



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: Flunedin 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.

B) ICD-9-CM Codes

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

V58.1 chemotherapy
Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

786.09 Respiratory distress
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.

Linda Montgomery RN OCN RN 3034772

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

Vickie Riley MA, Pinellas County Paramedics

IV. ANALYSIS AND CORRECTIVE ACTION

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

Probable carboplatin reaction

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

Carboplatin discontinued.

V. Linda Montgomery RN OCN RN 3034772
 SIGNATURE OF PHYSICIAN/LICENSÉE SUBMITTING REPORT LICENSE NUMBER
11/25/01 7:00 PM
 DATE REPORT COMPLETED TIME REPORT COMPLETED

59



AKG changed nuclear study

STATE OF FLORIDA
Jeb Bush, Governor



RECEIVED
CONSUMER SERVICES UNIT
FEB - 8 PM 12:16

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 NUCLEAR MED.
Name of office
LAKELAND 33805 POLK
City Zip Code County
HELENA MAHIAS-GARL, M.D.
Name of Physician or Licensee Reporting
ME 47141
Locating information for Physician or Licensee Reporting

1600 LAKELAND HILLS BLVD.
Street Address
863-680-7761
Telephone
49555 47141
License Number

II. PATIENT INFORMATION

[Redacted]
Patient Identification Number
ANGINA PECTORIS
Diagnosis

[Redacted]
02-01-01
Date of Office Visit
MYOVIEW NUCLEAR STUDY
Purpose of Office Visit
413.9
ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

02-01-01 12:00 NOON
Incident Date and Time

Location of Incident:
 Operating Rm Recovery Rm
 Other NUCLEAR MED. TREADMILL

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)

TWO MINUTES INTO ROUTINE NUCLEAR (MYOVIEW) CARDIAC STRESS TEST, PATIENT [REDACTED] BEGAN TO EXPERIENCE ISCHEMIC CHANGES THAT WERE REFLECTED ON THE MONITORING EKG. DR. MAHIAS-GARL, ATTENDING/TESTING PHYSICIAN, IMMEDIATELY STOPPED THE TEST AND ASSISTED THE PATIENT TO LIE DOWN. DR. MAHIAS-GARL INSTRUCTED FIRST NITRO TO BE GIVEN. B/P WAS MONITORED. 2ND NITRO AND NORM SALINE I.V. WAS ADMINISTERED. O2 STARTED. PATIENT WAS STABILIZED. AMBULANCE TRANSPORT WAS REQUESTED AND PATIENT WAS TRANSPORT TO LAKE LAND REGIONAL MEDICAL CENTER EMERGENCY FOR EVAL/TREAT
7:30 PM

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)

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.

THERESA SANDERS - TREADMILL TECHNICIAN - ASSISTING M.D. IN TEST
WILLIAM HALL, RN, 2515252; KATHLEEN CRICLOW, RN 2673112; STEPHEN
HUTTON, CNMT, 54258; ERIN FITCH, CNMT 385; MICHELLE FOSTER, CNMT,
47757; NANCY SCHELTER, TREADMILL TECH ASSISTED IN EMERGENCY PROC.

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

SAME STAFF WITNESSED AND PARTICIPATED AS LISTED ABOVE

IV. ANALYSIS AND CORRECTIVE ACTION

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

PATIENT EXPERIENCED HEART ABNORMALITY DURING CARDIAC STRESS
TEST. REQUIRED STABILIZATION AND TRANSFER TO NEAREST
HOSPITAL FOR EMERGENCY EVALUATION AND TREATMENT.

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

POST INCIDENT CRITIQUE OF STAFF AND AVAILABLE EMERGENCY
EQUIPMENT AND PROCEDURES TO ENSURE ALL NECESSARY STEPS
AND ACTIONS WERE TAKEN.

V.

[Signature] ME 47141
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER
02-01-01 4:00 P.M.
 DATE REPORT COMPLETED TIME REPORT COMPLETED



panic attack after bone marrow bx 60 min

STATE OF FLORIDA
Jeb Bush, Governor

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

RECEIVED
CONSUMER SERVICES UNIT
01 FEB 12 AM 11:14

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

I. OFFICE INFORMATION

GEFFEN CANCER CENTER
Name of office

981-37th PLACE
Street Address

VERO BEACH FL 3290 INDIAN RIVER
City Zip Code County

561-770-5800
Telephone

Hema Rao, MD
Name of Physician or Licensee Reporting

0077699
License Number

Locating Information for Physician or Licensee Reporting

II. PATIENT INFORMATION

[Redacted]
Patient Name

[Redacted] Age 2/8/01 Gender _____ Medicaid Medicare _____

Locating Information

Date of Office Visit

Patient Identification Number
Thrombocytosis
Diagnosis

Purpose of Office Visit
Bone marrow Biopsy
ICD-9 Code for Diagnosis
289.9

III. INCIDENT INFORMATION

2/8/01 @ 11:00 AM
Incident Date and Time

Location of Incident:
 Operating Rm Recovery Rm
 Other Exam Room / 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)

[Redacted] e marked thrombocytosis.
mod leukocytosis, anemia. had bone marrow bx
performed today. Hct. 0.4. verbal and
written consent obtained. Uneventful procedure
However, became dizzy, vomited.
Hct. ascended to person, not place.
Dx. panic attack. however needs
further evaluation and observation in ER
V.S. BP 190/100. NO focal neuro deficit
Hema Rao, MD

B) ICD-9-CM Codes

85102 85095-59
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

E 879.8
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
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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.

Henna Rao, MD. ME 0077699
Michael Vu, MD. ME 0068931

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

Edward Boileau - TC 31951
Jessica Bentley - none

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)

Pt. was evaluated, reassessed, reassured, supportive, symptomatic care provided, and stabilized and transferred to hospital for further evaluation

V. Henna Rao, MD
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER
2/8/01 SPM. ME 007699
DATE REPORT COMPLETED TIME REPORT COMPLETED