

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:

6/21/05

To:

DANTE

Company:

INTEL

Fax Number:

208-526-2930

From:

Peggy Lee McKernan,  
Staff Services Analyst

Total Number of Pages Including Cover: 5

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 754 Radiology Medical Group



Food, Drug and Radiation Safety: Radiologic Health Branch  
MS 7610, PO Box 997414, Sacramento, CA 95899-7414  
(916) 440-7981 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)

**MATTER REQUIRING INVESTIGATION/INSPECTION**

HEALTH AND SAFETY  ADMINISTRATIVE

6/21/05

XCA 754

LICENSEE / REGISTRANT / USER		ASSIGNMENT
LICENSEE/REGISTRANT/USER NAME Radiology Medical Group		5010 NUMBER (Date Notified) 060905
LICENSEE/REGISTRANT/USER CONTACT Glenn Deacon	PHONE 619-482-1003	INSPECTION OFFICE (AGENCY) SAN DIEGO COUNTY / Region 6 ✓
TITLE RSO	OTHER PHONE/EMAIL	INSPECTOR
OFFICE ADDRESS 501 Washington St. #510 / San Diego 92103		<b>EVENT TYPE</b> <input type="checkbox"/> MACHINE <input checked="" type="checkbox"/> MATERIALS (Check One) <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)
EVENT/SITE LOCATION		
OTHER CONTACT	PHONE	
LICENSE/REGISTRATION NUMBER 0369-37	OTHER PHONE/EMAIL	
<b>INFORMATION SOURCE</b>		
NAME/POSITION		
ADDRESS - Number Street		
TELEPHONE NUMBER	OTHER PHONE/EMAIL	
FIRST CONTACT BY (Check One Only) <input checked="" type="checkbox"/> Telephone <input checked="" type="checkbox"/> Letter/Form <input type="checkbox"/> Email <input type="checkbox"/> Other (Specify): _____		
Contact Date: 06/13/05	Contact Time: _____	
Event Date: 06/09/05	Discovery Date: _____	
OTHER NOTIFICATIONS (e.g., other agencies, patient, etc.) (*)		
HP CONSULTANT USED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		
PRESS/MEDIA INVOLVEMENT: <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		

Involve CA SS&D:  Yes;  No  
 Provided to RML: \_\_\_\_\_ (date)

COMPLAINT (AL)  Yes  No

Forwarded by NRC  Yes  No  
 Respond to Complainant  Yes  No  
 Anonymity Requested  Yes  No

**REPORTABLE EVENT (NMED)**

NRC reportable event?  ≤ 24-hr  30-Day  Info  No

Regulation Requiring Report: (NRC) \_\_\_\_\_ (CA) CCR, title 17, section 30322

If ≤ 24-hr, this form must be reported to NRC Ops. Ctr. within 24 hours.

Report made to NRC Ops Center: Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 (301) 951-0550 (telephone), (301) 816-5151 (fax), or [hoo1@nrc.gov](mailto:hoo1@nrc.gov) (email)

If 30-day or info report, RHB/HQ (Peggy) submit to INEL, and Inspector updates until "complete" in NMED database (<http://nmed.inel.gov>).

CA NMED # (Sacto): 254 NMED Item # (INEL): \_\_\_\_\_

**SUMMARY (Abstract of Event)**

Any fact or complaint suggesting immediate threat to health and safety?  YES  NO

Dx misadministration

A patient, scheduled to receive 8 mCi Tc-99m MAA for a lung perfusion, was administered 20 mCi Tc-99m MDP because the imaging technologist selected the wrong syringe.

Intended: 8 mCi Tc-99m MAA for a lung scan  
 Given: Tc-99m  
 Chemical form: MDP  
 Doseage: 20 mCi  
 Organ: Bladder wall, 2 hr void  
 Dose: 2.6 rads

Administered by: imaging technologist  
 Corrective action: Reinstrct personnel

State of California - Health and Human Services Agency

Department of Health Services  
Radiologic Health Branch  
225 San Antonio Ave 11th  
Sacramento, California 95834

### DIAGNOSTIC MISADMINISTRATION REPORT

Licensee name <b>Radiology Medical Group</b>		License number <b>0389-37</b>	
Address (number, street) <b>501 Washington St. #510</b>		Phone area	Phone number
City <b>San Diego, CA</b>		State <b>CA</b>	Zip <b>92103</b>
Month	Day	Year	Month
<b>06</b>	<b>09</b>	<b>05</b>	<b>06</b>
Day	Month	Year	Year
<b>01</b>	<b>13</b>	<b>05</b>	<b>05</b>

Type of misadministration

<input type="checkbox"/> Wrong radiopharmaceutical	<input checked="" type="checkbox"/> Doseage differing from prescribed by 50%	Did the misadministration involve an receipt or administration error? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of patients who received or administered under this report <b>One (1)</b>
<input type="checkbox"/> Wrong patient	<input type="checkbox"/> Wrong route		

Isotopes

<input type="checkbox"/> No clinical purpose	<input type="checkbox"/> Literature	Isotope	Dosage	Chemical form	Route	Indication	Checked form	Other
<input checked="" type="checkbox"/> Nuclear medicine study (Complete "border" and "print" sections)	<input type="checkbox"/> CT study	<b>8</b>	<b>99mTc</b>	<b>MAA</b>	<b>Lung</b>	<b>20</b>	<b>99mTc</b>	<b>MDP BONE</b>
<input type="checkbox"/> X-ray study	<input type="checkbox"/> Other							

