

THE FACTS ABOUT DOSE-SPLITTING

Dose-splitting is the term used to describe the practice of ordering one unit-dose of a radiopharmaceutical agent from a nuclear pharmacy and breaking that order into two separate units; for example, splitting the dose for use in both rest and stress cardiac studies.

Non-Acceptability of Practice

Receiving a unit-dose preparation from a nuclear pharmacy and splitting it for use as two separate doses is **not acceptable** under the rules of the Centers for Medicare & Medicaid Services (CMS). In past incidences where dose-splitting was discovered, CMS has directed contractors to cease the practice, has denied reimbursement for more than one unit-dose, and has explored the possibility of Medicare Fraud by healthcare entities ordering one unit-dose and billing for two.

Dose-splitting is also considered a **violation** of other radiopharmaceutical preparation and use standards, including:

RAM License Conditions/ALARA: Further manipulation of a unit-dose syringe results in increased and unnecessary radiation exposure to the worker; which is a potential violation of radioactive materials license conditions. As some RAM licenses require receipt of unit-dosages only, this practice may exceed/violate license conditions.

USP Compendia Standards: Manipulation of an already dispensed unit-dose falls under “compounding”; thus all standards contained within USP General Chapter <797> become immediately applicable.

Safe Medication Practices: The ISMP has determined that dose-splitting is a “perilous practice” and should not be performed. An ISMP “Medication Safety Alert” dated December 2, 2010 discusses this topic.¹

Safe Injection Practices: The Centers for Disease Control (CDC) has issued “Safe Injection Practices”; dose-splitting is a contradiction to those Practices.²

Accreditation Agency Standards: The Joint Commission has determined that the practice of dose-splitting violates Medication Management Standards and National Patient Safety Goals. It has also stated that violations of CDC’s “Safe Injection Practices” are among the most cited annually.

Professional Societies: SNMMI, ACR, ASNC and ACC have written letters describing why dose-splitting is objectionable.³

Other Standards: These may include “scope of practice” in which a nuclear medicine physician is unaware that the technologist is engaging in the practice of dose-splitting. This may be a violation of state laws.

Resources

¹ www.ismp.org/newsletters/acutecare/archives/dec10.asp

² www.oneandonlycampaign.org and www.cdc.gov/injectionsafety/unsafepractices.html

³ See HPRA Newsletters : Vol 4, Issue 7-8 (July-August 2010) and Vol 3, Issue 7 (July 2009)