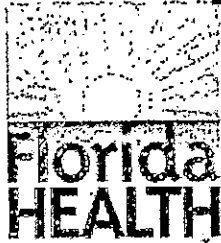


159

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

I. OFFICE INFORMATION

Orlando Aesthetic Institute
Name of office
Orlando 32804 Orange
City Zip Code County
D. Scott Rotatori MD
Name of Physician or Licensee Reporting
800 West Morse Blvd, Winter Park, FL
Patient's address for Physician or Licensee Reporting 32789

120 E. Par Street, Suite 1000
Street Address
407-770-2002
Telephone
ME51444 / OSR 570
License Number & office registration number, if applicable



[Redacted]
Patient Identification Number
Diagnosis

65 F
Age Gender Medicaid Medicare
9-22-14
Date of Office Visit
Tummy Tuck
Purpose of Office Visit
V50.1
ICD-9 Code for description of incident
III
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

9/22/14 11:35
Incident Date and Time

Location of Incident:
 Operating Room Recovery Room
 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)

Progressive decrease in blood pressure while in recovery room necessitating increase in intravenous fluids and IV ephedrine. This necessitated transfer to Florida Hospital ER. Evaluated and stabilized in ER, intubated and transferred to ICU. Abdominal CT scan showed hemoperitoneum, blood transfusion in ER, and possible splenic injury

B) ICD-9-CM Codes

V50.1

See notes

N/A (see notes)

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)

N/A

D) Outcome of Incident (Please check)

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

Hristy Baker MD - Anesthesiologist - ME71999
Kathy Ottati RN - Perianth Nurse - RN 9246800
Etha Rich, ARNP - Nurse Manager - ARNP 1680082
D Scott Rotatori MD - Surgeon - ME51444

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)

Hemoperitoneum from injury to spleen - probably from laceration - either from esocant infiltrating needle or laceration cannula.

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

Stabilization at hospital, transfusion, invasive radiology for selective embolization of a branch of splenic artery.

V.

DR Rotatori SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT ME51444 LICENSE NUMBER

9/29/14 DATE REPORT COMPLETED 3:00 TIME REPORT COMPLETED



PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

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

I. OFFICE INFORMATION

Carl Harrell, M.D.
Name of office
Palm Harbor 34684 Pinellas
City Zip Code County
Carl Harrell, M.D.
Name of Physician or Licensee Reporting

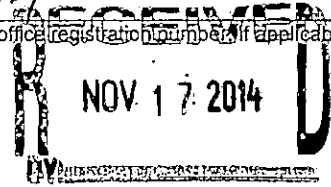
34156 45 High 19.0
Street Address
727-781-0818
Telephone
ME56244
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting



Patient Identification Number
Excess skin after Massive Weight loss
Diagnosis

58 Age F Gender Medicaid Medicare
Date of Office Visit
Purpose of Office Visit
ICD-9 Code for description of incident
Level of Surgery (II) or (III)



III. INCIDENT INFORMATION

10/28/14
Incident Date and Time

Location of Incident:
 Operating Room Recovery Room
 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).

This 58 y.o. Female had previously undergone Gastric Bypass and had approximately 80 lbs. This resulted in excess skin on body that she wanted electively removed. Patient had pre-operative surgery clearance by a cardiologist prior to her surgery. Her surgery was uneventful as well as her anesthesia. After her surgery she could not be taken off the respirator. We felt she might have a previous undiagnosed gastric disorder, Pseudocholinesterase Deficiency. We felt it was in her best interest to transfer patient to hospital for observation. She was transferred without incident and discharged home without any adverse sequelae.

35

STATE OF FLORIDA
Rick Scott, Governor



RECEIVED
NOV 21 2014
ADVERSE INCIDENT REPORT
BY:

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

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

I. OFFICE INFORMATION

NAPLES SURGERY CENTER
Name of office
NAPLES 34109 US
City Zip Code County
STANLEY P. GULIN, M.D.
Name of Physician or Licensee Reporting
SAME AS ABOVE
Patient's address for Physician or Licensee Reporting

6610 WILLOW PARK DRIVE #103, NAPLES FL 34109
Street Address
239-596-8000
Telephone
ME 81799, OSR 607
License Number & office registration number, if applicable

II. PATIENT INFORMATION

[Redacted]
2511
Patient Identification Number
Nasal deformity, breathing obstruction, Turbinate hypertrophy
Diagnosis 738.0, 478.0

