DIAGNOSTIC MISADMINISTRATION REPORT

Licensee name	Licensee number
Address (number, street)	Event date (Month Day Year) / Report date (Month Day Year)
City / ZIP code	

Type of Misadministration

- ☐ Wrong radiopharmaceutical
- ☐ Dosage differing from prescribed by 50%
- ☐ Wrong patient
- ☐ Wrong route

Did the misadministration involve an isotope of iodine?

- ☐ Yes
- ☐ No

Number of patients who received a misadministration under this report:

Intended

- ☐ No clinical procedure
- ☐ Nuclear medicine study (complete "Intended" and "Given" sections)
- ☐ X-ray study
- ☐ Ultrasound
- ☐ CT study
- ☐ NMR study
- ☐ Other

Intended				Given			
Millicuries	Isotope	Chemical Form	Study	Millicuries	Isotope	Chemical Form	Study

Precipitator

- ☐ Referring physician
- ☐ Ward nurse
- ☐ Ward clerk
- ☐ Nuclear pharmacy
- ☐ Authorized user
- ☐ Hot lab technologist
- ☐ Imaging technologist
- ☐ Clinical receptionist
- ☐ Scheduling technologist
- ☐ Patient
- ☐ Other: _____

Name of nuclear pharmacy	City	State

Error

Hot Lab

- ☐ Mislabeled a syringe
- ☐ Mislabeled a vial or vial shield
- ☐ Reconstituted wrong reagent kit
- ☐ Placed reconstituted vial in wrong shield
- ☐ Selected wrong vial when drawing dosage
- ☐ Set dose calibrator improperly
- ☐ Misread dose calibrator
- ☐ Misunderstood radiopharmaceutical or dosage order

Referral

- ☐ Misunderstood referring physician's request
- ☐ Requested wrong study
- ☐ Requested study for wrong patient

Administration

- ☐ Selected wrong patient
- ☐ Answered waiting room page intended for other patient
- ☐ Brought wrong patient to clinic
- ☐ Selected wrong syringe from dosage cart

Other

- ☐ Specify _____

Contributing Factors

- ☐ Student technologist
- ☐ New employee
- ☐ Foreign language
- ☐ Patient incoherent or unconscious
- ☐ ID bracelet not checked
- ☐ Requisition not checked
- ☐ Patient chart not checked
- ☐ New procedure
- ☐ Heavy workload
- ☐ Other

Action Taken to Prevent Recurrence

- ☐ Implement new procedures for:
  - ☐ Verification of request
  - ☐ Radiopharmaceutical labeling and handling
  - ☐ Verification of patient identification
- ☐ Reinstruct personnel
- ☐ Reprimand personnel
- ☐ Improve supervision of personnel
- ☐ No action
- ☐ Other: _____

Effect on Patients

- ☐ None apparent
- ☐ See abstract

Attach abstract and mail completed form to:

Compliance Unit
California Department of Public Health
Radiologic Health Branch, MS 7610
P.O. Box 997414
Sacramento, CA 95899-7414

For more information, go to www.dhs.ca.gov/rhb or phone (916) 327-5106.

Radiation Officer (printed name)	Signature	Telephone number	Date