phone numbers so they can contact the Nuclear Medicine and the Radiation Safety staff if they have non-medical questions during and after normal working hours and the endocrinologists do the same for medical questions. We provide them with a letter to carry in case they are stopped by Homeland Security and a wallet card in the event of a medical emergency. Our goal is to make them feel safe and to know they are released with an opportunity to ask questions any time of day.

Attachments

I131Patient instructionscurrent 1_9_15posted

I-131alarm&instruc.15posted

I131Lifestyle question-rev11_15 posted

SUNSI Review Complete
Template = ADM - 013
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Outpatient Instructions for Iodine Therapy

Patient Instructions	Number of days (Today is day 0. Day 1 is the day after your treatment)			
	1.11-3.66 GBq* (30-99 mCi)	3.7-5.55 GBq* (100-150 mCi)	5.59-7.4 GBq* (151-200 mCi)	>7.4GBq* (> 200 mCi)
Go right home. If you become sick to your stomach and vomit before you leave the hospital, stay where you are, ask for help and let staff know that you just received (swallowed) a radioactive material for therapy. If you need emergency medical treatment within one week, alert the ER workers. You will get a wallet card to carry to show them.	Discussed	Discussed	Discussed	Discussed
Limit the time you spend near others. Stay 6 feet away from others when possible. Do not go to places like the store or the movie theater.	2	3	4	5
Do not travel by plane, bus, taxi or airplane etc.	3	4	5	5
Do not take car trips with others that are longer than 2 hours.	2	3	4	5
Do not go back to your job if you work closely with others (this depends on what your job is like)	2	3	4	5
Do not be near children and pregnant women (more than 5 minutes)	3	4	5	6
Sleep in your bed alone (72 inches apart from anyone) *Do not sleep with your pet for 2 days	4	5	6	6
Suck on sour candy starting <u>24 hours</u> after treatment (Not gum)	3	3	3	3
Drink plenty of fluids and urinate often. Flush the toilet at least twice Wash your hands thoroughly after going to toilet. Use a separate bathroom if possible. Men should also sit down while urinating.	3	4	5	6
Keep your toothbrush in a plastic bag. Rinse the sink and toothbrush after use. Throw toothbrush out after 4 days.	4	4	4	4
Do you have trouble holding your urine or bowel movements?	Discussed/ N/A	Discussed/ N/A	Discussed/ N/A	Discussed/ N/A
Do not kiss anyone. Do not share items that touch your mouth or saliva (e.g. eating utensils, beverages, etc.). Use regular utensils and plates and wash them separately or use plastic utensils and paper plates. Cover the telephone mouthpiece with a cloth or saran wrap.	4	5	6	6
Do not prepare or handle food for others	2	3	4	5
Shower or bath daily. Use separate towels and washcloths.	3	4	5	6
Wash clothes separately. Hold clothing, towels & linen in a plastic bag, and wash separately – do a second rinse cycle	2	2	3	3
Avoid pregnancy or fathering a child for 6 months	Discussed/N/A	Discussed/N/A	Discussed/N/A	Discussed/N/A
If menstruating, change pads twice-normal frequency	Discussed/N/A	Discussed/N/A	Discussed/N/A	Discussed/N/A
Avoid sexual contact	4	5	6	6
Care of open wounds	Discussed/N/A	Discussed/N/A	Discussed/N/A	Discussed/N/A

*Treatment dose range

Clean any urine spills with soap and water using a tissue. **Do not use any bleach products for clean-up.** Dispose of tissues in the toilet and flush. Wash hands thoroughly.

The above points have been discussed with me and I understand them:

Patient Signature: _____ Date: _____

Witness if available: _____ Date: _____ Relationship to patient: _____

Instructor: _____ Date: _____

Based on the following:

(1) NRC Regulatory Guide 8.39

(2) Thyroid Vol.21, Number 4 "Radiation Safety in the Treatment of Patients with Thyroid Diseases by Radioiodine I-131:Practice Recommendations of the American Thyroid Association

(3) Health Physics 91(2):123-127; 2006 " Evaluation of the Potential Absorbed Doses from Patients Based on Whole-Body I-131 Clearance in Thyroid Cancer Therapy" by J. Willegaignon et.al

Revised: January 2013

Revised: January 2015

(A) Radiation Safety Instructions for Patients and Family treated with ¹³¹I
Carry this letter for 3 months following your treatment

You or a member of your family has been given Radioactive Iodine (¹³¹I). Your body will get rid of iodine 131 in large amounts during the next (2) days primarily in your urine and a smaller amount in your saliva. As a result of this process, your urine and saliva will be radioactive. It is helpful to drink extra fluids (at least 64 oz. a day). Because of this radioactivity, it is important that you make the attached temporary changes in your behavior. This will limit the radiation exposure to both you and those people with which you may live and/or work. The basic point to remember is that you, as the patient need the radiation, others don't. Although it is a rare occurrence, **if you vomit within 4 hours of the administration of your treatment, you must notify the Radiation Safety Officer as soon as possible for instructions.**

You must not breastfeed; a portion of the radioactive material will appear in your breast milk. If you continue to breast feed, your child will receive unnecessary radiation exposure and potential damage to his/her thyroid gland. Except for breast-feeding, the risk associated with this exposure is very small if the attached instructions are followed. Also, time and distance are important concepts to remember.

- **Time:** the less time you spend around others, the less radiation exposure they will receive
- **Distance:** the greater the distance you are from others, the less radiation they will receive.

Use both of these and treat others as if you had the flu.

(B) Patient Information About Potential Radiation Monitoring Devices

Because of increased national security concerns, government agencies have placed radiation detection devices around the country to detect possible sources of radiation, which are not under proper control. You have received as a part of your therapy a quantity of radioactive material that may remain in your body long enough to be detected by such a radiation detection device. For those who have received radioactive material for therapy, the material in your body is not sufficient to cause harm to others as long as you follow the instructions provided to you. You do need to be aware that you may trigger one of these radiation detection devices, which are extremely sensitive to low levels of radiation.

We are providing this information form to you in the event that you should trigger one of these devices and be questioned by government authorities.

Patient Name: _____

Date of Procedure: _____ Name of Procedure: _____

Radionuclide: Iodine 131 Half-life: 8.02 days

Administered activity: _____

24-Hour Contact Information:

Daytime: Nuclear Medicine Department (215) _____

Radiation Safety Officer: Page through the Hospital Operator (215) _____

Rev: March 2009

Rev: 2012

Revised: January 2015

Life-Style Questionnaire for Patients Who May Need to be Treated with Radioactive Iodine I-131

This information will help us assure your caregivers and other household members are safe.

1. Number of individuals living with you (the patient) in your household:

_____ Adults _____ Children

A. If you indicated that you have children living in your household, please indicate the number of children in the following categories:

_____ age less than 2 years

_____ age between 2 and 6 years

_____ age between 6 and 18 years

B. Are the children away from home for at least 6 hours/day (i.e. school, day care) ?

___ Yes ___ No

2. Please answer the following questions:

___ Yes ___ No Do you have someone who will drive you home after you receive your treatment if you are unable to drive yourself?

___ Yes ___ No Will your ride home be less than 2 hours if traveling with someone else?

___ Yes ___ No Will you have exclusive use of a bathroom for the first 2 days home?

___ Yes ___ No Can you arrange to sleep in a room by yourself for **at least** 1 night?

___ Yes ___ No Can you remain home for **at least** 2 days?

___ Yes ___ No Can you remain safe distances (> 6 feet) from others for 2 days?

___ Yes ___ No Do you live with or have extended contact with a pregnant individual?

___ Yes ___ No Do you lack bladder or bowel control?

___ Yes ___ No Do you require extensive home care?

___ Yes ___ No Do you have a place to stay if necessary other than a hotel (i.e. family member or friend)? Where? _____

___ Yes ___ No Are you currently employed? If yes, what type of work do you do? _____

If you have any concerns about the information asked on this questionnaire please contact the Radiation Safety Department staff as soon as possible so they can help resolve any issues before your treatment. They can be reached during normal working hour at (215) _____.

Patient Signature: _____ Reviewer's Signature: _____

Form adopted:3/10
 Reviewed: 8/12
 Reviewed: January 2015
 Revised: October 2015
 Revised: November 2015