



Publications Reference: PRN01656

## Protocol for the administration of potassium iodide tablets

Protocol for the administration of potassium iodide 65mg tablets to adults and children exposed to or at risk of exposure to radioactive iodine in an emergency situation

Reference no: 20241201PotassiumIODIDEprotocol

Version no: 3.00

Valid from: 1 December 2024 Review date: 1 December 2026 Expiry date: 1 December 2027

# The UK Health Security Agency (UKHSA) has developed this protocol to facilitate the administration of potassium iodide in an emergency situation

This protocol has been prepared for the administration of a Pharmacy only (P) medication, for which a Patient Group Direction is not required. This protocol is intended to support individuals who have been appropriately trained and authorised by the service provider to work under this protocol.

There is no legal requirement for formal authorisation of a protocol. The protocol may be adopted by commissioners and providers to support the administration of the named medicine. It should be approved through local governance processes prior to use.

#### The clinical contents should not be amended.

Any queries regarding the content of this protocol should be addressed to: <a href="mailto:sma@ukhsa.gov.uk">sma@ukhsa.gov.uk</a>

# Change history

Version Number	Change details	Date
1.00	New PHE protocol for Potassium iodide	10 December 2018
2.00	Anaphylaxis, severe allergy or sensitivity to any of the excipients in the tablets and dermatitis herpetiformis or hypocomplementaemic vasculitis added to criteria for exclusion	14 December 2021
	2. Renal disease removed from criteria for exclusion	
	3. Off-label use: addition that commencing treatment later than 24 hours following exposure to radioactive iodine may do more harm than good by prolonging the biological half-life of radioactive iodine that has already accumulated in the thyroid.	
	4. Additional information under method of administration	
	Drug interactions, patient advice, special considerations and recording requirements sections amended	
	Change from PHE to UKHSA; standard wording changes in line with UKHSA protocols; references updated	
2.00a	Correction of typo on page 8: 'PGD' changed to 'Protocol'	19 January 2022
2.00b	Update contact details on page 1	24 April 2023
3.00	Standard wording changes in line with UKHSA protocols; references updated	1 December 2024
	Change to wording on page 1: "healthcare practitioners" changed to individuals	
	Qualifications and professional registration: wording changed to expand to all individuals with some examples	
	4. "They have not given consent to take potassium iodide" added to exclusion criteria	
	5. "doctor" changed to prescriber throughout	
	6. Arrangements for referral for medical advice and cautions including any relevant action to be taken sections added as per UKHSA protocol template and information previously in footnote moved to cautions	
	7. Off-label use: change from treatment should be initiated within one hour to within two hours as per SPCs	
	8. Route/method of administration: juice changed to water for administration to neonates, removal of jam, honey and yoghurt for all age groups, addition of swallow whole for children who can	
	Potassium iodide content added to dosing table	
	"Special considerations/additional information" section removed and information moved to cautions	
	11. Records section amended to remove list of what to include	

## 1. Protocol Development

This protocol has been developed by the following on behalf of the UKHSA:

Developed by:	Name
Pharmacist (Lead author)	Anna Wilkinson, Clinical Response Pharmacist, UKHSA
Doctor	Kiran Attridge, Senior Medical Adviser and Consultant in Public Health, UKHSA
Registered Nurse	Gemma Hudspeth, Senior Health Protection Practitioner, UKHSA

#### **Expert Panel**

Name	Designation
Ruth Milton	Head of Clinical and Public Health Response (advice), UKHSA
Duncan Cox	Specialist Radiation Protection Scientist, UKHSA
Sharon Ely	Radiation Protection Specialist, UKHSA
Jo Jenkins	Lead Pharmacist, Patient Group Directions and Medicines Mechanisms, NHS Specialist Pharmacy Service
Michelle Jones	Principal Medicines Optimisation Pharmacist, NHS Bristol, North Somerset and South Gloucestershire ICB
Jacqueline Lamberty	Medicines Governance Consultant Lead Pharmacist, UKHSA
Prof. Ray Powles	Head Haematooncology Cancer Centre, London Co-chair European Blood and Marrow Transplant Nuclear Accident Committee Co-chair Global Emergency Nuclear Accident WBMT Society
Craig Prentice	Consultant Practitioner Paramedic, Surrey and Sussex Healthcare NHS Trust

### 2. Characteristics of Staff

Qualifications and professional registration	This protocol is intended for use by individuals who have been appropriately trained and authorised by the service provider to work under this protocol. This may include:	
	<ul> <li>healthcare practitioners</li> <li>individuals listed in Part 1 or 2 of Schedule 1 to the Civil Contingencies Act 2004</li> <li>individuals working in accordance with an off-site emergency plan prepared under the Radiation (Emergency Preparedness and Public Information) Regulations 2019</li> <li>other individuals authorised by the service provider according to local governance frameworks</li> </ul>	

# 3. Clinical condition or situation to which this protocol applies.

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Clinical condition or situation to which this protocol applies	Known or suspected exposure to radioactive iodine or at risk of exposure, in an emergency situation.	
Criteria for inclusion	All age groups (adults, including pregnant or breastfeeding individuals, children, babies and neonates):	
	With known or suspected imminent exposure to radioactive iodine or at risk of exposure	
	2. As a precautionary countermeasure as declared by the UKHSA	
	Note: Pregnant and breastfeeding individuals, neonates, infants and children are a priority for treatment. Prophylactic administration of potassium iodide to pregnant individuals is also effective in protecting the thyroid of the foetus.	
Criteria for exclusion	Individuals are excluded from this protocol if:	
	24 hours or more has passed since the known or suspected exposure to radioactive iodine	
	2. They have experienced anaphylaxis, severe allergy or sensitivity to any iodine containing medicines or any of the excipients in the tablets (see relevant <u>Summary of Product Characteristics</u> (SPC) for excipients)	
	They have dermatitis herpetiformis or hypocomplementaemic vasculitis	
	4. They have not given consent to take potassium iodide	
Cautions including any relevant action to be taken (continued overleaf)	The risk of health problems occurring, particularly to a single dose, is remote. The special precautions listed in the SPC have been considered. The UKHSA has determined the benefit outweighs the risk, where advice is given by the appropriate public health authority that potassium iodide should be taken.	
	Pregnant individuals with active hyperthyroidism	
	If pregnant individuals with active hyperthyroidism take potassium iodide, there is a risk of foetal thyroid blockage. This contraindication	

Cautions including any relevant action to be	is not an exclusion because post-natal screening for hypothyroidism is undertaken in the UK.
taken (continued)	Breastfeeding
	lodine is actively transported in breast milk; however, the dosage in breast milk is insufficient on its own to protect babies. Therefore, breastfeeding individuals should continue to breastfeed their babies, and these babies should also receive potassium iodide in the normal dose by age (see <a href="Dose and frequency of administration">Dose and frequency of administration</a> )
Action to be taken if the individual is excluded	Explain why they have been excluded and refer the individual to the supervising prescriber.
	If the supervising prescriber decides the product can be administered, they will need to provide a Patient Specific Direction.
Action to be taken if the individual or carer declines treatment	Advise the individual or their carer of the possible consequences of refusing treatment and about its protective effects.  Refer the individual to the supervising prescriber.
Arrangements for referral for medical advice	As per local arrangements

# 4. Description of Treatment

Name, strength & formulation	Potassium iodide 65mg tablets equivalent to 50mg of iodine
Legal category	Pharmacy only (P) medicine
Black Triangle▼	No
Off-label use	Although the SPC states treatment should be initiated within two hours of exposure for maximal effectiveness, treatment should nevertheless be considered after this time period, as the likely benefits of treatment outweigh the likely risks of non-treatment. The timeframe will be decided according to local advice at the time of an incident.  However, commencing treatment later than 24 hours following exposure to radioactive iodine may do more harm than good by prolonging the biological half-life of radioactive iodine that has already accumulated in the thyroid.  Where a product is recommended off-label consider, as part of the consent process, informing the individual or their carer that the product
	is being offered in accordance with national guidance but this is outside the product licence.
Route/method of administration (continued overleaf)	For neonates (from birth to up to 1 month of age): crush the quarter tablet and dissolve it in a small quantity of milk or water. Shake well to make sure the powder dissolves.

