

Event Reporting Handbook

EVENT REPORT COVER PAGE

AGREEMENT STATE

EVENT REPORT NO. _ - _ - _

DATE: January 9, 1997

TO:
Deputy Director
Office of State Programs

SUBJECT: MEDICAL MISADMINISTRATION AT MAD RIVER
COMMUNITY HOSPITAL, ARCATA, CA ON
FEBRUARY 28, 1996, INVOLVING 2 DINE-131

STATE: CALIFORNIA

Signature and Title: Donald Bunn, Chief

Compliance and Enforcement

300011

Radiologic Health Branch

0/1

NRC FILE CENTER COPY

9701300078 970109
PDR STPRG ESGCA
PDR

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 1 of 4)

General Information on the Event

Original Item # (State/YR/No.)	Licensee # 2482-12	Licensee Mad River Community Hospital			
City Arcata	Street address 3800 Jones Rd		St. CA	Zip Code 95521	
Program Code	Description		Reg.	AGs	
Other license #					
License# of Site 2482-FZ	Site of Event			State	
License# other party	Name of other party				
City other party	State	Reciprocity			
Event Date 2/28/96	Event Time	Time Zone Pacific	Report Date 3/8/96	Report Time	Time Zone Pacific
Discovery Date 1/1	Discovery Time				Time Zone
Reportable event (NRC) (AS)	AEA	Investigation Pending			Consultant Hired
Event type description Medical Misadministration		Cause description			
Contributing factor		Precipitating factor			
Corrective action Procedures revised to include a detailed patient preparation & history.					
Abstract 61 year old male being evaluated for a superior mediastinal mass, suspected of being thyroid. Dose administered was on the mistaken assumption that the exam was for metastatic disease evaluation.					

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TABLE 5. NMED EVENT REPORTING INFORMATION (p. 3 of 4)

Consultant Information

Consultant Name <i>Medical Physics Center</i>	Company <i>916-733-8485</i>
Specialty <i>Medical Physics</i>	Contracted by <i>Mad River Community Hospital</i>

Medical Misadministration Information

Patient/ <i>61 year old male</i>	Patient Informed <i>yes</i>	Diagnostic/Therapy			
Proc. Organ Dose Isotp Study Chem Dosag	INTENDED <i>Thyroid scan & uptake</i> <i>• 100 mci</i> <i>I-131</i>		GIVEN <i>Thyroid scan & uptake</i> <i>7.1 mci.</i> <i>I-131</i>		
% Overtreatment <i>Liver 2.45 rads</i> <i>Red marrow 1.4 rads</i>	% Undertreatment <i>Stomach wall 11.2 rads</i> <i>Testes .595 rads</i>	Family Dose <i>NA</i>	Fetal	Dose Newborn	Dose
Effect on patient <i>Thyroid 9,100. rads</i> <i>May induce a hypothyroid state requiring</i> <i>exogenous thyroid hormone</i>			Who administered <i>Jay Patel CNMT</i>		

Overexposure Information

Person #	
Person #	
Person #	
Dose Received (Rem)	Radiation Source
Type of exposure	Consequences of Exposure

Event Reporting Handbook**TABLE 5. NMED EVENT REPORTING INFORMATION (p. 4 of 4)****Demographics Information**

Perf#	Code	Description
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Release of Material (Containation) Information

Type of Release

Isotope	Activity (Ci)
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Consequence

Event Reporting Handbook**TABLE 5. NMED EVENT REPORTING INFORMATION (p. 2 of 4)****Reporting Requirements**

Requirement designation (State/NRC)

Regulation Code

Regulation Description

Equipment Information (System level)

System name

Manufacturer

Model#

Manuf. date
/ /

Serial Number

Equipment problem

Equipment Information (Component Level)

Component name

Manufacturer

Model#

Manuf. date
/ /

Serial Number

Isotope

Isotope activity (Ci)

Assay Date
/ /

Leak test result (uCi)

Source change date
/ /

Equipment problem