

**PRE-CALL STAFF QUESTIONNAIRE AND RELEASE DETERMINATION
Hyperthyroidism (53 mCi Maximum or 11 mrem/hr at 1 meter)**

PRE-CALL

I. Patient Information

1. Patient Name: _____ MR# _____
2. Date: _____
3. Administered Activity: _____ mCi
4. Sex: Male Female Pregnant? Yes No Breast-feeding? Yes No
5. Person Interviewed: Patient Guardian Other _____

II. Dwelling Information For Two Weeks After Treatment

1. Type of Dwelling: Single-Family Multi-Family Apartment Other _____
If not single-family, possible proximity to neighbors: _____ feet
2. Household Members: Sex: a. _____ b. _____ c. _____ d. _____
Age: a. _____ b. _____ c. _____ d. _____

III. Patient Release Determination (Occupancy Factor = 0.25)

Interview the patient to determine if the patient can accept the following actions based on the activity given:

| Action | < 15 mCi | 15 to 33 mCi | > 33 to 53 mCi | Circle One |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------|----------------|------------|
| 1. Sleep alone for: | 2 nights | 2 nights | 5 nights | Yes No |
| 2. Return to work (if others are NOT in close proximity) for: | 1 day | 1 day | 1 day | Yes No |
| 3. Maintain a prudent distance (≥9 ft) from others for: | 1 day | 3 days | 7 days | Yes No |
| 4. Avoid direct contact with small infants, children and pregnant women for: | 3 days | 3 days | 3 days | Yes No |
| 5. Maintain a distance of 9 ft from infants, children and pregnant women for: | 6 days | 12 days | 16 days | Yes No |
| 6. Maintain sole use of the bathroom for _____. If not possible, keep the toilet especially clean by flushing 3 times after each use. Men should also sit during urination. | 2 days | 2 days | 2 days | Yes No |
| 7. Refrain from traveling by airplane or mass transportation for: | 1 day | 2 days | 5 days | Yes No |
| 8. Refrain from traveling on a prolonged automobile trip (≥6 hrs) with others for: | 1 day | 4 days | 7 days | Yes No |
| 9. Drink plenty of fluids for: | 2 days | 2 days | 2 days | Yes No |
| 10. Washing clothing and eating utensils separately for: | 2 days | 2 days | 2 days | Yes No |

The patient can be released if all answers are "Yes". If any answer is "No", the patient may be hospitalized. (Proceed to Section VI)

IV. Instructions

1. Ensure patient receives and understands the instruction sheet.
2. Discuss procedures in case of emergency medical care.

V. Release Record

This patient was released according to federal and state guidelines regarding immediate release based on the direct measurement taken at one (1) meter _____. (Not to exceed 11 mrem/hr at one (1) meter.)

VI. Signature

- This patient was **not** releasable and therefore hospitalized.
- This patient has reviewed all requirements for patient release, was given written instructions and released.

Signature: _____ Date: _____ Time: _____ AM/PM
(Individual completing form)