

PRE-CALL

**STAFF QUESTIONNAIRE AND RELEASE DETERMINATION  
Post-Thyroidectomy (178 mCi Maximum or 38 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	< 100 mCi	100 to 150 mCi	>150 to 178 mCi	Circle One
1. Sleep alone for:	2 nights	2 nights	2 nights	Yes No
2. Return to work (if others are <b>NOT</b> in close proximity) for:	1 day	1 day	1 day	Yes No
3. Maintain a prudent distance (≥9 ft) from others for:	1 day	2 days	3 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:	4 days	7 days	10 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	2 days	Yes No
8. Refrain from traveling on a prolonged automobile trip (≥6 hrs) with others for:	1 day	2 days	2 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 of \_\_\_\_\_. (Not to exceed 38 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)