

338



ST. LUKE'S
Hospital

2900 West Oklahoma Avenue / Milwaukee, Wisconsin 53215 / Phone 414 647-6423

January 7, 1982

30-3419

Region III
USNRC
Office of Inspection & Enforcement
799 Roosevelt Road
Glen Ellyn, Illinois 60137



To Whom It May Concern:

Enclosed please find a diagnostic misadministration report
for the fourth quarter of 1981 for St. Luke's Hospital,
NRC Lic. No. 48-01338-01.

Sincerely,

Douglas W. Simpkin, M.S.
Radiation Safety Officer

DJS:vw

IE HQ FILE COPY

XA Copy Has Been Sent to PDR

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IE LIC30
48-01338-01

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DMB: IX 30's / JAN 11 1982
misad misadministration

EMPLOYEES & VISITORS ONLY

PATIENT DATA ONLY

NAME: /

FOR EMPLOYEES ONLY

JOB TITLE:

DATE OF HIRE:

INDICATE FULL TIME OR PART TIME:

SOCIAL SECURITY NO.:

OP

NO.:

DOCTOR: 12-7-81

ADM. DATE:

STATUS POST: THYROID Ca

STREET ADDRESS - CITY, STATE & ZIP CODE (FILL IN FOR PATIENTS, EMPLOYEE AND VISITORS)

SEX: F

DATE OF BIRTH: []

MARITAL STATUS: 1- MARRIED, 2- SINGLE, 3- DIVORCED, 4- WIDOWED, 5- SEPARATED

FOR VISITORS ONLY (REASON FOR VISIT):

THE INCIDENT

DATE OF INCIDENT: 12-7-81

MILITARY TIME: A.M.

LOCATION OF INCIDENT: Nuc. MEDICINE

EMPLOYEE'S, PATIENT'S, VISITOR'S CONDITION BEFORE INCIDENT: 1- NORMAL, 2- SERIOUS, 3- SEVERE, 4- OTHER (EXPLAIN)

DESCRIBE EXACTLY WHAT HAPPENED, WHAT CAUSED THE INCIDENT, DESCRIBE PROPERTY OR EQUIPMENT DAMAGE.

PATIENT WAS SCHEDULED FOR AND A BONE SCAN COMPLETED ON 12-7-81. DISCOVERED THAT REFERRING PHYSICIAN ACTUALLY WANTED AN IODINE WHOLE BODY SCAN AFTER SPEAKING WITH TECHNOLOGIST AND PATIENT.

INCIDENT CAUSED DUE TO IMPROPER SCHEDULING AND COMMUNICATION BETWEEN REFERRING PHYSICIAN OFFICE AND OUR (Nuc. MEDS.) CLERK, [] RSO NOTIFIED OF POSSIBLE MISADMINISTRATION IN [] (SEE ATTACH

WITNESS NAME: [] ADDRESS: [] WITNESS NAME: [] ADDRESS: []

NOTE: AT THIS POINT, PULL SET APART. DETACH COPY #3 AND FORWARD TO SECURITY/SAFETY MANAGER IMMEDIATELY. THE ORIGINAL IS HANDCARRIED TO EMPLOYEE HEALTH BY EMPLOYEE IN INJURY CASES. SUPV. INVEST. RPT. REMAINS IN DEPT. FOR SUPERVISOR COMPLETION.

PHYSICIAN'S AREA: WAS PERSON SEEN BY A DOCTOR YES NO

TIME SEEN (MILITARY TIME): WHERE ?

STATEMENT BY THE PHYSICIAN: Patient given wrong dose, no harm to patient and she was rescheduled for proper dose.

SIGNATURE OF PHYSICIAN OR AUTHORIZED PERSON (TITLE): [Signature]

SIGNATURE OF EMPLOYEE INVOLVED IN INCIDENT: [Signature]

NAME OF ATTENDING OR FAMILY PHYSICIAN: [] ADDRESS: [] DATE OF REPORT: []

SENT HOME RETURNED TO WORK

SIGNATURE OF IMMEDIATE SUPERVISOR: [Signature]

ORIGINAL TO BE COMPLETED AND FORWARDED TO SECURITY/SAFETY MANAGER.

RADIOPHARMACEUTICAL DISPENSING RECORD

NUCLEAR MEDICINE ST. LUKE'S HOSPITAL MILWAUKEE

| | | |
|------------------------------|------------------------|------------|
| Reception Number 33257 | Date 12-7-81 | Tip 130 |
| Room Number 087 | Sex F | Age 58 |
| Weight | Control Number 1029 | |
| Radio Pharmaceutical Bone | Dispensed by Hb | |
| Time 0730 | Medical Doctor [] | D.C. |
| Time 0730 | | |

FEMALES: Are you or do you suspect you may be pregnant? Yes No

Patient's Signature

Right elbow 930
status post CA thyroid - 10 capsules

Ave long 862K 5016
R.C. 864H 413K 5min
El skull 458K 11
Cap long 5016

| | |
|--|---------------------------------------|
| NAME (LAST) | (M.I.) |
| PHONE NO. | DATE OF BIRTH 11/10/23 |
| PHYSICIAN | |
| DIAGNOSIS OR REASON FOR TEST(S) | status post CA thyroid |
| TEST ORDERED | Bone |
| SCHEDULED DATE OF VISIT | SCHEDULED TIME OF VISIT 730 |
| NO. OF TIMES TO BE REPEATED (EX. - 10 TIMES) | TIME INTERVAL (EX. WEEKLY, DAILY) |
| ORIGINATING DEPARTMENT | INITIALS OF PERSON TAKING RESERVATION |
| Nuclear Medicine | |
| CLERK'S INITIALS | DATE RESERVATION TAKEN 11/15/81 |
| MRU NO. | CASE NO. |
| PF8 | NOTES: |
| PRE-ADMISSION CLERK'S INITIALS | COMP NAI NA2 B1 B2 NT |

- REFERRED PHYSICIAN NOTIFIED BY SUPERVISOR.
 - PATIENT NOT CHARGED FOR BONE SCAN
 - PATIENT RE-SCHEDULED FOR I-131 WHOLE BODY SCAN
 - RADIATION SAFETY OFFICER NOTIFIED 12/7/81; 1224.
 12/7/81

ACTIONS TAKEN TO PREVENT ACCIDENT RE-OCCURRING

"INFORMED CLERICAL STAFF OF EXERCISE GREATER CARE WHEN SCHEDULING OUTPATIENTS OVER PHONE"

RECOMMENDATIONS:

- EST. A SYSTEM OF HAVING A WRITTEN REQUEST BY A PHYSICIAN FOR ALL OUTPATIENT PROCEDURES IN Nuc Med.

COPIED FROM INCIDENT REPORT



RICKY FALKENKRUIG
SUPERVISOR

NUCLEAR MEDICINE
7-DEC-81