PROCEDURE FOR OUTPATIENT RADIO-IODINE ADMINISTRATION
(For doses of 400 MBq or 800 MBq)

The following steps should be taken for a patient requiring outpatient radioactive iodine treatment at the Western General Hospital.

1. Decide the relevant dose. In general, 400 MBq is used for Graves’ thyrotoxicosis and solitary toxic nodules, while 800 MBq is used for multinodular goitre.

2. Discuss radioiodine as a treatment option with the patient. Give them one of the information sheets for the relevant dose.

3. Ensure that the patient has given their consent either at this visit or another occasion. Remind them that they should take the consent form with them when they attend for their radioiodine dose. If they forget the consent form, the Medical Physics technician will ask them to sign another, but this is to be avoided.

4. In pre-menopausal women, also ensure that they are aware of the restrictions concerning pregnancy. If necessary, you may offer a pregnancy test at the Metabolic Unit.

5. Complete a Medical Physics radioiodine treatment request form. Obtain the approval and signature of an ARSAC licence holding consultant.

6. Ensure that the patient has a follow up appointment in the clinic for 2 months after you expect the dose to be administered.

7. Ensure that both the patient and the GP are aware that, should the patient develop symptoms of hypothyroidism, blood should be taken for T4 and TSH. If the T4 is low, even if the TSH is not high, the patient should be offered thyroxine replacement. Usually the starting dose is 100-150 micrograms daily, because when the onset of hypothyroidism has been acute there is no need for a gradual reintroduction of thyroxine therapy.

8. If a patient becomes hypothyroid less than 6 months after radioactive iodine, then thyroxine dose should be reduced at a later date to ensure that TSH rises to confirm the hypothyroidism is permanent.

9. If a patient remains thyrotoxic 6 months after the first dose, then a further dose should be contemplated.

The Medical Physics department return a record of the dose administered and will also return the signed consent form for filing in the notes. It is important that these are filed.

Protocol Prepared by Brian R Walker, November 2003