

DCS No.: N/A
Date: December 17, 2003

PRELIMINARY NOTIFICATION OF EVENT OR UNUSUAL OCCURRENCE PNO-I-03-034

This preliminary notification constitutes EARLY notice of events of POSSIBLE safety or public interest significance. The information is as initially received without verification or evaluation, and is basically all that is known by the Region I staff on this date.

Facility

Lexington Clinic
Lexington, KY
(Agreement State Licensee)

Licensee Emergency Classification

Notification of Unusual Event
 Alert
 Site Area Emergency
 General Emergency
 Not Applicable

Docket No.: NA
Kentucky License No.: 202-016-26
EN: 40387

SUBJECT: MEDICAL MISADMINISTRATION DURING IODINE UPTAKE STUDY

On December 11, 2003, the Commonwealth of Kentucky's Radiation Health and Toxic Agent Branch (the Branch) notified the NRC Operations Center of a medical misadministration involving a thyroid uptake study. On November 24, 2003, a patient was administered a thyroid uptake dose of 0.98 millicuries of iodine 131. The prescribed dose was 0.015 millicuries. The misadministration apparently occurred due to the prescription order being made incorrectly with no subsequent verification by the technologist. The patient and the patient's physician were notified on November 26, 2003. The licensee determined that no adverse effect to the patient occurred as a result of the misadministration.

The licensee has provided the Branch with a written report on the circumstances and cause of the event and their corrective actions. The Branch is currently reviewing the licensee's corrective actions and plans additional followup.

The Commonwealth of Kentucky has reviewed the content of this notification. The Region I Public Affairs Office is prepared to respond to media inquiries.

The contents of this notification are current as of December 17 at 9:00 a.m.

Contact: Duncan White
(610) 337-5042

DISTRIBUTIONS:

BY E-MAIL:

OWFN

Chairman Diaz
Comm. McGaffigan Jr.
Comm. Merrifield
OIP
OCA
OGC
EDO
OE
NRR
SECY
Regional Offices

TWFN

IRO
NMSS
OIG
RES

LST

PDR

BY FAX:

DOT:Trans

INPO

NSAC

RI Resident Office

Licensee: _____

(Reactor Licensees)

DOCUMENT NAME: S:\PN\PN103034.wpd

OFFICE	RI/DNMS	RI/ORR	RI/PAO		
NAME	D White/gcp for:	G Pangburn/gcp	D Screnci/gcp for:		
DATE	12/17/03	12/17/03	12/17/03		