

Hives -> In solution
 Syncope episode on
 way out door,
 symptomatic
 NO procedure



173

STATE OF FLORIDA
 Jeb Bush, Governor

PHYSICIAN OFFICE
 ADVERSE INCIDENT REPORT

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

RECEIVED
 CONSUMER SERVICES UNIT
 02 APR 15 AM 11:56

I. OFFICE INFORMATION

Watson Clinic LLC
 Name of office
Lakeland FL 33805 Polk
 City Zip Code County
William Hall RN
 Name of Physician or Licensee Reporting
1600 LAKELAND HILL BLVD
 Location Information for Physician or Licensee Reporting

1600 LAKELAND HILL BLVD
 Street Address
863-680-7000, 863-680-7265
 Telephone
863-2515752
 License Number

II. PATIENT INFORMATION

[Redacted Patient Information]
 Patient Identification Number
Syncope
 Diagnosis

[Redacted Patient Information]
 Age 4/2/02 Gender Medicaid Medicare
 Date of Office Visit
HIVES
 Purpose of Office Visit
9953
 ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

4/2/02 1630
 Incident Date and Time

Location of Incident:
 Operating Rm Recovery Rm
 Other DOCTOR'S OFFICE

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

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

Patient seen in the Urgent Care Dept for c/o "hives all over body". Seen by physician and treated with SoluMedrol 12 mg IM and Claritin 5mg by mouth. Discharged from Dept in company of [Redacted]. As patient was leaving building he had a syncope episode. Was returned to Urgent Care Dept. IV fluids bolus of 500ml given. Physician monitor + pulse ox. Monitor showed sinus rhythm - bradycardia. Pt felt diaphoretic, dizzy. Approx 20 min after returned to Urgent Care Dept monitor showed inverting "P" waves on EKG. Nurse called physician. Internal medicine physician admitted pt to local hospital. Pt had to wait in dept for bed 6 hours. @ 1845 pt c/o RSM / hives returning. Urgent Care physician ordered Cimetidine 300mg IV. Pt arrived at hospital at 1000am via ambulance to hospital via PAV accompanied by [Redacted].

1 of 2 pages
 Form #

8:00 487 4201 P.05/07

AHCA CONSUMER SERVICES

MAY-30-2000 15:53

B) ICD-9-CM Code:

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

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

7802 Syncope
Resulting injury (ICD-9 Codes 800-999.9)

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

D) Outcome of Incident (Please check)

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

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

William Hou RN 18601 2515752, Cindy Oster RN - Emergency, Respike Team - IV RN 1734156
Tawna Hutton NLM Ed Tech - Emergency, Respike Team member - IV Amy Matulis LPN - Urgent Care Team
Wash RN 1045511

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

IV. ANALYSIS AND CORRECTIVE ACTION

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

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

IV fluids administered Pt monitored for B/P, Pulse, Resp, O2 Sat.

V.

[Signature]
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT RN 2515752
4/10/02 LICENSE NUMBER

DATE REPORT COMPLETED 8:50 TIME REPORT COMPLETED

To urgent care
for exam
of infection
Dental Surg / pharynx
Rx: Tylenol, Ibuprofen
Confid, SOB
NO procedure

RECEIVED
CONSUMER SERVICES UNIT
02 APR 19 AM 7:58

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

Watson Clinic LP
Name of office
LAKELAND FL 33805 POLK
City Zip Code County
William Hall RN
Name of Physician or Licensee Reporting
863-680-7265
Locating Information for Physician or Licensee Reporting

1600 Lakeland Hills Blvd
Street Address
863-680-7000
Telephone
251575-2
License Number

II. PATIENT INFORMATION

[Redacted]
Patient Identification Number or
ADVERSE DRUG REACTION
Diagnosis

[Redacted] Medicaid Medicare
2/20/02 Date of Office Visit
STREP THROAT Purpose of Office Visit
4102 ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

2/20/02
Incident Date and Time

Location of Incident:
 Operating Rm Recovery Rm
 Other

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

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

Patient presented by Urgent Care dept for evaluation @ fever and infection. 2 Extra Strength Tylenol given for fever as Dental Surg / pharynx 25mg Em for comfort. Rocephin 1gram Im given. Pt sent to radiology dept for chest xray. Within minutes of receiving medications pt has an apparent hysterical or confused state. [Redacted] stated short of breath, felt very weak and wanted to lay down. [Redacted] was transported back to Urgent Care where [Redacted] was placed on monitor (pulse ox, O2 applied. Narcan - 1mg x 5 doses. Pt was given IV. Pt transferred to Lakeland Regional Medical Center Emergency Department via Polk County EMS Ambulance.

B) ICD-9-CM Code:

99.2

1299.9

933.2

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

99214

Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Code) 995.2

Resulting injury (ICD-9 Codes 600-999.9)

298.9

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	** # 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.

Doris Amy Marmas

PN-1045511

Stephanie Reagan MA

Watson Cubic LP

Carmen McGill R

Robert Estupian OC 50693 MD

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)

ADVERSE DRUG REACTION

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

Notify OHA of IVP x5. Transfer to local hospital via ambulance

V.

William R. [Signature]

RN 251575-2

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

LICENSE NUMBER

4/5/02

1500 hr

DATE REPORT COMPLETED

TIME REPORT COMPLETED



*1 visit
Coulter
Arrest*

*Bleeds
the
ovary
after
my
surgery
I
don't
know
if
it's
normal
I
don't
know
if
it's
normal
I
don't
know
if
it's
normal*

175

Edward H. Illions, MD
Medical Director

SyMe Roberge, PhD., HCLD
Laboratory Director

Infertility • Assisted Reproduction (IVF) • Gynecologic Endoscopy • Laser & Microsurgery

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

I. Office Information

Fertility Institute of South Florida
Plantation, Florida 33317
Broward County
Dr. Edward H. Illions, M.D.

4100 South Hospital Drive, Suite 209
(954)791-1442

ME-0062745

*Case
x 6226*

II. Patient Information



Date of office visit: 3/26/02
Purpose of visit: Egg retrieval

Diagnosis: Infertility

ICD-9 Code for Diagnosis: 628.9

III. Incident Information

Incident date & time: 3/26/02 at 11:30 a.m.
Location of incident: Procedure room

Note: If the incident involved a death, was the medical examiner notified? N/A
Was an autopsy performed? N/A

A) Describe circumstances of the incident (narrative)

Please see attached dictation report.

B) ICD-9-CM Codes

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

Accident, event, circumstances, or specific agent that caused the injury or event.
(ICD-9 E Codes)
998.11 Hemorrhage complicating a procedure

Fertility Institute of South Florida



In fertility • Assisted Reproduction (IVF) • Gynecologic Endoscopy • Laser & Microsurgery

Resulting injury (ICD-9 Codes 800-999.9)

957.1 Cardiac complications during or resulting from a procedure

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

N/A

D) Outcome of Incident

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

Fertility Institute of South Florida

4100 South Hospital Drive, Suite 209 • Plantation, Florida 33317
(954) 791-1442 • Fax: (954) 791-1887 • Web: www.fiafertilityinstitute.com

RECORDED
CONSUMER SERVICES UNIT
02 APR 22 AM 8:30



Edward H. Illions, MD
Medical Director

Sylvie Roberge, PhD., HCLD
Laboratory Director

fertility • Assisted Reproduction (IVF) • Gynecologic Endoscopy • Laser & Microsurgery

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

Dr. Edward Illions

INVOLVEMENT: surgeon; involved in resuscitative measures

License # ME0062745

Fertility Institute of South Florida

4100 South Hospital Drive, Suite 209

Plantation, FL 33317

(954)791-1442

Dr. Neelkanth Vishnu Palkar

INVOLVEMENT: anesthesiologist during procedure; returned to patient post-event; not involved in resuscitative measures

License #ME61623

Sheridan Healthcorp, Inc.

1613 N. Harrison Parkway, Suite 200

Sunrise, FL 33323

(954)838-2532

Dr. Stuart Leaderman

INVOLVEMENT: anesthesiologist who first responded to the call to the hospital for assistance; arrived after resuscitative measures

License #OS6887

Sheridan Healthcorp, Inc.

1613 N. Harrison Parkway, Suite 200

Sunrise, FL 33323

(954)838-2532

Jo Wood, R.N.

INVOLVEMENT: recovery nurse; attended patient intra-operatively; participated in resuscitative efforts

License #RN2558562

Plantation General Hospital

Fertility Institute of South Florida

4100 South Hospital Drive, Suite 209 • Plantation, Florida 33317
(954) 791-1442 • Fax: (954) 791-1887 • Web: www.flfertilityinstitute.com

Edward H. Illions, MD
Medical Director

Sylvie Roberge, PhD., HCLD
Laboratory Director



Infertility • Assisted Reproduction (IVF) • Gynecologic Endoscopy • Laser & Microsurgery

Meryl Illions, R.N.
INVOLVEMENT: participated in resuscitative efforts
License # RN: 782252
Fertility Institute of South Florida
4100 South Hospital Drive, Suite 209
Plantation, FL 33317
(954)791-1442

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

Crystal S. King
Certified Scrub Technician
Plantation General Hospital

Jennifer Locascio
Front Desk Clerk
Fertility Institute of South Florida

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident

The lateral aspect of the patient's cervix was perforated during a transvaginal aspiration of oocytes and this was repaired immediately.

During the evening of the event, while the patient was hospitalized, [REDACTED] was taken to the operating room for a laparotomy that revealed a bleeding right ovary.

B) Describe corrective or proactive action(s) taken

Emergency procedures are to be reviewed with all staff members.

An emergency preparedness drill will take place on an annual basis that incorporates a clinical emergency in addition to the usual emergency drills for fire and safety.

Fertility Institute of South Florida

4100 South Hospital Drive, Suite 209 • Plantation, Florida 33317
(954) 791-1442 • Fax: (954) 791-1887 • Web: www.flafertilityinstitute.com



Edward H. Milons, MD
Medical Director

SyMe Roberge, PhD., HCLD
Laboratory Director

In fertility • Assisted Reproduction (IVF) • Gynecologic Endoscopy • Laser & Microsurgery

V. SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

Ed Milons MD

Physician Signature

License Number: ME0062745

Date Report Completed: 4/12/02 Time Report Completed: 0900

Fertility Institute of South Florida

4100 South Hospital Drive, Suite 209 • Plantation, Florida 33317
(954) 791-1442 • Fax: (954) 791-1887 • Web: www.florfertilityinstitute.com



Edward H. Illions, MD
Medical Director

Sylvie Roberge, PhD, HCLD
Laboratory Director

Infertility - Assisted Reproduction (IVF) - Gynecologic Endoscopy - Laser & Microsurgery

REPORT

PATIENT NAME: [REDACTED]
DATE OF DICTATION: 3/26/02

[REDACTED] underwent a transvaginal aspiration of oocytes as part of [REDACTED] in vitro fertilization procedure today. After appropriate consents were obtained, the patient received intravenous sedation with Diprivan (propofol) and underwent a transvaginal retrieval guided by ultrasound. The procedure went uneventfully and 2 oocytes were retrieved and evaluated by the embryology lab. The patient, initially, received 400 mg or 2 ampules of Diprivan during the procedure. At the completion of the procedure, vaginal inspection demonstrated that the patient was bleeding from the lateral aspect of the cervix and this appeared to be an arterial bleed. This area was clamped and pressure was applied, and after approximately 5-6 minutes, the bleeding completely stopped. During the time frame that the area was clamped and pressure was applied, [REDACTED] did receive an additional 200 mg of Diprivan. The procedure was completed around 11:15 a.m.

