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

Name of Office ON CONTROL STATE Name of Office ON COUNTY Zip Code County Name of Physician or Licensee Reporting 800 West Moysl Blvd, Why Park Pl Patient's address for Physician or Licensee Reporting 32789	Street Address 407-770-2002 Telephone ME51444 OSR 570 License Number & office registration number, if applicable
Patient Identification Number Diagnosis	Age 9-22 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 9)39/14 Incident Date and Time	Location of Incident: ☐ Operating Room ☐ Other
Note: If the incident involved a death, was the medical examin Was an autopsy performed? A) Describe circumstances of the incident (narrative (use additional sheets as necessary for complete response) Pregressive decrease m blood processivations in the same of the incident (narrative (use additional sheets as necessary for complete response) Pregressive decrease m blood processivations in the same of the incident (narrative (use additional sheets as necessary for complete response)	
This necessitated transfer to flo Stubilized in ER, introduced and OT Sean Showed hemoper For and possible	Fransferred to ECU. Abdomina eveny. Blood Franshirron in BR. splenie injuny

B)	ICD-9-CM Codes		11/01/21/2				
	V50.1	100	HO NA(Shotes)				
pró	gical, diagnostic, or treatment cedure being performed at time of dent (ICD-9 Codes 01-99.9) Accident, event specific agent the or event. (ICD-9)	hat ca	aused the injury (ICD-9 Codes 800-999.9)				
C)	List any equipment used if directly involve (Use additional sheets as necessary for complete response)	∍d in	the incident				
D)	Outcome of Incident (Please check)						
	Death		Surgical procedure performed on the wrong site **				
	Brain Damage		Wrong surgical procedure performed **				
□	Spinal Damage		3 .				
	Surgical procedure performed on the wrong patient.		surgical procedure.				
<u> </u>	A procedure to remove unplanned foreign objects remaining from surgical procedure.		** if it resulted in: Death Brain Damage Spinal Damage				
7	Any condition that required the transfer of the patient to a hospital.		 Permanent disfigurement not to include the incision scar 				
obs	Outcome of transfer – e.g., death, brain damage, observation only he with the fracture or dislocation of bones or joints Limitation of neurological, physical, or sensory function. Name of facility to which patient was transferred: Any condition that required the transfer of the patient to a hospital.						
the	ey were involved in this incident, this would include providers. NY ISTY BALLY MD - AUSTHIOLOGICATHY OHAT LN - PUBLISH NUSSELLA BICH, ARNP - NUSE MANAGED SCOH LOTATON MD - SINGLON -	St St N -	sed, locating information and the capacity in which anesthesiologist, support staff and other health - NE71999 - LN 924 6800 - ALNP 168 0087 ME51444				
F)	List witnesses, including license numbers if lic	ense	ed, and locating information if not listed above				
	ANALYSIS AND CORRECTIVE ACTIO						
	Analysis (apparent cause) of this incident (Use addi	itiona!	sheets as necessary for complete response) 4 to Seen - moboble from lixesout				
	either Finescent infittration		needle or Inposection contola.				
B)	Describe corrective or proactive action(s) taken (s)		Homeshirm Masore radrofogy				
— V.	OSTALIO	1X0	Morry				
	SIGNATURE OF PHYSICIAN/LICENSEES		200				
	DATE REPØRT COMPLETED TIME -MQA1030-12/06 e 2 of 2	: REI	PORT COMPLETED .				



Page 1 of 2

STATE O. 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

Name of Physician of Licensee Reporting	34/56 45 High 18.0 Street Address 7-27 - 78/ - OS/S Telephone 11:56244 License Number & office registration per in applicable
Patient's address for Physician or Licensee Reporting	NOV 1 7: 2014
	Age Gender Medicaid Medicare Date of Office Visit
Patient Identification Number 1/ - 10 -0	Purpose of Office Visit
Patient Identification Number Mussuir Weight loss Diagnosis	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 Other
Note: If the incident involved a death, was the medical examine . Was an autopsy performed? □ Yes □ No	er notified? 🗆 Yes 🗔 No
A) Describe circumstances of the incident (narrative) (use additional sheets as necessary for complete response).	
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STATE OF FLORIDA Rick Scott, Governor

