

B) ICD-9-CM Codes

85041

unknown

none

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

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

Resulting injury (ICD-9 Codes 800-999.9)

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

Venipuncture kit

D) Outcome of Incident (Please check)

<input type="checkbox"/> Death	<input type="checkbox"/> Surgical procedure performed on the wrong site **
<input type="checkbox"/> Brain Damage	<input type="checkbox"/> Wrong surgical procedure performed **
<input type="checkbox"/> Spinal Damage	<input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure
<input type="checkbox"/> Surgical procedure performed on the wrong patient	** If it resulted in
<input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure	<input type="checkbox"/> Death
<input checked="" type="checkbox"/> Any condition that required the transfer outcome of the patient to a licensed hospital	<input type="checkbox"/> Brain Damage
Outcome of transfer - e.g., death, brain damage, observation only <u>ER</u>	<input type="checkbox"/> Spinal Damage
Name of facility to which patient was transferred <u>Brandon Regional Hospital</u>	<input type="checkbox"/> Permanent disfigurement not to include the incision scar
	<input type="checkbox"/> Fracture or dislocation of bones or joints
	<input type="checkbox"/> Limitation of neurological, physical, or sensory function;
	<input checked="" type="checkbox"/> Any condition that required the transfer outcome 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.

Jacqueline Pray RN 2650512 - RN drawing blood & with patient at all times

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

MARCIA WILCOX RN, RN9171349

IV. ANALYSIS AND CORRECTIVE ACTION

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

Unforeseen incident

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

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

LICENSE NUMBER

DATE REPORT COMPLETED

TIME REPORT COMPLETED

1/11/03 5-5-03

239
LFR



Get attached notes

STATE OF FLORIDA
Job Bush, Governor

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

RECEIVED
CONSUMER SERVICES UNIT
MAY -9 AM 9:59

SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Name of office Florida Center for Cosmetic Surgery

City Ft. Lauderdale Zip Code 33304 County Broward

Name of Physician or Licensee Reporting Debra Conn LHCRA

Patient's address for Physician or Licensee Reporting

Street Address 915 Middle River Drive

Telephone 954-565-7575

Registration # 38
License Number & office registration number, if applicable

II. PATIENT INFORMATION

[Redacted Patient Information]

Patient Identification Number
Diagnosis Rt hemothorax s/p Breast Augmentation

Age 41/8/03 Gender _____ Medicaid Medicare _____

Date of Office Visit 1 week post-op visit (DOS 4/11/03)

Purpose of Office Visit 998.11

ICD-9 Code for description of incident III
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

Incident Date and Time 4/18/03

Location of Incident
 Operating Rm Recovery Rm
 Other post-op exam room

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

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

Pt presented for 1 week post-op visit. Pt was SOB with diminished - absent breath sounds noted on right side. Pt sent to Holy Cross Hospital ER. Pt was diagnosed & Rt hemothorax. Pt underwent thoracoscopy + evacuation of hemothorax on 4/19/03. Chest tube was inserted. Pt remained in hospital until 4/23/03 when [redacted] was discharged in stable condition. Pt was seen in office on 4/28/03 for post-op visit. Hemoctue 10.1 Pt denied cl SOB. Pt is very pleased & surgical results and has made a complete recovery from noted complication.

new SOB 1 week after breast augmentation

B) ICD-9-CM Codes

85.5
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

E 879.9
Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

998.11
Resulting injury (ICD-9 Codes 800-999.9)

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

D) Outcome of incident (Please check)

<input type="checkbox"/> Death	<input type="checkbox"/> Surgical procedure performed on the wrong site **
<input type="checkbox"/> Brain Damage	<input type="checkbox"/> Wrong surgical procedure performed **
<input type="checkbox"/> Spinal Damage	<input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure
<input type="checkbox"/> Surgical procedure performed on the wrong patient	** If it resulted in
<input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure	<input type="checkbox"/> Death
<input checked="" type="checkbox"/> Any condition that required the transfer outcome of the patient to a licensed hospital	<input type="checkbox"/> Brain Damage
Outcome of transfer -- e.g., death, brain damage, observation only <u>evacuation of pneumothorax</u>	<input type="checkbox"/> Spinal Damage
Name of facility to which patient was transferred <u>Holy Cross Hospital</u>	<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 outcome of the patient