At approximately 11:30 a.m. to 11:35 a.m., I was called back into the room, at which time the patient had become unresponsive. The patient was quite pale and lying in a supine position.

A quick examination failed to demonstrate any carotid pulse. Auscultation over the heart with a stethoscope was performed and no cardiac activity was demonstrated. At that time, the patient did not appear to have any spontaneous respirations. CPR was initiated to include chest compression and bagging with an Ambu bag. At approximately 11:37 hours, 911 was called, and in addition, anesthesia from Plantation Hospital was called and Dr. Ledermann arrived within approximately 5 minutes.

Within a very short time after initiating CPR and well in advance of the arrival of anesthesia, the patient did have resumption of cardiac activity and spontaneous respirations. Heart rate was approximately 85-88 beats per minute on the monitor and appeared to be sinus rhythm. The patient began moving extremities without any difficulty and was awake and talking within approximately 5-8 minutes thereafter. The patient was still quite pale and appeared somewhat confused initially; however, [REDACTED] did quickly inquire about the results of the retrieval as [REDACTED] level of consciousness increased.

At that point, we canceled the 911 as [REDACTED] was completely alert and talking at that time, and in fact, [REDACTED] had come in the room and was talking to the patient as well. The patient continued to be monitored, both on the cardiac monitor and with pulse oxymeter, with all vital signs were stable and [REDACTED] pulse oxymetry reading as well remained in the 98%-100% O2 saturation.

Fertility Institute of South Florida

4100 South Hospital Drive, Suite 209 • Plantation, Florida 33317
(954) 791-1442 • Fax (954) 791-1887 • Web: www.fertilityinstitute.com

FILE: [REDACTED]
Page No. 2

The recovery room nurses were watching the patient, and Dr. Ledermann did come in to evaluate the patient at this time. The patient was questioned by Dr. Stuart Ledermann. Dr. Falke, also from anesthesia, arrived a short time thereafter. Dr. Ledermann and Dr. Falke reviewed the case and the chart. The patient continued to do reasonably well at this time and was alert and conscious with stable vital signs. Thereafter, the nurses did attempt to sit [REDACTED] up in a chair, at which time [REDACTED] blood pressure did fall and [REDACTED] became lightheaded at that time.

At this point, we decided to transport the patient to the emergency room in Plantation Hospital for continued evaluation and monitoring; 911 was called and they did arrive and transported the patient in satisfactory condition to Plantation Emergency Room. I did go over to speak with the patient at approximately 1420 hours, and [REDACTED] was already initially evaluated by the emergency room doctor. I discussed the case, and based upon the transient cessation of cardiac activity, he recommended 23-hour admission for observation to telemetry unit at Plantation.

Sit labs were obtained in the emergency room, and [REDACTED] was placed on a cardiac monitor with [REDACTED] pulse stable again between 85 and 90 beats per minute. Cardiac enzymes were ordered q.8h.x3 and consult was placed for cardiology and neurology. We discussed the planned admission with the [REDACTED] and the [REDACTED] and both were in agreement with that course of action.

Thank you.

Sincerely,



Edward H. Illions, M.D.
EHI/JSP

Dictated but not verified, subject to dictation/transcription variance.

Fertility Institute of South Florida

4100 South Hospital Drive, Suite 200 • Plantation, Florida 33317
(954) 791-1442 • Fax: (954) 791-1887 • Web: www.illionsinstitute.com

Bleeding of
liver bx

176



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

DEATH

I. OFFICE INFORMATION

Radiology Regional Center
Name of office
Fort Myers, FL 33901 Lee
City Zip Code County
Bette Harig, M.D.
Name of Physician or Licensee Reporting
Locating Information for Physician or Licensee Reporting

3680 Broadway
Street Address
(941) 936-2316
Telephone
ME 65645
License Number

II. PATIENT INFORMATION

[Redacted]
[Redacted]
Patient Identification Number
Jaundice
Diagnosis

[Redacted]
04/02/02 Date of Office Visit
Liver Biopsy Purpose of Office Visit
782.4
ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

04/02/02 11:30 A.M.
Incident Date and Time

Location of Incident:
 Operating Room
 Recovery Room
 Other, Doctor's Office

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

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

Following a CT guided liver biopsy procedure patient experienced internal bleeding.
Following close monitoring and evidence of continued bleeding based on rescan via
CT and a drop in blood pressure 911 was called and patient was transported by EMS
to Southwest Florida Regional Hospital at 12:30 p.m.

B) ICD-9-CM Codes

<u>CPT 47000, 76003, 50.11</u>	<u>E870.5</u>	<u>864.05</u>
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-89.9)	Accident, event, circumstances, or specific agent that caused the injury or event (ICD-9 E-Codes)	Resulting Injury (ICD-9 Codes 800-885.9)

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

Picker PQ2000 CT unit, 18 gauge core ASAP biopsy gun

D) Outcome of Incident (Please check)

<input checked="" type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure <input type="checkbox"/> Any condition that required the transfer of the patient to a licensed hospital	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure ** if it resulted in <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input 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.

Radiologist: Betty Mae Harris, M.D. ME 65645 SS#: 580-09-3302
Mary Cummings (FL56437, ARRT 153024); Jose Velez (FL57835, ARRT 330481):
Lisa Mahone (FL0892, ARRT 180885); James Hoffman (FL-EMT 64944, Paramedic 12773)

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

IV. ANALYSIS AND CORRECTIVE ACTION

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

Despite PT and PTT results within normal limits, patient experienced abnormal bleeding following CT guided needle biopsy procedure.

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

Isolated event, Outcome extremely rare. Review of procedures suggests that protocols were followed.

V.

Betty Mae Harris MD
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT ME 65645
 DATE REPORT COMPLETED 4/22/01 TIME REPORT COMPLETED 8:30 A.M. LICENSE NUMBER

2 of 2 pages Reported incident on "Code 15" form on 4/16/02.
 Form #

Chest pain
in waiting room
NO procedure

177



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

ECIC-Brandon
Name of office

401 Vanderburg Drive
Street Address

Brandon FL 33511 Hillsborough
City Zip Code County

(813) 684-2339
Telephone

Maria Trice R.N.
Name of Physician or Licensee Reporting

License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

Pat [Redacted]
Pat [Redacted]

Age Gender Medicaid Medicare

Thrombocytosis, Chest Pain
Patient Identification Number
Diagnosis

No appointment
Date of Office Visit

Patient walked in.
Purpose of Office Visit

ICD-9 Code for description of incident

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

4-18-02 ~ 11:00 AM
Incident Date and Time

Location of Incident:
 Operating Rm Recovery Rm
 Other Waiting Room

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

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

Pt came in to office requesting lab results & sat down in waiting room. Another patient reported to nurse that the patient didn't appear well. Approached pt. patient stated having chest pain, left arm pain, numbness/tingling of left side of head since previous evening. Pt. was accompanied by [Redacted] & both are primarily spanish speaking. Pt. was put in wheelchair & brought to exam room #2 for assessment. "911" called while starting O2 @ 2L/NC. Dr. Nagamia to room @ pt's side. Vitals taken. ASA was held due to pt had taken Plavix. Pt given NTG SL 0.1mg. Pt taken to Brandon Hosp. ER via EMS.

CONSUMER SERVICES UNIT
02 MAY - 2 AM 7:50

B) ICD-9-CM Codes

	<u>Chest Pain</u>	<u>Unknown</u>
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)

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)

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

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

Dr. Nagamia Lic # 45901026 - Assessed pt managed care until EMS

Pamela Pierce R.N. Lic # RN1584472 - Administered O2 2L/NC.

Liz Davis R.N. Lic # RN 2719662 - Assessed patient

Maria Trice R.N Lic # RN 3401622 - Brought pt to exam room, called 911.

Orlando Montoya - Translated Spanish

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

IV. ANALYSIS AND CORRECTIVE ACTION

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

Unknown cause. Pt has history of HTN, Hypercholesterolemia, & strokes.

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

Patient assessed, given O2 2L/NC, NTG 0.4mg SL, "911".

V. Maria Trice R.N. RN 3401622
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT **LICENSE NUMBER**
4-19-02 1:00 pm
DATE REPORT COMPLETED **TIME REPORT COMPLETED**

MW
PK

RECEIVED
CONSUMER SERVICES UNIT

02 MAY -2 AM 7:52

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



DEATH

Severe pain
after T tube
removal
at hosp. & K -> not allowed
Pt over sedated to
Foul no hosp. about

mf after 178
T tube
removal
no procedure

Drain
removal
no procedure

I. OFFICE INFORMATION

Associates in General - Vascular Surgery

Cape Coral 33990 Lee

Thad C Kummerlecker

Name of Physician or Licensee Reporting

below

1206 Country club Blvd

941 574 7454

ME 65374

License Number & office registration number, if applicable

II. PATIENT INFORMATION

[Redacted Patient Information]

11/5/02

Removal of T-Tube Drain

None

Not Surgery

III. INCIDENT INFORMATION

11/5/2000 Approx. 3PM

Location of Incident:
 Operating Rm
 Other OFFICE
 Recovery Rm

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

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

see dictated narrative

B) ICD-9-CM Codes

574.5

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 checked="" 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 outcome of the patient to a licensed hospital Outcome of transfer - e.g., death, brain damage, observation only <u>Death</u> Name of facility to which patient was transferred <u>Cape Cod Hospital</u>	<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 checked="" 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 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.

Myself removing the T-Tube Drain

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

NONE

IV. ANALYSIS AND CORRECTIVE ACTION

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

Routine part of removal of drain caused pain out of proportion to expected, at the hospital after transfer, pt received a large dose of Demerol which could have over sedated resulting in hypoxia and MI

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

No action taken as no incident controllable by practitioner occurred.

V.

TJ Cullum
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME 65374
LICENSE NUMBER

4/23/02
DATE REPORT COMPLETED

1 PM
TIME REPORT COMPLETED



Associates in
GENERAL & VASCULAR SURGERY

Vincent J. Belcastro M.D.
F.A.C.S.

Pg 1 of 2

Richard G. Killfoyle M.D.
F.A.C.S.

April 23, 2002

Thomas E. Kowalsky M.D.
F.A.C.S.

Health Care Administration
Consumer Services
PO Box 14000
Tallahassee, FL 32317-4000

Luis A. Rullova M.D.
F.A.C.S., F.I.C.S.

RE: Circumstances of incident for [REDACTED]

Charles P. Shook M.D.
F.A.C.S.

Thad C. Kammerlocher M.D.

[REDACTED] was seen in the office for routine postoperative visit after a common bile duct exploration. A T-tube is customarily placed within the common bile duct for drainage. A T-tube cholangiogram had been performed showing no obstructive lesions. Standard of care is to remove the T-tube in the office. No anesthetic agents were given, nor was any difficulty encountered during removal of the tube. After the tube was removal [REDACTED] had fairly severe pain which was out of proportion to what was expected. After a brief observation in the office [REDACTED] was transferred to the hospital for observation and evaluation.

