THE UNIVERSITY OF KANSAS HOSPITAL
KUMED
3901 Rainbow Boulevard
Kansas City, Kansas 66160

PATIENT LABEL

OUTPATIENT RELEASE FOR ^{131}I TREATMENT OF THYROID CANCER QUALIFICATION QUESTIONNAIRE

Questions to Pre-Qualify Patient for Immediate Release from the Hospital:

1. Have you been treated with ^{131}I during the current calendar year? ☐ Yes ☐ No
   If so, did you maintain a prudent distance from others, greater than three feet for the first three days then two feet for the next two days? ☐ Yes ☐ No ☐ NA
2. Will you maintain a prudent distance from others, greater than three feet for the first three days then two feet for the next two days? ☐ Yes ☐ No
3. Will you sleep alone in a room for four to six nights? ☐ Yes ☐ No
4. Will you have sole use of a bathroom for four to six days? ☐ Yes ☐ No
5. Will you avoid close contact with children and pregnant women for four to six days? ☐ Yes ☐ No
6. If you have children [0-18yrs] at home, will you make arrangements for a caregiver to take care of them for four to six days? ☐ Yes ☐ No
7. Will you avoid traveling by mass transportation or airplane and avoid prolonged automobile trips with others for two to four days? ☐ Yes ☐ No
7. Will you drink plenty of fluids for two to four days? (eight cups in 24 hours) ☐ Yes ☐ No
8. If your workplace or office is shared, will you avoid returning to work for two to four days? ☐ Yes ☐ No
9. If you are currently breastfeeding, will discontinue? ☐ Yes ☐ No ☐ N/A

The patient is pre-qualified for immediate release from the hospital if all screening questions are answered "YES".

Patient Signature:_____ Date:_____

Physician Signature:_____ Date:_____

Witness Signature:_____ Date:_____

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