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PHYSICIAN OFFICE NOV 2.1 2014 ADVERSE INCIDENT REPORT

BY:_____

SUBMIT FORM TO:

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

I. OFFICE	INFORMATION ERY CENTER	1		6610 WIL	LOW PARK D	RIVE#16	3, NAPLE	S FL 3410
Name of office				Street Address	}			
NAPLES	34109	บร		239-596-8000	0			
City	Zip Code	County		Telephone				
STANLEY P. GUL					9, OSR 607			
Name of Physician or I	Licensee Reporting			License Numb	er & office regi	stration nu	mber, if ap	plicable
SAME AS ABOVE								
Patient's address for P	Physician or Licensee	Reporting						
II PATIENT	TINEORMATIC	M						
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				Age	Gender			iviedicare
				11-05-14 Date of Office	\/ieit			····
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Patient Identification N	lumber eathing obstruction	Turbinate hypertrophy		Purpose of Off	fice Visit eding 998.11			
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				Level of Surge	ery (III) or (IIII)			
				Level of Saige	ay (ii) or (iii)			
III. INCIDENT	INFORMATION							
11-05-14 12:30-4:	:15PM			Location of Inc	idan+			
Incident Date and Time				2POperating R		⊒. Recov	rery Room	
				☐ Other		- ^	,	
	ent involved a dea opsy performed?	ath, was the medical □ Yes □ No	examine	notified? □	Yes □ No	N/A		
A) Describe cir (use additional sh	rcumstances oneets as necessary for	of the incident (nai	rrative)					
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DH-MQA1030-12/06 Page 1 of 2

Stanley P. Gulin, M.D. 6610 Willow Park Dr, Suite 103, Naples, FI 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 though 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, Big C75 f

DEC 0 4 2014

I. OFFICE INFORMATION	The state of the s
A ECLA NO SURGIAND CONTRACTOR	S 550 Bilt more way, Soite 890
AESTAGE SURGERY CENTER OF CORAL GABLES Name of office	Street Address
City Zip Code County	305-444-8585 Telephone
City Zip Code County	Telephone
LEONARD A. ROUGINER, M.D. Name of Physician or Licensee Reporting	MF 2 8669 Registeration 114 License Number & office registration number, if applicable
Name of Physician or Licensee Reporting	License Number & office registration number, if applicable
350 Bitmore way Sorte \$90 Patient's address for Physician or Licensee Reporting	
Patient's address for Physician or Licensee Reporting	
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	Age Wedicalo Medicale Medicale
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	Level of Surgery (II) or (III)
III. INCIDENT INFORMATION	
Incident Date and Time	Location of Incident:
Incident Date and Time	
Note: If the incident involved a death, was the medical examined? I Yes I No U/A	iner notified? □ Yes □ No N/H
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(use additional sheets as necessary for complete response)	
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B) ICD-9-CM Codes		
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urgical, diagnostic, or treatment rocedure being performed at time of cident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, o specific agent that caused the injuor event. (ICD-9 E-Codes)	
C) List any equipment used if d (Use additional sheets as necessary for α	irectly involved in the incide omplete response)	nt
) Outcome of Incident (Please	check)	
Death	☐ Surgical pro	ocedure performed on the wrong site **
Brain Damage	☐ Wrong surg	gical procedure performed **
ı Spinal Damage		pair of injuries or damage from a planned
Surgical procedure performed on th		
A procedure to remove unplanned i		
remaining from surgical procedure.		Damage Damage
Any condition that required the tran patient to a hospital.		nent disfigurement not to include the
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lame of facility to which patient was t BAPナバナ NoSPIFAL で F MIAM	/ XOO /alive patient	ndition that required the transfer of the to a hospital.
ND DISCHARGED HOME ON THE SAMSTARD TO SAMS THE CONSIN	11-22-14	
 List all persons, including licens hey were involved in this incident, are providers. 	se numbers if licensed, locating this would include anesthesiol	g information and the capacity in whicogist, support staff and other health
ZEONARDA ROUDNER, MB AESTACTIC SURGERY CY	enter of CORAN BABA	0
350 Biltmore Way S		
CORPA GABLES, FL3	3/34	a william and his section of
) List witnesses, including license ELLEN Stephanie 20 mg/4		ting information if not listed above
Fleve Actirman or t		
V. ANALYSIS AND CORRE A) Analysis (apparent cause) of this エキ WAS みい ISOLATES	CTIVE ACTION incident (Use additional sheets as necess	sary for complete response)
B) Describe corrective or proactive a NO CORREC+ VE		