21 Barkley Circle
Fort Myers, Florida 33907

Tel 941/939-2616
Fax 941/939-9093

1206 Country Club Boulevard
Cape Coral, Florida 33990

Tel 941/574-7454
Fax 941/574-9439

At the hospital emergency department [REDACTED] received a large dose of Demerol. I saw [REDACTED] after the first does of Demerol, at approximately 5:00 p.m., and [REDACTED] was comfortable, alert, orientated, and mentating without chest pain or abdominal pain. [REDACTED] had CT scan of the abdomen showing no fluid leaks or abnormal structures. [REDACTED] had laboratory data which did not indicate a significant problem.

[REDACTED] subsequently was transferred to the floor after another dose of Demerol had been given. At this point the nurses recognized that [REDACTED] was extremely sedated and was in distress.

Pg 2 of 2

April 23, 2002

RE: Circumstances of incident for [REDACTED]

[REDACTED] was transferred to the intensive care unit and was found to have a myocardial infarction and died after critical care support in that unit. [REDACTED] autopsy was performed and no intra-abdominal pathology was noted. There was a notation of a myocardial infarction.

If there is any further information regarding this care that I can assist with, please feel free to contact me.

Sincerely,



Thad C. Kammerlocher, M.D.
TCK/mls

179

Unusual in waiting room
NO procedure



STATE OF FLORIDA
Jeb Bush, Governor

RECEIVED
CONSUMER SERVICES UNIT
02 MAY 14 AM 8:31

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

Brandon
Name of office

401 Vanderbilt
Street Address

Brandon 33511 Hillsborough
City Zip Code County

813.684.2339
Telephone

Daniel M. Pierce
Name of Physician or Licensee Reporting

License Number & office registration number, if applicable

401 Vanderbilt
Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[Redacted Patient Information]

[Redacted Patient Information]

Patient Identification Number
Lung Cancer
Diagnosis

Age 04.19.02 Gender 10380 Medicaid Medicare

Date of Office Visit
Lab test

Purpose of Office Visit
162-3 285.9 158-1
ICD-9 Code for description of incident

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

4/19/02 1030A
Incident Date and Time

Location of Incident:
 Operating Rm Recovery Rm
 Other Waiting Rm

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

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

Patient came into office for CBC which was drawn in lab. Results indicated anemia. Patient 3'00" x 110 lbs. Patient and daughter went to waiting Rm. Elise Brigham called into Chem Lab telling a Chem nurse is needed in the waiting room. Pt found head conscious, pale, cold, clammy; feet were immediately elevated on a chair. O2 started @ 2L nasal cannula. I started 221 cc D5 1/2 NS 50cc urine open. Dr. Decker @ scene checking B/P 100/52 10:45 60/50 11A-62/50. EMS arrived - pt taken to Brandon ER.

B) ICD-9-CM Codes

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

112.3 / 295.9 / V56.1
Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Code)

Resulting injury (ICD-9 Codes 800-999.9)

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

D) Outcome of Incident (Please check)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure <input checked="" type="checkbox"/> Any condition that required the transfer outcome of the patient to a licensed hospital Outcome of transfer - e.g., death, brain damage, observation only Name of facility to which patient was transferred <u>Brandon E.R.</u>	<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 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.

George Demarkar MD ME 62547
Jamela M. Pierce RN RN1584472
Elise Bingham RIT 7555
[Redacted]

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

Deborah Aberneth
Raymond Taylor

IV. ANALYSIS AND CORRECTIVE ACTION

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

Pt. father released daughter - daughter reported pt had taken wooden compresses, did not eat all that time on empty stomach

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

V.

[Signature]
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT
4/20/12
DATE REPORT COMPLETED

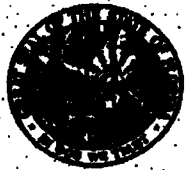
ME0062547
LICENSE NUMBER

3P
TIME REPORT COMPLETED

YHW 5-6-02
[Signature]

IV contrast reaction no procedure

180



STATE OF FLORIDA
Jeb Bush, Governor

CONSUMER SERVICES UNIT

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

MAY 14 AM 8:30

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

I. OFFICE INFORMATION
RADIOLOGY ASSOCIATES OF VENICE/
Name of office ENGLEWOOD
Venice, FL 34285 Sarasota
City Zip Code County
Sergio L. Selva, M.D.
Name of Physician or Licensee Reporting

512-516 Nokomis Ave., S.
Street Address
(941) 488-7781
Telephone
ME 70607
License Number

Radiology Associates of Venice & Englewood
Locating information for Physician or Licensee Reporting

II. PATIENT INFORMATION

[Redacted]
Patient Identification Number
Uterine CA
Diagnosis

[Redacted]
04/24/02 Gender Medical/Medicare
Date of Office Visit
Bone scan and CT
Purpose of Office Visit
195.0
ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

04/24/02 11:50 A.M.
Incident Date and Time

Location of Incident:
 Operating Rm Recovery Rm
 Other Office CT

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)

[Redacted] had a CT scan of the chest and abdomen with IV contrast at our office on 04/24/02. The scan was begun at approximately 11:40 AM. [Redacted] received 150 cc of Ultravist 300 non-ionic contrast IV at the beginning of the scan. [Redacted] shortly after began to complain of swelling of the face and lips. The patient was brought out of the gantry. [Redacted] sat up and felt nauseous. I was contacted at approximately 11:50 AM to assess the patient. I asked [Redacted] if [Redacted] had ever had reaction to IV contrast and [Redacted] said [Redacted] had not. [Redacted] previously had injectable procedure here using the same nonionic contrast with no adverse reaction. The patient was then laid back on the CT table and I visualized [Redacted] lips

Page 2

Incident report of 04/24/02

swelling. I then listened to [redacted] lungs with a stethoscope and found [redacted] breathing to be slightly labored but with no significant wheeze. The patient had a heartbeat but [redacted] blood pressure could not be obtained. The patient was administered 125 mg of IV Solu-medrol and then lost consciousness. [redacted] had increased labored breathing and an oral airway was immediately placed. [redacted] heartbeat could not be well heard at that time. A code was then called and the EMS team was contacted by dialing 911. CPR with an ambubag with oxygen was given at this time. The EMS team arrived at approximately 12 PM. We explained to the EMS team that we believed [redacted] was having an anaphylactic reaction and had been given 125 mg of Solu-medrol. The EMS team then placed a defibrillator patch with EKG leads over the chest and the patient had normal, regular, and spontaneous cardiac activity but no pulses. We felt [redacted] was in electro mechanical dissociation (EMD). The patient was then moved to an EMS stretcher and while transferring the patient, the IV access came out. The EMS team then wheeled the patient over to the ambulance and subsequently took the patient to Bon Secours Venice Hospital emergency room. Dr. Peggy Benzing contacted me from the emergency room upon arrival of the patient and I discussed with her that I believed the patient was in anaphylactic shock and that [redacted] had already received 125 mg of Solu-medrol along with CPR. It is my understanding that while in the hospital emergency room, [redacted] was given subcutaneous Epinephrine, paralyzed, sedated, intubated, and placed on life support. [redacted] remained stable and comfortable with an IV drip while tissue-fluid recall occurred for the next 48 hours at which time [redacted] was weaned off the sedation, extubated, and revived consciously. [redacted] was discharged on Sunday, 04/28/02, with no residual mental or physical deficiencies.

B) ICD-9-CM Codes

785.6 & 625.9
74170 & 71260
Surgical, diagnostic, or treatment
procedure being performed at time of
incident
(ICD-9 Codes 01-99.9)

995.0
Accident, event, circumstances, or
specific agent that caused the injury
or event.
(ICD-9 E-Codes)

995.0 =
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 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.

Sergio L. Selva, M.D., license # ME70607--physician who initiated
care of the patient while in our office.
Lynda Geno-Clayton, R.T.C.T. - Technologist in CT area who assisted
Dr. Selva.

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

Lisa Robertson, R.T.C.T. - Technologist in the CT area who called
911
Nicholas Piscitelli, BSRT,ARRT, (R) - Director of Radiology Associates

IV. ANALYSIS AND CORRECTIVE ACTION

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

Due to the fact that [redacted] had, as recently as 2 months prior,
been injected with nonionic IV contrast at this very institution,
we had no reason to believe that [redacted] would have likely suffered any(cont)

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

The contrast batch being used was removed and returned back to
Berlex with the appropriate documentation regarding this incident.

V.

[Signature]
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT
04/24/02
DATE REPORT COMPLETED

ME 70607
LICENSE NUMBER

1:25 PM
TIME REPORT COMPLETED

incident 04/24/02

IV. ANALYSIS & CORRECTIVE ACTION (continued)

reaction to a familiar injection. Therefore, if we are called upon again to use IV contrast on this patient, it would only be done in a hospital setting following appropriate pre-medication.

Chemo therapy
was performed
no procedure



181

STATE OF FLORIDA
Jeb Bush, Governor

RECEIVED
CONSUMER SERVICES UNIT
02 MAY 28 AM 7:44

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

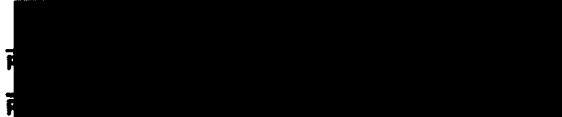
Name of office: FCCC
City: Brandon Zip Code: 33511 County: Hillsborough
Name of Physician or Licensee Reporting: Maria Trice R.N.

Street Address: 401 Vanderburg Drive
Telephone: (813) 684-2339

License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION



Patient Identification Number
Diagnosis: Lymphoma - Non responsive

Age: 5-A-02 Gender: _____ Medicaid/Medicare: _____
Date of Office Visit: _____
Purpose of Office Visit: Chemo therapy
ICD-9 Code for description of incident: _____
Level of Surgery (II) or (III): _____

III. INCIDENT INFORMATION

Incident Date and Time: 5-8-02 4:10 pm

Location of Incident:
 Operating Rm Recovery Rm
 Other Chemo Suite

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 a significant other for Chemotherapy. Pt was lethargic due to insomnia x 2 days. Pt talking & used restroom prior to tx. Pt slept during tx. Upon completing tx, pt was unresponsive. Pt's vitals rechecked & stable. Dr. Kahn notified & to pt's side. 911 called per Dr. Kahn. EMS arrived in 10 min. Pt transported to Brandon Regional Hosp. GR via EMS. Pt taken out of building via stretcher. Pt had O2 @ 2L/NC when arrived & during tx.

B) ICD-9-CM Codes

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

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

Resulting injury (ICD-9 Codes 800-999.9)

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

(Use additional sheets as necessary for complete response)

D) Outcome of Incident (Please check)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure <input checked="" type="checkbox"/> Any condition that required the transfer outcome of the patient to a licensed hospital Outcome of transfer - e.g., death, brain damage, observation only <u>Unknown</u> Name of facility to which patient was transferred <u>Brandon Regional Hosp.</u>	<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 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.

Dr. Randa Kahn To pt side assessment #ME 57679
Pamela Pierce RN. Obtaining vital signs #RN 1584472
Morra Trice RN. Obtaining vital signs & called 911. #RN 3401622.

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

IV. ANALYSIS AND CORRECTIVE ACTION

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

Unknown

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

Patient transported to hospital ER via GMS.

V.

