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ENVIRONMENTAL HEALTH & SAFETY
RADIATION SAFETY PROGRAM
ALLAN ROSENFIELD BUILDING, 4TH FLOOR
722 West 168th St., New York, NY 10032
Tel: 212-305-0303 Fax: 212-305-0318
rsocumc@columbia.edu
http:// ehs.columbia.edu/

Report of Therapeutic 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) Radiation from a source other than the one ordered.
- ☐ b) Radiation to the wrong person.
- ☐ c) Radiation to a part of the body other than the one ordered.
- ☐ d) Activity of therapeutic radiopharmaceutical differing from prescribed activity more than 10 percent.
- ☐ e) Radiation dose differing from final prescribed dose by more than 10 percent
- ☐ f) Radiation dose fraction differing from prescribed fraction by more than 50 percent.

Revised February 2011

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Report of Therapeutic Misadministration (continued)

RADIATION TREATMENT PRESCRIBED

Site _____
FLD#'s _____
Energy _____
Modality _____
Fld Arrg ENT _____
RX ref Pt iso _____
Dose/Fraction _____
Fractions/Day _____
Fractions/WK _____
Beam Modi _____
Re-evaldose _____

RADIATION TREATMENT ACTUALLY ADMINISTERED

Site _____
FLD#'s _____
Energy _____
Modality _____
Fld Arrg ENT _____
RX ref Pt iso _____
Dose/Fraction _____
Fractions/Day _____
Fractions/WK _____
Beam Modi _____
Re-evaldose _____

RADIOPHARMACEUTICAL PRESCRIBED FOR TREATMENT

Pharmaceutical form _____
Type of study _____
Radioisotope _____
Activity _____

RADIOPHARMACEUTICAL TREATMENT ACTUALLY ADMINISTERED

Pharmaceutical form _____
Type of study _____
Radioisotope _____
Activity _____

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Report of Therapeutic Misadministration (continued)

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 RE-SCHEDULED ? PLEASE EXPLAIN:

_____
_____

ACTION TAKEN TO PREVENT RECURRENCE

_____
_____
_____
_____

Report Prepared By: _____
DATE ____/ ____/ ____
Position/Title: _____

Report Prepared By: _____
DATE ____/ ____/ ____ Department Chairman, Director or Representative

24-HOUR NOTIFICATION OF NYCDOH DATE ____/ ____/ ____
7 DAY WRITTEN REPORT TO NYCDOH DATE ____/ ____/ ____

24-HOUR NOTIFICATION OF PATIENT/GUARDIAN &PHYSICIAN DATE ____/ ____/ ____
7 DAY WRITTEN REPORT TO PATIENT/GUARDIAN & PHYSICIAN DATE ____/ ____/ ____

REVIEWED BY RADIATION SAFETY OFFICER: DATE ____/ ____/ ____

SIGNATURE: _____

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§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