

Gallagher, Carol

Subject: FW: RE: Opportunity to provide information on I-131 Patient Release Topics
Attachments: STANDARD OPERATING PROCEDURE F-RS-1 _Outpatient.doc; Dr Van_ Procedure Outpatient.doc; Form 0.48 Out Patient_1-25-10.doc; Outpatient_ Questionnaire_Modified_July15_2015.docx; Patient Instructions.doc

From: Van.Nostrand, Douglas [mailto:Douglas.Van.Nostrand@medstar.net]
Sent: Monday, February 08, 2016 1:35 PM
To: Howe, Donna-Beth <Donna-Beth.Howe@nrc.gov>
Subject: [External_Sender] RE: Opportunity to provide information on I-131 Patient Release Topics

Donna-Beth:

Here goes.

Attached are five documents.

41

11/16/2015

80FR 70843

Also, please give me your address, and I will send a copy of our patient instruction booklet (no e-copy) specific to our institution as well as a copy of our published book entitled "Thyroid Cancer: A Guide for Patients," which we distribute free to all patients (for whom some give a donation).

All of these materials are becoming older and need refreshing, which I believe the team will be doing this year. I also plan on doing the 3rd edition of the book entitled "Thyroid Cancer: A Guide for Patients" in the latter part of this year.

I hope this helpful.

Dr. Van

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

From: Howe, Donna-Beth [mailto:Donna-Beth.Howe@nrc.gov]
Sent: Friday, February 05, 2016 5:00 PM
To: Van.Nostrand, Douglas
Subject: RE: Opportunity to provide information on I-131 Patient Release Topics

Dr. Van Nostrand,

I contacted you last year to participate in NRC's OMB clearance application to collect information on Sodium I-131 Patient Release topics. NRC appreciates your comments on the OMB clearance efforts. We received the clearance and published the Federal Register Notice asking for information on November 16, 2015. I have attached a copy of the Federal Register Notice for your information.

Although the information collection period officially ends on February 16, 2016, we can still consider information submitted after this date.

The focus of this information gathering effort is to obtain: information that patients believe will help them understand the I-131 (also referred to as Radioactive Iodine (RAI)) treatment procedures, the physician's or licensee's/permittee's best practices when making informed decisions on releasing RAI treatment patients, and information provided to patients on how to reduce radiation doses to others.

The FRN discusses the four main information collection topics:

- A. Web Site Information;
- B. Patient/Licensee Acknowledgement Form and Best Practices in Making Informed Decisions on Releasing Patients Treated With I-131 Based on Radiation Exposure Considerations;
- C. Guidance for Released Patients; and
- D. Brochure for Nationwide Use.

Each topic includes a discussion of the kind of information NRC hopes to collect. Suggested topics and questions are intended to be general and open ended so that NRC can obtain the best possible information. NRC is asking responders to provide information based on their own experiences and is not asking anyone to perform research or develop new products. The FRN provides instructions on how to submit the requested information to the NRC and that it should be submitted by February 16, 2016.

As a representative of a large medical facility, NRC is particularly interested in hearing from large practices with diverse patient situations and in receiving information on web sites that provide patients with good medical information on hyperthyroid and thyroid carcinoma treatment concerns.

I hope you and your institution will consider participating in this information collection effort. Participation is voluntary.

If you have any questions don't hesitate to call me at (301) 415-7848

Donna-Beth Howe, Ph.D.
U.S. Nuclear Regulatory Commission

STANDARD OPERATING PROCEDURE F-RS-1

Release and Instruction of Patients Administered Radioactive Material

Applicability: This procedure describes the activities to be performed to determine that a patient administered radioactive material may be released from the hospital and whether written instructions are required prior to release. Department of Radiation Safety staff will follow this procedure before informing the Department of Nuclear Medicine that a patient may be released.

SCOPE: THIS PROCEDURE SUPPORTS IMPLEMENTATION OF THE RADIATION SAFETY MANUAL, APPENDIX F, "PROCEDURES FOR THERAPEUTIC USE OF RADIOPHARMACEUTICALS."