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Route/method of administration (continued)	dministration and mix with milk, water or juice (if over 6 months of age) before		
	For children from 3 to 12 y milk, water or juice before accan be swallowed whole.	_	
	For adults and children fro tablets with water; if this is d		
Dose and frequency of administration	Where possible, the dose should be administered shortly before exposure or as soon as possible after an exposure has occurred but not once 24 hours has passed.		
		Tablets (potassium iodide)	lodine equivalent
	Adults, and children from 12 years of age	2 tablets (130mg)	100mg
	Children (from 3 to 12 years of age)	1 tablet (65mg)	50mg
	Children (from 1 month to 3 years of age)	½ tablet (32mg)	25mg
	Neonates (from birth up to 1 month of age)	1/4 tablet (16mg)	12.5mg
Duration of treatment	A single dose to be administ exposure lasting up to 24 ho	•	is will protect against
Quantity to be supplied/ administered	A single dose		
Storage	Store in original container be	elow 25 °C	
Disposal	Any unused product or waste material should be disposed of in accordance with local arrangements.		
Drug Interactions	The SPC lists drug interactions. These are not contraindications to administering potassium iodide where advice is given by the appropriate public health authority that potassium iodide should be taken, as the benefit of taking this medicine outweighs the risk of the interactions.		
	Refer to the relevant SPC fo	r a complete list	
Identification and management of adverse	The risk of adverse reactions such as nausea and taste disturbances, particularly to a single dose, is remote.		d taste disturbances,
reactions	Where advice is given by the potassium iodide should be outweighs the risk of undesigned to the control of the	taken, the benefit of t	•
	A detailed list of adverse reactions is available in the relevant <u>SPC</u>		
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Adverse Reactions re or St	Il suspected adverse reactions in children and severe adverse	
ΔΙ	All suspected adverse reactions in children and severe adverse reactions in adults should be reported using the <a href="Yellow Card scheme">Yellow Card scheme</a> or search for MHRA Yellow Card in the Google Play or Apple App Store.	
	lert the supervising prescriber in the event of a serious adverse eaction.	
<b>be given</b> do	he marketing authorisation holder's patient information leaflet (PIL) oes not need to be given when a product is administered. However, available, it would be good practice to supply the PIL.	
Pi	rovide the UKHSA Potassium lodide Information Leaflet if available.	
- I	xplain why the treatment is necessary.	
m sc	nform the individual or their carer of possible side effects and their nanagement. Ensure the individual is aware medical advice should be ought if side effects or any other unexplained effects on health are experienced.	
m ha pr	dvise individuals who are in the last three months of pregnancy to nake an appointment to see their GP or midwife. When an individual as taken potassium iodide tablets in the last three months of regnancy, umbilical cord blood samples should be taken at birth for ne baby's thyroid hormone measurement.	
ap th	dvise parents or carers of babies under three months old, to make an ppointment to see their GP or midwife. It is important to check the hyroid hormone levels of young babies after being given potassium ordide.	
	dults with previously treated or active thyroid disease should consult neir GP if they notice any change in their condition.	
H <sub>0</sub>	other individuals will not need to see their GP after taking the tablets. However, advise if they have to see their GP or other healthcare rofessional for other reasons, they should tell them they have taken otassium iodide tablets.	
Records Re	ecord and retain information according to local policies	

#### 5. Key References

#### **Key references**

- Potassium iodide (ThySat) 65mg tablets Summary of Product Characteristics updated 13 June 2024
- <u>Potassium iodide (ThySat) 65mg tablets Patient Information Leaflet</u> updated 13 June 2024
- <u>Potassium iodide 65mg tablets Summary of Product</u>
   <u>Characteristics</u> updated 29 August 2024
- <u>Potassium iodide 65mg tablets Patient Information Leaflet</u> updated 29 August 2024
- The Human Medicines (Amendment) Regulations 2018 No.199
- <u>Iodine thyroid blocking: Guidelines for use in planning and responding to radiological and nuclear emergencies</u> World Health Organization 2017
- National stockpiles for radiological and nuclear emergencies: policy advice World Health Organization 2023
- When not to use a PGD updated 2 July 2024