Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS6143OPF	A. BUILDING: _____ B. WING _____	06/19/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A ALL WOMEN CARE	7908 W. SAHARA AVENUE LAS VEGAS, NV 89117

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
O 000	Initial Comments This statement of deficiencies was generated as the result of a complaint investigation survey that was conducted at your facility on 6/13/14, in accordance with Nevada Administrative Code (NAC), Chapter 449, Outpatient Facilities: Permit for Services of General Anesthesia, Conscious Sedation and Deep Sedation Five patient medical charts were reviewed. Complaint #NV00039454 - The allegation regarding patient medications not being given during a procedure, was not substantiated through clinical record review, interviews with facility staff, and document review. The allegation regarding patient consent not signed prior to a procedure was not substantiated through clinical record review, and interview with facility staff and patient. Allegation the patient should have been discharged by ambulance was not substantiated through clinical record review, interview with facility staff and document review. Allegation the patient was unable to receive a copy of the medical records was unsubstantiated through clinical record review and interview with facility staff. Complaint #NV00039454: The complaint investigative process was initiated by the Division of Public and Behavioral Health on 6/13/14. The investigation for the allegation of patient medications not being given during a procedure included: -Review of five medical records including the patient of concern included physician documentation, recovery room documentation, intra-operative documentation and narcotic	O 000		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS6143OPF	A. BUILDING: _____ B. WING _____	06/19/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A ALL WOMEN CARE	7908 W. SAHARA AVENUE LAS VEGAS, NV 89117

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O 000	Continued From page 1 record. -Interviews were conducted with the Administrator/Physician and Medical Assistant. -Review of Policies and Procedures which included: Voluntary Interruption of Pregnancy Procedures Policy (no identified policy number), updated 08/2013. The investigation for the allegation of patient consent not signed prior to the procedure included: -Review of five medical records including the patient of concern included physician documentation and consents. -Interview was conducted with the Administrator/Physician. The investigation for the allegation the patient should have been discharged by ambulance included: -Review of five medical records including the patient of concern included physician documentation and consents. - Interviews were conducted with the Administrator/Physician and Medical Assistant. -Review of Policies and Procedures: 2014 Clinical Policy Guidelines, National Abortion Federation, page 39, number 13. Complications: Bleeding and Return of Patient to the Procedure Room Policy (no identified policy number), updated 08/2013. The investigation for the allegation the patient	O 000		

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS6143OPF	A. BUILDING: _____ B. WING _____	06/19/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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O 000	Continued From page 2 was unable to receive a copy of the medical records included: -Review of five medical records including the patient of concern included physician documentation. Medical records were provided to the patient on 6/2/14. -Interview was conducted with the Administrator/Physician. The findings and conclusions of any investigation by the Health Division shall not be constructed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. No further action is necessary. Please retain a copy for your records.	O 000		

State of Nevada Health Division
Division of Public & Behavioral Health

EXIT CONFERENCE PARTICIPANT LIST

FACILITY: A All Women Care		DATE: 6/13/2014
PLEASE *PRINT* NAME	***SIGNATURE***	**TITLE**
Dr Anna Contomichos		MD

This exit conference is provided as a courtesy to you. The information provided is preliminary to the actual written report of findings (Statement of Deficiencies) that will be delivered to you at a later date. Due to the nature of the on-site survey process being an event in which information is gathered, but not always completely processed on-site, we may not discuss all of the deficiencies that eventually appear on the written report during this exit conference. Likewise, some of the information discussed during this exit conference may not appear on the written report, due to the review process that occurs after the written report is generated.

State of Nevada
Division of Public and Behavioral Health

ENTRANCE CONFERENCE COMPLAINT LIST

Facility Name: A ALL WOMEN CARE

On 6/13/14 Representative(s) of the Division of Public & Behavioral Health arrived at your facility to investigate the following complaints:

NV00039454

Signature of Administrator or designated person receiving form.

Date 6/13/2014

Please Copy and give the copy to BHCQC staff.

BRIAN SANDOVAL
Governor

ROMAINE GILLILAND
Director

STATE OF NEVADA

RICHARD WHITLEY, MS
Administrator

TRACEY D. GREEN, MD
Chief Medical Officer

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

COPY

Certified Mail #9171 9690 0935 0011 9116 51

June 20, 2014

Anna Contomitros, MD, Administrator
A All Women Care
7908 W. Sahara Avenue
Las Vegas, NV 89117

Re: Complaint #39454

Dear Dr. Contomitros:

A complaint investigation was conducted on June 19, 2014, and revealed no regulatory deficiencies. No further action is required please retain this letter for your files.

Should you have any questions concerning this matter, please contact our office at (702) 486-6515, extension #229.

Sincerely,

Jennifer Dunaway HFI III

Jennifer Dunaway, LD, CPM
Health Facilities Surveyor III
For Kyle Devine, Bureau Chief

Enclosures: 3 pages No Deficiency Statement of Findings

STATE OF NEVADA

BRIAN SANDOVAL
Governor

MICHAEL J. WILLDEN
Director

RICHARD WHITLEY, MS
Administrator

TRACEY D. GREEN, MD
Chief Medical Officer

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
BUREAU OF HEALTH CARE QUALITY AND COMPLIANCE
4220 S. Maryland Parkway, Suite 810, Bldg D, Las Vegas, NV 89119
Telephone: 702-486-6515, Fax: 702-486-6520
www.health.nv.gov

MAILED
6/30/2014 MB

June 30, 2014

[redacted]

Re: Complaint Number NV00039454

Dear [redacted]

With reference to your complaint against A All Women Care, an unannounced inspection was completed on 06/19/2014, to investigate on your concerns about patient neglect – medications, patient assessment, patient rights – failed to acquire consent, patient rights – resident denied access to own records.

During the investigation, the State Inspector interviewed patient/residents, reviewed their records, interviewed staff, and made observations while the facility or agency was in operation. The facility's actions were evaluated using applicable state and/or federal rules and regulations to determine if they were in compliance.

The complaint investigation did not result in a finding of non-compliance. However, your concerns will remain in the facility record and will be reviewed as part of future inspections. Enclosed is a copy of the final report.

You may also access the investigation results on our website following these steps:
- Go to http://health.nv.gov/HCQC.htm
- On the right bar under Facility Services,
- Select Individual Health Facilities Inspection and Survey Results
- Select the facility type from the five categories
- Enter the facility name, provider type and click Start Search
- Select the facility; then select the survey date you want to review

Thank you for reporting your concerns. Please know that your voice will help improve the services of health facilities and agencies. If we can be of further assistance, please contact the investigator Debra Seeger, at 702-486-6515.

Sincerely,

Mary Benson

Mary Benson, AAII/Complaint Intake Coordinator
Jennifer Dunaway LV, Health Facilities Inspector III

cc: Kyle Devine, Bureau Chief

Encl: 3 Pages Statement of Deficiencies

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

SURVEYOR NOTES WORKSHEET

Facility Name: All Women Care **Surveyor Name:** _____

Provider Number: _____ **Surveyor Number:** 27469 **Discipline:** RN

Observation Dates: From 6/13 **To** 6/13/14

TAG/CONCERNS	DOCUMENTATION
6/13/14 10%	Dr. Anne - Versed, fentanyl -would not give if had allergy -Could do under local if safe - pt anxiety - may need sedation - transfer if pt having med. problems - excessive bleeding, allergic reaction - sign consents before procedure - all records are electronic Manoa - pt stable enough to be transferred by car. Report quarterly to National Abortion Federation Med. preg termination 5/1. Returned for F/U. Had blood clot. 5/28 Failed to show for F/U on 5/22 - called & pt came in. Faintly (+) Trimesa - Bel Coagulopathy - condition where person may not be able to properly clot blood. Only sedated once in procedure room. When pt bleeding acutely - will do paperwork in procedure room Lidocaine given to cervix - not if needs IV. Heavy bleeding & not sure if she DIS not transferred to RR unless MD feels pt unsafe. Pt just walked in, not sure if pt states. Gave fentanyl in RR for pt pain. 12:25 pt went to RR Return to procedure room at 12:49 pm. Re-sedated w/ given fentanyl & Zofran - Bleeding - had balled clothes, put on extra pads, cut holes in pillowcase. She was a fashion designer - when making pillowcase - said maybe a new design. Gave wrong info when calling for Med Rec. Had to come into office for med. Did not release any info to broker

Form CMS-807 (07/95)

PATIENT INFORMATION

Today's Date: 5-1-14

Name (Last, First): [redacted] Date of Birth: [redacted]

Address: [redacted] Apt #: [redacted]

State: [redacted] Zip Code: [redacted] Social Security #: [redacted]

Home Phone#: _____ Cell Phone #: [redacted]

Email Address: [redacted]

Employer: _____ Occupation: _____

Work Phone#: _____

Marital Status (Please circle one): Single Married Divorced Separated Widowed

Preferred Language: English

Race: White ☑ Asian, Native Hawiian, or Pacific Islander ☐ Black or African American ☐

Native American Indian ☐ Other: _____

Ethnicity: Hispanic or Latino ☐ Not Hispanic or Latino ☐

Advance Directive: Yes ☐ No ☐ Copy on File: Yes ☐ No ☐

Were you referred here? Yes ☐ No ☑ If so, by whom: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact: [redacted]

Phone#: [redacted] Relationship: [redacted]

Nearest Friend or relative NOT living with you: _____

Phone#: _____ Relationship: _____

********** Please note payment is due at time of service**********

Updated 01/2013

[redacted]

[redacted]

5/28/2014

(4)

1249 pm: Pt had been in
RR 1228
Reported Blood Flow
Brought to procedure room again
VE: Blood clots, wet tampon filled with Blood in vault
Uterus contracted, Cx closed.
Rectal Misoprostol placed 2 tabs x 200 mcg each
Methergine IM given (L) lateral thigh
VSS: 115/83 ~~BP~~ HR 100. ~~O2 sat 6~~ Pulse 65

A/P: have suctioned clots before
uterus contracted well on exam
Suspect coagulopathy
Observe for now to see if progress

[redacted]

Pt had bleeding episode, was [illegible]
2 thunderstorm, [illegible] Sonny given, Resuscitation
1'34 pm. Procedure completed

I resuscitated (2nd time)

(5) Pt agitation as she was having clots in PUS

Suction done under US guidance

All clots removed, observed under

US → slight accumulation

Pt has a submassive PE and Pt only

likely to be discharged

But she already had Angioplasty

Metkayne, was small in size

Post suction observed, Vessels to Ex agency

& Bleeding.

