

Low-Iodine Diet Guidelines — Summary

ThyCa: Thyroid Cancer Survivors' Association, Inc.SM

For details, and our **free downloadable Low-Iodine Cookbook**, visit www.thyca.org

Key Points

- This is a Low-Iodine Diet, NOT a No-Iodine Diet or an Iodine-Free Diet.
- The diet is for a short time period, usually for the 2 weeks (14 days) before a radioactive iodine scan or radioactive iodine treatment.
- Avoid foods high in iodine (over 20 mcg per serving). Eat any foods low in iodine (up to 5 mcg per serving). Limit the quantity of foods moderate in iodine (5 to 20 mcg per serving).
- Read the ingredient lists on the labels of packaged foods. Check with your physician about medications you are taking.

Not Allowed—

Avoid These Foods and Ingredients

- Iodized salt, sea salt, and any foods containing iodized salt and sea salt.
- Seafood and sea products (fish, shellfish, seaweed, seaweed tablets, carrageenan, agar-agar, alginate, nori and other sea-based foods or ingredients).
- Dairy products of any kind (milk, cheese, yogurt, butter, ice cream).
- Egg yolks or whole eggs or foods containing whole eggs.
- Bakery products containing iodine/iodate dough conditioners or high-iodine ingredients. Low-iodine homemade and commercial baked goods are fine.
- Red Dye #3.
- Most Chocolate (due to milk content). Cocoa powder and some dark chocolates are allowed.
- Some molasses (if sulfured, such as blackstrap molasses). Unsulfured molasses, which is more common, is okay. Sulfur is a term used on labels and does not relate to iodine.
- Soybeans and soybean products such as tofu, TVP, soy milk, soy sauce. The NIH diet says to avoid some other beans: red kidney beans, lima beans, navy beans, pinto beans, and cowpeas.
- On some diets, rhubarb and potato skins (inside of the potato is fine).
- Iodine-containing vitamins and food supplements.
- If you're taking a medication containing iodine, check with your physician.

Allowed Foods and Ingredients

- Fruits except rhubarb and maraschino cherries (with Red Dye #3).
- Vegetables: preferably raw or frozen without salt, except soybeans and (according to NIH diet) a few other beans.
- Unsalted nuts and unsalted nut butters.
- Whites of eggs.
- Fresh meats up to 6 ounces a day.
- Grain and cereal products up to 4 servings per day, provided they have no high-iodine ingredients.
- Pasta, provided it has no high-iodine ingredients.
- Sugar, jelly, jam, honey, maple syrup.
- Black pepper, fresh or dried herbs and spices.
- Oils. All vegetable oils, including soy oil.
- Sodas (except with Red Dye #3), cola, diet cola, non-instant coffee, non-instant tea, beer, wine, other alcoholic beverages, lemonade, fruit juices.
- **Read the ingredient list on all packaged foods.**

Easy Snacks for Home, Work, or Travel

- Fresh fruit or juice
- Dried fruits such as raisins
- Fresh raw vegetables
- Applesauce
- Popcorn
- Unsalted nuts
- Sodas other than those with Red Dye #3
- Fruit juice
- Unsalted peanut butter or other nut butters (great with apple slices, carrot sticks, crackers, and rice cakes)
- Unsalted Matzo crackers and other unsalted crackers
- Homemade low-iodine bread or muffins

Easy Quick Meals

- Oatmeal toppings-cinnamon, honey, applesauce, maple syrup and walnuts, fruit
- Grilled fresh meat, vegetables, fresh fruit or baked apple
- Salad topped with grilled chicken or beef, oil and vinegar dressing
- "Sandwich" with Matzo crackers, plain peanut butter, jelly

Our thanks to ThyCa's medical advisors and conference speakers for information and support.

Disclaimer: This information is intended for educational purposes only. It is not intended, nor should it be interpreted, as medical advice or directions of any kind. Any person viewing this information is strongly advised to consult their own medical doctor(s) for all matters involving their health and medical care.

