State of California—Health and Human Services Agency
Department of Health Services

California Department of Health Services
SANDRA SHEWRY
Director

ARNOLD SCHWARZENEGGER
Governor

FACSIMILE TRANSMITTAL SHEET

Date: 2/3/05

To: DANTE
Company: INEEL
Fax Number: 208-526-2930

From: Peggy Lee McKernan,
Staff Services Analyst

Total Number of Pages Including Cover: 5

Notes/Comments:

Here are the NMED or licensee reports. Thanks. Have a nice day!

XCA 672 West Anaheim Medical Center
Closed

Flex your POWER

Food, Drug and Radiation Safety: Radiologic Health Branch
MS 7610, PO Box 997414, Sacramento, CA 95899-7414
(916) 440-7961 FAX (916) 341-7216
pmckerna@dhs.ca.gov
DHS Internet Address: www.dhs.ca.gov

2/3/05
RHB-BREA

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 1 of 4)

XCA672

General Information on the Event

Original Item # (State\YR\No.)		License # 1021-30	Licensee West Anaheim Medical Center		
City Anaheim	Street Address 3033 W. Orange Ave.			State CA	Zip Code 92804
Program Code	Description			Reg.	Ags
Other License #					
License # of Site	Site of Event				State
License # of other party		Name of other party			
City of other party		State	Reciprocity		
Event Date 01/18/05	Event Time	Time Zone PST	Report Date 01/19/05	Report Time	Time Zone PST
Discovery Date / /		Discovery Time		Time Zone	
Reportable event (NRC) (AS) AS	AEA	Investigation Pending None Closed		Consultant Hired	
Event type description Misadministration		Cause description Failure to confirm order			
Contributing factor		Precipitating factor			
Corrective action Implement new procedure; reinstruct personnel					

Abstract

A patient was prescribed a cardiac study using Cariolilte, but the procedure was cancelled and the nuclear medicine department was not aware of the cancellation. The patient was administered 8 mCi Tc-99m cardiolite because the chart was not checked immediately prior to the administration.

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 2 of 4)

Reporting Requirements

Requirement designation (State/NRC) AS	
Regulation Code CCR, title 17, section 30322	**Regulation Description** Misadministration

Equipment Information (System level)

System name			
Manufacturer	**Model #**	**Manuf. date** / /	**Serial Number**
Equipment problem			

Equipment Information (Component Level)

Component Name			
Manufacturer	**Model #**	**Manuf. date**	**Serial Number**
Isotope (Isotope activity Ci)	**Assay Date** / /	**Leak test result (uCi)**	**Source change dte** / /
Equipment problem			

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 3 of 4)

Consultant Information

Consultant Name	Company
Specialty	Contracted by

Medical Misadministration Information

Patient #		Patient Informed		Diagnostic/Therapy Dx	
PROCEDURE Organ Dose Isotope Study Chem Dosage		INTENDED None		GIVEN Upper Ig intestine 1.38 rads Tc-99m Cardiolite 8 mCi	
% Overtreatment	% Undertreatment	Family Dose	Fetal	Dose Newborn	Dose
Effect on patient		Who administered Imaging technologist			

Overexposure Information

Person #
Person #
Person #

Dose Received (Rem)	Radiation Source

Type of Exposure	Consequences of Exposure

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 4 of 4)

Demographics Information		
Perf#	**Code**	**Description**

Release of Material (Contamination) Information	
Type of Release	
Isotope	**Activity (Ci)**
Consequence	