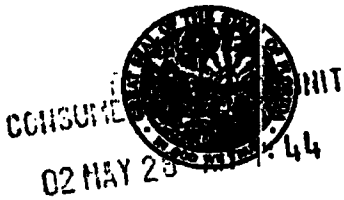
Maria Juic
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

RN 3401622
LICENSE NUMBER

5-9-02-
DATE REPORT COMPLETED

5:00 pm
TIME REPORT COMPLETED

Chow therapy
TAKEN
recovery
No procedure



182

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: Florida Community Cancer Center Street Address: 11307 Cortez Blvd
City: BROOKSVILLE Zip Code: 39613 County: Hernando Telephone: 352-596-1926
Name of Physician or Licensee Reporting: Linda White RN License Number & office registration number, if applicable: _____

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[Redacted Patient Information]

Age: 5/14/02 Gender: _____ Medicaid: _____ Medicare: _____
Date of Office Visit: _____
Purpose of Office Visit: chemo
ICD-9 Code for description of incident: _____
Level of Surgery (II) or (III): _____

III. INCIDENT INFORMATION

Incident Date and Time: 5/14/02

Location of Incident:
 Operating Rm
 Other: chemo Rm
 Recovery Rm

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

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

Pt reacted to taxol. Taxol 60mg/250cc IV hung
approx 20 min. into tx. (estimated 6mg given) Pt
C/O S.O.B. Audible wheezing. Extreme resp. distress -> resp
arrest. Ambruid x 2-3 min. Pt responded. Solu-medrol
125mg given. EMS arrived. Pt alert & talking.
Transported to hosp via EMS.

B) ICD-9-CM Codes

15861

I9265

unknown

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

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

Resulting Injury (ICD-9 Codes 800-999.9)

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

D) Outcome of Incident: (Please check)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure <input checked="" type="checkbox"/> Any condition that required the transfer outcome of the patient to a licensed hospital Outcome of transfer - e.g., death, brain damage, observation only <u>Observation</u> Name of facility to which patient was transferred <u>Oak Hill Hosp</u>	<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 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.

Roberta Joseph RN - 2758482
Linda White RN - 3180002
Sharon Roberts RN - 3176322
Michelle Egan RN - 2628182

all assisted in care of reaction

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

IV. ANALYSIS AND CORRECTIVE ACTION

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

Pt allergic to latex

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

Pt will no longer receive latex

V. Linda White RN

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER

5/14/02
DATE REPORT COMPLETED

7:30 pm
TIME REPORT COMPLETED

CMW 5-16-02

Chemo Rx
no problem



STATE OF FLORIDA
Jeb Bush, Governor

RECEIVED
CONSUMER SERVICES UNIT
02 MAY 29 AM 7:46

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: Space Coast Medical Associates
City: Merritt Island, FL Zip Code: 32952 County: Brevard
Name of Physician or Licensee Reporting: Dr. Duff Sprawls

Street Address: 225 Cone Rd., Merritt Island
Telephone: 321-453-1361
License Number: _____

Locating Information for Physician or Licensee Reporting

II. PATIENT INFORMATION

Age: _____
Locating Information: _____
Patient Identification Number: _____
Diagnosis: Lymphoma

Gender: _____ Medicaid Medicare: _____
Date of Office Visit: 05/21/02
Purpose of Office Visit: Rituxan treatment
ICD-9 Code for Diagnosis: 202.88

III. INCIDENT INFORMATION

Incident Date and Time: 05/21/02 ~ 1400

Location of Incident:
 Operating Rm
 Other: treatment room
 Recovery Rm

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

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

Sitzler
PE E emphysema became more short of breath
and tachycardic during Rituxan infusion
for lymphoma. Pt transferred to cct for
monitoring and further evaluation.
Duff Sprawls

B) ICD-9-CM Codes

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

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

Resulting injury
(ICD-9 Codes 800-999.9)

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

D) Outcome of Incident (Please check)

O2 2SPM

None of the below

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

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

Physician R. DUFF SPAINES MD
Jackie Shapiro RN
Marybeth Rosser RN

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

IV. ANALYSIS AND CORRECTIVE ACTION

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

Underlying Diseases Emphysema Lymphoma
expected reaction of some patients

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

None Required

V.

R. Duff Spaines MD
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT
5.21.02
 DATE REPORT COMPLETED
16:30
 TIME REPORT COMPLETED

54026
 LICENSE NUMBER

184

Ramiro Morales Jr., MD
9220 Sunset Drive
Suite 105
Miami, Florida 33173
305-595-6460

MEDICINE BOARD

2002 MAY 23 PM 1:46

RECEIVED
CONSUMER SERVICES UNIT
02 JUN -7 AM 7:53

POT of
wound infection
Abscess drain into general
no death

May 17, 2002

Florida Department of Health
4052 Bald Cypress Way, Bin A04
Tallahassee, FL 32399-1705

Dear Sir or Madam:

This letter is intended to report an "adverse office incident." I was given a copy of the DOH memorandum requiring reporting by the owner of the office today, May 17, 2002.

The patient's name is [REDACTED] is a [REDACTED] year old female who originally presented to me at the office with complaints of abdominal laxity with pendulous skin after having three children. After discussion and physical examination, the patient was counseled on having an abdominoplasty. The patient denied having any past medical history other than childbirth.

[REDACTED] underwent an abdominoplasty in the office (Florida Center for Cosmetic Surgery of Kendall) on April 1, 2002 by me, Dr. Ramiro Morales. The initial post-operative course was unremarkable until April-8, 2002 when the patient presented for one of her follow-up visits complaining of having had a low-grade temperature over the weekend. She also reported that her drains had apparently become blocked, but did not call me over the weekend to not bother me. The patient had some erythema of the wound. After "milking" the drains, they appeared to start draining again. Cultures were sent of the fluid and the patient was asked to return to the office in 24 hours. She was also given a dose of IV erythromycin since the patient is penicillin allergic.

April
-8-02

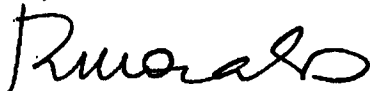
The following day, the patient felt better with much decreased erythema and tenderness. Erythromycin was given IV again. Again a 24 follow-up appointment was given. The next day, the patient complained of a temperature of 100.8 the night before as well as some shortness of breath. The patient was noted to have some abdominal distension with decreased bowel sounds, albeit present. The family stated that the patient had been taking a lot of Percocet and was mainly recumbent in bed the last 4-5 days. There was no calf tenderness but there was some ankle edema. The decision was made with the family as well as with the patient to give the patient some sedation, make a small opening in the wound to rule out an abscess and replace the drains. During the course of this

procedure, the anesthesiologist felt that the patient was a little difficult to ventilate mainly due to increased intraabdominal pressure. The patient also sounded a little congested. The patient, however, came out of anesthesia successfully and was ventilating adequately on a face mask. The decision was made nonetheless to transfer the patient to Memorial Hospital West for further evaluation and treatment. There she was found to have a significant ileus, as well as significant atelectasis. Spiral CT scan ruled out PE. There was also a bit of CHF. The patient was admitted to the medical service under one the HMO panel doctors. Subsequently, the patient improved significantly within 24-36 hours and was discharged home on day 3. Final cultures revealed heavy Staph aureus, resistant only to erythromycin. The patient now follows me in the office weekly and is healing well.

Present in the operating room on April 10 were: Tatiana Diaz, MA. Barbara Gonzalez, RN, Juana Zayas, Scrub tech and Dr. C Zambrano, anesthesiologist as well as myself, Ramiro Morales MD (ME 0072807.)

I hope this information satisfies the reporting regulation adequately and concisely. If any information is need, please do not hesitate to contact me at the above address.

Sincerely,



Ramiro Morales Jr., MD ME 0072807



185

STATE OF FLORIDA
Job Bush, Governor

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

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

RECEIVED
CONSUMER SERVICES UNIT
02 JUN 13 AM 8:05

After procedure? local
Basal cell
Nasal tip

I. OFFICE INFORMATION

Name of office: H. Ross Harris, MD PA
City: NAPLES Zip Code: 34109 County: Collier
Name of Physician or Licensee Reporting: H. Ross Harris, MD
Locating information for Physician or Licensee Reporting: 5415 Park Central Ct

Street Address: 5415 Park Central Court
Telephone: 941-596-1848
License Number: ME 0071248

Call
back
after
Jun 6th

II. PATIENT INFORMATION

Locating information: [Redacted]
Patient Identification Number: [Redacted]
Diagnosis: 173.3

Date of Office Visit: 5-14-02
Purpose of Office Visit: EXC OF SKIN CANCER
ICD-9 Code for Diagnosis: 173.3

III. INCIDENT INFORMATION

Incident Date and Time: 5-14-02

Location of Incident:
 Operating Rm
 Other office
 Recovery Rm

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

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

Patient presented for skin cancer surgery, excision of basal cell carcinoma from the nose tip. Following nasal procedure the site was anesthetized i/lidocaine^{2%} with epinephrine 1:100,000/lidocaine 1% in a 50:50 mixture. A total of 0.4cc was injected followed by excision of the skin cancer. While the tissue was being processed in the laboratory by frozen section the pt went out to breakfast. [Redacted] returned approx. 2 hours later stating "didn't feel well." I recommended an ambulance to be called. [Redacted] returned as [Redacted] had felt the same for 2 hours. Denied CP/SOB, N/V, lightheaded VS 130/86 RAO pulse 80 HR. A restful ~10-15mins still felt the same. Rec: call ambulance. Agn [Redacted] returned stating [Redacted] would drive [Redacted] to ER ~2 miles away. I called the ER, gave report. Pt left. I called later, Dr. Aufderheide

Handwritten signature

B) ICD-9-CM Codes

11640
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

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

none
Resulting injury (ICD-9 Codes 800-999.9)

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

D) Outcome of Incident (Please check)

<input type="checkbox"/> Death	<input type="checkbox"/> Surgical procedure performed on the wrong site **
<input type="checkbox"/> Brain Damage	<input type="checkbox"/> Wrong surgical procedure performed **
<input type="checkbox"/> Spinal Damage	<input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure
<input type="checkbox"/> Surgical procedure performed on the wrong patient	** 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.

H. Ross Harris, MD ME 71248
Lee Gual
Margaret Brady

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

eb-r

IV. ANALYSIS AND CORRECTIVE ACTION

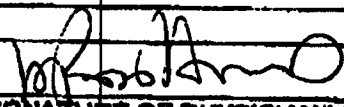
A) Analyze (apparent cause) of this incident (Use additional sheets as necessary for complete response)

likely the stress of insertion of lidocaine or the physiological stress of the surgery itself. Pt had prior similar onset of atrial fibrillation in 11/01 & without known precipitating factors.

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

Emergency Room

V.


SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT
DATE REPORT COMPLETED

ME 71248
LICENSE NUMBER

2:30 PM
TIME REPORT COMPLETED

Unresponsive
after cardiac rehab
episode
NO procedure

86



STATE OF FLORIDA
RECEIVED
J. M. Bush, Governor
CONSUMER SERVICES UNIT

02 JUN 21 11 01 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

Watson Clinic
Name of office
Lakeland 33805 Polk
City Zip Code County
Karla F Glottfeity
Name of Physician or Licensee Reporting

1600 Lakeland Hills Blvd
Street Address
863 680 7000
Telephone
2620102
License Number

Locating Information for Physician or Licensee Reporting

II. PATIENT INFORMATION

[Redacted]
Patient Name
[Redacted]
Location
Patient Identification Number
CABG
Diagnosis

[Redacted]
Age 6/14/02 Gender [Redacted] Medicaid Medicare
Date of Office Visit
Cardiac Rehab
Purpose of Office Visit
V4581
ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

6/14/02 10:53 AM
Incident Date and Time

Location of Incident:
 Operating Rm Recovery Rm
 Other Rehab

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)

Sitting in chair post exercise. Unresponsive. Code 99
Called. Monitor shows SB rate 51 patient now responding
Code 99 cancelled. Physician arrives. Patient lowered to
floor. BP 142/02 HR now up to 70's Blood sugar 125. Now
taking a step O2 sat 95% on RA Ems arrives to ER /
hospital via ambulance.

