

SURVEYOR NOTES WORKSHEET

Facility Name: Interim Surveyor Name: _____
 CCN: 028875 Surveyor Number: 53180 Discipline: 63180
 Observation Dates: From 4-18-13 To 4-18-13

**AMBULATORY SURGICAL CENTERS
MEDICAL RECORD REVIEW**

Transfer

| PATIENT NAME | | | |
|--|--|---|--|
| HISTORY PHYSICAL *pre-op diagnosis *procedure to be done | DOB = -79 DOS 8-31-12 | DOB - 179 | |
| ADMISSION DATA *name, address, date of birth, sex marital status, race *date, time of admission *pre-op diagnosis -previous medical history allergies current medications past adverse reactions family history physical exam | H + P 8/23/12 4/0 alcohol. multiple meds Vicodin U.S. taken copy to pt. 5'4" 115# 133/12 3 prev. abortions 1 c-sect. MD info to | DOS-3-6-13 top # 3-1-13 H+P 12/17/12 62" 264# 11wk. 5d. U.S. taken 3/1/13 copy - declined HGB 11.4 Com | |
| TREATMENT DATA *MD, podiatrist, dentist orders special exams (lab, x-ray, pathology) *signed informed consent *evidence advance directive -MD note -nurses notes -meds -TPR -OR record -anesthesia record -consult record surgery site verification | pt 8-24-12 12:47 pm - pt. 17wk-6d Lamoin insert consent by pt - local anesth. 8-31-13 to OR 9:45A versed 4mg pentamyl - 300mcg melheger O. 2mI m no fetal parts | MD info to pt. 3-1-13 12:20 pm was 10. wk 6d - to OR 3:24p of R.C. fruit versed to R.R. 3:28p -125/87 Sp. procedure 300E EBL Mothergine | |
| PRIOR DISCHARGE -exam by MD eval risk procedure -exam by anesthesiologist proper anesthesia recovery, risk anesthesia -discharge in 24 hour or transfer -discharge to hospital with record -verbal/written instruction post-op care and procedure for obtaining emergency care -written acknowledgement of written discharge instructions | in p.o.c. noted before transfer fetal dismember + removal of Sophia straps per MD note All fetal parts were removed poss retained placental tissue. MD to follow pt to Hosp | given protocol Foley cath con tamponad DResson to sent to U.H. for eval of bleeding Hospital note - likely uterine atony | |

*vagina packed
6 Lap sponges*

SURVEYOR NOTES WORKSHEET

Facility Name: _____ Surveyor Name: _____
CCN: _____ Surveyor Number: _____ Discipline: _____
Observation Dates: From _____ To _____

**AMBULATORY SURGICAL CENTERS
MEDICAL RECORD REVIEW**

| | | | |
|---|--|--|--|
| Notification of malpractice | | | |
| advance directives | | | |
| Complications or adverse events | See below | bleeding eval at UN | |
| written information for obtaining appointment /services after hours | NA/pt to hosp | NA to hosp | |
| legible and documented in accordance with acceptable standards of practice | ok / memo port to hosp. | ok | |
| informed consent prior surgery | y | yes | |
| Discharge with responsible adult. | EMS to hosp | EMS to hosp | |
| Call to Proc. Room 8/31 11A - MD. 2 pt - advised of ↑ bleeding need transfer to hosp. | 33 yr. old 65 P1 18 wk 5 d. 8:30-12 - local aneth. lorn. insert. GN. ATB - To Clinic 8-31-12 | 3-6-13 440p. Pt record copied - sent to pt. Pt was observe then sent home. | |

RW - 8/31/13 11^A - RW noted call to proced. room V.S stable P 79, BP 114/59 20 ga IV @ 1000 LR infusing. Report to EMS MD called 2:10 P.
U.S. w/ OR 10¹⁵ - 11/65. P 87.

Abortion proceeded routinely until attempted removal of placental tissue following fetal evae. Noted "vigorous bright red bleeding". Curettage not performed. Vagina packed. Transport by EMS to UN. EBL 400 cc from UN med record EBL = 6 Lites. Pt. received 2 unit RBC, 10 pack platelets, 44 FFP. DKA - ultra abdominal bleed following 18.6 wk

TRANSFER BP 135/69 P 91 2 Sat 99% No bleeding 20 ga IV LR - running Report MD to MD at UN Hosp. Pt DC from Hosp. after 6 hr. observation 3/9/13 - DOD call to Pt. being well.

pathology report: "op and transverse focal placenta accreta involving anterior lower uterine segment" Pt DC 5-6 d. later

Laparotomy + hysterectomy