RADIOIODINE ORAL THERAPY RECORD-INPATIENT

NAME: _____ UNIT #: _____ DATE: _____

DOSE: _____ mCi TIME _____ am/pm Dose administered by: _____
(tech/MD)

Assay witnessed by physician _____ (MD initial)

Radiation sticker on front of chart: _____ (MD initial)

INITIALS	DATE	TIME	METER OK (✓)	ANT-NECK (mR/hr) @ 1 meter	BEDSIDE With Pt. In Bed (mR/hr)	AT DOOR With Pt. In Bed (mR/hr)

N.R.C. REGULATIONS FOR DISCHARGE

(Please circle the appropriate box)

AGE: ≥ 45 y/o	AGE: 45 - 48	AGE: < 18 y/o
18 mR/hr	11 mR/hr	1.8 mR/hr
80 mCi	50 mCi	8 mCi

PREDETERMINED DOSE RATE FOR DISCHARGE:

(Based on age of patient and living conditions)

MD initials: _____

DISCHARGE PROCEDURE CHECKLIST:

PHYSICIAN CHECKLIST:

- _____ Completed progress notes indicating dose rate ready for discharge.
- _____ Communicated to Nurse/Admitting MD that patient can be discharged when orders are written by Admitting MD.

DISCHARGE TECH OR T.A. CHECKLIST:

- _____ Name of patient's nurse on day of discharge: _____ R.N.
- _____ Notify dose rate (mR/hr) to Nuclear Medicine physician when predetermined level is reached.
- _____ Patient belongings monitored and tagged for future pick-up with name, phone, and radioactive sticker.
- _____ Review patient clothing change procedure with discharging nurse.
- _____ Review with patient, what to expect at time of discharge.



PREPARATION FOR I-131 TX

1. Stop your thyroid hormone on: _____, and start cytomel (see prescription) on: _____.

2. Stop cytomel and start low iodine diet (see list) on: _____

3. Do labs (see lab form) on: _____

4. I-131 treatment will be on: _____ @ _____

Do not eat any solid foods after midnight however, liquids are encouraged.

Inpt _____ Outpt _____

5. Take sour candies day after I-131 treatment, starting on: _____

6. Restart your thyroid hormone on: _____

7. Date for the follow-up whole body scan will be on: _____ @ _____



HOME INSTRUCTIONS
FOR
I-131 THERAPY PATIENTS

Patient Identification

Please comply with activities that are **circled**:

1. During the next 7 days you must stay away from children and pregnant women.
- ②. If you are a woman, do not breast feed or become pregnant for 6 months.
3. During the next 2 days you must limit your contact to _____ hours at no closer than 1 meter.
4. Flush toilet twice after use for one week.
5. Keep your dishes and eating utensils separate for one week and wash separately.
6. Hold clothing and linens for one week and launder separately.
7. Sleep by yourself for one week.
8. Avoid public transportation, movie theaters or other prolonged public close contact for 2 days.
- ⑨. Present the radiation instruction sheet to any physician consulted over the next 3 weeks.
- ⑩. If you have any radiation safety questions, call the hospital page operator (619) 543-6440 to contact the Nuclear Medicine physician on call.

Appointments:

1. Nuclear Medicine Clinic (619) 543-1986 for I-131 10-day post therapy whole body scan.
Date: _____ Time: _____
2. Clinical Laboratory for blood test in 4 weeks (TSH, Free T4, _____, _____).
Date: _____ Time: _____
3. Endocrinology Clinic visit (619) 543-6303 or referring endocrinologist/physician visit in 5 weeks.
Referring office phone number: _____
Date: _____ Time: _____

Medications:

1. Synthroid _____ daily.
2. _____
3. _____
4. _____

I have reviewed these instructions with the
Nuclear Medicine physician.

Patient Signature

Date

Physician Signature/PID#

Date & Time