



STATE OF FLORIDA  
Jeb Bush, Governor

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

50-361-1000  
07-30 AM 8:06



SUBMIT FORM TO:  
Agency for Health Care Administration,  
Consumer Services Unit, Post Office Box 14000,  
Tallahassee, Florida 32317-4000

I. OFFICE INFORMATION

Michaela Scott & Associates  
Name of office  
Vero Beach 32960 Indian River  
City Zip Code County  
Aprill Baker RN  
Name of Physician or Licensee Reporting  
Office Dr. Scott  
Locating Information for Physician or Licensee Reporting

1460 30th Street  
Street Address  
(772) 562-7777  
Telephone  
2047992  
License Number

II. PATIENT INFORMATION

[Redacted Patient Information]

Age 5/9/07 Gender \_\_\_\_\_ Medicaid Medicare \_\_\_\_\_  
Date of Office Visit \_\_\_\_\_  
Purpose of Office Visit \_\_\_\_\_  
ICD-9 Code for Diagnosis 280.9 151.2

III. INCIDENT INFORMATION

5/9/07 0950  
Incident Date and Time

Location of Incident:  
 Operating Rm  Recovery Rm  
 Other dr. office

Note: If the incident involved a death, was the medical examiner notified?  Yes  No  
Was an autopsy performed?  Yes  No N/A

A) Describe circumstances of the incident (narrative)  
(use additional sheets as necessary for complete response)

Pt reported for iv infusion per dr. weeks. To treat iron deficiency due to chemotherapy. Pt has gastric carcinoma and is being treated for gastric ca c chemo. IV started; pre meds given test dose. 25mg IV given of infed @ 0950 pt developed a sudden [redacted] [redacted] IV stopped IV infiltrated IV benadryl 50g given decadron 8g iv given O2 via mask BP unobtainable pt aganotic; 911 called-upon there arrival (within 10min) pt BP 116/173 p. normal O2 on 10c via mask transported to ER via ambulance.

**B) ICD-9-CM Codes**

90765  
Surgical, diagnostic, or treatment procedure being performed at time of incident  
(ICD-9 Codes 01-99.9)

E934-0  
Accident, event, circumstances, or specific agent that caused the injury or event.  
(ICD-9 E-Codes)

995.27  
Resulting injury  
(ICD-9 Codes 800-999.9)

**C) List any equipment used if directly involved in the incident**  
(Use additional sheets as necessary for complete response)

**D) Outcome of Incident** (Please check)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure <input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a licensed hospital	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure  ** if it resulted in <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function; <input type="checkbox"/> Any condition that required the transfer of the patient
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**E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.**

April Baker RN 2047992  
Lisa Rosart RN 9186656

**F) List witnesses, including license numbers if licensed, and locating information if not listed above**

**IV. ANALYSIS AND CORRECTIVE ACTION**

**A) Analysis (apparent cause) of this incident** (Use additional sheets as necessary for complete response)

acute allergic reaction to IV iron

**B) Describe corrective or proactive action(s) taken** (Use additional sheets as necessary for complete response)

Benadryl IV given O<sub>2</sub> on NA mask. EpiPen if available

v. Richard G. Scott MD ME 25287  
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER

05-09-2007  
DATE REPORT COMPLETED

1700  
TIME REPORT COMPLETED



STATE OF FLORIDA  
Jeb Bush, Governor

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT



SUBMIT FORM TO:  
Agency for Health Care Administration,  
Consumer Services Unit, Post Office Box 14000,  
Tallahassee, Florida 32317-4000

I. OFFICE INFORMATION

Southeastern Urological Center  
Name of office

2000 Centre Pointe Blvd  
Street Address

Tallahassee 32308 Leon  
City Zip Code County

850-309-0400  
Telephone

W Paul Sawyer MD  
Name of Physician or Licensee Reporting

ME 0027104  
License Number & office registration number, if applicable

Same as above  
Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION



[Redacted]  
Age Gender Medicaid Medicare

[Redacted]  
Diagnosis

[Redacted]  
Date of Office Visit

NA  
Purpose of Office Visit

NA  
ICD-9 Code for description of incident

NA  
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

5/9/07 @ 11:30am  
Incident Date and Time

Location of Incident:  
 Operating Rm  Recovery Rm  
 Other: physician's office

Note: If the incident involved a death, was the medical examiner notified?  Yes  No  
Was an autopsy performed?  Yes  No

A) Describe circumstances of the incident (narrative)  
(use additional sheets as necessary for complete response)

Patient arrived for assessment of Foley catheter status stating that the drainage bag was not working properly as [redacted] was bleeding around the catheter. Catheter was changed and bladder drained. Patient was noted to be confused and unable to make clear decisions. Creatinine was elevated and hematoctrit low. Admitted to hospital via ambulance for consult by nephrology and continued care and treatment of chronic renal failure.

**B) ICD-9-CM Codes**

<u>NA</u>	<u>NA</u>	<u>NA</u>
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)

**C) List any equipment used if directly involved in the incident**  
(Use additional sheets as necessary for complete response)

**D) Outcome of Incident** (Please check)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure <input checked="" type="checkbox"/> Any condition that required the transfer outcome of the patient to a licensed hospital  Outcome of transfer - e.g., death, brain damage, observation only <u>admission for treatment</u> Name of facility to which patient was transferred <u>TMH</u>	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure  ** if it resulted in <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function; <input type="checkbox"/> Any condition that required the transfer outcome of the patient
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**E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.**

<u>W Paul Sawyer MD</u>	<u>ME 0027104</u>	<u>Treating Physician</u>
<u>Julie K. Hiet RN</u>	<u>596382</u>	<u>RN assisting in care</u>
<u>Susan Burdick LPN</u>	<u>PN 1210441</u>	<u>nurse assisting with care</u>

**F) List witnesses, including license numbers if licensed, and locating information if not listed above**

**IV. ANALYSIS AND CORRECTIVE ACTION**

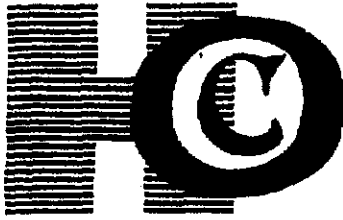
**A) Analysis (apparent cause) of this incident** (Use additional sheets as necessary for complete response)

Patient arrived with deteriorating condition that needed nephrology care and hospitalization for treatment.

**B) Describe corrective or proactive action(s) taken** (Use additional sheets as necessary for complete response)

Transfer appropriate, mode of transportation essential due to patient's condition ( [redacted] could not safely drive [redacted] )

V. [Signature] PN 915912  
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER  
5-10-07 14:00  
 DATE REPORT COMPLETED TIME REPORT COMPLETED



Hematology  
&  
Oncology  
Consultants  
of Tampa Bay, P.A.

EIN #58-1674575

Lewis E. Auerbach, M.D.  
Hafeez T. Chatoor, M.D.  
Mark S. Robbins, M.D.

Date of Service: 04/19/07

Place: [REDACTED]

Patient Name: [REDACTED]

DOB: [REDACTED]

[REDACTED] comes in the office today for [REDACTED] carboplatin. [REDACTED] presents in a wheelchair accompanied by [REDACTED]. There were no questions or concerns voiced.

We started a #24 gauge catheter in [REDACTED] left hand for a positive normal saline flush and positive blood return. [REDACTED] white blood cell count is 12.2, hemoglobin 8.9, hematocrit 28.9, and platelets of 403,000. [REDACTED] received Zofran 32 mg and Decadron 10 mg in 100 cc of normal saline. [REDACTED] then received carboplatin 150 mg in 100 cc of normal saline; approximately 15 minutes into [REDACTED] infusion [REDACTED] was sucking on a lemon drop, [REDACTED] had a cough, [REDACTED] asked us to provide [REDACTED] with a glass of water which we did, and the patient then tried to drink the water but the water came out and [REDACTED] was still coughing. The nurse tried to speak with [REDACTED] and [REDACTED] was not responsive. [REDACTED] was not showing the choking sign of holding [REDACTED] throat or saying that [REDACTED] was having difficulty in any way but [REDACTED] was not responding. [REDACTED] did appear to be hypoxic at that time. Two of our nurses attempted the Heimlich maneuver but the patient's weight is too much to hold [REDACTED] up straight. Dr. Robbins was called and immediately came. He did get behind the patient and did thrust for the Heimlich maneuver with nothing coming out of the patient's mouth. At this time, we lowered the patient to the floor and felt for a pulse; we were not able to feel [REDACTED] pulse. Dr. Robbins did listen and was able to hear slight movement of air bilaterally. The patient seemed as if [REDACTED] was trying to breath but [REDACTED] could not. We had already called 911 and Dr. Robbins began chest compressions and we had oxygen running via Ambu bag mask and doing CPR. 911 showed up <sup>at the scene & emergency services arrived.</sup> and we attempted to start a line without success. They were able to intubate the patient and [REDACTED] was able to aerate [REDACTED] lungs. They took the patient to the hospital and Dr. Robbins did talk with the paramedics regarding what transpired. The patient is on [REDACTED] way to the emergency room. We discussed with [REDACTED] family what had happened. We were unable to assess whether or not the patient was choking or had a reaction to the chemotherapy. The patient was taken via stretcher by ambulance to South Bay Hospital. Dr. Robbins will be following up with this patient as [REDACTED] goes through [REDACTED] hospitalization.

Bonnie Karr, RN *BK*

BK:CMTI:kh

D: 04/20/07 T: 04/20/07



STATE OF FLORIDA  
Jeb Bush, Governor

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275



I. OFFICE INFORMATION

Space Coast Medical Associates  
Name of office

Cocoa Beach 32931 Brevard  
City Zip Code County

Dr Firas Muwalla  
Name of Physician or Licensee Reporting

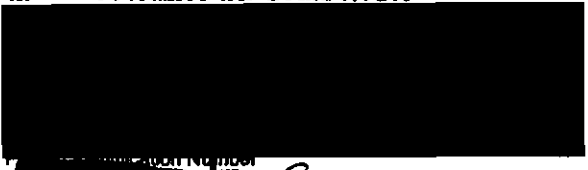
ME 0094732  
Patient's address for Physician or Licensee Reporting

699 W. Cocoa Beach Causeway  
Street Address

(321) 783-9544  
Telephone

ME 0094732  
License Number & office registration number, if applicable

II. PATIENT INFORMATION



Diagnosis [Redacted]



Age 5/3/07 Gender [Redacted] Medicaid [Redacted] Medicare [Redacted]

Date of Office Visit [Redacted]

Purpose of Office Visit V58.11

ICD-9 Code for description of Incident [Redacted]

Level of Surgery (II) or (III) [Redacted]

RECEIVED  
CONSUMER SERVICES UNIT  
MAY 14 PM 3:24

III. INCIDENT INFORMATION

5/3/07 10:15  
Incident Date and Time

Location of Incident:  
 Operating Rm  Recovery Rm  
 Other chemo room

Note: If the incident involved a death, was the medical examiner notified?  Yes  No  
Was an autopsy performed?  Yes  No N/A

A) Describe circumstances of the incident (narrative)  
(use additional sheets as necessary for complete response)

pt in office to receive Gemzar tx. Received  
Imq Ativan 51UP @ 0950. @ 1015 pt c/o nausea  
Gemzar stopped & NS w/o BP 90/60 barely audible 70/palp  
HR 64 1020 nausea gone Dr Muwalla notified &  
600cc NS bolus given O2 sat 98% on RA 1045 BP still  
74/palp pt denies dizziness/light headedness Dr Muwalla  
informed & 911 called EMT's here @ 1100 pt transported  
to ER @ CCH. - d Brewer RN

B) ICD-9-CM Codes V58  
Chemo infusion

Surgical, diagnostic, or treatment procedure being performed at time of incident  
(ICD-9 Codes 01-99.9)

Accident, event, circumstances, or specific agent that caused the injury or event.  
(ICD-9 E-Codes)

Resulting injury  
(ICD-9 Codes 800-999.9)

C) List any equipment used if directly involved in the incident  
(Use additional sheets as necessary for complete response)

D) Outcome of Incident (Please check)

<input type="checkbox"/> Death	<input type="checkbox"/> Surgical procedure performed on the wrong site **
<input type="checkbox"/> Brain Damage	<input type="checkbox"/> Wrong surgical procedure performed **
<input type="checkbox"/> Spinal Damage	<input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure
<input type="checkbox"/> Surgical procedure performed on the wrong patient	** if it resulted in
<input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure	<input type="checkbox"/> Death
<input checked="" type="checkbox"/> Any condition that required the transfer outcome of the patient to a licensed hospital	<input type="checkbox"/> Brain Damage
Outcome of transfer - e.g., death, brain damage, observation only _____	<input type="checkbox"/> Spinal Damage
Name of facility to which patient was transferred <u>Cape Canaveral Hospital</u>	<input type="checkbox"/> Permanent disfigurement not to include the incision scar
	<input type="checkbox"/> Fracture or dislocation of bones or joints
	<input type="checkbox"/> Limitation of neurological, physical, or sensory function;
	<input type="checkbox"/> Any condition that required the transfer outcome of the patient

E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.

Danielle Brewer RN RN 1663542  
Pege China RN RN 9248257  
Teddy Wagner CMA  
Firas Mbwalla MD ME 0094732

F) List witnesses, including license numbers if licensed, and locating information if not listed above

#### IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

[Redacted]

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

na. Drug reaction

V.

[Signature]  
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME 0094732  
LICENSE NUMBER

5/3/07  
DATE REPORT COMPLETED

1250  
TIME REPORT COMPLETED

6/18/07 #12

#154



STATE OF FLORIDA  
Job Bush, Governor

PHYSICIAN OFFICE 9 AM 7:49  
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

**I. OFFICE INFORMATION**  
Name of office: Jarasota Interventional Radiology  
City: Jarasota Zip Code: 34232 County: Jarasota  
Name of Physician or Licensee Reporting: Dr. Stowalter

Street Address: 600 N. Cattlemans Road Suite 100  
Telephone: 727-378-3231

License Number & office registration number, if applicable

**II. PATIENT INFORMATION**  
[Redacted]  
Diagnosis: [Redacted]

Age: 6-18-07 Gender: [Redacted] Medical: [Redacted]  
Date of Office Visit: [Redacted]  
Purpose of Office Visit: [Redacted]  
ICD-9 Code for description of incident: [Redacted]  
Level of Surgery (II) or (III): [Redacted]

**III. INCIDENT INFORMATION**  
Incident Date and Time: 6-18-07

Location of Incident:  
 Operating Rm  
 Recovery Rm  
 Other

Note: If the incident involved a death, was the medical examiner notified?  Yes  No  N/A  
Was an autopsy performed?  Yes  No

**A) Describe circumstances of the incident (narrative)**  
(use additional sheets as necessary for complete response)

At 10:15A-6-18-07 - pt transferred to Recovery room - post op - angioplasty -  
nurse pulled arterial sheath @ 11:30 due to having received 5000U  
of heparin - Hemostasis - took place after - holding pressure to  
antegrade puncture for 30 minutes - Medium sized hematoma formed  
in (C) thigh area - continued to expand - At  
1:15 - pt's blood pressure - 88/52 - P-85 - R-16 - O2-100% - proceeded  
to notify Anesthesia and operating physician - nurse was instructed  
to place pt - in Trendelenburg position - start IV fluids - NS -  
and start holding pressure - above & below puncture site - At 1:45  
- blood pressure stabilized @ 122/80 - 84 - Resp-16 - 97% O2  
Operating physician - Dr. Stowalter saw pt -  
checked pulses - (L) (R) - instructed to transport pt to Doctors Hospital  
at 1:50  
AP +1 +2  
TP +1 +2



Continued to hold pressure - inserted Foley - per -  
physician - M. yard - proceeded to scan - pt -  
~~at 1500~~ - Notified patient's ACF - [redacted] at  
1345 and then proceeded to contact daughter and  
left message - at 1500 - contacted - 911 - & patient  
transported to Doctor's Hospital via ambulance -  
patient - stable - coherent upon Discharge -  
Vital Signs - 134/67/84/16/98/ Pulses <sup>AP +1 +2</sup> <sub>TP +1 +2</sub> -  
pt transferred for Observation - per Dr  
Shawalter - S. H. I. RN  
Sophie Kusal -

**B) ICD-9-CM Codes**

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

Hematoma -  
Resulting injury (ICD-9 Codes 800-999.9)

**C) List any equipment used if directly involved in the incident**  
(Use additional sheets as necessary for complete response)

**D) Outcome of Incident (Please check)**

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure <input checked="" type="checkbox"/> Any condition that required the transfer outcome of the patient to a licensed hospital Outcome of transfer - e.g., death, brain damage, observation only Name of facility to which patient was transferred: <u>Doctors Hospital</u>	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure ** If it resulted in <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function; <input type="checkbox"/> Any condition that required the transfer outcome of the patient
--	--

**E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident:**

09  
 Sophie Grisel R.N. - Recovery Room - Inpatient - Intervention Radiology  
 Laura Yard - Anesthesia - STR MC 68224  
 Kathleen Carlen - R.N. - Recovery Room - STR - 2231892  
 Chris Howes - Rad Tech. - # 39938

**F) List witnesses, including license numbers if licensed, and locating information if not listed above**

**IV. ANALYSIS AND CORRECTIVE ACTION**

**A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)**

Hematoma - (R) thigh -

**B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)**

Reapplied pressure / infused IV fluids - Stabilized Blood pressure - placed patient in Trendelenburg - checked pulses -

**V.**

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT  
6-19-07  
 DATE REPORT COMPLETED

ME60158  
 LICENSE NUMBER

12:00 PM -  
 TIME REPORT COMPLETED

6/29/07 #14

RETINA ASSOCIATES OF SOUTH FLORIDA

Diseases and Surgery of the Retina and Vitreous

Jeffrey N. Weiss, M.D., P.A.

07 JUL -9 AM 11:49  
CONSUMER SERVICES UNIT

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

#33

June 29, 2007

Investigator  
DOH, Consumer Services Unit  
4052 Bald Cypress Way, Bin-C75  
Tallahassee, FL 32399-3275

RE: [REDACTED]

Dear [REDACTED]:

I am a retina specialist and [REDACTED] had been my patient since 1996. [REDACTED] came to the office as an emergency on June 20, 2007, with a one-day history of a [REDACTED] [REDACTED] had been blind in [REDACTED] left eye for many years. The patient had a pigment epithelial tear at the macula and to rule out a choroidal neovascular membrane in the patient's only eye, I ordered a fluorescein angiogram. The patient had had four previous [REDACTED] and at the last angiogram [REDACTED] reported itching though no hives were seen and there were no other symptoms. [REDACTED] was given Benadryl with resolution of the itching complaint.

For this reason, we pre-treated [REDACTED] (June 20, 2007) with 50mg of Benadryl, which was orally given at 3:00 P.M. [REDACTED] also signed a witnessed informed consent, which details the risk of the procedure. Mr. Tony Lobacz, my angiographer with 34 years of experience, commenced the procedure at 3:35 PM. The procedure went without incident and [REDACTED] was talking to Tony. Approximately four minutes later [REDACTED] moved [REDACTED] head forward and was incommunicative. Tony called me and I immediately came to the room. The patient was breathing heavily and was moving but [REDACTED] eyes were closed and [REDACTED] was not responding to command. 911 was immediately called and with the assistance of Paul Eisenberg, another technician with 22 years of experience, we placed [REDACTED] in Trendelenburg position and administered smelling salts. [REDACTED] blood pressure at this time was 90/60 and the pulse was 56. The paramedics promptly arrived and also obtained the pulse and blood pressure. They intubated [REDACTED]. Subsequent to this, the pulse and blood pressure [REDACTED]. Sodium bicarbonate, Epinephrine and Atropine were given and the pulse and blood pressure returned. There was no skin rash.

June 29, 2007

Page 2

RE: [REDACTED]

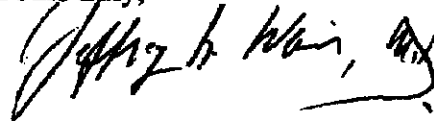
The patient was transferred to the Northwest Medical Center Emergency Room. I spoke to the nurse there and gave them [REDACTED] medical information, which also included cardiac surgery in January 2006 and hypertension. I also called Dr. Wolf, the patient's medical doctor. Unfortunately, the emergency contact, [REDACTED] daughter, (we were informed by the patient's aid), was in Europe. I also spoke with Dr. Adam Thau at the Northwest Medical Center Emergency Room

Of note, I reviewed the EMS Rescue Report that was submitted by the Margate Fire Department two days after the incident, which incorrectly stated that Benadryl was given after the incident. It was given 35 minutes before the procedure. It also mentioned that the pupils were both dilated without noting that the right pupil was pharmacologically dilated in order to perform the examination. The report does confirm that the patient had no hives in my office.

Over the course of my 27-year career, including being the Chief of Retina Surgery at the Joslin Diabetes Center and a full-time faculty member at the Harvard Medical School, I have probably been involved with more than 30,000 fluorescein angiograms and this is the first time such an episode has ever occurred. I can assure you that everything possible was done to help this patient and despite the fact that [REDACTED] received excellent care, [REDACTED]

If you have any further questions, please contact me.

Yours truly,



Jeffrey N. Weiss, M.D.

JNW/ss

6/28/07 #13

#155



STATE OF FLORIDA  
Charlie Crist, Governor

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Baid Cypress Way, Bln C75  
Tallahassee, Florida 32399-3275

07 JUL 16 11:41 AM  
RECEIVED

I. OFFICE INFORMATION

PORCARO HAIR + COSMETIC SURGERY 1943 SE PORT ST LUCIE BLVD  
Name of office Street Address  
PORT ST LUCIE 34952 ST LUCIE 772 337-1717  
City Zip Code County Telephone  
JOHN L. PORCARO, M.D. ME 66793 / 127777/07  
Name of Physician or Licensee Reporting License Number & office registration number if applicable  
(SEE BELOW)  
Patient's address for Physician or Licensee Reporting 1043256

II. PATIENT INFORMATION

[Redacted patient information]

[Redacted patient information]

III. INCIDENT INFORMATION

6/28/07 ~ 0935  
Incident Date and Time

6/28/07  
Purpose of Office Visit  
ICD-9 Code for description of incident  
Level of Surgery (II) or (III)

Location of Incident:  
 Operating Room  Recovery Room  
 Other OFFICE

Note: If the incident involved a death, was the medical examiner notified?  Yes  No  
Was an autopsy performed?  Yes  No

A) Describe circumstances of the incident (narrative)  
(use additional sheets as necessary for complete response)

Patient developed [redacted] after in-  
fusion of [redacted]. [redacted] was  
treated with IV Valium and transferred  
to St Lucie Med. Center, where [redacted] was observed  
in the ER for several hours and then  
discharged to home, after a complete  
recovery. [redacted]

**B) ICD-9-CM Codes**

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)
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**C) List any equipment used if directly involved in the incident**

(Use additional sheets as necessary for complete response)

None

**D) Outcome of Incident (Please check)**

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient. <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure. <input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital.  Outcome of transfer – e.g., death, brain damage, <del>observation only</del> Name of facility to which patient was transferred: <u>St Lucie Medical Center</u>	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure.  ** if it resulted in: <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function. <input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.
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**E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.**

JOHN L. PORCARO, M.D. ME 66793  
JOHN MAUGAN (SUPPORT STAFF)

PORCARO HAIR & COSMETIC SURGEON  
1943 SE PORT ST LUCIE BLVD, PORT ST LUCIE, FL 34952

**F) List witnesses, including license numbers if licensed, and locating information if not listed above**

X

**IV. ANALYSIS AND CORRECTIVE ACTION**

**A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)**

Probable bedside procedure, Charge correct above may have contributed because of →

**B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)**

on health questionnaire patient completed a week before the procedure. [redacted] admitted →

John Porcaro M.D. ME 66793

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER

7/9/17 1500  
 DATE REPORT COMPLETED TIME REPORT COMPLETED

**Porcaro Hair & Cosmetic Surgery... (continued...)**

IV:

- A) ...tolerance to benzodiazepines that people who drink ETOH excessively develop. This could have mitigated the protective effect of Ativan, which we gave to the patient prior to onset of tumescent fluid infusion with Lidocaine. The patient developed seizure activity even though total Lidocaine dose was in the safe range.
- B) ...to drinking a "couple of alcohol containing drinks per week". After seizure [REDACTED] stated that "[REDACTED] is a chronic alcoholic and drinks all the time, even though [REDACTED] holds down a full time job". I would not have begun a cosmetic procedure had I known the patient was a chronic alcoholic.

I will obtain detailed information on alcohol consumption from all patients.

*J. Porcaro, MD 7/9/7*

6/29/07

#15

#156



STATE OF FLORIDA  
Jeb Bush, Governor

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4652 Bald Cypress Way, Bin C76  
Tallahassee, Florida 32399-3376

**OFFICE INFORMATION**  
 Name of office: South Florida Center for Cosmetic Surgery 918 Middle Rd #213  
 Street Address: Hlandersall FL 33304, Broward 9545657575  
 City: Hlandersall Zip Code: 33304 County: Broward Telephone: 9545657575  
 Name of Physician or Licensee Reporting: Dimitry Alexander MD License Number & office registration number, if applicable: OSL #491  
 Patient's address for Physician or Licensee Reporting: \_\_\_\_\_

**II. PATIENT INFORMATION**

[Redacted Patient Information]

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Medicaid/Medicare: \_\_\_\_\_

Date of Office Visit: 07.09.07  
 Date of Incident: 07.08.07  
 ICD-9 Code for description of incident: 86.22  
 Level of Surgery (I) or (II): II

**III. INCIDENT INFORMATION**

Incident Date and Time: 07.09.07 / 11:00am

Location of Incident:  
 Operating Rm.  Recovery Rm.  
 Other

Notes: If the incident involved a death, was the medical examiner notified?  Yes  No  
 Was an autopsy performed?  Yes  No

A) Describe circumstances of the incident (narrative)  
 (use additional sheets as necessary for complete response)

Patient presented to office with pain in left leg that worsened since last evaluation 07.06.07. Patient was immediately sent to [redacted] primary care physician for further evaluation. Patient underwent diagnostic testing positive for [redacted]. Patient admitted to Memorial Regional Hospital for anticoagulation therapy of Lovenox & Colmanadin. Patient discharged home 07.11.07. Patient is currently being followed up with a Home Health nurse for Lovenox injections. Patient was seen in our office on 07.13.07 and is recovering no dx noted.



B) ICD-9-CM Codes  
Abdominoplasty + suction assisted lipectomy of bilateral flanks

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 86.0-86.9)

Accident, event, circumstances, or specific agent that caused the injury or event (ICD-9 E-Codes)

Resulting injury (ICD-9 Codes 880-899.9)

resulting in @ OUT to left leg.

C) List any equipment used if directly involved in the incident (Use additional sheets as necessary for complete response)

D) Outcome of incident (Please check)

<input type="checkbox"/> Death	<input type="checkbox"/> Surgical procedure performed on the wrong site**
<input type="checkbox"/> Brain Damage	<input type="checkbox"/> Wrong surgical procedure performed**
<input type="checkbox"/> Spinal Damage	<input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure
<input type="checkbox"/> Surgical procedure performed on the wrong patient	** If it resulted in
<input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure	<input type="checkbox"/> Death
<input type="checkbox"/> Any condition that required the transfer outcome of the patient to a licensed hospital	<input type="checkbox"/> Brain Damage
Outcome of transfer - e.g., death, brain damage, observation only	<input type="checkbox"/> Spinal Damage
Name of facility to which patient was transferred	<input type="checkbox"/> Permanent disfigurement not to include the incision scar
	<input type="checkbox"/> Fracture or dislocation of bones or joints
	<input type="checkbox"/> Limitation of neurological, physical, or sensory function
	<input type="checkbox"/> Any condition that required the transfer outcome of the patient

E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.

