(A) Policy Statement

A quality management program shall be established to provide high confidence that radioactive material or radiation from radioactive material will be administered to patients only as directed by the authorized user of the material. Each physician who is authorized to use radioactive material will time, date, and sign a written directive prior to the administration of any therapeutic dosage of a radiopharmaceutical or any dosage of quantities greater than 30 microcuries of either sodium iodine I-125 or I-131; or quantities greater than 300 microcuries of I-123.

(B) Purpose of Policy

To minimize the possibility of administering the wrong radio-pharmaceutical or wrong dosage; using the wrong route of administration; or administering the material to the wrong patient.

(C) Procedure

1. Prior to the radiopharmaceutical administration, an authorized physician will time, date, and sign a written directive which includes the patient's name (with at least one other piece of identifying information), the radiopharmaceutical, the activity and the route of administration.

2. Prior to the administration, the person performing the administration will verify the identity of the patient by using two patient identifiers. For Outpatients, use the patient’s name and DOB, for Inpatient’s use the patient’s name and MR number.

3. Prior to the administration, the person performing the administration will confirm that the radiopharmaceutical, route of administration and the activity as measured in a dose calibrator (if a gamma emitter) are in agreement with the written directive.

4. After administration, the person performing the administration will make, time, date, and sign a written record that documents the details of the procedure including the radiopharmaceutical, activity and route of administration (see attachment).
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<th>Approved by:</th>
<th>Review/Revision Date:</th>
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<tbody>
<tr>
<td>Haitham Elsamaloty, MD</td>
<td>7/1/1993</td>
</tr>
<tr>
<td>Interim Chairman &amp; Professor, Radiology</td>
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<tr>
<td>Daniel Barbex RN, BSN, MBA</td>
<td>Next Review Date:</td>
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<tr>
<td>Chief Executive Officer - UTMC</td>
<td>6/1/2020</td>
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Review/Revision Completed By:
Haitham Elsamaloty, MD

Policies Superseded by This Policy: R-002A
THERAPEUTIC RADIOPHARMACEUTICAL AND SODIUM RADIOIODINE USE

RADIOPHARMACEUTICAL: __________________________

ACTIVITY: __________________________ mCi

ROUTE OF ADMINISTRATION:
☐ ORAL  ☐ IV  ☐ OTHER __________

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: ________________