presented to my office for a On 11/21/2014 al 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. It is very happy and will continue to be seen in my office for her rollow 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 33024 Broward City Zip Code County Or. Brian Dooreak Name of Physician or Licensee Reporting Same as above Patient's address for Physician or Licensee Reporting	Street Address 954-964-6281 Telephone ME 85567 OSR 598 License Number & office registration number, if applicable
Patient Name Patient's Address DOOO 10 3800 Patient Identification Number Change in basel habits Diagnosis	Age 12/24/[4] Medicaid Medicare Head Date of Office Visit Colonoscopy Purpose of Office Visit 569.83 ICD-9 Code for description of incident Level of Surgery (II) or (III)
III. INCIDENT INFORMATION 12 / 24 / 14 Incident Date and Time Note: If the incident involved a death, was the medical ex Was an autopsy performed? □ Yes □ No N/A	Location of Incident: Departing Room Cl Other Examiner notified? To Yes To No N/A
A) Describe circumstances of the incident (narra (use additional sheets as necessary for complete response) Please See attached document	<u> </u>
DH-MQA1030-12/06 Page 1 of 2	

B) ICD-9-CM Codes

Colonosco PY 5/69.83 Surgical, diagnostic, or treatment

Accident, event, circumstances, or

Post polypectomy and post procedure

<u>Lowel Perforation</u>

Resulting injury

Outcome of Incident (Please check)	
Death	□ Surgical procedure performed on the wrong site **
Brain Damage	U Wrong surgical procedure performed **
Spinal Demage	Surgical repair of injuries or damage from a planned sumical procedure,
Surgical procedure performed on the wrong patient.	** if it resulted in:
A procedure to remove unplanned foreign objects remaining from surgical procedure.	□ Death □ Brain Damage □ Spinal Damage
Any condition that required the transfer of the patient to a hospital,	Permanent disfigurement not to include the Incision scar Fracture or dislocation of bones or joints
come of transfer - e.g., death, brain damage,	Limitation of neurological, physical, or sensory function.
rervation only The of facility to which patient was transferred: PMOY (a) Hospital Pembroke Tujes	 Any condition that required the transfer of the patient to a hospital.
e providers. r brian Dooreck - ME 85567-Phy r Jose Rionda - ME 8864-Anes aul Price RN 5190402-Thro De P Agul Granadillo: Intra Procedure.	SM
some as above	

