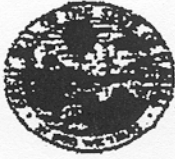


SUT in
Kosch volunteer
65



STATE OF FLORIDA
Job 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 MAR -5 AM 1:04

I. OFFICE INFORMATION

SeaView Research, Inc
Name of office

Miami, 33126 DADE
City Zip Code County

Stuart I. Harris, MD
Name of Physician or Licensee Reporting

3898 N.W. 7th St., Miami, FL 33126
Locating Information for Physician or Licensee Reporting

3898 N.W. 7th St.
Street Address

(305) 644-9903
Telephone

ME 53516
License Number

II. PATIENT INFORMATION

[Redacted]
Age
[Redacted]
Gender
[Redacted]
Medical
[Redacted]
Medicine
[Redacted]
Patient Identification Number
Healthy
Diagnosis

[Redacted]
Age
02/19/2001
Date of Office Visit
Research Volunteer - Phase I
Purpose of Office Visit
N/A
ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

02/19/2001 12:45 P.M.
Incident Date and Time

Location of Incident:
 Operating Rm Recovery Rm
 Other SeaView Research Clinic

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 narrative and ECG's)

Paroxysmal Supraventricular Tachycardia

B) ICD-9-CM Codes

None	427.0	None
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.

Beverlyn Campbell, RN FL Lic #1052852 Administering Nurse
 Yanet Simon, RN FL Lic #3190782 Administering Nurse

All of the above located at SeaView Research (305) 644-9903

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

Monica Finol - Phlebotomist

c/o SeaView Research

IV. ANALYSIS AND CORRECTIVE ACTION

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

Idiopathic supraventricular tachycardia. To the best of my knowledge this was a spontaneous event with no etiology which we can identify at present.

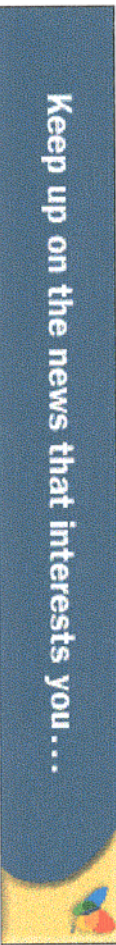
B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

We responded promptly and appropriately to this entirely unexpected cardiac arrhythmia. Elective transfer to a hospital was warranted for observation and to rule out myocardial infarction as a possible precipitating cause.

V. *[Signature]* ME 53516

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT **LICENSE NUMBER**
03/02/01 17:30
DATE REPORT COMPLETED **TIME REPORT COMPLETED**

MSN HomeHotmailWeb SearchShoppingMoneyPeople & Chat Passport sign out



Hotmail® **brettcoldiron@hotmail.com**

Inbox Compose Address Book Folders Options

Messenger Calendar Help

Folder: Inbox

From: "Beck, Margaret" <beckm@fdhc.state.fl.us> [Save Address](#) - [Block Sender](#)

To: 'brett coldiron' <brettcoldiron@hotmail.com> [Save Address](#)

Subject: RE: incidents

Date: Mon, 9 Apr 2001 09:24:00 -0400

Reply Reply All Forward Delete Previous Next Close

Where the Physician Office Incident Report said "see attached", it was referring to the medical records. This write-up was based on my reading of the operative report. PHYSICIAN OFFICE INCIDENT REPORT CONCERNING PT ADVISES ON 2/12/01 DURING THE EXCISION OF FACIAL LESIONS PT SUSTAINED A GRAND MAL SEIZURE WITH SOME LATERALIZING SIGNS TO THE LEFT IN TERMS OF EYE MOVEMENT. THERE WAS NO EVIDENCE OF WEAKNESS IN THE UPPER OR LOWER EXTREMITIES. BABINSKI'S WERE NORMAL. PT'S MEDICAL HISTORY (SOMEWHAT SKETCHY) INCLUDED HYPERTENSION. NO NEUROLOGIC HISTORY WAS OBTAINED PREVIOUSLY. THE FOREHEAD LESION WAS CLOSED AND PT WAS TRANSFERRED TO THE HOSPITAL FOR FURTHER WORK-UP AND EVALUATION. DURING THE SEIZURE ACTIVITY PT HAD BEEN RESUSCITATED. AMBU RESPIRATORY ASSIST WAS USED UNTIL PT'S ABILITY TO BREATHE RETURNED. THERE WAS NO EVIDENCE OF HYPOXIA. PT'S BP WAS SUSTAINED AND THERE WAS NO EVIDENCE OF ANY HYPOTENSIVE EPISODE.