63 F
Age Gender Medicaid Medicare
11-05-14
Date of Office Visit
Surgery
Purpose of Office Visit
Post op bleeding 998.11
ICD-9 Code for description of incident
III
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

11-05-14 12:30-4:15PM
Incident Date and Time

Location of Incident
 Operating Room Recovery Room
 Other

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

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

See enclosed narrative

Stanley P. Gulin, M.D.
6610 Willow Park Dr, Suite 103,
Naples, FL 34109

III A) Narrative: On 11-5-14 at 9:15am, this 64 year old female underwent secondary rhinoplasty and turbinate resection under general anesthesia in my office surgical facility. Her past medical history was significant for hypothyroidism under control with medication. On initial history in August 2011, the patient stated that she had experienced bleeding problems. At that time she underwent a hematology evaluation which demonstrated no abnormalities. Between August 2011 and June of 2014 she had multiple plastic surgical procedures performed in our office without incident. Prior to her current procedure, the patient was medically cleared by her internist which included hemoglobin (13.5) platelets, INR, PT, PTT, electrolytes, glucose and liver function, all within normal limits.

Her baseline vital signs were 133/83- 80, O2 saturation 99%, and respirations 14. Intraoperatively, the patient experienced excessive bleeding post turbinectomy, despite good blood pressure control and intra-nasal packing. An additional large bore IV was started by the anesthesia provider and the patient received one unit of Hespan and a total of 5 liters of crystalloids in the OR and recovery. She was admitted to recovery at 12:55pm and a stat CBC was drawn at that time that revealed an H&H of 8.6/26. This was reported by the lab to our office at 3:30pm. Her right and left and nasal packings were changed in recovery room at 3 pm and 3:45pm respectively, and bleeding was under control at that time. I felt it advisable to transfer the patient to the hospital for continued observation and possible transfusion as she had lost approximately 500 cc of blood. EMS was called and the patient was transferred at 4:15pm. Her vital signs at transfer were 95/48-106 and O2 saturation of 91% on room air. Throughout the recovery phase she was alert and oriented and conversing with us.

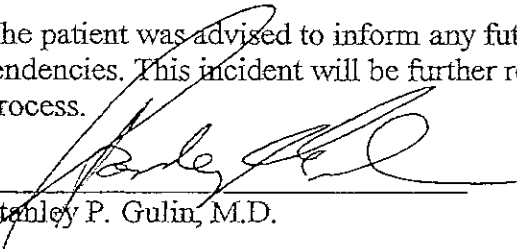
In the hospital the patient was transfused with fresh frozen plasma and packed cells to an adequate hematocrit, and remained in stable condition with no recurrence of nasal bleeding. She underwent an evaluation for a possible bleeding disorder and other unrelated cardiovascular and endocrine issues, and was released November 10, 2014 in good condition.

IV. Analysis and corrective action

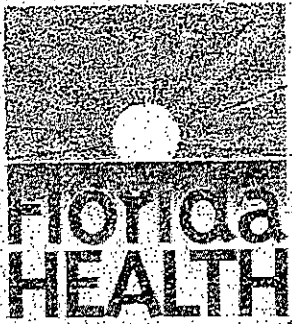
A). She had a hematology consult while hospitalized to further explore the etiology of this incident. At this time the patient is thought to have a form of Von Willebrand's disease as the cause of her excessive intra-operative and post-operative bleeding. The patient will continue to be evaluated by the hematologist on an outpatient basis. The hematologist informed me that it is a known fact that the clotting factor deficiencies associated with Von Willebrand's disease can be variable and inconsistent; at times being within normal limits and other times being abnormal.

B) We reviewed our procedures with regard to preoperative teaching and handouts to educate patients about avoiding bleeding agents prior to surgery and found that this patient was well prepared in this regard. She had been asked to disclose medical history relating to bleeding tendencies during initial consultation. She also had independent medical clearance for surgery. I have again reinforced to myself and my staff to remain acutely aware of the need to vigorously and carefully screen patients as to the risks associated with surgical bleeding.

The patient was advised to inform any future health care providers of her surgically related bleeding tendencies. This incident will be further reviewed through my mandatory accreditation peer review process.


Stanley P. Gulin, M.D.