Kept in Procedure Room for observation

[redacted]

[redacted]

153pm: Re-examined trauma pt
Sone clots

(6) VSS

Pt reported a hlo hem Bleeding also had MVA 2007 and needed Medication to stop Bleeding

Cannot recall Results

DV called Pat & MT new notified 218pm

Suspect coagulopathy

Bleeding has decreased but not stopped

MD need to eval for coagulopathy and Rx as needed

Instructed 2° C/O feeling dizzy

Both BS → 113/76 P: 78 02 100

A-All Women Care
3599 S Eastern Ave
Las Vegas, Nevada 89109
Phone: 702-531-5400
Fax: 702-731-5404

D & C Authorization

vitals
100/66
75

PATIENT NAME [redacted] DOB: [redacted] ACCT: [redacted]

DATE 5/28/14

ANESTHESIA

DILATATION AND CURETTAGE OF THE UTERUS AUTHORIZATION

- My Physician has explained the procedure of Dilatation and Curettage of the Uterus (D&C) and has answered my questions.
- I understand that there are risks and benefits and alternatives with this procedure. These have been explained to my satisfaction. Alternate methods of treating and diagnosing my condition have been explained to me, including no treatment and the consequences and expected results of these alternatives have been described to my satisfaction.
- I also understand that there are rare complications, like infection, uterine perforation, injury to internal organs requiring additional surgery to repair it, allergic reaction to medications, bleeding and death, which may not have been specifically mentioned, that may occur. I accept these risks.
- The expected results of the procedure have been explained. No warrantee or guarantee has been made as to the result or cure. Additional surgery and diagnostic tests may be needed to diagnose and cure my condition.
- I therefore authorize and direct Dr Anna Contomitros and/or associates of the physician's choice to do the procedure or any other procedures that the surgeon's judgment may dictate to be advisable for the correction of this condition or for my well being.
- I consent to the administering of sedation/ anesthetics/medications as they are necessary.
- I authorize additional services as necessary including Pathology and Radiology.

I have read the above information and I accept the risks and benefits and I understand the alternatives discussed with me by the physician.

AFTER THE PROCEDURE

- You may experience minimal cramping for a day or two. Advil®, Nuprin®, or Tylenol® should help.
- You may have some light vaginal bleeding or discharge for a few days.
- You may use pads or thin tampons for control of bleeding.
- You should not have sex or put anything into your vagina, other than tampons, until the spotting has stopped.
- No baths only showers
- Be sure to talk with your clinician about a plan for follow-up care. You need to make a follow up appointment in 2 weeks to discuss the results and additional treatments if necessary.
- Call your clinician promptly if you experience:
  - Severe cramps
  - Fever (over 100° F)
  - Bleeding heavier than a period.

Patient Signature: [signature] **Date:** 5/28/14

Witness Signature: [signature] **Date:** 5/28/14

5.28.14

Woman to Woman Gynecc

DOB: [redacted]
ACCT: [redacted]

W/B/S [redacted]

A-All Women Care | 7908 W. Sahara Ave. Las Vegas, NV 89117 | (702) 531-5400

PROCEDURE RECORD

[redacted] DOB [redacted]

DRUG	DOSAGE	ROUTE	TIME	GIVEN BY	LOC
Doxycycline	100 mg	ORAL	1145	AH	
Toradol	30 mg	IVP	1158	AH W/DrAnna	
Midazolam	1 mg	IVP			
Fentanyl	25 mcg	IVP			
Lidocaine 1%	10 ml	IM TO CERVIX	12:03	DR. Anna	
Midazolam	1 mg	IVP			
Fentanyl	50 mcg	IVP			
PRN MEDICATIONS					
Misoprostol	200 mcg x2	BUCCALLY			
Misoprostol	200 mcg x2	RECTALLY	12:48	2Hs/DrAnna	
Methergine	0.2 mg	IM TO ~~CERVIX~~	12:48	LLT	
Monsel's Solution	Swab	TO CERVIX	12:18	DR ANNA	
Fentanyl	25 mcg	IVP	12:18	50mcg DrAnna	
Toradol	30 mg	IM			
Rhogam	50 Units < 12 w 300 Units > 12 w	IM			
Zofran	4 mg	IVP IM	1:07	Hs/DrAnna	
IVF	500 ml 1000 ml	d50.5 IV EX 11.15 lot: JE412	1:53	Hs/DrAnna	

STEAM INDICATOR Date: 5/23/14

DOB: [redacted] ACCT: [redacted]

S [redacted] VIP

STEAM INDICATOR Date: 5/23/14

DOB: [redacted] ACCT: [redacted]

Allergies: Ø

GA:

IV: LAC

Suction Catheter: 6 + Sharp

Estimated Blood Loss: 100cc dur Procedure

Comments:

- Cath for min amount of urine. monsels to cervix
- Suctioned due to Blood clots clots sucked out of tubes

5/23/14 VIP kit

walgreens Charleston

5/28/14

(2)

with

dummy extraction

Welch ALLyn (R)
Vital Signs Monitor

Patient Name: [redacted]
Patient ID: [redacted]
Physician: [redacted]
Procedure: [redacted]
Comments: [redacted]

Time	Sys	Dia	MAP	PR	SpO2
	----	mmHg	----	BPM	%
	28-May-2014				
11:44	110	80	89	84	100
11:45	129	78	97	92	100
11:50	115	78	88	72	100
11:55	113	72	84	70	100
12:01	115	80	90	74	100
12:05	112	77	87	72	100
12:10	106	74	83	70	100
12:16	138	97	108	85	100

Unit S/N: JA035077
S/W Ver.: 1.20.00

8

Recovery Room Record

A-All Women Care 7908 W. Sahara Ave. Las Vegas, NV 89117 (702) 531-5400

Recovery Room Record

Patient Name: [redacted] **Date:** 5/28/14

Patient DOB: DOB: [redacted]
ACCT:

Account Number: _____

Time of arrival to recovery room: 12:28 AM (PM)

Time	Blood Pressure	Heart Rate	Oxygen Level	Events
12:28	112/77	68	99	Nausea: Pain: NONE Medications:
12:30	116/77	65	99	Nausea: Pain: NONE Medications:
12:36	115/73	62	99	Nausea: Pain: NONE Medications:
12:40	121/77	68	99	Nausea: Pain: NONE Medications:
				Nausea: Pain: Medications:

Comments:
Re Copied frm Paper into Rec Rm Sheet

Monserrat Linares
Recovery Room Personnel

Physician

(7)

5/28/2014

[redacted]
DOB: [redacted]
ACCT: [redacted]

Welch ALLyn (R)
Vital Signs Monitor

Patient Name:
Pati [redacted]
Phys [redacted]
Proc DOB: [redacted]
Comments: ACCT: [redacted]

Time	Sys	Dia	MAP	PR	SpO2
	----	mmHg	----	BPM	%
	28-May-2014				
12:48	116	78	88	64	100
12:49	115	83	92	63	100
12:54	118	78	89	65	100
12:59	128	95	104	82	100
13:04	123	75	88	73	100
13:09	116	80	89	77	100
13:14	114	88	95	73	100
13:19	122	81	92	74	99
13:24	119	78	88	74	100
13:29	116	75	87	86	100
13:35	107	75	84	71	100
13:39	105	77	84	80	98
13:45	116	72	86	63	99
13:50	112	73	84	70	100
13:55	113	76	86	76	100
13:59	105	68	78	76	100
14:06	131	70	88	80	100
14:09	121	72	87	74	100
14:15	104	72	82	75	100
14:20	100	77	83	78	100

Unit S/N: JA03507?
S/W Ver.: 1.20.00

[redacted]
DOB: [redacted]
ACCT: [redacted]
Welch ALLyn (R)
Vital Signs Monitor

Patient Name: [redacted]
Patient ID: [redacted]
Physician: [redacted]
Procedure: [redacted]
Comments: [redacted]

Time	Sys	Dia	MAP	PR	SpO2
	----	mmHg	----	BPM	%
	28-May-2014				
12:48	116	78	88	64	100
12:49	115	83	92	63	100
12:54	118	78	89	65	100
12:59	128	95	104	82	100
13:04	123	75	88	73	100
13:09	116	80	89	77	100
13:14	114	88	95	73	100
13:19	122	81	92	74	99
13:24	119	78	88	74	100
13:29	116	75	87	86	100
13:35	107	75	84	71	100

Unit S/N: JA03507?
S/W Ver.: 1.20.00

2.29 pm IVF removed
Δ temp → fluid
to Rev @ MTview

Bf picc d/c
up
dS

Woman to Woman Gynecology, LLC / A- All Women Care, DBA
7908 West Sahara Ave
Las Vegas, NV 89117
(702)531- 5400
FAX (702)731- 5404

Patient: [redacted] **DOB:** [redacted] **Age:** [redacted]
Acct #: [redacted], **Encounter Date:** 05/28/2014

Encounter
05/28/2014

Chief Complaint(s): D&E

Medical History
Gravida: 1.
# of Abortions: 1 MVIP at w2wg on 5/1/14 6w1d SIUP.
Thyroid Problems nodule.
Rh POS.

Surgical History
None reported.

Family History
Thyroid Disorder - Mother, Maternal Grandmother, self.
High Blood Pressure - Mother, Father.

Social History
Smoking status: Never smoker (266919005).
Smokeless Tobacco Use (No).
Heterosexual.
Street Drug Use - denies use.

Allergies: No known drug allergies
Reviewed By: Amber Holt

Current Medications:
Reviewed By: Amber Holt
TriNessa (28) (norgestimate- ethinyl estradiol) 0.18/0.215/0.25 mg- 35 mcg (28) tablet Take 1 tablet by mouth once a day, as directed, Disp. 28 Rfl #2, Start Date: 05/22/2014

Review of Systems:
All systems are negative unless otherwise specified

Exam:
General appearance: well developed.
no acute distress.
Head: holds erect and midline, facial features symmetric.
Abdomen: soft, nontender, bowel sounds normal, no masses.
Genitalia: ***uterus***: lots of clots in the vaginal and bleeding uterus is small and contracted no pelvic masses.
vagina: normal exam, lots of clots.
vulva: normal vulva, no lesions or discharge.
cervix: normal cervix, no lesions or discharge, have placed monsels.
adnexa/parametria: no masses or tenderness.
Psychiatric: normal.

