Name of Policy:	**Nuclear Medicine Administration Procedure**	THE UNIVERSITY OF TOLEDO MEDICAL CENTER
Policy Number:	3364-135-056	
Department:	Radiology	
Approving Officer:	Chief Operating Officer - UTMC	
Responsible Agent:	Chairman & Professor, Radiology	**Effective Date:** 12/1/2021
Scope:	Radiology	Initial Effective Date: 1/1/1980

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

(A) Policy Statement

Only licensed, Certified Nuclear Medicine Technologists, or Authorized Users (AU) approved by the University of Toledo Radiation Safety and Radioisotope Committee will administer radiopharmaceuticals.

(B) Purpose of Policy

To confirm the identity of the intended patient, and to ensure that the correct radiopharmaceutical, prescribed activity, and route of administration are performed in accordance with the establish imaging or therapeutic protocol.

(C) Procedure

1. A list of approved Technologists who may administer radiopharmaceuticals in General Nuclear Medicine and PET/CT will be maintained in the protocol manual and managed by the Chief Nuclear Medicine Technologist.

2. Prior to radiopharmaceutical administration, the Technologist will:

   A. Verify the identity of the intended patient using at least two appropriate identifiers (e.g., name, DOB, MRN, etc.)
   B. Verify the pregnancy and breastfeeding status of the intended patient (if applicable)
   C. Verify the appropriateness of the order and the proper prescribed radiopharmaceutical to be administered
   D. Measure the radiopharmaceutical in the dose calibrator to ensure that the intended dose is within +/- 10% of the prescribed activity, or within the absolute dose activity range. Procedures utilizing a range do not have a variance and the activity must fall within that absolute range.
   E. Radiopharmaceutical doses that measure outside of the 10% prescribed activity or the prescribed range must be approved by the AU prior to administration to the patient and documented.

3. A list of approved radiopharmaceuticals and prescribed dose activities are posted in their respective hot labs and are listed in the protocol manuals in both the General Nuclear Medicine and PET/CT departments.

4. The Technologist will follow the appropriate route of administration described in the protocol manual and will inquire with the Radiologist if any deviation from the protocol is necessary, based upon patient-specific circumstances.

5. During and immediately following radiopharmaceutical administration, the Technologist will monitor the patient for signs of dose extravasation as well as adverse reactions to the agent and take appropriate guidance from the Radiologist, if a reaction is suspected.

Approved by:		**Review/Revision Date:**
		3/4/91 12/1/2021
/s/	01/05/2022	7/1/93
Christine Stesney-Ridenour, FACHE	Date	10/26/93
Chief Operating Officer - UTMC		9/27/96
		8/11/99
/s/	12/20/2021	9/23/02
Haitham Elsamaloty, MD	Date	9/1/05
Chairman & Professor, Radiology		11/29/05
		4/24/06
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		Next Review Date: 12/1/2024
Policies Superseded by This Policy: I-005		