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

John Pinella MD ME 39619 - Surgeon 954-771-0582 Diane
Martene Bolston MA 593-01-1042 - Pt relations 954-491-5340
neither one works there anymore

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

IV. ANALYSIS AND CORRECTIVE ACTION

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

see attached note written by facility's medical director as surgeon is no longer on staff at the facility

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

same as above

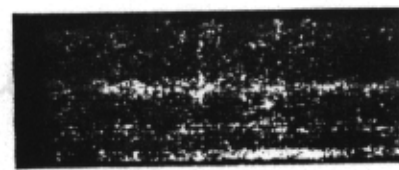
V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER

DATE REPORT COMPLETED

TIME REPORT COMPLETED

STATE OF FLORIDA
Jeb Bush, Governor



240
[Redacted]



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

Northwest Onc. Hemat Assoc
Name of office
Coral Springs 33065
City Zip Code
Broward
County
Dr Steven Weiss MD
Name of Physician or Licensee Reporting

8170 Royal Palm Blvd
Street Address
954 755-1904
Telephone
ME 057847
License Number
BW2300933

Locating Information for Physician or Licensee Reporting

II. PATIENT INFORMATION

David Hill
Patient Name
Locating Information
Patient Identification Number: SS # 223-40-0558A

69 y male Medicaid Medicare
Age Gender
4-25-03
Date of Office Visit
Hydration by IV 4-25-03
Purpose of Office Visit
ICD-9 Code for Diagnosis 153.9

no procedure

III. INCIDENT INFORMATION

4/25/03 April 20/1pm
Incident Date and Time

Location of Incident
 Operating Rm Recovery Rm
 Other Office (DR)

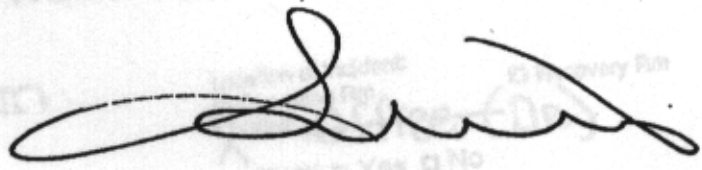
Note: If the incident involved a death, was the medical examiner notified? Yes No
Was an autopsy performed? Yes No

N/A

A) Describe Circumstances of the Incident (narrative)
(use additional sheets if necessary for complete response)

Family brought pt into office for IV hydration due to approx 10 loose stools in 24 hrs... temp down + 100 mg Lidocaine given. Became nauseated after gave pt some "soup" + Ondansetron 100mg IV drip given. According to [redacted] had "near syncope episode" which we did not witness. VS stable 120/48 88-18. Skin warm, dry, alert, oriented (? orthostatic hypotensive). Family enroute ER via ambulance but fearful ambulance would take them to a hospital there GI Dr, Cardiologist etc did not go they were more insistent put [redacted] in wheelchair -> car -> wheelchair -> ER at hosp of their choice. IV cath left. Pt put into a wheelchair & taken into bathroom feeding time (warm, dry, but diarrhea coming). Did not get up...

As I handed [redacted] an emesis basin [redacted] fell backwards (sitting in
[redacted] never even got up.. out of chair... Lost consciousness, eyes
rolled back, began to gasp for air & in less than 1 min
Sat straight up... skin warm, dry & acted like [redacted] n
Knew anything happened & proceeded to vomit x 2
yellow bile / "soup" approx amt 240cc. IV D5 1/2 NS
reconnected Pulse 88-20 140/56... O2 4L NC...
EMS called -> took to ER ~~ESMC~~ University Ho
EMS has 164180 82-18. Skin Remained warm
dry, now totally alert & oriented.



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The Amer. Board of Obstetrics & Gynecology: Certified

STATE OF FLORIDA
Jeb Bush, Governor

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

Subspecialty in
Repro. Endocrinology
& Infertility

No accreditation
⊕ hosp. prev.?

SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3275

no accreditation
from JCAHO

Baptist Hospital

I. OFFICE INFORMATION

Florida Institute for Reproductive Medicine

836 Prudential Drive, Suite 902

Name of office
Jacksonville 32207 Duval
City Zip Code County

Street Address
904-399-5620
Telephone

Kevin L. Winslow, M.D.
Name of Physician or License Reporting

ME 0047697

as above
Patient's address for Physician or License Reporting

License Number & office registration number, if applicable

II. PATIENT INFORMATION

[Redacted]

[Redacted]

Patient Identification Number
Infertility, endometriosis
Diagnosis

4/24/03 Date of Office Visit
Oocyte retrieval Purpose of Office Visit
628.9, 617.0 ICD-9 Code for description of incident
Level II Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

4/24/03 12:55 p.m.
Incident Date and Time

Location of Incident:
 Operating Rm Recovery Rm
 Other

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

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

See "Addendum '1'", Physician Office Adverse Incident Report

B) ICD-9-CM Codes

CPT Code - 58970 E 937.8 997.3
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-91.9) Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes) Resulting injury (ICD-9 Codes 800-999.9)

C) List any equipment used if directly involved in the incident There were no problems with equipment.
(Use additional sheets as necessary for complete response)
Monitor (BP, SaO₂, Oxygen %), Oxygen nasal cannula, non-rebreather mask, nebulizer

D) Outcome of incident (Please check)

<input type="checkbox"/> Death	<input type="checkbox"/> Surgical procedure performed on the wrong site **
<input type="checkbox"/> Brain Damage	<input type="checkbox"/> Wrong surgical procedure performed **
<input type="checkbox"/> Spinal Damage	<input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure
<input type="checkbox"/> Surgical procedure performed on the wrong patient	** if it resulted in
<input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from a surgical procedure	<input type="checkbox"/> Death
<input checked="" type="checkbox"/> Any condition that required the transfer outcome of the patient to a licensed hospital Discharged home 4/27/03 Outcome of transfer - e.g., death, brain damage, observation only <u>Diagnostic testing, anti-biotics</u> Name of facility to which patient was transferred <u>Baptist Medical Center</u>	<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 outcome 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.

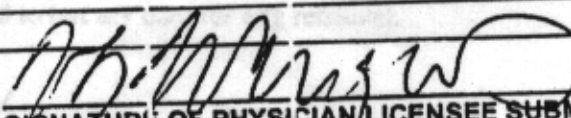
Kevin L. Winslow, M.D. - ME 47697
Teri McClure, C.R.N.A., A.R.N.P. - 1485122
Amelia Davis, R.N. - 3186202
Laura Cramer, R.N. - 2985652

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

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)
See "Addendum 'A'", Physician Office Adverse Incident Report

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)
See "Addendum 'A'", Physician Office Adverse Incident Report

V.  ME 47697
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT **LICENSE NUMBER**
5-5-03 2:30 pm
DATE REPORT COMPLETED **TIME REPORT COMPLETED**

STATE OF FLORIDA
Governor
ADDENDUM "A"
Physician Office Adverse Incident Report

Office: Florida Institute for Reproductive Medicine

Patient: [REDACTED]

Date of office visit: 4/24/03

III. INCIDENT INFORMATION

A) Describe circumstances of the incident (narrative)

(Use additional sheets as necessary for complete response)