Date: 11/14/14



PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bldg 275
Tallahassee, Florida 32399-275

RECEIVED
DEC 04 2014

I. OFFICE INFORMATION

Aesthetic Surgery Center of Coral Gables
Name of office

550 Biltmore Way, Suite 890
Street Address

Coral Gables 33134 Dade
City Zip Code County

305-444-8585
Telephone

Leonard A. Roudner, M.D.
Name of Physician or Licensee Reporting

ME 28669 Registration 114
License Number & office registration number, if applicable

550 Biltmore way, Suite 890
Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[Redacted Patient Information]

[Redacted Patient Information]

Age 11-21-14 Gender _____ Medicaid/Medicare _____

Date of Office Visit _____
Purpose of Office Visit Do not masto pexy with Implants

Bilateral mammary hypoplasia
Diagnosis Bilateral mammary ptosis

ICD-9 Code for description of incident E870.0
Level of Surgery (II) or (III) Level III

III. INCIDENT INFORMATION

11-21-14 8:15 AM
Incident Date and Time

Location of Incident:
 Operating Room Recovery Room
 Other _____

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

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

Please See Narrative Report Attached.

B) ICD-9-CM Codes

85.6 E 870.0 860.1
 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"/> 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 hospital. Outcome of transfer – e.g., death, brain damage, observation only LABS, EKG, Chest X-rays Name of facility to which patient was transferred: BAPTIST HOSPITAL OF MIAMI / Hospitalized AND Discharged home on 11-22-14 TO SATISFACTORY CONDITION	<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 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.

ZEONARDA ROUDNER, MD Lic # ME28669 (Surgeon)
 Aesthetic Surgery Center of CORAL GABLES
 350 Biltmore Way, Suite 890
 CORAL GABLES, FL 33134

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

ELLEN STEPHANIE ROMEY, CRNA BEND 759452 / Cybil BROWN, RN 9213457
 FLENE ALFERMAN, OR Technician, JIANVINA CARDONA, Certified OR Technician

IV. ANALYSIS AND CORRECTIVE ACTION

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

IT WAS AN ISOLATED INCIDENT THAT WAS MANAGED APPROPRIATELY

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

NO CORRECTIVE ACTION Required

November 28 2014

[REDACTED]

On 11/21/2014 a [REDACTED] presented to my office for a routine donut mastopexy with implants surgery. The breast augmentation scheduled surgery commenced on the right side and was performed without incident. The surgery on the left side was also performed without incident. As I was inserting the implant a popping sound was heard. Then saline was placed in the subpectoral pocket and bubbling was seen from the central part of the chest wall. A diagnosis of pneumothorax was made. A tiny hole in the intercostals fascia was then seen. This hole was covered with pectoralis muscle and secured to the chest wall with 3-0 Vicryl sutures. The anesthetist re-inflated the lung. No further leak was seen. The surgery was completed without any further consequences. During the course of this occurrence the Po2 levels never dropped below 97 and was mainly maintaining at 100. The pulse rate and blood pressure remained stable. The patient was never in any distress.

Following the surgery breath sounds were diminished all over the chest but were present.

Arrangements were made to transport the patient to Baptist hospital by fire rescue. The patient was awake and alert.

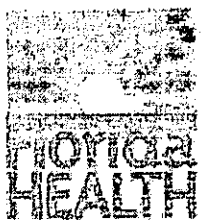
At the hospital a diagnosis of a greater than 15% pneumothorax was made. The intervention physician was called in consultation. A small chest tube was placed. She was in no distress and was taken to a floor bed for observation overnight. Chest x-ray revealed complete resolution of the pneumothorax. There was no evidence of an air leak. The next day the tube was clamped and follow up X-ray showed complete resolution. The chest tube was removed and again chest x-ray revealed that there was complete resolution of the pneumothorax. The patient was discharged the day after admission in a satisfactory condition. She was given full discharge and post op instructions.

The patient has been seen in my office twice after her discharge

at 2 days later and 1 week later. Together with her mother they were given a complete explanation of the events that occurred. There are no residual effects from the pneumothorax and the breasts are healing with no complications. The breasts were soft and natural in appearance. [REDACTED] is very happy and will continue to be seen in my office for her follow up visits.

