From: dbwillia
To: RulemakingComments Resource
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When it comes to healthcare patients, especially patients that are emotionally and intellectually compromised due to the stress of illness, treatment, and likely age should not be relied upon to self diagnose when a treatment has failed or caused additional damage. Testing is required regardless so trained clear minded technicians and professionals can determine if the treatment was or was not administered correctly. I support patient advocacy organizations and urge the NRC to reconsider the current extravasation rulemaking.

It is estimated (not imperically known) that 28,000 patients are extravasated with large doses of radiation every year. That number is likely much larger). Rather than doctors report when they were inaccurate in applying medical isotopes, the current proposed rule as written proposed requires untrained and comprimised patients to do this. This approach is unprofessional and not appropriate for the medical industry. Trained technicians should identify and measure errors when they happen so harm can be mitigated immediately, and the extent of the extravasation understood.

Why would the NRC put the interests of others above patients. The proposed new patient-based reporting requirements need to be reconsidered. Rules should require that providers treat an extravasation like any other medical event. Doing so will drive the providers to improve training of their employees, reduce extravasations, and increase radiation protection.