Timothy Alexander MD

F) List witnesses, including license numbers if licensed, and locating information if not listed above

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analyze (apparent cause) of this incident (Use additional sheets as necessary for complete response)

Patient developed deep vein thromboses post-operatively.

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

Patient currently receiving anticoagulation therapy at home.

V.

SIGNATURE OF PHYSICIAN LICENSER SUBMITTING REPORT

ME # 35285  
LICENSE NUMBER

7/18/07  
DATE REPORT COMPLETED

7/30/07  
TIME REPORT COMPLETED



PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

?

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

South Florida Institute for Reproductive

Name of office Medicine Miami 33143 Miami-Dade  
City Zip Code County

Gladys Diaz RN  
Name of Physician or Licensee Reporting

7300 SW 62 Place 4th Fl. Miami FL 33143  
Patient's address for Physician or Licensee Reporting

7300 SW 62 Place 4th Fl  
Street Address

(305) 662-7901  
Telephone

341  
License Number & office registration number, if applicable

RN 2051612

II. PATIENT INFORMATION

[Redacted Patient Information]

Age 6/26/07 Gender Female Medicaid Medicare

Date 06/26/07

Purpose of Office Visit 628.2

ICD-9 Code for description of incident Level II

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

06/26/07 + 11:15am  
Incident Date and Time

Location of Incident:  
 Operating Room  Recovery Room  
 Other Retrieval Suite

Note: If the incident involved a death, was the medical examiner notified?  Yes  No  
Was an autopsy performed?  Yes  No

A) Describe circumstances of the incident (narrative)  
(use additional sheets as necessary for complete response)

Patient arrived with a blood pressure of 124/90. While under  
[Redacted] administered by [Redacted]  
blood pressure increased to 190/100. At this time procedure  
was stopped @ 11:56am. Patient transferred to recovery  
room with persistent high blood pressure. Patient awake and  
alert. At this time Dr. Eisermann notified South Miami Hospital  
Emergency Room and office called 911 for transfer.

B) ICD-9-CM Codes

<u>628.2 / 589.70</u>	<u>401.9</u>	<u>None</u>
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)

C) List any equipment used if directly involved in the incident (Use additional sheets as necessary for complete response)

D) Outcome of Incident (Please check)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure. <input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital.  Outcome of transfer - e.g., death, brain damage, observation only <u>to control Blood Pressure</u> Name of facility to which patient was transferred: <u>South Miami Hospital</u>	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure.  ** If it resulted in: <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function. <input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.
---	---

E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

Dr. Juergen Eisermann - License ME 53003

Gladys Diaz, RN - License # RN 2051612

Dr. Farkas - ME 0039558

F) List witnesses, including license numbers if licensed, and locating information if not listed above

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

Cause for elevated blood pressure unknown patient evaluated by cardiologist in Hospital.

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

Patient taken to Emergency Room for cardiologist evaluation via Fire Rescue.

<u>Gladys M. Diaz RN</u>	<u>RN 2051612</u>
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT	LICENSE NUMBER
<u>7/10/07</u>	<u>3:45pm</u>
DATE REPORT COMPLETED	TIME REPORT COMPLETED



STATE OF FLORIDA  
Jeb Bush, Governor

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275



?

I. OFFICE INFORMATION

Watson Clinic LLP  
Name of office  
Lakeland 33805 Polk  
City Zip Code County  
Dr. Patrick Reddy MD  
Name of Physician or Licensee Reporting

1600 Lakeland Hills Blvd.  
Street Address  
863-680-7000  
Telephone  
License Number & office registration number, if applicable

\_\_\_\_\_  
Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

\_\_\_\_\_  
Patient Name  
\_\_\_\_\_  
Patient Date of Birth  
\_\_\_\_\_  
Patient Identification Number  
\_\_\_\_\_  
Diagnosis

\_\_\_\_\_  
Date of Office Visit  
\_\_\_\_\_  
Purpose of Office Visit  
413.9  
ICD-9 Code for description of incident  
\_\_\_\_\_  
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

June 22, 2007  
Incident Date and Time

Location of Incident:  
 Operating Rm  Recovery Rm  
 Other Nuclear Medicine

Note: If the incident involved a death, was the medical examiner notified?  Yes  No N/A  
Was an autopsy performed?  Yes  No N/A

A) Describe circumstances of the incident (narrative)  
(use additional sheets as necessary for complete response)

(see attached nuclear cardiology report)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B) ICD-9-CM Codes**

413.9

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)
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**C) List any equipment used if directly involved in the incident**  
(Use additional sheets as necessary for complete response)

**D) Outcome of Incident (Please check)**

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure <input checked="" type="checkbox"/> Any condition that required the transfer outcome of the patient to a licensed hospital  Outcome of transfer, e.g., death, brain damage, observation only _____ Name of facility to which patient was transferred: <u>Lakeland Regional Medical Center</u>	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure  ** if it resulted in <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function; <input type="checkbox"/> Any condition that required the transfer outcome of the patient
---	--

**E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.**

*Milda @ bedside when adenosine administered \**

<u>MILDA SEGUI (CRT 64032)</u>	<u>Scott Moore CMA</u>
<u>Kimberly Dean RN 3143532</u>	<u>Dana Hall RN PA - scribe @ code. RN 9188717</u>
<u>Steve Paganella RRT - RT3687</u>	
<u>Elen Bower RN 2969902</u>	

**F) List witnesses, including license numbers if licensed, and locating information if not listed above**

*\* (Other staff listed - responded to Blue Team / Code 99)*

**IV. ANALYSIS AND CORRECTIVE ACTION**

**A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)**

Hypotension related to adenosine

**B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)**

No corrective action required.

**V.**

<u>Patrick Heddy MD</u>	<u>ME 47649.</u>
<b>SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT</b>	<b>LICENSE NUMBER</b>
<u>2/13/07</u>	
<b>DATE REPORT COMPLETED</b>	<b>TIME REPORT COMPLETED</b>

Name: [REDACTED] ID: [REDACTED]. Date: 06/22/2007 15:53. Description: MYO PERF SINGLE.

ATTENDING PHYSICIAN: Dr. Anna Asuncion  
ORDERING PHYSICIAN: Dr. Timothy Lawler

CLINICAL HISTORY: [REDACTED]-year-old [REDACTED] who was released from Lakeland Regional Medical Center after myocardial infarction was excluded. An outpatient adenosine Cardiolute test was requested to continue the evaluation of chest discomfort. At rest, the patient had sinus rhythm, right bundle branch block pattern. The patient weighs [REDACTED] pounds.

PROTOCOL: The patient received adenosine infusion protocol. The dose was reduced to 70 mcg/kg/min when the patient noted some dyspnea and nonspecific chest complaints. The dyspnea and chest complaints resolved with the lower dose of adenosine. Otherwise, the adenosine protocol was standard.

ACQUISITION: A one-day Cardiolute protocol was used. The patient received 10 mCi Tc-99m sestamibi at rest followed by SPECT image acquisition. The patient then received an adenosine infusion for 3 minutes as described above. The total amount of adenosine administered is recorded on the Nuclear Medicine Worksheet. Midway through the adenosine infusion, the patient received 28 mCi Tc-99m sestamibi. SPECT images were not acquired after pharmacologic stress and gated images were not acquired for this case because of events described below. The resting images were reconstructed into vertical long axis, horizontal long axis and short axis projections.

RESULTS:

Within 4 minutes post completion of the adenosine infusion, the patient had an episode of hypotension, developing a systolic blood pressure of roughly 75, associated with involuntary motor activity, possibly representing a brief seizure. Within several minutes, the systolic blood pressure rose to 140 in response to elevation of legs, intravenous normal saline, and 2.5 mcg/kg/min of dopamine. The patient never exhibited audible wheezing. Finger oximetry O<sub>2</sub> saturation was greater than 95%. The patient was given 125 mg aminophylline, the standard protocol for competitive inhibition of the adenosine effect. The patient never complained of classic angina pectoris. When asked if [REDACTED] was having chest discomfort, [REDACTED] said "a little". The patient's main sensation was nausea. The EKG showed subtle lateral ST segment elevation in the setting of chronic right bundle branch block. The stress myocardial perfusion images were never acquired because of these hemodynamic difficulties. EMS was contacted. I called Dr. Joseph Massaro on-call at Lakeland Regional Medical Center and discussed the case. It was my opinion that the patient needed to go directly to the Cardiac Cath Lab because I was suspicious of myocardial ischemia as the source of [REDACTED] vague chest discomfort, nonspecific ST changes, and hypotension. It did not appear that the patient had an asthmatic response to adenosine because [REDACTED] did not wheeze and was never hypoxic. [REDACTED] did not appear to have any bradycardic or tachycardic response to adenosine. [REDACTED] did not have third degree heart block or a complex tachycardiac dysrhythmia as a source of [REDACTED] events. It appeared that the sequence of events was hypotension after completing the protocol.

The resting images were reconstructed for review. There was no stress image acquisition. The resting images demonstrate uniform tracer activity and soft tissue/breast attenuation along the anterior wall.

CONCLUSIONS:

1. Episode of hypotension in response to adenosine.
2. Resting images show soft tissue and breast attenuation.
3. No stress image acquisition was acquired.
4. (I have subsequently learned that the patient was transported without event to Lakeland Regional Medical Center Cardiac Cath Lab and Dr. Joseph Massaro performed a cardiac catheterization. The patient was found to have normal coronary arteries. The patient was then given methylergonovine and had no evidence of coronary artery spasm.)

Authenticating Radiologist: REDDY, PATRICK, MD



STATE OF FLORIDA  
Jeb Bush, Governor

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:  
Agency for Health Care Administration,  
Consumer Services Unit, Post Office Box 14000,  
Tallahassee, Florida 32317-4000



I. OFFICE INFORMATION

Southeastern Urological Center  
Name of office

2000 Centre Pointe Blvd  
Street Address

Tallahassee 32308 Leon  
City Zip Code County

850-309-0400  
Telephone

Byron Blasko ARNP  
Name of Physician or Licensee Reporting

1554842  
License Number & office registration number, if applicable

Same as above  
Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[Redacted Patient Information]

Age 6-27-07 Gender \_\_\_\_\_ Medicald Medicare \_\_\_\_\_

[Redacted Diagnosis]

Purpose of Office Visit NA  
ICD-9 Code for description of incident NA  
Level of Surgery (II) or (III) \_\_\_\_\_

III. INCIDENT INFORMATION

6/27/07 @ 1:00 pm  
Incident Date and Time

Location of Incident:  Operating Rm  Recovery Rm  
 Other Physician office

Note: If the incident involved a death, was the medical examiner notified?  Yes  No  
Was an autopsy performed?  Yes  No

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

Patient arrived for office visit to be taught intermittent self catheterization. Accompanied by [Redacted] who relates that on the way to the office [Redacted] was "swearing all over the road" and changes in [Redacted] speech, walk and coordination. [Redacted] is noted to have a right sided facial droop, slurred speech and pupillary changes indicative of either a stroke or [Redacted] transported to CMRMC via ambulance.



**B) ICD-9-CM Codes**

<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)

**C) List any equipment used if directly involved in the incident**  
(Use additional sheets as necessary for complete response)

**D) Outcome of Incident** (Please check)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure <input checked="" type="checkbox"/> Any condition that required the transfer outcome of the patient to a licensed hospital  Outcome of transfer – e.g., death, brain damage, observation only _____ Name of facility to which patient was transferred <u>CRMC</u>	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure  ** If it resulted in <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function; <input type="checkbox"/> Any condition that required the transfer outcome of the patient
---	--

**E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.**

Byron Blasko ARNP - treating practitioner - 1554842  
Yonda Brown LPN - assisting nurse PN 5153902  
David Burday MD - supervising physician ME 0095630  
Aisha Sapp MA - assisting with transport NA

**F) List witnesses, including license numbers if licensed, and locating information if not listed above**

**IV. ANALYSIS AND CORRECTIVE ACTION**

**A) Analysis (apparent cause) of this incident** (Use additional sheets as necessary for complete response)

Patient arrived for appointment with possible stroke  
US TIA and needed follow up urgent medical care

**B) Describe corrective or proactive action(s) taken** (Use additional sheets as necessary for complete response)

No corrective action needed. Transfer for urgent non  
urologic care needed to care for patient.

**V.**

<u>Jerry Spear R</u>	<u>915912</u>
SIGNATURE OF PHYSICIAN/LICENSEE	SUBMITTING REPORT LICENSE NUMBER
<u>6-29-07</u>	<u>8:30am</u>
DATE REPORT COMPLETED	TIME REPORT COMPLETED



STATE OF FLORIDA  
~~Gov. Bush~~, Governor  
 Crist  
 PHYSICIAN OFFICE  
 ADVERSE INCIDENT REPORT

07 JUN 19 AM 10:11  
 CONSUMER SERVICES UNIT

SUBMIT FORM TO:  
 Department of Health, Consumer Services Unit  
 4052 Bald Cypress Way, Bin C75  
 Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Florida Cancer Institute  
 Name of office  
 Spring Hill 34608 Hernando  
 City Zip Code County  
 Amber McCarthy RN  
 Name of Physician or Licensee Reporting

7154 Medical Center Drive  
 Street Address  
 (352) 596-1926  
 Telephone  
 RN 9203070  
 License Number & office registration number, if applicable

7154 Medical Center Dr  
 Patient's address for Physician or Licensee Reporting  
 Spring Hill, FL 34608

II. PATIENT INFORMATION

[Redacted Patient Information]

[Redacted Patient Information]

Age  
 6/14/07 Gender  
 Medicaid Medicare  
 Date of Office Visit  
 Doctor visit  
 Purpose of Office Visit

ICD-9 Code for description of incident  
 Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

6/14/07 11:30 - 12:00 PM  
 Incident Date and Time

Location of Incident:  
 Operating Rm  Recovery Rm  
 Other Chemotherapy room

Note: If the incident involved a death, was the medical examiner notified?  Yes  No  
 Was an autopsy performed?  Yes  No

A) Describe circumstances of the incident (narrative)  
 (use additional sheets as necessary for complete response)

Patient received Decadron 10mg, Aloxi 0.25mg, Benadryl 50mg, and Tagamet 300mg via IV and became very anxious. Pt could not qualify or quantify what was wrong or symptoms [redacted] was experiencing. [redacted] was clutching [redacted] chest, flailing [redacted] arms, yelling, and asking for alcohol pads. [redacted] asked to walk around but upon rising had a possible syncopal episode. Daughter at patient's side who stated that this happens often but not to this degree. E. Morgan ARNP notified who stated to call 911. Pt's BS hypocoactive & abd distended. Lung sounds clear to auscultation. Pt transported by sHFR to Oak Hill Hospital.

**B) ICD-9-CM Codes**

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

Resulting injury (ICD-9 Codes 800-999.9)

**C) List any equipment used if directly involved in the incident**  
(Use additional sheets as necessary for complete response)

**D) Outcome of Incident** (Please check)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure <input checked="" type="checkbox"/> Any condition that required the transfer outcome of the patient to a licensed hospital  Outcome of transfer – e.g., death, brain damage, observation only _____ Name of facility to which patient was transferred _____	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure  ** if it resulted in <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function; <input type="checkbox"/> Any condition that required the transfer outcome of the patient
---	--

**E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.**

Amber McCarthy RN 9203070, Lucy Devico RN 3412052  
 John Bradtman RN 27296892, Elizabeth Morgan ARNP 1838022

**F) List witnesses, including license numbers if licensed, and locating information if not listed above**

**IV. ANALYSIS AND CORRECTIVE ACTION**

**A) Analysis (apparent cause) of this incident** (Use additional sheets as necessary for complete response)

Patient had possible side effect / reaction to premedications.

**B) Describe corrective or proactive action(s) taken** (Use additional sheets as necessary for complete response)

Patient will be given different / additional premedications before next chemotherapy session.

v. Amber McCarthy RN  
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER  
11/14/07 3:00 PM  
 DATE REPORT COMPLETED TIME REPORT COMPLETED



STATE OF FLORIDA  
Jeb Bush, Governor

PRACTITIONER REGULATION  
LEGAL

PHYSICIAN OFFICE 2007 JUN 20 PM 2:56  
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:  
Agency for Health Care Administration,  
Consumer Services Unit, Post Office Box 14000,  
Tallahassee, Florida 32317-4000



I. OFFICE INFORMATION

Southeastern Urological Center

Name of office

Tallahassee 32308 Leon

City Zip Code County

Rypon Blasko ACP

Name of Physician or Licensee Reporting

Same as above

Patient's address for Physician or Licensee Reporting

2000 Centre Pointe Blvd

Street Address

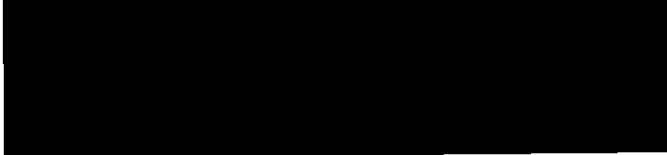
850-309-0400

Telephone

1554842

License Number & office registration number, (if applicable)

II. PATIENT INFORMATION



Age 6-12-07 Gender \_\_\_\_\_ Medicaid \_\_\_\_\_ Medicare \_\_\_\_\_

Date of Office Visit \_\_\_\_\_

Purpose of Office Visit NA

ICD-9 Code for description of incident NA

Level of Surgery (II) or (III) \_\_\_\_\_

Urinary

Diagnosis

III. INCIDENT INFORMATION

6-12-07 @ 1453

Incident Date and Time

Location of Incident:  
 Operating Rm  Recovery Rm  
 Other Physician Office

Note: If the incident involved a death, was the medical examiner notified?  Yes  No  
Was an autopsy performed?  Yes  No

A) Describe circumstances of the incident (narrative)  
(use additional sheets as necessary for complete response)

Patient arrived at office for assessment of urinary retention and indwelling Foley catheter. Patient had what appeared to staff to be a seizure in which eyes rolled up and head shaking. The [redacted] then reported a similar incident in which the patient's eyes rolled up but [redacted] did not shake. Patient was assessed and then transported to the ER @ TMH for further care and assessment of possible seizure activity.

**B) ICD-9-CM Codes**

<u>N/A</u>	<u>N/A</u>	<u>None</u>
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting Injury (ICD-9 Codes 800-999.9)

**C) List any equipment used if directly involved in the incident**  
(Use additional sheets as necessary for complete response)

**D) Outcome of Incident** (Please check)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure <input checked="" type="checkbox"/> Any condition that required the transfer outcome of the patient to a licensed hospital <hr/> Outcome of transfer – e.g., death, brain damage, observation only Name of facility to which patient was transferred <u>TMH</u>	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure ** if it resulted in <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function; <input type="checkbox"/> Any condition that required the transfer outcome of the patient
--	--

**E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.**

<u>Byron Blasko ARNP</u>	<u>1554842</u>	<u>treating practitioner</u>
<u>Shelley Keeler RN</u>	<u>RN 2737062</u>	<u>assisting in transfer</u>
<u>Marilyn Foen RN</u>	<u>RN 2020262</u>	<u>assisting in patient care</u>
<u>Susan Burdick LPN</u>	<u>PN 1210441</u>	<u>assisting patient to room after vital signs</u>

**F) List witnesses, including license numbers if licensed, and locating information if not listed above**

**IV. ANALYSIS AND CORRECTIVE ACTION**

**A) Analysis (apparent cause) of this incident** (Use additional sheets as necessary for complete response)

Unknown etiology of possible seizure. Need for evaluation and follow up

**B) Describe corrective or proactive action(s) taken** (Use additional sheets as necessary for complete response)

Transfer appropriate for patient exhibiting symptoms beyond the scope of ambulatory practice.

**V.**

[Signature]  
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

915912  
LICENSE NUMBER

10-13-07  
DATE REPORT COMPLETED

1330  
TIME REPORT COMPLETED

7/5/07 #16

#157



STATE OF FLORIDA  
Jeb Bush, Governor



PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

CONSUMER SERVICES UNIT

SUBMIT FORM TO:

07 AUG -2 PM 2:59

Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275



I. OFFICE INFORMATION

Sarasota Interventional Radiology  
Name of office  
Sarasota Sarasota -  
City Zip Code County  
Dr. Jamson  
Name of Physician or Licensee Reporting

600 - N. Gattlerman - Suite 100  
Street Address  
941-371-6565  
Telephone  
ME 49137  
License Number & office registration number, if applicable

[Redacted]

II. PATIENT INFORMATION

[Redacted]

[Redacted]  
Age 7-5-07 Gender [Redacted] Medical Record [Redacted]  
Date of Office Visit [Redacted]  
Purpose of Office Visit [Redacted]  
ICD-9 Code for description of incident [Redacted]  
Level of Surgery (II) or (III) [Redacted]

III. INCIDENT INFORMATION

7-5-07 - 1040A  
Incident Date and Time

Location of Incident:  
 Operating Rm  Recovery Rm  
 Other

Note: If the incident involved a death, was the medical examiner notified?  Yes  No  
Was an autopsy performed?  Yes  No  
N/A -

A) Describe circumstances of the incident (narrative)  
(use additional sheets as necessary for complete response)

Received patient in recovery room - Vital signs - 155/71 - Pulse - 79 - Respiration - 16 - Oxygen - 100 - pt - Stable - At 1045 AM - pulse rate increased to 130-140 bpm - and it remained @ that rate - Notified - Dr. Jamson / Anesthesia - Dr. Shagin - proceeded to give cardiac medications to help control rate - Lyressor / Lasix / given - pt was in Rapid Atrial Fibrillation - Called 911 to transfer to SMH per Dr. Jamson - Family - notified & stated would follow to hospital - pt was stable & asymptomatic upon transfer to SMH - Last set of vital signs - 107/58 - P-1116 - Resp - 16 - 98% O2 - [Redacted] Sent to SMH -

**B) ICD-9-CM Codes**

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-89.9)

Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

Resulting injury (ICD-9 Codes 800-999.9)

**C) List any equipment used if directly involved in the incident**  
(Use additional sheets as necessary for complete response)

**D) Outcome of Incident** (Please check)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input checked="" type="checkbox"/> Surgical procedure performed on the wrong patient <input checked="" type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure <input checked="" type="checkbox"/> Any condition that required the transfer outcome of the patient to a licensed hospital  Outcome of transfer -- e.g., death, brain damage, observation only Name of facility to which patient was transferred <u>Sarasota - Memorial Hosp</u>	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure  ** If it resulted in <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function; <input type="checkbox"/> Any condition that required the transfer outcome of the patient
--	--

**E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.**

Sophie Kruse - R.N. - RN - 9214009 -  
Dr. Russell Samson - ME - 49137  
Dr. Shagin - Anesthesia ME - 89363  
Kathleen Warren - R.N. - RN - 9226369

**F) List witnesses, including license numbers if licensed, and locating information if not listed above**

**IV. ANALYSIS AND CORRECTIVE ACTION**

**A) Analysis (apparent cause) of this incident** (Use additional sheets as necessary for complete response)

pt - converted into Atrial Fibrillation - Rapid

**B) Describe corrective or proactive action(s) taken** (Use additional sheets as necessary for complete response)

Anesthesia - gave appropriate medications to treat condition - transferred pt to Sarasota Memorial Hospital -

**V.**

[Signature]  
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME 49137  
 LICENSE NUMBER

7-6-87  
 DATE REPORT COMPLETED

0800  
 TIME REPORT COMPLETED

**SAMSON SHOWALTER LEPORE**  
**v a s c u l a r s p e c i a l i s t s**

**PATIENT:** [REDACTED]  
**EXAM DATE:** 07/05/2007  
**PATIENT #:** [REDACTED]  
**DATE OF BIRTH:** [REDACTED]  
**PHYSICIAN:** Russell Samson, MD

Page 1 of 3

**EXAMINATION: ANGIOGRAM**

**EXAM LOCATION: Sarasota Interventional Radiology**

**PROCEDURE:**

1. Insertion of catheter into aorta.
2. Aortogram.
3. Bilateral runoff.
4. Pull back catheter pictures ipsilateral side.
5. Introduction of catheter into brachial artery left side.
6. Subclavian artery arteriogram. Unilateral upper extremity arteriogram.

**INDICATIONS:** Bilateral leg claudication.

**PROCEDURE IN DETAIL:** It was my feeling that since this patient has had almost no palpable right femoral pulse on the previous ileofemoral graft that had been in for some time that perhaps this would be better done from the arm. Accordingly under local anesthetic, a micropuncture needle was inserted into the left brachial and micropuncture wire and sheath placed and then exchanged over an 0.035 Benson wire for a 4 French sheath. However, the Benson wire would not pass through the subclavian and accordingly an omni flush catheter was positioned in the proximal subclavian artery and an arteriogram obtained. This demonstrated a very complex lesion. There was severe calcification of the proximal subclavian artery with heavy and severe irregular calcification of the proximal aortic arch. It was my feeling that it would inopportune to try and go through this particular route and accordingly the procedure was terminated from this side. It should be noted that this portion of the procedure was performed under 3000 units of heparin, which was allowed to stay on. The patient was then repped and draped and a micropuncture needle was inserted into the left common femoral. However, this micropuncture needle went into the native common femoral and accordingly it was removed and the stick placed somewhat laterally into the ileofemoral bypass graft. The micropuncture sheath was then exchanged over a 0.035 Benson wire for a 4 French sheath and the Benson wire exchanged for an omni flush catheter positioned above the renals. An aortogram was then obtained. The catheter was then brought down the aortic bifurcation and bilateral runoff obtained. Via the sheath in



**SAMSON SHOWALTER LEPORE**  
**vascular specialists**

**PATIENT:** [REDACTED]  
**EXAM DATE:** 07/05/2007  
**PATIENT #:** [REDACTED]  
**DATE OF BIRTH:** [REDACTED]  
**PHYSICIAN:** Russell Samson, MD

Page 2 of 3

the left groin, lower extremity pictures of the left side were obtained. A total of 140 cc of Isovue 300 was utilized.

**UPPER EXTREMITY ARTERIOGRAM:** As mentioned, there is heavy calcification with marked irregularity of the proximal aortic arch with a Type III aortic arch. There was also severe calcification and irregularity of the proximal subclavian artery and accordingly the procedure was terminated at that point. The distal subclavian artery although mildly irregular was otherwise widely patent and the vertebral thyrocervical trunk and internal mammary arteries were all widely patent.

**AORTOGRAM:** The suprarenal aorta is somewhat dilated and it narrows down right at the renals. The celiac artery appears to be patent, as does the superior mesenteric artery. The right renal artery was also patent although its orifice could not be well seen. The left renal artery appears to have some calcific disease at its origin causing approximately a 50% narrowing.

Arising from the aorta is an aortobiliac bypass graft. There may be some kinking of the origin of the iliac limbs but it is difficult to tell whether this is hemodynamically significant. On the left side, the native graft appears to be anastomosed to the external iliac artery at the pelvic brim but there heavy and virtually complete occlusion of the common femoral artery and hence an ileofemoral bypass graft has been constructed which is widely patent. On the right side, the graft is also constructed to the external iliac artery and there appears to be retrograde flow up the hypergastric. Just beyond the anastomosis there is a high-grade stenosis of the external iliac artery and then the common femoral artery is almost totally occluded by heavy calcification.

**RUNOFF:**

**Right side:** The right common femoral as mentioned has heavy and severe coral reef type calcification causing a virtual total occlusion. The deep femoral artery appears to be patent but probably its origin is significantly stenosed as the dye concentration through the deep femoral was limited.

The superficial femoral artery is patent throughout its course although there are areas of irregularity and narrowing especially in the mid superficial femoral artery where there is approximately an 80% narrowing over a distance of 1 cm.

**SAMSON SHOWALTER LEPORE**  
**v a s c u l a r s p e c i a l i s t s**

**PATIENT:** [REDACTED]  
**EXAM DATE:** 07/05/2007  
**PATIENT #:** [REDACTED]  
**DATE OF BIRTH:** [REDACTED]  
**PHYSICIAN:** Russell Samson, MD

Page 3 of 3

The above knee popliteal artery is patent throughout but just above the knee there is heavy calcification.

The below knee popliteal artery is somewhat atretic but patent.

Runoff appears to be down the peroneal and posterior tibial arteries, which are somewhat irregular in their proximal portion but otherwise are patent all the way to the foot. The anterior tibial is occluded.

Left side: As mentioned, the left common femoral artery is virtually totally occluded by calcification and there is a jump graft from the left limb of the aortobifemoral bypass graft to the common femoral. This is widely patent as is the anastomosis.

The deep femoral artery is widely patent.

The superficial femoral artery is patent throughout but markedly and severely calcified especially in its mid portion just at the adductor canal where there is probably significant stenosis.

The rest of the above knee popliteal artery although having some calcific plaque appears to be patent.

The below knee popliteal artery is widely patent.

The anterior tibial artery is patent and runs all the way to the foot. The other arteries are occluded.

Thank you for allowing us to participate in the care of your patient.

**THIS REPORT WAS ELECTRONICALLY SIGNED**  
**RUSSELL SAMSON, MD**

RS/ly/[REDACTED]  
D: 07/05/2007 T: 07/05/2007

7/18/07 #16 #17

#158



STATE OF FLORIDA  
Jeb Bush, Governor

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Cardiology Consultants, PA  
Name of office

5151 North 9th Ave Suite 200  
Street Address

Pensacola 32504 Escambia  
City Zip Code County

950-857-1700  
Telephone

Nancy A. Riedelhoefer, RN Clinical Director  
Name of Physician or Licensee Reporting

License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION



Age 07-18-2007 Gender \_\_\_\_\_ Medicaid Medicare \_\_\_\_\_

Acute Myocardial Infarction, Chronic Atrial Fibrillation,  
Diagnosis Hypertension, Peripheral Vascular Ds  
Diabetes Mellitus, Dyslipidemia



Purpose of Office Visit 99R.89

ICD-9 Code for description of incident NA

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

07-18-2007  
Incident Date and Time

Location of Incident:  
 Operating Rm  Recovery Rm  
 Other Outpatient Cardiac Catheterization Lab.

Note: If the incident involved a death, was the medical examiner notified?  Yes  No  NA  
Was an autopsy performed?  Yes  No

A) Describe circumstances of the incident (narrative)  
(use additional sheets as necessary for complete response)

SEE ATTACHED.

Attachment: [REDACTED]

#### Description of circumstances of the incident

Patient had a [REDACTED] in outpatient cath lab. A 7 French sheath was placed in the right femoral vein, and a 7 French and 6 French sheath placed in the right femoral artery. At the end of the procedure, an angioseal was deployed to the right femoral vein successfully. An angioseal was then deployed to the right femoral artery unsuccessfully. Sheaths pulled using Dry Stat patch and a Femstop was positioned on right groin for one hour. Patient complained of right leg numbness, [REDACTED] were diminished.

Arterial ultrasound revealed monophasic flow to the right common femoral artery. No flow in the superficial femoral artery, popliteal artery, posterior tibial or dorsalis pedis arteries. The patient was taken to the operating room and underwent right femoral artery repair. [REDACTED] tolerated the procedure well. The day after surgery the patient had intermittent pain and diminished pulses. Stat arterial doppler showed extensive arterial insufficiency of the right lower extremity being proximal to the common femoral as well as at or distal to the popliteal artery. There was no embolus. The patient was discharged and continued on anticoagulation and scheduled to see the CV surgeon as an outpatient for aortic valve replacement and single vessel CABG. The patient was admitted 07-20-07 for a cold right foot and CT Angiogram identified a clot in the right popliteal artery. [REDACTED] underwent laser atherectomy and balloon angioplasty of the right anterior tibial artery and right posterior tibial artery. Following this procedure it was noted there was a sheath fracture upon removal from the left femoral artery and [REDACTED] was taken urgently to the operating room for surgical extraction. [REDACTED] was discharged the next day. [REDACTED] was then re-admitted four (4) days later as [REDACTED] developed a hematoma. [REDACTED] underwent left groin exploration with [REDACTED] was discharged two (2) days later, ambulating without assistance, incision healing well and good circulation to both legs. Patient is scheduled 11-19-07 for aortic valve replacement and CABG of the left anterior descending artery with possible MAZE procedure.

B) ICD-9-CM Codes

<u>93526</u>	<u>E 876.8</u>	<u>998.89</u>
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)

C) List any equipment used if directly involved in the incident (Use additional sheets as necessary for complete response).

D) Outcome of Incident (Please check)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure <input checked="" type="checkbox"/> Any condition that required the transfer outcome of the patient to a licensed hospital  Outcome of transfer -- e.g., death, brain damage, observation only <u>Surgery - Ref Repair/Embodomy</u> Name of facility to which patient was transferred <u>Sacred Heart Hospital</u>	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure  ** if it resulted in <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function; <input checked="" type="checkbox"/> Any condition that required the transfer outcome of the patient
--	---

E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.

William Daniel Dohy MD, FACC, FAHA ME # 31607, Cathing Physician, 850-857-1700  
Ruenda Davis, ACTS Reg ID 00040785, Scrubbed Case, 850-857-1700  
Tammy Turpin, RTC License # 43281, Circulate during Case, 850-857-1700  
Farrak Jenkins, RN License # 3338432, Recorder Case, 850-857-1700  
Angela Bowles, RN License # 1196472, Nurse on Case, 850-857-1700

F) List witnesses, including license numbers if licensed, and locating information if not listed above

AS Above

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

Vascular complications are a known risk of cardiac catheterization.

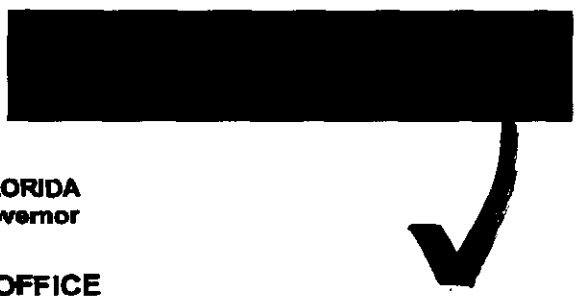
B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

The patient's leg ischemia was noted promptly and attended to per policy.

V. Ruenda C. Anderson, RN BSN 73774-2  
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER  
November 16, 2007 2:14 PM  
 DATE REPORT COMPLETED TIME REPORT COMPLETED

2/25/07 #18

#159



STATE OF FLORIDA  
Jeb Bush, Governor

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Advance Imaging & Interventional Institute  
Name of office 2730 McMullen Booth Rd, Ste 100  
Clearwater, FL 33761 Pinellas  
City Zip Code County  
Gerald A. Niedzwiecki MD  
Name of Physician or Licensee Reporting  
the same as patient address below  
Patient's address for Physician or Licensee Reporting

Suite 100  
2730 McMullen Booth Road  
Street Address  
727-791-7300  
Telephone  
ME 70649  
License Number & office registration number, if applicable

II. PATIENT INFORMATION



Age 07-25-07 Gender \_\_\_\_\_ Medicaid Medicare \_\_\_\_\_  
Purpose of Office Visit E 870.8  
ICD-9 Code for description of incident II  
Level of Surgery (I) or (III) \_\_\_\_\_

III. INCIDENT INFORMATION

07/25/07  
Incident Date and Time

Location of Incident:  
 Operating Rm  Recovery Rm  
 Other \_\_\_\_\_

Note: If the incident involved a death, was the medical examiner notified?  Yes  No N/A  
Was an autopsy performed?  Yes  No N/A

A) Describe circumstances of the incident (narrative)  
(use additional sheets as necessary for complete response)

See attached paper

07 AUG 14 11:23

**B) ICD-9-CM Codes**

440.1 403.90 440.9      E 870.8      998.12

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)      Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)      Resulting injury (ICD-9 Codes 800-999.9)

**C) List any equipment used if directly involved in the incident**  
(Use additional sheets as necessary for complete response)

**D) Outcome of Incident** (Please check)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure <input type="checkbox"/> Any condition that required the transfer outcome of the patient to a licensed hospital  Outcome of transfer - e.g., death, brain damage, observation only <u>observation</u> Name of facility to which patient was transferred <u>Meigs County, S.C.</u>	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure  ** if it resulted in <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function; <input type="checkbox"/> Any condition that required the transfer outcome of the patient
---	--

**E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.**

Jeanette Hill, RN - recovery area nurse RN 70665-2  
Christian Hays RN - Manager - recovery RN  
Shelly Bugman RT - Technologist - procedure / Gerald Niedzwiedli MD - Interventional Rad - Procedure  
Cynthia Taylor RN - recovery RN

**F) List witnesses, including license numbers if licensed, and locating information if not listed above**

Jeanette Hill RN - RN 706652 / Christian Hays RN - RN 2805682  
Cynthia Taylor RN - RN 2802132 / Shelly Bugman CRT 38122 / Gerald Niedzwiedli MD ME 70669

**IV. ANALYSIS AND CORRECTIVE ACTION**

**A) Analysis (apparent cause) of this incident** (Use additional sheets as necessary for complete response)

review of incident, prompt assessment and intervention resulted in good outcome.

**B) Describe corrective or proactive action(s) taken** (Use additional sheets as necessary for complete response)

None - prompt assessment & intervention resulted in good outcome.

V. [Signature]      ME 70649  
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT      LICENSE NUMBER  
8/7/07      0800am  
 DATE REPORT COMPLETED      TIME REPORT COMPLETED

Re: [REDACTED]

[REDACTED] was scheduled for bilateral renal angiography with possible balloon angioplasty and stenting on 07/25/07. [REDACTED] arrived at 0645 the day of the procedure. Procedure was performed without incident.

[REDACTED] arrived in the post procedure area at 1000. [REDACTED] was monitored per protocol, every fifteen minutes. Alarms were on. BP post procedure was 162/72, pulse 92. Jean Hill, RN, during routine monitoring, at 1045, noted a drop in heart rate (not below the alarm limit). She immediately started a blood pressure which was 72/40, pulse of 55. A repeat BP was 70/40, pulse of 52.

Normal Saline (IV fluid) rate was immediately increased, and [REDACTED] blood pressure responded quickly. At 1057, Patient was taken to the office CT for a scan of the abdomen and pelvis. A retroperitoneal hematoma was identified, originating from the left groin and tracking retroperitoneal. There was no groin hematoma or outward signs of bleeding. With the normal saline bolus, the patient's blood pressure and heart rate returned to baseline within minutes. It was decided to transfer the patient to the hospital for continued monitoring and blood transfusion if necessary. A second IV site was initiated. A Foley catheter was placed in the bladder.

At 1105, EMS was contacted.

Dr. Niedzwiecki contacted the Emergency Department Physician at Mease Countryside Hospital, Vascular Surgeon, David Berry, MD, and Hospitalist, Michael Bruno, DO, to make them aware of this patient and [REDACTED] medical situation in preparation for [REDACTED] arrival.

Patient's BP and heart rate remained stable at 152/72, 72.

EMS arrived at 1110. A 12 lead EKG was performed as patient stated [REDACTED] felt dizzy and had mild chest discomfort. EKG was interpreted as "consider ischemia". (The patient's cardiac enzymes were all normal at the hospital, and the EKG was unchanged from 6/27/07)

1120 patient was transported to Mease Countryside Hospital Emergency Department for continued supportive and definitive care, in stable condition.

Addendum:

Hospital Course

Patient received 2 units of packed red blood cells during admission. [REDACTED] was discharged 3 days after admission in [REDACTED] requiring no surgical intervention.

On office follow-up, on 8/8/07, patient stated [REDACTED] was feeling well. BP was 187/77





STATE OF FLORIDA  
Charlie Crist, Governor

**PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT**

?

**SUBMIT FORM TO:**  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C76  
Tallahassee, Florida 32399-3275

**I. OFFICE INFORMATION**

Southeastern Integrated Medical, PC  
Name of office  
Gainesville 32607 Alachua  
City Zip Code County  
Cristoforo Cama, MD  
Name of Physician or Licensee Reporting

4343 Newberry Road, Suite 1B  
Street Address  
352-224-2355  
Telephone  
0074128  
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

**II. PATIENT INFORMATION**

[Redacted Patient Information]

Age 7/16/07 Gender \_\_\_\_\_ Medicaid Medicare \_\_\_\_\_

Patient Identification Number

2431033 [Redacted]

Diagnosis

Purpose of Office Visit  
188.9 Cystourethroscopy  
ICD-9 Code for description of incident

Level of Surgery (II) or (III)

**III. INCIDENT INFORMATION**

7/16/07 ≈ 11:30am  
Incident Date and Time

Location of Incident:  
 Operating Room  Recovery Room  
 Other Parking Lot

Note: If the incident involved a death, was the medical examiner notified?  Yes  No  
Was an autopsy performed?  Yes  No

**A) Describe circumstances of the incident (narrative)**  
(use additional sheets as necessary for complete response)

See attached narrative. Please note that "NFR" is  
North Florida Regional Medical Center.

[Redacted] 7/18/07 ≈ 2:00am

Please note that "patient manager" in the MD narrative  
is the Division Manager.

CONSUMER SERVICES UNIT  
07 JUL 30 AM 8:24

B) ICD-9-CM Codes

188.9 (PKICK TO INCIDENT)  
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

UNKNOWN  
Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

Death  
Resulting injury (ICD-9 Codes 800-999.9)

C) List any equipment used if directly involved in the incident (Use additional sheets as necessary for complete response)

Automatic External Defibrillator, Ambu-Bag, Oxygen

D) Outcome of Incident (Please check)

<input checked="" type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient. <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure. <input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.  Outcome of transfer - e.g., death, brain damage, observation only <u>Death on 7/19/07</u> Name of facility to which patient was transferred: <u>North Florida Regional Medical Center</u>	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure.  ** if it resulted in: <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function. <input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.
--	---

E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

Cristoforo Cama, MD # 0074128

F) List witnesses, including license numbers if licensed, and locating information if not listed above

Martin Rifkin, MD # 62982  
Clark Gaddy, MD # 48155

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

UNKNOWN

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

None

V.

Cristoforo Cama 0074128  
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER  
7/25/07  
 DATE REPORT COMPLETED TIME REPORT COMPLETED

# Southeastern Urology

Cristoforo L.V. Cama, MD Clark Gaddy, MD Martin N. Rifkin, MD Zev Wajzman, MD

PATIENT:  
PATIENT #:  
DATE:



July 16, 2007

Patient underwent local cystourethroscopy at 9:45 this AM with history of recurrent low-grade urothelial cell carcinoma of the bladder. At approximately 11:35 I was emergently notified by patient manager, patient was found unresponsive sitting in vehicle in the parking lot with engine running. I immediately responded to the scene and found the patient with seat reclined in a pick-up truck in the parking lot and vehicle apparently had been running. Patient was unresponsive and pulse less. There was no sign of breathing. Basic life support/CPR was initiated per protocol. The emergency response system was activated immediately. There was no response from the victim, patient's airway was opened with no sign of adequate breathing, although there was a piece of chewing gum which I removed immediately. Two mouth-to-mouth quick breath resuscitation was given, pulse was then checked and there was no pulse. CPR was then initiated per protocol, 5 cycles of compressions and ventilation (30-2 ratio). At this point, the two other physician's, Dr. Rifkin and Dr. Gaddy responded immediately and were assisting. Compressions were given at approximately 100 compressions per minute. Patient remained unresponsive and pulse less with no sign of breathing. The ambu-bag and oxygen were then administered. The automated external defibrillator was then used as there was no response, no breathing and no pulse. The victim was then cleared, however, no shock was advised. CPR was continued for approximately 5-10 minutes before emergency medical services arrived on scene and they took over and continued the CPR and immediately transported patient to NFR ER.

I contacted the patient's family [redacted] and noted the events. Patient had undergone uneventful local cystoscopy this morning at approximately 9:45 AM and was then found unresponsive and pulse less in [redacted] vehicle in the parking lot at approximately 11:35. Condolences were extended and told the patient was transferred to the ER at NFRMC with further resuscitation performed by Emergency Medical Services, Alachua Fire and Rescue.

Cristoforo Cama, M.D.

CC/rlr



STATE OF FLORIDA  
Jeb Bush, Governor

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

? J

I. OFFICE INFORMATION

SALIENT MEDICAL CENTER  
Name of office

Largo 33770 Pinellas  
City Zip Code County

BARBARA COURSON ARNDT  
Name of Physician or Licensee Reporting

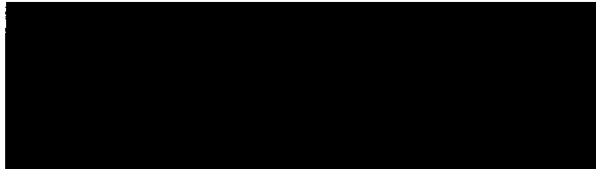
1601 W. Bay Dr  
Patient's address for Physician or Licensee Reporting

1601 W Bay Dr  
Street Address

727-674-9990  
Telephone

HC 26761  
License Number & office registration number, if applicable

II. PATIENT INFORMATION



Age Gender Medicaid Medicare

7/5/07  
Date of Office Visit

78.5 FAINTED  
Purpose of Office Visit

ICD-9 Code for description of incident

Level of Surgery (II) or (III)

Diagnosis [Redacted]

Location of Incident:  
 Operating Rm  Recovery Rm  
 Other Intensive Care Unit

III. INCIDENT INFORMATION

7/5/07 1 PM  
Incident Date and Time

Note: If the incident involved a death, was the medical examiner notified?  Yes  No N/A  
Was an autopsy performed?  Yes  No

A) Describe circumstances of the incident (narrative)  
(use additional sheets as necessary for complete response)

PT here for routine phlebotomy for dx of hemochromatosis. PT given oral fluids prior to removal of approx. 475cc blood over 15 min. BP upon initial arrival 146/77. When phlebotomy complete but before add'l oral fluids given, BP started falling 80/40, 76/50, 78/40 given thirsty. PT fainted - paramedics called - IV fluids started - transported to LMC - pt awake & oriented G stretcher before transport. Dis'd from LMC a few hours later, in stable condition.

CONSUMER SERVICES UNIT

**B) ICD-9-CM Codes**

99195	99195	785.50 (Fainting)
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)

**C) List any equipment used if directly involved in the incident**  
(Use additional sheets as necessary for complete response)

**D) Outcome of Incident** (Please check)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure <input checked="" type="checkbox"/> Any condition that required the transfer outcome of the patient to a licensed hospital  Outcome of transfer - e.g., death, brain damage, observation only Name of facility to which patient was transferred: <u>Large medical center</u>	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure  ** if it resulted in <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function; <input type="checkbox"/> Any condition that required the transfer outcome of the patient
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**E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.**

Nancy Ward RN - Lic # RN 832512  
she did an phlebotomy.

**F) List witnesses, including license numbers if licensed, and locating information if not listed above**

TERESA LARRINE RN 2736842  
1601 W. Bay St. Largo 33770  
SHARON MONTANA - no license

**IV. ANALYSIS AND CORRECTIVE ACTION**

**A) Analysis (apparent cause) of this incident** (Use additional sheets as necessary for complete response)

Phlebotomy done - pt did not eat adequate breakfast  
after [redacted] and [redacted] did

**B) Describe corrective or proactive action(s) taken** (Use additional sheets as necessary for complete response)

patient to eat breakfast before coming  
To drink adequate amount of sugar

V. Robert J. Cousens ARNP 2916742  
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER  
7/18/07 5 PM  
 DATE REPORT COMPLETED TIME REPORT COMPLETED



STATE OF FLORIDA  
Charlie Crist, Governor

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275



I. OFFICE INFORMATION

SALIENT MEDICAL CENTER  
Name of office  
LARGO 33770 Pinellas  
City Zip Code County  
BARBARA COURSON ABUS  
Name of Physician or Licensee Reporting  
1601 W Bay Dr. Largo  
Patient's address for Physician or Licensee Reporting

1601 W. Bay Dr.  
Street Address  
727. 674. 9990  
Telephone  
HC06761  
License Number & office registration number, if applicable

07 APR - 6 PM '08

II. PATIENT INFORMATION

[Redacted]  
Patient's Address  
Patient Identification Number  
Diagnosis [Redacted]

Age 7/26/07 Gender \_\_\_\_\_ Medicaid/Medicare \_\_\_\_\_  
Date of Office Visit \_\_\_\_\_  
Purpose of Office Visit To receive dose # 2 IV RITUXAN  
ICD-9 Code for description of incident 401.0  
Level of Surgery (II) or (III) \_\_\_\_\_

III. INCIDENT INFORMATION

7/26/07 145/90  
Incident Date and Time

Location of Incident:  
 Operating Room  Recovery Room  
 Other TREATMENT ROOM

Note: If the incident involved a death, was the medical examiner notified?  Yes  No  
Was an autopsy performed?  Yes  No

A) Describe circumstances of the incident (narrative)  
(use additional sheets as necessary for complete response)

PR HERE for 2nd dose (292) of IV RITUXAN. PR pre-medicated (1000 mg)  
with IV SOLU-medrol 100mg po Benzydol 25mg & po Tylenol 650.  
RITUXAN started @ 945/AM & finished @ 145/PM. At this  
time PR c/o chest tightness, BP 170/90 from 140/80.  
BP cont to climb till 180/110. 911 CALLED @ 215P  
& PR transported to E.R. Admitted to Largo Med Center  
because of elevated BP. PR discharged the next day.  
[Redacted] had not had [Redacted] BP, but 81, BP 130/82

**B) ICD-9-CM Codes**

96413	96413	401.0
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)

**C) List any equipment used if directly involved in the incident**  
(Use additional sheets as necessary for complete response)

**D) Outcome of Incident** (Please check)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient. <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure. <input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital.  Outcome of transfer - e.g., death, brain damage, observation only <u>Admitted x 24 hrs</u> Name of facility to which patient was transferred: <u>Large medical center</u>	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure.  ** If it resulted in: <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function. <input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital.
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**E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.**

NAUCY WARD - RN - 822512 - Gave infusion - monitored pt status  
TERESA LAYING - RN - 2736842 - Took vitals, started O2

**F) List witnesses, including license numbers if licensed, and locating information if not listed above**

**IV. ANALYSIS AND CORRECTIVE ACTION**

**A) Analysis (apparent cause) of this incident** (Use additional sheets as necessary for complete response)

SIDE EFFECT of RITUXAN

**B) Describe corrective or proactive action(s) taken** (Use additional sheets as necessary for complete response)

STAFF DISCUSSION re: if we should have done anything different - followed per medical orders, rate orders

<u>Bala J. Conner RN MS</u>	<u>2916742</u>
<b>SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT</b>	<b>LICENSE NUMBER</b>
<u>8/1/07</u>	<u>8/3/07</u>
<b>DATE REPORT COMPLETED</b>	<b>TIME REPORT COMPLETED</b>



STATE OF FLORIDA  
Jeb Bush, Governor

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

X

I. OFFICE INFORMATION

Space Coast Medical Associates  
Name of office  
Cocoa Bch 32931 Brevard  
City Zip Code County  
Dr Solomon Zimm  
Name of Physician or Licensee Reporting

199 W Cocoa Bch Causeway  
Street Address  
(321) 783-9544  
Telephone

License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[Redacted Patient Information]

Age 7/12/07 Gender \_\_\_\_\_ Medicaid/Medicare \_\_\_\_\_  
Date of Office Visit \_\_\_\_\_  
Purpose of Office Visit follow up  
ICD-9 code for description of incident \_\_\_\_\_  
Level of Surgery (II) or (III) \_\_\_\_\_

07 JUL 24 AM 11:14  
DEPARTMENT OF HEALTH  
CONSUMER SERVICES UNIT

III. INCIDENT INFORMATION

7/12/07 1215  
Incident Date and Time

Location of Incident:  
 Operating Rm  Recovery Rm  
 Other office

Note: If the incident involved a death, was the medical examiner notified?  Yes  No N/A  
Was an autopsy performed?  Yes  No

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

Pt here in office for flx w Dr Zimm came into hallway of office & sat in a chair c/o dizziness & weakness. Resp rapid 40 BP 158/78 HR 64, O2 Sat 98% on RA. Dr Zimm present. 1220 [Redacted] I was transferred to the floor by 4 people. Dr Beeley present in office & assisted. Pulse present. color pale BP 176/85 HR 64 O2 5LNC put on pt. Pt only lost consciousness for approx 1 min 1230 BP 911 called @ 1220, 1230 BP 158/88 HR 60 #249 to RAC 300 attempt 1L NS infusing 1234 EMS arrived 1240 pt transported to CCH ER - DBrewer



ICD-9-CM Codes

none  
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

n/a  
Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

n/a  
Resulting injury (ICD-9 Codes 800-999.9)

C) List any equipment used if directly involved in the incident (Use additional sheets as necessary for complete response)

none

D) Outcome of Incident (Please check)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure <input checked="" type="checkbox"/> Any condition that required the transfer outcome of the patient to a licensed hospital  Outcome of transfer – e.g., death, brain damage, observation only Name of facility to which patient was transferred <u>CH ER</u>	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure  ** if it resulted in <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function; <input type="checkbox"/> Any condition that required the transfer outcome of the patient
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E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.

