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Reporting Nuclear Medicine Injection Extravasations as Medical Events

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Reporting Nuclear Medicine Injection Extravasations as Medical Events; Notification of Docketing and Request for Comment

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## Submitter Information

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## General Comment

In my 15 years of experience, extravasations are not very common, but when they do occur in Nuclear Medicine, the volume and radioactivity is pretty low. If you notice a dose start to extravasate, you stop. Whether it be a hand injection or using a pump or auto-injector, the injection is paused in order to reassess the IV access. Therefore, it is very rare that an entire dose would be extravasated.
I have never seen anyone have any harmful effects as a result of a diagnostic radiophamaceutical extravasation, other than bruising.
I believe that monitoring and documentation could be important for a therapeutic dose, however, I believe this would be even more rare and that it would be caught very early before much of the dose is administered.
Placing peripheral IVs and testing with saline flush is one way to limit the chance of radiopharmaceutical extravasation, but that is not the ideal method for use with some radiopharmaceuticals.
I do not think that requirements for monitoring would change how injections are performed where I work. I believe that everyone makes every effort to minimize extravasations.
Since I am unaware of anyone who has experienced harmful effects from an extravasated

dose, I would worry that requiring continued monitoring would cause the patient unnecessary anxiety. After examining the patient's injection site, if the patient does not have any concerns, dismissing them with contact info in case of questions seems adequate.
I do think it is wise for institutions to have their own standard of practice to address radiopharmaceutical extravasations, but I don't believe it is necessary for the NRC to require reporting.