Studies:
Hemoglobin 12.7:

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Woman to Woman Gynecology, LLC / A- All Women Care, DBA
7908 West Sahara Ave
Las Vegas, NV 89117
(702)531- 5400
FAX (702)731- 5404

Patient: [redacted] DOB: [redacted] Age: [redacted]
Acct #: [redacted] Encounter Date: 05/28/2014

Pelvic Ultrasound see images:

Problems
HEMATOMETRA (621.4), Status: Active, onset: 05/28/2014 (added)
NAUSEA WITH VOMITING (787.01), Status: Active, onset: 05/28/2014 (added)

Suspected coagulopathy
post Medical termination of pregnancy
not responding to medications or resuction

Medications
Medication Reconciliation Performed
New Medications:
doxycycline monohydrate 100 mg tablet Take 1 tablet by mouth twice a day, as directed X 7 Days, Disp. 14 NR, Start Date: 05/28/2014, Stop Date: 06/04/2014
misoprostol 200 mcg tablet Take 1 tablet by mouth four times a day, as needed X 5 Days, Disp. 20 NR, Start Date: 05/28/2014, Stop Date: 06/02/2014
Norco (hydrocodone- acetaminophen) 5- 325 mg tablet 1 tablet by mouth every four to six hours, as needed for pain, Disp. 30 NR, Start Date: 05/28/2014
Zofran ODT (ondansetron) 4 mg tablet,disintegrating 1 tablet by mouth every eight hours, as needed, Disp. 10 Rfl #1, Start Date: 05/28/2014

Orders
U/S TRANSVAGINAL (76830), Ordered: 05/28/2014, Indication(s): PREGNANCY EXAMINATION OR TEST POSITIVE RESULT (V72.42), Ordering Provider: Anna Contomitros, MD, Status: Complete
VENIPUNCTURE (36415), Ordered: 05/28/2014, Ordering Provider: Anna Contomitros, MD, Status: Complete
Catheter, infusion, inserted peripherally, centrally or midline (other than hemodialysis) (C1751), Ordered: 05/28/2014, Ordering Provider: Anna Contomitros, MD, Status: Complete
BLOOD COUNT; HEMOGLOBIN (HGB) (85018), Note: office test, Ordered: 05/28/2014, Indication(s): SCREENING FOR IRON DEFICIENCY ANEMIA (V78.0), Ordering Provider: Anna Contomitros, MD, Status: Complete
Injection, ketorolac tromethamine, per 15 mg (J1885 X 2), Note: 30 mg were used, Ordered: 05/28/2014, Ordering Provider: Anna Contomitros, MD, Status: Complete
Injection, lidocaine HCl for intravenous infusion, 10 mg (J2001), Note: 10 cc were used for paracervical block, Ordered: 05/28/2014, Ordering Provider: Anna Contomitros, MD, Status: Complete
Surgical trays (A4550), Ordered: 05/28/2014, Ordering Provider: Anna Contomitros, MD, Status: Complete
Chlorhexidine containing antiseptic, 1 ml (A4248 X 50), Ordered: 05/28/2014, Ordering Provider: Anna Contomitros, MD, Status: Complete
MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00100- 01999) PROVIDED BY THE SAME PHYSICIAN PERFORMING THE DIAGNOSTIC OR THERAPEUTIC SERVICE THAT THE SEDATION SUPPORTS, REQUIRING THE PRESENCE OF AN INDEPENDENT TRAINED OBSERVER TO ASSIST IN THE MONITORING OF THE PATIENT'S LEVEL OF CONSCIOUSNESS AND PHYSIOLOGICAL STATUS; EACH ADDITIONAL 15 MINUTES INTRA-SERVICE TIME (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVICE) (99145), Ordered: 05/28/2014, Ordering Provider: Anna Contomitros, MD, Status: Complete
ADMIN PARACERVICAL BLOCK (64435), Note: with Lidocaine 1 % locally to the cervix, Ordered: 05/28/2014, Ordering Provider: Anna Contomitros, MD, Status: Complete
Injection, fentanyl citrate, 0.1 mg (J3010 X 5), Note: 0.5 mcg given iv prior to second resuction,

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Woman to Woman Gynecology, LLC / A- All Women Care, DBA
7908 West Sahara Ave
Las Vegas, NV 89117
(702)531- 5400
FAX (702)731- 5404

Patient: [redacted] DOB: [redacted] Age: [redacted]
Acct #: [redacted], Encounter Date: 05/28/2014

Ordered: 05/28/2014, Indication(s): HEMATOMETRA (621.4), Ordering Provider: Anna Contomitros, MD, Status: Complete, 05/28/2014
The following tests/treatments were performed:
D & C (NON- OBSTETRICAL) (58120), Ordered: 05/28/2014, Indication(s): HEMATOMETRA (621.4), Ordering Provider: Anna Contomitros, MD, Status: Complete, 05/28/2014
INJECTION SUBCUTANEOUS OR INTRAMUSCULAR (96372), Ordered: 05/28/2014, Indication(s): NAUSEA WITH VOMITING (787.01), Ordering Provider: Anna Contomitros, MD, Status: Complete
Ondansetron hydrochloride, oral, 4 mg (for circumstances falling under the Medicare statute, use Q0179) (S0181), Ordered: 05/28/2014, Indication(s): NAUSEA WITH VOMITING (787.01), Ordering Provider: Anna Contomitros, MD, Status: Complete

Procedure:
Procedure performed: Intravenous access was placed and blood was drawn for Rh testing; Continuous Monitoring of Vital Signs and Oxygenation was performed preoperatively and intraoperatively; Dilatation, Evacuation and Sharp Curettage was performed with post operative observation in recovery room; Zofran injection

An informed consent is on file in the chart

Procedure Summary: Pt was escorted to the procedure room.
The blood pressure cuff and the pulse oximetry were placed on the patient's arm.
The vitals were automatically and intermittently monitored with IBP monitor.
An IV was started.
Blood was drawn from: LAC
Blood was drawn by: Amber

She received the IV medications and the local anesthetic.

INTRAOPERATIVE MEDICATIONS USED:

1. Doxycycline 100 mg PO
Lot number: 25554201
Exp date: 8/16

2. Lidocaine 1% 10 ml
Lot number: 6005903
Exp date: 4/16

3. Toradol 30 mg
Lot number: 34161DK
Exp date: 10/1/15

We then proceeded with the D+E.

SUCTION CATHETER USED: 6 and sharp

INTRAOPERATIVE PUS: performed
she had blood clotting
this was suctioned
She did well
then sent to recovery room

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there she reported heavy bleeding
she was brought back to procedure room
pus done
she had clots
she was resuctioned again under us guidance and all clots and tissue was removed under us guidance
she received methergine im and misoprostol rectally 400 mcg
she was observed
she had iv fluid started
she reported less cramping
She was observed and reexamined
she did have still bleeding inspite of all of our treatments

she reported a h/o heavy bleeding during a MVA for which she was treated with medications to stop the bleeding
that was in 2007

I suspected she has a coagulopathy as there is no more tissue to cause bleeding
she has a small submucosal fibroid that is too small to cause bleeding

She will need to go to the hospital for evaluation and treatment

Patient tolerated the procedure well.
There were no complications.
A tampon was placed in the vagina.

ADDITIONAL MEDICATIONS GIVEN:

POCS were inspected.
They appeared consistent with PUS findings.

The patient was stable and was taken to the recovery room for further observation.
In the recovery room she was stable without any significant problems.
Recovery Room vitals and events were as follows:
SEE RECOVERY ROOM VITALS SHEET

The patient was sent to the bathroom to inspect tampon.
Patient states that there was bleeding and clotting
Prior to discharge, the medications and post operative expectations were discussed.
Post operative verbal and written instructions were given to the patient
Instructions as to the use and side effects of the medications were given to the patient.
We discussed the need for medication to improve the symptoms of nausea and vomiting

Zofran 4 mg given
IV:
Tolerated well
She felt better post injection

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Patient: [redacted] DOB: [redacted] Age: [redacted]
Acct #: [redacted] Encounter Date: 05/28/2014

Given by: Dr anna Contomitros
Lot number:
Expiration date:

Impression: Successful completion of voluntary pregnancy termination without complications

Plan Note
SCREENING FOR IRON DEFICIENCY ANEMIA:
Hemoglobin was: 12.7 today at presentation

HEMATOMETRA:
had pregnancy termination with pills 3 weeks ago
uneventful
came for fup and was found to have decidua present
she didn't take her medications as prescribed trinessa for contraception
she came to the office due to heavy bleeding last night
she was evaluated here
was found to have hematometra
suctioned and reaccumulated
re suctioned under us guidance and treated with methergine and misoprostol but still bleeding
at the end of the ultrasound guided procedure there was no tissue present
but since her observation in our office she had heavy bleeding and clotting and i need to send pt to the hospital due to the possibility of coagulopathy and need for further therapy for the patient if coagulopathy is found.

resuctioned twice under us guidance
reaccumulated
treated with methergine and misoprostol
I suspect a coagulopathy as she has a h/o severe bleeding during MVA that required therapy with IV medications (details are unknown to patient
i spoke with Dr russell Clark at MT view hospital
I will be sending the patient over there..

NAUSEA WITH VOMITING:
Received zofran and felt better.

Disposition
Doxycycline 100 mg po bid for 7 days; Zofran 4 mg ODT 1 PO Q 8 hr PRN for nausea #10, 1 refill; Norco 5/325 1 PO Q4- 6H PRN Pain; Misoprostol 200 mcg po qid prn bleeding, # 20 tablets

Instructions
Clinical Summary provided to patient
Handouts given to patient
What to expect after your procedure; Clinical summary is available to the patient upon her request

Note Contributing Authors:
Anna Contomitros, MD; Amber Holt

Note electronically signed by: Anna Contomitros, MD on 05/28/2014 at 02:22 PM

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Patient: [redacted] **DOB:** [redacted] **Age:** [redacted]
Acct #: [redacted], **Encounter Date:** 05/28/2014

E&M Code: Uncoded

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Patient: [redacted] DOB: [redacted] Age: [redacted]
Acct #: [redacted] Encounter Date: 05/28/2014

Encounter
05/28/2014

Allergies: No known drug allergies

Current Medications:
doxycycline monohydrate 100 mg tablet Take 1 tablet by mouth twice a day, as directed X 7 Days, Disp. 14 NR, Start Date: 05/28/2014, Stop Date: 06/04/2014
misoprostol 200 mcg tablet Take 1 tablet by mouth four times a day, as needed X 5 Days, Disp. 20 NR, Start Date: 05/28/2014, Stop Date: 06/02/2014
Norco (hydrocodone- acetaminophen) 5- 325 mg tablet 1 tablet by mouth every four to six hours, as needed for pain, Disp. 30 NR, Start Date: 05/28/2014
TriNessa (28) (norgestimate- ethinyl estradiol) 0.18/0.215/0.25 mg- 35 mcg (28) tablet Take 1 tablet by mouth once a day, as directed, Disp. 28 Rfl #2, Start Date: 05/22/2014
Zofran ODT (ondansetron) 4 mg tablet,disintegrating 1 tablet by mouth every eight hours, as needed, Disp. 10 Rfl #1, Start Date: 05/28/2014

Plan Note
called [redacted]
no answer called her boyfriend [redacted] then at [redacted]
419 pm
she was in a room
she was not seen by a doctor
according to the boyfriend
she was given morphine for pain though
apparently her bleeding had (according to the boyfriend) gotten better
I called the ew at 4.23 pm to speak with the person taking care of her.
I waited on line
no answer.

i then spoke to Dr Clarence Dunagan
i detailed all the info at our office
he reported to me a hgb of about 12.7 (stable in comparison to our data)
He told me that the rest of the labs were pending.

i gave him my mobile phone and i asked him to call me when he could with update.
I expressed my opinion that this represented a likely coagulopathy
I estimated the blood to have been about 300- 500 ccs (clots and tampons full)
i suggested a low threshold for FFP given that the patient has a h/o 2007 MVA bleeding and needing an intravenous therapy to improve.

