Name of Policy: Nuclear Medicine Administration Procedure **Policy Number**: 3364-135-056 **Approving Officer**: Assistant Professor & Deputy Clinical Service Chief, Director, Radiology **Responsible Agent**: Director, Radiology **Scope**: University of Toledo Medical Center Radiology	UTOLEDO HEALTH **Effective date: 12/1/2024** **Original effective date**: 1/1/1980
Key words: Nuclear Medicine, Administration, Radiology, Committee, Radiation Safety, Radioisotope	

☐	New policy proposal	X	Minor/technical revision of existing policy
☐	Major revision of existing policy	☐	Reaffirmation of existing policy

(A) Policy statement

Only licensed, Certified Nuclear Medicine Technologists, or Authorized Users (AU) approved by the University of Toledo Radiation Safety and Radioisotope Committee (RSC) will administer radiopharmaceuticals.

(B) Purpose of policy

To confirm the identity of the intended patient, and to ensure that the correct radiopharmaceutical, prescribed activity, and route of administration are performed in accordance with the established imaging or therapeutic protocol.

(C) Procedure

1. A list of approved Technologists who may administer radiopharmaceuticals in General Nuclear Medicine and PET/CT will be maintained in the protocol manual and managed by the Chief Nuclear Medicine Technologist.

2. A list of current Authorized Users and their approved uses for medical use radioactive materials (RAM) granted by the RSC will be posted in both hot labs for reference. Any questions regarding the medical use of RAM or AU status should be addressed with the Radiation Safety office.

3. Prior to radiopharmaceutical administration, the Technologist will:

A. Verify the identity of the intended patient using at least two appropriate identifiers (e.g., name, DOB, MRN, etc.)

B. Verify the pregnancy and breastfeeding status of the intended patient (if applicable)

C. Verify the appropriateness of the order and the proper prescribed radiopharmaceutical to be administered.

D. Measure the radiopharmaceutical in the dose calibrator to ensure that the intended dose is within +/- 10% of the prescribed activity, or within the absolute dose activity range. Procedures utilizing a range do not have a variance and the activity must fall within that absolute range.

E. Receive approval from an appropriate AU for administering a radiopharmaceutical dose that measures outside of the prescribed activity variance of 10% or absolute activity range prior to administering to the patient. The name of the approving AU will be documented in the dose records.

4. A list of approved radiopharmaceuticals and prescribed dose activities for each procedure are posted in the respective hot lab for reference and are listed in the General Nuclear Medicine and PET/CT protocol manuals.

5. The Technologist will follow the appropriate route of administration described in the protocol manual and will inquire with the Radiologist if any deviation from the protocol is necessary, based upon patient-specific circumstances.

6. During and immediately following radiopharmaceutical administration, the Technologist will monitor the patient for signs of dose extravasation as well as adverse reactions to the agent and take appropriate guidance from the Radiologist, if a reaction is suspected.

Approved by: /s/ _____ Nathan Egbert, MD Assistant Professor & Deputy Clinical Service Chief 12/1/2024 _____ Date /s/ _____ Ryan Landis BSRT (R)(CT) Director, Radiology 12/1/2024 _____ Date *Review/Revision Completed by:* *Director, Radiology*	**Policies Superseded by This Policy:** • *I-005* Initial effective date: 1/1/1980 Review/Revision Date: 3/4/91 7/1/93 10/26/93 9/27/96 8/11/99 9/23/02 9/1/05 11/29/05 4/24/06 5/23/08 10/30/12 07/20/15 08/01/2018 12/1/2021 12/1/2024 Next review date: 12/1/2027