Sincerely,

Leonard A Roudner M.D., F.A.C.S., P.A



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

I. OFFICE INFORMATION
Walnut Creek Medical Center
Name of office
Hollywood City 33024 Zip Code Broward County
Dr. Brian Dooreck
Name of Physician or Licensee Reporting
Same as above
Patient's address for Physician or Licensee Reporting

1779 N. University Drive
Street Address
954-964-6281
Telephone
ME85567 OSR598
License Number & office registration number, if applicable

II. PATIENT INFORMATION
[Redacted]
Patient Name
[Redacted]
Patient's Address
0000063806
Patient Identification Number
change in bowel habits
Diagnosis

[Redacted] F
Age Gender
12/24/14
Date of Office Visit
Colonoscopy
Purpose of Office Visit
569.83
ICD-9 Code for description of incident
III
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION
12/24/14
Incident Date and Time

Location of Incident:
 Operating Room Recovery Room
 Other

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

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

B) ICD-9-CM Codes

Colonoscopy S69.83
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)

Post polypectomy and post procedure Bowel Perforation
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)

Colonoscope

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 hospital.	<input type="checkbox"/> Brain Damage
Outcome of transfer - e.g., death, brain damage, observation only	<input type="checkbox"/> Spinal Damage
Name of facility to which patient was transferred:	<input type="checkbox"/> Permanent disfigurement not to include the incision scar
<u>Memorial Hospital Pembroke Pines</u>	<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 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.

Dr Brian Dooceck - ME 85567 - Physician Meagan Peterson - DR Tech
Dr Jose Avenda - ME 88604 - Anesthesiologist
Paul Price RN 5190402 - Intra DR RN
Azul Granadillo - Intra Procedure, Follow Up

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)

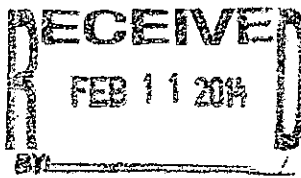
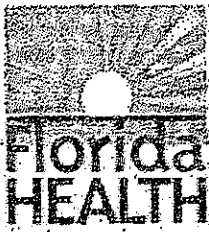
see attached documentation

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

see attached documentation

V.

[Signature] ME 85567
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER
8/10/15 11:26 AM
DATE REPORT COMPLETED TIME REPORT COMPLETED



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

I. OFFICE INFORMATION

21st Century Oncology, Inc.
Name of office Gynecology Division (FGO)
Fort Myers 33905 Lee
City Zip Code County
James W. Orr Jr., M.D.
Name of Physician or Licensee Reporting
Same as above
Patient's address for Physician or Licensee Reporting

8931 Colonial Center Drive, Suite 400
Street Address
239-334-6626
Telephone
ME47629 DEA# AO7586689
License Number & office registration number, if applicable

II. PATIENT INFORMATION

[Redacted Patient Information]

Age 1/06/2014 Gender Medicaid Medicare
Date of Office Visit
First visit post diagnosis of fallopian tube carcinoma
Purpose of Office Visit
ICD-9 Code for description of incident
Not applicable
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

1/06/2014
Incident Date and Time

Location of Incident:
 Operating Room Recovery Room
 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)

[Redacted] who underwent LAVH BS&O 12/11/2013 at Murdock Surgery Center. Path finding a small left Fallopian tube carcinoma. According to the operative note the surgical counts were correct X 3.
First visit for consultation to FGO office was on 1/6/2014. Examination at that time indicated the presence of a vaginal "sponge" that was removed. Patient and family were clearly aware.
Surgery at Lee Memorial Hospital 1/14/14 included laparoscopic staging and repair of vesico-vaginal fistula. Bladder catheter removed 1/31/14 and as of today [Redacted] is dry. Plan to institute chemotherapy for [Redacted] fallopian tube cancer in approximately 3 weeks.

B) ICD-9-CM Codes

99245
Surgical, diagnostic, or treatment procedure being performed at time of incident. (ICD-9 Codes 01-99.9)

Not applicable
Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

Not applicable
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)

Not applicable

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 checked="" 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 hospital.	<input type="checkbox"/> Brain Damage
Outcome of transfer -- e.g., death, brain damage, observation only _____	<input type="checkbox"/> Spinal Damage
Name of facility to which patient was transferred: _____	<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 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.

Sherry Dula, License # LPN 828821

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

IV. ANALYSIS AND CORRECTIVE ACTION

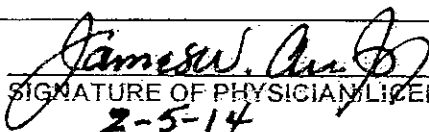
A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

Removal of vaginal sponge

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

N/A

V.

