DIAGNOSTIC MISADMINISTRATION REPORT

Licensee name			**Licensee number**						
Address (number, street)			**Event date**			**Report date**		
			Month	**Day**	**Year**	**Month**	**Day**	**Year**
City	**State**	**Zip code**						

PATIENT DATA

Name of Authorized User	**Patient Identifier**
Name of Allied Health Personnel	**Name of Patient's Referring Physician**

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

Additional Description of Event:

Intended		**Intended**				**Given**			
☐ No clinical procedure	☐ Ultrasound	mCi	Isotope	Chemical Form	Study	mCi	Isotope	Chemical Form	Study
☐ Nuclear medicine study (Complete "Intended" and "given" sections)	☐ CT study ☐ NMR study								
☐ X-ray study	☐ Other:								

Precipitator

☐ Referring physician ☐ Authorized user

☐ Ward nurse

☐ Ward clerk

☐ Nuclear pharmacy

Name of nuclear pharmacy	**City**	**State**

☐ Hot Lab technologist

☐ Imaging technologist

☐ Clinical receptionist

☐ Scheduling technologist

☐ Patient

☐ Other:

Error

Hot Lab		**Referral**	**Administration**	**Other**
☐ Mislabeled a syringe	☐ Selected wrong vial when drawing dosage	☐ Misunderstood referring physician's request	☐ Selected wrong patient	☐ **Specify**
☐ Mislabeled a vial or vial shield	☐ Set dose calibrator improperly	☐ Requested wrong study	☐ Answered waiting room page intended for other patient	
☐ Reconstituted wrong reagent kit	☐ Misread dose calibrator	☐ Requested study for wrong patient	☐ Brought wrong patient to clinic	
☐ Placed reconstituted vial in wrong shield	☐ Misunderstood radiopharmaceutical or dosage order		☐ Selected wrong syringe from dosage cart	

Contributing Factors		**Action Taken to Prevent Recurrence**	
☐ Student technologist	☐ Requisition not checked	☐ Implement new procedures for:	☐ Improve supervision of personnel
☐ New employee	☐ Patient chart not checked	☐ Verification of request	☐ No action
☐ Foreign language	☐ New procedure	☐ Radiopharmaceutical labeling and handling	☐ Other
☐ Patient incoherent or unconscious	☐ Heavy workload	☐ Verification of patient identification	
☐ ID bracelet not checked	☐ Other:	☐ Reinstruct personnel	
		☐ Reprimand personnel	

Effect on Patient(s) ☐ None apparent ☐ Dose Estimate Below ☐ Patient Informed ☐ See abstract

TARGET ORGAN	**ESTIMATED RADIATION DOSE**	**Abstract** *(If more space is required, attach additional sheets.)*

Prepared by	**Radiation Officer** (printed name)	**Signature**	**Telephone number**	**Dated**

IMPORTANT: Retain this record for 5 years from the report date.