Note Contributing Authors:
Anna Contomitros, MD

Note electronically signed by: Anna Contomitros, MD on 05/28/2014 at 04:54 PM

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Patient: [redacted] DOB: [redacted] Age: [redacted]
Acct #: [redacted], Encounter Date: 06/02/2014

Encounter
06/02/2014

Summary
resutls- LM

Notes
called patient at 8:58am
left patient a message about some results that we had in our office for her
asked that she give us a call back to review

Allergies: No known drug allergies

Current Medications:
doxycycline monohydrate 100 mg tablet Take 1 tablet by mouth twice a day, as directed X 7 Days, Disp. 14 NR, Start Date: 05/28/2014, Stop Date: 06/04/2014
Norco (hydrocodone- acetaminophen) 5- 325 mg tablet 1 tablet by mouth every four to six hours, as needed for pain, Disp. 30 NR, Start Date: 05/28/2014
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Zofran ODT (ondansetron) 4 mg tablet,disintegrating 1 tablet by mouth every eight hours, as needed, Disp. 10 Rfl #1, Start Date: 05/28/2014

Note Contributing Authors:
Monzerrat Serrano

Note electronically signed by: Monzerrat Serrano on 06/02/2014 at 09:01 AM

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Patient: [redacted] DOB: [redacted], Age: [redacted]
Acct #: [redacted] Encounter Date: 06/02/2014

Encounter
06/02/2014

Summary
suspicious phone call

Notes
Someone called this morning claiming to be [redacted]
She stated that we called her brother and gave out her results
She stated that she could not believe we would do something like that
She is going to sue us for this
She said we have started so many problems for her.
I asked her if she could verify a couple of things for me
I asked her her full name and DOB
She gave them to me
I asked her the last 4 of her SS
She gave it to me
I asked her the address that we have on file for her
She gave me the wrong address
She said oh I'm sorry and then gave me the correct address
This person did not sound like [redacted]
I asked her who does she have down on her emergency contact
She stated [redacted]
That is not who we have down
I asked that the patient came into the office and show ID before we could take to her
Due to some of the info she has given us does not match
I asked the number that was called
The number she gave me that was called is no where listed in the chart
I once again stated that the patient needs to come down and show ID
The patient then hung up on me

Spoke with Becky about callling patient back
She stated we should email the patient to find out if it is her

Pt came today and i spoke with her and her friend
she reports taking her bcp twice a day as advised by the ew.
she has minimal bleeding
she feels tired but otherwise better.
the bleeding has so much improved.

We discussed the upcoming referral to see an endocrinologist
she has abnormal thyroid ultrasound and a visible right sided thyroid nodule
she may need to have a biopsy

advised pt to return after the end of this current cycle of birth control pills.

I apologized on behalf of our office for any inconvenience we caused her by having her come down to pick up her paper work
we explained the need to maintain compliance with confidentiality
so we may appear unpleasant but we do so to protect her medical information

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Patient: [redacted] DOB: [redacted], Age: [redacted]
Acct #: [redacted] Encounter Date: 06/02/2014

At the end i felt that she forgave us and promised to return for us to check her again.

Allergies: No known drug allergies

Current Medications:
doxycycline monohydrate 100 mg tablet Take 1 tablet by mouth twice a day, as directed X 7 Days, Disp. 14 NR, Start Date: 05/28/2014, Stop Date: 06/04/2014
Norco (hydrocodone- acetaminophen) 5- 325 mg tablet 1 tablet by mouth every four to six hours, as needed for pain, Disp. 30 NR, Start Date: 05/28/2014
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Zofran ODT (ondansetron) 4 mg tablet,disintegrating 1 tablet by mouth every eight hours, as needed, Disp. 10 Rfl #1, Start Date: 05/28/2014

Note Contributing Authors:
Natausha Buchanan; Anna Contomitros, MD

Note electronically signed by: Natausha Buchanan on 06/02/2014 at 10:24 AM

noted

Cosigned by: Anna Contomitros, MD on 06/02/2014 at 04:31 PM

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Patient: [redacted] **DOB:** [redacted], **Age:** [redacted]
Acct #: [redacted] Encounter Date: 06/02/2014

Encounter
06/02/2014

Summary
Patient - Results

Notes
patient came into the office on 6/2/14
to pick up her pap results personally
patients results were all normal
paient was given a print out of her testing done in the office
patient had no further questions

Allergies: No known drug allergies

Current Medications:
doxycycline monohydrate 100 mg tablet Take 1 tablet by mouth twice a day, as directed X 7 Days, Disp. 14 NR, Start Date: 05/28/2014, Stop Date: 06/04/2014
Norco (hydrocodone- acetaminophen) 5- 325 mg tablet 1 tablet by mouth every four to six hours, as needed for pain, Disp. 30 NR, Start Date: 05/28/2014
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Zofran ODT (ondansetron) 4 mg tablet,disintegrating 1 tablet by mouth every eight hours, as needed, Disp. 10 Rfl #1, Start Date: 05/28/2014

Note Contributing Authors:
Monzerrat Serrano

Note electronically signed by: Monzerrat Serrano on 06/02/2014 at 04:37 PM

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HealthPort.

To: **State Of Nevada Dept Of Health & Human Services**
Company:
Fax: 17024866520
Phone:

From: **Mountain View Hospital/Medical Records**
Fax: 702-255-5007
Phone: 702-255-5048
E-mail:

NOTES:

[redacted]
Er Record,Lab report
There is no H&P or DC/Transfer reports

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Number of pages including this cover sheet: 21

MOUNTAINVIEW HOSPITAL (COCMO)
EMERGENCY PROVIDER REPORT
REPORT #: 0528-0623 REPORT STATUS: Signed
DATE: 05/28/14 TIME: 1636

PATIENT: [redacted] UNIT #: G000210173
ACCOUNT #: G00012910697 ROOM/BED:
DOB: [redacted] AGE: [redacted] SEX: F PCP PHYS: NO PRIMARY OR FAMILY PHYSICIAN
SERVICE DT: 05/28/14 AUTHOR: DONAGAN,CLARENCE M
REP SRV DT: 05/28/14 REP SRV TM: 1636
* ALL edits or amendments must be made on the electronic/computer document *

HPI-GU

HPI
Confirmed patient: Yes
Patient type: arrived by private vehicle
PCP: OB/Gyn: Contomitros
Complaint: vaginal bleeding
Source of history: patient
Timing - onset: gradual, yesterday, constant
Timing - duration: since onset
Location: suprapubic
Quality: cramping
Radiation of pain: none
Severity onset: moderate
Severity current: moderate
Associated Symptoms:
Reports abdominal pain, Reports nausea, Reports vaginal bleeding, Reports vomiting, Denies blood in urine, Denies chills, Denies fever, Denies rash, Denies recent antibiotic use
Context - pregnancy: last NL menstrual period (3/14/2014)
Exacerbated by: nothing
Relieved by: nothing
Pt. reports/records indicate: no prior similar symptoms, recent doctor visit
Additional hpi notes:
Pt reports that she had abortion the last week of April, everything was going fine, pt was just having some minor spotting, check up 2 weeks later, US showed cyst on right ovary and a little tumor, yesterday at noon, saw blood clot and then at 1700 felt as if her water had broken and started bleeding profusely with blood clots, saw OB today who did D and C, but could not controlled bleeding, sent pt here, pt reports that years ago she was involved in MVA and was vomiting blood, they were able to control it with meds, if she cuts herself, it does not take a long time to heal

Portions of this section were transcribed by Yepez,Salvador A on 05/28/14 at 1636

Risk Strat-GU
Ectopic risk factors: risk factors reviewed

Portions of this section were transcribed by Yepez,Salvador A on 05/28/14 at 1646

Review of Systems

Constitutional:
Denies: fever, chills.
Eyes:
DENIES: redness, discharge, visual loss / blurred, itching, diplopia, eye pain, photophobia, swelling.
ENT:
DENIES: earache, sore throat.
Respiratory:
DENIES: SOB, cough, hemoptysis, wheezing.
Cardiovascular:
DENIES: chest pain, edema, palpitations.
Gastrointestinal:
nausea, vomiting. DENIES: constipation, diarrhea.
Genitourinary:
vaginal bleeding, pelvic pain. DENIES: flank pain, dysuria.
Heme:
bleeding.
Neuro:
Reports: lightheaded. Denies: headache, syncope, seizure.
All systems reviewed & negative except as marked.

Portions of this section were transcribed by Yepez,Salvador A on 05/28/14 at 1745

History-Medical/Family/Social

)(Reviewed nursing notes: Yes
Past Medical History:
Reports: thyroid.
Additional Medical History:
MVA
Home medications:
Reported Medications
No Known Home Medications

Allergies:
Coded Allergies:
No Known Allergies (05/28/14)

Past Surgical History:

Reports D&C
Additional Surgical History:
Abortion
Smoking status 13 years/older: Never Smoker
Social history:
Reports: alcohol (socially). Denies: drugs, smoker.