- 1215 Pre-operative interview complete.
- 1230 Patient transported to OR, positioned on OR table. Monitors applied, O₂ nasal cannula. IV sedation with Versed/Fentanyl. Placed in lithotomy position to patient comfort. Dr. Winslow present. Propofol incrementally for vaginal prep. Procedure began without incident.
- 1255 Coughing incident at end of procedure with clear white production. Procedure completed, transferred to stretcher to PACU with SaO₂ 85%.
- 1310 Patient arrived OR via stretcher, HOB elevated, noted non-productive cough; skin pale, warm, and dry. O₂ sat @ 85%. Instructed patient to take deep breaths, applied O₂ @ 3L via NC increasing to 6L.
- 1320 SaO₂ @ 80%.
- 1325 Nebulizer treatment given by T. McClure C.R.N.A. Also, Dr. Winslow @ patient's bedside assessed and auscultated lung; telephone consult with pulmonary physician.
- 1330 SaO₂ @ 81%. Solumedrol 125 mg IVP given by T. McClure.
- 1335 Albuterol inhaler 2 puffs given.
- 1340 SaO₂ 84%.
- 1350 Albuterol inhaler 2 puffs given, SaO₂ 87%.
- 1355 Non-rebreather mask applied @ 10L, nasal cannula discontinued.
- 1400 Patient transferred to Baptist Medical Center ER with LR, IV left hand and patent, O₂ @ 10L via non-rebreather, pulse oximetry, transported via chair with Dr. Winslow, T. McClure C.R.N.A., and Amelia Davis R.N.

IV. ANALYSIS AND CORRECTIVE ACTION

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

Hypoxemia due to suspected gastric aspiration, versus bronchospasm from increased salivary secretions. Patient responsive to albuterol inhaler/nebulizer with increased saturated oxygen, but not to pre-op levels. Hospital admission required for differential diagnosis and 24-hour observation if in fact aspiration occurred.

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

Additional equipment added to office emergency supplies include: 1) Aerosol nebulizer with albuterol/normal saline; 2) Non-rebreather mask; 3) Humidified oxygen. Transfer procedures reviewed and critiqued. Quality assurance reviewed for patient NPO status with addition of clear liquid or light meal evening prior to retrieval. Discussion concerning limitation of patients with BMI > 35 being admitted to tertiary care for egg retrieval.

Signed:


Kevin L. Winslow, M.D., P.A.


Amelia Davis, R.N.


Teri McClure, C.R.N.A., A.R.N.P.


Laura Cramer, R.N.

242
185



STATE OF FLORIDA
Jeb Bush, Governor

03 APR 25 AM

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

Southeastern Urological Center, PA
Name of office

Tallahassee 32308 Leon
City Zip Code County

James C. Springer MD.
Name of Physician or Licensee Reporting

Same as above
Patient's address for Physician or Licensee Reporting

2000 Centre Pointe Blvd
Street Address

850-309-0400
Telephone

ME 0056136
License Number & office registration number, if applicable

no procedure

II. PATIENT INFORMATION

[Redacted Patient Information]

[Redacted] Patient Identification Number
Hematuria
Diagnosis

Age 4-10-03 Gender Male Medicaid Medicare

Date of Office Visit Follow up visit with Gray

Purpose of Office Visit procedure

ICD-9 Code for description of incident NA

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

4-10-03 @ 9 AM
Incident Date and Time

Location of Incident:
 Operating Rm Recovery Rm
 Other Dr's office

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

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

Patient arrived for IVP to assess hematuria, was injected with 100cc Isovue 300 non ionic contrast and developed an allergic reaction including shortness of breath, tingling, aphasia, and inability to follow commands. Treated with Benadryl 50mg IV, Selin Medrol 250mg IV and 3 Albuterol respiratory treatments. [Redacted] was then transported by ambulance to Tallahassee Memorial Healthcare for continued treatment.

B) ICD-9-CM Codes

74400
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

Isovue 300
Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

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

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

(Use additional sheets as necessary for complete response)

N/A

D) Outcome of Incident (Please check)

<input type="checkbox"/> Death	<input type="checkbox"/> Surgical procedure performed on the wrong site **
<input type="checkbox"/> Brain Damage	<input type="checkbox"/> Wrong surgical procedure performed **
<input type="checkbox"/> Spinal Damage	<input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure
<input type="checkbox"/> Surgical procedure performed on the wrong patient	** if it resulted in
<input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure	<input type="checkbox"/> Death
<input checked="" type="checkbox"/> Any condition that required the transfer outcome of the patient to a licensed hospital	<input type="checkbox"/> Brain Damage
Outcome of transfer - e.g., death, brain damage, observation only	<input type="checkbox"/> Spinal Damage
Name of facility to which patient was transferred <u>Jullahassee Memorial</u>	<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 outcome 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.