Frequency: Each time a patient is administered a radiopharmaceutical dosage in excess of the quantity of radioactive material listed in Column 1, Table U.1 of NUREG 1556, Volume 9, Rev. 2, January 2008.

1. The Radiation Safety Department liaison for Nuclear Medicine will check each day to determine if patients are scheduled to be administered a radiopharmaceutical dosage in excess of the quantity of radioactive material listed in Column 1, Table U.1 of NUREG 1556, Volume 9, Rev. 2, January 2008.
 - (a) For Iodine-131 In patients:
 - i) The liaison will determine if the patient has completed a questionnaire for Iodine -131 patients (Exhibit 1).
 - (1) If a questionnaire has not been completed:
 - (a) The liaison will inform the Nuclear Medicine Physician that the patient will be released only if the radiation level at one meter from the patient is 7 millirem/hour or less.
 - (b) Instruct the staff making measurements to use the form "PATIENT RADIATION SURVEYS" (Exhibit 2) to document that the measured dose rate was equal to or less than 7 millirem/hour at 1 meter.
 - (2) If a questionnaire has been completed:
 - (a) The Nuclear Medicine liaison (or other designated Radiation Safety staff) will complete the worksheet (Exhibit 3) to determine whether a patient may be released with a higher dose rate than 7 millirem/hour at 1 meter.
 - (b) The Health Physics Technicians or other Radiation Safety staff assigned to prepare the room(s) and make patient measurements will use the form "PATIENT RADIATION SURVEYS" (Exhibit 2) to document that the measured dose rate was equal to or less than the dose rate determined on the worksheet.
 - ii) The liaison will inform the Director of Radiation Safety whether rooms need to be prepared for an administration.
 - iii) The Director of Radiation Safety will assign Health Physics Technicians or other Radiation Safety staff to prepare the room(s).
 - (b) For Iodine -131 Outpatient
 - i) Nuclear Medicine will provide Outpatient early release questionnaire to Nuclear Medicine liaison within 48 hours prior to scheduled treatment date.
 - ii) Nuclear Medicine Physician will provide to the liaison the patient's thyroid uptake percentage 24 hours prior to the treatment date.
 - iii) The Liaison will arrange for the Thyroid Suite to be prepared for the patient's arrival .
 - iv) The patient will be under observation for 3-4 hours before released by Radiation Safety.

- (c) For patients receiving radiopharmaceuticals other than Sodium Iodide-131 in excess of the quantity of radioactive material listed in Column 1, Table U.1:
 - i) The liaison will inform the Director of Radiation Safety.
 - ii) The Director of Radiation Safety will review the requirements in NUREG 1556, Volume 9, Rev. 2.
 - iii) The Director of Radiation Safety will assign Health Physics Technicians or other Radiation Safety staff to prepare the room(s).
 - iv) The Director of Radiation Safety will complete the worksheet (Exhibit 3) to determine when a patient may be released and the surveys required.

2. **Instructions, including written instructions, are required:**

- (a) For patients receiving iodine-131:
 - i) If a woman is of childbearing age, instruction is required at any dosage. She is to be instructed to cease breast-feeding and informed of the consequences of failing to cease breast-feeding.
 - ii) If the administered dosage exceeds 7 millicuries or the dose rate at 1 meter exceeds 2 millirem per hour.
 - iii) **A record that instruction was given must be kept for 3 years in the patient's Medical Record.** For hospitalized patient, indicate on the form "PATIENT RADIATION SURVEYS" (Exhibit 2) the name of the individual who provided the written instructions to the patient.
- (b) For patients receiving a radiopharmaceutical other than iodine-131:
 - i) If a woman is of childbearing age, instruction is required if the dosage exceeds the values in Column 1, Table U.3, NUREG 1556, Volume 9, Rev 2. She is to be instructed to cease breast-feeding for a time period specified by the Nuclear Medicine physician acting as the authorized user for the administration. The woman must be informed that failing to cease breast-feeding will harm her child.
 - ii) The administered dosage exceeds the values in Column 1, Table U.2, NUREG, Volume 9 Rev.2 or the dose rate at 1 meter exceeds the values in Column 2, Table U.2.
 - iii) **A record that instruction was given must be kept for 3 years if the dosage exceeds the values in Column 2, Table U.3, NUREG 1556 Vol. 9 Rev.2.** For hospitalized patient, indicate on the form "PATIENT RADIATION SURVEYS" (Exhibit 2) the name of the individual who provided the written instructions to the patient.
- (c) Instructions should be given by the Division of Nuclear Medicine.

