

DEPARTMENT OF RADIOLOGY  
NUCLEAR MEDICINE SERVICE  
FITZSIMONS ARMY MEDICAL CENTER  
AURORA, CO 80045

SOP NO. 408

NMSPP291

14 JANUARY 1994

RADIOPHARMACEUTICAL ADMINISTRATIONS  
OUTSIDE OF THE NUCLEAR MEDICINE CLINIC

Applications: The administration of radiopharmaceuticals to non-ambulatory or restrictive patients on the wards is made only on a case by case basis by the staff nuclear physician or the physician on call.

Equipment: The following items should be taken to the wards as considered appropriate.

- Disposable Chux (diapers)
- Protective Gloves
- Alcohol Wipes
- Gauze Sponges 2" x 2"
- Penrose Tubing
- Radiopharmaceutical
  - Lead Transporting Box
  - Shielded Syringe
- Tape roll
- Radiologic Consultation Request/Report (FAMC Form 519-B)
- Nuclear Medicine Radiopharmaceutical/Study Request (FAMC Form 40-3715)

Guidelines:

1. The radiopharmaceutical dose will be prepared in the Nuclear Pharmacy as per routine procedures.
2. Only authorized personnel will transport the dosage to the appropriate location in a lead transportation box along with the necessary items as listed above. The dose will be transported by the most direct route to the patient. There will be no detours or other business accomplished during this procedure, in other words the dose will be taken directly to the patient, dosage administered, and then returned directly back to the Nuclear Medicine clinic for proper disposal of syringe and other supplies.
3. The patient's nurse will be advised as to the impending injection and provided precautionary information as deemed appropriate. In the case of the oral administration of 131-Iodine, the nursing staff will receive a comprehensive briefing from the Radiation Protection Officer (RPO) concerning radiation safety and the patient.
4. Nuclear Medicine personnel administering the radiopharmaceutical dosage must verify the correct patient by means of at least two forms of identification. The patient will be afforded an explanation of the study to be performed and other information and instructions that are normally given to patients seen in the Nuclear Medicine Clinic.
5. Preparation for the injection will begin with the placement of the Chux under the injection site. All radioactive materials will be placed on a separate chux once removed from the transport carrier. Aseptic administration techniques will be followed at all times.

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6. After the injection, the syringe will be returned to the shielded container and the needle will be recapped by passive means. ALL equipment (chux, gloves, alcohol pads, needles, and syringes) will be collected and disposed of properly, upon return to the Nuclear Medicine Clinic.

7. If there is any suggestion of a possible spill or leakage of the radiopharmaceutical onto the patient, the bedding or other area of the room, the Radioactive Spill SOP will be instituted along with the immediate notification of the Radiation Protection Officer.

8. Oral administration of radioactive iodine will require close coordination with the Nursing Staff, the Radiation Protection Office, and the Nuclear Medicine Staff. Upon notification of a possible iodine therapy, the physician, within Nuclear Medicine supervising the study, must immediately contact the Nuclear Pharmacist and Radiation Protection Officer to begin early preparation.

CONSIDERATIONS: Availability of radiopharmaceutical  
Availability of inpatient administration room  
Availability of Radiation Protection Personnel  
Isolation dates for patient

9. The radiopharmaceutical will be transported to the ward via a lead shielded cart. The cart will be placarded to warn of Radioactive Material and under the supervision of Nuclear Medicine personnel. NOTE: An appropriate survey instrument will be transported with the cart. All ancillary materials used in dosing the patient will be returned with the cart and disposed of properly. The cart will be surveyed for residual radioactivity before return to storage.