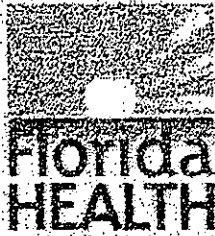

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME47629

LICENSE NUMBER

2-5-14
DATE REPORT COMPLETED

TIME REPORT COMPLETED



STATE OF FLORIDA
Rick Scott, Governor

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

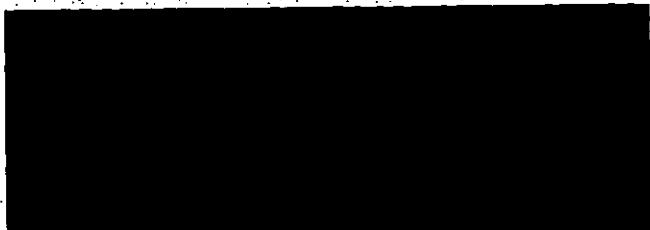
RECEIVED
JUN 18 2014

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

I. OFFICE INFORMATION

FORTLAUDERDALE PAIN MEDICINE
Name of office
F. LAUDERDALE 33308 BROWARD
City Zip Code County
SERGIO LENCHIG
Name of Physician or Licensee Reporting
Patient's address for Physician or Licensee Reporting

1930 NE 47TH STREET, SUITE 300
Street Address
954-493 5048
Telephone
ME102051 OSR 509
License Number & office registration number, if applicable



Diagnosis

Date of Office Visit
SACROILIAC JOINT INJECTION
Purpose of Office Visit
720.2
ICD-9 Code for description of incident
II
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

5/2/14, 9:30AM
Incident Date and Time

Location of Incident:
 Operating Room Recovery Room
 Other PROCEDURE 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)

SHORTLY AFTER THE INJECTION WAS DONE WITH VERIFICATION OF THE NEEDLE WAS IN THE SACROILIAC JOINT AND AFTER NEGATIVE ASPIRATION, THE PATIENT REPORTED NUMBNESS OF THE MOUTH AND TINNITUS. AT THAT POINT I KNEW THE PATIENT WAS SUFFERING FROM LIDOCAINE TOXICITY. THE VITAL SIGNS WERE STABLE THROUGHOUT AND THERE WERE NO ARRHYTHMIAS OR TACHYCARDIA. BLOOD PRESSURE WAS STABLE. THE PATIENT WAS TAKEN TO RECOVERY AND OXYGEN GIVEN AT 4L PER MINUTE. PULSE OXIMETRY NEVER FELL BELOW 90%. BUT THE PATIENT DID REPORT DIFFICULTY BREATHING AND MILD DISORIENTATION. [REDACTED] WAS ORIENTED X3 WHEN ASSESSED BUT DECIDED TO CALL EMS TO TAKE PATIENT TO ER FOR FURTHER MONITORING. PATIENT WAS DISCHARGED WITHOUT COMPLICATIONS FROM ER TWO HOURS LATER.

B) ICD-9-CM Codes

SACROILIAC JOINT INJECTION

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

LIDOCAINE TOXICITY

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

RESPIRATORY DIFFICULTY

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)

OXYGEN, LIDOCAINE, FLUOROSCOPY, SPINAL NEEDLE, DEPOMEDROL

D) Outcome of Incident (Please check)

<input type="checkbox"/> Death	<input type="checkbox"/> Surgical procedure performed on the wrong site **
<input type="checkbox"/> Brain Damage	<input type="checkbox"/> Wrong surgical procedure performed **
<input type="checkbox"/> Spinal Damage	<input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure.
<input type="checkbox"/> Surgical procedure performed on the wrong patient.	
<input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure.	** if it resulted in:
<input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital.	<input type="checkbox"/> Death
Outcome of transfer—e.g., death, brain damage, observation only <u>OBSERVATION ONLY, FOR 2 HRS.</u>	<input type="checkbox"/> Brain Damage
Name of facility to which patient was transferred:	<input type="checkbox"/> Spinal Damage
<u>HOLY CROSS HOSPITAL</u>	<input type="checkbox"/> Permanent disfigurement not to include the incision scar
	<input type="checkbox"/> Fracture or dislocation of bones or joints
	<input type="checkbox"/> Limitation of neurological, physical, or sensory function.
	<input type="checkbox"/> Any condition that required the transfer 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.

ISA VAZQUEZ, RN-RN9370209

CARLOS RODRIGUEZ-RADIOLOGY TECH.-BMO76063

SERGIO LENCHIG, MD.- SURGEON. ME102951

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

NO WITNESSES.

IV. ANALYSIS AND CORRECTIVE ACTION

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

LIDOCAINE TOXICITY, VENOUS PLEXUS WITHIN THE SACROILIAC JOINT.

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

STOP PROCEDURE. GIVE OXYGEN AND SUPPORTIVE CARE.

V. SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT: [Signature] ME102951 LICENSE NUMBER

DATE REPORT COMPLETED

TIME REPORT COMPLETED