3. **Records** of the basis for patient release are required when:

- (a) The administered dosage of iodine-131 exceeds 33 millicuries.
- (b) The administered dosage of a radiopharmaceutical other than iodine-131 exceeds the value listed in Column 1, Table U.1, NUREG 1556 Vol. 9 Rev.2.
- (c) A record of the survey performed when the patient is released after receiving iodine-131 is a sufficient record if the dose rate does not exceed 7 mrem/hour at 1 meter.
- (d) A record of the survey performed when the patient is released after receiving a radiopharmaceutical other than iodine-131 is a sufficient record if the dose rate does not exceed the value listed in Column 2, Table U.1, NUREG 1556 Vol. 9 Rev. 2.
- (e) For all other instances requiring a record, the work sheet used [Exhibit 3] to determine the acceptable dose rate at 1 meter must be included with the patient release survey.

OUTPATIENT I-131 RADIOPHARMACEUTICAL THERAPY

Patient Name: _____ Room No: _____

Radionuclide: _____ Activity: _____

Date and Time of Administration: _____

Dosing Technologist: _____

- A - _____ Bedside with patient supine (highest value)
- B - _____ 1 meter from umbilicus with patient standing
- C - _____ * Doorway at waist level
- D - _____ * Wall Thyroid Patient Waiting Room
- E - _____ * Entry to Thyroid Suite
- F - _____ * Main Corridor (highest value)
- G - _____ * Corridor Near Nuclear Medicine Break room

(All readings are in mR/hr)

*Levels in unrestricted area must be less than 2 millirem in an hour. If not, bring a portable shield and instruct the patient to remain behind the shield.

Instrument Used: _____ Date of Last Calibration _____

Surveyed by: _____ Date: _____

Time of Release _____

_____ mR/hr _____ Reading @ 1 meter from umbilicus with patient standing

Released by: _____

Instrument Used: _____ Date of Last Calibration _____

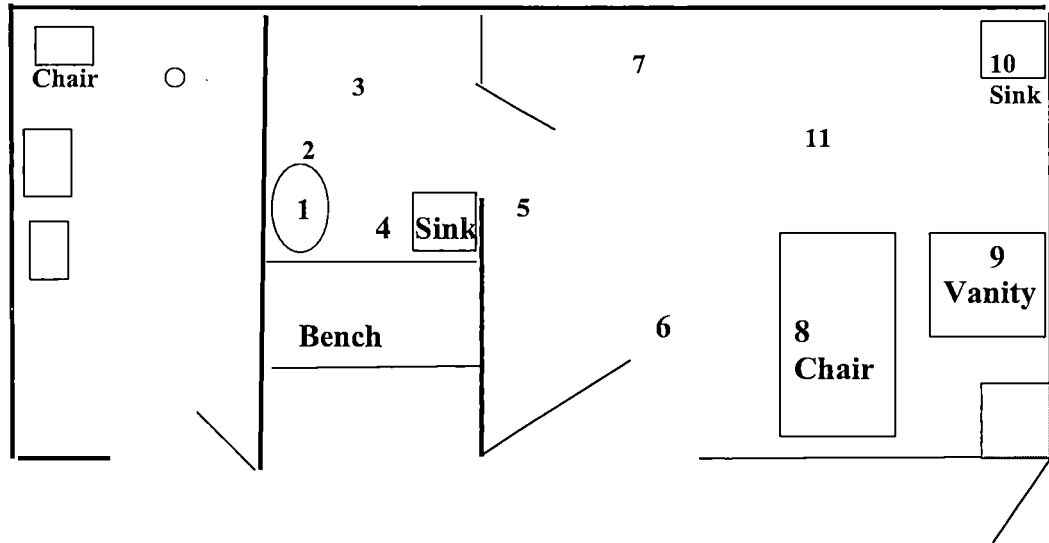
OUTPATIENT I-131 RADIOPHARMACEUTICAL THERAPY

Patient Name: _____ Room No: _____

Date Surveyed _____ Surveyor: _____

Another I-131 therapy patient today? _____

If yes, survey and clean but leave room posted and restricted unless decontaminated below 200 dpm/100 cm².