Portions of this section were transcribed by Yepez,Salvador A on 05/28/14 at 1636

Phys Exam-GU

Vital Signs
First Documented:

	Result	Date Time
Pulse Ox	100	05/28 1514
B/P	117/71	05/28 1514
Temp	37.0	05/28 1514
Pulse	80	05/28 1514
Resp	20	05/28 1514

Initial VS reviewed: yes
General: alert, oriented X 3
Head/Eyes: atraumatic, PERRL
ENT: normal pharynx
Neck: supple/no meningismus, non-tender
Respiratory/Chest: no distress, normal breath sounds
Cardiovascular: regular rate and rhythm, normal heart sounds, BP & pulses = bilaterally, no pedal edema
Abdomen: soft, non-tender, no guarding, no rebound, no distention
Extremities:
Assessment: full range of motion
Back: normal inspection
Skin: warm, dry
Female GU: chaperone present (Chau, RN), bimanual exam: scant amount of blood in vaginal introitus. Speculum exam declined
Neurologic: alert, oriented X 3, no motor deficits, no sensory deficits

Portions of this section were transcribed by Yepez,Salvador A on 05/28/14 at 1813

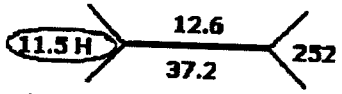
Results/Interpretations

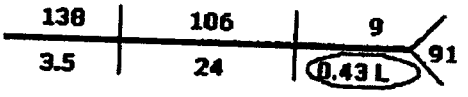
Results:
Laboratory Tests

Patient: [redacted]
Date: 05/28/14

Unit#:G000210173
Acct#:G00012910697

05/28/14 1545:





Laboratory Tests:

	05/28 1735	05/28 1545	05/28 1545
Chemistry			
Sodium (136 - 145 mmol/L)			138
Potassium (3.5 - 5.5 mmol/L)			3.5
Chloride (93 - 107 mmol/L)			106
Carbon Dioxide (21 - 32 mmol/L)			24
Anion Gap (9 - 18 mmol/L)			12
BUN (7 - 18 mg/dL)			9
Creatinine (0.52 - 1.23 mg/dL)			0.43 L
Est GFR (Non-Af Amer) (ML/MIN)			>60
Glucose (70 - 110 mg/dL)			91
Calcium (8.5 - 10.1 mg/dL)			8.5
Serum HCG, Qual (ABSENT)		PRESENT *	
HCG Beta Subunit (mIU/mL)			255
Coagulation			
PT (9.4 - 12.0 SECONDS)			11.0
INR			1.05
Hematology			
WBC (4.8 - 10.8 K/MM3)			11.5 H
RBC (4.20 - 5.50 M/MM3)			4.33
Hgb (12.0 - 16.0 GM/dL)			12.6
Hct (37.0 - 47.0 %)			37.2
MCV (80 - 100 FL)			86
MCH (27.0 - 32.0 PG)			29.1
MCHC (32.0 - 37.0 G/DL)			33.9
RDW (11.5 - 14.5 %)			13.2
Plt Count (150 - 450 K/MM3)			252
MPV (7.4 - 10.4 FL)			10.9 H
Neut % (45.0 - 75.0 %)			78.2 H
Neut # (1.8 - 7.7 K/MM3)			9.0 H
Lymph # (1.5 - 4.0 K/MM3)			1.6
Mono # (0.2 - 1.0 K/MM3)			0.8
Eos # (0.0 - 0.5 K/MM3)			0.2
Baso # (0.0 - 0.2 K/MM3)			0.0

Absolute Nucleated RBC (0.00 K/MM3)		0.00
Lymphocytes % (18.0 - 40.0 %)		13.5 L
Monocytes % (3.0 - 11.0 %)		6.6
Eosinophils % (0.0 - 3.0 %)		1.4
Basophils % (0.0 - 2.0 %)		0.3
Nucleated RBCs/100 WBC (0 - 0 /100WBCS)		0
Urines		
Urine Color (YELLOW)	YELLOW	
Urine Appearance (CLEAR)	very cloudy	
Urine pH (5.0 - 9.0)	6.5	
Ur Specific Gravity (1.003 - 1.030)	1.010	
Urine Protein (NEGATIVE MG/DL)	30 *	
Urine Ketones (NEGATIVE)	SMALL *	
Urine Blood (NEGATIVE)	LARGE *	
Urine Nitrite (NEGATIVE)	NEGATIVE	
Urine Bilirubin (NEGATIVE)	NEGATIVE	
Urine Urobilinogen (0.2 - 1.0 MG/DL)	0.2	
Ur Leukocyte Esterase (NEGATIVE)	TRACE *	
Urine RBC (NONE SEEN /HPF)	50-100 *	
Urine WBC (NONE SEEN /HPF)	0-2 *	
Ur Epithelial Cells (2 - 5 /HPF)	NONE SEEN	
Urine Crystals (NONE SEEN)	NONE SEEN	
Urine Bacteria (NONE SEEN)	TRACE *	
Urine Casts (NONE SEEN /LPF)	NONE SEEN	
Urine Other (NONE SEEN)	NONE SEEN	
Urine Glucose (NEGATIVE MG/DL)	NEGATIVE	

Microbiology:

Date/Time	Procedure - Status
Source	Growth
05/28 1735	Urine Culture - RECD
URINE	

Laboratory tests have been ordered, with results reviewed and considered in the medical decision making process.

Portions of this section were transcribed by Yepez,Salvador A on 05/28/14 at 1842

MDM-GU

ED Course

Patient course: stable
Medication(s) Ordered:
Medication(s) Ordered:

Medication	Dose	Sig/Sch Route	Start time Stop time	Status	Last Admin
Morphine Sulfate	4 MG	XTED STA IV	05/28 1648 05/28 1649	DC	05/28 1657
Sodium Chloride	1,000 ML	BOLUS STA IV	05/28 1648 05/28 1747	DC	05/28 1656
Morphine Sulfate	4 MG	XTED STA IV	05/28 1601 05/28 1602	DC	
Ondansetron HCl	4 MG	XTED STA IV	05/28 1601 05/28 1602	DC	05/28 1603
Ondansetron HCl	0	.STK-MED ONE .ROUTE	05/28 1559	DC	
Morphine Sulfate	0	.STK-MED ONE IV	05/28 1558	DC	05/28 1602
Sodium Chloride	1,000 ML	XTED STA IV	05/28 1527 05/28 1626	DC	05/28 1545

X **Re-Evaluation/Progress:** 1
Time: 1632
Additional notes:
Spoke with Dr. Contomitros, she states that pt had abortion 3 weeks ago by oral agents, was supposed to take BC pills, but did not, started bleeding profusedly, in clinic, he performed suctioning, gave methergine and misoprostol, but could not get bleeding to stop

I SPOKE TWICE WITH PT'S GYN DOC. QUANT IS 255 NOW....SHE SAID THAT WAS TRENDING DOWN. SHE DID A D AND C IN CLINIC. SHE HAS ZERO CONCERN FOR AN ECTOPIC.
PT IS NOT TACHY OR HYPOTENSIVE. BLEEDING IS CONTROLLED. SHE ASKED ME TO PUT HER ON LO OVRAL AND SHE WILL F/U IN A DAY OR TWO.
PT FEELS BETTER AFTER IV FLUIDS AND PAIN MEDS.
ABD IS SOFT AND NT.
X **Re-Evaluation/Progress:** 2
Time: 1736
Additional notes:
Call back Contomitros to update her that pt will be discharged, pt will follow up with her
Consultation:

Referral/Consultant name:
CONTOMITROS,ANNA T
Consultant called: OB/GYN
Requested call date: 05/28/14
Call returned: call returned
Call returned time: 1632
Call returned date: 05/28/14
Consultant: will see patient, agrees with eval, agrees with plan, will see in office

Portions of this section were transcribed by Yepez,Salvador A on 05/28/14 at 1854

Disposition-GU

Clinical Impression:
Primary Impression: Vaginal bleeding
Disposition:
Discharged to home: Yes
Disposition time: 1801
Disposition date: 05/28/14
Vital signs:
First Documented:

	Result	Date Time
Pulse Ox	100	05/28 1514
B/P	117/71	05/28 1514
Temp	37.0	05/28 1514
Pulse	80	05/28 1514
Resp	20	05/28 1514

Last Documented:

	Result	Date Time
Pulse Ox	98	05/28 1820
B/P	109/76	05/28 1820
Pulse	80	05/28 1820
Resp	20	05/28 1820
Temp	37.0	05/28 1514

All prior VS reviewed: Yes
Condition: Stable
Prescriptions Given:
Lo-Ovral
Counseled patient/family re: diagnosis, lab results, prescriptions, need for follow up (in 2 days even if well), when to return to ER, private physician (Contomitros)
Supervising Physician Note:

Documentation assistance provided by scribe Yepez,Salvador A 05/28/14 1638. Information recorded by the scribe was done at my direction and has been reviewed and validated by me.

Portions of this section were transcribed by Yepez,Salvador A on 05/28/14 at 1813

Electronically Signed by DUNAGAN,CLARENCE M on 05/28/14 at 1918

RPT #: 0528-0623
END OF REPORT

Patient: [redacted]
Att Provider: BUNGAN,CLARENCE N, ACT

ED Physician: BUNGAN,CLARENCE N, ACT
Practitioner:
Nurse: NGO,CHAU T., RN

Arrival Date/Time: 05/28/14 - 1400
Triage Date/Time: 05/28/14 - 1514
Date of Birth: [redacted]

Stated Complaint: BLEEDING VAGINAL, ABDOMINAL CRAMPING
Chief Complaint: Vaginal Bleed
Priority: 2
Status Event History:
05/28/14 1400 Reception
1514 Room Placement
1517 Triaged
1800 Registration
1801 DSP-Discharge
1823 Departed
1823 Off Tracker

