UW Health
University of Wisconsin Hospital and Clinics

Radiopharmaceutical Therapy Written Directive
LUTATHERA (^{177}Lu- DOTATATE) Therapy

Version 3, 8August2018

A. WRITTEN DIRECTIVE:

Patient:	**MRN:**	**DOB**:	
^{177}Lu-*Lutathera* Infusion: 200 mCi		<Full Dose > or <Half Dose>	
Administration Date:		**Cycle:**	Time: 0900 am

Somatostatin receptor-positive gastroenteropancreatic neuroendocrine tumors (GEP-NETs)

Patient has confirmed tumor update with SSR imaging preferably within one (1) year of *Lutathera*:
Date of scan:
Radiopharmaceutical used for scan: (DOTATATE preferred):
Images and reports of scan are present in PACS and/or Health Link:

Date of last Octreotide dose:

Date of last Lutathera dose:

Patient must be at least 18 years of age

Lab tests performed within 8 weeks of infusion date. Deviations may require consultation between AU and Oncologist.

- Liver function (Bilirubin <1.5x ULN; AST/ALT < 3x ULN)
- Kidney function (creatinine: SCr ≤1.5 mg/dl or CrCl ≥ 40)
- Hematology (Hgb ≥ 8 g/dl, PLT > 100,000/mm^3, ANC ≥1000)
- Pregnancy test (urine or blood) within 24 hours of infusion for females of childbearing potential (age 12-55)

Authorized User Physician:	Date:

Verification:	Nuclear Medicine Physician, Nuclear Pharmacist

B: PRIOR TO PLACING ORDER WITH VENDOR (Nuclear Pharmacy)	
Completed:	Nuclear Pharmacist verified that prior authorization has been obtained via HealthLink entry
Completed:	^{177}Lu Lutathera ordered from AAA and receipt confirmed
Completed:	Amino Acid solution ordered from Anazao and receipt confirmed

C. DOSE PREPARATION DOCUMENTATION:	
Verified by (initial):	**NOTE: Nuclear Pharmacy Personnel compounding dose**
Dose Assay (mCi) =	Assay Date/Time:

Verified by (initial):	**NOTE: Nuclear Medicine Technologist administering the dose**
Dose Assay (mCi) =	Assay Date/Time: RX number:

D. PATIENT PREPARATION VERIFICATION: Authorized User	
Initial:	Prescribed dose reflects dose received from the vendor
Initial:	Informed consent obtained or verified.
Initial:	Amino Acid solution initiated 30 minutes before *Lutathera* administration.
Initial:	Patient not pregnant or breastfeeding
Initial:	Radiation Safety Checklist from Rad Safety completed.

E. AUTHORIZATION TO ADMINISTER THERAPY	
Signature of Authorized User:	Written Directive is completed through box D

F. ADMINISTRATION VERIFICATION: (NOTE: To be completed at the time of treatment)

Clinician #1 ⬇	Clinician #2 ⬇	
		Clinician #1: Administering Technologist **Clinician #2**: Nuclear Medicine Technologist, Nuclear Pharmacist, Nuclear Medicine Physician.
		Clinician #1 reads aloud the patient name, radiopharmaceutical and dose from the product label. **Clinician #2** reviews the written directive and verifies that the following match Patient Name <and> Radiopharmaceutical <and> Dose
Initial	Section D is completed and initialed by AU and AU signature obtained in Section E..	
Initial	Start time of radioactive infusion:	

Technologist #1 Signature: Date/Time

G: Release Criteria:	
Initial	**Gravimetric Method of Administration Only:** Infusion is complete when radioactivity emissions are stable for either 5 minutes **OR** two (2) consecutive readings between 6000 to 42000 counts/minute at 6 inches above the vial. For syringe method, infusion is complete when the syringe is empty.
Initial	Exposure reading at 1 meter from patient's umbilicus (reading/date/time): *Reading must be ≤ 7 mR/hr for discharge
Initial	Assay of vial and extension tubing to determine total Dose Administered: (same dose calibrator to be used for both measurements) _____ (pre-administration vial) - _____ (post administration vial + tubing) =_____ If total dose administered is not within 10% of RECEIVED UNIT DOSE FROM VENDOR, notify Authorized User

AU: Signature for patient release: Date/Time