	Wipe Test Results		Radiation Levels mrem/hr. †	Re-wipe Results [if needed]	
	CPM	DPM*		CPM	DPM
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____

* Clean and re-wipe if ≥ 2000 dpm/100 cm²

† Clean and re-survey if fixed contamination ≥ 1 mrem/hr at 1 cm from contact

Wipe Counting Instrument _____ Background: CPM _____ DPM _____

Survey Instrument Model /Serial _____

Background: mrem/hr _____ Date of Last Calibration _____

Linens and disposable items: Surveyed and released? _____ Held for decay? _____

**GENERAL SAFETY GUIDELINES FOR OUTPATIENTS
RECEIVING MORE THAN 33 mCi OF RADIOIODINE FOR THYROID CARCINOMA**

Your dose of radioiodine will help you but other people should not be unnecessarily exposed to radiation. Below are some suggestions that will help you keep such exposures to others as low as possible.

DURING FIRST FIVE (5) DAYS AFTER DISCHARGE PRACTICE THE FOLLOWING THREE BASIC PRINCIPLES:

TIME & DISTANCE

- ▶ The radiation exposure given to your family, friends, and caregivers depends on how long you stay close to them and how close you are to them. A few feet can make a big difference. So, minimize prolonged close contact (*more than 1 hour at less than 5 feet*) with any individual.

For example:

- Do not sleep in same bed as your spouse or significant other.
- Do not take public transportation for three days
- Do not take a trip requiring more than two hours of travel time while sitting next to someone, such as planes, trains, and automobiles.
- Avoid public places.
- Do not return to work and/or school

HYGIENE

- ▶ Proper hygiene decreases the likelihood that others who may be close to you will be exposed to any of your body fluids. Good toilet hygiene and thorough hand washing are essential to reduce the possibility of exposure to others.

For example:

- Avoid kissing and sexual intercourse
- Wash eating utensils and clothes separately
- Avoid contamination with urine and flush the toilet 2/3 times after using it. (Men should sit down when urinating)
- Clean restroom before allowing others to use it.
- Wash hands twice
- Bathe and shower frequently
- Use individual towels and washcloths
- Do not prepare food for others
- If vomiting occurs within first 4 hours after discharge, contact physician at (202) 877-5315.

WITH REGARDS TO CHILDREN LESS THAN TWO YEARS OF AGE AND PREGNANT WOMEN

- ▶ Practice all of the above basic principles of time, distance, and hygiene for **EIGHT (8) DAYS**.

For example:

- Children must sleep in a separate room

If you are pregnant, or think you could be, tell your doctor because this treatment should not be given during pregnancy. Also, if you are planning to become pregnant, consult with your doctor who can advise you on how long you should wait after treatment.

Nursing mothers MUST stop breast-feeding their baby as the iodine is secreted in breast milk and would damage the child's thyroid gland.

OTHER GENERAL INFORMATION:

- It is important that you drink plenty of liquid such as water or juice after the treatment. This makes you urinate more frequently and helps the extra radioiodine to leave your body more rapidly, thus lowering the amount of radioiodine remaining in your body. You may be advised to suck on sour candies after treatment to help the radioactive iodine come out in your saliva.
- Wear slippers or socks at all times.
- You may launder separately bedding and clothes used in the first 4 days after treatment.
- You may spend as much time as you like at 4 meters (~ 13 feet) from other people.
- Eat prepared food or prepare your own food separately from the people in your home.
- If you feel sick to your stomach, take an anti-nausea medication such as prescribed by your physician.
- If you do not have a bowel movement within the first 24 hours after treatment, take a mild laxative, such as milk of magnesia.
- Hold any possibly contaminated trash for at least three-four weeks after the treatment before you dispose off. Place the waste in plastic bag and keep it away from others. You may store it in a garage.

