V. [signature] FL RN09722272

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT | LICENSE NUMBER

9/23/13 | 1300

DATE REPORT COMPLETED | TIME REPORT COMPLETED

42

STATE OF FLORIDA
Rick Scott, Governor

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

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

HEALTH

I. OFFICE INFORMATION

Tower Radiology Center Habana
Name of office

4719 N. Habana Avenue
Street Address

Tampa — City
33614 — Zip Code
Hillsborough — County

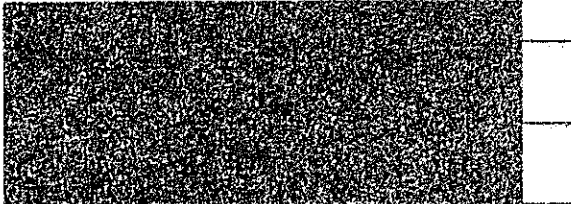
(813) 874-7000
Telephone

James Sayar
Name of Physician or Licensee Reporting

CRT 39989
License Number & office registration number, if applicable

As above
Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION



Patient Identification Number

9-17-2013
Date of Office Visit

MRI Brain w/ and w/o contrast
Purpose of Office Visit

794.02 Abnormal EEG
Diagnosis

780.39
ICD-9 Code for description of Incident

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

III. INCIDENT INFORMATION

9-17-2013
Incident Date and Time

Location of Incident:
☐ Operating Room ☐ Recovery Room
☒ Other MRI Suite

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☒ ☐ Not by Tower, patient taken to hospital
Was an autopsy performed? ☐ Yes ☒ No (Not to the knowledge of Tower.)

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

Patient was scheduled for MRI brain with and without contrast. Initially, the patient had the MRI without contrast. At 9:45 a.m. the MRI technologist, James Sayar, injected 5 ml of MultiHance by 23 gauge butterfly in the right AC with 5 ml flush. The butterfly was removed. A 2x2 was applied with pressure held for 10 to 15 seconds. The patient was okay. The technologist hit the "return to center button" and the

patient began to move back into the tube. The patient said he felt nauseous and thought he might throw up. The technologist moved the patient out of the tube. The tech grabbed an emesis basin and called to Desiree Coen for assistance. The headcoil was removed and the patient sat up. The tech supported the patient with his hands and spoke with him. The patient started to produce excessive saliva and then started to gag. The patient spit excessive saliva into the basin. The nausea and gagging and salvia problem improved. The patient was then laid back on the MR table. The patient then said to the tech "make it stop" and began gagging again. The tech then sat the patient back up. Suddenly, the patient went rigid and his eyes rolled back in his head. At this point, MR tech and staff thought the patient was having a seizure. Dr. Otero, a radiologist, was called from the reading room to the MR suite. The patient became unresponsive. The patient was moved to the fluoro room for resuscitation, where he was put on O2 (2 liters per minute). IV was unsuccessfully attempted three separate times by James Sayer, Liz Bruno and Kiu Thao, using a tourniquet, in both upper extremities. Pulse Ox was applied initially showing 129 bpm and 82% saturation. BP could not be obtained by use of electronic cuff. Patient had palpable carotid pulses, per Dr. Otero, with agonal respirations. 9-1-1 was called. Oxygen was then administered by ambu bag. Dr. Lee responded. Dr. Lee attempted intubation with a 5 French ET tube. The patient stopped breathing. CPR was started by Kiu Thao and taken over by James Sayer. EMS arrived and took over at approximately 10:05. The patient was transported to St. Joseph's Children's Hospital.

B) B) ICD-9-CM Codes

ICD-9794.02	780.39	
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)

- ☐ 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 the hospital.

Outcome of transfer – e.g., death, brain damage, observation only Death
Name of the facility to which patient was transferred: St. Joseph's Children's Hospital

- ☐ 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 to a hospital.

E) **List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.**

James Sayer, MR Tech, CRT 39989; Liz Bruno, Medical Assistant (responded to Code); Desiree Coen, MR Float; Kiu Thao, MR Tech CRT 67249 ; Raul Otero, M.D. License #30778 Radiologist; Juan Lee, M.D.License #101578, Radiologist.
All of the above can be reached at the office location indicated and at the phone number provided.

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

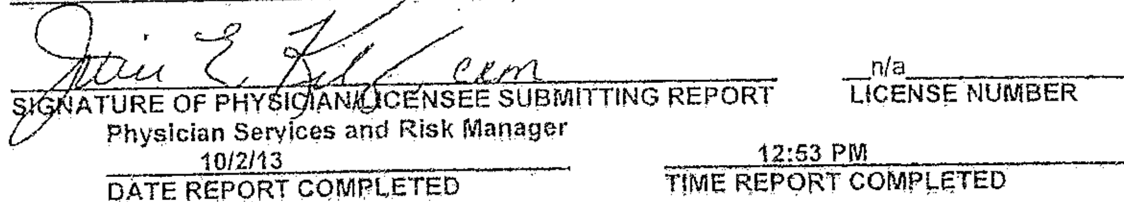
IV. ANALYSIS AND CORRECTIVE ACTION

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

The patient was thought to likely have experienced a seizure. Contrast agent used was MultiHance. The manufacturer was notified. The patient, through his grandmother, completed the Risk Screening Questionnaire. The MR technologist reviewed same and discussed same with the patient and his grand mother. It was felt that the patient experienced a seizure, prompt assessment was accomplished, equipment needed was available, and 9-1-1 was called.

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

Review of recognition, assessment and preparedness was completed with staff. Review of Emergency box showed it was fully stocked and current.



SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT
Physician Services and Risk Manager

n/a
LICENSE NUMBER

10/2/13
DATE REPORT COMPLETED

12:53 PM
TIME REPORT COMPLETED

43

No Repeat

STATE OF FLORIDA
Rick Scott, Governor

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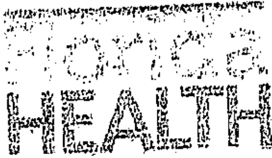

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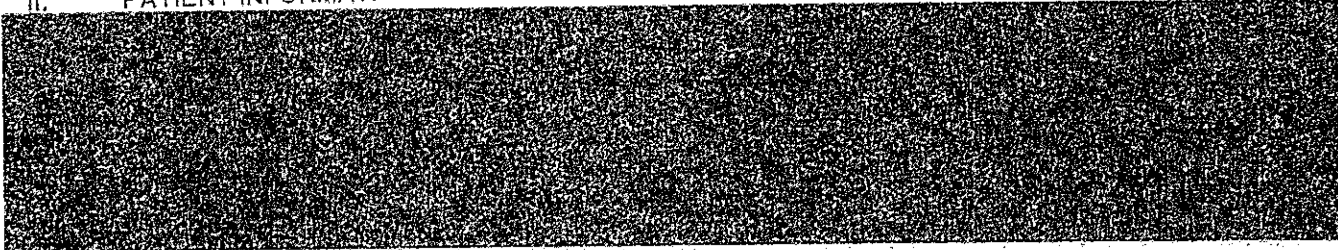

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