

*chest pain  
but in waiting room* 43



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  
00 NOV 20 AM 11:11

*New*

I. OFFICE INFORMATION

Florida Community Cancer Centers

Name of office

3253 McMullen Booth Rd

Street Address

Clearwater 33761 Pinellas

City

Zip Code

County

727-725-8102

Telephone

Pamela Felix BSN RN OCN

Name of Physician or Licensee Reporting

RN 1677852

License Number

Locating Information for Physician or Licensee Reporting

II. PATIENT INFORMATION

Locating Information

Age

119/100

Gender

Medicaid  Medicare

Date of Office Visit

Purpose of Office Visit

ICD-9 Code for Diagnosis

Patient Identification Number

Cancer with brain mets

Diagnosis

radiation treatment

112.3 198.3

III. INCIDENT INFORMATION

Incident Date and Time

11/9/00 9:10am

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)

patient came in for radiation treatment, slumped over reception desk. Patient SOB complaining of chest pain. Patient placed in W/C, taken to exam room. Patient complained crushing pain in chest, 911 called. O2 applied via nasal cannula at 3L. IV started with 22 gauge angio (R) hand, NS started. 911 arrived took over care of patient. Patient transported to hospital via ambulance

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

N/A	N/A	unknown
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.**

Pamela S Felix BSN RN CCU RN 1677852 triage pt - asked for 911 + place  
 Rose M Sutherland RN CCU CCU LNC RN 2836852 Started IV  
 Tammy Hess RT(R)(T) 70247 called 911

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

Pat Ballard Receptionist

**IV. ANALYSIS AND CORRECTIVE ACTION**

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

patient complaining of chest pain

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

911 called - patient transported to hospital

v. Pamela S Felix BSN RN CCU RN 1677852  
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER  
11/9/00 11:30 am  
 DATE REPORT COMPLETED TIME REPORT COMPLETED

COPY 12/14/2000

49



*new*  
*Chow he*  
*Chow he*

CITRUS HEMATOLOGY AND ONCOLOGY CENTER  
801 MEDICAL COURT EAST  
INVERNESS, FLORIDA 34452 (CITRUS COUNTY)  
TEL. 352-637-4490 FAX 352-637-3987

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CONSUMER SERVICES UNIT  
00 DEC -4 PM 12: 25

PHYSICIAN OFFICE INCIDENT REPORTING FORM

PATIENT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

GENDER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

MEDICARE MEDICAID OTHER \_\_\_\_\_ PATIENT ID# \_\_\_\_\_

ICD9 CODE/DIAGNOSIS 153.3 Met. Colon Cancer. DATE OF VISIT 11-17-00

PURPOSE OF OFFICE VISIT initiation of chemotherapy for metastatic colon cancer.

INCIDENT DATE AND TIME: 11-17-00 at 4:15 P.M.

LOCATION OF INCIDENT:  
EXAM ROOM CHEMOTHERAPY ADMIN ROOM OTHER \_\_\_\_\_

IF THE INCIDENT INVOLVED A DEATH, WAS THE MEDICAL EXAMINER NOTIFIED? N/A  
YES NO

WAS AN AUTOPSY PERFORMED? N/A YES NO

DESCRIPTION OF INCIDENT (INCLUDE TIME, DATE, AND EXACT LOCATION WITHIN THE OFFICE)

On 11/17/00 at 4:15 P.M., patient was receiving chemotherapy in the chemotherapy administration area, the Camptosar had just finished when patient complained of substernal chest pain and became diaphoretic. Dr. Englund made aware and examined patient. Vital Signs 122/70-80-20, SAO2 99%, EKG done, O2 started via nasal cannula at 3L/minute.

ICD-9-CM CODES		
<u>153.3 V58.1</u>	<u>786.51</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)

LIST ANY EQUIPMENT USED IF DIRECTLY INVOLVED IN THE INCIDENT: \_\_\_\_\_

OUTCOME OF INCIDENT: Death Brain Damage Spinal Damage

Surgical procedure performed on the wrong patient

Any condition that required the transfer of the patient to a licensed hospital.

Other \_\_\_\_\_

LIST ALL PERSONS DIRECTLY INVOLVED IN THE INCIDENT (INCLUDE LICENSE NUMBERS, LOCATION INFORMATION, AND A DESCRIPTION OF THE PERSON'S EXACT INVOLVEMENT AND ACTIONS)

Craig W. Englund, M.D. ME 0043357

Darlene Krushansky, R.N. RN 3143132

Sharon Grant, R.N. RN 2756662

LIST ANY WITNESSES NOT IDENTIFIED ABOVE

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

ANALYSIS AND CORRECTIVE ACTION:

(Apparent cause) of this incident Cause unknown, does not appear to be related to the chemotherapy.

Describe corrective or proactive action(s) taken: As Dr. Englund instructed, IV turned into a prna, and O2 discontinued. Patient was then transferred to Citrus Memorial Hospital via private car for overnight observation.

NAME OF PHYSICIAN Craig W. Englund, MD LICENSE NUMBER ME0043357

ADDRESS 801 Medical Court East

CITY/STATE/ZIP Inverness, FL 34452

SIGNATURE OF PHYSICIAN (OR LICENSEE SUBMITTING THIS REPORT)

*Darlene Krushansky, RN*

DATE REPORT COMPLETED 11/28/00 TIME REPORT COMPLETED 10:40 A.M.



*Chronic pain  
in offer  
admitted 45*

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

00 DEC 11 PM 1:07

RECEIVED  
CONSUMER SERVICES UNIT

I. OFFICE INFORMATION

*new*  
Name of office: Cardiology Consultants  
City: Deland Zip Code: 32724 County: Volusia  
Name of Physician or Licensee Reporting: Francis A Reed Jr. M.D.

Street Address: 210 E New York, Suite #  
Telephone: (904) 734-3657  
License Number: ME33676

Locating Information for Physician or Licensee Reporting

II. PATIENT INFORMATION

Patient Name: [Redacted]  
Locating Information: [Redacted]  
Patient ID: [Redacted]  
Diagnosis: [Redacted]

Age: 12/7/00 Gender: [Redacted]  Medical  Humane Medicare  
Date of Office Visit: New pt.  
Purpose of Office Visit: 4/2/03  
ICD-9 Code for Diagnosis: [Redacted]

III. INCIDENT INFORMATION

Incident Date and Time: 12/7/00

Location of Incident:  Operating Rm  Recovery Rm  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)

*Humane contacted CP (75/10)  
[Redacted]  
(See report 1st time today) e known  
by CP in past & recent  
onset of accelerating CP/SAB  
CP thought began several hours  
ago, shortly after getting up*

1 of 2 pages  
Form #

*F Reed Jr*

*Chest pain  
noticed  
seen for 1st time today  
known by CHD  
recent onset accelerating CP/SAB  
CP this am several hrs ago  
PT transfer*

**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) *EKG*

**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.**

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

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**IV. ANALYSIS AND CORRECTIVE ACTION**

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

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

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**V.**

*[Signature]*  
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT      LICENSE NUMBER  
 12/2/00      10:30 AM  
 DATE REPORT COMPLETED      TIME REPORT COMPLETED

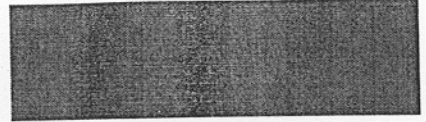


PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

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

no Accredited  
yes has  
hospital Privilege  
Early  
hyperthermia leaves  
no injury

46



no  
injury

I. OFFICE INFORMATION

Plastic & Cosmetic Surgery Center  
Name of office

Jacksonville 32207 Duval  
City Zip Code County

A.H. NEZAMI, M.D.  
Name of Physician or Licensee Reporting

office address  
Locating Information for Physician or Licensee Reporting

820 Prudential Drive #702  
Street Address

904 399 5061  
Telephone

ME 0038905  
License Number

Certified  
Am Board  
Plastic  
Surg

II. PATIENT INFORMATION

[Redacted]  
Patient Name

[Redacted]  
Locating Information

[Redacted]  
Patient Identification Number

Breast ptosis  
Diagnosis

[Redacted] Gender  Medicaid  Medicare

11/20/00  
Date of Office Visit

Breast surgery  
Purpose of Office Visit

611.8  
ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

11/20/00 3 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)

Patient had a short period of bronchospasm upon endotracheal intubation for general anesthesia by Dr. Deshmukh. This resolved and vital signs and SaO2 were normal. [Redacted] received inhalation anesthesia with suprane, O2, N2O and surgery was started. Very shortly after [Redacted] pulse went up to 99 and systolic BP to 135 from 107, Ren PECO2 went up from 27 to 34, pulse continue to rise to 130 and temperature went up to 101 F. We suspected early on start of malignant hyperthermia and suprane was discontinued and I started to suture the incision on [Redacted] left breast. Within a few minutes [Redacted] pulse came down to 80 and PECO2 to 28 and temp decreased to 100. To be sure the reaction was not from epinephrine in the local anesthesia and [Redacted] temp was not from overhead lights (which were turned off), suprane was started again. Within few minutes [Redacted] temp, pulse, PECO2 all started rising up. Without delay suprane and anesthesia was discontinued and the incision closed. Again the pulse came down to 78, temp to 100 and PECO2 27. During the entire time [Redacted] SaO2 remained stable (98-100).  
1 of 2 pages EKG was normal, [Redacted] had no muscle stiffness at all. The patient awoken from anesthesia Form # DH-MQA1030, 2-00 without any problem. Since [Redacted] improved very rapidly upon discontinuation of inhalation anesthesia Dantrolene was not given nor blood gas obtained and patient was observed. Malignant hyperthermia Hot line was called and the doctor who responded concurred with our suspicion and management and recommended the patient to be tested at later date with muscle biopsy. Patient remains stable and [Redacted] temp was 99.5. Since it was in the afternoon it was decided to admit the patient at Baptist Medical Center overnight. Patient remained stable and [Redacted] temp became normal, CPK was 55 and [Redacted] had no myoglobinuria.

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00 DEC 18 AM 10:59

had surgery done in the office on 11/22/00 under IV sedation without any problem

B) ICD-9-CM Codes

611.8  
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

E 938.2  
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)

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	<b>** if it resulted in</b>
<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
<i>Patient admitted for overnight observation. remains stable. Hypothermia not confirmed</i>	<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.

- Sunanda Deshmukh, MD ME0032673 3600 Rustic Ln Jax, FL 32217 Anesthesiologist
- Marcelle Marie RN License # 2886252 Circulating and recovery nurse
- Julie Visser ST 6533 Barner Drive South, Jacksonville, FL 32210 Scrub Technician

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

Renee Harrison ST 6747 Newgate Circle East Jacksonville, FL 32244 Scrub Technician

IV. ANALYSIS AND CORRECTIVE ACTION

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

Under Inhalation anesthesia (Suprane) the patient developed few signs of malignant hyperthermia (Temp ↑, heart rate ↑, ↑Paco2) but not all the signs. Very early on we suspected malignant hyperthermia, therefore anesthesia and surgery were stopped. Symptoms resolved

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

Patient had no injury because we stopped the anesthesia and surgery. was informed of possible and suspicion of malignant hyperthermia. had previous surgeries with no problem. will have in future muscle biopsy done for diagnosis

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME 0038905  
LICENSE NUMBER

12/11/00  
DATE REPORT COMPLETED

8 AM  
TIME REPORT COMPLETED



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

<u>611.8</u> Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	<u>E 938.2</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)
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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 licensed hospital  Patient admitted for overnight observation. <input checked="" type="checkbox"/> remains stable. Hypertensive not confirmed	<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.**

- Sunanda Deshmukh MD ME0032673 3600 Rindie Ln Jacksonville, FL 32217 Anesthesiologist
- Maddie Marie RN License 2516252 Circulating and recovery nurse
- Julie Wilson ST 4533 Balcon Drive SW Jacksonville, FL 32210 Scrub Technician

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

Renee Harrison ST 6747 Newgate Circle East Jacksonville, FL 32210 Scrub Technician

**IV. ANALYSIS AND CORRECTIVE ACTION**

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

Under Inhalation anesthesia (sevoflurane) the patient developed five signs of malignant hyperthermia (long Tc heart rate > 160bpm) but not all the signs. Very early on we suspected malignant hyperthermia, therefore anesthesia and surgery were stopped. Symptoms resolved.

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

Patient had no injury because we stopped the anesthesia and surgery.  was informed if possible and suspicion of malignant hyperthermia. She had previous surgery with no problems.  will have in future muscle biopsy done for diagnosis.

**V.**

[Signature] ME 0038905  
SIGNATURE OF PHYSICIAN LICENSEE SUBMITTING REPORT LICENSE NUMBER

DATE REPORT COMPLETED

TIME REPORT COMPLETED

Sunanda Deshmukh MD, Anesthesiologist #ME 0032673





STATE OF FLORIDA  
Jeb Bush, Governor

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CONSUMER SERVICES UNIT

00 DEC 28 -PH 12: 01

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

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

OFFICE INFORMATION

Name of office: Tampa Obstetrics

Street Address: 2701 W. Dr. Martin Luther King Jr. Blvd.

City: Tampa

Zip Code: 33607

County: Hillsborough

Telephone: (813) 654-2273

Name of Physician or Licensee Reporting: Ron N. Shemesh, M.D.

License Number: ME63548

Locating Information for Physician or Licensee Reporting: Same as above.

PATIENT INFORMATION

Patient Name: [Redacted]

Age: [Redacted]

Gender: [Redacted]

Medicaid (Pending)

LOCATING INFORMATION

Date of Office Visit: November 30, 2000

Patient Identification Number: [Redacted]

Purpose of Office Visit: Newborn circumcision

Diagnosis: Routine or ritual circumcision

ICD-9 Code for Diagnosis: V50.2

not accepted  
yes hospital privileges

Circumcised  
12/31/00

Yes Board Certified 03/6/01

**INCIDENT INFORMATION**

Location of Incident: Exam room 1

Incident Date and Time: November 30, 2000 at 4:00PM

Other

Describe circumstances of the incident (narrative)

The patient arrived at the office with his mother who was scheduled for a post partum visit. The patient had been NPO for over 2 hours. The mother was explained the risks and dangers of the circumcision procedure for the second time, as she had received informed consent for this procedure also at St. Joseph's Women's Hospital during her post partum stay, but the circumcision was unable to be performed at that time in the inpatient setting due to hospital logistics. The patient was prepped and draped for the procedure; the Mogan clamp was applied. The foreskin was excised and more than the normal amount of bleeding was observed. Further inspection noted a fractional portion of the distal tip of the penis had been excised. Dr. Reisman, pediatric urologist, was paged STAT and arrived at the office for immediate consultation. The tissue was placed in saline solution and the patient was transferred by automobile to St. Joseph's Hospital, which is one block from the office. Dr. Reisman grafted the distal tip of the penis under general anesthesia. The patient had a normal post-operative course and is doing well and healing normally.

B) ICD-9-CM Codes

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9): V50.2 Routine or ritual circumcision

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

E874.0 Mechanical failure of instrument or apparatus during procedure; Surgical operation

E870.0 Accidental cut, puncture, perforation, or hemorrhage during medical care; Surgical operation

Resulting injury (ICD-9 Codes 800-999.9): 878.0 Open wound of genital organs (external), penis, without mention of complication

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

D) Outcome of Incident (Please check):

Any condition that required the transfer of the patient to a licensed hospital

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

Ron N. Shemesh, M.D. - ME63548 - Surgeon

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

Cecily N. Johnson - Practical nurse

Scott P. Brody, M.D. - ME69231

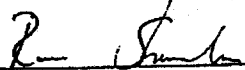
Elliott Michael Reisman, M.D. - ME57771

### **ANALYSIS AND CORRECTIVE ACTION**

A) Analysis (apparent cause) of this incident: We are investigating the possibility of a failed or defective circumcision (Mogan) clamp and are making arrangements to return the clamp to the manufacturer.

B) Describe corrective or proactive action(s) taken: See above response.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT



LICENSE NUMBER: ME63548

DATE REPORT COMPLETED: December 14, 2000

TIME REPORT COMPLETED: 10:00 AM





Chond Pt

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  
00 DEC 19 AM 11:33

I. OFFICE INFORMATION

Florida Community Cancer & Imaging Centers  
Name of office  
Brooksville 34613 Hernando  
City Zip Code County  
Richard Caradonna, M.D.  
Name of Physician or Licensee Reporting

11307 Cortez Blvd.  
Street Address  
352-596-1926  
Telephone  
MF0049404  
License Number

Locating Information for Physician or Licensee Reporting

II. PATIENT INFORMATION

[Redacted]  
Patient Name  
[Redacted]  
Locating Information  
[Redacted]  
Patient Identification Number  
Lung CA  
Diagnosis

[Redacted]  
Age 12/06/00 Gender  
Date of Office Visit  
Purpose of Office Visit Chemotherapy  
ICD-9 Code for Diagnosis 162.8

III. INCIDENT INFORMATION

12/06/00  
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)

Pt receiving 1st dose of taxol. Received approx. 20min @ 75cc/hr & difficulty. Rate ↑ to 125 & approx 5min later pt elo back pain & feeling as if [redacted] was going to pass out. Taxol immed. stopped. Pt passed out. Color changed to gray/purple. Brief period of apnea. Resp. returned via ambu. Pt responded. Color returned. Resp. returned assistance nec. 911 called. Paramedics arrived. Pt transported to hospital

B) ICD-9-CM Codes

V58.1  
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

E933.1  
Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

995.2  
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)

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	<b>** If it resulted in</b>
<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 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 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.

Linda White, R.N. 3180002

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

BARBARA CARA, R.N. DEN - RN 60150-2

Shirley White, R.N. - RN 1432192

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. Richard Carabornas  
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME0049404  
LICENSE NUMBER

12/12/00  
DATE REPORT COMPLETED

4:40 P.M.  
TIME REPORT COMPLETED