EMERGENCY INFORMATION:

- ▶ Although there is a risk when others are exposed to radioactive material, however the potential risk from the brief radiation exposure could be minimal compared to risk of not addressing Emergency Medical needs. Please consider the following:
 - If you vomit or spill urine at home in the first 3 days after having radioactive iodine, you (and not one of your family members) should clean up the spill. Make sure you use disposable gloves to clean the spill. Please also contact Nuclear Medicine Physician Assistant, Shari Moreau, ph: 202-877-0731.
 - In the event of a life and death situation within the first 3 days, do not delay life saving measures. If there is a fire, evacuate the home. After the situation is under control, contact Nuclear Medicine.
 - In the event of death of a person who has received radioactive iodine, contact Nuclear Medicine as soon as possible. Appropriate arrangements can be made to keep radiation exposure low.
 - Any additional questions regarding restrictions for work or personal lifestyle should be directed to your Nuclear Medicine physician.

Nuclear Medicine In-patient and Outpatient I-131 Radioiodine Therapy Policy

The following is the policy for the Division of Nuclear Medicine, Washington Hospital Center regarding which patients may/must be treated as an in-patient or outpatient for I-131 therapies effective 1 February 2010.

This policy is in accordance with NUREG-1556, Vol.9, Rev.2, January 2008; NRC Regulatory issue summary 2008-07: Dose limit for a patient release under 10 CFR 35.75; NRC Information notice 2003-22, Supplement 1, July 29, 2009. regulations.

Inpatient I-131 therapies

1. If a referring physician requests that his/her patient with differentiated thyroid cancer receive his/her I-131 therapy as an inpatient, then the patient will be treated as an in-patient. However, all other rules and regulations of Washington Hospital Center must be followed such as clearance from the Division of Central Financial Clearance.

Out-patient I-131 therapies

2. If a referring physician requests that his/her patient with differentiated thyroid cancer cells receive an outpatient I-131 therapy, then the policy will be as follows:
 - a. **Prescribed activity* to and including 150 mCi (5.55 GBq):**
 - i. An "Outpatient Release Questionnaire (ORQ)" will be sent out with the Washington Hospital Center thyroid cancer manual to the patient, and the patient will be instructed to return the completed ORQ immediately.
 - ii. The patient must complete the "Outpatient Release Questionnaire" (Attached).
 - iii. The patient must answer "yes" to all questions 3 through 9 on the "Outpatient Release Questionnaire" and sign the ORQ that s/he will comply with all of the radiation safety instructions.

- iv. The patient must sign that he/she will comply with all of the radiation safety instructions listed in the "Outpatient Release Questionnaire."
- v. The Nuclear Medicine physician must agree that in his/her opinion the patient is able to comply and will most likely comply with the instructions. If the Nuclear Medicine physician believes for any reason that the patient may not comply with any of the instructions, the Nuclear Medicine physician may require that that patient be admitted to the hospital for the I-131 therapy, and this is regardless of whether the patient met all of the other requirements for an outpatient I-131 therapy on the "Early Release Form."
- vi. The patient must have a radioiodine uptake in the thyroid bed of 5% or less. If the patient has an uptake of more than 5% and not greater than 10%, then the prescribed activity of I-131 may not routinely exceed the following prescribed activities in Table I below.

Table I

% uptake in the thyroid bed	Maximum I-131 prescribed activity
>5% to 6%	No more than 140 mCi (5.18GBq)
>6% to 7%	No more than 130 mCi (4.81GBq)
>7% to 8%	No more than 120 mCi (4.44GBq)
>8% to 9%	No more than 110 mCi (4.07GBq)
>9 % to 10%	No more than 100 mCi (3.70 GBq)

If any patient has a radioiodine uptake in the thyroid bed of greater than 10% or the referring physician desires to prescribe activity higher than that allowed in Table 1, then this must be discussed and approved by the treating nuclear medicine physician and radiation safety officer or designee.

