|  |  |
| --- | --- |
| **Surname** | **Patient I.d.No.** |
| **Forename** | **D.O.B. DDMMYYYY** |
| **Address** | **NHS No.** |
|  | **Sex. Male/Female** |
|  |  |
|  |  |
| **Postcode** |  |

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|  |
| **Lu177 LUTATHERA Therapy for the treatment of Metastatic Neuroendocrine Tumours****Administration checklist**  |

**Adverse Event Reporting can be found on the next page.**

[Click here](https://www.rlthub.co.uk/sites/rlthub.co.uk/files/NET-PI-reel.pdf) **to access Prescribing information for all Advanced Accelerator Applications and Novartis products mentioned in this material.**

**The below document has been adapted, with permission, from Newcastle upon Tyne Hospitals NHS Foundation Trust. Centres should refer to the SMPC for LUTHATHERA® (lutetium [177Lu] oxodotreotide) when preparing their own pro-forma guidance and ensure all requirements are fulfilled prior to product administration.**

|  |
| --- |
|  |

Affix patient identification label in box below or complete details

Patient name:............................................................................

DOB: ..................................................................................

Hospital number: ..................................................................................

Radiopharmacy confirmation of QC release (signature): ...............................................

Activity issued (MBq): ………………………………signature………………………………

Residual activity (MBq): ………………………………signature………………………………

Activity entered on RIS/EPR (MBq): ………………………………signature………………………………

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Responsibility** | **Completed** | **Date** | **Name** | **Signature** |
| Liaise with ward staff re. administration time.(Expected therapy admin time: ………….) |  |  |  |  |
| Check patient has been prescribed: |  |  |  |  |
| Last somatostatinanalogue administration(if not taking these write N/A)Analogue Type: |  |  |  |  |
| Pre-Hydration (Admin time: …………….) |  |  |  |  |
| Anti-Emetics (Planned Admin time: ……………) |  |  |  |  |
| Are Amino acids available and on the ward?Which product? (lysine and arginine/ Vamin 18)Amino acid expected infusion time:…….…… |  |  |  |  |
| Call ward to ensure the above is going to schedule |  |  |  |  |
| 3-point IRMER patient ID check against request card |  |  |  |  |
| Confirm prescribed radiopharmaceutical and activityagainst request card |  |  |  |  |
| Check patient signed consent form |  |  |  |  |
| -ve urine pregnancy test female patient (12 – 55 years) |  |  |  |  |
| Check not breastfeeding female patient |  |  |  |  |
| Check patient has received: |  |  |  |  |
| * Pre-hydration
 |  |  |  |  |
| * Anti-emetics
 |  |  |  |  |
| * Amino acids
 |  |  |  |  |
| Check patient’s Hb : …… Platelets : ……Urea : ……. Crt: …… e-GFR: ………. |  |  |  |  |
| Check patient has emptied bladder  |  |  |  |  |
| Check comforters/carers counselled |  |  |  |  |
| Written record of administered radiopharmaceutical &activity in patient notes |  |  |  |  |
| Inform RT physics of activity of radionuclide administered |  |  |  |  |
| Amino acids reconnected to IV lineInfusion rates: Amino acid …….. Saline………. |  |  |  |  |

**Adverse Event Reporting**

**Adverse events should be reported. Reporting forms and information can be found at** [**www.mhra.gov.uk/yellowcard**](http://www.mhra.gov.uk/yellowcard)**. Adverse events should also be reported to Novartis via** **uk.patientsafety@novartis.com** **or online through the pharmacovigilance intake (PVI) tool at** [**www.novartis.com/report**](http://www.novartis.com/report)

**If you have a question about the product, please contact Medical Information on 01276 698370 or
by email at** **medinfo.uk@novartis.com**

This material was developed by Advanced Accelerator Applications, a Novartis company. Advanced Accelerator Applications products are discussed herein.