MODE OF ARRIVAL

WALK IN

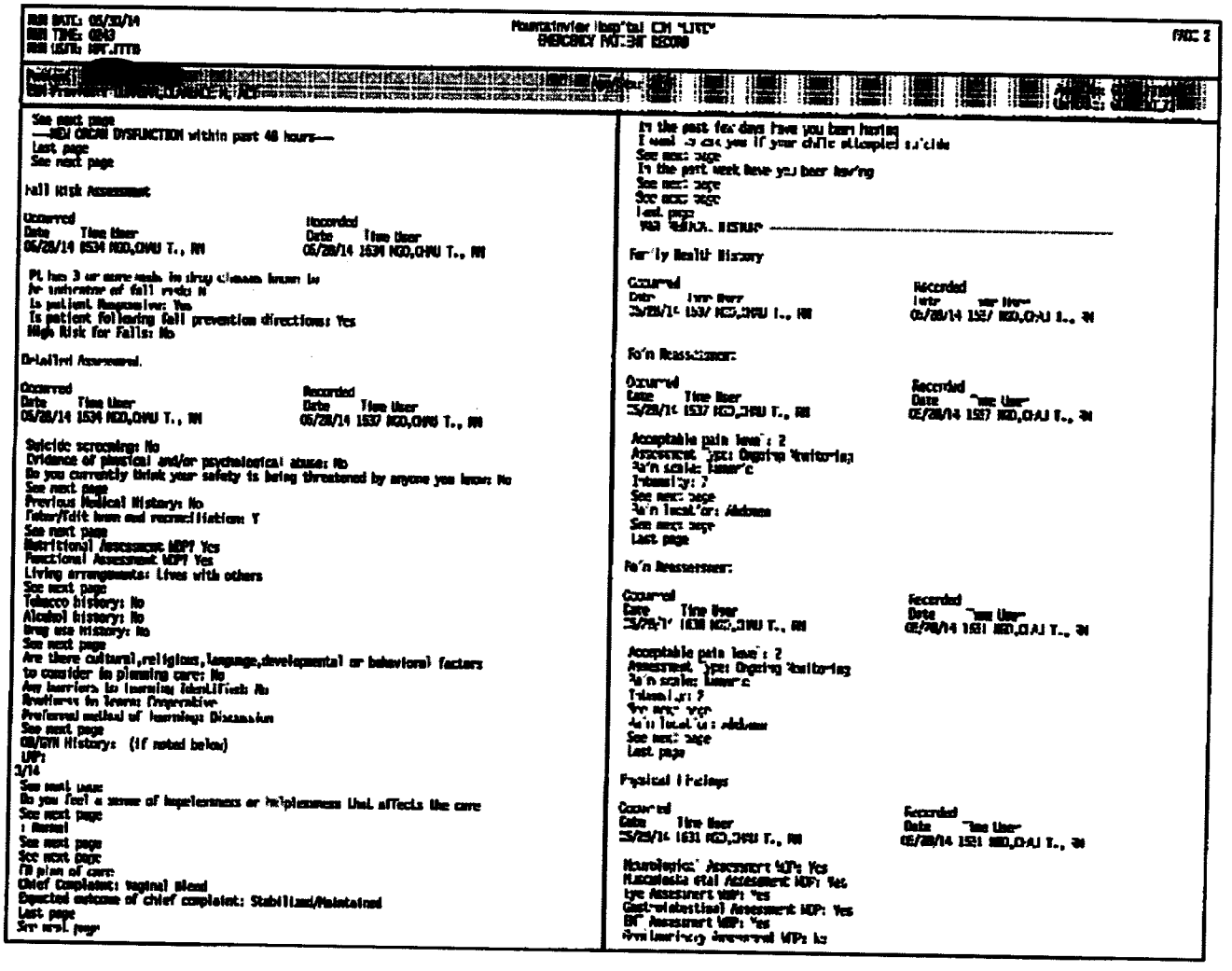
Allergy/Adverse Reaction	Type/Category	Severity	Date	Ver
No Known Allergies	Allergy/Drug		05/28/14	N

Rapid Initial Assessment

Occurred Date	Time	User	Recorded Date	Time	User
05/28/14	1514	MAYNARD,GRACE, RN	05/28/14	1517	MAYNARD,GRACE, RN

First Point of Contact: Yes
Enter/Edit Allergies? Yes
Arrived By: WI
Subjective Assessment:
COMPLAINS OF ABDOMINAL CRAMPS AND VAGINAL BLEEDING
See next page
Neuro WDP? Yes
Cardiovascular WDP? Yes
Respiratory WDP? Yes
Pain scale: Numeric
Intensity: 10
OB/GYN History: (if noted below)
LMP:
3/14
See next page
Smoking status for patients 13 years old or older: Never Smoker
Onset of Symptoms Date: 05/27/14
Onset of symptoms comment:
PATIENT HAD A MISCARRIAGE 1 WEEKS AGO, ALSO COMPLAINS OF
FEELING LIGHT HEADED AND NAUSEATED
See next page
Flowsheet: Yes
Chief Complaint: Vaginal Bleed
Priority: ESI 2 / Emergent

ESI? N
Last page
Is Patient Present? Y
Able to perform TB & Contagious Respiratory Infection Point of Entry Screen Y
Is patient currently experiencing any of following in last 7 days:
Fever greater than 100.4? N
(37.8 C)
Cough? Y
(not related to
allergy or COPD)
Sore Throat? N
Night sweats? N
Unexplained weight loss? N
Fatigue? N
Body Aches? N
Rash? N
Nasal Congestion (not related to allergies or sinus infection)? Y
Pt reports prior history of TB or positive TB skin test? N
Close contact with a person who has TB? Y
Close contact with any person having an Influenza-like Illness? Y
TB Point of Entry Screen: NEGATIVE
Contagious Respiratory Infection Point of Entry Screen- NEGATIVE
** FLACC Pain Assessment - Less than Age 3 or Sleeping **
Score of 4 or More, Consider Intervention
** Neonatal / Infant Pain Scale (NIPS) **
Glasgow Coma Scale:
Temperature/F: 98.6
Temp Source: ORAL
Pulse: 83
Pulse Source: PERL IR
Respirations: 20
Resp Source: OBSERVED
Blood Pressure: 113/71
BP Source: NON-INVASIVE MACHINE
BP Extremity: Arm Right
MAP: 86
See next page
SpO2%: 130
Height - Feet: 5
Inches: 10
Cm: 177.80
Kg: 61.71
Weight - Lbs
136
BMI:
19.4
: Normal
---SEVERE SEPSIS SCREENING---
Temperature: N
Heart Rate: N
Respirations: Y
WBC/Bands: N
:
No Results past 24 hrs
:
No Results past 24 hrs
If Y to 2 or more of above, proceed to next section: ?
NEGATIVE



See next page
—NEW ONSET DYSFUNCTION within past 48 hours—
Last page
See next page

Fall Risk Assessment

Occurred		Recorded	
Date	Time User	Date	Time User
05/28/14	0534 MED,CHAU T., RN	05/28/14	1534 MED,CHAU T., RN

Pt has 3 or more risk in any category known to
Pt indicates at fall risk: N
Is patient Responsive: Yes
Is patient following fall prevention directions: Yes
High Risk for Falls: No

Detailed Assessment

Occurred		Recorded	
Date	Time User	Date	Time User
05/28/14	1534 MED,CHAU T., RN	05/28/14	1537 MED,CHAU T., RN

Suicide screening: No
Evidence of physical and/or psychological abuse: No
Do you currently think your safety is being threatened by anyone you know: No
See next page
Previous Medical History: No
Take/Edit Home and Reconciliation: Y
See next page
Nutritional Assessment WDP: Yes
Functional Assessment WDP: Yes
Living arrangements: Lives with others
See next page
Tobacco History: No
Alcohol History: No
Drug use History: No
See next page
Are there cultural,religious,language,developmental or behavioral factors
to consider in planning care: No
Any barriers to learning identified: No
Readiness to learn: Preparative
Preferred method of learning: Discussion
See next page
OB/GYN History: (If noted below)
LMP:
3/14
See next page
Do you feel a sense of hopelessness or helplessness that affects the care
See next page
: Normal
See next page
See next page
POC plan of care:
Chief Complaint: vaginal bleed
Expected outcome of chief complaint: Stabilized/Maintained
Last page
See next page

In the past few days have you been having
I want to ask you if your child attempted suicide
See next page
In the past week have you been having
See next page
See next page
Last page
PAIN ASSESSMENT HISTORY

Family Health History

Occurred		Recorded	
Date	Time User	Date	Time User
05/28/14	1537 MED,CHAU T., RN	05/28/14	1537 MED,CHAU T., RN

Pain Reassessment:

Occurred		Recorded	
Date	Time User	Date	Time User
05/28/14	1537 MED,CHAU T., RN	05/28/14	1537 MED,CHAU T., RN

Acceptable pain level: 2
Assessment Type: Ongoing Monitoring
Pain scale: Numeric
Intensity: 7
See next page
Pain location: Abdomen
See next page
Last page

Pain Reassessment:

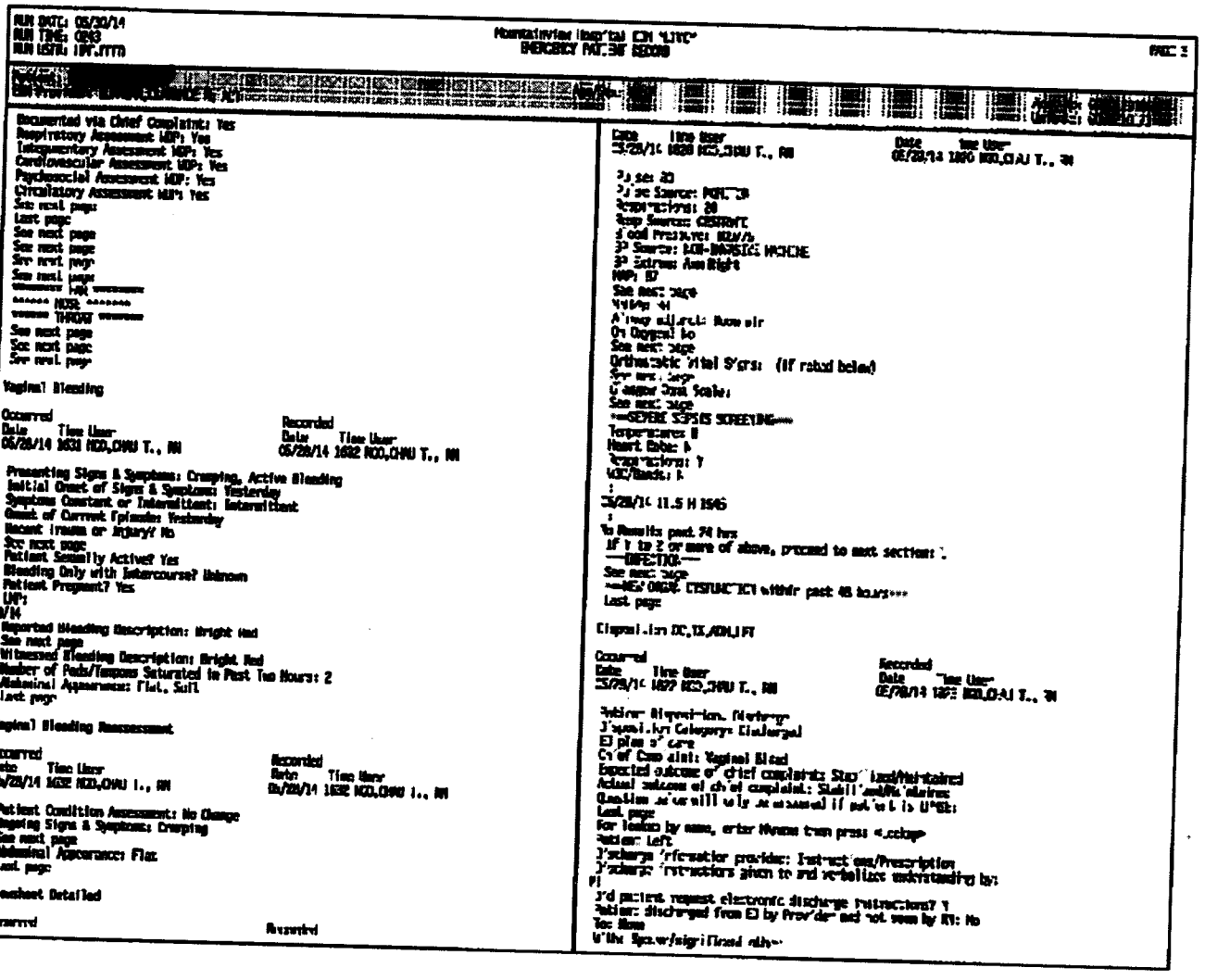
Occurred		Recorded	
Date	Time User	Date	Time User
05/28/14	1531 MED,CHAU T., RN	05/28/14	1531 MED,CHAU T., RN