RECEIVED
CONSUMER SERVICES UNIT

B) ICD-9-CM Codes

93798

Unknown

02 JUN 24

PM 8:00 apparent

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.

Dr Kaverk, Sally Ruppert, Andy Orten, Buzz Hall
Laura Woodard, Pat Carder, Karla Gutfelky, Trevor Hutton

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

IV. ANALYSIS AND CORRECTIVE ACTION

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

Thought to be vaginal response by attending physician

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

Assessment, vital signs, O2 saturation, axilla check, appropriate positioning, monitored telemetry, transferred to ER by EMS.

V. Karla F. Gutfelky MD
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

2620102
LICENSE NUMBER

6/14/02
DATE REPORT COMPLETED

2:30pm
TIME REPORT COMPLETED

bleeding during colonoscopy
no sequelae
to have for 6 weeks



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: Rafael A. Fleites M.D.
City: Miami, Fl. Zip Code: 33126 County: Dade
Name of Physician or Licensee Reporting: Rafael A. Fleites M.D.

Street Address: 351 N.W. 42nd Avenue Suite 308
Telephone: 305 643 6806
License Number: ME 35796

RECEIVED
CONSUMER SERVICES UNIT
JUN 28 AM 8:22

Locating information for Physician or Licensee Reporting

II. PATIENT INFORMATION

[Redacted Patient Information]

Age: 61 Gender: MA Medicaid: NO Medicare: NO
Date of Office Visit: for colonoscopy
Purpose of Office Visit: 211.3
ICD-9 Code for Diagnosis: 211.3

III. INCIDENT INFORMATION

Incident Date and Time: 6/11/02 @ 1430

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)

The patient is a [redacted] healthy ASAII without bleeding disorders who recently had been cleared for colonoscopy by [redacted] PMD. The pt has a history of colonic polyps. The pt was brought to the endoscopy suite @ 1430 on 6/11/02. As per our routine the patient was fully monitored between 1430 and 1510 with BP, telemetry, respiratory rate and pulse oxymeter. At 1440 [redacted] received 6mg demoral 25mg and 1mg versed 3mg. Through the entire monitoring period [redacted] vital signs remained acceptable. The colonoscope was advanced to cecum and a tiny polyp was removed from the ileocecal valve using hot bx forceps. Another polyp (small) was seen at 65cms from the anal verge and removed in the same manor. The polyp @ 65cms bled after polypectomy but stopped completely before the end of the procedure. Because of above the patient was observed longer than usual (in recovery). Around 1700 [redacted] passed gas per rectum along with a significant amount of blood. For this reason another colonoscopy was performed. At 1730 an additional 25mg of demoral and 1mg of versed were given. There was a significant amount of blood in the colon but the prior polypectomy site was seen actively bleeding at 65cms. This time it was injected with 1/10,000 epinephrine and then coagulated with the hot bx forceps. The site was observed for at least 10 mins without further bleeding. Even though the patient's vital signs remained stable throughout the whole ordeal fire rescue was called to transfer the patient to an American hospital for observation. The pt remained stable throughout the night without further bleeding and [redacted]

1 of 2 pages
Form #

B) ICD-9-CM Codes

45385, 211.3	211.3 578.9	none
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)

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

D) Outcome of Incident (Please check)

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

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

Rafael Fleiter M.D. ME 35796
 Andres Cowley M.D. ME 44232
 Oselia Betandant RN 2799212
 Ernesto Moraga R.M.A Reg # 99637

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

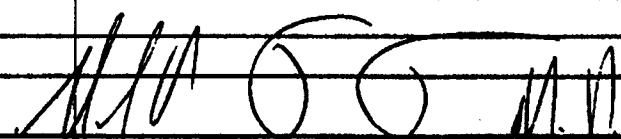
IV. ANALYSIS AND CORRECTIVE ACTION

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

Even though the polyp was small and bloody had stopped during the first procedure in retrospect since it bled more than usual it would have been beneficial to inject epic or fulgurated during the 1st procedure

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

V.


 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT ME 35796
 6/25/02 noon
 DATE REPORT COMPLETED TIME REPORT COMPLETED

188

STATE OF FLORIDA
Jeb Bush, Governor



TAXOL
NO procedure

PHYSICIAN OFFICE RECEIVED
ADVERSE INCIDENT REPORT CONSUMER SERVICES UNIT

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

02 JUL -2 AM 8:08

I. OFFICE INFORMATION

Name of office: Space Coast Medical Associates
City: Merritt Island Zip Code: 32915 County: Brevard

Street Address: 225 Cone Rd.

Telephone: 321-453-1361

License Number: _____

Name of Physician or Licensee Reporting: _____

Locating Information for Physician or Licensee Reporting: _____

II. PATIENT INFORMATION

Patient Name: [Redacted]
Local: [Redacted]
Patient Identification Number: [Redacted]
Diagnosis: St. III - Ductal Cancer

Age: [Redacted]
Date of Office Visit: 06/24/02
Purpose of Office Visit: chemotherapy
ICD-9 Code for Diagnosis: 183.0

III. INCIDENT INFORMATION

Incident Date and Time: 06/24/02 @ 1230^{PM}

Location of Incident:
 Operating Rm Recovery Rm
 Other: treatment room

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

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

Taxol tx began @ 1200; @ 1230 pt c/o v back pain - got stopped @ 250cc NS I
for Admin D. Surg IVP, Dexam. added to get VSS 13/100 - SA; 1245: c/b
VCP - 120/72 - 720, resp. 20/min; 1255 108/58 - 108 - 20, pH 7.46
Ch. Paramedics arrive @ 1255 for eval, taken to Blue Bell Hospital
Pittsburgh, Pa

B) ICD-9-CM Codes

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

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

Resulting injury (ICD-9 Codes 800-999.9)

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

D) Outcome of Incident (Please check)

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

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

Jacque Shapiro, RN 360-3406712
 Marybeth Rossier, RN

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

IV. ANALYSIS AND CORRECTIVE ACTION

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

Chronic back pain not clear, but suprapubic spasms. Flare up
 resulting chest pain + tachycardia most likely related to
 allergic reaction to Gaxal. He was sent to ER via ambulance

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

Discussed ER physician at 6:10pm. EKG was normal 1st set and c
 enzymes were negative. Found with probably 20 Steroids. Chest
 pain resolved. He is to be sent home for ER tonight.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT ME 73059
 DATE REPORT COMPLETED 6/24/08 TIME REPORT COMPLETED 6:10pm
 LICENSE NUMBER

189

DEATH



Cardiac arrest of 60s
Rocephin? given
drug reservoir
no procedure



STATE OF FLORIDA
Jeb Bush, Governor

RECEIVED
CONSUMER SERVICES UNIT

02 JUL -8 AM 8:09

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

Waltawich, Nicholas LLP
Name of office

Bartow FL 33830 Polk
City Zip Code County

Thomas E. McHocken MD
Name of Physician or Licensee Reporting

2250 Dreyfus Blvd Suite 100
Bartow FL 33830
Location Information for Physician or Licensee Reporting

2250 Dreyfus Blvd
Street Address

Bartow FL 33830
City Zip Code County

888.533.7151
Telephone

ME0011247
License Number

II. PATIENT INFORMATION

Patient Name

Location Information

412-90 Acute MI 6601, 250, 29214
Patient Identification Number

Diagnosis

Patient Name

6/14/2002
Date of Office Visit

Follow up for bronchitis, sinusitis, swollen lymph node
Purpose of Office Visit

461.9, 466.0
ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

6/14/2002 approximately 10:45 AM
Incident Date and Time

Location of Incident:
 Operating Room Recovery Room
 Other 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). Patient with history of diabetes, hypertension, hyperlipidemia, obesity, arterosclerotic cardio-vascular disease, CABG x2, positive nuclear stress test (45% ejection fraction), angina responsive to nitro, recovering from diverticulitis, presented for follow-up of sinusitis, bronchitis, and lymph node pain. Primary complaint of nasal stuffiness, chest congestion, post nasal drip, allergies, occasional fever (afebrile at time of visit). Patient had some rashes in lung fields & congested cough. Responded well to Rocephin previously and was given Rocephin 250 mg IM as well as Flonase & Clarin Bid on discharge. Shortly after injection was given, patient returned to patient care area flushed, up SOB, diaphoretic, pain. Given Benadryl & adrenaline and still called. Became unresponsive & CPR initiated. EMS arrived and initially patient showed some kind of rhythm but subsequently went into V-fib & was intubated. Emergency management continued by EMS and patient was transported to Bartow Memorial Hospital Emergency Room.

RECEIVED
CONSUMER SERVICES UNIT

B) ICD-9-CM Codes

90788

414.00

493 JQ DB AM 8-09

Surgical, diagnostic, or treatment procedure being performed at time of incident (prior to event) (ICD-9 Codes 01-88.9)

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

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 checked="" 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 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.

Dr. Thomas McTucker - *trauma physician - ME 0011247* Anita Tice - *gave Rocaphin, Benadryl & adrenaline*

Dr. Benjamin Phan - *Chest compressions ME 0076136* Molly James - *general assist*

Dr. Jonathan Ratch - *general assist - ME 0072338* Sriante Barnett - *LVN - BP, pulse*

Ashley Swell - *ventilations* ↪ *PN 990631*

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

all above

IV. ANALYSIS AND CORRECTIVE ACTION

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

Apparent acute cardiac event. Patient with very significant cardiac history. Do not believe any relationship between Rocaphin and event as patient had received in recent past without difficulty.

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

None

V.

SIGNATURE OF PHYSICIAN/LICENSÉE SUBMITTING REPORT

LICENSE NUMBER

DATE REPORT COMPLETED

TIME REPORT COMPLETED

Thomas McTucker MD

11247

6/27/02

1345

Chemotherapy
Chest pain
no procedure



STATE OF FLORIDA
Job Bush, Governor



RECEIVED
PHYSICIAN CONSUMER SERVICES UNIT
ADVERSE INCIDENT REPORT
02 JUL -9 AM 8: 22

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: Cancer Centers of Florida
City: Orlando Zip Code: 32806 County: Orange
Name of Physician or Licensee Reporting: Gary M. Fogg-Smith

Street Address: 52 West Gore Street
Telephone: (407) 426-8484
License Number: _____

Locating information for Physician or Licensee Reporting

II. PATIENT INFORMATION

[Redacted]
Patient Identification Number: _____
Diagnosis: M.A.G. (Breast Cancer)

[Redacted]
Date of Office Visit: 7-3-02
Purpose of Office Visit: Chemotherapy infusion
ICD-9 Code for Diagnosis: M14.9

III. INCIDENT INFORMATION

Incident Date and Time: 7-3-02 1010

Location of Incident:
 Operating Rm
 Recovery Rm
 Other: MD office

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)

At 1010 patient began clx chest pain. Infusion of chemotherapy stopped
+ Normal saline started via FETU. Blood Pressure was 199/98. Pulse 99
O₂ SATS 96% on RA. Nurse Practitioner notified of situation. Per order
NitroSTAT administered SL. After five minutes pt continued clx chest pain
second NitroSTAT administered. O₂@2L started & NitroSTAT because pt
began clx shortness of breath. O₂ SATS continued to be 96%. BIP 148/70
pulse 100. Resp 24 at 1030. After approximately 5 more minutes pt continued
to clx difficulty get emergency notified. Primary MD + pt's cardiology
MD also notified as pt being transported via EMT to CRMC.