Danielle Brewer RN 1663542  
Page China RN RN 9248257  
Tracy Wagner CMA  
Crystal Smith CNA

F) List witnesses, including license numbers if licensed, and locating information if not listed above

as above

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

n/a

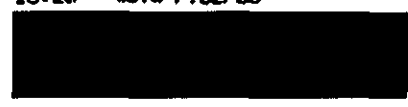
B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

n/a

V. S. Train, M.D. ME 0050524  
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER  
7/12/07 1240  
 DATE REPORT COMPLETED TIME REPORT COMPLETED



STATE OF FLORIDA  
Jeb Bush, Governor



PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT



SUBMIT FORM TO:  
Agency for Health Care Administration,  
Consumer Services Unit, Post Office Box 14006,  
Tallahassee, Florida 32317-4006

I. OFFICE INFORMATION

Hematology/Oncology Consultants  
Name of office  
Sun City Center 33573 Hillsborough  
City Zip Code County  
Ruth S. Charles RN  
Name of Physician or Licensee Reporting  
RN 2745892  
Licensing Information for Physician or Licensee Reporting

4051 Upper Creek Dr., Suite 109  
Street Address  
813/633-3955  
Telephone  
License Number

II. PATIENT INFORMATION



4/19/2007  
Date of Occurrence  
[Redacted]  
Purpose of Visit  
112.27  
ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

4/19/2007  
Incident Date and Time

Location of Incident:  
 Operating Rm  Recovery Rm  
 Other office

Note: If the incident involved a death, was the medical examiner notified?  Yes  No  
Was an autopsy performed?  Yes  No

A) Describe circumstances of the incident (narrative)  
(Use additional sheets as necessary for complete response)

See dictation

**B) ICD-9-CM Codes**

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 81-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Code)	Resulting injury (ICD-9 Codes 800-899.9)

**C) List any equipment used if directly involved in the incident**

(Use additional sheets as necessary for complete response)

AMBULANCE

**D) Outcome of Incident (Please check)**

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure <input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a licensed hospital	<input type="checkbox"/> Surgical procedure performed on the wrong site** <input type="checkbox"/> Wrong surgical procedure performed** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure ** If it resulted in <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function; <input type="checkbox"/> Any condition that required the transfer of the patient
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**E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident**

DR. MARK ROBBINS - chest compressions 0053990  
 RUTH HUGHES, RN - AMBU BAG RN 2745892  
 BRADLEY KALE - O2 nasal cannula

**F) List witnesses, including license numbers if licensed, and locating information if not listed above**

Spouse  
 CINDY HAWKS 4051 UPPER Creek #104 SEC # 33573

**IV. ANALYSIS AND CORRECTIVE ACTION**

**A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)**

UNKNOWN

**B) Describe corrective or preventive action(s) taken (Use additional sheets as necessary for complete response)**

N/A

V. Ruth Hughes RN RN 2745892  
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER  
5/21/07 12:00 noon  
 DATE REPORT COMPLETED TIME REPORT COMPLETED

B) ICD-9-CM Codes

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 86-99.9)	Accident, event, circumstance, or specific agent that caused the injury or event (ICD-9 E Codes)	Resulting Injury (ICD-9 Codes 800-998.9)

C) List any equipment used if directly involved in the incident (Use additional sheets as necessary for complete response)

AMBULANCE

D) Outcome of Incident (Please check)

<input type="checkbox"/> Death	<input type="checkbox"/> Surgical procedure performed on the wrong site
<input type="checkbox"/> Brain Damage	<input type="checkbox"/> Wrong surgical procedure performed
<input type="checkbox"/> Spinal Damage	<input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure
<input type="checkbox"/> Surgical procedure performed on the wrong patient	<input type="checkbox"/> If it resulted in:
<input type="checkbox"/> A procedure to remove unplanned foreign object remaining from surgical procedure	<input type="checkbox"/> Death
<input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a licensed hospital	<input type="checkbox"/> Brain Damage
	<input type="checkbox"/> Spinal Damage
	<input type="checkbox"/> Permanent disfigurement not to include the incision scar
	<input type="checkbox"/> Fracture or dislocation of bones or joints
	<input type="checkbox"/> Limitation of neurological, physical, or sensory function
	<input type="checkbox"/> Any condition that required the transfer of the patient

E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.

DR. MARK ROBBINS - chest compressions 0053990  
ARTH HUGHES, RN - AMBU BAG, RN 2745892  
BOBNEY KACE - O2, NIBP, CRANKS

F) List witnesses, including license numbers if licensed, and locating information if not listed above.

SCARLETT  
CINDY HAWKS 7051 VANCE CHURCH #104 SEC # 33573

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (use additional sheets as necessary for complete response)

UNKNOWN

B) Describe corrective or preventive actions taken (use additional sheets as necessary for complete response)

N/A

Rud. Hughes MD RN 2745892  
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER

5/24/07  
 DATE REPORT COMPLETED

12:00 noon  
 TIME REPORT COMPLETED

2 of 2 pages

Form # DPH-MQA 1030, 2-00

5/24/07 [Signature]  
5/24/07 [Signature]  
0053990

Duplicate copy  
 with  
 Physician Signature



STATE OF FLORIDA  
Jeb Bush, Governor

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:  
Agency for Health Care Administration,  
Consumer Services Unit, Post Office Box 14000,  
Tallahassee, Florida 32317-4000

07 APR 23 AM 10:08  
RECEIVED  
CONSUMER SERVICES UNIT



I. OFFICE INFORMATION

Southeastern Urological Center  
Name of office  
Tallahassee 32308 Leon  
City Zip Code County  
David Burdack MD  
Name of Physician or Licensee Reporting  
Same as above  
Patient's address for Physician or Licensee Reporting

2000 Centre Pointe  
Street Address  
850-309-0400  
Telephone  
ME 0095630  
License Number & office registration number, if applicable

II. PATIENT INFORMATION

[Redacted Patient Information]

Age 4-17-07 Gender \_\_\_\_\_ Medicaid Medicare \_\_\_\_\_  
Date of Office Visit \_\_\_\_\_  
Purpose of Office Visit NA  
ICD-9 Code for description of Incident NA  
Level of Surgery (II) or (III) \_\_\_\_\_

III. INCIDENT INFORMATION

4-17-07 @ 10:30 Am  
Incident Date and Time

Location of Incident:  
 Operating Rm  Recovery Rm  
 Other physician office

Note: If the incident involved a death, was the medical examiner notified?  Yes  No  
Was an autopsy performed?  Yes  No

A) Describe circumstances of the incident (narrative)  
(use additional sheets as necessary for complete response)

Patient arrived to appointment to check resolving percutaneous abscess. Patient is known and noted to be somewhat lethargic and states [redacted] feels like [redacted] is going to pass out. Patient assisted to exam table in supine position with legs elevated (Trendelenburg position) IV fluids started. Vital signs reassessed and EMS called for transfer to hospital for assessment and treatment.

B) ICD-9-CM Codes

NA	NA	NA
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)

C) List any equipment used if directly involved in the incident  
(Use additional sheets as necessary for complete response)

NA

D) Outcome of Incident (Please check)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure <input checked="" type="checkbox"/> Any condition that required the transfer outcome of the patient to a licensed hospital  Outcome of transfer - e.g., death, brain damage, observation only <u>Admission</u> Name of facility to which patient was transferred <u>TMH</u>	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure  ** If it resulted in <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function; <input type="checkbox"/> Any condition that requires the transfer outcome of the patient
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E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.

David Sunday MD ME 0095630 attending physician  
Benot Blake RN 1554842 assisting RN  
Mary Ford RN RN 2020262 nurse caring for patient  
Susan Burdick LPN PN 1210441 assisting with patient care

F) List witnesses, including license numbers if licensed, and locating information if not listed above

Jerry Speck RN RN 915912 TV Start  
Shelly Keen RN RN 2737062 assist with transfer - change nurse

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

Appropriate transfer of patient who is experiencing symptoms that are not well managed.

B) Describe corrective or proactive action(s) taken. (Use additional sheets as necessary for complete response)

No corrective action needed. Actions were appropriate and patient was admitted for diagnostic work up.

V. Jerry Speck RN RN 915912  
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER  
4-18-07 5:30 pm  
 DATE REPORT COMPLETED TIME REPORT COMPLETED



STATE OF FLORIDA  
Charlie Crist, Governor

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT



SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bln C75  
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Name of office: Space Coast Medical Associates  
City: Titusville Zip Code: 32796 County: BREVARD  
Name of Physician or Licensee Reporting: Dr. Richard Levine  
Patient's address for Physician or Licensee Reporting: 850 Century Medical Drive

Street Address: Titusville, FL 32796  
Telephone: 321-268-4600  
License Number & office registration number, if applicable: \_\_\_\_\_

II. PATIENT INFORMATION

[Redacted patient information]

Age: 4-16-07 Gender: \_\_\_\_\_ Medical: \_\_\_\_\_ Medicare: \_\_\_\_\_  
Date of Office Visit: 4-16-07  
Purpose of Office Visit: V58.11  
ICD-9 Code for description of incident: \_\_\_\_\_  
Level of Surgery (II) or (III): \_\_\_\_\_

RECEIVED  
CONSUMER SERVICES UNIT  
07 APR 16 07

III. INCIDENT INFORMATION

Incident Date and Time: 4-16-07 4:00 PM

Location of Incident:  
 Operating Room  Recovery Room  
 Other: Doctors office

Note: If the incident involved a death, was the medical examiner notified?  Yes  No N/A  
Was an autopsy performed?  Yes  No N/A

A) Describe circumstances of the incident (narrative)  
(use additional sheets as necessary for complete response)

Pt. here for chemo @ 10 AM Cisplatin/Cemtoposar. Took liquid Roxinol during the day & sipped on a Frosty. About 4 PM [redacted] was confused & I notified Dr. Levine. About 4:30, pt. began to vomit & Dr. Levine came in, ordered Phenygan 12.5 mg IV. 5" after this the pt. became less responsive & slumped over in chair. O2 sat 70% NS ↑ wide open, O2 on wide open, ambulance called. Got 2/3 of Cemtoposar dose. To PMC ER.

RY

**B) ICD-9-CM Codes**

V58.11  
 Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)      Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)      Resulting injury (ICD-9 Codes R00-999.9)

**C) List any equipment used if directly involved in the incident**  
 (Use additional sheets as necessary for complete response)      NONE

**D) Outcome of Incident (Please check)**

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure. <input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital. Outcome of transfer – e.g., death, brain damage, observation only _____ Name of facility to which patient was transferred: _____	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure. ** If it resulted in: <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function. <input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.
---	--

**E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.**

<u>2228932</u>	<u>Patricia Shannon RN</u>	<u>Nurse taking care of pt.</u>
<u>9215092</u>	<u>Melissa Alexander RN</u>	<u>Support staff</u>
<u>9193500</u>	<u>Edwin Hill RN</u>	<u>Support staff</u>
<u>40927</u>	<u>Richard Louie</u>	<u>M.D.</u>

**F) List witnesses, including license numbers if licensed, and locating information if not listed above**  
Same as above

**IV. ANALYSIS AND CORRECTIVE ACTION**

**A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)**

Pt vomitted + probably aspirated, then became hypoxic.

**B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)**

Oxygen Administered to pt. O2 sats monitored.  
Transferred to Parish Medical Center, improved + D/C home.

**V.**  
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT      40927  
 DATE REPORT COMPLETED      TIME REPORT COMPLETED





STATE OF FLORIDA  
Jeb Bush, Governor

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:  
Agency for Health Care Administration,  
Consumer Services Unit, Post Office Box 14000,  
Tallahassee, Florida 32317-4000

RECEIVED  
CONSUMER SERVICES UNIT  
APR 23 AM 1:58



I. OFFICE INFORMATION

Southeastern Urological Center  
Name of office

2000 Centre Pointe Blvd  
Street Address

Tallahassee 32308 Leon  
City Zip Code County

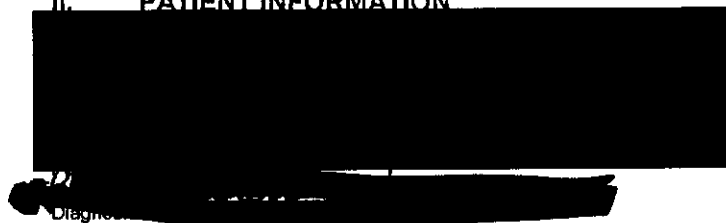
850-309-0400  
Telephone

W. Paul Sawyer MD  
Name of Physician or Licensee Reporting

ME 0027104  
License Number & office registration number, if applicable

Same as above  
Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION



4-16-07  
Date of Office Visit

follow up visit for diagnosed  
Purpose of Office Visit

NA  
ICD-9 Code for description of Incident

NA  
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

4-16-07 @ 1200  
Incident Date and Time

Location of Incident:  
 Operating Rm  Recovery Rm  
 Other Physician Office

Note: If the incident involved a death, was the medical examiner notified?  Yes  No  
Was an autopsy performed?  Yes  No

A) Describe circumstances of the incident (narrative)  
(use additional sheets as necessary for complete response)

Patient arrived for office visit, was checked in and seen by physician. Upon leaving the patient sat in chair in lobby and [redacted] to side. Nurse was called for assistance, patient was moved to floor, feet elevated, vital signs assessed and oxygen administered. Dr. Sawyer evaluated patient and decision to transport to hospital for assessment and follow up care was made. Patient transported via E.M.S.

**B) ICD-9-CM Codes**

<u>NA</u>	<u>NA</u>	<u>NA</u>
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Code)	Resulting injury (ICD-9 Codes 800-999.9)

**C) List any equipment used if directly involved in the incident**  
(Use additional sheets as necessary for complete response)

NA

**D) Outcome of Incident** (Please check)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure <input checked="" type="checkbox"/> Any condition that required the transfer outcome of the patient to a licensed hospital  Outcome of transfer - e.g., death, brain damage, observation only Name of facility to which patient was transferred <u>TMH</u>	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure  ** If it resulted in <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function; <input type="checkbox"/> Any condition that required the transfer outcome of the patient
--	--

**E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.**

Mary Ford RN RN 2020267 nurse called to assist  
Shelley Keever RN RN 2737062 Charge nurse assisted with assessment  
Dr. Sawyer MD ME 0027104 assessed patient and ordered transfer

**F) List witnesses, including license numbers if licensed, and locating information if not listed above**

**IV. ANALYSIS AND CORRECTIVE ACTION**

**A) Analysis (apparent cause) of this incident** (Use additional sheets as necessary for complete response)

Patient has history of similar episodes of decreased awareness and hypotension associated. Patient is on multiple medications including psychotropics and anxiety meds.

**B) Describe corrective or proactive action(s) taken** (Use additional sheets as necessary for complete response)

Transfer appropriate for assessment of current issue.

Jerry Spears BS 915912  
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER  
4-17-07 10:00 AM  
 DATE REPORT COMPLETED TIME REPORT COMPLETED



STATE OF FLORIDA  
Jeb Bush, Governor



PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bln C75  
Tallahassee, Florida 32399-3275

07 APR 23 AM 10:00  
RECEIVED  
CONSUMER SERVICES UNIT

I. OFFICE INFORMATION

1757 CORAL WAY MRI & DIAGNOSTICS  
Name of office  
CORAL GABLES, FL 33145 MIAMI-DADE  
City Zip Code County  
Shauna Stern, MD  
Name of Physician or Licensee Reporting  
1757 Coral Way  
Patient's address for Physician or Licensee Reporting

1757 CORAL WAY  
Street Address  
305 8th 2555  
Telephone  
License Number & office registration number, if applicable

II. PATIENT INFORMATION

[Redacted Patient Information]  
Patient Name  
Patient Age  
Patient Gender  
Patient Medical Insurance  
Diagnosis arthritis

[Redacted Patient Information]  
Age 4/1/07 Gender Female Medical Insurance  
Date of Office Visit  
MRI & C-SPINE  
Purpose of Office Visit  
22141, 22146  
ICD-9 Code for description of incident  
Level of Surgery (I) or (II)

III. INCIDENT INFORMATION

9 APRIL 2007 @ APPROXIMATELY 4:00 PM  
Incident Date and Time

Location of Incident:  
 Operating Rm  Recovery Rm  
 Other

Note: If the incident involved a death, was the medical examiner notified?  Yes  No  
Was an autopsy performed?  Yes  No

A) Describe circumstances of the incident (narrative)  
(use additional sheets as necessary for complete response)

AT APPROXIMATELY 4:00 PM AND AFTER COMPLETING TWO MRI PROCEDURES  
APPROACHED THE FRONT DESK AND COMPLAINED OF CHEST TIGHTENING AND WEAKNESS AND ASKED FOR 9-1-1 TO BE CALLED. WE DID AND A CITY OF MIAMI AMBULANCE SLOWED UP @ APPROXIMATELY 4:20 PM AND AFTER CHECKING VITALS & BLOOD PRESSURE AND DECIDED TO TAKE TO THE HOSPITAL AFTER DOING SO.  
I was called by Rogve Reiner, our tech, on the telephone (as I was off-location) stating that a patient had had 2 MRI scans and after wards complained of chest tightening,

See over  
→

and palpitations. ■ seemed to our tech to be acting "slow" after the procedure. ■ gait also was unsteady. Prior to the procedure, the patient was talkative, sharing ■ medical history, but speaking slowly and quietly.

The patient had a history of arrhythmia and had recently, within the past week, stopped taking coumadin. ■ was on a baby aspirin.

It is unclear if ■ had previously had any embolic event.

The MRI procedure was without contrast.

I spoke with our tech as EMT was evaluating patient, and after hearing the history, stated it was essential for ■ to go to the hospital - and if EMT had any question or any other plan to contact me back.

EMT found pt. to be in an irregular heart rhythm.

Patient was taken to Mercy Hospital.

AST, MD

**B) ICD-9-CM Codes**

72141, 72146  
 Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)  
 Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)  
 Resulting injury (ICD-9 Codes 800-999.9)

**C) List any equipment used if directly involved in the incident**  
 (Use additional sheets as necessary for complete response)

**D) Outcome of Incident (Please check)**

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure <input checked="" type="checkbox"/> Any condition that required the transfer outcome of the patient to a licensed hospital  Outcome of transfer - e.g., death, brain damage, observation only Name of facility to which patient was transferred <u>Mercy Hospital</u>	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure  ** If it resulted in <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function; <input type="checkbox"/> Any condition that required the transfer outcome of the patient
---	--

**E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.**

SONIA VARGAS, SERGIO FIGUEROA, RAQUEL REINER - CRT KH64  
Shauna Stern, MD ME 92473 - supervising by telephone disposition of patient

**F) List witnesses including license numbers if licensed, and locating information if not listed above**

**IV. ANALYSIS AND CORRECTIVE ACTION**

**A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)**  
Patient stopped taking coumadin within past week - unclear if this was directed by [redacted] physician. Pt. may have had thrombotic/embolic event due to this. MRI procedure was not precipitating event for this incident.

**B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)**  
This event could not have been predicted - or prevented - by MRI staff. No Action Necessary at this time.

**V.** [Signature] ME 92473  
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER  
4/12/07 3:34 pm  
 DATE REPORT COMPLETED TIME REPORT COMPLETED

5/8/07 (#9)



#151

STATE OF FLORIDA  
Charlie Crist, Governor

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bfn C75  
Tallahassee, Florida 32399-3276

I. OFFICE INFORMATION

ARY KRAU, M.D.  
Name of office  
Bay Harbor Isle 33154 Miami Dade  
City Zip Code County  
ARY KRAU, M.D.  
Name of Physician or Licensee Reporting  
1143 KANE CONCOURSE B4 Isle, FL  
Patient's address for Physician or Licensee Reporting

1143 KANE CONCOURSE  
Street Address  
305-861-6881  
Telephone  
OBR 133  
License Number & office registration number, if applicable

II. PATIENT INFORMATION

[Redacted Patient Information]

[Redacted Patient Information]  
Age 05-08-2007 Gender Male Medicaid Medicare  
Date of Office Visit  
Surgeon  
Purpose of Office Visit  
ICD-9 Code for description of incident  
LEVEL III  
Level of Surgery (I) or (II)

III. INCIDENT INFORMATION

05-08-2007 17:24  
Incident Date and Time

Location of Incident:  
 Operating Room  Recovery Room  
 Other

Note: If the incident involved a death, was the medical examiner notified?  Yes  No  
Was an autopsy performed?  Yes  No NA

A) Describe circumstances of the incident (narrative)  
(Use additional sheets as necessary for complete response)

SEE Attached NOTES.

~~Hypertensive Emergency~~  
likely 2 to 3 weeks of  
EPI to a non-epileptic  
in a blocked resulting  
in unprovoked epi  
and MM BP  
JHR

b) ICD-9-CM Codes

15828 & 67900  
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-88.9)

4271  
Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

4275  
Resulting injury - (ICD-9 Codes 800-899.9)

c) List any equipment used if directly involved in the incident (Use additional sheets as necessary for complete response)

Physio-Control LIFEPAK 7 DEFIB

d) Outcome of incident (Please check)

<input type="checkbox"/> Death	<input type="checkbox"/> Surgical procedure performed on the wrong site **
<input type="checkbox"/> Brain Damage	<input type="checkbox"/> Wrong surgical procedure performed **
<input type="checkbox"/> Spinal Damage	<input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure.
<input type="checkbox"/> Surgical procedure performed on the wrong patient	** if it resulted in:
<input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure.	<input type="checkbox"/> Death
<input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.	<input type="checkbox"/> Brain Damage
Outcome of transfer - e.g., death, brain damage, observation only	<input type="checkbox"/> Spinal Damage
Name of facility to which patient was transferred:	<input type="checkbox"/> Permanent disfigurement not to include the incision scar
Pt. transfer to Mount Sinai Hospital	<input type="checkbox"/> Fracture or dislocation of bones or joints
Hialeah Beach, FL	<input type="checkbox"/> Limitation of neurological, physical, or sensory function.
	<input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.

e) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

Ary Krau, M.D. ME 62760 Pablo Herde Surgical Assistant #05-172  
Juan Haddad M.D. ME 88937  
NORA BOERNER, APRN 2247702, Enrique Perras, Surgical Assistant # 01-134

f) List witnesses, including license numbers if licensed, and locating information if not listed above

Ary Krau, MD ME 62760 NORA BOERNER, APRN #2247702  
JUAN Haddad, MD, ME 88937 Enrique Perras, Surgical Assistant # 01-134  
Pablo Herde, S. Assistant # 05-172

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

See attached

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT ME 62760  
5/22/07 3:00 PM LICENSE NUMBER  
DATE REPORT COMPLETED TIME REPORT COMPLETED

## CIRCUMSTANCES OF INCIDENT

PATIENT: [REDACTED]  
CHART #: [REDACTED]  
DATE: 05/15/2007

This is regarding incident that occurred on May 8, 2007 with regards to patient: [REDACTED]  
[REDACTED]

The patient is a [REDACTED]-year-old [REDACTED] who was seen in our office initially on April 25, 2007 when [REDACTED] expressed concerns regarding facial aging.

**PHYSICAL EXAMINATION:** On physical exam, the patient had changes consistent with facial aging and our plan was to perform a brow lift along with a facelift. [REDACTED] past medical history is significant for history of palpitations, Hepatitis A, and history of TB. [REDACTED] had multiple previous surgeries, including Cholecystectomy in the 70s, Rhinoplasty in the 80s, and Abdominoplasty in the 90s. [REDACTED] takes Concord 0.25 mg q.d. for palpitations (a beta - blocker).

This patient mostly lives in Ecuador. [REDACTED] was seen by a cardiologist here in Miami, Dr. Enrique Gorin who worked [REDACTED] up with essentially normal findings including a normal EKG and a normal echocardiogram. The cardiologist felt that [REDACTED] beta-blockers were only necessary for palpitations secondary to anxiety. The patient presented on May 08, 2007 for [REDACTED] surgery. The patient had no new symptoms since [REDACTED] was seen by [REDACTED] cardiologist.

**SURGEON OF RECORD:** Ary Krau, M.D

**PROCEDURE:** The patient was seen and marked preoperatively, and then was brought to the operating room. After [REDACTED] was achieved the face was prepped and draped in the usual sterile fashion. The patient had normal vital signs upon induction. As customarily done, the patient was injected with 0.3% of Lidocaine with Epinephrine a total of a 150cc was injected into the subcutaneous plane of the brow and the face. Incisions were made for the brow lift at this point. The patient initially had normal vital signs upon induction and approximately 5 to 7 minutes after injection of this solution, the patient became hypertensive to 220/120. The surgical procedure at this point only reached incisions for the brow with minimal dissection. Surgery was stopped at this time until the anesthesiologist got control of the patient's blood pressure. The anesthesiologist gave the patient Esmolol as well as Lopressor. The patient's heart rate decreased down to the 60s, but blood pressure was unrecordable pulses initially were faint and then pulses were lost. This occurred at 17:24 of May 8, 2007. With nonpalpable pulses, CPR was immediately started and 911 was immediately called. The patient was given epinephrine and atropine and the patient had palpable pulses again. [REDACTED] went into some ventricular ectopy and finally into V tach.



8/2/07

#18  
#19

#160



STATE OF FLORIDA  
Charlie Crist, Governor



PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Constantino G. Mendieta MDPA  
Name of office  
Miami 33133 USA  
City Zip Code County  
Dr. Constantino Mendieta  
Name of Physician or Licensee Reporting  
see below  
Patient's address for Physician or Licensee Reporting

2310-2320 S. Dixie Highway  
Street Address  
305-860-0717  
Telephone  
OSR217  
License Number & office registration number, if applicable

II. PATIENT INFORMATION

[Redacted patient information]  
Diagnosis Lipodystrophy

[Redacted patient information]  
Age 8-2-07 Gender \_\_\_\_\_ Medicaid Medicare \_\_\_\_\_  
Date of Office Visit \_\_\_\_\_  
Purpose of Office Visit Follow up visit  
ICD-9 Code for description of Incident E874.8  
Level of Surgery (II) or (III) III

III. INCIDENT INFORMATION

8-2-07 1700  
Incident Date and Time

Location of Incident:  
 Operating Room  Recovery Room  
 Other Office Exam Room

Note: If the incident involved a death, was the medical examiner notified?  Yes  No N/A  
Was an autopsy performed?  Yes  No

A) Describe circumstances of the incident (narrative)  
(use additional sheets as necessary for complete response)

see attached

**B) ICD-9-CM Codes**

15879/501  
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

E879.8  
Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

205.9/602.2  
Resulting injury (ICD-9 Codes 800-999.9)

**C) List any equipment used if directly involved in the incident**

(Use additional sheets as necessary for complete response)

N/A

**D) Outcome of Incident (Please check)**

<input type="checkbox"/> Death	<input type="checkbox"/> Surgical procedure performed on the wrong site **
<input type="checkbox"/> Brain Damage	<input type="checkbox"/> Wrong surgical procedure performed **
<input type="checkbox"/> Spinal Damage	<input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure.
<input type="checkbox"/> Surgical procedure performed on the wrong patient.	<input type="checkbox"/> ** if it resulted in:
<input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure.	<input type="checkbox"/> Death
<input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital.	<input type="checkbox"/> Brain Damage
Outcome of transfer - e.g., death, brain damage, observation only <u>Inpatient Treatment</u>	<input type="checkbox"/> Spinal Damage
Name of facility to which patient was transferred: <u>Doctors Hospital</u>	<input type="checkbox"/> Permanent disfigurement not to include the incision scar
	<input type="checkbox"/> Fracture or dislocation of bones or joints
	<input type="checkbox"/> Limitation of neurological, physical, or sensory function.
	<input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.

**E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.**

Dr. Mendieta - surgeon ME 70055  
Salomon Alam - surgical assistant  
Priscilla Figueroa - Post-OP RN - RN 9247213  
Kate Goldberg - Recovery RN - RN 9247001  
Ellen Ramey - ERNA - ARNP 759652

**F) List witnesses, including license numbers if licensed, and locating information if not listed above**

N/A

**IV. ANALYSIS AND CORRECTIVE ACTION**

**A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)**

see attached

**B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)**

see attached

**V.**

  
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME 70055  
LICENSE NUMBER

8-15-07

1400

DATE REPORT COMPLETED

TIME REPORT COMPLETED

August 15, 2007

Patient Name: [REDACTED]

**Case Facts**

Patient [REDACTED] is a [REDACTED] year old [REDACTED] with no past medical history. Recent EKG and CXR were both negative. [REDACTED] underwent [REDACTED]

[REDACTED] yielded 4,000 ccs of supernatant fat [REDACTED] to bilateral buttocks on [REDACTED] 2007 under [REDACTED] without complications in my office surgical facility. EBL was 200 cc. The patient received preoperative antibiotics and iron supplements and was on iron and Keflex postoperatively. At the first postoperative visit on 7-16-07, the patient's vital signs were stable and there were no signs of erythema at the incision sites. The patient returned on 7-19-07 for drain removal and again, no erythema was noted and drainage was clear. The patient returned to the office on 7-23-07 with erythema to the RLQ which was found to have purulent fluid. The area was drained and opened under local anesthesia and the wound maintained opened for drainage with dressing changes. The fluid was sent to the lab for gram stain and culture and sensitivity and the patient was started on Rocephin and Augmentin. On 7-24-07, the patient had a low grade fever of 100 and erythema was noted on the right hip and buttocks with tan drainage, and the patient was given Vancomycin. The patient returned to the OR for abscess drainage three times over the next few days with repeated doses of Vancomycin daily. To evaluate the infectious process a CBC with differential was obtained on 7-30-07. On 7-31-07 the results revealed the hemoglobin to be [REDACTED] (Hgb was 12.0 [REDACTED]), however the patient stated [REDACTED] felt 100% better, the erythema was resolving and wound drainage was clear, the patient was completely asymptomatic and therefore refused to be transfused or go to the hospital. On 8-2-07 a new area of erythema developed which was drained under local and now the patient was willing to go to the hospital. [REDACTED] presented to the ER for IV antibiotics and anemia. Upon admission to the hospital, [REDACTED] white count was 17,900 and hemoglobin was 6 and hematocrit was 19.5. The patient was admitted with a diagnosis of [REDACTED] and [REDACTED] was transfused with packed red blood cells and followed by an infectious disease specialist. Currently, the patient is still in the hospital but is doing well, and discharge is anticipated by the end of the week.

