I-131 Patient Release Questionnaire

SC&A Inc., has been tasked under contract to the U.S. Nuclear Regulatory Commission with determining where patients reside immediately following release after I-131 therapy. Of particular interest are locations other than home. Some patients do not immediately return to their homes, but instead go to hotels, nursing homes, prisons, assisted living facilities, and other residential settings. SC&A and the NRC believe that the results of the survey will be of interest to the entire nuclear medicine and health physics communities. We are circulating this survey to various hospitals and medical establishments to assist in answering this question. Please fill out the survey and place it into the prepaid envelope or scan and send it via email to sking@psu.edu. Note that all responses will be de-identified in any reports released to the public to protect the privacy of the responding institutions. Should you have any questions, please feel free to contact us at 717-531-8765.

For the past two full years:

1. A. How many thyroid cancer patients do you treat with I-131 per year?

   B. How many hyperthyroid patients do you treat with I-131 per year?

2. Can you please list which radio-pharmacies your facility uses for these procedures?

3. How many patients do you hospitalize for I-131 therapy treatments (vs. immediate discharge)?

   A. Thyroid cancer

   B. Hyperthyroid

4. Do you normally administer I-131 at a specific time each day you use it?

   ◯ Morning ◯ Afternoon ◯ Both

5. What criteria do you use to release your I-131 patients? (Be as specific as possible; e.g., 150 mCi, 500 mrem to family, etc.)

   A. For outpatients, how long do you keep patients until discharge (hours)?

6. How do you counsel thyroid cancer patients that you release *immediately after treatment*?

   Do you instruct patients to:

   a. Flush twice ◯ YES ◯ NO

b. Keep a specified distance from others ◯ YES ◯ NO

c. Wash clothes separately ◯ YES ◯ NO

d. Shower several times per day ◯ YES ◯ NO

e. Other (please list) ◯ YES ◯ NO

7. Do any of your patients return to any of the following locations other than home immediately after release (per/by year)?

a. Nursing home ◯ YES ◯ NO ◯ Not Known

If yes, number

b. Assisted living ◯ YES ◯ NO ◯ Not Known

If yes, number

c. Prison ◯ YES ◯ NO ◯ Not Known

If yes, number

d. Hotel ◯ YES ◯ NO ◯ Not Known

If yes, number

e. Other ◯ YES ◯ NO ◯ Not Known

If yes, number

f. Don't Know Number

8. Are there special instructions for I-131 treated patients if they are released to places other than traditional residential home environment? ◯ YES ◯ NO

If yes, please elaborate:

9. If you have patients who go to a hotel, nursing home, or other facility, do you send your patients to a **specific** facility (hotel, nursing home, prison, etc.) on an on-going basis?

◯ YES ◯ NO

a. If so, is there specific guidance given to the facility administration or staff, i. e., radiation protection protocol; oversight or follow-up by RSO?

◯ YES ◯ NO

The following information will be de-identified when placed into our report. Our report will only indicate your general size (beds), what broad region your facility is located in (mid-atlantic, west, south, east, etc.) and will indicate if your facility is classified urban, suburban, or rural. We will not release any information that might identify your institution uniquely. Please answer as fully as possible.

Facility Demographics

◯ Hospital ◯ Outpatient Facility/Clinic ◯ Physician Office

If Hospital, number of beds

Location: ◯ Urban ◯ Suburban ◯ Rural

Is your facility a tertiary referral center? ◯ YES ◯ NO

Distance traveled by patients from their stated place of residence; please fill in number of patients in each category:

a. < 100 miles
b. 100 – 250 miles
c. 250 – 500 miles
d. 500 – 1000 miles
e. Internationally

Optional:

Facility Name (Confidential – for statistical use only)

City State

If we want to clarify your responses or ask further questions, may we contact you?

◯ YES ◯ NO

Radiation Safety Officer/Contact Information

Prescribing Physician/Contact Information

Nuclear Medicine Technologist or Medical Physicist/Contact Information

Additional Comments: