

State of California—Health and Human Services Agency
Department of Health ServicesCalifornia
Department of
Health ServicesSANDRA SHEWRY
DirectorARNOLD SCHWARZENEGGER
Governor

FACSIMILE TRANSMITTAL SHEET

Date: 5/31/05
To: DANTE
Company: INEEL
Fax Number: 208-526-2930
From: Peggy Lee McKernan,
Staff Services Analyst

Total Number of Pages Including Cover: 4/

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.

XCA 749 St. Rose Hospital

Flex your
POWER The logo for "Flex your POWER" features the text "Flex your POWER" in a bold, sans-serif font, with "POWER" in a larger, bolder font. To the right of the text is a dark, rectangular graphic element.

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

MATTER REQUIRING INVESTIGATION/INSPECTION HEALTH AND SAFETY ADMINISTRATIVE

XCA749

LICENSEE / REGISTRANT / USER		ASSIGNMENT	
LICENSEE/REGISTRANT/USER NAME St. Rose Hospital		5010 NUMBER (Date Notified) 051705	
LICENSEE/REGISTRANT/USER CONTACT Michael Faer, MD	PHONE 510-264-4055	INSPECTION OFFICE (AGENCY) RHB - BERKELEY / Region 3	
TITLE RSO	OTHER PHONE/EMAIL	INSPECTOR	
OFFICE ADDRESS 27200 Calaroga Ave. / Hayward 94545		EVENT TYPE	
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 1394-01	OTHER PHONE/EMAIL	Involve CA SS&D: <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No Provided to RML: _____ (date)	
INFORMATION SOURCE		COMPLAINT (AL) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NAME/POSITION		Forwarded by NRC <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ADDRESS - Number Street		Respond to Complainant <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TELEPHONE NUMBER	OTHER PHONE/EMAIL	Anonymity Requested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
FIRST CONTACT BY (Check One Only)		REPORTABLE EVENT (NMED)	
<input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Letter/Form <input type="checkbox"/> Email		NRC reportable event? <input type="checkbox"/> ≤ 24-hr <input type="checkbox"/> 30-Day <input checked="" type="checkbox"/> Info <input type="checkbox"/> No	
<input type="checkbox"/> Other (Specify): _____		Regulation Requiring Report: (NRC) _____ (CA) <u>CCR, title 17, section 30322</u>	
Contact Date: <u>05/26/05</u> (month/year) Contact Time: _____	Discovery Date: _____ (month/year)	If ≤ 24-hr, this form must be reported to NRC Ops. Ctr. within 24 hours.	
OTHER NOTIFICATIONS (e.g., other agencies, patient, etc.) (*)		Report made to NRC Ops Center: Date: _____ Time: _____ (301) 951-0550 (telephone), (301) 816-6151 (fax), or hoo1@nrc.gov (email)	
HP CONSULTANT USED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		If 30-day or Info report, RHB/HQ (Peggy) submits 5010 to INEL, and inspector updates until "complete" in NMED database (http://nmed.inel.gov).	
PRESS/MEDIA INVOLVEMENT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		CA NMED # (Sacto): _____ NMED Item # (INEL): _____	
		ABNORMAL OCCURRENCE? (See STP SA-300 Section 7) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

SUMMARY (Abstract of Event)Any fact or complaint suggesting immediate threat to health and safety? YES NO

DX misadministration

A patient was administered 18.1 mCi Tc-99m HDP instead of the prescribed 3.5 mCi Tl-201 for a cardiac scan because the imaging technologist selected the incorrect syringe.

Intended: 3.5 mCi Tl-201 for a cardiac test

Given: Tc-99m

Organ: Bone surfaces

Dose: 5.8 rads

Chemical form: HDP

Dosage: 18.1 mCi

Administered by: Imaging technologist

Corrective action: Reinstrct personnel



St. Rose

HOSPITAL

Via Christi Health System

27200 Calaroga Avenue
Hayward, CA 94545-4383

510.264.4000
www.StRoseHospital.org

May27.2005

Compliance Unit
California Department of Health Services
Radiologic Health Branch, MS 7610

To whom it may concern: On May17,2005 at 12:15P.M.

I was going to an IN patients room with a dose of Tc99m HDP for a bone scan injection when one of our staff cardiologist stopped me. He notified me he had changed his patient's exam time and needed to perform her exam right now. I was put in a situation where he changed his mind three different times in a matter of a view minutes. His patient's original exam was going to be a resting thallium scans however now he wants a stress dibutamine exam stat. With the cluster of urgent calls and staff R.N.'s, Ecg technologists restlessly milling about I thought it prudent to do her resting thallium injection, which I thought I had put into my mobile-shielded syringe carrier in its independent syringe shield. At this point I accidentally gave this cardiologist patient an injection of HDP bone scanning agent in advertently.

M.W. Corcoran C.N.M.T.

RADIATION DOSIMETRY BASED ON 18.1mCi Tc99m HDP Technescan

Highest body dose would be the Total body figure, which based on 18.1mCi would be approximately 2.26mGy or approx. 0.22rads.

Highest organ dose would be the Bone Surfaces figure, which based on 18.1mCi Tc99m Technescan would be approx. 58.2 mGy or approx. 5.8 rads.

License # 1394-01



St. Rose

HOSPITAL

Via Christi Health System

27300 Calaroga Avenue
Hayward, CA 94545 4383

510.261.4000
www.StRoseHospital.org

May 24,2005

Compliance Unit
California Department of Health Services
Radiologic Health Branch, MS 7610
P.O. Box 997414
Sacramento, Ca.. 95899-7414

Dear Sir/Madam:

Attached is Form DH8453, Diagnostic Misadministration Report, following the guidelines in Article 5 30322, (C), (D). All reports and records will be maintained in Nuclear Medicine. In order to prevent a chance of recurrence, all Nuclear Medicine personnel were reinserviced on policy and procedures.

Sincerely,

Michael J. Faer, M.D.
Radiation Safety Officer