Acceptable pain level: 2
Assessment Type: Ongoing Monitoring
Pain scale: Numeric
Intensity: 7
See next page
Pain location: Abdomen
See next page
Last page

Physical Therapy

Occurred		Recorded	
Date	Time User	Date	Time User
05/28/14	1531 MED,CHAU T., RN	05/28/14	1531 MED,CHAU T., RN

Neurological Assessment WDP: Yes
Musculoskeletal Assessment WDP: Yes
Eye Assessment WDP: Yes
Cardiovascular Assessment WDP: Yes
ENT Assessment WDP: Yes
Genitourinary Assessment WDP: Yes



Documented via Chief Complaint: Yes
Respiratory Assessment WDP: Yes
Integumentary Assessment WDP: Yes
Cardiovascular Assessment WDP: Yes
Psychosocial Assessment WDP: Yes
Circulatory Assessment WDP: Yes
See next page
Last page
See next page
See next page
See next page
See next page
[redacted]
[redacted]
[redacted]
See next page
See next page
See next page

Vaginal Bleeding

Occurred Date	Time User	Recorded Date	Time User
05/28/14	1631 RCD,CHU T., RN	05/28/14	1632 RCD,CHU T., RN

Presenting Signs & Symptoms: Cramping, Active Bleeding
Initial Onset of Signs & Symptoms: Yesterday
Symptoms Constant or Intermittent: Intermittent
Onset of Current Episode: Yesterday
Recent Trauma or Injury? No
See next page
Patient Sexually Active? Yes
Bleeding Only with Intercourse? Unknown
Patient Pregnant? Yes
LMP:
3/14
Reported Bleeding Description: Bright Red
See next page
Witnessed Bleeding Description: Bright Red
Number of Pads/Tampons Saturated in Past Two Hours: 2
Abdominal Appearance: Flat, Soft
Last page

Vaginal Bleeding Reassessment

Occurred Date	Time User	Recorded Date	Time User
05/28/14	1632 RCD,CHU T., RN	05/28/14	1632 RCD,CHU T., RN

Patient Condition Assessment: No Change
Ongoing Signs & Symptoms: Cramping
See next page
Abdominal Appearance: Flat
Last page

Flowsheet Detailed

Occurred	Recorded

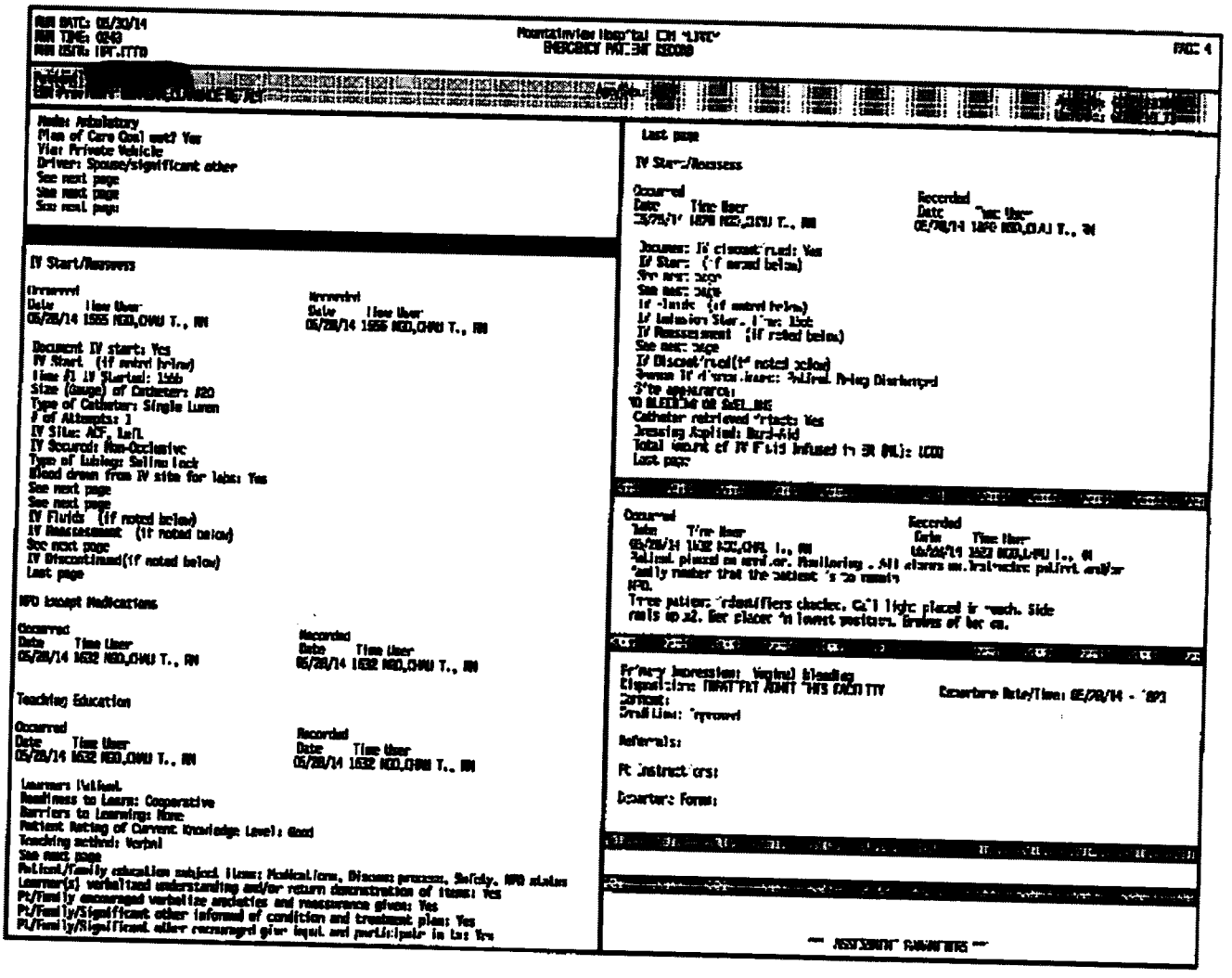
Date	Time User
05/28/14	1628 RCD,CHU T., RN

Pulse: 80
Pulse Source: MON
Respirations: 20
Resp Source: CURRENT
Blood Pressure: 102/76
BP Source: NON-INVASIVE MACHINE
BP Extras: Arm Right
MAP: 87
See next page
Weight: 64
Allergy adjacent: None
Oral Appeal: No
See next page
Orthostatic Vital Signs: (If rated below)
See next page
Glasgow Coma Scale:
See next page
SEVERE SEPSIS SCREENING
Temperature: 0
Heart Rate: 0
Respirations: 0
WBC/Bands: 0
:
05/28/14 11.5 H 1545
:
No Results past 24 hrs
If 1 to 2 or more of above, proceed to next section: .
---DIRECTION---
See next page
NEW ORDER INSTRUCTION within past 48 hours
Last page

Disposition DC,TX,ADM,IP

Occurred Date	Time User	Recorded Date	Time User
05/28/14	1627 RCD,CHU T., RN	05/28/14	1627 RCD,CHU T., RN

Patient Disposition, Discharge
Disposition Category: Discharged
ED Plan of Care
Chief Complaint: Vaginal Bleed
Expected outcome of chief complaint: Stay Same/Maintained
Actual outcome of chief complaint: Stabilized/Maintained
Question Answered if patient is Ill:
Last page
For location by name, enter Mnemonic then press <enter>
Patient Left
Discharge information provider: Instructions/Prescription
Discharge instructions given to and verbalize understanding by:
RN
Did patient request electronic discharge instructions? N
Patient discharged from ED by Provider and not seen by RN: No
See Above
Within Specified/Significant other



Mode: Ambulatory
Plan of Care Goal met? Yes
Visit: Private Vehicle
Driver: Spouse/significant other
See next page
See next page
See next page

IV Start/Removal

Occurred
Date Time User
05/20/14 1555 MED,CHAU T., RN

Recorded
Date Time User
05/20/14 1555 MED,CHAU T., RN

Document IV start: Yes
IV Start (if noted below)
Time IV Started: 1555
Size (Gauge) of Catheter: 20
Type of Catheter: Single Lumen
# of Attempts: 1
IV Site: AC, L
IV Secured: Non-Occlusive
Type of Lubing: Saline lock
Blood drawn from IV site for labs: Yes
See next page
See next page
IV Fluids (if noted below)
IV Reassessment (if noted below)
See next page
IV Discontinued(if noted below)
Last page

MPO Except Medications

Occurred
Date Time User
05/20/14 1632 MED,CHAU T., RN

Recorded
Date Time User
05/20/14 1632 MED,CHAU T., RN

Teaching Education

Occurred
Date Time User
05/20/14 1632 MED,CHAU T., RN

Recorded
Date Time User
05/20/14 1632 MED,CHAU T., RN

Learners Patient
Readiness to Learn: Cooperative
Barriers to Learning: None
Patient Rating of Current Knowledge Level: Good
Teaching method: Verbal
See next page
Patient/family education subject items: Medications, Disease process, Safety, MPO status
Learner(s) verbalized understanding and/or return demonstration of items: Yes
Pt/Family encouraged verbalize anxieties and reassurance given: Yes
Pt/Family/Significant other informed of condition and treatment plan: Yes
Pt/Family/Significant other encouraged give input and participate in tx: Yes

