

RULES AND DIRECTIVES
BRANCH
USNRC

As of: 6/23/17 10:13 AM
Received: June 22, 2017
Status: Pending_Post
Tracking No. 1k1-8x3u-cmti
Comments Due: June 27, 2017
Submission Type: Web

PUBLIC SUBMISSION

2017
JUN 23 AM 10: 32

RECEIVED

Docket: NRC-2017-0094
Patient Release Program

Comment On: NRC-2017-0094-0004
Patient Release Program; Extension of Comment Period

Document: NRC-2017-0094-DRAFT-0066
Comment on FR Doc # 2017-11027

4/11/2017
82 FR 17465

Submitter Information

80

Name: Elaine Esler

General Comment

Hello,

As a registered nurse caring for inpatients at a large University Medical Center, I am compelled to respond to the discussion about Patient Release Criteria that is now before the NRC.

Our team sees well over a hundred patients a year for thyroid therapy, both for thyroid cancer and hyperthyroidism. They are hyper vigilant when vetting patients for treatment either as an inpatient or outpatient. They take into consideration the patients' living situation (housing), people or family in close proximity, children or pregnant women in the vicinity, their ability to follow directions and their ability to understand the strict criteria they are given. If they have any concerns, they will not proceed with an outpatient treatment. They work closely with the endocrinologists and their team to provide information about restrictions well in advance of their therapies. They are always available to speak with patients or their families should there be any questions about their restrictions or if there are patient specific concerns. Our typical discussion with patients spans anywhere from one to two hours related specifically to Radiation Safety.

They currently need to treat approximately 20% of our patients as inpatients in the hospital. This means that 80% of our patients, with extensive training, are able to be treated as outpatients. If that ratio changes, more patients would require one of only two lead lined rooms in the hospital that is already at census capacity.

There would be a definite change in caring for these patients:

If 50-80 patients more patients a year required inpatient treatment, there would be a significant delay in room availability and therefore a delay in therapy. This would create a serious issue for patients that medically require urgent treatments.

If 50-80 patients more patients a year required inpatient treatment, the time required for two staff members to prepare and clear a room for a radiation patient is more than 8 hours for each patient

If 50-80 patients more patients a year required inpatient treatment, the time required to admit and discharge

SUNSI Review Complete
Memphis = ADA-013

ERES = ADA-03
Call = DB Home (DBH)

patients would significantly increase for the following specialities:

- o Health Physicist
- o Dietary Staff for Low-Iodine Diets
- o Physician Admission Team
- o Nursing Admission Team

There would be a severe impact to the workload of the highly trained nursing staff that are needed to care for patients that are medically well and do not need the specialized care. This would also impact the radiation exposure for myself and my nursing coworkers that would need to care for more radiation patients. This is certainly not part of an ALARA program.

The financial impact would also be considerable as the daily room rate for these rooms is approximately \$ 10,000 and the average stay time is 3 days.

I respectfully request the NRC explore the impact any ruling that would increase the number of patients that would require hospitalization. Our facility is devoted to our patients and radiation safety training for our patients and our staff.

Sincerely

Elaine Esler MSN RN, OCN