Robert Bradford MD physician HE006502 Byron Blasko ARNP-pract 1554
Dianne Flynn RN staff nurse RN 1141942
Bonnie Clark RN of Director RN 1340132
Laura Brittain RT Radiology Tech 16902
Kathy Sims RT Radiology Tech 17636

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

N/A

IV. ANALYSIS AND CORRECTIVE ACTION

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

Allergic reaction to dye noted and documented.
Don't use contrast used but future radiologic needs for this patient will omit dye after part IV.

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

Noted allergy in medical record -

V.

James C. Springer MD ME 0056136
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER

4/1/03
DATE REPORT COMPLETED

10:30 AM
TIME REPORT COMPLETED

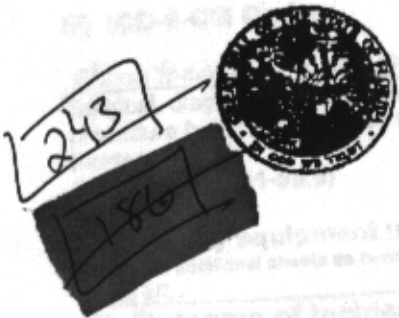
STATE OF FLORIDA
Jeb Bush, Governor

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

RECEIVED
CONSUMER SERVICES UNIT

03 MAY 21 AM 8:06

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



I. OFFICE INFORMATION

Oncology/Hematology Assoc. of W. Broward
Name of office

7431 N. University Dr. Ste 110
Street Address

TAMPA 33321 BROWARD
City Zip Code County

954-726-0035
Telephone

SUMIT SAWHNEY MD
Name of Physician or Licensee Reporting

ME 72890
License Number

7431 N. University Dr. Ste. 110
Location information for Physician of Licensee Reporting

no procedure

II. PATIENT INFORMATION

[Redacted Patient ID]

Medicaid Medicare

malignant Lymphoma
Diagnosis

05/07/03
Date of Office Visit
chemotherapy infusion
Purpose of Office Visit
202.80
ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

05/07/03
Incident Date and Time

Location of Incident:
 Operating Rm Recovery Rm
 Other PHYSICIAN OFFICE
CHEMO ADMINISTRATION ROOM

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

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

Patient on first time Rituxan infusion, premedicated with Tylenol
2 tabs and Dexameth 50mg IV @ 0830. Rituxan 750mg in 500cc NS infusion
begun @ 845. @ 945 pt c/o itching in throat, Rituxan infusion stopped, MD informed
fluoride 100mg given IV in 50cc NS. B/P 122/87 P-65, no c/o SOB, no
rest noted. pt c/o abdominal pain, Dr. informed, to chemo room to
evaluate patient. Dexameth 25mg given slow-IV @ 1005. Continued complaints,
Dr. Sumitney & patient, Dexameth 25mg given @ 1010 slow-IV. Pain persists, pt
assisted to bed for abdominal exam by MD. Dexameth 50mg given slow-IV
@ 1015. B/P 170/110, EMS contacted, pt transported to UCH - ER via
EMS transport @ 1040.

B) ICD-9-CM Codes

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

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

Resulting injury
(ICD-9 Codes 800-999.9)

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

None

D) Outcome of Incident (Please check)

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

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

<u>SUMIT SAATHY MD</u>	<u>7431 N. University DR</u>	<u>physician</u>
<u>NANCY POLUSO RN RN952582</u>	<u>same</u>	<u>chemo nurse</u>
<u>LOENA DAWKINS RN RN1567892</u>	<u>same</u>	<u>chemo nurse</u>
<u>SUSAN ROTHENBERG RN RN1148592</u>	<u>same</u>	<u>nursing supervisor</u>