B) ICD-9-CM Codes

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

Chest Pain 78.50
Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

995.2
Resulting Injury (ICD-9 Codes 800-999.9)

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

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 checked="" type="checkbox"/> Any condition that required the transfer of the patient

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

Laurie Omedeo ARNP
Robin Clark RN
Patti Bai RN
Barry S. Berman MD

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

[Redacted]

IV. ANALYSIS AND CORRECTIVE ACTION

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

Pt has history of MI, CAD, DM. Pt forgot Nitro at home along with Insuline

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

Educate pt on importance to keep Nitrogl. 2 [Redacted] at all times
Have family continue monitoring Blood Pressure + notify Cardiologist for problems.

V. [Signature] 3023152
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER

7-3-02
DATE REPORT COMPLETED

1130
TIME REPORT COMPLETED

191



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

no procedure
break. pale on
office visit -
70 ER
no procedure

I. OFFICE INFORMATION

Southeastern Neurological Center, PA
Name of office

2000 Centre Pointe Blvd
Street Address

Tallahassee 32308 Leon
City Zip Code County

850-201-0408
Telephone

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

ME 50136
License Number & office registration number, if applicable

Same as above
Business address for Physician or Licensee Reporting

II. PATIENT INFORMATION



Pa
Pa
Pa

Age 7-17-02 Gender _____ Medicaid Medicare _____

Date of Office Visit _____
Purpose of Office Visit Evaluation for possible stroke

Diagnosis Renal Calculus

ICD-9 Code for description of incident N/A
Level of Surgery (II) or (III) _____

III. INCIDENT INFORMATION

7-17-02 10:00 A.M.
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)

- See attached office note -

RECEIVED
CONSUMER SERVICES UNIT
02 JUL 26 AM 8:00

B) ICD-9-CM Codes

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

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

D) Outcome of Incident (Please check)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure <input checked="" type="checkbox"/> Any condition that required the transfer outcome of the patient to a licensed hospital Outcome of transfer – e.g., death, brain damage, observation only _____ Name of facility to which patient was transferred <u>Tallahassee Memorial</u>	<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 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.

<u>Deanne Flynn, RN</u>	<u>1141942</u>
<u>Brian Blabro, ARNP</u>	<u>ARNP 1524842</u>
<u>James C. Sprunger, M.D.</u>	<u>ME 56136</u>
<u>Kay Monello, LHRM</u>	<u>550848</u>

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

IV. ANALYSIS AND CORRECTIVE ACTION

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

Cause of symptoms unknown at time of office visit. Felt unrelated to patient's urological diagnosis.

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

Patient evaluated and appropriately transferred to hospital for further evaluation in E.R.

V. Kay Monello, LHRM for James C. Sprunger, M.D. 550848/ME 56136
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER
7-18-02 4:15 p.m.
 DATE REPORT COMPLETED TIME REPORT COMPLETED

SOUTHEASTERN UROLOGICAL CENTER

PATIENT NAME:
DATE OF BIRTH:
AGE:
SEX:

Date: 7/17/02 2:14:00 PM Provider: JAMES SPRINGER MD Note ID: NURSES NOTES

PATIENT #:
MEDIC #:

VITALS SIGNS:

HEIGHT: 1ft0in

BLOOD PRESSURE: 180/120 Right Arm Sitting

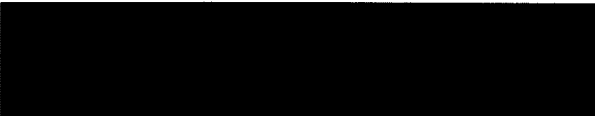
ALLERGIES: Albuterol

This pt presents to the office today for evaluation of a CT Urogram that showed obstruction. When [REDACTED] was escorted to the back [REDACTED] was noted to be somewhat unsteady on [REDACTED] feet. [REDACTED] was placed in the check in room and it was noted that [REDACTED] was pale and [REDACTED] BP was difficult to obtain. [REDACTED] was assisted to a wheelchair and became orthostatic. [REDACTED] was taken to an exam room and laid flat. [REDACTED] did state that [REDACTED] felt better in the flat position. [REDACTED] facial color improved. [REDACTED] was to be taken for a KUB however [REDACTED] began to feel like [REDACTED] was going to pass out. [REDACTED] also began to demonstrate facial tremors. Mr. Blasko ARNP also observed the pt and and felt that [REDACTED] was oriented but not alert. [REDACTED] also complained of pain beneath [REDACTED] left breast. Dr. Springer ordered that [REDACTED] be transported to TMH Emergency Department via ambulance for evaluation of these symptoms. We notified ambulance service of same. Pt was transported by them via stretcher.

NOTE COMPLETED BY: Dianne Flynn, RN

Chart Note Status: On Worklist [S]

Electronically Signed by: James C. Springer, M.D. FACS' on Thursday, July 18, 2002



CITRUS HEMATOLOGY AND ONCOLOGY CENTER RECEIVED
770 SE 5TH TERRACE CONSUMER SERVICES UNIT
CRYSTAL RIVER, FLORIDA 34429 (CITRUS COUNTY)
TEL. 352-795-8674 FAX 352-795-2017 02 JUL 30 AM 8:16

Chemotherapy serum, weak, no procedure

*Chris
637 4490*

PHYSICIAN OFFICE INCIDENT REPORTING FORM

PATIENT'S NAME [REDACTED]
ADDRESS [REDACTED]
CITY/STATE/ZIP [REDACTED]
GENDER [REDACTED] DATE OF BIRTH [REDACTED] AGE [REDACTED]
 OTHER [REDACTED] PATIENT ID# [REDACTED]

ICD9 CODE/DIAGNOSIS: 208.00 / LEUKEMIA DATE OF VISIT 07/16/2002

PURPOSE OF OFFICE VISIT Follow up visit after Chemotherapy w/ Weakness and Fever over weekend.

INCIDENT DATE AND TIME: 07/16/02

LOCATION OF INCIDENT:
 EXAM ROOM CHEMOTHERAPY ADMIN ROOM OTHER _____

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

WAS AN AUTOPSY PERFORMED? YES NO N/A

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

Location - 3rd Chemotherapy recliner chair
7/16/02 10:30 AM. Patient here for proct shot also c/o severe
weakness after Chemotherapy 7/9/02, 7/10/02 & 7/11/02. [REDACTED] said [REDACTED] could not
eat or drink very much this weekend due to nausea. IV of D5NS
started in L hand 22g 14 catheter. [REDACTED] told me [REDACTED] was going
to faint. Then [REDACTED] passed out for about 2 minutes. Skin
cold and clammy. [REDACTED] opened [REDACTED] eyes and then had small
seizure. Dr. Haver die called. BP 89/40 Patient awake able
to talk small amt. BP 70/40; Cool compresses to
head and neck; O2 at 2 L/N; Transferred by EMS in gurney
to [REDACTED] started

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)

*Conditi
P. H. in on*

LIST ANY EQUIPMENT USED IF DIRECTLY INVOLVED IN THE INCIDENT: No

OUTCOME OF INCIDENT: Death Brain Damage Spinal Damage

Surgical procedure performed on the wrong patient

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

Other _____

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

- ① Perry Hinman RN 2173602 Patients Nurse - Staff Nurse.
- ② Donna Stanton RN (RN 3290602) Head Nurse - Assisted care
- ③ Dr. Hanes (license # ME0081806) Patients Dr.

LIST ANY WITNESSES NOT IDENTIFIED ABOVE

- ① Pat Maple RN - Staff Nurse (license # RN282722)

ANALYSIS AND CORRECTIVE ACTION:
(Apparent cause) of this incident N/A

Describe corrective or proactive action(s) taken: N/A

NAME OF PHYSICIAN William Hanes, M.D. LICENSE NUMBER ME0081806

ADDRESS 770 S.E. 5th Terrace

CITY/STATE/ZIP Crystal River, FL 34429

SIGNATURE OF PHYSICIAN
(OR LICENSEE SUBMITTING THIS REPORT)



DATE REPORT COMPLETED 7/28/02 TIME REPORT COMPLETED 12:00

193

STATE OF FLORIDA
Jeb Bush, Governor

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

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

RECEIVED
CONSUMER SERVICES UNIT
02 AUG - 8 AM 10:35

Neck off
Abdo hernia repair
2 days post-op
called 911 at home with RN



Death 2
day later

I. OFFICE INFORMATION

Physician Name: Mark D. Schweiler, M.D. Plastic Surgery
Address: 101 S.E. 27th Ave ART CENTRE
City: Dolphin Beach 33425 Palm Beach
County: Palm Beach
Specialty: Plastic Surgery
Address: Dr. Schweiler (IND OFFICE)

Street Address: 101 S.E. 27th Ave
City: Dolphin Beach
Telephone: 561 738 0727
Fax: 561 871 0000 (DATE RENEWED)
License Number & office registration number, if applicable

II. PATIENT INFORMATION

Patient Name: [Redacted]
Address: [Redacted]
City: Cocoa Beach
State: Florida
Zip: 32926
Date of Birth: 2018 (neck
abdominal)

Procedure: Elective Cosmetic Surgery
Purpose of Service: 798
ICD-9 Code for description of incident: Level II
Level of Surgery (I) or (II)

III. INCIDENT INFORMATION

Incident Date and Time: 8/1/02 9:50 AM

Location of Incident:
 Operating Room
 Office
 Patient Home

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

A) Describe circumstances of the incident (narrative)

STATUS POST: neck ties, Abdominoplasty & Ventral hernia repair
& Malex mesh (performed 8/1/02) 2nd Day Post-op - redness
Place on AS Follow-up: RN to Patient - assisting Patient ->
Patient collapsed at home in parking garage while accompanied
with RN. Immediately called 911. RN, wife, & I arrived
at patient's place. Placed on back - called for help/911 -
Unable to clear airway. Resuscitation initiated within 4.5 min.
Successfully intubated and transported to Bethesda Hospital
1201 upon arrival.

(*) Please see Attached statement
of events. Chart in doctor
FOR immediate onsite visit should
department want access.

(2)

B) ICD-9-CM Codes

N/A

E879

"unknown"

798

Surgical diagnosis, or procedure present or being performed at time of incident (ICD-9 Codes 86-99.9)

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

Resulting injury (ICD-9 Codes 860-899.9)

C) List any equipment used if directly involved in the incident (i.e., essential items as necessary for complete response)

N/A

D) Outcome of Incident

<input checked="" 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 unknown foreign objects remaining from surgical procedure <input type="checkbox"/> Any condition that required the transfer outcome of the patient to a licensed hospital <p>Outcome of transfer - e.g., death, brain damage, amputation only Name of facility in which patient was transferred: <u>DeWitt Hospital, Tampa, FL</u></p>	<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 <p>** if it resulted in</p> <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 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.