-----Original Message-----

From: brett coldiron [mailto:brettcoldiron@hotmail.com]

.../getmsg?curmbox=F000000001&a=38a1e927ebb8f51cf773530afc82490&msg=MSG986822724.26&4/9/01

Sent: Friday, April 06, 2001 4:37 PM
To: beckm@fdhc.state.fl.us
Subject: incidents

I got the reports today and have abstracted them. Very helpful. I have one question. a report filed on 3/16/2001, by dr. John Bruno from Ft meyers Plastic surgery center says "see attached", but there is no attached. there are no details. can you fax this to me monday at 5138725721 or just tell me what happened to the patient and what kind of anesthesia they were using? Thanks, brett

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 - [Get on your soap box](#)
 - [More...](#)



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CoolChick says:
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Hotmail® brettcoldiron@hotmail.com

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[Messenger](#) [Calendar](#) [Help](#)

Folder: Inbox

From: "Beck, Margaret" <beckm@fdhc.state.fl.us> [Save Address](#) - [Block Sender](#)

To: 'brett coldiron' <brettcoldiron@hotmail.com> [Save Address](#)

Subject: RE: incidents

Date: Mon, 9 Apr 2001 13:58:24 -0400

[Reply](#) [Reply All](#) [Forward](#) [Delete](#) [Previous](#) [Next](#) [Close](#)

Op report says "with the patient in supine position and quite alert, pt's operative areas were anesthetized with 1% xylocaine with 1:100,000 adrenaline". They were waiting for the path report when pt had a grand mal seizure.

-----Original Message-----

From: brett coldiron [<mailto:brettcoldiron@hotmail.com>]

Sent: Monday, April 09, 2001 11:11 AM

To: beckm@fdhc.state.fl.us

Subject: RE: incidents

Margaret, was this under general, local, or IV sedation anesthesia? Thanks
brett

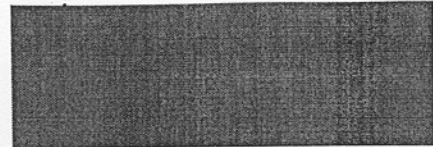
COPY 03/16/2001



possible TIA during lower Exam

66

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

Fort Myers Plastic Surgery Center
Name of office

2685 Swamp Cabbage Court
Street Address

Fort Myers 33901 Lee
City Zip Code County

(941) 936-2522
Telephone

Dr. John S. Bruno, M.D.
Name of Physician or Licensee Reporting

0013183
License Number

Locating Information for Physician or Licensee Reporting

II. PATIENT INFORMATION



Locating Information

Age 02-12-01 Gender Medicare Medicare

Patient Identification Number

Date of Office Visit 26213102 - Lesion

Diagnosis

Purpose of Office Visit 173.3

ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

02-12-01
Incident Date and Time

Location of Incident:
 Operating Rm Recovery Rm
 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)

See Attached

RECEIVED
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01 MAR -5 PM 11:44

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 checked="" type="checkbox"/> Fracture or dislocation of bones or joints <input checked="" 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.

John S. Bruno M.D. 0013183
 Kathy Rowey R.N. 8411042

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

Kathy Rowey R.N. 8411042

IV. ANALYSIS AND CORRECTIVE ACTION

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

- Poss, 51e T.A.

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

V. John S. Bruno M.D. 0013183
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER
2-27-01 1:00 PM
 DATE REPORT COMPLETED TIME REPORT COMPLETED

COPY 03/16/2001



*Syncope
w/ start year 67*

STATE OF FLORIDA
Jeb Bush, Governor



PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

RECEIVED
CONSUMER SERVICES UNIT
01 MAR - 6 AM 10:11

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
Southeastern Urological Center
Locating Information for Physician or Licensee Reporting

2000 Centre Pointe Boulevard
Street Address
850-309-0400
Telephone
ME0020010
License Number

II. PATIENT INFORMATION

[Redacted]
[Redacted]
[Redacted]
Patient Identification Number
Hydronephrosis
Diagnosis

[Redacted]
Age 2-22-01 Gender [] Medicaid [] Medicare
Date of Office Visit
Postoperative Follow up
Purpose of Office Visit
753.29
ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

2-22-01 2:00 pm
Incident Date and Time

Location of Incident
 Operating Rm Recovery Rm
 Other Clinic

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 discharged from hospital 2-21-01. Contacted office complaining of intractable nausea & vomiting. Advised to come to office. Patient was sitting in waiting room and became unresponsive. Clinical staff summoned & responded immediately. Patient lowered to floor & became responsive. Transferred to exam room & assessed by physician. Labs drawn. Vital signs remained stable. Physician determined that patient should be transferred to the hospital for evaluation. Ambulance called for transport to hospital.