# *I-131 Tx – Nursing Instruction Checklist*

Date:_____

Patient's Name:_____Room #:_____

Attending Physician:_____ Nuc. Med Dr.:_____

Form of Radiopharmaceutical: (Circle One) ***LIQUID*** ***CAPSULE***

Date / Time of ORAL Administration:_____/_____/_____AM / PM

***POTIENTIAL NURSING HAZARD LEVEL:*** ***MINIMAL*** (Hyperthyroid Tx) ***EXTREME*** (Carcinoma Tx)

***Comply With ALL Checked Items***

_____1. Visiting Time Permitted_____ N/A

_____2. All Visitor Must Remain _____Feet from Patient

_____3. Patient mat ***NOT*** leave room

_____4. ***NO*** Pregnant visitors or Nursing Staff Allowed

_____5. Visitors Under 18 Years of Age ***NOT*** permitted

_____6. Personnel Dosimeters Must Be Worn by Nursing Staff While Attending Patient

_____7. Attach Enclosed Tag to Bed

_____8. Attach Enclosed sign to Door

_____9. Remove Tags & Signs on _____

_____10. Gloves Must Be Worn While Attending Patient

_____11. Patient Must Use Disposable Utensils & Plates

_____12. All Items Must Remain in Room Until Released by RSO

_____13. Room May Be Released at Discharge

_____14. Room may ***NOT*** be Released to Admitting Until Cleared by RSO

_____15. ***FORCE FLUIDS APPROXIMATELY 3000 ml/Day***

_____16. Do ***NOT*** Draw Blood for 48 Hours Post Therapy Unless an Emergency

***IN CASE OF EMERGENCY CONTACT:***

_____
Radiation Safety Officer