H-38 Radiation Medical Event Reporting Form
X-ray Imaging Machine

Contact Information

State Choose a State

Name

Phone

Email

What is the event being reported?

- ○ Patient receiving an unintended dose to the skin greater than 2 Gy (200 rads) to the same area;
- ○ Patient receiving an unintended dose greater than 0.5 Gy (50 rads) to an organ and exceeded the facility's established protocol by 5X;
- ○ Patient receiving an unintended dose greater than 0.05 Sv (5rem) total effective dose and exceeded anticipated dose of the facility's established protocol by 5X;
- ○ The wrong patient or wrong site for the entire imaging procedure exceeds 0.5 Gy (50 rads) to an organ/tissue or 0.05 Sv (5rem) total effective dose; or
- ○ Other (explain) (Examples: unintended dose to an embryo/fetus, repeated images due to data loss, etc.).

What imaging procedure was performed?

What type of equipment was in use?

- ○ CT
- ○ Fluoroscopy
- ○ Radiographic Machine
- ○ Other

Specify the manufacturer and model of the unit used:

Date of discovery?

Was the patient notified?

- ◯ Yes
- ◯ No

Who discovered the event?

- ◯ Radiologist
- ◯ Other Physician-Specialty:
- ◯ Medical Physicist
- ◯ Radiologic Technologist
- ◯ Nurse, Nurse Practitioner or Physician's Assistant
- ◯ Service Personnel
- ◯ Patient
- ◯ Other –please indicate:

How was the event discovered?

- ◯ Clinical review of patient/patient record review
- ◯ Patient reported
- ◯ Quality control of equipment
- ◯ External audit
- ◯ Observation of machine output/technique parameters (Example: wrong technique used, etc.)
- ◯ Other-please describe

What was the total estimated dose received in the event?

Was more than one patient involved?

- ◯ No
- ◯ Yes

  If yes, how many?

If more than one patient was involved what was the total dose received per patient in the event?

Patient #1:

Patient #2:

Patient #3:

What was/were the “Determined Cause(s)” of the event? (indicate all that apply)

- ☐ Equipment failure/software error
- ☐ Personnel error
- ☐ Accident
- ☐ Other unusual occurance, please describe:

Describe the event in detail:

Describe the cause(s) of the event. For example, equipment failure, personnel error, accident, other unusual occurrence, etc.

Describe any remedial and/or follow up actions taken by the facility to prevent recurrence of the event.

Did the patient require any follow up care/treatment due to the event?

- ◯ Yes
- ◯ No

If yes, please describe the follow up care/treatment:

Was a Radiation Safety Officer involved in the event/facility actions?

- ◯ Yes
- ◯ No

Were the event, causes and actions to avoid a recurrence reviewed by a Radiation Safety Committee?

- ◯ Yes
- ◯ No