

INSTRUCTIONS FOR PATIENTS TREATED WITH IODINE-131

_____ was administered ____ mCi of Iodine-131 on _____.

Patient's Name

The radioiodine dose that you have received is beneficial to you, but it is desirable that other persons with whom you come in contact are not unnecessarily exposed to radiation. If you are currently nursing an infant, additional instructions will be given to you concerning the need to interrupt or discontinue breast-feeding. Below are some actions to help keep exposures to others as low as possible. These should be followed for the indicated number of days or until _____. (date)

Prior to the administration of Iodine-131 on an **outpatient basis** you must agree to abide by each of the following recommendations. Please put an initial before each item to signify understanding and acceptance.

- ___1. Have sole use of a bathroom for at least _____ days. After this time and before this bathroom is used by another person, the surfaces of the toilet, sink and bathtub/shower should be thoroughly cleaned using cleanser and disposable cloths. The cleaning person should wear disposable plastic or rubber gloves on their hands.
- ___2. Use individual towels and washcloths.
- ___3. Wash cups, plates and eating utensils immediately after use. Do not use disposable plates or utensils.
- ___4. All personal clothing, bed linens and towels should be washed separately from those used by other members of the family.
- ___5. Sleep in a separate room until _____.
- ___6. Do not kiss or have intimate contact with anybody. Brief contact, i.e. shaking hands, is permissible.
- ___7. Avoid contact with infants, small children and pregnant women. Avoid holding infants or young children.
- ___8. Minimize time and maximize distance (at least 3 feet) from family members and others. Avoid crowds, i.e. movies.
- ___9. Refrain from travel by public transportation. Refrain from prolonged travel with others.
- ___10. Agree to wear the wristband that will be provided to you until _____.
- ___11. Notify the following individuals immediately if (a) the patient is to hospitalized, or (b) in the event of death.

Physician Telephone Number Pager Number

Radiation Safety Officer Telephone Number Pager Number

- ___12. If vomiting occurs within the first 8 hours, contact the physician or radiation safety officer identified above for instructions.

PATIENT AGREEMENT - RADIOACTIVE IODINE TREATMENT

I agree to abide by the recommendations of the **INSTRUCTIONS FOR PATIENTS TREATED WITH IODINE-131**, as a condition of my treatment on an outpatient basis. I have had the opportunity to ask questions regarding the limitations on my activities following release, and understand each.

Patient Signature/Date

Staff Signature/Date