Prescriber

<input type="checkbox"/> Referring physician	<input type="checkbox"/> Authorized user	<input checked="" type="checkbox"/> Not Lab technologist <input checked="" type="checkbox"/> Imaging technologist <input type="checkbox"/> Clinical researcher <input type="checkbox"/> Scheduling technologist <input type="checkbox"/> Patient <input type="checkbox"/> Other
<input type="checkbox"/> Vendor name	<input type="checkbox"/> Vendor check	

Name of nuclear pharmacy: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

*Same Person*

Errors

Not Lab	Delivery	Administration	Other
<input type="checkbox"/> Miscalculated a syringe <input type="checkbox"/> Miscalculated a vial or vial of child <input type="checkbox"/> Reconstituted wrong syringe in <input type="checkbox"/> Placed administered vial in wrong shield	<input checked="" type="checkbox"/> Administered wrong unit when drawing dosage <input type="checkbox"/> Set dose calculator improperly <input type="checkbox"/> Administered dose calculator <input type="checkbox"/> Miscalculated radiopharmaceutical or dosage error	<input type="checkbox"/> Miscalculated referring physician's request <input type="checkbox"/> Requested wrong study <input type="checkbox"/> Requested study for wrong patient	<input type="checkbox"/> Excluded wrong patient <input type="checkbox"/> Approved waiting status page forwarded for other patient <input type="checkbox"/> Brought wrong patient to study <input checked="" type="checkbox"/> Substituted wrong syringe from dosage unit

*Specify See attached statement from the technologist*

Contributing Factors

<input type="checkbox"/> Student technologist <input type="checkbox"/> New employee <input type="checkbox"/> Previous assignment <input type="checkbox"/> Patient confusion or uncooperative <input type="checkbox"/> ID bracelet not checked	<input type="checkbox"/> Prescription not checked <input type="checkbox"/> Patient chart not checked <input type="checkbox"/> New procedure <input type="checkbox"/> Heavy workload <input checked="" type="checkbox"/> Other <b>Haste</b>	<input type="checkbox"/> Implement new procedure for: <input type="checkbox"/> Verification of request <input type="checkbox"/> Radiopharmaceutical labeling and handling <input type="checkbox"/> Verification of patient identification <input checked="" type="checkbox"/> Reliance personnel <input type="checkbox"/> Reliance personnel	<input type="checkbox"/> Depense supervision of personnel <input checked="" type="checkbox"/> No action <input type="checkbox"/> Other
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Effect on Patients  None apparent  See subject

Abstract (if more space is required, attach additional sheets)  
**See attached dose assessment.**

Reporter (Other printed name) <b>Glenn R. Deacon</b>	Signature <b>Glenn R. Deacon</b>	Telephone number <b>(619) 482-1003</b>	Name
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RADIONUCLIDE MISADMINISTRATIONS

DATE: 6-9-05

PATIENT INFORMATION: [REDACTED]

NRX [REDACTED] Physician LICHTER, J.

DESCRIPTION OF EVENT: 9am TC - mab for lung perfusion study. Dose was checked & calculated & placed in syringe injection vial. Individual took mab dose. did not give injection table. Some test person up from dose instead of mab. Staff was checked with syringe of mab instead of 5ml of mab.

EFFECT ON PATIENT: none noticed

ACTION TAKEN, IF ANY, TO PREVENT REOCCURANCE: Being only 20ml dose at one time to injective area. Technologist checked to calculate or procedure

TECHNOLOGIST: M. J. Keen  
RADIOLOGIST: S. Patidar, MD  
RADIATION SAFETY OFFICER: Alan Deacon

WRITTEN REPORT FILED WITH DEPARTMENT OF HEALTH SERVICES:

REFERRING PHYSICIAN NOTIFIED: yes, Alan Deacon 6905 1015 am

FOLLOW UP DONE:

Keep record of misadministration for 10 years.

FROM : GAS

FAX NO. : 16194821003

Jun. 13 2005 04:12PM P4

**REM MEDICAL RADIATION PHYSICS**  
P. O. Box 460490  
Escondido, CA 92046-0490  
Tel/fax (888) 736-7497

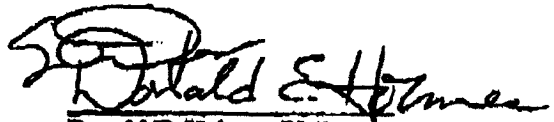
June 10, 2005

RMG  
Attn: Glenn Deacon, RSO

Concerning the patient who was given 20 mCi Tc-99m medronate (MDP) and using the Medronate package insert which contains data on organ doses, I have calculated the following Radiation Absorbed Doses in rads to an average patient:

Total Body	0.13
Bone Total	0.70
Red Marrow	0.56
Kidneys	0.80
Bladder Wall, 2 hour void	2.6
Ovaries, 2 hour void	0.24
Testes, 2 hour void	0.16

If I might be of further assistance, then please call on me.



**Donald E. Holmes, Ph.D.**  
Medical Radiation Physicist