

California  
Department of  
Health Services**SANDRA SHEWRY**  
DirectorState of California—Health and Human Services Agency  
Department of Health Services**ARNOLD SCHWARZENEGGER**  
Governor

## FACSIMILE TRANSMITTAL SHEET

Date: 3/24/05  
To: DANTE  
Company: INEEL  
Fax Number: 208-526-2930  
From: Peggy Lee McKernan,  
Staff Services Analyst

**Total Number of Pages Including Cover:****Notes/Comments:**

This is an initial report of this event from California (Agreement State). Additional information will be provided upon completion of the investigation of this event, which is expected within 60-90 days. If you require additional information before then, please let me know.

XLA 703 Grossmont Hospital

**Flex your  
POWER**

Food, Drug and Radiation Safety: Radiologic Health Branch  
MS 7810, PO Box 997414, Sacramento, CA 95899-7414  
(916) 440-7961 FAX (916) 341-7216  
[pmckerna@dhs.ca.gov](mailto:pmckerna@dhs.ca.gov)  
DHS Internet Address: [www.dhs.ca.gov](http://www.dhs.ca.gov)

State of California - Health and Human Services Agency

Department of Health Services - Radiologic Health Branch

**MATTER REQUIRING INVESTIGATION/INSPECTION**

**XCA703**

**3/24/05**

HEALTH AND SAFETY  ADMINISTRATIVE

**INFO**

<b>LICENSEE / REGISTRANT / USER</b>		<b>ASSIGNMENT</b>	
LICENSEE/REGISTRANT/USER NAME Grossmont Hospital		5010 NUMBER (Date Notified) 022805	
LICENSEE/REGISTRANT/USER CONTACT Mark Young	PHONE 619-644-4509	INSPECTION OFFICE (AGENCY) SAN DIEGO COUNTY / Region 6	
TITLE RSO	OTHER PHONE/EMAIL	INSPECTOR	
OFFICE ADDRESS 5555 Grossmont Center Dr / La Mesa 91942		<b>EVENT TYPE</b>	
EVENT/SITE LOCATION		<input type="checkbox"/> MACHINE <input checked="" type="checkbox"/> MATERIALS (Check One)	
OTHER CONTACT	PHONE	<input type="checkbox"/> Radiation Exposure (EXP) <input type="checkbox"/> X-ray Registration (XR) <input type="checkbox"/> Transportation (TRS) <input type="checkbox"/> Certification (CT) <input type="checkbox"/> Leaking Source (LKS) <input type="checkbox"/> Mammography (MM) <input checked="" type="checkbox"/> Misadministration (MD2) <input type="checkbox"/> Landfill/Scrap Yard (LY) <input type="checkbox"/> Release of Material (RLM) <input type="checkbox"/> Crematory (CR) <input type="checkbox"/> Theft or Loss (LAS) <input type="checkbox"/> Other (OTH) <input type="checkbox"/> Equipment Malfunction (EQP)	
LICENSE/REGISTRATION NUMBER 0670-37	OTHER PHONE/EMAIL	Involve CA SS&D: <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No Provided to RML: _____ (date)	
<b>INFORMATION SOURCE</b>			
NAME/POSITION			
ADDRESS - Number Street			
TELEPHONE NUMBER	OTHER PHONE/EMAIL	COMPLAINT (AL) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Forwarded by NRC <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Respond to Complainant <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Anonymity Requested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
FIRST CONTACT BY (Check One Only)		<b>REPORTABLE EVENT (NMED)</b>	
<input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Letter/Form <input type="checkbox"/> Email <input type="checkbox"/> Other (Specify): _____		NRC reportable event? <input type="checkbox"/> ≤ 24-hr <input type="checkbox"/> 30-Day <input checked="" type="checkbox"/> Info <input type="checkbox"/> No Regulation Requiring Report: (NRC) _____ (CA) title 17, sec30302 If ≤ 24-hr, this form must be reported to NRC Ops. Ctr. within 24 hours.	
Contact Date: 03/15/05 (mandatory)	Contact Time: PST	Report made to NRC Ops Center: Date: _____ Time: _____ (301) 951-0550 (telephone), (301) 816-5151 (fax), or hoo1@nrc.gov (email)	
Event Date: 02/28/05 (mandatory)	Discovery Date: 03/07/05 (mandatory)	If 30-day or info report, RHB/HQ (Peggy) submits 5010 to INEL, and Inspector updates until "complete" in NMED database ( <a href="http://nmed.inel.gov">http://nmed.inel.gov</a> ).	
OTHER NOTIFICATIONS (e.g., other agencies, patient, etc.) (*)		CA NMED # (Sacto): <b>XLA 703</b> NMED Item # (INEL): _____	
HP CONSULTANT USED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	ABNORMAL OCCURRENCE? (See STP SA-300 Section 7) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
PRESS/MEDIA INVOLVEMENT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
<b>SUMMARY (Abstract of Event)</b>			
Any fact or complaint suggesting immediate threat to health and safety? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Extract: A patient was prescribed Tc-99m myoview, but was administered 25 mCi Tc-99m MDP because the hot lab technologist selected the wrong syringe. Corrective actions: implement new procedures for radiopharmaceutical labeling and handling; reinspect personnel			
1) Authority: Agreement State (AS) 2) CA CCR, title 17, section 30322, medical misadministration 3) Type: Diagnostic; wrong radiopharmaceutical 4) Intended: 27 mCi Tc-99m Myoview 5) Given: 25 mCi Tc-99m MDP 6) Whole body dose: 163 mRad 7) Highest organ dose, bladder wall: 3.25 Rads			
PREPARED BY Mark Pietz	SUPERVISOR		FORWARD TO: Peggy McKernan & RHB Organization to Perform Investigation
Date: 3/24/05	Date:		3/24/05 Date Forwarded: