

(A) Describe circumstances of the incident (narrative)
(use additional sheets as necessary for complete response)
Patient name: Ridwan Wong IV for first infuser,
dx: low grade lymphoma. Pre-med of Tylenol,
Tegaserod + Brexaco on long term use. Dad born into
Ridwan infuser patient began shaking suddenly,
then vomited and clp SOB. Ridwan stopped. Assum.
KUD called 911 at 5L via PC assistant, 911 called, PT
transported to S.B.H.

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

Location of incident:
 Operating Rm
 Recovery Rm
 Other: Chamber

Incident Date and Time
3-21-00 2:10:00

III. INCIDENT INFORMATION

ICD-9 Code for Diagnosis
Purpose of Office Visit
Date of Office Visit
Age 3-8-01 GENDER
MEDICAL HISTORY

Diagnosis
Patient Identification Number
Location Information

II. PATIENT INFORMATION

License Number
Telephone
Street Address

Locating Information for Physician or Licensee Reporting
Name of Physician or Licensee Reporting
City
Zip Code
County
Name of office

I. OFFICE INFORMATION

RECEIVED
CONSUMER SERVICES UNIT

01 APR -5 PM 3:00

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

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

STATE OF FLORIDA
Jeb Bush, Governor



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NEW 77

Call and
ask...
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DATE REPORT COMPLETED 3/28/01
 DATE REPORT COMPLETED 3/28/01
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT Dr. S. [Signature]
 LICENSE NUMBER ME 99973
 [ME 99973] Andol

IV) Describe corrective or proactive action(s) taken (use additional sheets as necessary for complete response)
Gaining more case slowly in hospital

ANALYSIS AND CORRECTIVE ACTION
 A) Analysis (apparent cause) of the incident (use additional sheets as necessary for complete response)
Reaction to [Signature]

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

E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident
Locke, C. M. D. Nurse Administrator RN 330942
Andol ME 99973 Upper Level Dr. SCC #133573

<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	<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
--	---

D) Outcome of Incident (Please check)

C) List any equipment used if directly involved in the incident (Use additional sheets as necessary for complete response)

B) ICD-9-CM Codes
 V88.1 Chest wound
 999.4 Anesthesia
 Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)
 Accident, event, circumstances, or resulting injury (ICD-9 Codes 800-999.9)
 or event (ICD-9 E-Codes)
 Shadk

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01 APR -9 AM 11:13

Pts called office @ 8:40am. Pt had chest pain all previous night. Pt took 1 nitroglycerine pill for chest pain. Instructed pt's to take pt to ER. Pt's refused staying. They wanted to have A/H checked. Pt and [redacted] will come to office to see Dr. Sma and check A/H. While pt in office pt had chest pain. Placed pt on O2. Checked ECG. called all for ambulance to take pt to ER.

A) Describe circumstances of the incident (narrative)
(use additional sheets as necessary for complete response)

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

III. INCIDENT INFORMATION

Incident Date and Time: 4/15/01
Location of Incident: Operating Rm Recovery Rm Other
ICD-9 Code for Diagnosis: [redacted]
Purpose of Office Visit: Chest pain
Date of Office Visit: 4/15/01
Age: [redacted] Gender: Male Female
Medical N. Care:

II. PATIENT INFORMATION

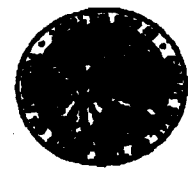
Location Information for Physician or Licensee Reporting: [redacted]
Name of Physician or Licensee Reporting: Kenneth Simon, D.O.
City: Orlando, FL
Zip Code: 32803
County: Orange
Name of office: Cancer Centers of Florida
Street Address: 775 L Underwood Blvd #120
Telephone: (407) 369-7965
License Number: 05 000 7658

I. OFFICE INFORMATION

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

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

STATE OF FLORIDA
Job Bush, Governor



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new 78

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SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT [Signature]
 DATE REPORT COMPLETED 12/10/11
 TIME REPORT COMPLETED 12:30
 LICENSE NUMBER 05 000768

B) Describe corrective or proactive action(s) taken (use additional sheets as necessary for complete response)
Instruction of about needles to go to left chest pain persist beyond 3 hrs pills

IV. ANALYSIS AND CORRECTIVE ACTION
 A) Analysis (apparent cause) of this incident (use additional sheets as necessary for complete response)
Dr has hx of CAD and stress test

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

E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.
Dr. Dan Decker RN 3764032
Dr. Dan Lane RN 4334433

<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"/> A procedure to remove unplanned foreign objects remaining from surgical procedure
<input type="checkbox"/> Spinal Damage	<input type="checkbox"/> Surgical procedure performed on the wrong patient
<input type="checkbox"/> Wrong surgical procedure performed	<input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure
<input type="checkbox"/> Surgical procedure performed on the wrong site	<input type="checkbox"/> ** If it resulted in
<input type="checkbox"/> Death	<input type="checkbox"/> Death
<input type="checkbox"/> Brain Damage	<input type="checkbox"/> Brain Damage
<input type="checkbox"/> Spinal Damage	<input type="checkbox"/> Spinal Damage
<input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure	<input type="checkbox"/> Permanent disfigurement not to include the inclusion scar
<input type="checkbox"/> Wrong surgical procedure performed	<input type="checkbox"/> Fracture or dislocation of bones or joints
<input type="checkbox"/> Surgical procedure performed on the wrong site	<input type="checkbox"/> Limitation of neurological, physical, or sensory function;
	<input type="checkbox"/> Any condition that required the transfer of the patient

D) Outcome of incident (Please check)

C) List any equipment used if directly involved in the incident (Use additional sheets as necessary for complete response)

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 (ICD-9-E-Codes)	Resulting injury (ICD-9-Codes 800-999.9)
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B) ICD-9-CM codes

A) Describe circumstances of the incident (narrative)
 (use additional sheets as necessary for complete response)

PT currently undergoing Active Treatment for Leukemia and Met
 the brain. Chemo therapy includes ~~Fluorouracil, Doxorubicin,~~
 Bendrylsim, Zoltra 3mg, Decadron 2mg, Zantac 75mg, Taxol 400mg
 and Carboplatin 300mg. At approx. 2:30pm PT ambulated independently
 to the bathroom. PT's Taxol infusion had completed and PT
 was on a NS IV flush. Upon returning from bathroom PT reclined
 in chair and appeared to sleep. Tried to wake the patient
 but unsuccessful. PT a head back, Respiration 20-22 regular BP 100/60/100,
 PT transferred to Hospital via EMS

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

Location of Incident:
 Recovery Rm
 Operating Rm
 Other Chemo Therapy Room

Incident Date and Time
 3/30/01 at 2:30pm

III. INCIDENT INFORMATION

ICD-9 Code for Diagnosis
 198.3
 Purpose of Office Visit
 Chemo Therapy
 Date of Office Visit
 3/30/01
 Age
 3/30/01
 Gender
 Male
 Medicaid Medicare

Diagnosis
 Lung CA, Brain Mets
 Patient Identification Number
 [Redacted]
 Last Name
 [Redacted]
 First Name
 [Redacted]

II. PATIENT INFORMATION

Street Address
 5334 Aspen Street
 Telephone
 (727) 842-8411
 License Number
 ME65105

Locating Information for Physician or Licensee Reporting
 Name of Physician or Licensee Reporting
 Dr. Gerald Robbins
 City
 New Port Richey
 Zip Code
 34688
 County
 Pasco
 Name of office
 Florida Community Cancer Center

I. OFFICE INFORMATION

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

RECEIVED SERVICES UNIT
 APR 11 AM 10:34

PHYSICIAN OFFICE
 ADVERSE INCIDENT REPORT

STATE OF FLORIDA
 Jeb Bush, Governor



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new 79

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DATE REPORT COMPLETED 4/2/01
TIME REPORT COMPLETED 12:00 PM
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT
LICENSE NUMBER NY 65105

V.

B) Describe corrective or proactive action(s) taken (use additional sheets as necessary for complete response)
 Supportive care observation

IV. ANALYSIS AND CORRECTIVE ACTION
 A) Analysis (apparent cause) of this incident (use additional sheets as necessary for complete response)
 IT SENSITIVE TO BEMIDRYL 25MG IV
 BEMIDRYL NOT INCIDENT LISTED AS AN "ALLERGY" ON PT
 chart

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

E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident
 STERN GEMPAVOLA, RN RN 205952
 LARRY HANLY RN RN 309402
 CHRYST WORTZ RN RN 092262
 DANNE VERZEL, LPN PN-0687871

<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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D) Outcome of Incident (Please check)

C) List any equipment used if directly involved in the incident (Use additional sheets as necessary for complete response)

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)
 N/A
 Accident, event, circumstances, or specific agent that caused the injury (ICD-9 E-Codes)
 Resulting Injury (ICD-9 Codes 800-999.9)

B) ICD-9-CM Codes

A) Describe circumstances of the incident (narrative)
(use additional sheets as necessary for complete response)
It developed about 2:00 PM during a routine physical examination of a 35-year-old male patient. The patient was brought to the clinic by ambulance from a private hospital. At the time of arrival, EMS reported that the patient had a seizure. The patient was brought to the clinic by ambulance from a private hospital.

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

Location of incident:
 Other (Specify) Private Hospital
 Operating Rm
 Recovery Rm

III. INCIDENT INFORMATION

Incident Date and Time
3/28/01 10:15

Diagnosis

Patient Identification Number

Locating Information
108-28-1579

Pat. #

II. PATIENT INFORMATION

Locating information for Physician or Licensee Reporting

Name of Physician or Licensee Reporting
1-813-684-2339

Street Address
Florida Community Center

City
Brandon

Zip Code
33511

County
Walton

OFFICE INFORMATION

ICD-9 Code for Diagnosis

Purpose of Office Visit
Physical Exam

Date of Office Visit
3/28/01

Age
35

Sex
Male

Medical/Medicare
 Medical Medicare

License Number

Telephone
ME 77951

Street Address
813-684-2339

City
Brandon

Zip Code
33511

County
Walton

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

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT
FORM 11-59

STATE OF FLORIDA
Job Bush, Governor
CONSUMER SERVICES UNIT



RECEIVED
CONSUMER SERVICE
APR 18 PM 12:00

COPY 04/20/2007

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DATE REPORT COMPLETED 4.9.01
TIME REPORT COMPLETED 4.9.01
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT
LICENSE NUMBER

V. *[Signature]*

B) Describe corrective or proactive action(s) taken (use additional sheets as necessary for complete response)
proper order was taken

IV. ANALYSIS AND CORRECTIVE ACTION
 A) Analyze (apparent cause) of this incident (use additional sheets as necessary for complete response)
minor

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

*Don Bruce
 Thank you & please
 contact me 71951*

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

<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"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Wrong surgical procedure performed <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure <input type="checkbox"/> ** 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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D) Outcome of Incident (please check)
of covered @ ER - went home.

C) List any equipment used if directly involved in the incident (use additional sheets as necessary for complete response)

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 (ICD-9-Codes 800-999.9)
 Resulting injury (ICD-9-Codes 800-999.9)

The patient was the last case of the day. In recovery was mildly hypotensive. Increased IV fluids and checked vital signs, including hemocue. Hemocue readings found to be moderately low. Dr Pinnella and Dr Sherman felt the patient would benefit from additional observation. The patient was transferred by non-emergency transport to Holy Cross Hospital. [redacted] was a direct admit to an observation floor.

A) Describe circumstances of the incident (narrative)
(use additional sheets as necessary for complete response)

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

Location of Incident: Operating Rm Recovery Rm Other

Incident Date and Time: 7/30/01

III. INCIDENT INFORMATION

Diagnosis: Lymphoatropny

Patient Identification Number: [redacted]

II. PATIENT INFORMATION

Locating Information for Physician or Licensee Reporting: Same as above

Name of Physician or Licensee Reporting: John Pinnella
City: Ft. Lauderdale 33304 Broward
Zip Code: County

Name of office: Florida Center for Cosmetic Surgery, Inc. 915 Middle River Drive 213

I. OFFICE INFORMATION

Street Address: (954) 565-7575
Telephone: NE 39619
License Number: [redacted]

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

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

STATE OF FLORIDA
Jeb Bush, Governor



new 81

Specialty: [redacted]
Board: [redacted]
Date: [redacted]

DATE REPORT COMPLETED

8/7/01

TIME REPORT COMPLETED

2:00 PM

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

[Signature]

LICENSE NUMBER

5502373

V.

The patient had been informed of the risks and benefits of this procedure. This was anormal risk of this procedure. The patient was discharged from the hospital the next day. [redacted] has been seen in the office several times since discharge. No further problems noted on visits. Incident discussed in quarterly QA meeting and tracking and trending done by Risk Manager.

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (use additional sheets as necessary for complete response)
The patient had been informed of the risks and benefits of this procedure. This was anormal risk of this procedure. The patient was discharged from the hospital the next day. [redacted] has been seen in the office several times since discharge. No further problems noted on visits. Incident discussed in quarterly QA meeting and tracking and trending done by Risk Manager.

B) Describe corrective or proactive actions taken (use additional sheets as necessary for complete response)
Incident discussed in quarterly QA meeting and tracking and trending done by Risk Manager.

E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.
John Hanelle MD HE39619 Surgeon
Robert Sherman MD HE6792 See front Anesthesia Provider
Garrick D. Verman RN 3391362, Sec front, Recovery Room
Trish Haki RN 3214152, Sec front, Recovery Room
Rachel Dohan See front of Assistant Level 1 Deafior OR Assistant
F) List witnesses, including license numbers if licensed, and locating information if not listed above
Same as above

<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	<input type="checkbox"/> ** if it resulted in
<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"/>	<input type="checkbox"/> Spinal Damage
<input type="checkbox"/>	<input type="checkbox"/> Permanent disfigurement not to include the incision scar
<input type="checkbox"/>	<input type="checkbox"/> Fracture or dislocation of bones or joints
<input type="checkbox"/>	<input type="checkbox"/> Limitation of neurological, physical, or sensory function;
<input type="checkbox"/>	<input type="checkbox"/> Any condition that required the transfer of the patient

D) Outcome of Incident (Please check)

C) List any equipment used if directly involved in the incident (Use additional sheets as necessary for complete response)

N/A

a) ICD-9-CM Codes 272.6
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 (ICD-9 E-Codes)
E 870.5
Resulting injury (ICD-9 Codes 800-999.9)
E 879.8

A) Describe circumstances of the incident (narrative)
(use additional sheets as necessary for complete response)
SEE NARRATIVE BY DR. KEITH VANDUM, M.D. THE
ANESTHESIOLOGIST

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

Location of Incident: Operating Rm Recovery Rm Other

III. INCIDENT INFORMATION

Incident Date and Time: 4/10/01 0900
Diagnose: LIPEDYSTROPHY, DERMATOGLYCHIASIS

II. PATIENT INFORMATION

ICD-9 Code for Diagnosis: 272.16
Purpose of Office Visit: LIPEDYSTROPHY OF BOMS
Date of Office Visit: 3/5/01
Age: 31
Gender: Male
Medical History: [REDACTED]

Name of office: DONALD R STARK M.D., PA.
City: LAKELAND
Zip Code: 33813
County: POLK
Name of Physician or Licensee Reporting: DONALD R STARK MD
License Number: ME 50899
Locating information for Physician or Licensee Reporting: [REDACTED]

I. OFFICE INFORMATION

Street Address: 4429 FLORIDA PATTERNS DR

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

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

STATE OF FLORIDA
Job Bush, Governor

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01 APR 18 PM 12:12



COPY 04/20/2001

? Specimens
? 2 hours
? 2. Keep per
? 2 accounts of 267

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT [Signature]
DATE REPORT COMPLETED 4/13/01
TIME REPORT COMPLETED 3:30 PM
LICENSE NUMBER ME 50899

V. ANALYSIS AND CORRECTIVE ACTION
A) Analyze (apparent cause) of this incident (Use additional sheets as necessary for complete response)
ASPIRATION OF SMALL BLOOD OF GASTRIC CONTENTS.
B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)
PATIENT HOSPITALIZED FOR OBSERVATION & IV FLUIDS (DISTANCE) # FOLLOWUP

F) List witnesses, including license numbers if licensed, and locating information if not listed above
DORIS B. STORV M.D. LIC ME 50899 - SURGEON
KEITH YEARMAN M.D. LIC ME 29411 - ANESTHESIOLOGIST
VICKI PHILIPS CST
SARAH DEWID R.N.

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

<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 unexplained 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 <input type="checkbox"/> 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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D) Outcome of Incident (Please check)
C) List any equipment used if directly involved in the incident (Use additional sheets as necessary for complete response)

B) ICD-9-CM Codes
 Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)
15836 - ARM LFT
 Accident, event, circumstances, or specific agent that caused the injury (ICD-9 E-Code)
507.0 Pulmonary Aspiration
 Resulting injury (ICD-9 Codes 800-999.9)
800.0

04-10-01 1301

Assistant: AUSA

Programs AUSA

During sedation with the patient on a Diprivan Pump and all vital signs stable just before 9 AM it was noted on the continuous

CO2 monitor that the patient had stopped breathing. The nursing was alerted and a small amount of yellow fluid was noted. The pharynx was examined and a mask applied and the patient was noted to be in laryngospasm. The patient

was intubated with 100% O2 2 minutes from A-Sart until an intubation was

of oxygen took effect. [redacted] was then immediately intubated 5 cc of 1% lidocaine and the

trachea was suctioned and the airway protected with an #7.0 endotracheal tube.

Small amount of yellow fluid was aspirated from the ETT. The patient

was difficult to ventilate and the saturation decreased temporarily to 88.

Positive pressure ventilation was given and intubation was secured. Fluid aspirated

from the ETT. Expectorant was noted in the upper third of the lung.

The patient clearly having received Keptel T, was given 5cc Saline and 10mg

and Ampicillin 250 mg daily IV and the intubation improved.

At the conclusion of the case the patient was allowed to breathe

room air and was maintaining a normal CO2 and a saturation of 90%.

One had positive cultures the endotracheal tube was removed and

was placed on nasal oxygen. Mild intermittent expiratory wheezing

was noted on in. exhalation and retraction around at 93% or 34%.

Due to suspected aspiration it was suggested that the patient have

a chest X-ray and be admitted to the hospital overnight for observation.

IV antibiotics and pulmonary toilet and [redacted] was admitted to Boston

General Hospital to be cared for by Dr. Stone.

Spencer, M.D.

Continued on separate sheet

room. When finished, again experienced symptoms, became unresponsive to verbal
 78/38. Patient expressed the need to have a bowel movement and was moved to the bath-
 liters of oxygen and blood pressure continued to be monitored. Next reading was
 Patient report blood pressure is usually below 100. Patient was placed on two
 placed on the exam table in the reclining position, blood pressure was taken (72/30).
 has a cardiac history but denied chest pain or shortness of breath. Patient was
 minutes after the injection patient stated "felt funny", lightheaded. Patient
 Lupron 22.5mg injection in the left upper, outer quadrant. Approximately two
 Patient was interviewed, examined and findings discussed. Patient was given

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

Note: If the incident involved a death, was the medical examiner notified? Yes No

Was an autopsy performed? Yes No

Location of incident: Recovery Rm Exam Room Other

Incident Date and Time

4/17/01 2:00 PM

III. INCIDENT INFORMATION

Diagnosis

Carcinoma of the prostate

Patient Identification Number

[Redacted]

II. PATIENT INFORMATION

Location of Physician or License Reporting

530 S. Nokomis Avenue, Suite 8, Venice, Florida 34285

Name of Physician or License Reporting

Thomas J. Ruane, M.D.

City Zip Code County

Venice 34285 Sarasota

Name of office

ROSS, THRO, RUANE, M.D.'s, P.A.

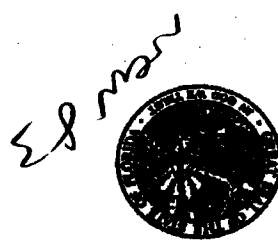
I. OFFICE INFORMATION

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

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

STATE OF FLORIDA
Jeb Bush, Governor

01 APR 23 11:41 AM
CONSUMER SERVICES UNIT



COPY 04/27/2001

? Specialty ? board cert

330 S. NOKOMIS AVENUE, SUITE 8
VENICE, FLORIDA 34285
Telephone (941) 485-3351
Fax (941) 485-7677

779 MEDICAL BOULEVARD, SUITE 4
ENGLEWOOD, FLORIDA 34223
Telephone (941) 475-2214
Fax (941) 475-1254

VENICE HEALTH PARK
1211 JACARANDA BOULEVARD
VENICE, FLORIDA 34292

NORTH PORT HEALTH PARK
15121 TAMAMIAMI TRAIL
NORTH PORT, FLORIDA 34287

ROSS, THRO, RUANE, M.D.'S, P.A.

UROLOGY - UROLOGIC SURGERY



Adverse Incident Report
Continued

Thomas J. Ruane, M.D., Physician
ME #0062037

Patient

A) Incident Information

EMTS was being called by clinical staff member not involved in patients immediate care. Patient was taken back to the exam room, placed in the reclining position, placed on three liters of oxygen and blood pressure and vitals taken; blood pressure 60/30, pulse 52, weak and thready, respiration's 14. After approximately five minutes at three liters of oxygen blood pressure had gone up to 70/38 and patient was resting but not actively responding.

EMTS arrived and took patient to the Bon Secours Venice Hospital Emergency Room for further evaluation.

April 18, 2001 telephone conversation with patients for progress report found that patient had been released at 6:20pm on April 17, 2001. continued using oxygen throughout the night. Blood pressure this morning was 88/30, which patients states is normal.

after chemo treatment client left building = several
minutes later [redacted] came in + acid in truck very short of breathe =
nausea. RV went to assess - client breathing very fast, skin pink, no
pain. (called for 911 (EMS) + another RV to assist. Client continued to
dyspnea, gradual decrease to top of area. On placed on at 18 via
nasal cannula, EMS arrived very quickly + transported to ER where
a silent MI was diagnosed. Client admitted to hospital

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

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

Location of incident: Operating Rm Recovery Rm
 Other Building Lot
N/A

Incident Date and Time: 6-18-01 Brecksville FQCC 12:35pm

III. INCIDENT INFORMATION

Diagnosis: hypopharyngeal, metastatic carcinoma = liver mets

ICD-9 Code for Diagnosis: 802.50
Purpose of Office Visit: chemo treatment

Date of Office Visit: 6-18-01
Age: [redacted] Gender: [redacted] Medical Record: [redacted]

II. PATIENT INFORMATION

Patient Identification Number: [redacted]

Name of Physician Reporting: Dr. [redacted] MD
City: Brecksville FL 34613
Zip Code/County: [redacted]
Street Address: 11307 Century Blvd
Telephone: 552 596 1936
License Number: ME 4004 9404

Name of Office: Brecksville Fla Comm Cancer Center
City: Brecksville FL 34613
Zip Code/County: [redacted]
Street Address: 11307 Century Blvd
Telephone: 552 596 1936
License Number: ME 4004 9404

I. OFFICE INFORMATION

PHYSICIAN OFFICE CONSUMER SERVICES UNIT
ADVERSE INCIDENT REPORT
SUBMIT FORM TO:
Agency for Health Care Administration,
Consumer Services Unit, Post Office Box 14000,
Tallahassee, Florida 32317-4000

01 JUL -2 AM 11:57

STATE OF FLORIDA
Jeb Bush, Governor



new
[Signature]

new
[redacted]

6-25-01
[Signature]

DATE REPORT COMPLETED

6-20-01

DATE REPORT COMPLETED

3:30 P.M.

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

BRK028643
LICENSE NUMBER

[Signature]

IV. ANALYSIS AND CORRECTIVE ACTION

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

Client had a silent MI & leaving treatment area which caused severe dyspnea.

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

Put on nurse call, sent to ER via EMT

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

BARBARA LOAN RD CCN - 15 RPTs given 1st told Mary Ann Hamilton - secretary who got half at 1538023 Betty Morgan RD CCN - 2nd RPT to account Mary Ann Hamilton - secretary who got half at 1538023
when dyspnea occurred - [redacted] - [redacted] all at Ficee - Brookville except [redacted] who lives patient

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

<input type="checkbox"/> Death	<input checked="" type="checkbox"/> Any condition that required transfer to the hospital
<input type="checkbox"/> Brain Damage	<input type="checkbox"/> Appedure to remove unplaned foreign objects remaining from surgical procedure
<input type="checkbox"/> Spinal Damage	<input type="checkbox"/> Surgical procedure performed on wrong patient
<input type="checkbox"/> Death	<input type="checkbox"/> Death
<input type="checkbox"/> Brain Damage	<input type="checkbox"/> Brain Damage
<input type="checkbox"/> Spinal Damage	<input type="checkbox"/> Spinal Damage
<input type="checkbox"/> Permanent disfigurement not included in the	<input type="checkbox"/> Permanent disfigurement not included in the
<input type="checkbox"/> Inclusion scar	<input type="checkbox"/> Inclusion scar
<input type="checkbox"/> Fracture or dislocation of bones or joints	<input type="checkbox"/> Fracture or dislocation of bones or joints
<input type="checkbox"/> Limitation of neurological, physical, or sensory function;	<input type="checkbox"/> Limitation of neurological, physical, or sensory function;
<input type="checkbox"/> Any condition that required transfer of the patient	<input type="checkbox"/> Any condition that required transfer of the patient
<input type="checkbox"/> Surgical procedure performed on wrong site**	<input type="checkbox"/> Surgical procedure performed on wrong site**
<input type="checkbox"/> Wrong surgical procedure performed**	<input type="checkbox"/> Wrong surgical procedure performed**
<input type="checkbox"/> Surgical repair of injuries or damage from unplanned surgical procedure	<input type="checkbox"/> Surgical repair of injuries or damage from unplanned surgical procedure
<input type="checkbox"/> ** If resulted in	<input type="checkbox"/> ** If resulted in

D) Outcome of incident (Please check)

C) List any equipment used if directly involved in the incident (Use additional sheets as necessary for complete response)

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9-CM codes 01-99.9)
silent MI 410.9
dyspnea 300.11
Accident (even if circumstances or specific agent that caused the injury) (ICD-9-CM codes 800-999.9)
Resulting injury (ICD-9-CM codes 800-999.9)
995.2

DR Kawachi, chemotherapy phy. was also notified.
 followed patient in car. Dr Gandle, Dr Bishay were notified.
 This was done and EMT took patient via stretcher to the Emergency Room.
 orders were to call 911 and have patient go to the EPMC Emergency Room.
 BP 160/88 P 92 R 24. Dr Hughes was called who is the patient's PCP his
 into the exam room, where began to vomit. Vital signs were taken,
 perspire, skin was cold, and became pale. Patient was taken
 the lung area. While waiting, began to feel faint, began to
 came to the office today to begin Radiation Tx's to

A) Describe circumstances of the incident (narrative)
 (use additional sheets as necessary for complete response)

Note: If the incident involved a death, was the medical examiner notified? Yes No

Location of Incident: Recovery Rm Operating Rm Office Lobby

Incident Date and Time: 6-25-01 10:30am

III. INCIDENT INFORMATION

Diagnosis: Non-small cell Lung Carcinoma Stage III
 ICD-9 Code for Diagnosis: 142.3
 Patient Identification Number: [Redacted]
 Date of Office Visit: 6-25-01
 Age: 62
 Gender: [Redacted]
 Medical/Medicare: [Redacted]
 Purpose of Office Visit: Begin Radiation treatments
 Location of Incident: [Redacted]

II. PATIENT INFORMATION

1. OFFICE INFORMATION
 Name of office: Florida Community Cancer Ctr
 City: Pensacola
 Zip Code: 32540
 County: [Redacted]
 Name of Physician or Licensee Reporting: [Redacted]
 Elizabeth Kutsch LPN
 Locating Information for Physician or Licensee Reporting: [Redacted]

2. PATIENT INFORMATION
 Street Address: 3801 MORRIS AVE
 Telephone: 813-783-1676
 License Number: ME 51803

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

01 JUL -2 AM 11:57

PHYSICIAN OFFICE
 ADVERSE INCIDENT REPORT

CONSUMER SERVICES I

State of Florida
 Jeb Bush, Governor



Handwritten signature/initials

[Redacted area]

MD 6-26-01

6/25/01 11:30 AM
DATE REPORT COMPLETED TIME REPORT COMPLETED
ME 51803
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER

V. Patient was taken to East Pasco Medical Ctr. Emergency Room via stretcher and EMT's assist

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)
IV. ANALYSIS AND CORRECTIVE ACTION
A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)
Syncope/ Dehydration/ Low Blood Counts

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

Elizabeth Kutsch LPN PN 370501

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

<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
---	--

D) Outcome of Incident (Please check)
C) List any equipment used if directly involved in the incident (Use additional sheets as necessary for complete response)

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 (ICD-9 E-Codes)
Resulting injury (ICD-9 Codes 800-999.9)
Syncope 78.2
Unknown

36

Patient receiving chemotherapy up to bathroom, also not being able to breathe, patient b/p 90/68 p/qd irregular. DR Levine in office assessed patient, qll called. Patient taken to hospital.

A) Describe circumstances of the incident (narrative) (use additional sheets as necessary for complete response)

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

Location of Incident:
 Operating Rm
 Recovery Rm
 Other Clinic - office

Incident Date and Time

7/3/01 1720

III. INCIDENT INFORMATION

Diagnosis

OVARIAN CA

Patient Identification Number



II. PATIENT INFORMATION

Locating Information for Physician or Licensee Reporting

Name of Physician or Licensee Reporting

850 Century

Dr. Richard Levine

City Zip Code County

Titusville 32780 Brevard

Name of office

Space Coast Medical Associates

I. OFFICE INFORMATION

ICD-9 Code for Diagnosis

Purpose of Office Visit

Chemotherapy

Date of Office Visit

Age 71 3/01 Gender Male Female

Medicaid Medicare

License Number

40927

Telephone

321-268-4200

Street Address

850 Century Medical Drive

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

PHYSICIAN OFFICE
CONSUMER SERVICES UNIT
ADVERSE INCIDENT REPORT
JUL 11 11:38 AM '01

STATE OF FLORIDA
Jeb Bush, Governor



? Specialty
? board cert

V. SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT 7/3/01 DATE REPORT COMPLETED
40927 LICENSE NUMBER TIME REPORT COMPLETED

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)
 Patient treated with Benadryl, Lasix, Oxycodone
chemotherapy stopped. all cells in patient
transferred to hospital ER

IV. ANALYSIS AND CORRECTIVE ACTION
 A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)
Adverse reaction to chemotherapy. Treatment for patients cancer.

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

E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.
Richard Lewis MD, Managing Physician
Manly Handel RN, Oncology Nurse
Linda Matlock RN, Oncology Nurse

<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 <input type="checkbox"/> If it resulted in	<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"/> 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	

D) Outcome of Incident (Please check)
 C) List any equipment used if directly involved in the incident (Use additional sheets as necessary for complete response)

B) ICD-9-CM Codes
Chemotherapy infusion
 Surgical, diagnostic, or treatment procedure being performed at time of incident 94.42 (ICD-9 Codes 01-99.9)
 Accident, event, circumstances, or specific agent that caused the injury Reaction to Taxol or carboplatin (ICD-9 E-Codes) or event 94.42, 94.45
 Resulting injury Stroke of Brain (ICD-9 Codes 800-999.9) 786.09

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
AGENCY FOR HEALTH CARE ADMINISTRATION
JUL 31 11 09:37 AM '87
1 Specialty
2 Board mtg



I. OFFICE INFORMATION

Name of office: Cancer Centers of FL
City: Orlando Zip Code: 32701 County: Seminole

Name of Physician or License Reporting

License Number

License Number

Telephone

Business Address: 505 N. MacHard Ave
(407) 339-6974

Age

Age: 41 Gender: M

Medicaid/Medicare

Date of Office Visit

Date of Office Visit: 4/18/87

Purpose of Office Visit: Chemo Therapy

Patient Identification Number

Patient Identification Number: 1130A

Diagnosis

Diagnosis: IVS NET

Incident Date and Time

Incident Date and Time: 4/18/87 1130A

III. INCIDENT INFORMATION

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 in for Chemotherapy. Chemo session & Neutroin started. Colomoni given to pt, then 10-15 min. pt states nausea better, but having low back pain and unable to get comfortable. pt stated "fall" like was having palpitations and asked to have BP checked. BP 120/80 pulse 100. pt also noted to be dyspnoeic. States "might feel better" if could lie down straight. pt assisted to exam room for lie on exam table. pt still unable to get comfortable, and continued to change positions & relief. stated stated that the blood was severe but didn't bring main medication (pt has hx starting of back). About halfway through neutroin infusion pt stated "falling" - Chemo stopped. Dr. Simon notified. 1 of 2 pages of report to have NTR stop - labored breathing. Dr. Simon notified. Form placed on pt. Neutroin stopped & NTR started. pt did not take NTR 911 was called. to transport pt to further services line per 711 form on order.

Lt. (Jackson part) wants to see what the EXE will do with
 States [redacted] doesn't drive and [redacted] [redacted]
 first, since [redacted] to the hospital.
 have to find someone to bring [redacted] [redacted]

CONSUMER SERVICES UNIT
 01 AUG - 7 AM 11:28

STATE OF FLORIDA
 Jeb Bush, Governor

PHYSICIAN OFFICE
 ADVERSE INCIDENT REPORT

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



I. OFFICE INFORMATION

Name of office: Watson Clinic
 City: Lakeland
 County: Polk
 Zip Code: 33815
 Name of Physician or Licensee Reporting: Kelly Bolts, CRN
 Locating Information for Physician or Licensee Reporting: Same as above

II. PATIENT INFORMATION

Patient Name: [Redacted]
 Patient Identification Number: [Redacted]
 Diagnosis: AV block

III. INCIDENT INFORMATION

Incident Date and Time: 8-1-01 Approx. 2p

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 a parameter threshold check and after threshold check of. was reassessment and lessons very abrupt and passed out briefly. St. party was initiated. By applying. Give form called. Dr. Smith assisted, conducted. Called, 911 called, IV started and pt. was transported to LMC via EMS per Dr. Gonzales to m.s. prior to transporting to LMC pt. was stable, alert and oriented. Dr. Gonzales to notify LMC.

Location of Incident: Operating Rm Other Lacer clinic
 Date of Office Visit: 8-1-01
 Purpose of Office Visit: Parameter threshold check
 ICD-9 Code for Diagnosis: 461.0

? physical exam
 ? head cut?

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT Kelly Bole DATE REPORT COMPLETED 8-2-01
LICENSE NUMBER PN 1289541 TIME REPORT COMPLETED 4:50 AM

IV. ANALYSIS AND CORRECTIVE ACTION
A) Analysis (apparent cause) of this incident (use additional sheets as necessary for complete response)
Patient reprogrammed after threshold became symptomatic at new settings. Staff gave patient high settings, the program he previous settings. Patient was treated for symptoms by staff and cardiologist.

E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.
Sally Dupont RN PN1120431
Patricia Powell RN PN45271
Kelly Bole RN PN1289541
Lynn Evans RN PN108731
Christina Sisk MD 002055
F) List witnesses, including license numbers if licensed, and locating information if not listed above

<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"/> A procedure to remove unplanned foreign objects remaining from surgical procedure
<input type="checkbox"/> Spinal Damage	<input type="checkbox"/> Surgical procedure performed on the wrong patient
<input type="checkbox"/> Surgical procedure performed on the wrong site	<input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure
<input type="checkbox"/> Wrong surgical procedure performed	<input type="checkbox"/> If it resulted in
<input type="checkbox"/> Death	<input type="checkbox"/> Death
<input type="checkbox"/> Brain Damage	<input type="checkbox"/> Brain Damage
<input type="checkbox"/> Spinal Damage	<input type="checkbox"/> Spinal Damage
<input type="checkbox"/> Permanent disfigurement not to include the incision scar	<input type="checkbox"/> Permanent disfigurement not to include the incision scar
<input type="checkbox"/> Fracture or dislocation of bones or joints	<input type="checkbox"/> Fracture or dislocation of bones or joints
<input type="checkbox"/> Limitation of neurological, physical, or sensory function;	<input type="checkbox"/> Limitation of neurological, physical, or sensory function;
<input type="checkbox"/> Any condition that required the transfer of the patient	<input type="checkbox"/> Any condition that required the transfer of the patient

D) Outcome of Incident (Please check)
C) List any equipment used if directly involved in the incident (Use additional sheets as necessary for complete response)
Quident Zoom Programmer

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 (ICD-9 E-Codes)
Resulting Injury (ICD-9 Codes 800-999.9)
93735 93735 427.5

(310)

9:15 AM of [redacted] for Chemotherapy was administered at 9:15 AM with a blood count of 11.0 x 10⁹/L. The patient was stable on 10 mg of morphine for pain and 2 mg of lorazepam for anxiety. The patient was discharged on 8/10/01 to the home with instructions to continue chemotherapy and to return to the clinic for blood counts and to call the nurse if there are any problems. The patient was seen in the clinic on 8/15/01 and was stable. The patient was discharged on 8/15/01 to the home with instructions to continue chemotherapy and to return to the clinic for blood counts and to call the nurse if there are any problems.

A) Describe circumstances of the incident (narrative)
(use additional sheets as necessary for complete response)

Was an autopsy performed? Yes No

Note: If the incident involved a death, was the medical examiner notified? Yes No

Location of incident:
 Operating Rm
 Other (Offen Center - Camp Room
 Recovery Rm

Incident Date and Time
August 1, 2001 9:15 AM

III. INCIDENT INFORMATION

Age [redacted] Gender [redacted] Medicaid/Medicare [redacted]
Date of Office Visit 8-01-01
Purpose of Office Visit CHEMO THERAPY
ICD-9 Code for Diagnosis 102.5

Diagnosis Stage IV non-small cell lung carcinoma
Patient Identification Number [redacted]

II. PATIENT INFORMATION

Locating information for Physician or Licensee Reporting

Street Address 981-37th Place
Telephone 561-770-5800
License Number ME 00511697

Name of office Jeremy R. Getten MD & Associates PA
City VERO BEACH Zip Code 32900 County INDIAN RIVER
Name of Physician or Licensee Reporting Jeremy R. Getten, MD
Locating information for Physician or Licensee Reporting

I. OFFICE INFORMATION

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

STATE OF FLORIDA
Jeb Bush, Governor
CONSUMER SERVICES UNIT
PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT
AUG - 7 AM 11:25



? specula
2 hour out

27

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT T. Coleman
 DATE REPORT COMPLETED 8-1-01
 TIME REPORT COMPLETED 3:00 PM
 LICENSE NUMBER ME 0051697

V.

B) Describe corrective or proactive action(s) taken (use additional sheets as necessary for complete response)
~~Member of hospital~~
~~for transfer to emergency medical service (EMS)~~
~~for transfer from of child care~~
 NOTE: PT seen in ER AT I.M. HOSPITAL -> CR. VAS; ECG; ANTHRO AN. NEGATIVE -> PT STS. NO INJURY -> PT

IV. ANALYSIS AND CORRECTIVE ACTION
 A) Analysis (apparent cause) of this incident (use additional sheets as necessary for complete response)
Etymology of word "youth" is a factor.

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

E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.
 MAUREN VAN NAME R.N. RN 1875752
 SCANNINE SAITH R.N. RN 219512
 JUNE GOODRICH R.N. RN 232762
 CHOND THERAPY nurses in Room
 primarily care given.

<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	<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
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D) Outcome of incident (Please check)

C) List any equipment used if directly involved in the incident (use additional sheets as necessary for complete response)

B) ICD-9-CM Codes
Chemotherapy
 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 (ICD-9 E-Codes)
Etymology of word "youth"
 Resulting injury (ICD-9 Codes 800-999.9)
NONE

A) Describe circumstances of the incident (narrative)
(use additional sheets as necessary for complete response)
Full face mask, upper & lower lip (biplane) + (occlusal)
without incident. However, mask into respiratory failure
after restoration, so to state pulmonary testing (Respirometry)
(Respiration and asthma) to monitor to monitor Regional Hospital
For ventricular support and evaluation.

01 AUG 13 PM 1:24
CONSUMER SERVICES UNIT

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

Location of Incident: Operating Rm Recovery Rm Other

Incident Date and Time

8/3/01 11:30 AM

III. INCIDENT INFORMATION

ICD-9 Code for Diagnosis

Purpose of Office Visit

surgery

Date of Office Visit

Age 81/01 Gender

Medical Medicare

Diagnosis

Patient Identification Number

Location Information

[Redacted]

II. PATIENT INFORMATION

Location Information for Physician or License Reporting

Name of Physician or License Reporting

Jeffrey C. Becker M.D.

City

Zip Code

County

Name of office

Hollywood 33021 Broward

License Number

ME 0064761

Telephone

954-964-4113

Street Address

3499 Johnson Street

I. OFFICE INFORMATION

Physicians INSTITUTE of Cosmetic + reconstructive surgery

SUBMIT FORM TO:
Agency for Health Care Administration,
Consumer Services Unit, Post Office Box 1400,
Tallahassee, Florida 32317-4000

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

STATE OF FLORIDA
Job Bush, Governor



new

Specialty
boards?
Keep prev?
office records?

Full Face View, upper & lower lip (rhinoplasty, + cervicoplasty)
without incident. However, notes into respiratory failure
after extubation, so to strike pulmonary system (respiratory
Restriction and transfer to Memorial Regional Hospital
for ventilatory support and intubation.

A) Describe circumstances of the incident (narrative)

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

Location of Incident
 Operating Rm
 Recovery Rm
 Other

Incident Date and Time
8/3/01 11:30 AM

III. INCIDENT INFORMATION

ICD-9 Code for Diagnosis

Diagnosis

Purpose of Office Visit

Patient Identification Number

Date of Office Visit

Location Information

Age 8/3/01
Gender
 Medicaid Medicare

II. PATIENT INFORMATION

Locating Information for Physician or License Reporting

License Number

Name of Physician or License Reporting

Telephone ME 0064761

City Zip Code County Jeffrey C. Becker M.D.

Street Address 954-964-4113

Name of office Hollywood 33021 Broward

Physicians Institute of Cosmetic & Reconstructive Surgery
3499 Johnson Street

I. OFFICE INFORMATION

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

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

STATE OF FLORIDA
Job Bush, Governor



new

Specialty
boards?
How prev?
Optic corrected?

42:1:24
01 AUG 13 PM 11:24
UNIT

115 pt given Naloxone for the first time today 5/21/01...
Umm Johnny - 3/15/95 - 8/01 - After long IV given 2 weeks not firm to see #1
lots of respiratory distress - over next few minutes pt. 92 slight SOB 2 weeks
reassessed pt. was not developing rales - for Naloxone insert
this respiratory problem was rare. As per insert and Dr. Weickert's report
given and 9/11/paramedics called - O2 @ 3L was also placed on pt at
approx 1150 - approx 1205 pt set via ambulance to TRUTH ER - instructions
per Dr. Weickert to paramedics to deliver 4mg Lasix IV -

A) Describe circumstances of the incident (narrative) See attached

(use additional sheets as necessary for complete response)

Note: If the incident involved a death, was the medical examiner notified? Yes No N/A

Location of Incident: Recovery Rm Operating Rm Other: Lawrence Hallway Room

III. INCIDENT INFORMATION

Incident Date and Time: 07/30/01 - 11:15 am

Location Information: WV
Patient Identification Number: Long CA
Diagnosis: Long CA

II. PATIENT INFORMATION

Age: 73 Gender: M
Date of Office Visit: 7/30/01
Purpose of Office Visit: Post op
ICD-9 Code for Diagnosis: 138.1

Locating Information for Physician or Licensee Reporting: WV

Name of Physician or Licensee Reporting: Frederick M. L. M.D.
City: Indian River Zip Code: 34960
Name of Office: Wichfeld Scott MD

Street Address: 4450 34th Street
Telephone: 561-562-7777
License Number: ME 0003716

I. OFFICE INFORMATION

Michael R Scott MD / Associates PC

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

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT
AUG 13 PM 1:17

STATE OF FLORIDA
Job Bush, Governor



WV

DATE REPORT COMPLETED
TIME REPORT COMPLETED

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT
DATE REPORT COMPLETED
LICENSE NUMBER

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

D) Outcome of Incident (Please check)
E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.

F) List witnesses, including license numbers if licensed, and locating information if not listed above.
G) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.

<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"/> A procedure to remove unplanned foreign objects remaining from surgical procedure
<input type="checkbox"/> Spinal Damage	<input type="checkbox"/> Surgical procedure performed on the wrong patient
<input type="checkbox"/> Wrong surgical procedure performed	<input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure
<input type="checkbox"/> Surgical procedure performed on the wrong site	<input type="checkbox"/> Wrong surgical procedure performed
<input type="checkbox"/> Death	<input type="checkbox"/> Death
<input type="checkbox"/> Brain Damage	<input type="checkbox"/> Brain Damage
<input type="checkbox"/> Spinal Damage	<input type="checkbox"/> Spinal Damage
<input type="checkbox"/> Permanent disfigurement not to include the incision scar	<input type="checkbox"/> Permanent disfigurement not to include the incision scar
<input type="checkbox"/> Fracture or dislocation of bones or joints	<input type="checkbox"/> Fracture or dislocation of bones or joints
<input type="checkbox"/> Limitation of neurological, physical, or sensory function	<input type="checkbox"/> Limitation of neurological, physical, or sensory function
<input checked="" type="checkbox"/> Any condition that required the transfer of the patient	<input checked="" type="checkbox"/> Any condition that required the transfer of the patient

B) ICD-9-CM Codes
Surgical, diagnostic, or treatment procedure being performed at time of incident
ICD-9 Codes 01-99.9)
ICD-9 E-Code)
Accident, event, circumstances, or specific agent that caused the injury
Resulting injury
ICD-9 Codes 800-999.9)
Chemotherapy
Pt allergic reaction to Nivalbaine / Respiratory problems
Chemotherapy Drug "Nivalbaine 55mg / Decem 10mg, 3-02
D) Outcome of Incident (Please check)
C) List any equipment used if directly involved in the incident.
E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.
F) List witnesses, including license numbers if licensed, and locating information if not listed above.
G) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.

Specialty?
 Lead cert?
 [Redacted]

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT
 AGENCY FOR HEALTH CARE ADMINISTRATION
 TALLAHASSEE, FLORIDA 32317-4000

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



STATE OF FLORIDA
 Jeb Bush, Governor

1. OFFICE INFORMATION

Name of office: Florida Allergy
 City: Tampa County: Hillsb.
 Zip Code: 33613
 Name of Physician or Licensee Reporting: Dennis K. Laddford, M.D.

Locating Information for Physician or Licensee Reporting

II. PATIENT INFORMATION

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

III. INCIDENT INFORMATION

Incident Date and Time: 8/16/01

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)

Handwritten narrative (written upside down):
 Allergy services administered
 by Dr. [Redacted] in [Redacted] Florida.
 301 minutes after injection, [Redacted] mild
 symptoms. Patient left office but I
 did not follow (later found in [Redacted] room
 [Redacted] [Redacted] [Redacted] [Redacted] [Redacted]
 [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted]
 [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted]
 [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted]
 [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted]
 [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted]

Location of Incident: Recovery Rm Operating Rm Other Home
 ICD-9 Code for Diagnosis: _____
 Purpose of Office Visit: 95117
 Date of Office Visit: 8/16/01
 Age: _____ Sex: Male Female
 Medicaid/Medicare: Medicaid Medicare

Street Address: 13801 Bruce Downs Blvd #502
 Telephone: 813/974-3109 License Number: _____

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 (ICD-9 Codes 800-899.9)	Resulting injury (ICD-9 Codes 800-899.9)

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 patient
<input type="checkbox"/> Brain Damage	<input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure
<input type="checkbox"/> Spinal Damage	<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 patient	
<input type="checkbox"/> Death	
<input type="checkbox"/> Brain Damage	
<input type="checkbox"/> Spinal Damage	
<input type="checkbox"/> Permanent displacement 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.

Responsible physician shall be notified - medical board

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

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analyze (apparent cause) of this incident (use additional sheets as necessary for complete response)

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

None indicated with continue standard of care

FOR ALLIANCE ADMINISTRATION WITH INCIDENTS

ADMINISTRATION IN THE PARTNERSHIP OF PHYSICIAN WITH

333 N. ALLEN

PARTNER 7

LEAVE

DATE REPORT COMPLETED

TIME REPORT COMPLETED

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

LICENSE NUMBER

Date: 8/28/01 Provider: FREDDIE MCRAE MD Note ID: 1472646 PNOTE

ST. PETERSBURG-SUNCOAST MEDICAL GROUP
Phone: (727) 894-1818

08-28-01

PROGRESS REPORT

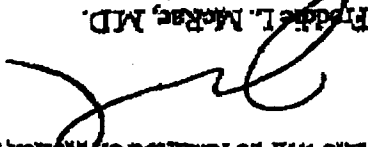
PHYSICIAN: FREDDIE L. MCRAE, M.D.

had a fibroadenoma of the left breast excised on 07/26/01. She was seen in the office on 08/10/01 and had had some bleeding that had stopped. There was some slight ecchymosis and induration in the area. She was started on Keflex and warm soaks and scheduled to come back in four weeks.

She completed the Keflex along with the warm soaks. She then noticed there appeared to be a little gauze coming through the incision and a foul odor. She called, we scheduled her to come in right away.

On checking today in the office indeed there is some white fibers. The area is opened up and there was a gauze sponge that was removed. We then irrigated the area with saline and flushed it with 1/4% Mercaine.

She will be restarted on Keflex 500 q.i.d. and rechecked again in three days.



Freddie L. McRae, M.D.

D:08/28/01 T: 8/28/01 Job: 13869/13870

FLM/298
002:

Specimen good case?

DATE OF OPERATION:
OPERATING PHYSICIAN:

07/26/2001
FREDDIE L. MCRAE, M.D.

OPERATION(S) :

Needle localization and outer
quadrantectomy, left breast.

PREOPERATIVE DIAGNOSIS:

Left breast mass.

POSTOPERATIVE DIAGNOSIS:

Fibroadenoma, left breast.

ANESTHESIA: Monitored anesthesia with controlled sedation
by Dr. Tortorice and nurse, English C.R.N.A.

PATHOLOGY SPECIMEN: Yes.

FINDINGS: The patient had approximately 1.5 cm oval
fibroadenoma after a operating room consultation with Dr.
Humphrey.

PROCEDURE: The patient has had prior needle
localization. She then came to the operating room. The area
was prepped and draped. Next, Xylocaine and Marcaine was
infiltrated and an elliptical incision outlined. We made a
transverse incision, elevated the skin flaps to the ellipse,
and took the core breast tissue, down pass the needle. We
sent this for x-ray, which confirmed we did have the mass.
Hemostasis obtained with cautery. Wound closed in 2 layers
with interrupted 3-0 Vicryl deep and 4-0 Monocryl on the
skin. Mild pressure dressing applied. The patient tolerated
the procedure well and went to holding in stable condition.

Freddie L. McRae, M.D.

CBay Systems, Ltd., 51671, 07/26/2001, 07/26/2001 20:58:25,
8091957

cc: RICHARD OLDENSKI, M.D.

PATIENT NAME: GRIFFIS, KRISTEN PHYSICIAN NAME: FREDDIE L. MCRAE, M.D.
MR#: 545839 BILLING #: 12297322 ROOM #:
OPERATIVE NOTE

A) Describe circumstances of the incident (narrative)
(use additional sheets as necessary for complete response)
See attached narrative summary

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

Location of Incident: Operating Rm Other _____
 Recovery Rm
Age 8/16/01 Gender _____
Medicaid Medicare
Date of Office Visit _____
Purpose of Office Visit abdominaloplasty
ICD-9 Code for Diagnosis 701.9, 278.1, 278.1

Incident Date and Time 8/16/01 - 1025 am

III. INCIDENT INFORMATION
Diagnosis: muscle dehiscence s/p gastric bypass & postpartum changes
Excess abdominal skin & rectus abdominis

Patient Identification Number _____
Location Information _____
See Below _____

II. PATIENT INFORMATION

Name of office Robert Gregory Smith, MD, PA
City Ponte Vedra Beach 32082 St. Johns
Name of Physician or Licensee Reporting R. Gregory Smith, MD
License Number ME0044578
Same _____
Locating information for Physician or Licensee Reporting _____

I. OFFICE INFORMATION

Street Address 3201 Sawgrass Village Circle
Telephone (904) 285-5571
License Number ME0044578

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

**PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT**

STATE OF FLORIDA
Jeb Bush, Governor



RECEIVED
AUG 30 11:21 AM '01
OFFICE OF THE
COMMISSIONER OF HEALTH

Specialty
Board
Quality
Assessment

DATE REPORT COMPLETED
8/29/01

TIME REPORT COMPLETED
1430

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

LICENSE NUMBER
ME 0044578

Beaches Medical Center for cardiac work-up.
Independent medical exam, referral to on call cardiologist at Baptist
B) Describe corrective or proactive action(s) taken (use additional sheets as necessary for complete response)
ACTS treatment of arrhythmia, re-evaluation by physician performing

IV. ANALYSIS AND CORRECTIVE ACTION
A) Analysts (apparent cause) of this incident (use additional sheets as necessary for complete response)
Cardiac arrhythmia not noted upon independent medical evaluation
and EKG performed for clearance for surgical procedure.

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

E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident
R. Gregory Smith, MD ME 0044578 ACTS Certified
Louellyn Hale, CRNA RN 3210392 ACTS Certified
Hollie Roberts, RN RN 3394372 ACTS Certified
Tami Powell - MA

<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"/> 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 <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	<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
---	--

D) Outcome of incident (Please check)

C) List any equipment used if directly involved in the incident
(Use additional sheets as necessary for complete response)

B) ICD-9-CM Codes
 none-anesthesia administration
 Surgical, diagnostic, or treatment
 Accident, event, circumstances, or
 incident being performed at time of
 specific agent that caused the injury
 or event
 (ICD-9-E-Codes)
 (ICD-9 Codes 01-99.9)
 (ICD-9 Codes 800-999.9)
 Resulting injury
 Arrhythmia

**Incident Report
Narrative Summary**

8/29/01

Patient: [REDACTED]

Physician: R. Gregory Smith, MD - MEOO44578

Summary:

The patient is a [REDACTED] who was 6 years s/p gastric bypass surgery who presented for Type IV Abdominoplasty after independent medical evaluation by [REDACTED] family physician. The patient had lost greater than #100 LBS after gastric bypass surgery and was very active often working out 5 days a week. [REDACTED] also had significant abdominal muscle relaxation and dehiscence secondary to childbearing, which did not respond to working out. A preoperative EKG was performed and showed no changes since [REDACTED] previous EKG. [REDACTED] was cleared for the surgery to be performed under Level II (IV Sedation) and Tumescant Local Anesthetic.

The CRNA and myself performed an immediate pre-op exam and the patient was given final clearance for surgery. [REDACTED] was then taken to the OR Suite, monitored and lightly sedated. A small amount of local anesthetic was injected at the stab incision site to be used to instill the tumescant local anesthesia in the abdominal fat layer and tumescence of the abdomen was begun with Klein's Solution. A total of 420cc of this solution had been instilled when we noted a single PVC. The patient's EKG was observed and Lidocaine 50mg was readied to give IV if necessary. The patient then demonstrated occasional PVC's, which stabilized as quadrageminy. This was then treated with 50 mg lidocaine IV and the arrhythmia was suppressed. At this point I told the CRNA that the surgery was cancelled and to partially reverse the narcotic given, but not the Versed, since the patient was easily arousable. The arrhythmia was suppressed with the lidocaine but returned and an additional 50mg of lidocaine was given. The patient was questioned and asked if [REDACTED] had any chest pain or discomfort and [REDACTED] said none whatsoever. [REDACTED] vital signs were completely stable. An additional 50 mg of Lidocaine was given when the arrhythmia returned but the arrhythmia again returned as either bigeminy, trigeminy or occasional PVC's with stable vital signs.

The patient's evaluating physician, Dr. Bomhart was contacted and he was informed of the above and that the patient was completely stable. Arrangements were made for [REDACTED] to be seen by him that day and my nurse and myself transported the patient to his office. An EKG was performed on the same machine as used in the pre-op evaluation and the ectopy was noted but no evidence of ischemia. Dr. Bomhart recommended a cardiology consult and called the Cardiologist -on-Call at Baptist Beaches Medical Center, Dr. Hancock. She recommended that we take the patient to Baptist Beaches Medical Center ER so she could see her later for probable admission to perform a cardiac workup.

My nurse and myself transported the patient to BMC-ER with the appropriate paperwork and [redacted] was checked into the ER. The ER physician, Dr. Don Smith, saw [redacted] one and one-half hours later and we were informed that the cardiologist would be in later to evaluate [redacted]. At this point I asked that [redacted] contact me after [redacted] evaluation. At approximately 1715 Dr. Hancock paged me and stated that it did not seem that [redacted] had had an MI and that this was probably a serendipitous uncovering of an occult conduction problem apparent from a strong family history of the same. She planned to do cardiac enzymes anyway and if negative would follow with an echocardiogram and stress test. The patient's cardiac enzymes were returned negative for MI. [redacted] had the echo and essentially a negative stress test, where the arrhythmia actually improved temporarily.

The cardiologist also scheduled the patient for a cardiac cath at the main Baptist Hospital under cardiologist, Dr. Shrank. The cath was performed and showed some occlusion but not requiring surgical intervention at this time. The patient was then started on several cardiac meds in an effort to control the arrhythmia and released to return to work and light exercise with plans in the future to do Holter monitoring.

The patient was seen by myself today and was doing well, feeling a little tired and still going to work. Routine vital signs showed the patient to still be in probable bigeminy with a pulse rate of 36 and Bp of 139/54. Dr. Hancock's office was informed. The patient will be rescheduled to be seen again by me in six weeks.

Specials
? hours

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

01 AUG 01 11:12:02

I. OFFICE INFORMATION

Name of office: Gainesville Radiology Group
City: Gainesville
Zip Code: 32601
County: Alachua
Name of Physician or Licensee Reporting: Mary Alderman MD
License Number: Same as above
Locating Information for Physician or Licensee Reporting: Same as above

II. PATIENT INFORMATION

Local: [Redacted]
Patient Identification Number: [Redacted]
Diagnosis: [Redacted]

III. INCIDENT INFORMATION

Incident Date and Time: 8/29/01 2:10:30-11am

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

Location of Incident:
 Operating Rm
 Recovery Rm
 Other: X-ray room

Age: 8/29/01
Gender: [Redacted]
Medical: Medicare
Date of Office Visit: 8/29/01
Purpose of Office Visit: IVP
ICD-9 Code for Diagnosis: 545.9

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

pt presented to our out-patient x-ray office for an IVP. He of allergy only to PCN. After injection of 100cc Omnipaque 300 non-ionic contrast medium pt developed a warm flush. Over the next 15-20 min [Redacted] complained of feeling lightheaded, gradual onset of blurred vision of headache. pt was aroused. [Redacted] BP 130/70 pulse 68 & regular, & difficulty breathing of hives; blood sugar = 102. [Redacted] began to complain of being sleepy. Over about 10 min [Redacted] became more difficult to arouse, but still responded to deep external rub and for some time to smelling salts. [Redacted] when [Redacted] began to get sleepy - 911 called. - Paramedics arrived within 5-10 min - pt transported to AGH ER. [Redacted] of US arrived from Nevada BP 2110-130 systolic & Pulse 6

ME 72835 DATE REPORT COMPLETED
8/29/01 TIME REPORT COMPLETED
1310
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT
LICENSE NUMBER

V. Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)
- Allergy screening in normal vector contrast administration
- was on non-contrast only

IV. ANALYSIS AND CORRECTIVE ACTION
A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)
Cause unclear - temporarily placed the contrast administration but no signs of a fine allergic reaction

F) List witnesses, including license numbers if licensed, and locating information if not listed above
Carol Wagner, RT, Pam Willis, RT, Mary Alderman, MD,
Lisa DeVault, RT

E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.
ME 72835 Mary Alderman, MD, physician performing exam
Carol Wagner, RT Radiographer
Pam Willis, RT
Lisa DeVault, RT
10586 Carol Wagner, RT Radiographer
32055 Pam Willis, RT
81439 Lisa DeVault, RT

<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"/> A procedure to remove unplanned foreign objects remaining from surgical procedure
<input type="checkbox"/> Spinal Damage	<input type="checkbox"/> Surgical procedure performed on the wrong patient
<input type="checkbox"/> Surgical procedure performed on the wrong site **	<input type="checkbox"/> Surgical repair of injures or damage from a planned surgical procedure
<input type="checkbox"/> Wrong surgical procedure performed **	<input type="checkbox"/> Death
<input type="checkbox"/> Surgical repair of injures or damage from a planned surgical procedure	<input type="checkbox"/> Brain Damage
<input type="checkbox"/> Surgical procedure performed on the wrong site **	<input type="checkbox"/> Spinal Damage
<input type="checkbox"/> Wrong surgical procedure performed **	<input type="checkbox"/> Surgical procedure performed on the wrong patient
<input type="checkbox"/> Surgical repair of injures or damage from a planned surgical procedure	<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"/> A procedure to remove unplanned foreign objects remaining from surgical procedure
<input type="checkbox"/> Spinal Damage	<input type="checkbox"/> Surgical procedure performed on the wrong patient
<input type="checkbox"/> Surgical procedure performed on the wrong site **	<input type="checkbox"/> Surgical repair of injures or damage from a planned surgical procedure
<input type="checkbox"/> Wrong surgical procedure performed **	<input type="checkbox"/> Death
<input type="checkbox"/> Surgical repair of injures or damage from a planned surgical procedure	<input type="checkbox"/> Brain Damage
<input type="checkbox"/> Surgical procedure performed on the wrong site **	<input type="checkbox"/> Spinal Damage
<input type="checkbox"/> Wrong surgical procedure performed **	<input type="checkbox"/> Surgical procedure performed on the wrong patient
<input type="checkbox"/> Surgical repair of injures or damage from a planned surgical procedure	<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

D) Outcome of Incident (Please check)
C) List any equipment used if directly involved in the incident (Use additional sheets as necessary for complete response)

B) ICD-9-CM Codes
Intravenous Pyelogram.
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 (ICD-9 E-Codes) or event.
Resulting injury (ICD-9 Codes 800-999.9)
of became non-responsive/ comat V.S. but stable
temporarily reinitiated to contrast injection

A) Describe circumstances of the incident (narrative)
 (use additional sheets as necessary for complete response)

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

Location of incident:
 Operating Rm
 Recovery Rm
 Other _____

Incident Date and Time: 11/10/00

III. INCIDENT INFORMATION

ICD-9 Code for Diagnosis: V50.1
 Purpose of Office Visit: _____
 Date of Office Visit: _____
 Age: 11-10-00
 Gender: _____
 Medicaid/Medicare: _____

Diagnosis: Cosmetic
 Patient Identification Number: _____

II. PATIENT INFORMATION

Street Address: 26261 Care Dr. #105
 Telephone: 850-877-2500
 License Number: ME-45387

Name of office: Flora J. Danis, MD
 City: Tallahassee Zip Code: 32308 County: Leon
 Name of Physician or Licensee Reporting: Flora J. Danis, M.D.
 Locating Information for Physician or Licensee Reporting: _____

I. OFFICE INFORMATION

SUBMIT FORM TO:
 Agency for Health Care Administration,
 Consumer Services Unit, Post Office Box 1400,
 Tallahassee, Florida 32317-4000

**PHYSICIAN OFFICE
 ADVERSE INCIDENT REPORT**

STATE OF FLORIDA
 Jeb Bush, Governor



SEP 7 11 29 AM '00

STATE OF FLORIDA

Handwritten notes:
 ? by Scott
 ? corrected
 ? faculty credentials

Incorrect nasal packing count

DATE REPORT COMPLETED TIME REPORT COMPLETED

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER

V. J. Daniels, MD
ME43387

Have written a protocol

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

No apparent cause or deviation from normal procedure found.

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analyze (apparent cause) of this incident (use additional sheets as necessary for complete response)

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

Flora J. Daniels, MD

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

<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 unperfected 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"/> Patient switched physicians	<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <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 laceration 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
--	---

D) Outcome of incident (please check) UNKNOWN

C) List any equipment used if directly involved in the incident (use additional sheets as necessary for complete response)

21.87	Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01.99.9)
998.4	Accident, event, circumstances, or specific agent that caused the injury (ICD-9 E-codes)
NONE	Resulting injury (ICD-9 Codes 800-999.9)

B) ICD-9-CM Codes

A) Describe circumstances of the incident (narrative)
 (use additional sheets as necessary for complete response)
 At 1005 Joke 140mg 150cc NS hung @ 1015 pt turned blue after pool breathing
 Belwella, McBarney and Dr. Scott in attendance. IV NS 1000 cc hung - 911
 not given 1020 Compression continued. O2 sat oral during in place
 Ambu bag on for air no pulse no breath sounds CPR continued
 1025 Ambulance arrived. Intubated. Patient - transferred to
 IRM A via ambulance - Lepree Keller RN

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

III. INCIDENT INFORMATION

Incident Date and Time: 9/12/01 1015
 Location of Incident: Operating Rm Other Chemo room
 Recovery Rm
 ICD-9 Code for Diagnosis: _____
 Patient Identification Number: _____
 Location of Incident: _____
 Date of Office Visit: _____
 Purpose of Office Visit: Chemo therapy
 Age: 9/12/01 Gender: _____
 Medicaid Medicare

II. PATIENT INFORMATION

Name of office: MICHAEL SCOTT M.D. & ASSOC
 City: VRD Beach Zip Code: 32960 County: INDIAN RIVER
 Name of Physician or Licensee Reporting: Fred Weeks
 License Number: _____
 Locating Information for Physician or Licensee Reporting: same
 Street Address: 1460 36th STREET
 Telephone: ME 0063716
561-562-7777
 License Number: _____



STATE OF FLORIDA
 Jeb Bush, Governor

PHYSICIAN OFFICE

ADVERSE INCIDENT REPORT (1 SEP 12 4:12:11)

SUBMIT FORM TO:

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

? Spauldy
 ? board case?

William T. McGarry, M.D.

Michaela G. Scott, M.D.

Frederick M. Weeks, M.D., FACP

1460 36th Street, Vero Beach, Florida

Name:

D.O.B.:

Dx:

Date

Weight

Temp.

Pulse

BP

MEDICATION:

JOHNSON, CHARLES

DOB: 08/11/29

09/12/01 - Mr. Johnson came in today for his third Taxol treatment. Mr. Johnson tolerated his first two cycles of Taxol well.

He walked in feeling well. Weight is 175 lbs. which is up only 2 lbs., pulse 70, blood pressure 126/61. Finger blood sugar test was 111.

The patient was given Decadron 4 mg and Tagamet 300 mg IV infused 45 minutes before Taxol. Ten minutes into his Taxol infusion, the patient suddenly stopped breathing and turned blue. Taxol was stopped.

The patient was not breathing, had no pulse, and CPR was initiated. An oral airway was then placed and an Ambu-Bag with oxygen support was used for ventilation. With the Ambu-Bag breath sounds could be heard in the chest.

The ambulance arrived within 8-10 minutes of the event. The patient was quickly intubated with good chest sounds. The patient was also given Atropine.

The patient was transferred to the hospital and admitted to the ICU. His wife has been notified.

FMW/sza

DATE REPORT COMPLETED
TIME REPORT COMPLETED

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT : LICENSE NUMBER

MR 0063710

[Handwritten signature]

V.

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

Account for cause of incident. CAUSE NOT IDENTIFIED -
 Account for cause of incident. CAUSE NOT IDENTIFIED -
 Account for cause of incident. CAUSE NOT IDENTIFIED -

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

IV. ANALYSIS AND CORRECTIVE ACTION

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

Dr. Lucy Cobb MD / 182734
 Dr. April Baker MD / 204792
 Dr. Misty Spader RN / 18058
 Dr. DRS Nurse & M. Wright Paramedic / 000000000
 Dr. [Name] / [License Number]

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

<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
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D) Outcome of Incident (Please check)

C) List any equipment used if directly involved in the incident (Use additional sheets as necessary for complete response)

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 (ICD-9 E-Codes)
 Resulting injury (ICD-9 Codes 800-999.9)

B) ICD-9-CM Codes
 190.0, 124.3, V58.1