SIGNATURE OF PHYSICIAN LICENSE SUBMITTING REPORT LICENSE NUMBER

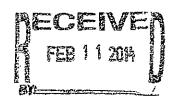
DATE REPORT COMPLETED TIME REPORT COMPLETED

DH-MQA1030-12/06

Page 2 of 2



Page 1 of 2



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

Fort Myers 33905 Lee 239-334-6626 City James W. Orr Jr., M.D. ME47629 DEA# AO7586689 Name of Physician or Licensee Reporting Same as above Patient's address for Physician or Licensee Reporting II. PATIENT INFORMATION Agg (06/2014 Gender Medicard Medicare Date of Office Visit First Visit post diagnosis of fallopian tube carcino Purpose of Office Visit Level of Surgery (It) or (Iti) HI. INCIDENT INFORMATION 1/06/2014 Location of Incident Not applicable Level of Surgery (It) or (Iti) Note: If the incident involved a death, was the medical examiner notified? □ Yes □ No Was an autopsy performed? □ Yes □ No Was an autopsy performed? □ Yes □ No A) Describe circumstances of the incident (narrative) (use additional sheets as necessary for complete response) who underwent LAVH BS&O 12/11/2013 at Murdock Surgery Center. Path finding a sm Fallopian tube carcinorma. 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 varsponge" 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. Blace	J. OFFICE INFORMATION 21st Century Oncology, Inc.	8931 Colonial Center Drive, Suite 400
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 II. PATIENT INFORMATION Agg. 706/2014 Gender Medicare Medicare Date of Office Visit Frist visit post diagnosis of fallopian tube carcino Purpose of Office Visit First visit post diagnosis of fallopian tube carcino Purpose of Office Visit IV. INCIDENT INFORMATION 1/06/2014 Level of Surgery (II) or (III) III. INCIDENT INFORMATION 1/06/2014 Location of Incident Not applicable Level of Surgery (II) or (III) Note: If the incident involved a death, was the medical examiner notified? Dives DNo Was an autopsy performed? Dives DNo A) Describe circumstances of the incident (narrative) (use additional sheets as possessor for combine resource) who underwent LAVH BS&O 12/11/2013 at Murdock Surgery Center. Path finding a sm 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 variation at 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. Blac catheter removed 1/31/14 and as of today as dry. Plan to institute chemotherapy for fallopian tube cancer.	Name of office Gynecology Division (FGO)	Street Address
James W. Orr Jr., M.D. ME47629 DEA# AO7586689 License Number & office registration number, if applicable Same as above		
Name of Physician or Licensee Reporting Same as above Patient's address for Physician or Licensee Reporting II. PATIENT INFORMATION Agg //06/2014 Gender Medicard Medicare Date of Office Visit First Visit post diagnosis of fallopian tube carcino Purpose of Office Visit First Visit post diagnosis of fallopian tube carcino Purpose of Office Visit ICC-9 Code for description of incident Not applicable Level of Surgery (II) or (III) III. INCIDENT INFORMATION 1/06/2014 Location of Incident:	City Zip Code County	•
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who underwent LAVH BS&O 12/11/2013 at Murdock Surgery Center. Path finding a sm. 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 varsponge" 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. Black catheter removed 1/31/14 and as of today and is dry. Plan to institute chemotherapy for fallopian tube cancer.	Was an autopsy performed? □ Yes □ No A) Describe circumstances of the incident (narrative	ner notified? Yes No
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 va "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. Black catheter removed 1/31/14 and as of today is dry. Plan to institute chemotherapy for fallopian tube cancer.		/2013 at Murdock Surgery Center, Path finding a sma
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catheter removed 1/31/14 and as of today is dry. Plan to institute chemotherapy for fallopian tube cancer		
	Surgery at Lee Memorial Hospital 1/14/14 included laparosc	opic staging and repair of vesico-vaginal fistula. Blade
approximately 3 weeks.	catheter removed 1/31/14 and as of today is dry. Plan to	institute chemotherapy for fallopian tube cancer
	approximately 3 weeks.	

B) ICD-9-CM Codes

99245	Not appl	icab	le	Not applicable
Surgical, diagnostic, or treatment procedure being performed at time of incident. (ICD-9 Codes 01-99.9)	Accident, event, specific agent that or event. (ICD-9.)	at ca	used the injury	Resulting injury (ICD-9 Codes 800-999.9)
C) List any equipment used if (Use additional sheets as necessary for Not applicable	f directly involved r complete response)	d în	the incident	
D) Outcome of Incident (Plea	ase check)			
□ Death		۵	Surgical proced	ure performed on the wrong site **
□ Brain Damage			Wrong surgical	procedure performed **
☐ Spinal Damage				of injuries or damage from a planned
□ Surgical procedure performed oi	the wrong patient.		surgical proced	
A procedure to remove unplanne remaining from surgical procedu			** if it resulted in Death D. Brain Dama	age ,
Any condition that required the to patient to a hospital.	ransfer of the	<u> </u>	incision sca	disfigurement not to include the
Outcome of transfer - e.g., death, brobservation only			 Limitation of function. 	dislocation of bones or joints of neurological, physical, or sensory
Name of facility to which patient wa	es transferred;		Any conditi patient to a	on that required the transfer of the hospital.
	nt, this would inclu			formation and the capacity in which st, support staff and other health
🛨 - mai turka agamamaman nenganga adamaman mang	instituigipus igrundets espesinty		alarında ili göreyeri ili geri.	Charles and which is a difference in the contract of the contr
F) List witnesses, including lice	nse numbers if lice	ense	ed, and locating	information if not listed above
		<u>-</u>		
IV. ANALYSIS AND COR A) Analysis (apparent cause) of the Removal of vaginal sponge			sheets as necessary f	for complete response}
B) Describe corrective or proactive N/A	ve action(s) taken (u	lse ad	lditional sheets as nec	cessary for complete response)
A 11	1 //-			· · · · · · · · · · · · · · · · · · ·
V. Jamestu. (1	EIANLICENSEES	מו ני	MITTING REPO	ME47629
2-5-14			- <u>-</u>	
DATE REPORT COMP.	LETED TIME	K.E	PORT COMPLE	JEV