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

same

IV. ANALYSIS AND CORRECTIVE ACTION

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

chemotherapy REACTION

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

continued vigilance of patients receiving chemotherapy

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME0072890
LICENSE NUMBER

DATE REPORT COMPLETED

TIME REPORT COMPLETED



15 Beaulac American Board of Obstetrics & Gynecology accredited

STATE OF FLORIDA
Jeb Bush, Governor

RECEIVED
CONSUMER SERVICES UNIT

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

03 MAY 28 AM 8:11

244
187

not accredited

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

no JCAHO accreditation

I. OFFICE INFORMATION

Jasin Facial Rejuvenation Institute
Name of office

Longboat Key 3422 Sarasota
City Zip Code County

Michael E. Jasin M.D.
Name of Physician or Licensee Reporting

SAME AS ABOVE
Locating Information for Physician or Licensee Reporting

201 Gulf of Mexico Dr #6
Street Address 813-97
(941) 387-7861 813-975-3223
Telephone
ME 40087
License Number

Transfer to hosp
no sexual

⊕ hosp rev.
Sa V Doctor Hospital
Tampa, FL Univ. comm. hosp
HCA Ambulate
Care center

II. PATIENT INFORMATION

[Redacted Patient Information]

[Redacted Patient Identification Number]
Patient Identification Number
Facial Rhytids
Diagnosis

[Redacted Patient Information]
Age Gender Medicaid Medicare
05-06-03
Date of Office Visit
Surgery
Purpose of Office Visit
701.8
ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

05-06-03 10:15A.M.
Incident Date and Time

Location of Incident:
 Operating Rm
 Recovery Rm
 Other

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

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

SEE ATTACHED

Chest pain - no MI
after laser resurfacing of
you under local

B) ICD-9-CM Codes

212.88		
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 81-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)

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

D) Outcome of Incident (Please check)

<input type="checkbox"/> Death	<input type="checkbox"/> 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 checked="" type="checkbox"/> Any condition that required the transfer of the patient to a licensed hospital	<input type="checkbox"/> Brain Damage
	<input type="checkbox"/> Spinal Damage
	<input type="checkbox"/> Permanent disfigurement not to include the incision scar
	<input type="checkbox"/> Fracture or dislocation of bones or joints
	<input type="checkbox"/> Limitation of neurological, physical, or sensory function;
	<input type="checkbox"/> Any condition that required the transfer of the patient

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

MICHAEL E. JASIN, ME 40087 - SURGEON
 WESLEY S. MAHAN, RN, - WAS PRESENT FOR & LATER CASE # RNP 54980:
 SHERRY E. HOUKEN, RN, CNOR - RN - 2197172 - SURGICAL NURSE
 ALLEN MAUBSBY, RN - RN 1441002 - NEW EMPLOYEE OBSERVING PROCEDURE.

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

PAT CARTER M.A. - CIRCULATOR

IV. ANALYSIS AND CORRECTIVE ACTION

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

STAFF WAS IN SERVICE TO QUESTION PATIENTS @ INITIAL VISIT AS TO ANY "ANXIETY" RELATED ISSUES AND ALSO @ PRE-OPERATIVE VISIT. PATIENTS CURRENTLY ARE QUESTIONED ABOUT CARDIAC HISTORY

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

SEE ABOVE

V.

