177Lu-Dotatate Process Checklist

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| **Timeline** | **Procedure** | **Personnel List** |
| **Administrative quality checks prior to substance administration** | Confirmation of patient consultation with provider. Patient understands the treatment plan and therapeutic information.   * Verify written informed consent was signed and obtained at the time of consultation or before first infusion. * Confirm patient has nurse coordinator contact information for follow up questions. |  |
| Confirmation of laboratory test prior to infusion. At a minimum, labs must be evaluated 2-4 weeks prior to administration. |  |
| The written directive has been completed and signed by the authorized user and contains the following information:   * Patient Name * Radiopharmaceutical * Exact dosage * Route of administration * Date |  |
| Verify that female patients of childbearing potential were screened for potential positive pregnancy 24-72 hours prior to administration. |  |
| Confirm that the correct radiopharmaceutical matches the patient’s script to avoid misadministration. Ensure packaging has been inspected for potential damage, surveyed and received according to local regulations and institutional guidelines. |  |
| Confirm the correct amount of radioactivity in the radiopharmaceutical vial. This must be measured with a dose calibrator prior to infusion to confirm that the actual amount of radioactivity to be administered is equal to the planned amount at the infusion time. |  |
| Ensure safety shields/protocols are in place and follow institutional and regulatory guidelines. |  |
| Ensure the Authorized User is available.  \*Note: Some states define AU availability differently. Please review your local guidelines to ensure compliance. \* |  |
| Ensure the patient verification process has been completed. These procedures should be in place at your institution.  Patient verification steps should include (but are not limited to) two qualified individuals such as the assigned Nuclear Medicine Technologist and AU. Assigned individuals to complete this task must obtain two forms of patient identification such as name, DOB, SSN, drivers’ license, home address, etc. and verifying that it matches the patient’s wrist band or patient's hospital identification tag.  Patient verification information should be documented and accessible. |  |
| **Administration** | Confirm patency of IV access |  |
| Administer or verify that patient has started amino acid solution 30 minutes prior to infusion. This intervention must continue for at least 4 hours. |  |
| Administer or verify that patient received anti-nausea and vomiting intervention 30 minutes prior to therapy. |  |
| Administer therapy as directed by the label or AU physician. |  |
| **Acquisition** | Ensure the patient is positioned correctly as instructed by the camera specific protocols. |  |
| **Release** | Ensure the patient exposure does not exceed 5 millisieverts (mSv) (0.5 rem). Additional NRC information can be located, [here](https://www.nrc.gov/docs/ML1923/ML19232A081.pdf). <https://www.nrc.gov/docs/ML1923/ML19232A081.pdf>. Provide the patient or caregiver with safety instructions to minimize unwanted exposure. |  |
| **After care** | Ensure the patient has the appropriate contact information for follow-up questions or concerns.  Schedule any follow-up visits for labs or other reasons as instructed by the AU or referring physician. |  |
| Ensure the patient has the necessary after treatment care instructions that are provided in the label or as outlined by the AU. |  |