DH-MQA1030-12/06 Page 2 of 2



STATE OF FLORIDA Rick Scott, Governor

PHYSICIAN OFFICE ADVERSE INCIDENT REPOR

SUBMIT FORM TO:

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

FORTLAUDERDAL	E PAIN MEDICINE	1930 NE 47TH STREET. SUITE 300
vame of office		Street Address
F. LAUDERDALE	33308 BROWARD	954-493 5048
jty .	Zip Code County	Telephone
SERGIO LENCHIG		ME102051. OSR 509.
Vame of Physician or Lice	nsee:Reporting	License Number & office registration number, if applicable
Patient's address for Physi	ician or Licensee Reporting	되었다. 그는 사용에 가장하다 하는 것 같은 경우 가능하는 것은 또 기존하는 것 같은 것 같은 것 같은 목표를 하는 것 같다.
		Date of Uffice Visit SACROILIAC JOINT INJECTION
		Purpose of Office Visit 720-2
Diagnosis		IGD-9 Code for description of incident.
		Level of Surgery (II) or (III)
III. INCIDENT	INFORMATION	
5/2/14. 9:30AM Incident Date and Time		Location of Incident: 口 Operating Room 口 Recovery Room 致 Other PROCEDURE ROOM
Note: If the incident	involved a death, was the me	dical examiner notified? If Yes II No
Note: If the incident Was an autops	involved a death, was the me sy performed? O Yes O No	dical examiner notified? a Yes a No
Was an autops A) Describe circu	involved a death, was the me sy performed? I Yes I No imstances of the incident sas recessary for complete respons	(narrative)
Was an autops A) Describe circu (use additional sheet	sy performed? a Yes a No imstances of the incident s as necessary for complete respons	(narrative)
Was an autops A) Describe circu (use additional sheet	sy performed? O Yes O No imstances of the incident s as necessary for complete respons SHORTLY AFTER THE IN	t (narrative) e)
Was an autops A) Describe circu (use additional sheet	sy performed? O Yes O No mestances of the incident sas necessary for complete respons SHORTLY AFTER THE IN THE NEEDLE WAS IN THE	i (narrative) e) IJECTION WAS DONE WITH VERIFICATION OF
Was an autops A) Describe circu (use additional sheet	sy performed? O Yes O No imstances of the incident s as necessary for complete respons SHORTLY AFTER THE IN THE NEEDLE WAS IN THE ASPIRATION, THE PATTE	t (narrative) e) UJECTION WAS DONE WITH VERIFICATION OF E SACROILIAC JOINT AND AFTER NEGATIVE
Was an autops A) Describe circu (use additional sheet	sy performed? O Yes O No imstances of the incident s as necessary for complete responsionable The INTER THE INTHE NEEDLE WAS IN THE ASPIRATION, THE PATTER THAT POLITINATUS. AT THAT POLITINATUS.	t (narrative) e) USECTION WAS DONE WITH VERIFICATION OF E SACROILIAC JOINT AND AFTER NEGATIVE NT REPORTED NUMBNESS OF THE MOUTH AND
Was an autops A) Describe circu (use additional sheet	sy performed? O Yes O No imstances of the incident sas necessary for complete responsionable the North AFTER THE INTHE NEEDLE WAS IN THAT PATTER THAT POLLIDOCAINE TOXICITY. To	(narrative) E) E) ESACROILIAC JOINT AND AFTER NEGATIVE NT REPORTED NUMBRIESS OF THE MOUTH AND NT I KNEW THE PATIENT WAS SUFFERING FROM
Was an autops A) Describe circu (use additional sheet	sy performed? O Yes O No mestances of the incident sas necessary for complete responsionable the NEEDLE WAS IN THE NEEDLE WAS IN THAS PRATION, THE PATTE TINNITUS. AT THAT POLLIDOCAINE TOXICITY. TO AND THERE WERE NO A	(narrative) (p) (p) (p) (p) (p) (p) (p) (
Was an autops A) Describe circu (use additional sheet	instances of the incident sas recessary for complete responses the North AFTER THE INTERMEDIATION, THE PATTER THAT POLLIDOCAINE TOXICITY. TAND THERE WERE NO APPRESSURE WAS STABLE	(narrative) (p) (p) (p) (p) (p) (p) (p) (
Was an autops A) Describe circu (use additional sheet	sy performed? O Yes O No imstances of the incident s as necessary for complete respons SHORTLY AFTER THE INTHE NEEDLE WAS IN THASPIRATION, THE PATTE FINNITUS. AT THAT POLLIDOCAINE TOXICITY. TO AND THERE WERE NO A PRESSURE WAS STABLE OXYGEN GIVEN AT 4L P	(narrative) e) USECTION WAS DONE WITH VERIFICATION OF ESACROILIAC JOINT AND AFTER NEGATIVE NT REPORTED NUMBRIESS OF THE MOUTH AND NT L KNEW THE PATIENT WAS SUFFERING FROM HE VITAL SIGNS WERE STABLE THROUGHOUT RRYTHMIAS OR TACHYCARDIA. BLOOD