Michael E. Jasin
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

40087
 LICENSE NUMBER

05-16-03
 DATE REPORT COMPLETED

1:30 P.M.
 TIME REPORT COMPLETED

On May 6, 2003 patient was scheduled for periorbital laser resurfacing and implants to nasolabial folds using local anesthesia. Procedure began @ 9:05AM. Laser procedure was completed without incident. 5cc of 1-% lidocaine with Epinephrine 1:100,000 were injected prior to start of implant placement. Shortly after receiving the injections, the patient complained of pain and heaviness in chest. vital signs remained stable and sated had previously experienced "anxiety attacks like this" over the past 10 years since son had died. also stated that had a stress test earlier this year and no problems had been found. When questioned by Dr. Jasin as to why had failed to mention this information on initial health history and again when came for pre-op visit, stated didn't think it was important since the tests were negative. was questioned to determine if chest pain remained and the quality of discomfort. acknowledged that the pain was still present, Dr. Jasin recommended that NTG. Be given. was reluctant due to a "severe headache" had previously experienced from NTG. Dr. Jasin requested Wes Mahan, CRNA to administer ½ (150mg) tab. To patient. Mr. Mahan, CRNA was in the office preparing for the next case. All the patients' vital signs remained stable throughout. Dr. Jasin decided to cancel the implant procedure and was transported to the recovery area by wheelchair where was re-connected to monitors and O2 @ 2L were administered by nasal cannula. After talking with it was determined that the stress test had been performed in 2002 not 2003 as thought. Dr. Jasin requested a call be placed to cardiologist so he could speak to him. Dr. Anderson was making rounds at Sarasota Memorial Hospital and the cardiologist in the office advised us to send to the hospital rather than to the office. Dr. Jasin talked with both and requested that we call 911 to transport. Both the and did not want to go by ambulance. The remaining ½ tab. of NTG. Was administered and patient stated the discomfort and pain improved. After continued recommendation that be transported to the hospital by ambulance, both and refused and stated that they would go directly to SMH emergency room (approx. 5-10min). cardiologist office was notified of plans and they were notifying Dr. Anderson of arrival so he could meet

Later that evening, Dr. Jasin contacted and was informed that was admitted, per hospital policy for all patients with chest pain, for

overnight observation. The next day we spoke to [redacted] at home. [redacted] stated all tests were negative for cardiac problems and it was anxiety related. [redacted] also wanted to re-schedule the cancelled procedure. Dr. Jasin said he would talk to [redacted] the next day when [redacted] come for a post-op visit but that he would need clearance from [redacted] cardiologist prior to any further procedures. Dr. Jasin also suggested that if the procedure was done, [redacted] should receive IV sedation to lessen [redacted] anxiety. He also advised [redacted] to always mention [redacted] history prior to having any procedures. [redacted] is being followed and is healing nicely from [redacted] laser procedure. We have sent a request to Dr. Anderson to release [redacted] medical records as they pertain to [redacted] hospital visit and tests and also a note clearing [redacted] for any further procedures.

Sheryl Henken
Sheryl Henken RN, CNOR

INCIDENT INFORMATION

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

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

215
488



STATE OF FLORIDA
Job Bush, Governor

RECEIVED
CONSUMER SERVICES UNIT

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

03 JUN -3 AM 8:16

SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

FHOC
Name of office
Sun City Center 33573 Hillsborough
City Zip Code County
Doris Jones LPN
Name of Physician or Licensee Reporting
Patient's address for Physician or Licensee Reporting

4031 Upper Creek Dr
Street Address
813-633-2733
Telephone
License Number & office registration number, if applicable

no procedure

II. PATIENT INFORMATION

[Redacted]
Patient Identification Number
FE deficiency anemia 280.9
Diagnosis

[Redacted]
Age 5/21/23 Gender Female Medication None
Date of Office Visit 7/16
Purpose of Office Visit 186:50
ICD-9 Code for description of incident
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

5/21/03 12:00
Incident Date and Time

Location of Incident:
 Operating Rm Recovery Rm
 Other Exam Room

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

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

I took pt to room + was taking [Redacted] B/P when [Redacted] stated [Redacted] was having chest pain. I asked when the pain started + [Redacted] stated the moment [Redacted] sat down. B/P 130/62 P96. I asked if [Redacted] wanted me to call 911. [Redacted] said [Redacted] could go across the street to Dr. Behrke's office. I called Behrke's office + was told the dr's were not seeing pts. I performed pt + told [Redacted] I would call 911. I then informed Dr. Dymarkov. Dr. Dymarkov came in the room questioning pt re: [Redacted] condition. He told me to get O2 for pt + call 911. Pt was administered O2 @ 2L + 911 notified. Pt requested going to bathroom. I went to pt to bathroom. Pt passed black stool. EMS came, gave EKG to pt. Questioned pt re: pain