Lic. # 20-03814-14
HP Form M
DOCKET NO. 30-00219
MLER-R1-84-53

REPORTS OF DIAGNOSTIC MISADMINISTRATIONS (10 CFR 35.43)

(Region I, Office of Inspection and Enforcement, US NRC, 631 Park Avenue, King of Prussia, PA 19406)

1. Licensee's Name Massachusetts General Hospital

2. Referring Physician Leonard Ellman, M.D., MGH

3. Description of the Event

The patient responded to an incorrect name while waiting in the Nuclear Medicine Unit on White 2 at the MGH. Because of this he was subsequently injected with the incorrect radiopharmaceutical (^{99m}Tc DTPA, 20 mCi). When the error was realized, the patients was reinjected with the correct agent (^{99m}Tc gated blood pool study).

4. Effect on Patient

Unnecessary radiation dose from ^{99m}Tc DTPA (kidney - 1 rem; whole body, 0.3 rem).

5. Action taken to prevent recurrence

The patient was "hard of hearing". Strict attention to both requisition and patient identification. Double check for accuracy. Carefully read and varify requisition.

6. Dates this Report covers

April 12, 1984

7. Frank P. Castronovo
(signed)
Radiation Safety Officer
Frank P. Castronovo, Jr., Ph.D.

9408230111 930720
PDR FOIA
LEWIS93-178 PDR

IX30

John
[illegible]

REGION I

Docket No. 30-00239

MATERIALS RADIOLOGICAL PROTECTION SECTION
LICENSEE EVENT REPORT

MLER-RI-84-59

~~[illegible]~~ Lic. #20-03814-14

I. ACTION CONTROL DATA

Licensee MASSACHUSETTS GENERAL HOSPITAL

Event Description DIAGNOSTIC MISADMINISTRATION

Event Date —   Report Date —

II. REPORTING REQUIREMENT

[ ] 10 CFR 20.402 - theft or loss

[ ] 10 CFR 35.42 Therapeutic Misadministration

[ ] 10 CFR 20.403(a)(b) overexposure/release

[✓] 10 CFR 35.43 Diagnostic Misadministration

[ ] 10 CFR 20.405 - 30 day report

[ ] License Condition

[ ] Other ______

III. REGION I RESPONSE

[ ] Immediate Site Inspection   Inspector ______ Date ______

[ ] Special Inspection   Inspector ______ Date ______

[ ] Telephone Inquiry   Inspector ______ Date ______

Licensee Representative and Title ______

[ ] PN   [ ] Daily Report

[ ] Information entered - Region I log and Outstanding Items List

[✓] Review at next routine inspection

IV. REPORT EVALUATION

[✓] Description of Event

[✓] Corrective Actions

[ ] Levels of R/M involved

[✓] Calculation Adequate

[✓] Cause of Event

[ ] Letter to Licensee requesting additional information

Completed by: R.B. Rabun   Date 5/15/84

Reviewed by: ______   Date ______

V. SPECIAL INSTRUCTIONS OR COMMENTS

Reporting period April 12, 1984

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