COLUMBIA UNIVERSITY
Environmental Health & Safety
www.ehs.columbia.edu

Radiation Safety Program
Medical Center - T: 212-305-0303 F: 212-305-0318
rso-clinical@columbia.edu
Morningside - T: 212-854-8749 F: 212-316-4937
rso-ehrs@columbia.edu

Report of Diagnostic Misadministration

LOCATION (DEPARTMENT) _____

DATE & TIME _____ @ _____ ☐ *a.m.* ☐ *p.m.*

NAMES OF INDIVIDUALS INVOLVED IN THE EVENT

TREATING PHYSICIAN(S) _____
_____

ATTENDING OR REFERRING _____
PHYSICIAN(S) _____
_____

ALLIED HEALTH PERSONNEL _____
_____

PATIENT IDENTIFICATION

PATIENT NAME _____
HOSPITAL ID (UNIT) NO. _____

DESCRIPTION OF EVENT

TYPE OF MISADMINISTRATION (*check off appropriate type(s)*)

☐ a) A radiopharmaceutical other than the one ordered.
☐ b) A radiopharmaceutical to the wrong person.
☐ c) A route of administration other than the one ordered.
☐ d) Administered activity differing from prescribed activity by more than 50 percent.

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Report of Diagnostic Misadministration (continued)

RADIOPHARMACEUTICAL PRESCRIBED FOR STUDY
Pharmaceutical form _____

Type of study _____

Radioisotope _____

Activity _____

RADIOPHARMACEUTICAL ACTUALLY ADMINISTERED
Pharmaceutical form _____

Type of study _____

Radioisotope _____

Activity _____

BRIEF DESCRIPTION OF EVENT:

_____

_____

_____

_____

EFFECT ON PATIENT

TO BE FILLED OUT BY ATTENDING OR TREATING PHYSICIAN

SEQUELAE _____

_____

PROGNOSIS _____

_____

FOLLOW-UP _____

_____

WAS PRESCRIBED STUDY PERFORMED OR RESCHEDULED?

PLEASE EXPLAIN _____

_____

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Report of Diagnostic Misadministration (continued)

ACTION TAKEN TO PREVENT RECURRENCE

REPORT PREPARED BY: _____

POSITION/TITLE _____

DATE _____ / _____ / _____

REPORT REVIEWED BY: _____

POSITION/TITLE _____

DATE _____ / _____ / _____

REVIEWED BY RADIATION SAFETY OFFICER:

DATE _____ / _____ / _____

SIGNATURE _____

§l 75.02 NEW YORK CITY HEALTH CODE

(126) "Management" means the chief executive officer or that individual's designee or designees.

(127) "Maximum line current" means the root-mean-square current in the supply line of an x-ray machine operating at its maximum rating.

(128) "Medical institution" means a facility as defined in Article 28 of the New York State Public Health Law.

(129) "Medical misadministration" means the administration of-.

(i) a radiopharmaceutical, radiobiologic or radiation from a source other than the one ordered;

(ii) a radiopharmaceutical, radiobiologic or radiation to the wrong person;

(iii) a radiopharmaceutical, radiobiologic or radiation by a route of administration, or to a part of the body, other than that in the order of the prescribing physician;

(iv) an activity of a diagnostic radiopharmaceutical or radiobiologic differing from the prescribed activity by more than 50 percent;

(v) an activity of a therapeutic radiopharmaceutical or radiobiologic differing from the prescribed activity by more than 10 percent;

(vi) a therapeutic radiation dose from any source other than a radiopharmaceutical, radiobiologic or brachytherapy source such that errors in computation, calibration, time of exposure, treatment geometry or equipment malfunction result in a calculated total treatment dose differing from the final prescribed total treatment dose ordered by more than 10 percent;

(vii) a therapeutic radiation dose from a brachytherapy source such that errors in computation, calibration, treatment time, source activity, source placement or equipment malfunction result in a calculated total treatment dose differing from the final total treatment dose ordered by more than 10 percent; or

(viii) a therapeutic radiation dose in any fraction of a fractionated treatment such that the administered dose in the individual treatment or fraction differs from the dose ordered for that individual treatment or fraction by more than 50 percent.

(130) "Medical use" means the intentional internal or external administration of radiation to humans in the practice of the healing arts in accordance with a license issued by a State or Territory of the United States, the District of Columbia, or the Commonwealth of Puerto Rico. For the purposes of this Code, "human use" is an equivalent term.

11208 RCNY 9-30-94

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assess the effectiveness of the program, document the audit and any modifications or improvements found to be needed and institute corrective actions and improvements as indicated by the audit findings.

(c) *Records and reports of misadministrations. (1) Diagnostic misadministrations.* (i) records of Misadministrations as defined in§175.02(a) (129) of this Code which involve diagnostic procedures and the corrective actions taken pursuant to §175.07(b)(1)(ix) shall be retained for three (3) years; and

(ii) if such a misadministration results in a dose to the patient exceeding 50 millisieverts (5 rem) to the whole body or 500 millisieverts (50 rem) to any individual organ, or involves the administration of iodine-123, iodine-125 or iodine-131 in the form of iodide in a quantity greater than 1 megabecquerel (30 microcuries), the licensee or registrant shall notify the Department in writing within fifteen (15) days and make and retain a record pursuant to §175.07(e)(3).

(2) Therapy misadministrations. (i) When a misadministration described in §175.02(a)(129)(v), (vi) or (vii), in which the percentage of error is equal to or less than 20 percent is discovered, the licensee or registrant shall immediately investigate the cause and take corrective action; and

(A) the licensee or registrant shall make and retain a record of all therapy misadministrations described in §175.07(e)(2). The record shall contain all the information required by §175.07(e)(3) and shall be retained for six (6) years.

(ii) When a therapy misadministration described in §175.02(a) (129)(i), (ii), (iii) or (viii) is discovered, or when a misadministration described in §175.02(a)(129)(v), (vi) or (vii) is discovered in which the percentage of error is greater than 20 percent, the licensee or registrant shall notify the Department by telephone within 24 hours. The licensee or registrant shall also notify the referring Physician of the affected patient and the patient of any therapy misadministration described herein, with the exception of the misadministration defined in §175.02(a)(129)(viii).'When it is not medically advisable to give such information to the patient, the information shall be made available to the patient's responsible relative or guardian on the patient's behalf. These notifications must be made within 24 hours after the misadministration is discovered. If the referring Physician, patient or the patient's responsible relative or guardian cannot be reached within 24 hours, the licensee or registrant shall notify them as soon as practicable. It is not required that the patient be notified without first consulting the referring Physician; however, medical care for the patient shall not be delayed because of this.

(iii) Within seven (7) days after an initial therapy misadministration report, the licensee or registrant shall send a written report to the Department. The written report must contain the name of the licensee or