

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"/> 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.

DR Ahd ME 77951
Lori Kelly RN - 3269422

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

Paramedics - unknown names

IV. ANALYSIS AND CORRECTIVE ACTION

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

Anaphylactic reaction to Immune Globulins IV infusion

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

V. Arshad Ahd ME 77951
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER
12/27/00
DATE REPORT COMPLETED TIME REPORT COMPLETED



Panic reaction after bone marrow bx

55

Received 1-23-2001

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

Giffen Cancer Center
Name of office

781 37th Place
Street Address

Vero Beach 32960 Indian River
City Zip Code County

561-770-5800
Telephone

Hema Rao
Name of Physician or Licensee Reporting

0077699
License Number

Locating Information for Physician or Licensee Reporting

II. PATIENT INFORMATION

[Redacted]
Patient Name

[Redacted] Medicaid Medicare
Age Gender

[Redacted]
Location Information

1/11/01
Date of Office Visit

Patient Identification Number

Bone marrow biopsy with Aspirate
Purpose of Office Visit

2859
Diagnosis

285.9
ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

1-11-01
Incident Date and Time

Location of Incident:
 Operating Rm Recovery Rm
 Other Doctor'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. had a bone marrow aspiration and bx performed on 1/11/01. Pt. was noted to be unresponsive, however BP, pulse rate are normal. Heart & L. Lung clear.
Patient appeared to be catatonic, thought CVA versus panic disorder.
Pt. referred to IRMH via ambulance for evaluation and management.
Pt. recovered well in ER and was sent home on same day.

B) ICD-9-CM Codes

Procedure code S
85102 85095-59
 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)

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)

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.

Hema Rao, MD 0077699 — *BC, eyes, 1st page*
Jennifer Lang, LPN RN-1359271
Jessica Bentley, MA

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

same as noted in section "E"

IV. ANALYSIS AND CORRECTIVE ACTION

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

Thought anxiety, panic (unrelated to the test)

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

Following bone marrow biopsy the pt became unresponsive & catatonic. Vital signs were taken & were down. Catatonic state continued. 911 was called. EMS transferred pt via ambulance to ER for evaluation.

V. Hema Rao, MD 0077699
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER
1/12/01 2:03 pm
 DATE REPORT COMPLETED TIME REPORT COMPLETED



contrast received

STATE OF FLORIDA
Job Bush, Governor

RECEIVED
CONSUMER SERVICES UNIT
01 JAN 18 AM 10:09

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

North Florida Radiology
Name of office
Gainesville FL Alachua
City Zip Code County
Dr. Mark Baker
Name of Physician or Licensee Reporting
SAME
Locating Information for Physician or Licensee Reporting

16716 NW 11th Place
Street Address
352-331-9729
Telephone
DEA-BB455 7332
License Number

II. PATIENT INFORMATION

[Redacted Patient Information]

[Redacted Patient Information] Medicaid Medicare
1/15/01
Date of Office Visit
CT abd/pelvis/abd.pain
Purpose of Office Visit
189.07
ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

1/15/01 @ 2:45pm
Incident Date and Time

Location of Incident:
 Operating Rm Recovery Rm
 Other Bathroom

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)

onset SOB, facial flushing, tachycardia, dizziness
post CT scan. Tx c/ Benadryl 50mg p.o, supplemental
O2 & resolution p ~ 20min. Pt sent to ER for
further evaluation of tachycardia, hypertension &
"chest pressure". Post CT scan abd/pelvis c. IV
contrast.

B) ICD-9-CM Codes

74160/92193

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

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

unk
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 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 checked="" 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.

Gwé Wheeler, MD - License # 2987542
 Diana Ashley - RT CT Tech
 Dr Mark Baker - ME 0066772

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)

unable to determine. possible vasovagal reaction
 No lines or itches noted. ↑ B/P and pulse rate
 facial flushing and dizziness

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

pt sent to ER for further tx/evaluation

V.

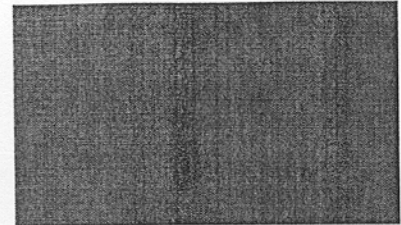
MBL ME 0066772
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER
1/15/01 5:00 PM
 DATE REPORT COMPLETED TIME REPORT COMPLETED



Found clear warning room floor by medical assistant

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

Watson Clinic LLP
Name of office
Lakeland 33805 Polk
City Zip Code County
Cindy O'Steen RN
Name of Physician or Licensee Reporting
1100 Lakeland Hills Blvd
Locating Information for Physician or Licensee Reporting
Lakeland FL 33805