Because these patients are not routinely scheduled on the "hospital admission schedule," they do not have a bed reserved or may not have obtained authorization for hospitalization from their insurance. As a result, the admission to the hospital may require postponement of the therapy for one to several days in order to obtain an inpatient bed.

- vii. Outpatient I-131 therapies will only be administered in the specially designed therapy room located in the Nuclear Medicine Division.
 - viii. Patients will be confined for observation for 3.5 to 4 hours in the Nuclear Medicine therapy room before release from our facility.
 - ix. I-131 therapy administrations will typically be scheduled at either 8:00 a.m. or 2:00 p.m. Monday through Thursday, and 8:00 a.m. on Friday. Any other times would have to be coordinated with the Radiation Safety Tech supporting the Division of Nuclear Medicine.
- b. **Prescribed activity from 150 (5.55 GBq) up to 200 mCi (7.4 GBq):**
- i. If a referring physician requests that his/her patient receive an outpatient I-131 radioiodine therapy for differentiated thyroid cancer with a prescribed activity of I-131 of more than 150 mCi (5.55 GBq) to 200 mCi (7.4 GBq), then the Radiation Safety Department of Washington Hospital Center will have to evaluate each patient on an individual basis.
- c. **Prescribed activity over 200 mCi (7.4 GBq):**
- i. Under no circumstances will a patient be treated as an outpatient with a prescribed activity of I-131 of more than 200 mCi (7.4 GBq). Any such prescribed activity will require that that patient be admitted to the hospital.

3. Scheduling of patients

- a. In-patients:
 - i. In-patients will be scheduled according to the standard protocol for the Division of Nuclear Medicine, which includes listing the patient on the "hospital admission schedule."
- b. Out-patients
 - i. **Prescribed activity up to and including 150 mCi (5.55 GBq):**
 - 1. Out-patients will be scheduled for scan, uptake, and I-131 outpatient therapy. The latter will be placed on the schedule for the Nuclear Medicine therapy room.

These patients will not be scheduled on the "hospital admission schedule."

ii. **Prescribed activity from 150 (5.55 GBq) up to 200 mCi (7.4 GBq):**

1. Patients will be referred to the Department of Radiation Safety.

c. **Prescribed activity over 200 mCi (7.4 GBq):**

- i. The scheduling individual will notify the referring physician that the patient must be admitted to the hospital, and if desired, the scheduling individual may transfer the referring physician to the Nuclear Medicine physician.

4. **Consent, compliance, and HIPPA statements:**

- a. The patient must sign standard informed consents for all I-131 treatment.
- b. If the treatment being performed is on an out-patient basis, then as noted above, the patient must sign that he/she will comply with all radiation safety instructions in the "Outpatient Release Questionnaire."
- c. The treating physician or support technologist shall encourage the patient to sign a HIPPA release form that will allow a staff of the Washington Hospital Center to release the information listed in Table 2 below to any individual who claims to be a security officer such as at an airport, roadway tunnel, and/or border crossing.

Table 2

PHI Information to be Released

-
- The type of radioactivity,
 - The amount of radioactivity,
 - The route of administration,
 - The date of administration of that radioactivity,
 - The name of the treating nuclear medicine physician, and
 - The name of our facility.
-

5. **Release documents:** The treating Nuclear Medicine physician must assure that the patient departs with the following documents:

- a. Statement signed by the treating Nuclear Medicine physician that includes the list of items in Table 2 above as well as a telephone number to call to verify the above data.
 - b. Written instructions that shall include radiation safety precautions to follow, the time period for complying with these instructions, and a name and telephone number to call for any questions.
6. **Medications:** The treating Nuclear Medicine physician must assure that the patient departs with the following medications and/or instructions for medications:
- a. If the patient is currently off his/ her thyroid hormone, then re-initiation of thyroid hormone per the instructions of the referring endocrinologist.
 - b. The treating nuclear medicine physician is encouraged to prescribe:
 - i. An antiemetic drug for prophylactic purposes at the same time as the administration of the I-131. (e.g. Zofran one 8 mg tab orally just prior to administration of I-131).
 - ii. Dicolax 2 tabs, which the patient should take on the evening of the day that I-131 was administered.
(Note: Antiemetics and Dicolax will be stocked in the Nuclear Medicine radiopharmacy.)
7. **Follow-up:** The treating Nuclear Medicine physician must assure that the patient has received both oral and written instructions regarding:
- a. Time, location, and expectations for post-therapy scan,
 - b. Follow up appointment with referring endocrinologist, and
 - c. The name and telephone number of whom to contact regarding questions or concerns.