**Analysis and Corrective/Proactive Action**

As soon as possible after the event, I consulted with another board certified plastic surgical colleague familiar with the technique, and met with my staff to discuss this incident, why it may have happened and what could be done to prevent it in the future. The facility licensed healthcare risk manager was notified to ensure compliance with state reporting requirements. This incident will also be peer reviewed as per my accreditation requirement.

With regard to the anemia, it was felt that although the patient only experienced 200 cc of EBL at the time of the procedure, that blood loss may have continued post procedure in the early postoperative period due to persistent oozing deep in the tissue. To help prevent bleeding and its potential complications in the future, it was decided to increase the amount of epinephrine in the tumescent local anesthetic to promote hemostasis, monitor

the aspirate and stop liposuction if the aspirate begins to demonstrate even small-moderate blood loss, use an additional postoperative abdominal garment to decrease the dead space created by liposuction, review the patient's menstrual cycle to be more conservative during menses, and promote increased nutrition and fluid intake postoperatively.

Factors relating to infection were examined including patient factors, perioperative patient preparation, the procedure itself, and the clinical environment. The patient was a young, healthy, nonsmoker, and therefore not felt to be a contributing factor in this case. Procedure specific antibiotics were given perioperatively and the preoperative dose was administered within 30-60 minutes prior to incision as recommended by the CMS Surgical Care Improvement Project. Patients are instructed to shower the night before and the morning of surgery with Hibiclens for optimal skin preparation and shaving with a razor is prohibited (clippers are used when indicated immediately prior to the procedure) as per the CMS Surgical Care Improvement Project. Patient warming devices are utilized perioperatively to maintain normothermia. Tuberculocidal intermediate level disinfectants are used in the OR suite for meticulous environmental cleaning between each case and instrument decontamination and sterilization techniques are employed per AORN recommended practices. The latest CDC hand hygiene protocols have been in place and implemented since the recommendations came out in 2002. In scrutinizing the remaining factors, I am currently adding antibiotics to the fat to have more concentrated levels in the fat itself to help delay bacterial growth and ensure delivery at the site of injection, I will evaluate whether adding a second antibiotic to the aspirate makes a difference, I will also be re-dosing of IV antibiotics intraoperatively as per Surgical Care Improvement Project recommendations and sterile technique will continue to be monitored on an ongoing basis as is our routine.



Constantino G. Mendieta MD FACS

8/6/07

#20

#161



STATE OF FLORIDA  
Jeb Bush, Governor

CONSUMER SERVICES UNIT

PHYSICIAN OFFICE 07 AUG 21 PM 2:52  
ADVERSE INCIDENT REPORT



SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Bay Area Renal Stone Center  
Name of office  
St Petersburg 33709 Pinellas  
City Zip Code County  
Shaw Zhou, MD  
Name of Physician or Licensee Reporting  
5747 38th Avenue N.  
Saint Petersburg, FL 33710  
Patient's address for Physician or Licensee Reporting

6002 49th Street North  
Street Address  
727-521-3929  
Telephone  
AHCA -- HCC6888  
ME84499 BOH -- OSR473  
License Number & office registration number, if applicable

II. PATIENT INFORMATION

[Redacted Patient Information]

Age 08/06/07 Gender \_\_\_\_\_ Medicaid Medicare \_\_\_\_\_  
Date of Office Visit \_\_\_\_\_  
Purpose of Office Visit \_\_\_\_\_  
518.5 Acute Respiratory Distress  
ICD-9 Code for description of incident  
3  
Level of Surgery (II) or (III) \_\_\_\_\_

III. INCIDENT INFORMATION

0957 8/6/07  
Incident Date and Time

Location of Incident:  
 Operating Rm  Recovery Rm  
 Other \_\_\_\_\_

Note: If the incident involved a death, was the medical examiner notified?  Yes  No  
Was an autopsy performed?  Yes  No

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

(SEE ATTACHED)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

**B) ICD-9-CM Codes**

<u>50590</u> Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	<u>518.5</u> Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	<u>None</u> Resulting injury (ICD-9 Codes 800-999.9)
--	--	---

**C) List any equipment used if directly involved in the incident**  
(Use additional sheets as necessary for complete response)

**D) Outcome of Incident** (Please check)

<input type="checkbox"/> Death	<input type="checkbox"/> Surgical procedure performed on the wrong site **
<input type="checkbox"/> Brain Damage	<input type="checkbox"/> Wrong surgical procedure performed **
<input type="checkbox"/> Spinal Damage	<input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure
<input type="checkbox"/> Surgical procedure performed on the wrong patient	** If it resulted in
<input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure	<input type="checkbox"/> Death
<input checked="" type="checkbox"/> Any condition that required the transfer outcome of the patient to a licensed hospital	<input type="checkbox"/> Brain Damage
Outcome of transfer – e.g., death, brain damage, observation only <u>Observation only</u>	<input type="checkbox"/> Spinal Damage
Name of facility to which patient was transferred <u>Northside Hospital and Heart Institute</u>	<input type="checkbox"/> Permanent disfigurement not to include the incision scar
	<input type="checkbox"/> Fracture or dislocation of bones or joints
	<input type="checkbox"/> Limitation of neurological, physical, or sensory function;
	<input type="checkbox"/> Any condition that required the transfer outcome of the patient

**E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.**

Dr. Feinerman Anesthesiologist LIC# ME80682 Anesthesiologist  
Betsy Givens-Jackson, RN LIC# RN1602312  
Mary Callant Roman, RN LIC# RN3286052

**F) List witnesses, including license numbers if licensed, and locating information if not listed above**

N/A

**IV. ANALYSIS AND CORRECTIVE ACTION**

**A) Analysis (apparent cause) of this incident** (Use additional sheets as necessary for complete response)

**B) Describe corrective or proactive action(s) taken** (Use additional sheets as necessary for complete response)

**V.**

  
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME84499  
LICENSE NUMBER

August 20, 2007

2:47PM

DATE REPORT COMPLETED

TIME REPORT COMPLETED

**OBJECTIVE STATEMENT OF FACTS:**

Patient is a [redacted]-year-old, well-developed and [redacted] 6'1" 198 lbs. Denies any health problems; not taking any medications. Patient had a flexible ureter [redacted] Patient did start to wake up when transferred to Lithotripter. ILA placement checked and patient continued to be anesthetized. After SWL-right kidney, patient was awakened by the anesthesiologist, Dr. Feinerman. Patient bit down hard on ILA; SaO<sub>2</sub> low 80's. Patient's hand clenched and blanched after several minutes. Dr. Feinerman was able to remove ILA in recovery room, patient's SaO<sub>2</sub> remained in low 80's despite 15L O<sub>2</sub> via non-rebreather mask. A nasal trumpet was placed in the left nostril. A double breathing treatment was given. Lasix was given prior to admit to PACU. Patient with very wet breath sounds - audible without a stethoscope. SaO<sub>2</sub> began to improve towards the mid-80's; RR=20's/30's. Dr. Feinerman remained at bedside; another double breathing treatment with albuterol given. SaO<sub>2</sub> improved to high 80's/low 90's and SaO<sub>2</sub> weaning was begun. Mother called and came to the Stone Center. When mother arrived she stated that patient was born 6 weeks premature, had history of hyaline membrane disease as infant and a "touch of CP" along with a high level of anxiety. SaO<sub>2</sub> continued to be weaned but unable to wean lower than 4L SaO<sub>2</sub> via NC. Dr. Zhou, patient's urologist, was called and he told us to call Drs. Mitral, Asholz @ 522-1096 - an area pulmonologist who directly admitted [redacted] to NSH. Patient also had severe pain with urination to right flank with diaphoresis.

Recovery RN was Betsy Jackson, RN. Holding RN was Mary Gallant-Roman, RN. Procedure date was 8/6/2007.

8/7/2007. Spoke with patient's mother. Patient still in hospital under Dr. Mitral's care, but starting to feel better.

8/8/2007. M.G. Roman spoke with patient's mother in the morning around 9 AM. She states her [redacted] is being discharged "sometime today."

8/9/2007. Spoke with patient's mother 12:45 PM; she stated her [redacted] is feeling much better, was discharged from hospital last evening. Patient returned to work for a few hours this afternoon and will be following up with Dr. Mitral on an outpatient basis.

Diagnosis by pulmonologist - Acute Respiratory Distress Syndrome [redacted]

8/7/07

#21

#162



STATE OF FLORIDA  
Jeb Bush, Governor



PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

RECEIVED

AUG 17 2007

SUBMIT FORM TO:  
Agency for Health Care Administration,  
Consumer Services Unit, Post Office Box 10000,  
Tallahassee, Florida 32317-4000



I. OFFICE INFORMATION

Name of office: Oncology/Hematology Associates of West Brevard Street Address: 7431 North University Dr. Suite 110  
City: TAMARAC Zip Code: 33321 County: BREVARD Telephone: 954-726-0035  
Name of Physician or Licensee Reporting: Keith Goldstein MD License Number: ME 94967  
Locating Information for Physician or Licensee Reporting: 7431 North University Dr. Suite 110 TAMARAC FL 33321

II. PATIENT INFORMATION

Age: 08/07/07 Gender: [redacted] Medicaid/Medicare: [redacted]  
Patient Identification Number: [redacted]  
Diagnosis: [redacted]  
Purpose of Office Visit: 238.71, 286.9  
ICD-9 Code for Diagnosis: [redacted]

07 AUG 20 PM 3:02  
RECEIVED BY PHYSICIAN UNIT

III. INCIDENT INFORMATION

Incident Date and Time: 08/07/07 1240

Location of Incident:  
 Operating Rm  Recovery Rm  
 Other Exam Room in MD Office

Note: If the incident involved a death, was the medical examiner notified?  Yes  No N/A  
Was an autopsy performed?  Yes  No N/A

A) Describe circumstances of the incident (narrative)  
(use additional sheets as necessary for complete response)

PATIENT UNDERWENT ROUTINE PROCEDURE FOR BONE MARROW ASPIRATION AND BIOPSY. TWO SITES UTILIZED, BOTH SITES [redacted] (No heparin or epinephrine). PATIENT TOLERATED PROCEDURE. Following procedure when pressure dressings applied AND PATIENT ASSISTED TO DRESS BY MEDICAL ASSISTANT, C/O "NOT FEELING WELL" LIKE [redacted] WAS GOING TO "PASS OUT". AMMONIA AMPULE ACTIVATED AND WAVED UNDER NOSE. PT START EMMING, SKIN WTD B/P 217/104, HR-69, R-24. RN TO ASSIST WITH PATIENT. PT CONTINUES TO C/O NOT FEELING WELL, STATES "FLUTTERING" IN CHEST. B/P 200/98, HR-64. Applied @ 3L N/C, DR GOLDSTEIN TO ROOM. PT C/O CALLS, SHAKING, BLANKET APPLIED, PT CONTINUE TO C/O "FLUTTERING FEELING" IN CHEST AND FEELING OF "PASSING OUT". B/P 150/90 EMS CALLED PER DR. GOLDSTEIN, PT TRANSPORTED TO UCH VIA STRETCHER AND EMS.



**B) ICD-9-CM Codes**

<u>39220, 38221</u> Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-88.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Code)	Resulting injury (ICD-9 Codes 800-899.9)
--	--	---

**C) List any equipment used if directly involved in the incident**  
(Use additional sheets as necessary for complete response)

N/A

**D) Outcome of Incident (Please check)**

<input type="checkbox"/> Death	<input type="checkbox"/> Surgical procedure performed on the wrong site **
<input type="checkbox"/> Brain Damage	<input type="checkbox"/> Wrong surgical procedure performed **
<input type="checkbox"/> Spinal Damage	<input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure
<input type="checkbox"/> Surgical procedure performed on the wrong patient	** if it resulted in
<input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure	<input type="checkbox"/> Death
<input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a licensed hospital	<input type="checkbox"/> Brain Damage
	<input type="checkbox"/> Spinal Damage
	<input type="checkbox"/> Permanent disfigurement not to include the incision scar
	<input type="checkbox"/> Fracture or dislocation of bones or joints
	<input type="checkbox"/> Limitation of neurological, physical, or sensory function;
	<input type="checkbox"/> Any condition that required the transfer of the patient

**E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.**

MARGARET SCHWEYER MEDICAL ASSISTANT  
CHERYL DEWID RN MN 9204298  
KEITH GOEBSTEIN MD ME 94967

**F) List witnesses, including license numbers if licensed, and locating information if not listed above**

**IV. ANALYSIS AND CORRECTIVE ACTION**

**A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)**

AWAIT RECORDS FROM ER, POSSIBLE VASOVAGAL, POSSIBLE HTN

**B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)**

NOTE AT THIS TIME

**V.**

[Signature]  
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT  
08/09/07 DATE REPORT COMPLETED  
1000 TIME REPORT COMPLETED  
ME 94967 LICENSE NUMBER

**RECEIVED**  
AUG 17 2007  
Compliance Management Unit  
TOTAL P. 04

8/22/07 (#22)

#34



STATE OF FLORIDA  
Charlie Crist, Governor

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275



I. OFFICE INFORMATION

Premiere Center for Cosmetic Surgery  
Name of office

300 South Hyde Park Ave, Ste 100  
Street Address

Tampa 33606 Hillsborough  
City Zip Code County

813-386-3370  
Telephone

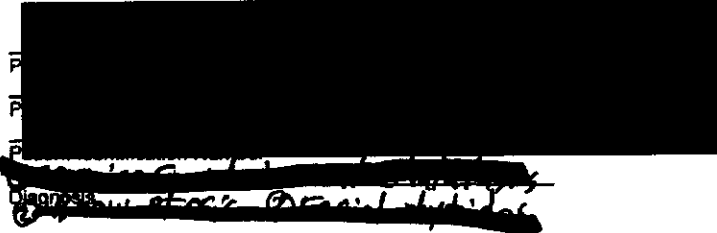
HERBERT D. STERN, MD - MEDICAL DIRECTOR  
Name of Physician or Licensee Reporting

ME 16532 / OFFICE # HCC 7463  
License Number & office registration number, if applicable

Same as above  
Patient's address for Physician or Licensee Reporting

Licensed License # HCC 7463  
Certificate # 12378

II. PATIENT INFORMATION



Age	Gender	Medicaid	Medicare
8/22/07			
Date of Office Visit	07 SEP - 7 AM 10:29		RECEIVED CONSUMER SERVICES UNIT
Purpose of Office Visit	908.11		
ICD-9 Code for description of incident	III		
Level of Surgery (II) or (III)			

III. INCIDENT INFORMATION

8/22/07 ~ 6:00 PM  
Incident Date and Time

Location of Incident:  
 Operating Room  Recovery Room  Other

Note: If the incident involved a death, was the medical examiner notified?  Yes  No  
Was an autopsy performed?  Yes  No

A) Describe circumstances of the incident (narrative)  
(use additional sheets as necessary for complete response)

year old requested surgery for rejuvenation of the face and neck. In 2004 had undergone bilateral upper and lower blepharoplasty. The patient stated that was in good health and medical evaluation and clearance was obtained from primary care physician. Coronal brow lift, cervicomeleoplasty, and submental lipectomy and platysma platy were performed under general anesthesia. The surgery went well from a technical standpoint and the patient was stable with suction drains in place. In the recovery area, vital signs were stable, but there was a small amount of bleeding from the submental incision. This was controlled with reapplication of bulky dressings (after suctioning via submental incision). The patient was transferred alert, responsive, and

with stable vital signs to University Community Hospital (by ambulance and with IV in place) for transfusion and for further evaluation of [REDACTED] coagulation status.

2

B) ICD-9-CM Codes

701.8, 374.30, 709.3	E 878.8	998.11
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)

C) List any equipment used if directly involved in the incident (Use additional sheets as necessary for complete response)

NA

D) Outcome of Incident (Please check)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient. <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure. <input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital.  Outcome of transfer - e.g., death, brain damage, observation on <span style="background-color: black; color: black;">[REDACTED]</span> 4/24/07 Name of facility to which patient was transferred: University Community Hospital - Fletcher Ave Campus	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure.  ** if it resulted in: <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function. <input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.
---	---

E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

Herbert D. Stern MD - Surgeon - ME 16532  
 Bruce Weiner CRNA - Anesthetist - ARNP 2133502  
 Denise Parker RN - Recovery Room Nurse RN 9202196  
 Ceelia Ramirez - OR Tech  
 Cindy Novak - Circulator

F) List witnesses, including license numbers if licensed, and locating information if not listed above

Cindy Roy RN - Clinical Office Manager - RN 9187403

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

① The patient was eager to have the elective surgery and minimized [REDACTED] medical condition, missing a recent negative stress test. (continued on 3rd page)

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

① Improve preoperative communication with patient's primary care or specialist physicians in obtaining a complete

v. Herbert D. Stern MD ME 16532 (cont. on 3rd page)  
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER  
9/5/07 1420  
 DATE REPORT COMPLETED TIME REPORT COMPLETED

## IV Analysis and Corrective Action (Cont.)

3

- A. ② [REDACTED] was supportive of [REDACTED] and only mentioned [REDACTED] coagulation problems when the patient was in the Recovery room area and [REDACTED] was advised that [REDACTED] was bleeding.
- ③ The medical clearance was a brief note without supplying additional background or information on the patient's past medical history and without supplying or recommending additional preoperative labwork.
- B. ① Formal report of the patient's past medical history and current health status in order to determine the patient's suitability for their desired procedure.

8/24/07

#23



STATE OF FLORIDA  
Charlie Crist, Governor



PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT



SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Florida Orthopaedic Institute  
Name of office

305 E-Brandon Blvd.  
Street Address

Brandon 33511 Hillsborough  
City Zip Code County

813-657-8448  
Telephone

Eddy Lewis Echols  
Name of Physician or Licensee Reporting

ME89159  
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[Redacted]  
Patient's Address

[Redacted] Age 8/24/07 Gender [Redacted] Medicaid Medicare

MKN# [Redacted] SS# [Redacted]  
Patient Identification Number

Date of Office Visit [Redacted]

[Redacted]  
Diagnosis

Purpose of Office Visit 717.83  
ICD-9 Code for description of incident level 1  
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

8/24/07  
Incident Date and Time

Location of Incident:  
 Operating Room  Recovery Room  
 Other clinic

Note: If the incident involved a death, was the medical examiner notified?  Yes  No  
Was an autopsy performed?  Yes  No n/a

A) Describe circumstances of the incident (narrative)  
(use additional sheets as necessary for complete response)

see attached

B) ICD-9-CM Codes

998.4  
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

E 878.9  
Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

n/a  
Resulting injury (ICD-9 Codes 800-999.9)

C) List any equipment used if directly involved in the incident

(Use additional sheets as necessary for complete response)

none

D) Outcome of Incident (Please check)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient. <input checked="" type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure. <input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.  Outcome of transfer – e.g., death, brain damage, observation only _____ Name of facility to which patient was transferred: _____	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure.  ** If it resulted in: <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function. <input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.
--	---

E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

Dr. Eddy Echols - ME89159  
Kenneth Tomlinson - medical assistant for Dr. Echols

F) List witnesses, including license numbers if licensed, and locating information if not listed above

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

① Physician re-educated on reporting protocols.  
② Physician attended Risk Seminar on 2/20/08.

V.

[Signature] ME89159  
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER  
9/16/2008 9:00 AM  
DATE REPORT COMPLETED TIME REPORT COMPLETED





STATE OF FLORIDA  
Jeb Bush, Governor

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT



SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Name of office F.I. Cancer Institute  
City New Port Richey Zip Code 34654 County Pasco  
Name of Physician or Licensee Reporting Tim WOLFE

Street Address 8763 River Crossing Blvd.  
Telephone 927-842-8411  
License Number & office registration number, if applicable RN 1759702

II. PATIENT INFORMATION

[Redacted Patient Information]

Age 8/7/07 Gender \_\_\_\_\_ Medicaid/Medicare \_\_\_\_\_  
Date of Office Visit \_\_\_\_\_  
Purpose of Office Visit Flu + ty  
ICD-9 Code for description of incident 995.25? 410.90  
Level of Surgery (II) or (III) N/A

III. INCIDENT INFORMATION

Incident Date and Time 8/7/07

Location of Incident:  
 Operating Rm  Recovery Rm  
 Other chemo rm

Note: If the incident involved a death, was the medical examiner notified?  Yes  No  
Was an autopsy performed?  Yes  No

A) Describe circumstances of the incident (narrative)  
(use additional sheets as necessary for complete response)

On return to chair, from BR, E taxol infusion almost complete, pt c/o SOB, ↑ P, ↑ BP, O<sub>2</sub> applied for sat R/A 74%, MD notified & taxol D/c'd. MD order EMS transport to hosp. 911 called. D/c pt to EMS care

07 AUG 16 10:09 AM '07



B) ICD-9-CM Codes

<u>96413</u>	<u>9265 ?</u>	<u>410.90</u>
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)

C) List any equipment used if directly involved in the incident (Use additional sheets as necessary for complete response)

D) Outcome of Incident (Please check)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure <input type="checkbox"/> Any condition that required the transfer outcome of the patient to a licensed hospital  Outcome of transfer – e.g., death, brain damage, observation only _____ Name of facility to which patient was transferred <u>Cornell Hospital</u>	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure  ** if it resulted in <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function; <input type="checkbox"/> Any condition that required the transfer outcome of the patient
--	--

E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.

J. Wortz

F) List witnesses, including license numbers if licensed, and locating information if not listed above

M. Fackelman, J. Russell

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

\_\_\_\_\_

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

\_\_\_\_\_

V. James Wortz RN 1759702  
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER  
8-14-07 10 Am  
 DATE REPORT COMPLETED TIME REPORT COMPLETED



STATE OF FLORIDA  
Jon Bush, Governor

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

RECEIVED  
AUG 17 2007  
Compliance Management Unit

SUBMIT FORM TO:  
Agency for Health Care Administration,  
Consumer Services Unit, Post Office Box 14000,  
Tallahassee, Florida 32317-4000

I. OFFICE INFORMATION

OncoDay & Hematology Associates of West Broward  
Name of office

7431 NORTH UNIVERSITY DR. Suite 110  
Street Address

TAMARAC 33321 BROWARD  
City Zip Code County

954-659-9372  
Telephone

Keith Goldstein M.D.  
Name of Physician or Licensee Reporting

ME 94967  
License Number

7431 NORTH UNIVERSITY DRIVE Suite 110  
Location Information for Physician or Licensee Reporting TAMARAC, FL 33321

II. PATIENT INFORMATION

[Redacted Patient Information]

[Redacted Patient Information]

HCAD/NECK/NOSE CANCER  
Patient Identification Number  
Diagnosis

08/03/07  
Date of Office Visit  
195.0  
ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

08/02/07  
Incident Date and Time

Location of Incident:  
 Operating Rm  Recovery Rm  
 Other CHEMOTHERAPY INFUSION ROOM

Note: If the incident involved a death, was the medical examiner notified?  Yes  No N/A  
Was an autopsy performed?  Yes  No N/A

A) Describe circumstances of the incident (narrative)  
(use additional sheets as necessary for complete response)

Patient receiving infusion of IV typed. Infusion began @ 1050 am. At 1120  
pt. c/o wheezing, skin flushed and diaphoretic. Infused infusion stopped  
NS flush open. Dr. Goldstein summoned to bedside. Subcutaneous 50mg given  
IV @ 1123, Benadryl 25 mg given IV @ 1124. 1125: BP 140/80, P-104, O<sub>2</sub> via mask  
started @ 8L/min. 1130 - slight improvement, but patient still wheezing.  
1135: Subcutaneous 50mg given again IV, NS remains @ RVD. 1205 - EMS called  
for transport to hospital. EMS arrived 1210. Pt transported via stretcher  
by EMS to University Community Hospital. Pt alert & oriented, IV access  
and O<sub>2</sub> intact for transport.

08/03/07 11:30 AM  
ADVERSE INCIDENT

**B) ICD-9-CM Codes**

90765- IV Therapy - non-chemo  
 Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 81-89.9)      Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)      Resulting injury (ICD-9 Codes 800-899.9)

**RECEIVED**  
 AUG 17 2007  
 Compliance Management Unit

**C) List any equipment used if directly involved in the incident**  
 (Use additional sheets as necessary for complete response)      N/A

**D) Outcome of Incident (Please check)**

<input type="checkbox"/> Death	<input type="checkbox"/> Surgical procedure performed on the wrong site **
<input type="checkbox"/> Brain Damage	<input type="checkbox"/> Wrong surgical procedure performed **
<input type="checkbox"/> Spinal Damage	<input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure
<input type="checkbox"/> Surgical procedure performed on the wrong patient	** If it resulted in
<input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure	<input type="checkbox"/> Death
<input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a licensed hospital	<input type="checkbox"/> Brain Damage
	<input type="checkbox"/> Spinal Damage
	<input type="checkbox"/> Permanent disfigurement not to include the incision scar
	<input type="checkbox"/> Fracture or dislocation of bones or joints
	<input type="checkbox"/> Limitation of neurological, physical, or sensory function;
	<input type="checkbox"/> Any condition that required the transfer of the patient

**E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.**

JUDY GRETH RN RN 488572  
Cheyl DEVIO RN RN 9204298  
KEITH GOLDBSTEIN MD ME 94967

**F) List witnesses, including license numbers if licensed, and locating information if not listed above**

NORMA BARRY RN

**IV. ANALYSIS AND CORRECTIVE ACTION**

**A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)**

possible allergy to medication. Await records from ER.

