



MELROSE WAKEFIELD HOSPITAL ASSOCIATION

File # 20-13448-01
Docket No. 30-01964

MELROSE-82-49

A SUBSIDIARY OF
MELROSE WAKEFIELD
HEALTHCARE CORP
595 LEBANON STREET
MELROSE, MA 02176
617-667-2200

January 30, 1987

Nuclear Regulatory Commission
King of Prussia
Pennsylvania

RETURN ORIGINAL TO
REGION I

Dear Sirs:

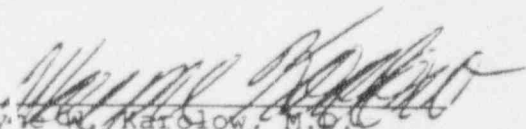
This is to inform you of a diagnostic mis-administration of a radiopharmaceutical which occurred at this institution on January 26, 1987.

The licensee is Melrose-Wakefield Hospital, NRC License Number 20-13448-01. The referring physician is Dr. Andrew Lim. The Department of Nuclear Medicine's Director and Radiation Safety Officer is Dr. Wayne Karolow.

On January 26, 1987, at 8:15 A.M., the patient was injected with a standard dose of Bone Scanning Agent (20 mCi Tc99mMDP). The test ordered, however, was a Gallium Scan. The Gallium was not administered to another patient. At 8:30 A.M., Peter Anderson, CNMT, the Chief Technologist, informed Dr. Karolow of the mis-administration, and our consultant was notified at 8:40 A.M. Dr. Karolow notified Dr. Lim by telephone at 8:45 A.M., and by a letter sent later the same day. There were no ill effects on the patient.

Although the individual syringes were labeled as to content, they were in the same carrier. To ensure that this does not happen again, mixed doses will no longer be transported in the same carrier. The Radiation Safety Officer re-emphasized the importance of checking syringe labels with the technologist involved.

Appropriate information, in keeping with 10 C.F.R., Part 35, Paragraph 44, has been entered into our mis-administration log.


Wayne Karolow, M.D.
Radiation Safety Officer

k/s

cc: Dr. Lilly
Radiation Safety Committee
Edna Sanroma
File x 2

1430

9408240284 930720
PDR FOIA
LEWIS93-178 PDR

REGION I
NMSS LICENSEE EVENT REPORT

License No. 20-13448-01

Docket No. _____

MLER-RI-85- 49

I. ACTION CONTROL DATA

Licensee MELROSE WAREFIELD HOSPITAL ASSOCIATION

Event Description DIAGNOSTIC MISADMINISTRATION

Event Date 1-26-87

Report Date 1-30-87

II. REPORTING REQUIREMENT

- | | |
|---|---|
| <input type="checkbox"/> 10 CFR 20.402 - theft or loss | <input type="checkbox"/> 10 CFR 35.42 Therapeutic Misadministration |
| <input type="checkbox"/> 10 CFR 20.403(a)(b) overexposure/release | <input checked="" type="checkbox"/> 10 CFR 35.43 Diagnostic Misadministration |
| <input type="checkbox"/> 10 CFR 20.405 - 30 day report | <input type="checkbox"/> License Condition |
| <input type="checkbox"/> Other _____ | |

III. REGION I RESPONSE

- | | | |
|--|-----------------|------------|
| <input type="checkbox"/> Immediate Site Inspection | Inspector _____ | Date _____ |
| <input type="checkbox"/> Special Inspection | Inspector _____ | Date _____ |
| <input type="checkbox"/> 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

- | | |
|--|---|
| <input checked="" type="checkbox"/> Description of Event | <input checked="" type="checkbox"/> Corrective Actions |
| <input checked="" type="checkbox"/> Levels of R/M involved | <input type="checkbox"/> Calculation Adequate |
| <input checked="" type="checkbox"/> Cause of Event | <input type="checkbox"/> Letter to Licensee requesting additional information |

Completed by: R. H. Fedun

Date 3-12-87

Reviewed by: [Signature]

Date 3/17/87

V. SPECIAL INSTRUCTIONS OR COMMENTS

F/66