Wendy S. Kiser, RN 23229, Palm Club Colony Creek, FL 33123
RN 1411342, Palm Lakes, FL 33123

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

Hospital Board Members
Medical Records Department

IV. ANALYSIS AND CORRECTIVE ACTION

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

Unknown - Eto Embolus
to Patient's Heart

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

No - Resulted in death 2 days Post Op.
Internal. Rev Review in progress - Risk Management Department

V. SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

LICENS# 5500888

DATE REPORT COMPLETED

TIME REPORT COMPLETED

State Mail/Hand Copy
Re Fax To Dept.

Chemo Tx
NO procedure

194



STATE OF FLORIDA
Jeb Bush, Governor

RECEIVED
CONSUMER SERVICES UNIT
02 AUG -9 AM 8:11

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

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

Care Center of FL

I. OFFICE INFORMATION

Florida Community Cancer Center
Name of office

11307 Cortez Blvd
Street Address

Kathy

Brooksville FL 34613 Hernando
City Zip Code County

352-596-1926
Telephone

1800 968

Richard Robertt
Name of Physician or Licensee Reporting

RD 3176322
License Number & office registration number, if applicable

322

12408 Conde Dr Brooksville FL 34613
Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[Redacted Patient Information]

[Redacted Patient Information]

Patient Identification Number
Non Small Cell Lung Cancer
Diagnosis

Age 71 Gender Male Medicaid Medicare

Date of Office Visit
Purpose of Office Visit
Chemotherapy

ICD-9 Code for description of incident

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

7/29/02 0945
Incident Date and Time

Location of Incident:
 Operating Rm Recovery Rm
 Other Chemo Room

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

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

pt was receiving Gemzar - p 55mg infused clo "feeling funny"
started turning red - developed hives & wheezing - gave
salumedrol 250 IV and Benadryl 50mg IV - NS fluids O2 @
3lpm - no improvement - pt transferred via EMS to Oak
Hill Hospital

YMW 7-30-02

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 or event.
(ICD-9 E-Codes)

Resulting injury
(ICD-9 Codes 800-999.9)

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

D) Outcome of Incident (Please check)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure <input checked="" type="checkbox"/> Any condition that required the transfer outcome of the patient to a licensed hospital Outcome of transfer – e.g., death, brain damage, observation only _____ Name of facility to which patient was transferred <u>Oak Hill Hospital</u>	<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 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.

Sharon Robitelli RN RN 3176322 - 11307 Carter Blvd - Brooksville FL 34613 Florida Community Cancer Center

attending nurse

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

Gail Egnatuk RN RN 91524-2

IV. ANALYSIS AND CORRECTIVE ACTION

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

Allergic reaction to Gemzar

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

Gemzar Discontinued - gave benadryl 50mg Solumedrol 450mg O₂ - transferred pt to Oak Hill Hospital via EMS

V. Sharon R Robitelli RN RN 3176322
 SIGNATURE OF REPORTER/LICENSEE SUBMITTING REPORT, LICENSE NUMBER
7/29/02 1345
 DATE REPORT COMPLETED TIME REPORT COMPLETED

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

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

RECEIVED
CONSUMER SERVICES UNIT
02 AUG 22 AM 7:59

Facelift

I. OFFICE INFORMATION

Cosmetic surgery center
Name of office
Hollywood FL 33138 Broward
City Zip Code County
Alton Earl Ingram Jr MD
Name of Physician or Licensee Reporting
919 Hillcrest Hollywood FL
Patient's address for Physician or Licensee Reporting

3109 Stirling Rd
Street Address
Hollywood FL 33312
Telephone
9549813223
License Number & office registration number, if applicable

II. PATIENT INFORMATION

Pat [Redacted]
Pat [Redacted]
Patient Identification Number
COSMETIC SURGERY-
Diagnosis
FACELIFT

[Redacted]
Age 7/29/02 Gender _____ Medicaid Medicare _____
Date of Office Visit
SURGERY
Purpose of Office Visit
N/A
ICD-9 Code for description of incident
TWA
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

7/29/02 2pm
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)

The patient was undergoing cosmetic surgery. [Redacted]
suffered a cardiopulmonary arrest and was
taken to a hospital.

B) ICD-9-CM Codes.

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

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

Death
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 checked="" 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 outcome of the patient to a licensed hospital Outcome of transfer - e.g., death, brain damage, observation only <u>Death</u> Name of facility to which patient was transferred <u>Broward General Hospital</u>	<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 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.

PLEASE SEE ATTACHED. Except for Ms. Minerey, ALL CAN BE LOCATED AT 3109 STIRLING ROAD #100 Hollywood FL 33312

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

SAME AS ABOVE

IV. ANALYSIS AND CORRECTIVE ACTION

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

Unknown

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

Unknown

V. Dr. Paul J. [Signature] MD ME72621
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER
2/12/02 6pm
 DATE REPORT COMPLETED TIME REPORT COMPLETED

○ Questions III-E, III-F

Alton Ingram MD # 72621 -- surgeon

Luanne Minerely RN 1201 S. Ocean Blvd # 809-N
Hollywood FL 33019

I cannot find Ms. Minerely's nursing
license number.

- RN, providing sedation during initial portion of surgery

Pamela Rohm RN # 2149662: Relieved Ms. Minerely

Erin Barrett CST # 078298. 1st Assistant, throughout case

○ The following assisted in resuscitation efforts:

Richard Edison MD # 0044240

Dottie Macri LPN # 315541

Tiffany Archilla CST # 078248

196

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

CONSUMER SERVICES UNIT
RECEIVED
02 AUG 27 AM 1:58

chest pain
in exam room
no procedure

I. OFFICE INFORMATION

Southeastern Neurological Center, P.A.
Name of office

2000 Centre Pointe Blvd
Street Address

Tallahassee 32308 Leon
City Zip Code County

850-201-0408
Telephone

W. Paul Sawyer, M.D.
Name of Physician or Licensee Reporting

ME27104
License Number & office registration number, if applicable

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

II. PATIENT INFORMATION



Diagnosis urinary incontinence

8-12-02 Date of Office Visit

follow-up visit Purpose of Office Visit

ICD-9 Code for description of incident N/A

Level of Surgery (II) or (III) N/A

III. INCIDENT INFORMATION

8/12/02 2:00 p.m.
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)

while in exam room patient began to complain of chest pain. Staff started oxygen and gave patient nitroglycerin tablet. Started IV and called EMTs. Patient transported to Tallahassee Memorial for further evaluation and treatment by internal medicine / cardiology.

B) ICD-9-CM Codes

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

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

D) Outcome of Incident (Please check)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure <input checked="" type="checkbox"/> Any condition that required the transfer outcome of the patient to a licensed hospital Outcome of transfer – e.g., death, brain damage, observation only Name of facility to which patient was transferred <u>Sallahassee Memorial</u>	<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 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.

<u>Annie Jougne, RN</u>	<u>Staff nurse</u>	<u>3066282</u>
<u>Jerry Solar, RN</u>	<u>Clinical Services Director</u>	<u>91591-2</u>
<u>W. Paul Sawyer, M.D.</u>	<u>Physician</u>	<u>ME 27104</u>
<u>Kay Novello, RNRM</u>	<u>Risk Manager</u>	<u>5500848</u>

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

IV. ANALYSIS AND CORRECTIVE ACTION

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

Symptoms unrelated to neurological diagnosis.

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

Patient evaluated + appropriately transferred to hospital for further evaluation + treatment.

V. Kay Novello, RNRM for W. Paul Sawyer, M.D.
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER
8/13/02 10:00 a.m.
 DATE REPORT COMPLETED TIME REPORT COMPLETED

197

Chow Gp
no procedure



STATE OF FLORIDA
Jeb Bush, Governor

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

RECEIVED
CONSUMER SERVICES UNIT
02 AUG 28 AM 8:04

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 SPACE COAST MEDICAL ASSOCIATES

Street Address 850 CENTURY MEDICAL DRIVE

City TITUSVILLE Zip Code FL 32780 County BREVARD

Telephone 321-268-4200

Name of Physician or Licensee Reporting RICHARD LEVINE, MD

License Number M20040927

Locating Information for Physician or Licensee Reporting

II. PATIENT INFORMATION

Patient Name [Redacted]

Age [Redacted] Gender [Redacted] Medicaid/Medicare [Redacted]

Locating Information

Date of Office Visit 08-16-02

Patient Identification Number

Purpose of Office Visit chemotherapy

Diagnosis NON-HODGKIN'S LYMPHOMA

ICD-9 Code for Diagnosis 202.08

III. INCIDENT INFORMATION

Incident Date and Time 8-16-02 10:45 AM

Location of Incident:
 Operating Rm
 Recovery Rm
 Other physician office

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

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

Rituxan 600mg / 500cc NS ordered for infusion. Patient has had rituxan before
3 incident. Infusion initiated at 1040 - at 1045 pt reported severe low
back pain - face flushed - BP 164/90 P88. Rituxan infusion stopped -
normal saline infused - placed on 0246/min - patient examined by MD - VS
monitored 0.5 mins - pt re-examined by MD and order received for
transport to ER at 11⁵⁰ AM.

B) ICD-9-CM Codes

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

J9310 - Rituxan / 96410 - Administration of chemotherapy

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

E933.1 Primary systemic agent - antineoplastic drug

Resulting injury (ICD-9 Codes 800-999.9)

963.1 Poisoning by primary systemic agent - antineoplastic.

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

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

Terry McFarland RN 9180929	Nora Fetherman RN 1828792
850 Century Medical Drive	850 Century Medical Drive
Titusville FL 32796	Titusville FL 32796
phone 321-268-4200	phone 321-268-4200

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)

pt had adverse reaction to Rituxan -
pt sent to Parrish Medical Center

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

pt was released from Parrish Medical Center
in Stable/Fair condition after evaluation in ER

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

LICENSE NUMBER

DATE REPORT COMPLETED

TIME REPORT COMPLETED

2 of 2 pages
Form #

Abdominoplasty
general anesthesia
? diet pill
no results or
sequels

198

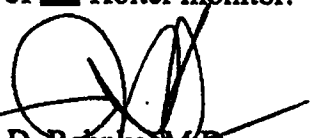
OFFICE NOTE – Unexpected postoperative hospitalization following office surgery.

AUGUST 16, 2002

RE: [REDACTED]

[REDACTED] is a [REDACTED]-year-old [REDACTED] ASA 2 patient, with history of controlled hypertension, who is taking Zestril 20 mg q. day, and Toprol XL 100 mg ½ tab q. PM. [REDACTED] underwent an elective abdominoplasty performed in our office on 08/08/2002. The patient had clearance for plastic surgery in the office performed by Dr. Scanlon, who is [REDACTED] internist. During the surgery [REDACTED] showed some sinus arrhythmias, and had a labile blood pressure. The surgery was performed quickly and without any complication or difficulty. The time of surgery was three hours. [REDACTED] was sent to recovery room and had some periods of bradycardia in the 50's with some low blood pressure's approximately 90/50. This was an unusually low blood pressure for [REDACTED], since [REDACTED] is normally borderline hypertensive. The patient however felt well and was stable, but went on to exhibit some arrhythmias associated with bigemini. [REDACTED] anesthesiologist, Dr. Eriksen and I called [REDACTED] internist, Dr. Scanlon, and discussed the case with him. We decided to admit [REDACTED] to Palms of Pasadena Hospital for cardiology consultation and observation on telemetry. [REDACTED] was transported via BLS transport to Palms of Pasadena Hospital and admitted to the PCU unit. Dr. Post saw [REDACTED] in consultation, as did Dr. Mulingtapang. They held [REDACTED] Zestril and Toprol and sent cardiac enzymes and d-Dymer testing. These were both negative. An EKG was also performed and was normal. [REDACTED] did however have some runs of bigemini on telemetry. In further questioning, the patient admitted for the first time that [REDACTED] had been using a diet medication containing ephedrine, and despite our request to stop all non-prescription medications and herbal preparations two weeks prior to surgery, [REDACTED] had continued to take them, as recently as four days preoperatively. The cardiologist felt [REDACTED] ruled out for any cardiac event, and assessed [REDACTED] with an echocardiogram, which showed a normal ejection fraction calculated at 63%, and otherwise normal exam. There was some mild mitral regurgitation, which was felt to be insignificant.

