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**DOSE LIMITS FOR  
INDIVIDUALS WHO RECEIVE  
EXPOSURE FROM  
RADIONUCLIDE THERAPY  
PATIENTS, NCRP  
COMMENTARY NO. 11**

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Radiation Protection and  
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This brief commentary was written in response to increased risk estimates associated with exposure to radiation, and for guidance with exposure-based radioactive patient release criteria. It takes a different tack by presenting a summary of findings as the first chapter. These findings are: (a) a dose limit of 5 mSv annually for family members (up to 50 mSv upon recommendation of the treating physician); (b) confinement of the patient to a hospital and or medical facility if home care is not practical; (c) the need for the treatment physician, in consultation with the RSO, to determine patient restrictions upon release; and (d) the need to clearly identify the radionuclide burden and treatment in in-patient records.

The following two chapters, entitled "Introduction" and "Radiation Risk Estimates," are brief. The next chapter, "Radionuclide Therapy," is one of the two main chapters. Here the two types of therapy of concern, radiopharmaceutical and brachytherapy, are discussed. After this, there is discussion regarding external irradiation and potential intake. Finally the potentially exposed populations (medical facility patients, family members and members of the public) are considered.

The last chapter, "Recommendations," is the other main chapter. It starts with a brief discussion of basic radiation protection philosophy and dose limits to members of the public. Then it discusses limits for release of radionuclide therapy patients. Consideration is given for ALARA, other patients, the patient's family, coworkers and the general public. There is a section on medical confinement which includes consideration of the need for confinement, restrictions on patient contact with other persons and patient instructions. The last sec-

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tion discusses the identification of the radioactive condition of the patient.

The appendix has applications of criteria for release or medical confinement. There is specific discussion for various types of radioactive procedures. Also included are several tables for guidance in determining exposures from <sup>131</sup>I in various situations.

This is a useful publication that offers guidance for a number of situations. Recommendations of the NCRP, although not regulation themselves, can be incorporated into various federal and state guidelines and have the weight of being a standard of practice in the community. This publication can be used to determine patient release based on exposure to family and members of the public. Reading through this commentary will enable the reader to realize how carefully one must evaluate each individual situation when releasing any radioactive patient. This commentary is useful for anyone involved in that release decision, such as the physician, technologist or RSO.

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