

LAWRENCE
& MEMORIAL
HOSPITAL



Bruce D. Cummings
President &
Chief Executive Officer

May 16, 2007

License No. 06-09261-01
Inspection Date: March 7, 2007

U.S. Nuclear Regulatory Commission
Region I
Nuclear Materials Safety Branch
Division of Radiation Safety and Safeguards
475 Allendale Road
King of Prussia, PA 19406-1415

03001275/2007001

TO Whom It May Concern:

This is to confirm the actions taken in response to the findings of your inspection of March 7, 2007.

After review of the findings, the Radiation Safety Committee in conjunction with RSO and authorized physicians met on March 9, 2007 and the following actions were taken:

- The Written Directive was changed to explicitly list each authorized user and their authorized uses. The authorized user is now required to check off their name in addition to signing and dating the Written Directive.
- The Nuclear Medicine staff is instructed to only order and administer radioactive material, which meets the written directive, but also verify that the physician is authorized for that material and dosage. If there is any question that the order is not appropriate, the nuclear medicine staff is instructed not to proceed until it is clarified.

A copy of the latest version of the Written Directive (Rev. date 4/1/07) is attached and has been fully implemented as of today.

Please let me know if you require any additional information.

Sincerely,

Bruce D. Cummings
President & CEO

Enc: Written Directive Rev. 4/1/07

NMSS/RGNI MATERIALS-004

LAWRENCE & MEMORIAL HOSPITAL, NEW LONDON, CT ---- LIC NO. 06-09261-01
RADIOPHARMACEUTICAL WRITTEN DIRECTIVE AND VERIFICATION FORM
(MUST BE COMPLETED FOR ALL I-131 DOSAGES GREATER THAN 30 MICROCURIES, AND ALL THERAPEUTIC RADIOPHARMACEUTICAL DOSAGES)

WRITTEN DIRECTIVE - MUST BE COMPLETED & SIGNED BY THE AUTHORIZED PHYSICIAN PRIOR TO ADMINISTRATION OF RADIOACTIVE MATERIAL TO PATIENT

PATIENT NAME & I.D.: _____ Male/Female: _____ DOB: _____

DIAGNOSIS/PURPOSE OF DOSAGE: _____

PRESCRIBED RADIOPHARMACEUTICAL: _____ FORM: _____

PRESCRIBED DOSAGE (mCi OR uCi): _____ ROUTE OF ADMINISTRATION: _____

- Preston Lamberton, MD Authorized for Any Radiopharmaceutical Therapy Dosage.
- Thomas Manning, MD Authorized for I-131 of 33 mCi or less, or any other Radiopharmaceutical.
- Patrick Lahr, MD Authorized for I-131 of 33 mCi or less, or any other Radiopharmaceutical.
- Sheldon Robbins, MD Authorized only for I-131 of 33 mCi or less.
- John Sorrentino, MD Authorized only for I-131 of 33 mCi or less.

Check Off Above, Sign, & Date Signature: _____ Date: _____

MEASUREMENTS & PATIENT VERIFICATION
(COMPLETED BY PERSON ADMINISTERING RADIOISOTOPE TO PATIENT)

PRIOR TO ADMINISTRATION, MEASURE THE ACTUAL RADIOPHARMACEUTICAL DOSAGE IN THE DOSE CALIBRATOR, AND VERIFY EACH OF THE FOLLOWING WITH THE WRITTEN DIRECTIVE:

___ IS THE WRITTEN DIRECTIVE FOR A SPECIFIC PATIENT, DATED & SIGNED BY A PHYSICIAN AUTHORIZED ON THE RADIOACTIVE MATERIAL LICENSE TO PRESCRIBE THIS TYPE, FORM, QUANTITY & ROUTE OF ADMINISTRATION ?

___ DOES THE FORM, TYPE, AND QUANTITY OF RADIOISOTOPE ON THE CONTAINER AGREE WITH THE WRITTEN DIRECTIVE ?

___ DOES FEMALE PATIENT CONFIRM SHE IS NOT PREGNANT ?

___ DOES FEMALE PATIENT CONFIRM SHE IS NOT NURSING ?

For all therapeutic pharmaceuticals, & diagnostic I-131 in excess of 200 uCi, all female patients between the ages of 10 & 55 years old, without exception, shall obtain a pregnancy test within 24 hours prior to administration. A copy of the pregnancy test (or a copy of a medical report documenting surgical sterilization) must be obtained prior to administration, & filed in Nuclear Medicine.

___ PATIENT I.D. AGREES WITH WRITTEN DIRECTIVE BY AT LEAST 2 MEANS?

VERBAL ? : _____ WRIST BAND ? : _____ OTHER ? : _____

___ DOES MEASURED ACTIVITY AGREE WITH WRITTEN DIRECTIVE PRESCRIBED DOSAGE WITHIN 10%?

90% of Prescribed Dosage (Lower Limit): _____ 110% of Prescribed Dosage (Upper Limit): _____

Measured Activity: _____ Date & Time: _____

___ DO ALL ASPECTS OF THE WRITTEN DIRECTIVE AND PATIENT ADMINISTRATION AGREE ?

IF THE ANSWER TO ANY OF THE ABOVE IS NO, OR THERE ARE ANY QUESTIONS REGARDING THE WRITTEN DIRECTIVE OR ADMINISTRATION, THESE MUST BE CLARIFIED WITH THE AUTHORIZED PHYSICIAN PRIOR TO PATIENT ADMINISTRATION.

OPTIONAL MEASUREMENT MR/HR EXPOSURE RATE AT 1 METER FROM PATIENT: _____

COMMENTS: _____

RADIOISOTOPE ADMINISTERED TO PATIENT IN ACCORDANCE WITH THE WRITTEN DIRECTIVE

Date & Time Name Signature

Patient Acknowledges Receipt of Verbal and Written Instructions Pt. Signature: _____