Name of Policy:	**Administration of radiopharmaceuticals – QMP required**
Policy Number:	3364-135-089
Department:	Radiology
Approving Officer:	Chief Operating Officer - UTMC
Responsible Agent:	Chairman & Professor, Radiology
Scope:	Radiology

THE UNIVERSITY OF TOLEDO MEDICAL CENTER

Effective Date: 6/1/2023

Initial Effective Date: 1/26/1992

_____ New policy proposal
_____ Major revision of existing policy
_____ Minor/technical revision of existing policy
__X__ Reaffirmation of existing policy

(A) Policy Statement

A quality management program will be established to provide high confidence that radioactive materials (RAM) or radiation from RAM will be administered to patients only as directed by the Authorized User (AU) of the material. Each AU is granted specific uses involving RAM by the Radiation Safety office, and as such, are limited to those specific medical uses.

As described in OAC 3701:1-58-15, a written directive is required for administrations of sodium I-131 greater than 1.11 megabecquerels (thirty microcuries), or for an administration of a therapeutic dosage of unsealed RAM other than sodium I-131.

(B) Purpose of Policy

To minimize the possibility of administering the wrong radiopharmaceutical, wrong dosage, or wrong route of administration to the intended patient, as well as to ensure that the patient is properly identified prior the procedure.

(C) Procedure

1. Prior to the procedure, the AU will sign, date, and time a written directive for the prescribed radiopharmaceutical. The written directive must include the patient's name and one other identification factor (e.g., date of birth, medical record number, SSN, etc.), the radiopharmaceutical, the prescribed activity to administer, and the route of administration.
2. Prior to administration, and in the presence of the AU, the person dosing the patient will properly verify and document the identity of the patient. For outpatients, use the patient's name and DOB. For inpatients, the patient's name, DOB, and MRN will be verified.
3. Prior to administration, and in the presence of the AU, the person dosing the patient will confirm the radiopharmaceutical, the route of administration, and the activity measured in the dose calibrator, are aligned with the written directive. Revisions to the written directive will be documented, signed, and dated on the original written directive. Oral directives and revisions to written directives are discussed in policy 3364-135-091.
4. After administration, the Technologist who performed the procedure will document the date of the administration, the time of dosing, and will sign the signature block.

Approved by:		**Review/Revision Date:**
/s/ Haitham Elsamaloty, MD Chairman & Professor, Radiology	07/26/2023 Date	7/1/1993 10/1/1996 8/20/1999 9/1/2005 5/28/2008 5/1/2011 6/3/2014 6/1/2017 6/1/2020 6/1/2023
/s/ Ryan Landis, BSRT (R)(CT) Director, Radiology	07/20/2023 Date	
Review/Revision Completed By: *Haitham Elsamaloty, MD*		**Next Review Date:** 6/1/2026
Policies Superseded by This Policy: R-002A		

THERAPEUTIC RADIOPHARMACEUTICAL AND SODIUM RADIOIODINE USE

RADIOPHARMACEUTICAL: _____ **ACTIVITY:** _____mCi **ROUTE OF ADMINISTRATION:** ❑ORAL ❑IV ❑OTHER _____	Put patient sticker here

As an authorized user, I direct the administration of this radiopharmaceutical as described above.

_____ _____ _____
Physician Signature **Date** **Authorization Time**

As the authorized user, I wish to revise the above written directive as follows:

_____

_____

_____

_____ _____ _____
Physician Signature **Date** **Authorization Time**

PATIENT ID VERIFIED BY: ❑NAME ❑BIRTHDATE ❑SSN
❑ID BRACELET ❑HOSPITAL CARD ❑INSURANCE CARD

ADMINISTRATION VERIFIED: _____ _____mCi
RADIOPHARMACEUTICAL MEASURED ACTIVITY

ROUTE OF ADMINISTRATION:
❑ORAL ❑IV ❑OTHER _____

I performed the above patient identification, verified the radiopharmaceutical and measured activity of the administration, and administered the radiopharmaceutical via the designated route.

DATE PROCEDURE PERFORMED: _____

ADMINISTRATION TIME: _____

TECHNOLOGIST SIGNATURE: _____