

E878.6

B) ICD-9-CM Codes

None	E878.6	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)

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.

Judith Seymour, RN (RN1101902) - first staff member to respond to event
 R. W. Rollins, MD (ME0020010 - assessed pt and ordered hospital transfer
 R. S. Bradford, MD (ME0065027) - first physician to respond to event
 Terry Hollahan, RN (RN915912) - assisted in transfer to hospital.
 Kerry Ross, RN (RN3183642) - assisted in patient care and transfer

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

Lorna Smith, Bridgette Turner, Laura Smith - All front desk personnel SEUC

IV. ANALYSIS AND CORRECTIVE ACTION

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

Apparent cause of syncopal event was intractable postoperative nausea and vomiting & subsequent dehydration. Exam in office revealed abdominal mass. After hospital admission, pt. found to have retroperitoneal hematoma due to clot formation in stent. Surgery performed to evacuate hematoma 2-22-01 p.m.

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

No corrective action necessary. Patient was treated appropriately in office and transferred to hospital for further observation and treatment.

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

LICENSE NUMBER

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
01 MAR - 7 AM 11:06

68

Chemo NY

I. OFFICE INFORMATION

Florida Comm Cancer Center
Name of office

Sum Center 33573 Hillsborough
City Zip Code County

DR George Permarcker / DR Kahn
Name of Physician or Licensee Reporting

SAME AS ABOVE
Locating Information for Physician or Licensee Reporting

4031 Upper Creek Drive
Street Address

813-633-2733
Telephone

ME 0662547 / ME 0057679
License Number

II. PATIENT INFORMATION

[Redacted]

[Redacted]

Chronic lymphocytic leukemia
Diagnosis

[Redacted]

Age 2/13/07 Gender Medical Medicare

Date of Office Visit

Purpose of Office Visit Chemotherapy -

ICD-9 Code for Diagnosis 204.0

III. INCIDENT INFORMATION

2/19/01 1000 AM
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)

Pt receiving Rituxan Chemotherapy, first dose at 50ml/hr.
Several minutes into infusion, patient became short of breath,
wheezing, incoherent and facial redness. IV D/C, Normal
Saline Run, O2 @ 2L VIA NC and Decadron 10mg IV given
Dx not alerted, 911 called, pt transported to Hospital
via ambulance in stable condition for further
evaluation

B) ICD-9-CM Codes
Cumbersome
V58.10

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

Entry
J 9310

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

980.8 diaphoresis
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.

Joel Kelly RN - RN 3269422

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]
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME 2144183
LICENSE NUMBER

2/16/01
DATE REPORT COMPLETED

TIME REPORT COMPLETED

[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

RECEIVED
CONSUMER SERVICES UNIT
01 MAR - 7 AM 11:15



69
Stellate ganglion block
Diazepam class par

I. OFFICE INFORMATION

Name of office: Watson Clinic LLP
City: Lakeland FL Zip Code: 33805 County: Polk
Name of Physician or Licensee Reporting: W. Lance McKilrick M.D.
Locating Information for Physician or Licensee Reporting: 3 west - Pain mgmt x 7944

1 par
mgmt
? band at

1600 Lakeland Hills Blvd.
Street Address
(863) 680-7944
Telephone
ME 79018
License Number

II. PATIENT INFORMATION

[Redacted Patient Information]
Patient Identification Number: 719.44
Diagnosis: Hand Pain

Age: 1-23-01 Gender: [Redacted] Medicaid: [Redacted] Medicare: [Redacted]
Date of Office Visit: [Redacted]
Purpose of Office Visit: Injection for hand pain
ICD-9 Code for Diagnosis: 719.44

III. INCIDENT INFORMATION

Incident Date and Time: 1-23-01 4:00 pm

Location of Incident:
 Operating Rm
 Other: Dr. office
 Recovery 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)

① STELLATE ganglion block w/ 10cc 2% lidocaine was performed w/ apparent success. During recovery pt. experienced dizziness then sitting, Tuesday while reclined. This progressed to chest discomfort & elevated B/P. IV fluids were administered, B/P was monitored. Pt. again experienced dizziness to chest pain & anxiety which persisted. EMS was activated. SL NTG was administered, O2 @ 10L, 100% O2 & transport to hospital for eval. & observation

B) ICD-9-CM Codes

Stellate Ganglion Block
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.

W. Lance McKittick MD #ME 79018
Sharon P. Nickelson RN #RN 3017602
Mary E. Lusung LPN #PN 1153911

F) List witnesses, including license numbers if licensed, and locating information if not listed above
3 persons listed above - all work at Watson Clinic - 3 West - D

IV. ANALYSIS AND CORRECTIVE ACTION

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

TRYPHLE 20.1 @ 2 # ADRENALINE MyoVision
PANIC ANXIETY ATTACK

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

V.

[Signature] ME 79018
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER
2/2/01 500pm
 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

01 MAR 12 PM 12:19

COPY 03/16/2001

Handwritten notes:
EKG changed
or read wrong
booby
Cardiology

I. OFFICE INFORMATION

Name of office: Nuclear Medicine
Watson Clinic
City: Lakeland, FL Zip Code: 33805 County: Polk
Name of Physician or Licensee Reporting: Dr. H. Gaul
Locating Information for Physician or Licensee Reporting: Watson Clinic

Street Address: 1600 Lakeland Hills Blvd.
Telephone: 680-7761
License Number: _____

II. PATIENT INFORMATION

Patient Name: [Redacted]
Locating Information: [Redacted]
Patient Identification Number: CAD
Diagnosis: _____

Age: 3/5/01 Gender: _____ Medicaid/Medicare: _____
Date of Office Visit: _____
Purpose of Office Visit: Stress test
ICD-9 Code for Diagnosis: _____

III. INCIDENT INFORMATION

Incident Date and Time: 3/5/01 1:30

Location of Incident:
 Operating Rm Recovery Rm
 Other Stress LAB

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 Treadmill Myoview. developed
EKG changes - stress test stopped
pt placed supine INTG SL given 1:05
1:10. 2nd SL NTG given.
1:20 pm - pain free (was always pain free)
skin warm dry - BP 122/80. Mt Rts 80.
2L O2 per nasal cannula - 1:24 130/80 pulse 112
NTG drip 25mg / 250 05w initiated 1:30 138/78
pt transported to Hosp. per EMS.

B) ICD-9-CM Codes

98465

414

794.31

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.

Chris Clark RN 2001692 Documentation
 Elaine Wilson RN JK 6148 Supp
 Cindy O'Steen RN Drapped RN 1734782 DE. Garb ME 47141 Director
 Kathleen Crichlow - Started NTG 2673112
 all - 1600 Lakeland Hills Blvd. Lakeland, FL 33805

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

Chris Clark 2001692
 Elaine Wilson JK 6148 (EMT EMT)
 Kathleen Crichlow 2673112

IV. ANALYSIS AND CORRECTIVE ACTION

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

EKG changes to stress test
 Test stopped NTG initiated O2 applied

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

Ambulance called - Transported to Hosp.

V.

Chris Clark RN 2001692
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER
 3/5/01 1:45 AM
 DATE REPORT COMPLETED TIME REPORT COMPLETED



uterine perforation
during P&S termination 71

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

01 MAR 13 AM 11:59

OBGYN
 Board Certified

I. OFFICE INFORMATION

RICHARD S. FRIEFLD MD, PA
 Name of office
 No. Miami Beach 33112 Dade
 City Zip Code County
 RICHARD S. FRIEFLD MD
 Name of Physician or Licensee Reporting

16601 NE 19 Ave.
 Street Address
 305-944-2902
 Telephone
 036632
 License Number

Locating Information for Physician or Licensee Reporting

II. PATIENT INFORMATION

[Redacted]
 Patient Name
 Locating Information
 Patient Identification Number
 Diagnosis: PREGNANCY, INTRAUTERINE

[Redacted] Medicaid Medicare
 Age 3/2/01 Gender
 Date of Office Visit
 Purpose of Office Visit: PREGNANCY TERMINATION
 ICD-9 Code for Diagnosis: 635.9

III. INCIDENT INFORMATION

3/2/01
 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)

UTERINE PERFORATION DURING A PREGNANCY
 TERMINATION PROCEDURE

B) ICD-9-CM Codes

635.9
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.

Dr. ROBERT S. TRIEFELD M.D. Lic # 036632
 TANGELA WOOTEN M.A. Lic #

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

IV. ANALYSIS AND CORRECTIVE ACTION

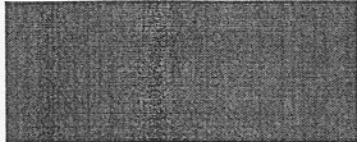
A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)
 UTERINE PERFORATION OCCURS ONLY RARELY IN MY PRACTICE. IT WAS RECOGNIZED & THE APPROPRIATE STEPS WERE TAKEN TO TRANSFER TO HOSPITAL IMMEDIATELY

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

V.
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT: [Signature] LICENSE NUMBER: 036632
 DATE REPORT COMPLETED: 3/9/01 TIME REPORT COMPLETED: 12:30 PM



STATE OF FLORIDA
Jeb Bush, Governor



PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT 01 MAR 12 PM 12:09

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

I. OFFICE INFORMATION

Chemo Rx
Name of office Palm Harbor / FCCC
City Palm Harbor FL Zip Code 34684 County Pinellas
Name of Physician or Licensee Reporting Robert L. Drapkin, MD, FACP
Locating Information for Physician or Licensee Reporting 727-787-6511

Street Address 3890 Tampa Rd, Suite 406
Telephone 727-787-6511
License Number ME 0034925

II. PATIENT INFORMATION

Patient Name [Redacted]
Location Information [Redacted]
Patient Identification Number [Redacted]
Diagnosis Lung CA, 4 Abdominal mass, med. diff. Sq. Cell CA, Inguinal Lymph node mets

Age 03/01/2001 Gender [Redacted] Medicaid Medicare
Date of Office Visit Chemo therapy tx
Purpose of Office Visit 162.3, 195.8, 789.34, 196.5
ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

Incident Date and Time 3/1/01 10:30 AM

Location of Incident:
 Operating Rm Recovery Rm
 Other Physicians 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. WAS SEEN BY DR. DRAPKIN TODAY. DX LUNG CA 162.3, ABDOMINAL METS. 195.8, 789.34, (FAINTING 780.2) - CBC & VS WNL. TX ADMINISTERED VIA PERIPHERAL IV AS ORDERED BY DR. DRAPKIN. HAD RECEIVED 250CC NS, ANZEMET 100MG AND DECADRON 10MG/100CCNS/20" IV, APPROXIMATELY 45" AFTER BEGINNING IV INFUSION, AND RECEIVING FIRST 5" OF CARBOPLATIN 150MG/100CC NS/30" IV, [Redacted] AMBULATED TO THE RESTROOM, WITHOUT ANY DIFFICULTY. AFTER VOIDING, [Redacted] HAD DIFFICULTY LEAVING THE BATHROOM, (SELF CATH. BID FOR URINE RETENTION) OFFICE STAFF NOTICED [Redacted] TRYING TO EXIT THE ROOM, AND HURRIED TO [Redacted] AIDE, AS [Redacted] BEGAN TO COLLAPSE ONTO THE FLOOR, I WAS CALLED TO ASSIST. THE IV WAS TURNED TO NS ONLY, B/P 98/58, PULSE 92, R-24, COLOR, REDDENED FACE, WITH CYANOTIC LIPS, ABLE TO CONVERSE, DENIES PAIN. DR. DRAPKIN ASSESSED PT., O2 WAS PLACED, WITH RE-BREATHING MASK AT 3L/MIN, AS [Redacted] BECAME STRONGER, [Redacted] WAS ASSISTED INTO A W/C BY DR. DRAPKIN AND 3 STAFF MEMBERS. ASSISTED TO RECLINER, AND PLACED IN SEMI-RECLINING POSITION. CHANGED O2 TO NC AS RE-BREATHING MASK WAS CLAUSTROPHOBIC FOR PT.. BREATHING BECAME MORE LABORED, RHONCHI AUSCULTATED IN LUNGS BILAT. PER DR. DRAPKIN, 911 WAS PHONED FOR TRANSPORT TO THE ER. MAINTAINED IV WITH NS AT 50CC/HR. PT. INSISTED THAT [Redacted] WAS FINE, AND DID NOT NEED TO GO, ASKED THAT [Redacted] BE ABLE TO DRIVE [Redacted] HOME. EXPLAINED THAT [Redacted] NEEDED TO BE ASSESSED AND THAT [Redacted] FAMILY HAD BEEN CALLED TO ASSIST [Redacted] HOME. VERBAL UNDERSTANDING. WENT WITH EMS WITHOUT ANY COMPLAINTS, TO MEASE COUNTRYSIDE ER FOR EVALUATION. PRIMARY CARE DR. NOTIFIED.

B) ICD-9-CM Codes

E933.0
(IV hydration) & anti-emetics
 Surgical, diagnostic, or treatment procedure being performed at time of incident
 (ICD-9 Codes 01-99.9)

E927
straining to urinate
 Accident, event, circumstances, or specific agent that caused the injury or event.
 (ICD-9 E-Codes)

780.2
near fainting, -
 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) *O2 via N/c*

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.

Robert L. Drapkin, MD, FACP ME0034925 727-787-6511
Jennifer L. Barolo, RN, OCN FL 1643682 727-787-6511
Rita Blue - 727-787-6511
Esther Sustaita 727-787-6511
Cathy Barefoot 727-787-6511

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)

O2 saturation level of 82%
straining to urinate

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

positioned for comfort - first on floor, then in recliner
O2 via rebreather mask then Δ to NC, stopped all IV w/
IV - NS - solcc / - Phoned 911 & transported to hospital

V.

[Signature] *ME0034925*
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER
03/01/2001 *4:00 pm*
 DATE REPORT COMPLETED TIME REPORT COMPLETED

73



Family Practice
Board Certified



Syncope of lot
venipuncture

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

Continuare Medical Group at Sunrise Lakes

2900 N. University Drive

Name of office

Street Address

Sunrise, FL

33322

Broward

954-748-8200

City

Zip Code

County

Telephone

Dr. Herbert Cohen

ME 0017677

Name of Physician or Licensee Reporting

License Number

Locating Information for Physician or Licensee Reporting

II. PATIENT INFORMATION

[Redacted Name]

[Redacted Name]

[Redacted Address]

Age 3/5/01 Gender Medicare/Medicaid

[Redacted Phone]

Date of Office Visit

Patient Identification Number

Lab Work

Renal Insufficiency

Purpose of Office Visit

Diagnosis

ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

3/5/01 12:50 pm

Location of Incident:
 Operating Rm Recovery Rm
 Other Referral Area

Incident Date and Time

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)

As patient was leaving the facility following a venipuncture, patient suffered an unexpected episode of syncope. Patient fell and sustained a minor abrasion to the left elbow during the fall. Abrasion was cleansed and dressed. Although the patient did not appear to have further complications, in an abundance of caution because of the patient's debilitating condition, the patient was transferred via ambulance to the hospital to be observed.

B) ICD-9-CM Codes

N/A	780.2	913.0
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 800-999.9)

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

(Use additional sheets as necessary for complete response)
21 gauge 1 inch needle with vacutainer

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.

Jeraldine Miller, Medical Assistant - cleaned and treated abrasion.

Dr. Herbert Cohen, ME0017677 - supervised medical assistant, assisted with assessment and treatment of patient after fall.

Lorraine Kraemer, Referral Coordinator - called for help.

Kimberly Peoples, Medical Assistant - performed venipuncture.

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)
Syncope is a fairly unusual, unanticipated complication following venipuncture.

This is the first incident of syncope experienced at our facility. Although appropriate care was provided, additional steps as described below may help avoid such incidents in the future.

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)
Assistants will discuss with patients how they feel following venipuncture, and patient will be monitored and/or assisted when standing up after the procedure.

V. [Signature] ME0017677
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER

3/20/01
DATE REPORT COMPLETED

5:40 pm
TIME REPORT COMPLETED

COPY 04/04/2001



Panic attack of the bone marrow no sample by

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 MAR 30 PM 12:10

I. OFFICE INFORMATION

Geffen Cancer Center
Name of office
Vero Beach 32960 Indian River
City Zip Code County
Michael H. Vu, MD
Name of Physician or Licensee Reporting

981 37th Place
Street Address
(561) 770-5800
Telephone
0068931
License Number

Locating Information for Physician or Licensee Reporting

II. PATIENT INFORMATION

[Redacted]
Patient Name
[Redacted]
Locating Information
[Redacted]
Patient Identification Number
NEUTROPENIA
Diagnosis

[Redacted]
Age 3/22/01 Gender Medicaid Medicare
Date of Office Visit
Bone Marrow Biopsy
Purpose of Office Visit
288.0
ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

3/22/01 @ ~ 1:30 PM
Incident Date and Time

Location of Incident:
 Operating Rm Recovery Rm
 Other Exam 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 underwent bone marrow aspiration & biopsy to investigate [redacted] neutropenia. Pre-medication: 2mg Ativan. Local anesthetic 1% lidocaine. Patient tolerated procedure well. Approximately 10 minutes later, [redacted] apparently had panic attack: crying, moaning. Paramedic was summoned & patient was taken to Indian River Memorial Hospital for observation in the ER. [redacted] was later discharged without further medical intervention / complication (2/2)

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)

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.

Jessica Bentley - medical assistant -
 Edward "Al" Boileau - Clinical Laboratory Technician TC 31951
 Michael H. Va, MD ME 0068931

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 OF PHYSICIAN/LICENSEE SUBMITTING REPORT

0068931
 LICENSE NUMBER

3/22/01
 DATE REPORT COMPLETED

14:22
 TIME REPORT COMPLETED



3015 any BE 75

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 APR -2 PM 12:25

I. OFFICE INFORMATION

Coastal Community Radiology Consultants
Name of office
Sd Pete FL 33709 pinellas
City Zip Code County
Sam Mollikin RTR
Name of Physician or Licensee Reporting

5880 49th St N
Street Address
727 525 2121
Telephone
38048
License Number

Locating Information for Physician or Licensee Reporting

II. PATIENT INFORMATION

[Redacted]
Patient Name Age 3 Gender Male Medicaid Medicare
[Redacted]
Locating Information Date of Office Visit 3/30/01
[Redacted]
Patient Identification Number Purpose of Office Visit Barium Enema
[Redacted]
Diagnosis ICD-9 Code for Diagnosis 783.2 w/d loss

III. INCIDENT INFORMATION

1130 3130/01
Incident Date and Time

Location of Incident:
 Operating Rm Recovery Rm
 Other outpatient radiology

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 in office for Barium enema, during procedure
pt became SOB, experiencing chest pain, doc was stopped
at this point. pt still unable to catch breath, 911 was
called & paramedics arrived 10 mins later & pt was
taken to hospital for evaluation

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 Pt was admitted to Northside Hospital for observation because of SOB, chest pain	<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.

Laura Loney RTR tech performing exam
 Sam Mulliken RTR tech called 911
 Eric Wolf RTR staff tech in area

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 was experiencing wd SOB in for barium exam, unable to tolerate exam due to SOB chest pain

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

Pt decided to wait 911 paramedics arrival, then pt taken to hospital

V. Samuel A. Mulliken: RTR 38048
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER
3-25-01 1200 Noon
 DATE REPORT COMPLETED TIME REPORT COMPLETED