UW Health
University of Wisconsin Hospital and Clinics

Radiopharmaceutical Therapy Dose Documentation Form
Sm-153 Samarium (Quadramet®)

A. WRITTEN DIRECTIVE:

1. Pt Name:	2. MR#:	3. ☐ Female <or> ☐ Male
4. Radiopharmaceutical (Including Isotope): Sm-153 Samarium (Quadramet®)		5. Dose in mCi:
6. Date of Administration:	7. Time of Administration:	8. Route of Administration:
9. ☐ Clinical <or> ☐ Research (Protocol Number):		
10. Indication:	11. ☐ Patient Meets Criteria for this Radiotherapy	
12. Signature of Authorized MD	13. Date_____& Time_____ Signed	

Verified by (initial): _____	**NOTE: Must NOT be the individual who signed the written directive.** **MUST be Nuclear Pharmacist, Authorized User Physician, or Med Physicist.**

B. PATIENT INFORMATION/EDUCATION VERIFICATION:
(NOTE: To be completed by the Authorized User)

Completed by (initial): _____	Pt ID Verification (2 methods used; Name must be 1 of the 2) Check: ☐ Name AND ☐ Birthdate <OR> ☐ MR#
Completed by (initial): _____	Prescribing physician explained dose and treatment to administering clinician.
Completed by (initial): _____	Negative pregnancy test or excluding clinical condition confirmed with reasonable assurance
Completed by (initial): _____	Patient is not currently breast feeding.
Completed by (initial): _____	Informed consent obtained or verified
Completed by (initial): _____	Written radiation safety instructions provided (Health Facts for You)

C. PHARMACY COMPUTER ORDER ENTRY DOCUMENTATION:

Completed by (initial): _____	
Verified by (initial): _____	**NOTE: Must NOT be the individual who did the pharmacy computer order entry**

D. DOSE PREPARATION DOCUMENTATION:

Completed by (initial): _____	**NOTE: Must NOT be the individual administering the product**	
Dose Assay (mCi) = _____	Assay Date _____ & Time _____	RX# _____

Verified by (initial): _____	**NOTE: Must NOT be the individual who did the preparation, NOR the one administering**	
Dose Assay (mCi) = _____	Assay Date _____ & Time _____	RX# _____

E. EXPOSURE CALCULATIONS:

Beta Radiation Administered. Release criteria assessed and met, calculations not required.
Other Notes:

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

Clinician #1 ⬇	Clinician #2 ⬇	
		Clinician #1 is the Administering Clinician who is giving the dose. **Clinician #2** is NOT administering the dose
Initial _____	Initial _____	**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 (check as done): ☐ Patient Name <and> ☐ Radiopharmaceutical <and> ☐ Dose
Initial _____	Initial _____	**A**ssay of dose in the dose calibrator **NOTE: Neither the individual who did the preparation, NOR the one who verified the product** Dose Assay (mCi) = _____ Date _____ Time _____ (also document assay, time, date, initials on the computer generated prescription)
Initial _____		Pt ID Verification (2 methods used; Name must be 1 of the 2) Check: ☐ Name AND ☐Birthdate <OR> ☐ MR#
Initial _____		Negative pregnancy test or excluding clinical condition confirmed with reasonable assurance.
Initial _____		Patient is not currently breast feeding.
Initial _____		Samarium test dose given (0.1mL of the dispensed dose)
Initial _____		After test dose given, patient's chest surveyed with a GM meter on the surface above the heart, to confirm activity has been carried from the injection site through the circulatory system.
Initial _____		Remainder of Samarium dose administered to patient (IV push over 2 minutes).
Initial _____		Sodium Chloride 0.9%, 250mL administered IV after Samarium dose administered.
Initial _____		Patient released at the time of administration. ☐ YES <OR> ☐ NO

Clinician #1 Signature _____Date_____ Time_____