BUT DECIDED TO CALL EMS TO TAKE PATIENT TO ER FOR FURTHER MONITORING. PATIENT WAS DISCHARGED WITHOUT COMPLICATIONS

DH-MQA1030-12/06 FROM ER TWO HOURS LATER.

Page 1 of 2

B) ICD-9-CM Codes

Surgical, diagnostic, or treatment	LIDOCAINE Accident, event, o	rcumstances, or	RESPIRATORY DIFFICULTY Resulting injury
	specific agent that or event. (ICD-9 i	t caused the injury E-Codes)	(ICD-9 Codes 800-999.9)
C) List any equipment used if dir (Use additional sheets as necessary for con	nplete response)		
OXYGEN, LIDOCAINE, FLU	JOROSCOPY.	SPINAL NEEDLE.	DEPOMEDROL.
D) Outcome of Incident (Please of	veck)		
□ Death		☐ Surgical procedur	e performed on the wrong site **
□ Brain Damage		☐ Wrong surgical pr	ocedure performed **
다. Spinal Damage.		☐ Surgical repair of:	injuries or damage from a planned
Surgical procedure performed on the	wrong patient.	surgical procedure	e.
A procedure to remove unplanned for	eign objects	if it resulted in:	
remaining from surgical procedure.	olginosjecis	□ Brain Damag	
2 Any condition that required the transfe	erofthe	□ Spinal Dama □ Permanent di	je sfigurement not to include the
patient to a hospital.		incision scar	
Outcome of transfer - e.g., death, brain da	amage,	□ Fracture or di	slocation of bones or joints neurological, physical, or sensory
observation only OBSERVATION ONLY. Name of facility to which patient was tra	FOR 2 HRS.	tunction,	
HOLY CROSS HOSPITAL	nsieneo.	 Any condition patient to a ho 	that required the transfer of the ospital.
E) List all persons, including license they were involved in this incident, the care providers. ISA VAZQUEZ, RN-RN937020	ns would includ	nsed, locating infor le anesthesiologist,	mation and the capacity in which support staff and other health
CARLOS RODRIGUEZ-RADIOLOG		076063	i Partine i Bragaria di Arabia di Partine di Partine di Partine di P
SERGIO LENCHIG, MD SURGE			
F) List witnesses, including license in No Wi	iumbers if licen	sed, and locating in	formation if not listed above
	erry berra		
IV. ANALYSIS AND CORRECT A) Analysis (apparent cause) of this ind LIDOCAINE TOXICITY. VEN	cident (Use addition	al sheets as necessary for c	omplētežesponse)
T. VEN	O O O I LEXUS	WITHIN THE SAC	
B) Describe corrective or proactive acti	ion(s) taken juse KYGEN AND S	additional sheets as necessi UPPORTIVE CÁRE	ary for compléte response)
17111		多。24 2 4 4 4 5 5 5 5 5	
V		建设等的基本	ME102951
SIGNATURE OF PHYSICIAN/ 06/12/14. 18:45		MITTING REPORT	LICENSE NUMBER
DATE REPORT COMPLETED DH-MQA1030-12/06	D TIME R	EPORT COMPLETE	3