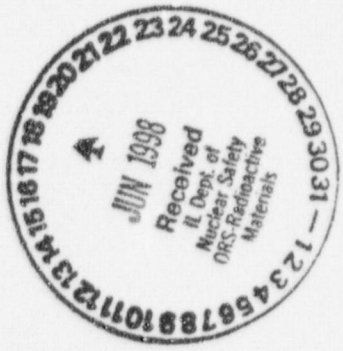
DCD (SP04) 7/21/98 Event-
RIDS Code SP04
DMS4, ASPO, IL
ACOD PML
KPH

EDWARD HOSPITAL
Sharing responsibility for your family's health

801 South Washington Street
PO Box 3060
Naperville, Illinois 60566-7060

Telephone:
630/355-0450



June 17, 1998

Mr.Bruce Sanza,
Head of Inspections and Enforcement,
Division of Radioactive Materials,
Illinois Department of Nuclear Safety,
1035 Outer Park Drive,
Springfield, IL 62704

RE: IL-01232-01

Dear Mr.Sanza,

Please accept this letter as our report of a misadministration that occurred at our facility on May 21,1998 and was detected on Saturday, June 6,1998 . The incident was reported to you on 6/8/98 by our lead technologist.

A patient was scheduled for a therapeutic procedure involving I-131 iodide. The prescribed dosage was 150 (one hundred fifty) millicuries I-131 Iodide. The activity, in two capsules, was assayed in the dose calibrator at 153 mCi I-131.

The authorized user administered the dosage to the patient. On 5/21/98, the lead shielded "empty" capsule container was then placed in the ammo box for pick up by the radiopharmacy courier. When the ammo box was surveyed by the Nuclear Medicine Technologist, the surface reading was in excess of natural background level. Hence, the technologist placed the ammo box in storage for decay.

On June 6, the ammo box was resurveyed and it was found that the surface radiation levels were still in excess of the natural background. The technologist opened the box and the lead shielded "empty" capsule container to find the reason for the excessive radiation levels. The technologist found one I-131 capsule in the container. He notified the lead technologist immediately, who determined that there was a misadministration. The lead technologist notified the patient's physician and the Health Physics consultant immediately. The patient's physician stated that she will notify the patient. The RSO was notified within 24 hours.

Patient notification made per B. Sanza 6/24/98

The authorized user who administered the capsule consulted with the patient's physician and it was decided that the patient will be evaluated at the Hospital in four weeks. They do not anticipate any change in the course of action that they are following in the medical treatment of the patient.

030033

SP-E-9

JUN 24 1998

By assaying the capsule and performing the decay calculations it was determined that the patient had received 51 mCi of I-131 iodide. Please also note that the radiopharmacy had indicated on the prescription dosage slip that each capsule contained 75 mCi , while in reality one capsule contained 102 mCi and the other contained 51 mCi I-131.

To prevent a recurrence of such an incident we have revised the "I-131 Administration Form" and have put it into use immediately. Attached please find the revised copy, which now asks for the confirmation of the number of capsules administered to the patient, and also requires the assay of the "empty" capsule container in the dose calibrator.

We hope the above information is satisfactory.

Sincerely,

Paul Goldberg, M.D.
Radiation Safety Officer

cc: Dr. DeHerrera-Codo
Dr. Yeh
Linda DeVee

I-131 IODIDE ADMINISTRATION

[For any activity greater than 30uCi I-131 Iodide]

Procedure (check one): ☐ Diagnostic ☐ Therapeutic

I. PRESCRIPTION

(Written Directive)

Patient's Name:_____;Hosp #:_____

Date to be administered on:_____; Radiopharmaceutical_____

Activity to be administered: _____mCi; Radionuclide Form: ☐ Capsule, ☐ Liquid

Route of administration:_____, Prescribing Physician:_____

Physician's signature:_____Date:_____

II DOSAGE VERIFICATION

Dosage Received:_____mCi of I-131 _____ in ☐ Capsule, ☐ Liquid, Form

Date Received:_____; By:_____; If capsules - No. of capsules:_____

Does the dosage received confirm with the written directive? ☐ YES; ☐ NO.
[If the dosage does not confirm with the written directive,notify the RSO immediately].

Signature:_____; Date_____

III PREGNANCY TEST:

Has the pregnancy test been perfromed?

☐ YES; ☐ NO

Results: ____negative; _____ Positive

If the patient is pregnant, inform the authorized user immediately.DO NOT PROCEED FURTHER

Signature:_____

IV NURSING :

Is the patient Nursing a baby?

☐ YES; ☐ NO

If the patient is nursing a baby, inform the authorized user immediately. DO NOT PROCEED FURTHER.

Signature:_____

V ADMINISTRATION VERIFICATION

The patient's identity must be verified by TWO methods:

1. Call the patient by complete name (including middle name); and check below the second method used: ☐ Name on the patient's ID bracelet; ☐ Birth Date; ☐ Social Security Number; ☐ Address

Activity measured in the dose calibrator:_____mCi of _____ at_____on_____

Activity administered_____mCi at_____ on_____; No.of capsules:_____

Physician's Signature:_____, Date_____

Technologists Signature:_____, Date_____

Assay of the empty vial: _____mCi; Date:_____; Technologist:_____