**B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)**

None, test doses of Inped already given prior to first dose

**V.**

[Signature]      ME94967  
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT      LICENSE NUMBER  
08/07/07      1400  
 DATE REPORT COMPLETED      TIME REPORT COMPLETED

9/7/07 #24

#163



STATE OF FLORIDA  
Jeb Bush, Governor



### PHYSICIAN OFFICE ADVERSE INCIDENT REPORT



SUBMIT FORM TO:  
Agency for Health Care Administration,  
Consumer Services Unit, Post Office Box 14000,  
Tallahassee, Florida 32317-4000

#### I. OFFICE INFORMATION

Name of office Scott A. Greenberg, M.D.  
WINTER PARK 32792 ORANGE  
City Zip Code County  
Name of Physician or Licensee Reporting Scott A. Greenberg, M.D.  
Above  
Locating Information for Physician or Licensee Reporting

1925 MIZELL AVE. SUITE 303  
Street Address  
407-644-3137  
Telephone  
License Number

#### II. PATIENT INFORMATION

[Redacted Patient Information]

[Redacted Patient Information]

Age SEPTEMBER 7, 2007 Gender [Redacted] Medical History [Redacted]  
Date of Office Visit [Redacted]  
Purpose of Office Visit V 50.1  
ICD-9 Code for Diagnosis

070  
CONS  
MED  
SERVICES UNIT  
9:47

#### III. INCIDENT INFORMATION

SEPTEMBER 7, 2007 5-8 PM.  
Incident Date and Time

Location of Incident:  
 Operating Rm  Recovery Rm  
 Other

Note: If the incident involved a death, was the medical examiner notified?  Yes  No N/A  
Was an autopsy performed?  Yes  No

#### A) Describe circumstances of the incident (narrative) (use additional sheets as necessary for complete response)

see attached

**B) ICD-9-CM Codes**

200

V50.1 Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	CPT: 15824/15825 Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	none Resulting injury (ICD-9 Codes 800-999.9)
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**C) List any equipment used if directly involved in the incident**  
(Use additional sheets as necessary for complete response)

N/A

**D) Outcome of Incident (Please check)**

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure <input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a licensed hospital	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure  ** if it resulted in <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function; <input type="checkbox"/> Any condition that required the transfer of the patient
---	--

**E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.**

NEALE CAGSWELL, M.D. ANESTHESIOLOGIST Lic # ME 41822  
 HEIDI JACOBS, R.N. RECOVERY NURSE Lic # RN 2865012

**F) List witnesses, including license numbers if licensed, and locating information if not listed above**

N/A

**IV. ANALYSIS AND CORRECTIVE ACTION**


**A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)**

see attached dictation

**B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)**

see attached dictation

**V.**

 ME 78981  
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER  
9/12/07 0800  
 DATE REPORT COMPLETED TIME REPORT COMPLETED

Re: [REDACTED]  
Date of Surgery: 9/7/2007

### Section III-A Narrative

[REDACTED] is a [REDACTED] y/o healthy [REDACTED] who presented to my office with regard to consultation for facial cosmetic surgery. [REDACTED] concerns were the irregularity of [REDACTED] skin and the laxity of the skin in [REDACTED] face and neck. Of note is that [REDACTED] underwent a browlift, facelift and full-face laser resurfacing 8 years prior with no problems. [REDACTED] past medical history was extensively reviewed and a physical examination performed on 7/18/2007 at the initial consultation and again on 8/15/2007 just prior to surgery.

ROS – [REDACTED] denied any bleeding problems or chest pain.

PMH – Significant for hypertension, kidney stones and hypercholesterolemia

PSH – Kidney stone surgery 30 years ago; Full-face dermabrasion many years ago; Facelift, browlift, laser resurfacing 8 years ago as noted above

Medications – Toprol; Accupril; Cozaar; Triameterene; Lipitor

Allergies – None known

SH – Cigarettes – None

EtOH – Negative

Physical examination:

Height: [REDACTED] Weight: [REDACTED] lbs.

Examination of the face revealed prominent nasolabial folds, excess of facial skin with jowl deformity, excess neck skin with platysmal bands and significant surface irregularities of the skin. [REDACTED] was deemed to be an excellent candidate for surgery. The patient had been compliant with [REDACTED] medications and was regularly followed by an internist and a cardiologist for [REDACTED] hypertension. Preoperative EKG was normal and revealed no significant changes. No ectopy was noted.

The patient was brought to the office operating facility on 9/7/2007. [REDACTED] underwent a [REDACTED] [REDACTED] The anesthesiologist noted occasional ectopy (unifocal PVC's) and these were not treated as they were very infrequent.

[REDACTED] [REDACTED] the patient had hypertension in the recovery room. Blood pressure ranged between 80 and 90 systolic with heart rate in the 90's to low 100's initially postoperatively. The hypotension was treated with IV ephedrine and [REDACTED] responded well. [REDACTED] level of consciousness was appropriate, [REDACTED] was awake and alert, responsive and denied any chest pain or facial pain. While [REDACTED] blood pressure responded initially to ephedrine and some intravenous fluids bringing it up to between 100 and 110 systolic, tachycardia ranging in the 100 – 105 bpm range was persistent. [REDACTED] also then developed more frequent ectopy initially with unifocal PVC's and eventually developed couplets and what appeared to be multifocal PVC's on the monitor.

During this time the patient was stable, [REDACTED] denied any chest pain, [REDACTED] blood pressure was maintained on the initial dose of ephedrine. The anesthesiologist gave [REDACTED] a small dose of neosynephrine, which was immediately stopped when the blood pressure normalized and remained normal after that time. The concern was the persistent tachycardia and the development of initially unifocal PVC's then couplets and finally multifocal PVC's. [REDACTED] was also treated with pain medication which also did not resolve the tachycardia.

Because of the fact that [REDACTED] tachycardia was persistent and [REDACTED] had developed ectopy, it was felt appropriate that [REDACTED] be transferred to the hospital where [REDACTED] could be evaluated by a cardiologist and monitored. [REDACTED] remained stable the entire time [REDACTED] was in the office facility. Arrangements were made for immediate transfer to the hospital which was accomplished via ambulance. The patient was transferred to the hospital and stayed one night in the hospital. All of [REDACTED] laboratory examinations were within normal limits. [REDACTED] EKG showed unifocal PVC's and no additional ectopy was noted. Chest x-ray was normal and cardiac enzymes revealed no evidence of ischemic damage to the heart.

Currently there has been no sequelae as a result of this incident and the patient is currently under workup by a local cardiologist.

I think the patient initially was treated appropriately but once it was noted that [REDACTED] clinical situation required additional monitoring and potential treatment, [REDACTED] was immediately transferred to the hospital under the care of a cardiologist.

Scott A. Greenberg, M.D.

SAG:mg

Dt: 9/9/07

Re: [REDACTED]

Date of Surgery: 9/7/2007

#### Section IV-A Analysis

I had a long discussion with the anesthesiologist about the potential cause of this incident. The patient had no intraoperative problems and was treated appropriately. It could be that [REDACTED] hypotension postoperatively was from a dose of Clonidine that [REDACTED] had been given preoperatively. However it was felt that the effects of this would probably have worn off and certainly would not have been the cause of the persistent tachycardia or ectopy. The patient was well hydrated so [REDACTED] was not felt to be hypotensive secondary to fluid deficiency. It was felt that there was probably some underlying cardiac irritability that might have been stimulated by the stress of surgery and that this should be properly evaluated and worked up on an outpatient basis by a cardiologist.

#### Section IV-B

Once it was felt that the patient's blood pressure had been adequately treated and that the persistent problems were tachycardia and ectopy, it was felt that these were things that are not appropriately treated in an office facility. While we did appropriately treat the hypertension and tried to treat the tachycardia with beta blockers (Esmolol and Inderal) as well as Fentanyl for pain and placement of a Foley catheter for complaints of needing to void, it was felt that [REDACTED] should be treated in a hospital setting. Arrangements were then made to immediately transfer the patient to the hospital under the care of a cardiologist.



9/18/07 (#25)

#164



STATE OF FLORIDA  
Job Bush, Governor



**PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT**

**SUBMIT FORM TO:**  
Department of Health, Consumer Services Unit  
4652 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32309-3275

01 OCT 18 10 53 AM  
CONSUMER SERVICES UNIT

**I. OFFICE INFORMATION**

Strax Rejuvenation & Aesthetics Institute  
Name of office  
Lauderhill 33351 Broward  
City Zip Code County  
John E. Nees, M.D.  
Name of Physician or Licensee Reporting  
ME36792  
Patient's address for Physician or Licensee Reporting

4300 N. University Drive, Suite A202  
Street Address  
954-749-3040  
Telephone  
License Number & office registration number, if applicable

**II. PATIENT INFORMATION**

[Redacted patient information]



Age September 18, 2007 Gender Male Medicaid Medicare  
Date of Birth  
Purpose of Office Visit  
701.8, E879.9  
ICD-9 Code for description of incident  
Last regularly prescribed

**III. INCIDENT INFORMATION**

September 18, 2007, 7pm  
Incident Date and Time

Location of Incident  
 Operating Room  Recovery Room  
 Other

Note: If the incident involved a death, was the medical examiner notified?  Yes  No  
Was an autopsy performed?  Yes  No

**A) Describe circumstances of the incident (narrative)**  
(use additional sheets as necessary for complete response)

This [redacted] year old [redacted] underwent a minifacelift and blepharoplasty on September 18, 2007. [redacted] health was excellent except for mild hypertension and a 1 pack per day smoking history. Previous uncomplicated surgery included hysterectomy, facelift, eyelid & nose surgery, breast augmentation and abdominoplasty. The facelift and eyelid surgery was completed smoothly - vital signs were normal (BP-128/70), blood loss was minimal, and [redacted] was arousable throughout. [redacted] after one hour of recovery, this patient could not be aroused sufficiently to send [redacted] home safely with an inexperienced caregiver. I consulted with Dr. Amy Raines, who had evaluated this patient preoperatively. We were concerned that an undiagnosed medical/pulmonary condition, perhaps related to smoking history, was prolonging [redacted] recovery. Florida Medical Center was contacted about our need for medical evaluation, and an ambulance was called to transport [redacted].

1 of 2 pages  
Form # DEL MOA1029, created 3-09, revised 3-24-03  
This patient became awake soon after arrival at FMC emergency room, and no prolonged observation or treatment was necessary. [redacted] was released the next day.

**B) ICD-9-CM Codes**

701.8	E879.9	None
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 86.0-86.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 880-889.9)

**C) List any equipment used if directly involved in the incident**  
(Use additional sheets as necessary for complete response)

**D) Outcome of incident (Please check)**

<input type="checkbox"/> Death	<input type="checkbox"/> Surgical procedure performed on the wrong site **
<input type="checkbox"/> Brain Damage	<input type="checkbox"/> Wrong surgical procedure performed **
<input type="checkbox"/> Spinal Damage	<input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure
<input type="checkbox"/> Surgical procedure performed on the wrong patient	** If it resulted in
<input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure	<input type="checkbox"/> Death
<input type="checkbox"/> Any condition that required the transfer outcome of the patient to a licensed hospital	<input type="checkbox"/> Brain Damage
Outcome of transfer - e.g., death, brain damage, observation only <u>observation only</u>	<input type="checkbox"/> Spinal Damage
Name of facility to which patient was transferred <u>Florida Medical Center</u>	<input type="checkbox"/> Permanent disfigurement not to include the incision scar
	<input type="checkbox"/> Fracture or dislocation of bones or joints
	<input type="checkbox"/> Limitation of neurological, physical, or sensory function;
	<input type="checkbox"/> Any condition that required the transfer outcome of the patient

**E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.**

John E. Nees, M.D. ME36792  
Amy Raines, D.O. 059911

**F) List witnesses, including license numbers if licensed, and locating information if not listed above**

Kim Tobarez, surgical technician  
Christina Diaz, surgical technician

**IV. ANALYSIS AND CORRECTIVE ACTION**

**A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)**

This patient appears to have had a hypersensitive reaction to medication, without a clearly related medical condition.

**B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)**

I provided supportive treatment (IV fluid, oxygen), and arranged transportation to Florida Medical Center emergency room for medical evaluation. We are now encouraging this patient to undergo thorough medical testing (cardiac, pulmonary) to ensure future health and safety.

**V.**

[Signature] ME36792  
SIGNATURE OF PHYSICIAN LICENSEE SUBMITTING REPORT LICENSE NUMBER  
OCTOBER 6 2007  
DATE REPORT COMPLETED TIME REPORT COMPLETED

9/25/07 #20

#165



STATE OF FLORIDA  
Jeb Bush, Governor



PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275



I. OFFICE INFORMATION

Gastroenterology Specialists  
Name of office

515 W. State Road 434  
Street Address

Lonwood 32750 Seminole  
City Zip Code County

407-260-6000  
Telephone

Anthony J. Coppola M.D.  
Name of Physician or Licensee Reporting

License Number & office registration number, if applicable

515 W. State Rd. 434 Lonwood, FL 32750  
Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION



Patient [Redacted]

Age 9/25/07 Gender \_\_\_\_\_ Medicaid Medicare \_\_\_\_\_

Patient [Redacted]

Date of Office Visit [Redacted]

Patient Identification Number [Redacted]

Purpose of Office Visit J

Diagnosis [Redacted]

ICD-9 Code for description of incident III

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

September 25, 2007  
Incident Date and Time

Location of Incident:  
 Operating Rm  Recovery Rm  
 Other Procedure room

Note: If the incident involved a death, was the medical examiner notified?  Yes  No N/A  
Was an autopsy performed?  Yes  No N/A

A) Describe circumstances of the incident (narrative)  
(use additional sheets as necessary for complete response)

Please see attached sheet

07 DEC 26 AM 9:15  
DEPARTMENT OF HEALTH  
CONSUMER SERVICES UNIT

**B) ICD-9-CM Codes**

<u>46348 558.9</u>	<u>E879.8</u>	<u>413.9</u>
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)

**C) List any equipment used if directly involved in the incident**  
(Use additional sheets as necessary for complete response)

**D) Outcome of incident** (Please check)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure <input checked="" type="checkbox"/> Any condition that required the transfer outcome of the patient to a licensed hospital  Outcome of transfer - a.g., death, brain damage, observation only _____ Name of facility to which patient was transferred <u>Orlando Regional Healthcare System</u> <u>South Seminole Hospital.</u>	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure  ** if it resulted in <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function; <input type="checkbox"/> Any condition that required the transfer outcome of the patient
--	--

**E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.**

Danny Chiriboyu CRNA License # AAAP 317542  
Dr. Anthony Coppola - physician doing colonoscopy License # ME 0037590  
Dr. John Gurnant - Anesthesiologist - License # ME 87839  
Susan Holt, LPN - admitting Nurse License # PN476031  
Mildred Ortiz LPN License # PWS157267 Assisting in procedure room  
Sophie Overlock RN License # RN1617332 Recovery Nurse

**F) List witnesses, including license numbers if licensed, and locating information if not listed above**  
See above

**IV. ANALYSIS AND CORRECTIVE ACTION**

**A) Analysis (apparent cause) of this incident** (Use additional sheets as necessary for complete response)

**B) Describe corrective or proactive action(s) taken** (Use additional sheets as necessary for complete response)

**V.**

<u>John O. Gurnant MD</u>	<u>ME 87839</u>
<b>SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT</b>	<b>LICENSE NUMBER</b>
<u>11-8-07 1600</u>	
<b>DATE REPORT COMPLETED</b>	<b>TIME REPORT COMPLETED</b>

## ORLANDO REGIONAL HEALTHCARE SYSTEM

PATIENT NAME: [REDACTED]  
MEDICAL RECORD NUMBER: [REDACTED]  
ACCOUNT NUMBER: [REDACTED]  
ADMISSION DATE: 09/25/2007  
DISCHARGE DATE:  
ROOM: [REDACTED]  
DATE OF BIRTH: [REDACTED]  
CLINICAL RESUME

## ADMITTING DIAGNOSIS:

[REDACTED]  
Paroxysmal atrial fibrillation. Hypertension.  
Dyslipidemia. Ulcerative colitis.

## FINAL DIAGNOSIS:

Atrial fibrillation with rapid ventricular response.  
Paroxysmal atrial fibrillation. Hypertension.  
Dyslipidemia. Ulcerative colitis.

HOSPITAL COURSE: An [REDACTED]-year-old [REDACTED] with a known history of paroxysmal atrial fibrillation, was referred from the gastroenterologist office because of atrial fibrillation and fast ventricular response. Apparently patient had an elective [REDACTED] colonoscopy. After the procedure [REDACTED] had developed some fast heart rate and subsequently [REDACTED] was referred to the hospital for further evaluation. [REDACTED] was found to have atrial fibrillation with a fast ventricular response. [REDACTED] was started on Cardizem drip. Subsequently, [REDACTED] converted to sinus rhythm. [REDACTED] workup was negative for any acute coronary syndrome. Otherwise, [REDACTED] labs all have been unremarkable. A thyroid profile was normal. [REDACTED] spontaneously converted to sinus rhythm after starting Cardizem drip. Later on, [REDACTED] continued to remain in sinus rhythm. [REDACTED] was just given Atenolol 25 mg p.o. once daily, which is [REDACTED] usual medicine. Coumadin was also re-initiated. INR was subtherapeutic, but since patient is in sinus rhythm, [REDACTED] has been advised to continue [REDACTED] usual dose of Coumadin until [REDACTED] INR is therapeutic. [REDACTED] has been advised to check [REDACTED] INR after a week. Patient was discharged in stable condition back home.

## DISCHARGE CONDITION: Stable.

DISCHARGE INSTRUCTIONS: [REDACTED] has been advised to check [REDACTED] INR after a week. ACTIVITY: As tolerated. DISCHARGE MEDICATIONS: Includes the following: Maxzide one tablet p.o. once daily, Asacol 400 mg two tabs p.o. t.i.d., Atenolol 25 mg p.o. once daily, < > 1 mg p.o. q. h.s. < > < > 5 mg p.o. once daily, Lovastatin 40 mg p.o. once daily, Prilosec 20 mg p.o. once

ORLANDO REGIONAL HEALTHCARE SYSTEM

PATIENT NAME: [REDACTED]  
MEDICAL RECORD NUMBER: [REDACTED]  
ACCOUNT NUMBER: [REDACTED]  
ADMISSION DATE: 09/25/2007  
DISCHARGE DATE:  
ROOM: [REDACTED]  
DATE OF BIRTH: [REDACTED]  
CLINICAL RESUME

daily. FOLLOW-UP: With PCP in one week. DIET: Soft, cardiac diet.

DISCHARGE DISPOSITION: Home.

Srinivasan Pillai, M.D. - [REDACTED]  
[REDACTED]/cr 09/27/2007 18:46:20 09/27/2007 22:14:04

CC:

< >, M.D.

Page 2

G1

Chart Copy

ELECTRONICALLY SIGNED BY  
PILLAI, SRINIVASAN - [REDACTED]  
10/07/2007 19:50:25

PILLAI, SRINIVASAN - [REDACTED]

Azelvandre

9/26/07

#166

STATE OF FLORIDA  
Charlie Crist, Governor



PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275



I. OFFICE INFORMATION

Comprehensive Pain Management Services  
Name of office  
West Palm Beach 33407 Palm Beach  
City Zip Code County  
Marco Gibbono, MD  
Name of Physician or Licensee Reporting

2051 45th St. Suite 108  
Street Address  
561-845-7432  
Telephone  
ME49902  
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[Redacted Patient Information]

Age Gender Medicaid Medicare  
Date of Office Visit  
09-26-07  
Purpose of Office Visit  
ICD-9 Code for description of Incident  
T80.82  
Level of Surgery (II) or (III) I

III. INCIDENT INFORMATION

09-26-07 4:15 pm Approx.  
Incident Date and Time

Location of Incident:  
 Operating Room  Recovery Room  
 Other Exam Room

Note: If the incident involved a death, was the medical examiner notified?  Yes  No N/A  
Was an autopsy performed?  Yes  No N/A

A) Describe circumstances of the incident (narrative)  
(use additional sheets as necessary for complete response)

Patient came in for appointment to evaluate severe neck pain. Examined by physician who elected to do ~~anterior cervical discectomy and fusion~~. Procedure went smoothly and was well tolerated by patient. NO complaints or untoward symptoms. Patient was resting in chair 30 minutes and asking to go home. ~~Five minutes later~~ ~~stumped in chair~~, NO respirations, weak carotid pulse, & unresponsive. Called 911 - opened patient's airway and started artificial respirations - patient was moved to exam table and given few more ventilations when ~~she~~ started breathing spontaneously & was given O2 per mask at 6L then reduced to 2L. ~~she~~ responded appropriately for age, asked for daughter. O2 sat 95% HR 71. ~~Pop 116/70.~~ EMS arrived and transported ~~her~~ to hospital where ~~she~~ was admitted for observation

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CONSUMER SERVICES UNIT  
07 OCT - 1 AM 9:47

**B) ICD-9-CM Codes**

none  
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

780.82  
Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

No Apparent injury  
Resulting injury (ICD-9 Codes 800-999.9)

**C) List any equipment used if directly involved in the incident**  
(Use additional sheets as necessary for complete response)

**D) Outcome of Incident** (Please check)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient. <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure. <input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital.  Outcome of transfer - e.g., death, brain damage, observation only <u>observation</u> Name of facility to which patient was transferred: <u>Columbia Hospital</u>	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure.  ** if it resulted in: <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function. <input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital.
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**E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.**

Carole M Unruh, RN - First Responder (FL) RN 1986932  
Cherry Mellette, LPN (FL) RN 245251  
Marco Stronme MD ME49902

**F) List witnesses, including license numbers if licensed, and locating information if not listed above**

None as above

**IV. ANALYSIS AND CORRECTIVE ACTION**

**A) Analysis (apparent cause) of this incident** (Use additional sheets as necessary for complete response)

Patient is [redacted] yrs. old - [redacted] says [redacted] suddenly became  
se. nauseated and apparently fainted. Incident was not related  
to procedure - syncopal episode of unknown origin about 30 min after procedure.

**B) Describe corrective or proactive action(s) taken** (Use additional sheets as necessary for complete response)

All protocols were followed, [redacted] tolerated procedure well, Had  
no sedation or anything to account for syncope.

**V.**

[Signature] ME49902  
**SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT** **LICENSE NUMBER**  
04-27-07 12:00 pm  
**DATE REPORT COMPLETED** **TIME REPORT COMPLETED**



10/29/07 13:12 HRUM- #29

#167

T-279 P002/003 E-005



STATE OF FLORIDA  
Charlie Crist, Governor

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4062 Bald Cypress Way, Bin C78  
Tallahassee, Florida 32389-3275



I. OFFICE INFORMATION

Name of office  
AVENTURA 33180 DADE  
City Zip Code County  
EDWARD H. HESTER, M.D., P.A.  
Name of Physician or Licensee Reporting  
19415 BISCAYNE BLVD, STE 204  
Patient's address for Physician or Licensee Reporting

Street Address  
Telephone  
License Number & office registration number, if applicable

II. PATIENT INFORMATION



Patient Identification Number  
Diagnosis

Age Gender  Medicaid  Medicare  
Date of Office Visit  
Purpose of Office Visit  
ICD-9 Code for description of incident  
Level of Surgery (I) or (II)

RECEIVED  
CONSUMER SERVICES UNIT  
OCT -3 AM 7:27

III. INCIDENT INFORMATION

Incident Date and Time

Location of Incident:  
 Operating Room  Recovery Room  
 Other

Note: If the incident involved a death, was the medical examiner notified?  Yes  No  
Was an autopsy performed?  Yes  No

A) Describe circumstances of the incident (narrative)  
(use additional sheets as necessary for complete response)

Patient developed a [redacted] in [redacted] on postoperative day 11, on postoperative day 12 [redacted] had extensive [redacted] necessitating hospital admission for [redacted] and I+D of wound with purulent drainage. [redacted] is doing well.

09-27-07 13:13 FROM-

T-219 P003/003 E-005

**B) ICD-9-CM Codes**

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-89.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Code)	Resulting injury (ICD-9 Codes 800-899.9)
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**C) List any equipment used if directly involved in the incident**  
(Use additional sheets as necessary for complete response)

**D) Outcome of Incident (Please check)**

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient. <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure. <input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital.  Outcome of transfer e.g., death, brain damage, observation only <u>W. antibiotics</u> Name of facility to which patient was transferred: <u>Overseas Hospital</u>	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure.  ** if it resulted in: <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function. <input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.
--	---

**E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.**

LEONARD HOCHSTEIN 0069623

**F) List witnesses, including license numbers if licensed, and locating information if not listed above**

**IV. ANALYSIS AND CORRECTIVE ACTION**

**A) Analysis (apparent cause) of this incident** (Use additional sheets as necessary for complete response)  
Postoperative infection management to P.O. antibiotics requiring hospital admission

**B) Describe corrective or proactive action(s) taken** (Use additional sheets as necessary for complete response)  
admission for IV antibiotics. I+D of lacerated portion of surgical wound

V. [Signature] 0069623  
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER  
9/27/07 1300  
 DATE REPORT COMPLETED TIME REPORT COMPLETED



STATE OF FLORIDA  
Charlie Crist, Governor

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

✓?

I. OFFICE INFORMATION

Marc S Schneider M.D.  
Name of office  
Fort Myers 33907 Lee  
City Zip Code County  
Marc S Schneider, MD  
Name of Physician or Licensee Reporting  
Patient's address for Physician or Licensee Reporting

12751 S. Cleveland Ave  
Street Address  
239-277-9999  
Telephone  
ME50478 ORN #  
License Number & office registration number, if applicable

RECEIVED  
CONSUMER SERVICES UNIT  
07 OCT 15 PM 3:03

II. PATIENT INFORMATION

[Redacted Patient Information]

[Redacted Patient Information]  
Age 9-26-07 Gender \_\_\_\_\_ Medicaid Medicare \_\_\_\_\_  
Date of Office Visit \_\_\_\_\_  
Purpose of Office Visit 427.01  
ICD-9 Code for description of incident \_\_\_\_\_  
Level of Surgery (I) or (II) level II planned.

III. INCIDENT INFORMATION

9.26.07 11:25  
Incident Date and Time

Location of Incident:  
 Operating Room  Recovery Room  
 Other on way to OR for procedure.

Note: If the incident involved a death, was the medical examiner notified?  Yes  No N/A  
Was an autopsy performed?  Yes  No N/A

A) Describe circumstances of the incident (narrative)  
(use additional sheets as necessary for complete response)

Patient was seen by me pre-operatively where markings for Sacral Pt Surgery were performed. Pt was alert & oriented. Pt had been seen preoperatively by pre-op nurse and by CRNA. After markings were completed I left the pre-op area to see a patient in an adjoining room. Pt was escorted back to the O.R. where [redacted] became weak and was assisted to the floor on entering O.R. Pt was placed in a wheel chair and brought

- see back.

into PACU and placed on a monitor, and vital signs taken and oxygen started. An IV was started and patient noted to have a junctional rhythm. Pt was administered 0.8 mg atropine and HR returned to 70's and BP 110/76 - 72 - 16. I was immediately notified at the same time, 911 called for EMS. I saw patient immediately and VS were stable and the patient was alert. EMS ~~evaluated~~ patient as well and decision made to transport the patient to Heathpark Emergency room for observation and evaluation. I met with patient's adult escort and described details of event to him and that [REDACTED] was going to be transported to the hospital for evaluation. Pt was evaluated at ER and kept for observation.

**B) ICD-9-CM Codes**

V50.1                                      427.89                                      NONE  
Surgical, diagnostic, or treatment,      Accident, event, circumstances, or      Resulting injury  
procedure being performed at time of      specific agent that caused the injury      (ICD-9 Codes 800-999.9)  
incident (ICD-9 Codes 01-99.9)              or event. (ICD-9 E-Codes)

**C) List any equipment used if directly involved in the incident**  
(Use additional sheets as necessary for complete response)

IV, O<sub>2</sub>, ECG monitor

**D) Outcome of Incident (Please check)**

<input type="checkbox"/> Death	<input type="checkbox"/> Surgical procedure performed on the wrong site **
<input type="checkbox"/> Brain Damage	<input type="checkbox"/> Wrong surgical procedure performed **
<input type="checkbox"/> Spinal Damage	<input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure.
<input type="checkbox"/> Surgical procedure performed on the wrong patient.	** If it resulted in:
<input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure.	<input type="checkbox"/> Death
<input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital.	<input type="checkbox"/> Brain Damage
Outcome of transfer – e.g. death, brain damage, observation only <u>observation</u>	<input type="checkbox"/> Spinal Damage
Name of facility to which patient was transferred: <u>Henderson Hospital</u>	<input type="checkbox"/> Permanent disfigurement not to include the incision scar
	<input type="checkbox"/> Fracture or dislocation of bones or joints
	<input type="checkbox"/> Limitation of neurological, physical, or sensory function.
	<input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.

