

## **MISADMINISTRATION OF RADIOPHARMACEUTICAL**

**Purpose:** The following policy is to be used in the event that a radiopharmaceutical is administered incorrectly.

**Policy:**

1. The licensee shall notify by telephone the division, no later than the next calendar day after discovery of the misadministration.
2. The licensee shall submit a written report to the division within 15 days after the discovery of the misadministration. The written report must include the licensee's name, the prescribing physician's name; a brief description of the event; why the event occurred, the effect on the patient; what improvements are needed to prevent recurrence; actions taken to prevent recurrence, whether the licensee notified the patient, or the patient's responsible relative or guardian (this person will be subsequently referred to as "the patient" in this Section), and if not, why not, and if the patient was notified, what information was provided to the patient. The report must not include the patient's name or other information that could lead to the identification of the patient.
3. The licensee shall notify the referring physician and also notify the patient of the misadministration no later than 24 hours after its discovery, unless the referring physician personally informs the licensee either that he will inform the patient or that, based on medical judgment, telling the patient would be harmful. The licensee is not required to notify the patient without first consulting the referring physician. If the referring physician or patient cannot be reached within 24 hours, the licensee shall notify the patient as soon as possible thereafter. The licensee may not delay any appropriate medical care for the patient, including any necessary remedial care as a result of the misadministration, because of any delay in notification.
4. If the patient was notified, the licensee shall also furnish, within 15 days after discovery of the misadministration, a written report to the patient by sending either:
  - a. A copy of the report that was submitted to the division; or
  - b. A brief description of both the event and the consequences as they may affect the patient, provided a statement is included that the report submitted to the division can be obtained from the licensee.
5. Each licensee shall retain a record of each misadministration for five years. The record must contain the names of all individuals involved

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(including the prescribing physician, allied health personnel, the patient, and the patient's referring physician), the patient's social security number or identification number if one has been assigned, a brief description of the misadministration, why it occurred, the effect on the patient, what improvements are needed to prevent recurrence, and the actions taken to prevent recurrence.

Reference: R.S 30:2001 et seq (1001) Dept. of Environmental Quality

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