Pregnancy and Breastfeeding Query

Date: _____

I have queried the female patient indicated below regarding pregnancy:

The reply was ☐ No, I am not pregnant because _____

Date of last menstrual period _____

☐ Yes, I am pregnant, _____ gestational weeks.

☐ I am unsure, -- (pregnancy test should be run if patient is unsure)

Results of pregnancy test: ☐ positive ☐ negative

IF THE ANSWER IS YES, CONTACT THE RADIATION SAFETY OFFICER FOR APPROVAL BEFORE GIVING THE PATIENT ANY ISOTOPE.

I have queried the female patient indicated below regarding breastfeeding:

The reply was ☐ No, I am not.

☐ Yes, I am _____ Age of child being breastfed.

IF THE ANSWER IS YES, REVIEW BREASTFEEDING GUIDELINES WITH PATIENT BEFORE INJECTING ANY ISOTOPE. IF THE PATIENT CONTINUES WITH THE TESTING, MAKE A COPY OF THIS SHEET AND GIVE IT TO THEM TO TAKE HOME FOR REFERNECE TO THE GUIDELINES LISTED BELOW.

Patient Name: _____

Patient Signature: _____

Witness (Physician/Technologist): _____

** Radioisotopes are excreted in breast milk and expose the infant to radiation. The radiation safety approach is to either pump the breasts after the injection of radioisotope and discard the milk, or if this is not feasible, collect milk and allow for appropriate decay (at least 72 hours) before giving the milk to the infant. Breast milk can be stored in the refrigerator for 5 days or frozen for up to six months. The mother may resume breast feeding 72 hours after the injection of the radioisotope. There is no need to discard the milk.