1100 Lakeland Hills Blvd
Street Address
863-680-7000
Telephone
RN 1734782
License Number

II. PATIENT INFORMATION

[Redacted Patient Name]
Patient Name
[Redacted Location]
Location
Age 12-26-00 Gender Medicald Medicare
Date of Office Visit
Injections - Epogen
Purpose of Office Visit
Anemia - 2859
Patient Identification Number
Diagnosis
ICD-9 Code for Diagnosis 285.9

III. INCIDENT INFORMATION

12-26-2000 10:20 AM
Incident Date and Time

Location of Incident:
 Operating Room Recovery Room
 Other Waiting Room

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

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

n side Patient found unresponsive to painful stimuli lying on il-west waiting room floor. Copious oral secretions⁰²⁰⁻¹¹⁻²¹ present, patient carotid pulse - 60. Code 99 called. Cart arrived. Oz given via mask, oral cavity suctioned, IV started. Patient quickly awoke, moving all extremities and responding to name. Patient was awaiting to see nurse for Epogen injections at time of event.

RECEIVED
CONSUMER SERVICES UNIT
01 JAN 30 AM 1:01

B) ICD-9-CM Codes

Syncope episode unrelated to any procedure, injury or event.

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)

None

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.

William Hill 251575-2 Coor. Room member

Cheryl O'Steen Lic # 1734782 1600 Lakeland Hills Blvd Lakeland FL 33805 Maintained airway

Heather O'Connor Lic # 1187872

Judith Randall Lic # BR1938173 "Directed Code Recorded"

Karen Durbow RN 1791774

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

Jennifer Messer PFT 1600 Lakeland Hills Blvd 33805

IV. ANALYSIS AND CORRECTIVE ACTION

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

Spontaneous syncope episode unrelated to procedure, injury or event. Unknown etiology of syncope event.

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

None indicated.

V. Cheryl O'Steen 1734782
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER
1-17-01 3
 DATE REPORT COMPLETED TIME REPORT COMPLETED



St. Joseph
17
Hawthorne
Room 57

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 Gateway Radiology Consultants Street Address 5880 49th St W
City St. Pete Fl Zip Code 33709 County Pinellas Telephone 727 525-2121
Name of Physician or Licensee Reporting Sam Mullikin, RT. License Number 98048 AART

Locating Information for Physician or Licensee Reporting

II. PATIENT INFORMATION

Patient [Redacted] Age [Redacted] Gender [Redacted] Medicare [Redacted]
Date of Office Visit 1-30-01
Purpose of Office Visit CXR
Diagnosis Flu/Dehydration ICD-9 Code for Diagnosis Pneumonia 486

III. INCIDENT INFORMATION

Incident Date and Time 1-30-01 0945
Location of Incident: Operating Rm Recovery Rm
 Other Waiting Room of 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 came in for a cxr, felt cold/clammy, proceeded
to pass out in chair, office personnel called 911
placed pt on floor & Assisted until paramedics arrived

RECEIVED
CONSUMER SERVICES UNIT
01 FEB -5 PM 1 24

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 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.

*Sherril Johns Receptionist, informed
 Jan. Mistakenly of situation - Sam called 911, Assisted*

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)

Flu, dehydration

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

911 called, paramedics assisted pt.

V. *Daniel A. Mulligan, RTK* *98048*
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER
1-30-01 *10:00 Am.*
 DATE REPORT COMPLETED TIME REPORT COMPLETED



Chemo Rx 58

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
01 FEB - 6 AM 11:58

I. OFFICE INFORMATION

Name of office: Florida Community Cancer Ctr. Street Address: 725 Virginia St.
City: Flushing Zip Code: 34698 County: Pinellas Telephone: (727) 733-9364
Name of Physician or Licensee Reporting: Linda Montgomery RN OCN License Number: RN 3034772

Locating Information for Physician or Licensee Reporting

II. PATIENT INFORMATION

Patient Name: [Redacted] Age: [Redacted] Sex: [Redacted] Medical Record Number: [Redacted]
Date of Office Visit: 1/25/01
Purpose of Office Visit: Chemo therapy administration
Patient Identification Number: [Redacted] ICD-9 Code for Diagnosis: 162.3
Diagnosis: lung cancer

III. INCIDENT INFORMATION

Incident Date and Time: 1/25/01 12:00 PM
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)

Patient completed chemo therapy. IV d/c'd. Just before leaving, pt. No dyspnea. Color-flushed. RR 38 c w/ use of accessory muscles. Severe edema to face. Periorbital edema, cheeks, neck. Pt. became more anxious, stating throat was closing up. BP elevated 160/60 AP 130. O2 5L N/c applied + paramedics called. Pt. was taken to ER, but was improving ~ 15 min. p onset of symptoms. Medrol dose pack Rx @ ER. No apparent permanent adverse effects. Carboplatin d/c'd.