Douglas Van Nostrand, MD
Director, Division of Nuclear Medicine
Washington Hospital Center

*Note that prescribed activity represents the activity of I-131 prescribed for the nuclear medicine physician. The radiopharmacy may deliver more or less within 10% and this will not affect the plan for the outpatient therapy.

Ver: 12-17-09



Form for Treatment as a Potential Outpatient

Please read, complete, and sign this form at the time you are scheduled for an Outpatient I-131 therapy.

The Nuclear Regulatory Commission has concluded that the radioactive iodine that you receive for therapeutic purposes will cause only small radiation exposures to others if you are released from the hospital in accordance with Nuclear Regulatory Commission guidelines. Special precautions are required for women patients nursing infants or small children. Exposures occur mainly if other people remain close to you (less than 3 feet) for long periods of time (at least one hour) during the first few days after you leave the hospital.

In order to be considered for a treatment with I-131 as an outpatient, you must complete the following questionnaire and fax (202-877-6601) or mail to Shari Moreau (Division of Nuclear Medicine, Medstar Wash. Hosp. Center, 110 Irving Street, N.W., Washington, D.C. 20010) or bring the completed form with you to your first visit with the nuclear medicine physician.

1. (a) Are you a woman nursing a small child or infant? Yes No

NOTE: Nursing an infant or small child after receiving radioactive iodine will transfer the radioactive iodine from the mother to the child through the milk. Radioactive iodine ingested by the child will expose the thyroid of the child to potentially harmful levels of radiation. Lifelong medication may be required to prevent serious effects both mentally and physically if the child's thyroid receives a high dose of radiation. **If you are nursing a child, inform Nuclear Medicine personnel, and we must reschedule your administration at a later date after you have permanently ceased nursing this child.**

- (b) Do you have a small child or infant in the house? Yes No

If yes, briefly explain circumstances: _____

2. Did you have another I-131 therapy in the past 12 months? Yes ___ No ___
3. Will you live alone for first three days? Yes ___ No _____. If not, please list the family members that will stay with you where you will be lodging and following the radiation safety instructions. Also, explain your living arrangements.

Relationship	Age	Living Arrangements
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Will you take care of yourself except for brief visits and not be in the same room with another person for more than three hours total during each of the first three days?

Yes ___ No ___

If no, briefly explain circumstances: _____

5. Will you be able to maintain distance from other people, including:

- Sleeping alone for at least three nights (recommended 5 nights)?
 Yes ___ No ___
- Avoiding kissing and sexual intercourse for at least 5 days? Yes ___ No ___
- Staying at least 5 feet away from people if you will be involved with them for more than an hour a day in the first 5 days? Yes ___ No ___

If no to any of the above, please briefly explain circumstances:

6. Will you not travel by airplane or mass transit for the first two days?

Yes ____ No ____

If no, briefly explain circumstances: _____

7. Will you avoid prolonged (> 2 hours) travel in an automobile with others for at least the first three days? Yes ____ No ____

If no, briefly explain circumstances: _____

8. Will you have sole use of a bathroom for at least three days? Yes ____ No ____

If no, briefly explain circumstances: _____

9. Will you not get pregnant within the next 12 months after your treatment ?

Yes ____ No ____

I have read these guidelines, understand the instructions, and agree to strictly comply with my answers to questions 3 through 9. [Note: If you cannot manage at home and comply with your answers above, it may be necessary for you to be admitted to the hospital for your I-131 therapy.]

Signature: _____ **Date:** _____

(The patient or other person in accordance with Standard Practice 583.05, "Informed Consent")