**E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.**

Seth Weiser CRNA ARNP/380852 CRNA-038710 - cared for patient  
Catherine Whitaker RN 2131502 - employee - cared for patient.  
Marc S Schneider MD MD050478 - cared for patient.

**F) List witnesses, including license numbers if licensed, and locating information if not listed above**

Amy Giffy Surgical Tech - employee

**IV. ANALYSIS AND CORRECTIVE ACTION****A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)**

Patient was given two medications preoperatively. Emend to prevent nausea and ~~ketamine~~ Clonidine is correctly →

**B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)**

Patients condition was appropriately evaluated and diagnosed and action implemented to →

**V.**

[Signature]                                      50478  
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT      LICENSE NUMBER  
904002                                      1 Puc  
DATE REPORT COMPLETED                                      TIME REPORT COMPLETED

IV a administered preoperatively for facial surgery. It helps moderate hypertension intraoperatively which can cause excessive bleeding of the face. An adverse reaction of clonidine can be bradycardia. This patient had no medical history contraindicating the use of clonidine. The patient was evaluated and found to have no underlying pathology to attribute to this event. I therefore believe the patient's ~~bradycardia was due to the medication.~~

IV b correct the diagnosed condition. EMS was immediately notified. The patient was stabilized and transported to the local ER by EMS. I had an inservice for all staff regarding adverse reactions to clonidine. Though this was the first time I have seen a patient with this idiosyncratic reaction to the medication, the health service providers on my staff have aware of its potential complications.



STATE OF FLORIDA  
Jeb Bush, Governor

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275



RECEIVED  
CONSUMER SERVICES UNIT  
07 OCT - 11 PM 4:01

I. OFFICE INFORMATION

Florida Cancer Inst.  
Name of office  
New Port Richey FL Pasco  
City Zip Code County  
Meyan Silva  
Name of Physician or Licensee Reporting

8763 River Crossing Blvd  
Street Address  
727-842-8411  
Telephone  
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[Redacted Patient Information]

[Redacted Patient Information]  
Age 9/26/07 Gender Medicare Medicare  
Date of Office Visit  
Purpose of Office Visit 995.0  
ICD-9 Code for description of incident  
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

9/26/07 11:40 AM  
Incident Date and Time

Location of Incident:  
 Operating Rm  Recovery Rm  
 Other

Note: If the incident involved a death, was the medical examiner notified?  Yes  No  
Was an autopsy performed?  Yes  No

A) Describe circumstances of the incident (narrative)  
(use additional sheets as necessary for complete response)

Pt was receiving tax<sup>m</sup> torisil chemo therapy via IV.  
Approximately 1 min after the start of the drug, she  
developed difficulty breathing, cyanosis, and  
respiratory arrest. O<sub>2</sub> 5L NSO placed, physician called  
to chairside, 911 called to office. Ambu bag used to  
assist & patient breathing. IV Solumedrol 10mg IVP administered.  
Pt taken to Community Hospital of New Port Richey  
via ambulance for further treatment.

**B) ICD-9-CM Codes**

Chemotherapy  
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

toriset  
Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

respiratory arrest  
Resulting injury (ICD-9 Codes 800-999.9)

**C) List any equipment used if directly involved in the incident**  
(Use additional sheets as necessary for complete response)

**D) Outcome of Incident** (Please check)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure <input checked="" type="checkbox"/> Any condition that required the transfer outcome of the patient to a licensed hospital  Outcome of transfer – e.g., death, brain damage, observation only <u>unknown at this time</u> Name of facility to which patient was transferred <u>Community Hospital of New Port Killy</u>	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure  ** if it resulted in <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function; <input type="checkbox"/> Any condition that required the transfer outcome of the patient
---	--

**E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.**

Morgan Silva RN 3204252  
John Russell RN 185082

**F) List witnesses, including license numbers if licensed, and locating information if not listed above**

multiple, event happened in chemo room.

**IV. ANALYSIS AND CORRECTIVE ACTION**

**A) Analysis (apparent cause) of this incident** (Use additional sheets as necessary for complete response)

~~pharmacologic reaction to loss of toriset~~

**B) Describe corrective or proactive action(s) taken** (Use additional sheets as necessary for complete response)

pt will not receive medication again

**V.**

Morgan Silva RN 3204252  
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER  
9/26/03 1:34  
DATE REPORT COMPLETED TIME REPORT COMPLETED





STATE OF FLORIDA  
Jeb Bush, Governor

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

RECEIVED  
CONSUMER SERVICES UNIT  
07 OCT -2 PM 2:29

Please direct all correspondence to  
Watson Clinic LLP  
QIRM Department - 5West  
P.O. Box 95000  
Lakeland, FL 33804-5000

SUBMIT FORM TO:  
Agency for Health Care Administration,  
Consumer Services Unit, Post Office Box 14000,  
Tallahassee, Florida 32317-4000

I. OFFICE INFORMATION

Watson Clinic LLP  
Name of office Lakeland FL 33805  
1000 Lakeland Hills Blvd. Polk  
City Zip Code County  
Karen DuBois RN  
Name of Physician or Licensee Reporting

3105 E. Trapnell Rd Plant City  
Street Address  
Florida 33566 813-754-1735  
Telephone  
1741772 - RN  
License Number

Locating information for Physician or Licensee Reporting

II. PATIENT INFORMATION



[Redacted]  
Age 9-14-07 Gender [Redacted] Medicaid Medicare  
Date of Office Visit [Redacted]  
Purpose of Office Visit 486.  
ICD-9 Code for Diagnosis

Patient Identification Number [Redacted]  
Diagnosis

III. INCIDENT INFORMATION

9-14-07 0950  
Incident Date and Time

Location of Incident:  
 Operating Rm  Recovery Rm  
 Other Lobby

Note: If the incident involved a death, was the medical examiner notified?  Yes  No  
Was an autopsy performed?  Yes  No

A) Describe Circumstances of the Incident (narrative)  
(use additional sheets as necessary for complete response)

Pt was seen in Nurse Run Clinic to have a nebulizer  
treatment with Albuterol Sulfate and an injection of Salumedrol  
1m. After treatment became light-headed and  
colapsed in the lab lobby where [Redacted] and  
[Redacted]. A code ensued with ACL life support measures  
applied. Patient transported by ACLS unit to Lakeland  
Regional Medical Center Emergency Room

**B) ICD-9-CM Codes**

486

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

Resulting injury (ICD-9 Codes 800-999.9)

**C) List any equipment used if directly involved in the incident**  
(Use additional sheets as necessary for complete response)

**D) Outcome of Incident** (Please check)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure <input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a licensed hospital	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure ** if it resulted in <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function; <input type="checkbox"/> Any condition that required the transfer of the patient
---	--

**E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.**

Kimberly Dean - RN 3143532	Carla Glatfely RN 2620102
Stephen Paganella RRT - RT 3687	Janine DePianta RN - 789292
Cindy Dstken RN - 1734782	Jody Harrison LPN PN 5147485
Pat Powell LPN - 452571	Kathryn Vrbensky 3248552
Diane Poling RN - 2939032	Rebecca Deal RN 9250177

code 7101A

**F) List witnesses, including license numbers if licensed, and locating information if not listed above**

Jorge Gonzalez MD - ME 35339  
 Rejendra Sawh MD - ME 82668.

**IV. ANALYSIS AND CORRECTIVE ACTION**

**A) Analysis (apparent cause) of this incident** (Use additional sheets as necessary for complete response)

This was a previously unknown/unreported allergy that was not diagnosed until after receiving two additional doses of Albuterol at the hospital. Reviewed by QIRM Dept.

**B) Describe corrective or proactive action(s) taken** (Use additional sheets as necessary for complete response)

Patient's clinic records were immediately updated when we were notified of the patient's [redacted] Reviewed by QIRM Dept.

V. Karen Dubois RN 1741772  
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER  
10/01/07 2:15pm  
 DATE REPORT COMPLETED TIME REPORT COMPLETED

~~12/27/07~~ #29  
10/1/07

#168



STATE OF FLORIDA  
Charlie Crist, Governor



PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

STRAX Rejuvenation  
Name of office  
Lauderhill 33357  
City Zip Code County  
Osak Omulepu, MD  
Name of Physician or Licensee Reporting

4300 N. University Drive, Suite A202  
Street Address  
917 407 9030  
Telephone  
ME 99126  
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION



Medical Identification Number  
Diagnosis

Age 4/25/07 Gender Medicaid Medicare  
Date of Office Visit  
Purpose of Office Visit consultation  
ICD-9 Code for description of Incident 85.54 / V50.1 / S12.1  
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

October 1st 2007  
Incident Date and Time

Location of Incident:  
 Operating Room  Recovery Room  
 Other

Note: If the incident involved a death, was the medical examiner notified?  Yes  No  
Was an autopsy performed?  Yes  No w/c

A) Describe circumstances of the incident (narrative)  
(use additional sheets as necessary for complete response)

(see attached form)  
Osak Omulepu, MD

07 OCT 19 PM 1:10  
DEPARTMENT OF HEALTH CONSUMER SERVICES UNIT

B) ICD-9-CM Codes  
(85.89) 85.54

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

VSD.1  
Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

512.1 (?)  
Resulting injury (ICD-9 Codes 800-999.9)

C) List any equipment used if directly involved in the incident  
(Use additional sheets as necessary for complete response)

N/A

D) Outcome of Incident (Please check)

<input type="checkbox"/> Death	<input type="checkbox"/> Surgical procedure performed on the wrong site **
<input type="checkbox"/> Brain Damage	<input type="checkbox"/> Wrong surgical procedure performed **
<input type="checkbox"/> Spinal Damage	<input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure.
<input type="checkbox"/> Surgical procedure performed on the wrong patient.	** if it resulted in:
<input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure.	<input type="checkbox"/> Death
<input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital.	<input type="checkbox"/> Brain Damage
Outcome of transfer - e.g., death, brain damage, observation only	<input type="checkbox"/> Spinal Damage
Name of facility to which patient was transferred:	<input type="checkbox"/> Permanent disfigurement not to include the incision scar
<u>Florida Medical Center</u>	<input type="checkbox"/> Fracture or dislocation of bones or joints
	<input type="checkbox"/> Limitation of neurological, physical, or sensory function.
	<input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital.

E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

Glennon Brown, MD (ME81129)  
Livia Jaen MD (ME65730)  
Linda Marhofer, RN (2217602)  
Marianne Mueller, RN (555782)

F) List witnesses, including license numbers if licensed, and locating information if not listed above

#### IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

(see attached)

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

(see attached)

V.

[Signature]  
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME 99126  
LICENSE NUMBER

10/10/06  
DATE REPORT COMPLETED

1006  
TIME REPORT COMPLETED

A), IV. A) & B)

Dear Florida Board of Medicine,

I am writing to report that my patient [REDACTED], a healthy [REDACTED]-year-old [REDACTED] was transferred from an ambulatory surgical center (Park Creek Surgical Center in Coconut Creek, Florida) to a hospital (Florida Medical Center in Lauderdale Lakes, Florida) after undergoing [REDACTED] n. The details of this incident follow.

On October 1, 2007 [REDACTED] underwent a breast augmentation with the placement of saline implants at the Park Creek Ambulatory Surgical Center. Prior to this [REDACTED] was seen, examined and evaluated for [REDACTED] desire for breast augmentation in my office. During my pre-operative evaluation the patient and I discussed in detail the risks, benefits, expected outcome and post-operative course for [REDACTED] planned breast augmentation. The specific risks discussed included the risks of bleeding, infection, unfavorable scarring, the possibility of re-operation, implant rupture, capsule formation (abnormal scar tissue) and *injury to deeper and surrounding structures such as ribs, lungs, heart, nerves, blood vessels*. After our discussion and [REDACTED] informed consent we decided to proceed with breast augmentation. The points of our prior discussion were reiterated the morning of surgery on October 1, 2007.

This breast augmentation involved the placement of a smooth round saline implant underneath the pectoralis muscle above the ribs. In creating a "pocket" for the implant above the rib cage, [REDACTED] This tear is by definition in communication with the chest cavity. *This injury was recognized and repaired intra-operatively*. A portable chest x-ray was done during the operation to ensure that a pneumothorax did not occur. A pneumothorax is an abnormal and potentially dangerous accumulation of air in the chest cavity This X-ray did NOT show a pneumothorax. The case proceeded without incident; [REDACTED] remained healthy and received a very pleasing result.

Patient safety being of paramount importance, a repeat, better quality x-ray was performed in the recovery room. The radiologist and I reviewed this x-ray. The radiologist reported the *possible* presence of a pneumothorax. I personally did not appreciate the presence of a pneumothorax, but deferring to the radiologists expertise and in the abundance of caution the decision was made to transfer [REDACTED] to Florida Medical Center.

At the hospital [REDACTED] was re-evaluated by the emergency department physicians and underwent a third and final x-ray. This x-ray did NOT show a pneumothorax. Since [REDACTED] physical examination and radiologic examinations did not warrant hospital admission, [REDACTED] was discharged home from the emergency department. I informed [REDACTED] of the precautionary nature of the transfer to the hospital and [REDACTED] was grateful for the care [REDACTED] received.

█ has been seen in my office on two occasions since this incident. █ remains extremely healthy and is very pleased with the aesthetic result of █ breast augmentation.

Please feel free to contact me with any questions or concerns,

Sincerely

Osak Omulepu, MD

10/15/07 #30

#169



STATE OF FLORIDA  
Jeb Bush, Governor

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275



07 OCT 23 PM 2:58

I. OFFICE INFORMATION

Name of office: Sarasota Interventional Radiology Street Address: 600 N Cattlemen Rd  
City: Sarasota Zip Code: 34232 County: Sarasota Telephone: 941-378-3231  
Name of Physician or Licensee Reporting: Dr. Samson License Number & office registration number, if applicable: \_\_\_\_\_

Patient's address for Physician or Licensee Reporting: \_\_\_\_\_

II. PATIENT INFORMATION

[Redacted Patient Information]

[Redacted Patient Information]

Age: 10-15-07 Gender: \_\_\_\_\_ Medicaid Medicare \_\_\_\_\_

Date of Office Visit: \_\_\_\_\_ Purpose of Office Visit: angiogram, post procedure

ICD-9 Code for description of incident: II  
Level of Surgery (II) or (III): \_\_\_\_\_

III. INCIDENT INFORMATION

Incident Date and Time: 10-15-07 0840

Location of Incident:  
 Operating Rm  Recovery Rm  
 Other \_\_\_\_\_

Note: If the incident involved a death, was the medical examiner notified?  Yes  No  
Was an autopsy performed?  Yes  No

A) Describe circumstances of the incident (narrative)  
(use additional sheets as necessary for complete response)

Patient had angiogram, came to PACU @ 805 with #4 Fr sheath in place @ groin. Doppler pulses in both feet dpp's weak, good pp's. Sheath pulled @ 810 with pressure to puncture x 20min, hemostasis achieved with no oozing or swelling. After applying dressing to right groin, performed recheck of pulses both feet and found [redacted] left foot unchanged. Dr Samson's office notified @ 840 after careful rechecking of pulses. Rt. pulses still absent. Dr Narr came to see pt. @ 850, IV Heparin given.

**B) ICD-9-CM Codes**

<u>angiogram</u> Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)
--	--	--

**C) List any equipment used if directly involved in the incident**  
(Use additional sheets as necessary for complete response)

**D) Outcome of Incident** (Please check)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure <input type="checkbox"/> Any condition that required the transfer outcome of the patient to a licensed hospital  Outcome of transfer – e.g., death, brain damage, observation only _____ Name of facility to which patient was transferred <u>SMH</u>	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure  ** If it resulted in <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function; <input type="checkbox"/> Any condition that required the transfer outcome of the patient
---	--

**E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.**

Janice Shofner, RN 1193592; 1024 Ponderosa Rd, Venice, 34293  
Pre & post-op care of pt.  
Dr Samson, #49137 performed angiogram  
Kerri Ricci, ultrasound tech 105489, did ultrasound

**F) List witnesses, including license numbers if licensed, and locating information if not listed above.**

Dr Nhir, ME 99082 came to see pt; 600N Cattleman Rd  
Swasta, 34232, Ste 220

**IV. ANALYSIS AND CORRECTIVE ACTION**

**A) Analysis (apparent cause) of this incident** (Use additional sheets as necessary for complete response)

**B) Describe corrective or proactive action(s) taken** (Use additional sheets as necessary for complete response)

Ultrasound performed by Dr Samson's office.  
Pt. transferred to SMH as direct admit to  
Dr Samson's service.

[Redacted Signature] 49137  
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER  
12/6/09 13:25  
 DATE REPORT COMPLETED TIME REPORT COMPLETED



**SAMSON SHOWALTER LEPORE**  
**v a s c u l a r s p e c i a l i s t s**

**PATIENT:** [REDACTED]  
**EXAM DATE:** 10/15/2007  
**PATIENT #:** [REDACTED]  
**DATE OF BIRTH:** [REDACTED]  
**PHYSICIAN:** David Showalter, MD

Page 1 of 1

**EXAMINATION: ANGIOGRAM**

**EXAM LOCATION: Sarasota Interventional Radiology**

**PRE-PROCEDURAL DIAGNOSIS:** Possible celiac and SMA stenosis.

**POST-PROCEDURAL DIAGNOSIS:** Possible celiac and SMA stenosis.

**PROCEDURE:**

1. Insertion of catheter into aorta via right common femoral.
2. Aortogram.
3. Selective catheterization of celiac artery.
4. Selective catheterization of superior mesenteric artery.

**PROCEDURE IN DETAIL:** With the patient prepped and draped in the appropriate manner using Xylocaine anesthesia, a micropuncture needle was inserted in the right common femoral. A micropuncture wire and sheath were placed and exchanged over an 0.035 Amplatz wire for a 4 French sheath. Using an omni flush catheter and RDC catheter in a full lateral projection, the celiac artery and SMA were cannulated and pictures taken. In fact, there was evidence of a patent celiac artery stent with no evidence of stenosis. The superior mesenteric artery also had no evidence of stenosis other than perhaps a minimal 10% narrowing just beyond the origin. The aorta itself, however, was markedly irregular. There is an aortobifemoral bypass graft arising distally. There was no indication of need for stenting or ballooning based on this particular picture. A total of 60 cc of Isovue 300 was utilized.

Thank you for allowing us to participate in the care of your patient.

**THIS REPORT WAS ELECTRONICALLY SIGNED**  
**RUSSELL SAMSON, MD**

RS/trw/[REDACTED]

12/11/07 #37

#175



STATE OF FLORIDA  
Charlie Crist, Governor

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C76  
Tallahassee, Florida 32399-3275



I. OFFICE INFORMATION

Name of office: Daniel Man MD  
City: Boca Raton FL Zip Code:  County: Palm Beach

Street Address: 851 Meadows Road Suite 222  
Telephone: 561-395-5508  
License Number & office registration number, if applicable: ME 37381

Name of Physician or Licensee Reporting: \_\_\_\_\_

Patient's address for Physician or Licensee Reporting: \_\_\_\_\_

II. PATIENT INFORMATION

[Redacted Patient Information]

[Redacted Patient Information]

Patient's Address: \_\_\_\_\_  
Patient Identification Number: \_\_\_\_\_  
Diagnosis: \_\_\_\_\_

Age: 12/11/07  
Date of Office Visit: \_\_\_\_\_  
Purpose of Office Visit: \_\_\_\_\_  
ICD-9 Code for description of incident: \_\_\_\_\_  
Level of Surgery (II) or (III): \_\_\_\_\_

RECEIVED  
CONSUMER SERVICES UNIT  
07 DEC 26 AM 11:43

III. INCIDENT INFORMATION

Incident Date and Time: 12/11/07

Location of Incident:  
 Operating Room  
 Recovery Room  
 Other \_\_\_\_\_

Note: If the incident involved a death, was the medical examiner notified?  Yes  No  
Was an autopsy performed?  Yes  No

A) Describe circumstances of the incident (narrative)  
(use additional sheets as necessary for complete response)

AFTER [redacted] 15 MINUTES in Recovery room when patient was FIRST, only yell with NORMAL blood pressure + pulse → has decreased respiration to 5/minute and went into complete arrest. AMBU B/D → ENDOTRACHEAL TUBING, EPINEPHRINE 1MG IVX, NAHCO3 8.4, CALCIUM and shock done BY BOARD CERTIFIED ANESTHESIOLOGIST. ECG COME in in 3 MINUTES - when CPR CONTINUES → SHOCK, CPR VISUALIZED SINUS RHYTHM NOT YET RESTORED → PATIENT →

TRANSFERRED TO BOCA COMMUNITY F.R.  
WHERE DR EVAN GOLDSTERN CONTINUED  
RESUSCITATION WITH ANOTHER SHOCK -  
PATIENT SINUS RHYTHM RESTORED.  
TRANSFERRED TO ICU WHERE CARDIOLOGIST  
PULMONARY AND INTENSIVISTS DR'S WORK  
ON █ RECOVERY.

PATIENT IS EXTUBATED NEXT DAY WHEN  
SCAN, ECHO, AND ELECTRICAL PHYSIOLOGIC  
STUDIES SHOW NO SIGNIFICANCE.

PATIENT IS DISCHARGED SAT DECEMBER  
15/07. █ HAS BEEN FOLLOW  
CLOSELY - RECOVER VERY WELL.  
█ WAS ADMITTED COVERED BY  
COMMITTEE INSURANCE POLICY  
THAT COVERS UP TO \$6000 FOR  
WHILE IN ICU.

B) ICD-9-CM Codes

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-89.9)

Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

Resulting injury (ICD-9 Codes 800-999.9)

C) List any equipment used if directly involved in the incident (Use additional sheets as necessary for complete response)

D) Outcome of Incident (Please check)

<input type="checkbox"/> Death	<input type="checkbox"/> Surgical procedure performed on the wrong site **
<input type="checkbox"/> Brain Damage	<input type="checkbox"/> Wrong surgical procedure performed **
<input type="checkbox"/> Spinal Damage	<input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure.
<input type="checkbox"/> Surgical procedure performed on the wrong patient.	** if it resulted in:
<input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure.	<input type="checkbox"/> Death
<input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital.	<input type="checkbox"/> Brain Damage
<u>Outcome of transfer - e.g., death, brain damage, observation only</u>	<input type="checkbox"/> Spinal Damage
<u>Name of facility to which patient was transferred:</u>	<input type="checkbox"/> Permanent disfigurement not to include the incision scar
	<input type="checkbox"/> Fracture or dislocation of bones or joints
	<input type="checkbox"/> Limitation of neurological, physical, or sensory function.
	<input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital.

E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

Jenny Gates - Certified Scrub technician - #59342 BK 8/31/08  
Camilla DiSarno - Scrub technician  
Brian Hall - Scrub technician  
Dan Sieger - anesthesiologist - OS 8807

F) List witnesses, including license numbers if licensed, and locating information if not listed above

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

[REDACTED]

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

REVIEW OF ALL O.R. PROTOCOL. STRICT ADHERANCE TO STANDARD OF CARE RELATING

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT  
[Signature]  
DATE REPORT COMPLETED 10/19/07

LICENSE NUMBER ME 37381

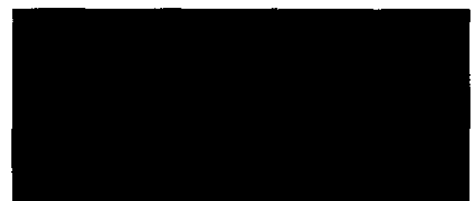
TIME REPORT COMPLETED 3:00 pm

12/14/07 (430)

# 176



STATE OF FLORIDA  
Jeb Bush, Governor



PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

2J

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Sarasota Interventional Radiology

1000 N. Cattlemen Rd., Suite 100

Name of office

Street Address

Sarasota 34232 Sarasota

(941) 378-3231

City

Zip Code

County

Telephone

Rokanne Rodriguez, RN

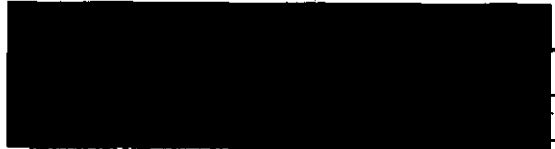
Name of Physician or Licensee Reporting

License Number & office registration number, if applicable

S.I.R.

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION



Age 12/14/07 Gender

Medicaid Medicare

Date of Office Visit

Purpose of Office Visit

ICD-9 Code for description of incident

Level of Surgery (II) or (III)

CP/MI?

III. INCIDENT INFORMATION

12/14/07 @ 1130

Incident Date and Time

Location of Incident:

Operating Rm

Other

Recovery Rm

Note: If the incident involved a death, was the medical examiner notified?  Yes  No

NA Was an autopsy performed?  Yes  No

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

Pt received in PACU @ 1125 p procedure; pt [redacted] 8-9-110. Dr Calderon made aware. NITG SL 0.4mg given three times, five minutes apart. FiO2 @ 1135, lact @ 1145 also Labetolol 20mg IVP slowly given @ 1145. CP went from 8-9/110 down to no pain. Pain subsided for approx. 45 min. began to have CP 4/110 @ 1230. Per Dr Calderon EMC called to transfer pt to Manatee Memorial Hospital as a direct admit. RR

07 DEC 24 AM  
CONSUMER SERVICES

**B) ICD-9-CM Codes**

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

Resulting injury (ICD-9 Codes 800-999.9)

**C) List any equipment used if directly involved in the incident**  
(Use additional sheets as necessary for complete response)

**D) Outcome of Incident** (Please check)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure <input checked="" type="checkbox"/> Any condition that required the transfer outcome of the patient to a licensed hospital  Outcome of transfer - e.g., death, brain damage, observation only Name of facility to which patient was transferred <u>Manatee Memorial Hospital</u>	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure  ** if it resulted in <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function; <input type="checkbox"/> Any condition that required the transfer outcome of the patient
--	--

**E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.**

Rokanne Rodriguez, RN 9204732  
Dr. E. Calderon MD ME 77684  
Chris Howes, RT 39938  
Amy Sherry, RN 20810292

**F) List witnesses, including license numbers if licensed, and locating information if not listed above**  
Came as above.

**IV. ANALYSIS AND CORRECTIVE ACTION**

**A) Analysis (apparent cause) of this incident** (Use additional sheets as necessary for complete response)

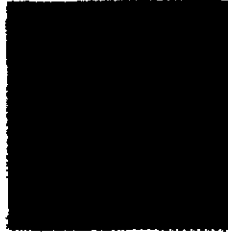
Pt has history of Angina, HFN, CAD, DVI, Claudication.  
Extensive cardiovascular disease.

**B) Describe corrective or proactive action(s) taken** (Use additional sheets as necessary for complete response)

NITG SL 0.4mg x 3 given 5min apart? Labetalol 20mg  
IVP given to help lower BP. See additional nurses  
note & PACU flow sheet.

