



OFFICE OF THE  
GENERAL COUNSEL

UNITED STATES  
NUCLEAR REGULATORY COMMISSION  
WASHINGTON, D. C. 20555-0001

April 19, 1995

cc: Dragonette  
Schneider  
McGuire  
Glenn  
Morris  
File

dm

PDR  
AE-41-2

MEMORANDUM TO: Bill Morris, Director  
Division of Regulatory Applications, RES

FROM: Stuart A. Treby  
Assistant General Counsel for  
Rulemaking and Fuel Cycle

*W. L. Lammiman*

SUBJECT: CRITERIA FOR RELEASE OF PATIENTS ADMINISTERED RADIOACTIVE  
MATERIALS

We have the following comments in response to your April 12, 1995 memorandum which transmitted a draft federal register notice discussing changes to the regulations to address the referenced subject.

1. When this rule package is finalized, it will be necessary to verify that the language being used for the rule is consistent with the current status of Part 20. The definitions of "occupational dose" and "public dose" proposed for Part 20 in this package are not the same as appear in the rulemaking package currently before the Commission. If the Commission approves the changes currently before it, the changes in your April 12, 1995 package could inadvertently undo the changes now being considered by the Commission.
2. You specifically requested comment on whether written instructions should be provided to patients along with oral instructions on methods for keeping exposures ALARA. While we see no legal imperative for one option or the other, we note that there appears to be practical considerations that would favor issuance of the written instructions. We assume that patients leaving the hospital typically receive a number of instructions concerning health care and, in addition, are concerned with signing release papers and making other arrangement associated with leaving the hospital. These events may prevent the patient from adequately focusing on the oral instructions. Further, the nature of the treatments involved may indicate that the individual will not be as alert, due to health problems, as might be desirable when providing written instructions. Providing written instructions that the patient, or members of the patient's family, can review at a later time would seem to be a beneficial effort to assure the goals of the instructions to the patients are achieved.

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