With this in mind, they discharged the patient on a single beta-blocker regimen and with plans to have outpatient Holter monitor follow-up thorough [REDACTED] internist. [REDACTED] has been stable since discharge and saw [REDACTED] internist on the postoperative day seven, and is scheduled for an outpatient Holter monitor to assess [REDACTED] sinus arrhythmia. We have instructed [REDACTED] to avoid the diet medication with ephedrine, and to continue on [REDACTED] beta-blocker program. [REDACTED] has been quite stable and felt well, and appears to have suffered no serious complication of these events. [REDACTED] will continue to be followed throughout [REDACTED] postoperative course closely, and we will keep in touch with [REDACTED] internist in regards to the results of [REDACTED] Holter monitor.


Robert D. Rehnke, M.D.
RDR/at

INCIDENT REPORT
CONFIDENTIAL INFORMATION
CLIENT/ATTORNEY COMMUNICATION
DO NOT COPY—DO NOT PUT IN CHART
RETURN PROMPTLY TO RISK MANAGEMENT
Dr. Rehnke's Surgical Center

CONSULTED SERVICES UNIT:
 02 AUG 27 AM 7:52

Incident date 08/08/02 Time 11:50-14:25 (OR) Patient Name [REDACTED]
 Patient Visitor Other Address [REDACTED]
 Patient /Family aware of incident? yes. Phone # [REDACTED]
 DOB [REDACTED]
 SS# [REDACTED]

Admitting Diagnosis: Abdominal laxity
 Procedure: Full Abdominaloplasty

BRIEF DESCRIPTION (attach additional pages if needed)
 During the surgery: sinus arrhythmias & labile BP, PACES, periods of bradycardia & low BP's, exhibiting some arrhythmic associated with bigeminy. Pt. transported to Adams of Ascending Hoop. via ALS transport.
 See attached detailed lab note marked Office Note

A. Location of Incident Center for Surgical Excellence - Robert D. Rehnke MD Surgical Suite

TYPE OF INCIDENT (Check only the one that best applies)

- B. Falls**
 Slip/Fall Found on Floor Other
- C. Medication Variance**
- | | | |
|---|---|--|
| <input type="checkbox"/> Contraindicated | <input type="checkbox"/> Extra Doses | <input type="checkbox"/> Wrong IV Solution |
| <input type="checkbox"/> Omission of Dose | <input type="checkbox"/> Adverse Reaction | <input type="checkbox"/> Wrong Dose |
| <input type="checkbox"/> Wrong Drug | <input type="checkbox"/> Wrong Patient | <input type="checkbox"/> Wrong Route |
| <input type="checkbox"/> Wrong Time | <input type="checkbox"/> Other | |
- D. Treatment or Procedure Variance**
- | | |
|---|---|
| <input type="checkbox"/> Consent not signed | <input type="checkbox"/> Consent/Different Procedure Performed |
| <input type="checkbox"/> Delayed | <input type="checkbox"/> Delayed/While Under Anesthesia |
| <input type="checkbox"/> Not Ordered | <input type="checkbox"/> Technique |
| <input type="checkbox"/> Undesired Effect | <input type="checkbox"/> Complications Following Procedure |
| <input type="checkbox"/> Cx after induction | <input type="checkbox"/> Inability to Complete Procedure w/complication |
| <input type="checkbox"/> Count Incorrect | <input type="checkbox"/> Count Incorrect/Retained Foreign Body |
| <input type="checkbox"/> Return to OR | <input checked="" type="checkbox"/> Unplanned Transfer/Admission |
| <input type="checkbox"/> Receive Blood | <input type="checkbox"/> Other |
- E. Infection**
 Nosocomial Infection @ 9th post-op day. See attached Progress note
- F. Equipment/Product Related**
- | | | |
|---|---|---|
| <input type="checkbox"/> Defective | <input type="checkbox"/> Electrical Problem | <input type="checkbox"/> Electrical Shock |
| <input type="checkbox"/> Equip. Unavailable | <input type="checkbox"/> Improper Use | <input type="checkbox"/> Malfunction |
| <input type="checkbox"/> Wrong Equip. | <input type="checkbox"/> Other | |

Lot # _____ Model # _____ Serial # _____
 Equip. Name _____ Manufacturer _____

G. Miscellaneous

AMA/Elopement Contraband Possession Exposure/Biohazard, Chemicals
 Fire/Thermal Property Loss Patient Abuse
 Struck by Object Security Issues Patient Complaint
 Other

H. Medical Treatment

Not Applicable Offered Refused Obtained Emergency Room - *Direct admission*
 MD/PA/RN Referred for further treatment

Name/Address _____

Date of Tx 08-08-02

I. Nature of Injury Sustained (Check one that most applies)

<input type="checkbox"/> Abrasion, bruise, contusion	<input type="checkbox"/> Decubitis ulcer	<input type="checkbox"/> Skin irritation
<input type="checkbox"/> Aggravation/pre-exist. cond.	<input type="checkbox"/> Electric shock	<input type="checkbox"/> Sprain/strain
<input type="checkbox"/> Amputation	<input type="checkbox"/> Fracture	<input type="checkbox"/> Phlebitis
<input type="checkbox"/> Burn	<input type="checkbox"/> Hemorrhage	<input type="checkbox"/> Vascular impair.
<input type="checkbox"/> Cardiac arrest	<input type="checkbox"/> IV Infiltrate	<input type="checkbox"/> Wound disruption
<input type="checkbox"/> Concussion	<input type="checkbox"/> Laceration	<input type="checkbox"/> Unable to deter.
<input type="checkbox"/> Contagious disease	<input type="checkbox"/> Neurological impairment	<input checked="" type="checkbox"/> None-N/A
<input type="checkbox"/> Death at Facility	<input type="checkbox"/> Pulmonary embolism/ deep vein thrombosis	<input type="checkbox"/> Other
<input type="checkbox"/> Death following transfer	<input type="checkbox"/> Puncture	
<input type="checkbox"/> Death 72 hrs./discharge	<input type="checkbox"/> Respiratory Impairment	

J. Related Factors (write in any factors that relate to the cause of the incident)

Possible use of diet medication containing Ephedrine up to 4 days prior to surgery.

K. Severity Level

Level 1 Event is not related to illness or injury, no apparent injury.
 Level 2 Incident that causes temporary illness or injury, whether or not physician, nurse or other practitioner interventions are required.
 Level 3 Injury with potential for complications. Follow-up required by physician/nurse.
 Level 4 Major injury; incident is potentially life threatening; immediate physician intervention required.
 Level 5 Incident resulting in death within 72 hours.

Witnesses (Include name, address, phone #, and social security #.)

see attached list of witnesses.

Team Member Preparing Report (Include name, title, time, and date)

*Jennie Reese Reimold R.N. Nurse Manager
10⁰⁰A. 8-20-02.*

Risk Manager/Dr. Rehnke

[Signature]

Witnesses:

Robert D. Rehnke, M.D. (surgeon)
6606 10th Avenue North
St. Petersburg, FL 33710
License No: ME55774
727-341-0337

Debra Eriksen, D.O. (anesthesiologist)
6285 East Fowler Avenue
Tampa, FL 33617
License No: 055597
813-558-8840

Sandra Reeser Redmond, R.N. (nurse manager, surgical assistant)
16010 Redington Drive
Redington Beach, FL 33708
License No: RN565812
727-397-2224

Jennifer Szekley, M.A. (circulator)
800 60th Street South
Gulfport, FL 33707
727-302-9521

PROGRESS NOTE

AUGUST 18, 2002

RE: [REDACTED]

The patient was seen in the office on 08/16/02, which was nine postoperatively. [REDACTED] had been seen earlier in the week on the sixth postoperative day. At that time, we removed [REDACTED] JP drain as the output was about 20 cc over the 24 hours for the past two days. [REDACTED] had some mild erythema about the central portion of the abdominal closure, and around the JP site. For this reason, [REDACTED] was started on Keflex and placed in a postoperative girdle. [REDACTED] called the office on 08/16/02, and reported that [REDACTED] had had some serous drainage from the central portion of the wound, which was soiling the abdominoplasty girdle. [REDACTED] denied fever or chills, or feeling poorly. [REDACTED] asked [REDACTED] to report to the office, which [REDACTED] did.

On physical exam, there was some slight edema and swelling of the lower abdomen, especially in the suprapubic region and some cloudy fluid expressed from the central portion of the abdominal closure. There was some mild erythema around the JP site. At that time I was concerned that [REDACTED] could have a wound infection, and so in the prone position, we prepped the lower abdominal incision with Betadine and draped with a sterile towel. Using sterile technique, a 4cm incision was made through the existing closure and under blunt dissection with an index finger, the wound was opened to the deep fascia. A small amount of fluid came out, and this was cultured with a culture swab and sent for culture and sensitivity and gram stain. A sterile rubber glove was cut in half and packed into the base of the wound and sutured in place with a 3-0 Nylon to prevent premature closure of this opening. The patient was given instructions for wound care, and placed on p.o. Clindamycin 300 mg q. 6 hours. I changed antibiotics empirically feeling that [REDACTED] had regressed rather than improved on the Keflex.

The following day, after checking with the laboratory, it was discovered that gram stain showed a gram-negative rod, and that no bacterial growth was seen at one day on the culture. This was suspicious for an anaerobic bacteria. I called the patient on the 17th and [REDACTED] reported to be feeling fine. [REDACTED] states that [REDACTED] still had a small amount of serous drainage from the opening in the wound, and it was also stated that the erythema around the wound, which spread approximately a centimeter and half to two centimeters from the edge of the wound centrally was unchanged. [REDACTED] was tolerating the Clindamycin without any difficulty.

Today, on the 18th, culture and sensitivity showed the growth of bacteroides fragilis, heavy growth. Palms of Pasadena Hospital laboratory does not perform sensitivities on anaerobes, but their reports that Clindamycin covers 95% of species. Additionally, there were a few colonies of growth of Pseudomonas aeruginosa. I followed up by phone today with [REDACTED] and [REDACTED] reports to be feeling fine. [REDACTED] states that the drainage from the central portion of the wound has slowed down greatly. [REDACTED] also feels that the erythema is modestly improved. [REDACTED] has denied any fever or chills, or problems with intestinal upset or diarrhea. [REDACTED] is tolerating a diet fine and resting, but ambulating frequently. I have asked [REDACTED] to begin Levaquin 500 mg p.o. q. day to cover the pseudomonas. I have called this in to [REDACTED] pharmacy. [REDACTED] is scheduled to follow-up with me in the morning in the office, at which time we will check the progress of [REDACTED] wound healing.


Robert D. Rohrke, M.D.
RDR/at