V. [Signature] ME 77684  
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER

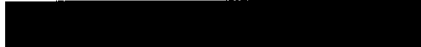
DATE REPORT COMPLETED TIME REPORT COMPLETED



**Erick E. Calderon, MD, FACC, FSCAI**

Board Certified Internal Medicine  
Board Certified Cardiovascular Disease  
Board Certified Interventional Cardiology  
Board Certified Nuclear Cardiology

**PATIENT:**



**Page 1 of 4**

**EXAM DATE:**

**12/14/2007**

**PATIENT #:**



**DATE OF BIRTH:**

**PHYSICIAN:**

**Erick E Calderon, M.D.**

**EXAMINATION: CATHETERIZATION REPORT**

**EXAM LOCATION: Sarasota Interventional Radiology**

**REFERRING PHYSICIAN: Dr. Nilsa Levia.**

**PROCEDURE:**

1. High abdominal aortography.
2. Lower abdominal aortography with runoff.
3. Left popliteal PTA via contralateral approach.
4. Left posterior tibial artery unsuccessful PTA.
5. Left popliteal selective angiography via contralateral approach.

**INDICATIONS OF PROCEDURE:**

Severe peripheral vascular disease with lifestyle limiting claudication.

**COMPLICATIONS:** None.

**DETAILS OF PROCEDURE:** Previous written informed consent on this date was taken and the patient was transferred to the cardiac catheterization suite where both groins were prepped with Betadine and draped in the usual sterile fashion. The right inguinal area was infiltrated with lidocaine for local anesthesia, and using a Cook needle device the right femoral artery was punctured and a 6 French sheath was advanced and flushed. Then a Contra catheter was advanced to the high abdominal aorta, and high abdominal aortography was performed in a single AP projection. Then the catheter was positioned above the aortic bifurcation, and lower abdominal aortography with runoff to the level of the ankles was performed utilizing bolus chase technique and digital subtraction angiography.

Due to a critical stenosis of the left popliteal artery, angioplasty procedure begun. 4,000 units of heparin were given intravenously. We managed to deliver an Angio-



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 Board Certified Internal Medicine  
 Board Certified Cardiovascular Disease  
 Board Certified Interventional Cardiology  
 Board Certified Nuclear Cardiology

**PATIENT:** [REDACTED]  
**EXAM DATE:** 12/14/2007  
**PATIENT #:** [REDACTED]  
**DATE OF BIRTH:** [REDACTED]  
**PHYSICIAN:** Erick E Calderon, M.D.

Page 2 of 4

Seal 6 French 45 cm sheath and the tip was positioned in the left superficial femoral artery. A 50 x 40 mm balloon was advanced and positioned in the proximal popliteal artery. The wire was removed and angiography of the left popliteal system via the contralateral approach was accomplished all the way to the level of the ankle.

The same wire was advanced into the infrapopliteal level, and angioplasty was performed with a 50 x 40 mm balloon at nominal pressures. The vessel proved to be heavily calcified.

We then attempted and actually cannulated the posterior tibial artery. This was accomplished with the glidewire and the balloon was positioned into the posterior tibial artery itself. This was the same original balloon used for popliteal vessel. In order to exchange for an 0.14 system, a 2A wire was advanced. Unfortunately, there was a kink in the balloon at the aortic bifurcation, and attempts to advance the wire proved unsuccessful. Of note, the tip of the wire broke inside the balloon, and this was recognized and visualized angiographically. I attempted to deliver the glidewire again to relieve the kink in the balloon, but became to realize that the only way to successfully deal with this situation would be to lose wire position/balloon position from the posterior tibial artery. Since the angiographic results of the popliteal artery had been great and post angiographic pictures revealed a much better flow in the posterior tibial, with a persistent occlusion remaining in the distal third of the popliteal, and this was a 100% lesion. The proximal segment was recognized as receiving a substantially better flow. I elected to finish the case; ~~the balloon was removed and the tip of the wire was recognized inside of the balloon.~~ For the same reason, we pulled the sheath and the patient was transferred to the holding area, where the sheath is to be pulled and manual hemostasis obtained.

**FINDINGS:**





**Erick E. Calderon, MD, FACC, FSCAI**

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Board Certified Interventional Cardiology  
Board Certified Nuclear Cardiology

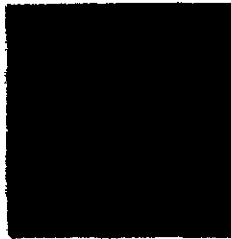
**PATIENT:** [REDACTED]  
**EXAM DATE:** 12/14/2007  
**PATIENT #:** [REDACTED]  
**DATE OF BIRTH:** [REDACTED]  
**PHYSICIAN:** Erick E Calderon, M.D.

Page 3 of 4

Abdominal aorta shows moderate diffuse plaque in its proximal segment. There is an aortobifemoral bypass graft that is widely open and working well. There are bilateral renal artery stents. The left renal artery has a stent that looks actually patent with excellent long-term angiographic results. No evidence of intimal hyperplasia. There is a stent in the right renal artery that has an 80-90% ostial stenosis. The aortofemoral conduits appear to be widely patent, and the anastomosis appears to be adequate.

On the right lower extremity, the right superficial femoral artery is 100% occluded at the ostium, and the mid superficial femoral artery fills via profunda collaterals. The popliteal artery is of fairly good quality, with a 30-40% stenosis remaining above the knee bifurcation. The peroneal artery appears to be patent. The anterior tibial and the posterior tibial are 100% occluded and a critical stenosis appears to be present in the distal peroneal in the distal third of the leg. The posterior tibial artery can be visualized as a very small diminutive vessel that actually can be tracked down from its origin and probably is patent but with significant limited flow. I believe this vessel will grow bigger if adequate inflow will be present. The anterior tibial artery again appears to be occluded. There is evidence of distal reconstitution above the level of the ankle.

On the left lower extremity, the femoral artery shows moderate diffuse luminal irregularity but no high grade stenotic lesions appear to be present. The profunda femoral artery is also patent. The popliteal artery is subtotally occluded with a 95% relatively focal lesion above the knee bifurcation. The posterior tibial artery looks like a very small under-filled vessel that is 100% occluded in the distal third. The anterior tibial artery is occluded proximally, with evidence of distal reconstitution via peroneal collaterals. The peroneal vessel is suboptimally visualized in its proximal third due to periosteum overlap; however, nevertheless appears to be patent throughout and providing reconstitution of the distal pedal artery.



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Board Certified Internal Medicine  
Board Certified Cardiovascular Diseases  
Board Certified Interventional Cardiology  
Board Certified Nuclear Cardiology

**PATIENT:** [REDACTED]  
**EXAM DATE:** 12/14/2007  
**PATIENT #:** [REDACTED]  
**DATE OF BIRTH:** [REDACTED]  
**PHYSICIAN:** Erick E Calderon, M.D.

Page 4 of 4

**IMPRESSION:**

1. Moderate atherosclerosis of the infrarenal abdominal aorta.
2. Patent aortobifemoral bypass graft surgery with excellent long-term results.
3. Widely open stent left renal artery.
4. Critical stenosis bare metal stent right renal artery.
5. Long total chronic occlusion proximal half right superficial femoral artery.
6. Under-filling of infrapopliteal vessels in the right leg, as described above.
7. Critical left popliteal artery stenosis.
8. Successful PTA left popliteal artery.
9. Unsuccessful PTA left posterior tibial artery due to wire fracture.

**RECOMMENDATIONS:** Continue aggressive secondary prevention measures, reassess patient in six months. If the lesion recurs in the popliteal, consideration of atherectomy is needed. Consideration of right renal arterial stent needs to be considered in addition if blood pressure remains an issue.

Thank you for allowing us to participate in the care of your patient.

**THIS REPORT WAS ELECTRONICALLY SIGNED**  
**ERICK E CALDERON, M.D.**

EEC/vk/ [REDACTED]

DD: 12/14/2007 DT: 12/14/2007



Erick E. Calderon, MD, FACC, FSCAI

Board Certified Internal Medicine  
Board Certified Cardiovascular Diseases  
Board Certified Interventional Cardiology  
Board Certified Nuclear Cardiology

**PATIENT:** [REDACTED]  
**EXAM DATE:** 12/17/2007  
**PATIENT #:** [REDACTED]  
**DATE OF BIRTH:** [REDACTED]  
**PHYSICIAN:** Erick E Calderon, M.D.

Page 1 of 1

**EXAMINATION: OFFICE NOTE**

**EXAM LOCATION: Sarasota Interventional Radiology**

**INDICATIONS:** This is in reference to [REDACTED] who came in to Sarasota Interventional Radiology as an outpatient for peripheral angiography and angioplasty. The procedure was accomplished successfully. Nevertheless, in the recovery area the patient became hypotensive and developed [REDACTED] received 3 sublingual nitroglycerin with complete relief. [REDACTED] blood pressure was over 200/100 and received 20 mg of labetalol intravenously. [REDACTED] blood pressure responded. 15 to 20 minutes later [REDACTED] developed recurrent chest discomfort and I felt best to transfer the patient to the hospital for full evaluation as the patient claims over the last three weeks [REDACTED] is experiencing more severe chest pain that has become more frequent and more severe and lasting longer and more easily induced. The patient failed to disclose that to us during [REDACTED] last office visit. After discussing these findings with the patient's family they said that this patient is very reluctant to complain about any symptoms in fear of requiring more procedures.

The patient was hemodynamically stable. This angina syndrome is felt to be totally unrelated to the procedure performed but for cardiac safety will transfer the patient to the hospital for observation and possible coronary angiography.

Thank you for allowing us to participate in the care of your patient.

**THIS REPORT WAS ELECTRONICALLY SIGNED**  
**ERICK E CALDERON, M.D.**

EEC/ly/[REDACTED]  
DD: 12/17/2007 DT: 12/17/2007



STATE OF FLORIDA  
Jeb Bush, Governor

CONSUMER SERVICES UNIT  
07 05 07 10 AM 2:57

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3276

?

I. OFFICE INFORMATION

Sarasota Interventional Radiology / Dr. Lepore  
Name of office

Sarasota 34232 Sarasota  
City Zip Code County

Dr. Lepore  
Name of Physician or Licensee Reporting

Street Address \_\_\_\_\_

Telephone 538  
License Number & office registration number, if applicable \_\_\_\_\_

\_\_\_\_\_  
Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

\_\_\_\_\_  
Patient Identification Number

Diagnose [REDACTED]

Age \_\_\_\_\_ Gender \_\_\_\_\_ Medicaid Medicare \_\_\_\_\_

Date of Office Visit \_\_\_\_\_

Purpose of Office Visit \_\_\_\_\_

ICD-9 Code for description of incident \_\_\_\_\_

Level of Surgery (II) or (III) \_\_\_\_\_

III. INCIDENT INFORMATION

12/6/07 @ 1350  
Incident Date and Time

Location of Incident:  
 Operating Rm  Recovery Rm  
 Other \_\_\_\_\_

Note: If the incident involved a death, was the medical examiner notified?  Yes  No  
Was an autopsy performed?  Yes  No

A) Describe circumstances of the incident (narrative)  
(use additional sheets as necessary for complete response)

1350 - Ultrasound of abdomen completed due to abdominal pain in left lower quadrant. Repeat per Dr. Lepore upon seeing patient. 1505 CT of abdomen done. Dr. Lepore notified. 1535 - Repeat CT of abdomen. 1545 - Dr. Lepore here. Transported to Sarasota Memorial Hospital via Ambulance per Dr. Lepore.

**B) ICD-9-CM Codes**

Claudication/Angrgram Left Iliac with PTA with Stents x2.  
 Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)      Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)      Resulting injury (ICD-9 Codes 800-899.9)

**C) List any equipment used if directly involved in the incident**  
 (Use additional sheets as necessary for complete response)

**D) Outcome of Incident (Please check)**

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure <input checked="" type="checkbox"/> Any condition that required the transfer outcome of the patient to a licensed hospital Outcome of transfer - e.g., death, brain damage, observation only Name of facility to which patient was transferred <u>Sarasota Memorial Hospital</u>	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure ** if it resulted in <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function; <input type="checkbox"/> Any condition that required the transfer outcome of the patient
---	--

**E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.**

Chris Howes #39938; Jan Shopper; Beth Fortunato  
Dianne McCorcom; Dr. Yard #168224; Dr. Lepore #81013  
Dr. Lepore - performing procedure; Dr. Yard - Anesthetist; CHRIS HOWES RCT  
Jan Shopper / Dianne McCorcom - RN's receiving patient.

**F) List witnesses, including license numbers if licensed, and locating information if not listed above**

**IV. ANALYSIS AND CORRECTIVE ACTION**

**A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)**

**B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)**

v. [Signature]      81013  
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT      LICENSE NUMBER  
 \_\_\_\_\_  
 DATE REPORT COMPLETED      TIME REPORT COMPLETED

**SAMSON SHOWALTER LEPORE**  
vascular specialists

**PATIENT:** [REDACTED]  
**EXAM DATE:** 12/06/2007  
**PATIENT #:** [REDACTED]  
**DATE OF BIRTH:** [REDACTED]  
**PHYSICIAN:** Michael R. Lepore, M.D.

Page 1 of 3

**EXAMINATION:** ARTERIOGRAM

**EXAM LOCATION:** Sarasota Interventional Radiology

**PREPROCEDURAL DIAGNOSIS:** Recurrent iliac artery stenosis.

**POST PROCEDURAL DIAGNOSIS:** Same.

**PROCEDURE:**

1. Left retrograde femoral arterial puncture.
2. Catheter in the aorta.
3. Aortogram.
4. Bilateral pelvic angiogram.
5. Left common iliac artery angioplasty with 6 mm x 40 mm balloon.
6. Left external iliac artery angioplasty with 6 mm x 40 mm balloon.
7. Left common iliac 8 mm x 40 mm ev-3 protégé stent placement.
8. Left external iliac 7 mm x 40 mm ev-3 protégé stent placement.

**SURGEON:** Michael R. Lepore, M.D.

**ASSISTANT:** None.

**INDICATIONS:** [REDACTED] is a patient who is well known to me who has severe peripheral vascular disease, [REDACTED] and also has [REDACTED] and recent ultrasound showed that [REDACTED] has a high grade [REDACTED] [REDACTED] was in need of angiographic assessment. Risks and benefits as outlined in the informed consent from the office were discussed with the patient. [REDACTED] understands and wishes to proceed.

**DETAILS OF PROCEDURE:** The patient was taken to the Anglo Suite after the administration local was administered in the left femoral region after the area was prepped and draped. 1% lidocaine was used to infiltrate the area over the femoral artery a micropuncture needle was used to access the left common femoral artery followed by a mandril wire, micro sheath, Benson wire, 4 French sheath, omni flush

**SAMSON SHOWALTER LEPORE**  
vascular specialists

**PATIENT:** [REDACTED]  
**EXAM DATE:** 12/06/2007  
**PATIENT #:** [REDACTED]  
**DATE OF BIRTH:** [REDACTED]  
**PHYSICIAN:** Michael R. Lepore, M.D.

Page 2 of 3

catheter in the aorta. Aortogram was performed. Catheter was pulled down. Pelvic obliquities performed. 3000 units of heparin were given as a high-grade stenosis in the left common iliac artery that was seen actually proximal to the prior area of angioplasty. Should note that the area of angioplasty overlying the distal common iliac artery and the proximal external iliac artery was widely patent. There was also a distal stenosis in the external iliac artery right proximal to the entry site of the sheath, which did not see on the ultrasound. After 3000 units of heparin were given 6 mm x 40 mm balloon was used to perform angioplasty of the common iliac as well as the external iliac artery. Given the restenosis and some mild dissection, the common iliac artery was then stented with a 8 mm x 40 mm ev-3 protégé stent. ~~The external iliac artery was seen to be flow limiting but was right above the area of the puncture.~~ Ideally, I would have liked to angioplasty the stenosis right above the puncture but it was too close to the femoral artery puncture. A 7 mm x 40 mm stent was placed in the area of the external iliac artery, which was widely patent. Completion angiogram of that femoral region and the external iliac region showed the common iliac and the entire external iliac artery to be widely patent. There was about a 40% stenosis the distal external iliac artery just proximal to the entry site of the sheath. The patient tolerated the procedure well. Protamine was given to reverse the effects of the heparin. [REDACTED] was taken for removal of sheath.

**SUMMARY/FINDINGS:**

1. Aorta: The patient's suprarenal and infrarenal aorta is heavily diseased. The suprarenal has no hemodynamically significant stenosis. The infrarenal aorta becomes very small distally and diminutive.
2. Renal arteries: The left renal artery has about 20% InStent restenosis in the proximal portion of where the stent was placed. The right renal artery is widely patent.
3. Iliac arteries: The right common iliac artery has a 30% osteal stenosis. The left is widely patent proximally. The distal common iliac artery on the right is patent as is the internal iliac. The external iliac artery distally has about a 30% stenosis on the right.
4. The left common iliac artery proximal to the area of angioplasty had a 95% stenosis, almost complete occlusion. The distal external iliac artery also had multiple areas of disease, which was not angioplastied prior because of the calcification that was present. However, given the stenosis proximally to the sheath entry site I was somewhat concerned

**SAMSON SHOWALTER LEPORE**  
vascular specialists

**PATIENT:** [REDACTED]  
**EXAM DATE:** 12/06/2007  
**PATIENT #:** [REDACTED]  
**DATE OF BIRTH:** [REDACTED]  
**PHYSICIAN:** Michael R. Lepore, M.D.

Page 3 of 3

and a 7 mm x 40 mm stent was placed. There was zero residual stenosis in both stented areas after completion. There was 40% residual stenosis proximal to the entry site of the sheath in the distal external iliac artery proximal to the beginning of the common femoral artery. The femoral artery was patent.

Thank you for allowing us to participate in the care of your patient.

**THIS REPORT WAS ELECTRONICALLY SIGNED**  
**MICHAEL R. LEPORE, M.D.**

MRL/hy/[REDACTED]  
DD: 12/06/2007 DT: 12/06/2007





STATE OF FLORIDA  
Jeb Bush, Governor

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4082 Bald Cypress Way, RM C75  
Tallahassee, Florida 32309-3275



I. OFFICE INFORMATION

Name of office: Space Coast Cancer Centers  
City: Rockledge Zip Code: 32955 County: Brevard  
Name of Physician or Licensee Reporting: Dr. R. Duff Sprawls

Street Address: 840 Executive Dr Suite 120  
Telephone: (321) 453-1361

License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION



Diagnosis: 153.9

Date of Onset: 12/26/07  
Purpose of Onset: 153.9  
ICD-9 Code for description of Incident: 153.9  
Level of Surgery (01 of 01)

RECEIVED  
CONSUMER SERVICES UNIT  
19 MAR 19 AM 9:27

III. INCIDENT INFORMATION

Incident Date and Time: 12/26/07 @ 12:08

Location of Incident:  
 Operating Rm  Recovery Rm  
 Other: Johnson Room

Note: If the incident involved a death, was the medical examiner notified?  Yes  No n/a  
Was an autopsy performed?  Yes  No n/a

A) Describe circumstances of the incident (narrative)  
(use additional sheets as necessary for complete response)

Pt receiving Eloxatin which is a chemotherapy agent. [redacted] had been receiving it for approximately 5 months, when patient started moist cough @ 12:02. Chemo stopped, NS + Pulse ox 78% O2 placed on via NIPPV 3 L/min 148/65 @ 119. 12:10 Dr Sprawls present. Benedryl 25mg PO given NS + @ 12:20. 12:25 - 159/74 - 120 Bp up to 56 (911 called) 12:20 - 12:27/12-113 90% 4 L NC. Wheezes throughout all lobes. Pt states [redacted] is feeling a little better. Still con [redacted] 12:25 - Paramedics arrived and transport to CHH

B) ICD-9-CM Codes V58.11

<u>Primary 157.9 - allergic reaction to chemotherapy</u>	<u>allergic reaction to chemotherapy</u>
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-89.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Code)
	Resulting injury (ICD-9 Codes 800-899.9)

C) List any equipment used if directly involved in the incident (Use additional sheets as necessary for complete response)

IV pump, oxygen given via nasal cannula, pulse oximetry, vital sign machine.

D) Outcome of incident (Please check)

<input type="checkbox"/> Death	<input type="checkbox"/> Surgical procedure performed on the wrong site **
<input type="checkbox"/> Brain Damage	<input type="checkbox"/> Wrong surgical procedure performed **
<input type="checkbox"/> Spinal Damage	<input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure
<input type="checkbox"/> Surgical procedure performed on the wrong patient	** If it resulted in
<input type="checkbox"/> A procedure to remove unplanned foreign object remaining from surgical procedure	<input type="checkbox"/> Death
<input checked="" type="checkbox"/> Any condition that required the transfer outcome of the patient to a licensed hospital	<input type="checkbox"/> Brain Damage
Outcome of transfer - e.g., death, brain damage, observation only	<input type="checkbox"/> Spinal Damage
Name of facility to which patient was transferred: <u>CCH</u>	<input type="checkbox"/> Permanent disfigurement not to include the incision scar
	<input type="checkbox"/> Fracture or dislocation of bones or joints
	<input type="checkbox"/> Limitation of neurological, physical, or sensory function
	<input type="checkbox"/> Any condition that required the transfer outcome of the patient

E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.

Mary Beth Kisser RN # 2061242 Krista McFadden RN 9238088  
D. P. Off. Spawls (Nurse) managed reaction and prepared patient for transfer to hospital.

F) List witnesses, including license numbers if licensed, and locating information if not listed above

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analyze (apparent cause) of this incident. (Use additional sheets as necessary for complete response)

allergic reaction to ciprofloxacin.

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

Oxygen via nasal cannula given 3 L/min. Normal saline up, chemo stopped. Benedaf 25mg IVP given. Ciprofloxacin use discontinued for this patient.

V. [Signature] ME 0054026  
SIGNATURE OF PHYSICIAN LICENSEE SUBMITTING REPORT LICENSE NUMBER

3/11/08 1730  
DATE REPORT COMPLETED TIME REPORT COMPLETED



STATE OF FLORIDA  
Jeb Bush, Governor

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT



SUBMIT FORM TO:  
Agency for Health Care Administration,  
Consumer Services Unit, Post Office Box 14000,  
Tallahassee, Florida 32317-4000

I. OFFICE INFORMATION

Name of office: Stuart B Krost  
City: Lakewood Zip Code: 33462 County: Palm Beach  
Name of Physician or Licensee Reporting: DR. STUART B KROST  
ME# 61951  
Locating Information for Physician or Licensee Reporting

Street Address: 3161 Blantana Rd  
Telephone: 561-296-2220  
License Number: ME# 161951

II. PATIENT INFORMATION

[Redacted Patient Information]

Age: 21/18/2007 Gender: [Redacted] Medicaid/Medicare: [Redacted]  
Date of Office Visit: [Redacted]  
Purpose of Office Visit: New patient eval treat  
ICD-9 Code for Diagnosis: 722.10, 724.2, 728.85

III. INCIDENT INFORMATION

Incident Date and Time: 12/18/2007

Location of Incident:  
 Operating Rm  Recovery Rm  
 Other DR'S OFFICE

Note: If the incident involved a death, was the medical examiner notified?  Yes  No  
Was an autopsy performed?  Yes  No

A) Describe circumstances of the incident (narrative)  
(use additional sheets as necessary for complete response)

pt reported history of AMI and stroke back in Nov 07  
BP 210/110 initially, rechecked 10 mins later 190/100  
+ Hx SOB, auscultation revealed large aortic 2/6 SEM  
± questionable @ carotid bruits - subsequently we called  
911 for transfer to JFK hospital

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07 DEC 24 AM 8:13

**B) ICD-9-CM Codes**

Surgical, diagnostic, or treatment procedure being performed at time of incident  
(ICD-9 Codes 01-99.9)

Accident, event, circumstances, or specific agent that caused the injury or event.  
(ICD-9 E-Codes)

Resulting injury  
(ICD-9 Codes 800-999.9)

**C) List any equipment used if directly involved in the incident**  
(Use additional sheets as necessary for complete response)

**D) Outcome of Incident (Please check)**

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure <input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a licensed hospital <p style="text-align: center; margin-left: 100px;">JFK medical</p>	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure <p>** If it resulted in</p> <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function; <input type="checkbox"/> Any condition that required the transfer of the patient
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**E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.**

Lucia Chaykin PA-C PA# 9101373 Performed initial evaluation, and during history taking and physical exam became concerned over elevated BP and subjective complaints of SOB. Immediately notified my supervising physician Dr. Stuart Kust MD # 61951. It was then decided to contact 911

**F) List witnesses, including license numbers if licensed, and locating information if not listed above**

Vivian Dice

**IV. ANALYSIS AND CORRECTIVE ACTION**

**A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)**

Reported hx of hypertension, stroke and AMI and without prescribed medications for several weeks

**B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)**

Contact 911 and released to paramedics for transfer to JFK

**V.**

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME 61951  
LICENSE NUMBER

12/18/2007  
DATE REPORT COMPLETED

12/18/2007  
TIME REPORT COMPLETED



STATE OF FLORIDA  
 Jeb Bush, Governor  
 CONSUMER SERVICES UNIT

PHYSICIAN OFFICE  
 ADVERSE INCIDENT REPORT: 40



SUBMIT FORM TO:  
 Agency for Health Care Administration,  
 Consumer Services Unit, Post Office Box 14000,  
 Tallahassee, Florida 32317-4000

I. OFFICE INFORMATION

Southeastern Urological Center  
 Name of office

Tallahassee 32308 Leon  
 City Zip Code County

Raleigh W. Rollins MD  
 Name of Physician or Licensee Reporting

Same as above  
 Patient's address for Physician or Licensee Reporting

2000 Centre Pointe Blvd  
 Street Address

850-309-0400  
 Telephone

ME0050010  
 License Number & office registration number, if applicable

II. PATIENT INFORMATION

[Redacted Patient Information]

[Redacted Patient Information]

12-13-07  
 Date of Office Visit

follow up post op  
 Purpose of Office Visit

NA  
 ICD-9 Code for description of incident

NA  
 Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

12-13-07 @ 11:45am  
 Incident Date and Time

Location of Incident:  
 Operating Rm  Recovery Rm  
 Other physician office

Note: If the incident involved a death, was the medical examiner notified?  Yes  No  
 Was an autopsy performed?  Yes  No

A) Describe circumstances of the incident (narrative)  
 (use additional sheets as necessary for complete response)

Patient presented to office for follow up after prostatectomy. Developed chills and fever last night which continued today. Felt to be more severe in nature so patient was transported to hospital via EMS because it was felt the patient could not drive and had no family/friend back up

**B) ICD-9-CM Codes**

<u>NA</u>	<u>NA</u>	<u>NA</u>
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)

**C) List any equipment used if directly involved in the incident**  
(Use additional sheets as necessary for complete response)

**D) Outcome of Incident (Please check)**

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure <input checked="" type="checkbox"/> Any condition that required the transfer outcome of the patient to a licensed hospital  Outcome of transfer – e.g., death, brain damage, observation only _____ Name of facility to which patient was transferred <u>TMH</u>	<input type="checkbox"/> Surgical procedure performed on the wrong site** <input type="checkbox"/> Wrong surgical procedure performed** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure  ** If it resulted in <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function; <input type="checkbox"/> Any condition that required the transfer outcome of the patient
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**E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.**

Shirley Wilford MA Home Nursing Care Provider  
Raleigh St. Collins MD ME 0020010 Care Provider  
Mary Ford RN Ad 2620262 assisting with transfer

**F) List witnesses, including license numbers if licensed, and locating information if not listed above**

**IV ANALYSIS AND CORRECTIVE ACTION**

**A) Analysis (apparent cause) of this incident: (Use additional sheet if necessary for complete response)**

patient needed further non-urologic care that physician felt may require hospitalization

**B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)**

transfer appropriate for care needed

V. [Signature] RN 915912  
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER  
12-14-07 1230  
 DATE REPORT COMPLETED TIME REPORT COMPLETED