Last page

IV Start/Reassess

Occurred
Date Time User
05/20/14 1650 MED,CHAU T., RN

Recorded
Date Time User
05/20/14 1650 MED,CHAU T., RN

Document IV discontinued: Yes
IV Start: (if noted below)
See next page
See next page
IV Fluids (if noted below)
IV Intravenous Start - Time Last
IV Reassessment (if noted below)
See next page
IV Discontinued(if noted below)
Reason IV discontinued: Patient Being Discharged
Site appearance:
NO BLEEDING OR SWELLING
Catheter retrieved intact: Yes
Dressing Applied: Band-Aid
Total amount of IV Fluid Infused in ER (ML): 1000
Last page

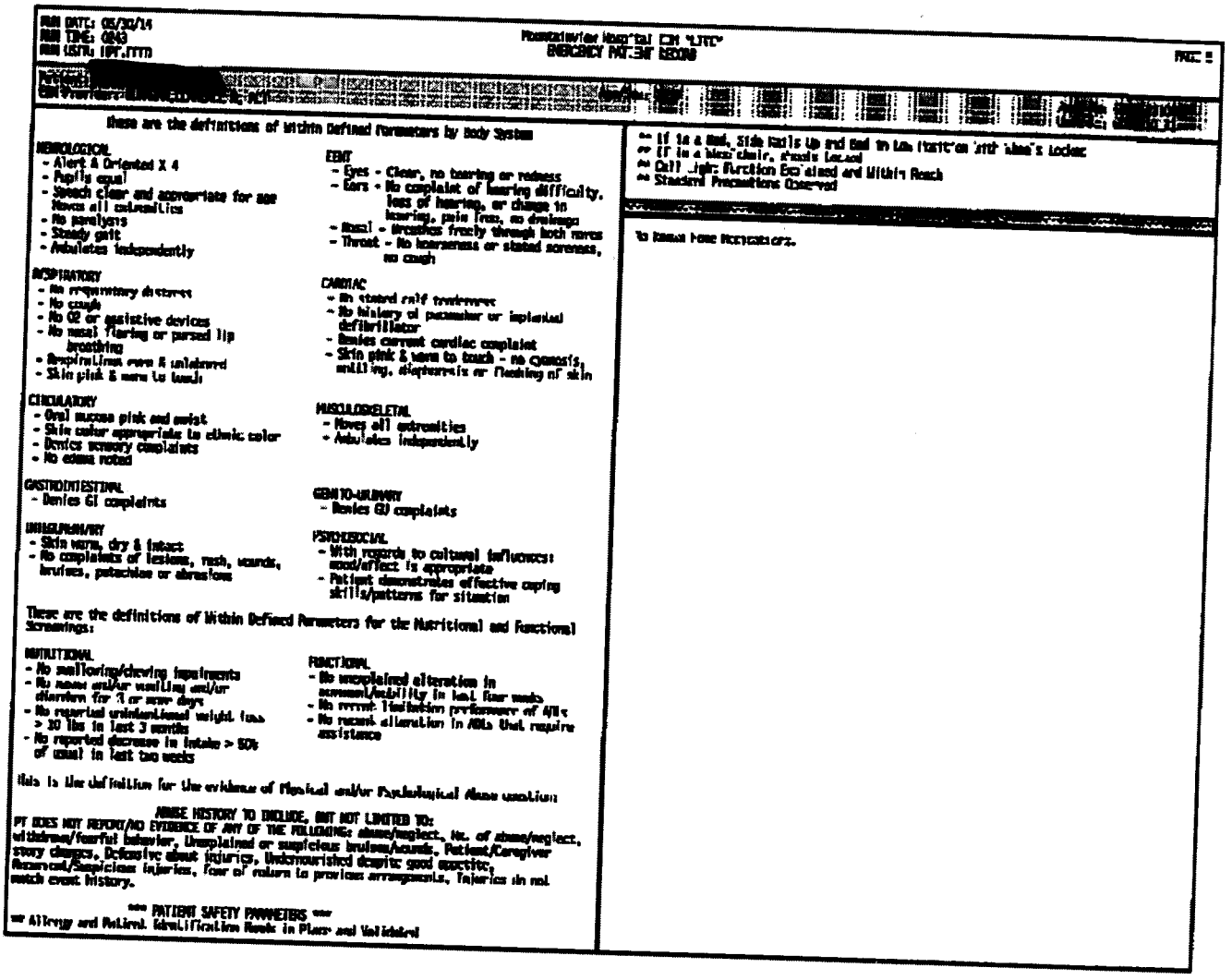
Occurred
Date Time User
05/20/14 1632 MED,CHAU T., RN

Recorded
Date Time User
05/20/14 1632 MED,CHAU T., RN

Patient placed on monitor. Monitoring . All alarms on. Instructed patient and/or family member that the patient is to remain NPO.
Three patient identifiers checked. Call light placed in reach. Side rails up x2. Bed placed in lowest position. Brakes of bed on.

Primary Impression: Vaginal bleeding
Disposition: INPATIENT ADMIT THIS ENCOUNTER
Condition:
Condition: Improved
Encounter Date/Time: 05/20/14 - 1651
Referrals:
Pt Instructions:
Encounter Forms:

--- ASSESSMENT PARAMETERS ---



RUN DATE: 05/30/14
RUN TIME: 0843
RUN USER: IPT.ITTD

Meadowview Hospital CDH "LITE"
EMERGENCY PATIENT RECORD

PAGE 5

These are the definitions of Within Defined Parameters by Body System

NEUROLOGICAL
- Alert & Oriented X 4
- Pupils equal
- Speech clear and appropriate for age
- Moves all extremities
- No paralysis
- Steady gait
- Ambulates independently

RESPIRATORY
- No respiratory distress
- No cough
- No O2 or assistive devices
- No nasal flaring or pursed lip breathing
- Respirations even & unlabored
- Skin pink & warm to touch

CIRCULATORY
- Oral mucosa pink and moist
- Skin color appropriate to ethnic color
- Denies sensory complaints
- No edema noted

GASTROINTESTINAL
- Denies GI complaints

INTEGUMENTARY
- Skin warm, dry & intact
- No complaints of lesions, rash, wounds, bruises, petechiae or abrasions

EENT
- Eyes - Clear, no tearing or redness
- Ears - No complaint of hearing difficulty, loss of hearing, or change in hearing, pain free, no drainage
- Nasal - Breathes freely through both nares
- Throat - No hoarseness or stated soreness, no cough

CARDIAC
- No stated self treatment
- No history of pacemaker or implanted defibrillator
- Denies current cardiac complaint
- Skin pink & warm to touch - no cyanosis, mottling, diaphoresis or flushing of skin

MUSCULOSKELETAL
- Moves all extremities
- Ambulates independently

GENITO-URINARY
- Denies GU complaints

PSYCHOSOCIAL
- With regards to cultural influences: mood/affect is appropriate
- Patient demonstrates effective coping skills/patterns for situation

These are the definitions of Within Defined Parameters for the Nutritional and Functional Screenings:

NUTRITIONAL
- No swallowing/chewing impairments
- No nausea and/or vomiting and/or diarrhea for 7 or more days
- No reported unintentional weight loss > 10 lbs in last 3 months
- No reported decrease in intake > 50% of usual in last two weeks

FUNCTIONAL
- No unexplained alteration in movement/mobility in last four weeks
- No recent limitation performance of ADLs
- No recent alteration in ADLs that require assistance

Here is the definition for the evidence of Physical and/or Psychological abuse question:

ABUSE HISTORY TO INCLUDE, BUT NOT LIMITED TO:
PT DOES NOT REPORT/NO EVIDENCE OF ANY OF THE FOLLOWING: abuse/neglect, Hx. of abuse/neglect, withdrawn/fearful behavior, Unexplained or suspicious bruises/wounds, Patient/Caregiver story changes, Defensive about injuries, Undernourished despite good appetite, Reserved/Suspicious injuries, Fear of return to previous arrangements, Injuries in not match event history.

*** PATIENT SAFETY PARAMETERS ***
** Allergy and Patient Identification Bands in Place and Validated

** If is a Risk, Side Rails Up and Bed in Low Position with Nurse's Locked
** If in a Wheelchair, Breaks Locked
** Call Light: Function Explained and Within Reach
** Standard Precautions Observed

No Known Home Medications.

2014 CLINICAL POLICY GUIDELINES

naf NATIONAL ABORTION FEDERATION

13. COMPLICATIONS: BLEEDING

Policy Statement: One of the most serious immediate complications of an abortion procedure is hemorrhage. Early recognition of the source of bleeding can reduce morbidity and mortality.

Standard 1. All facilities must have a protocol for the management of acute hemorrhage.(1)

Standard 2. The following items must be included in the protocol:
(1) Establishment of intravenous access;
(2) Administration of uterotonics;
(3) Evaluation of the cause and/or source of bleeding;
(4) Defined staff roles;
(5) Emergency supplies that will be readily available; and
(6) Methods for conducting a hospital transfer, if the bleeding does not respond to therapeutic measures or if the patient is hemodynamically unstable.

Recommendation 2.2. The following items should be considered:
(1) Ultrasonography to determine whether the uterus is empty.
(2) When atony is suspected, uterine massage and uterotonics may be useful.
(3) When coagulopathy is suspected, blood may be drawn for coagulation parameters and transfusion of blood or blood products may be necessary.
(4) Appropriate disclosure of events to the patient.

Standard 3. The facility must have at least two uterotonics and/or mechanical methods of controlling bleeding.

Discussion: Excessive bleeding during the procedure and in the post-procedure period is almost always due to uterine atony, often caused by incomplete emptying of the uterus. Therefore, the most important initial efforts should be directed at assuring complete evacuation of the uterus and at increasing uterine tone through uterotonics.

Problems arise when bleeding is ignored or its severity underestimated. Clinicians must always remember to do the simple things when confronted with a developing bleeding problem: continue assessment of the blood loss, measure and record blood pressure and pulse frequently, and assure intravenous access.

4/2/2014

Post-procedure, the following measures may be used for treatment of post-abortion hemorrhage:

a. methergine;
b. oxytocin;
c. misoprostol;
d. carboprost tromethamine (Hemabate); or
e. intrauterine pressure using a Foley or Bakri balloon or vaginal pack.

When bleeding continues after assurance of complete uterine emptying and when there are no visible cervical or vaginal lacerations, the clinician must consider other complications such as perforation, coagulopathy, or placenta accreta.

References:

1. Kerns J, Steinauer J. Management of postabortion hemorrhage: SFP Guideline 20131. Contraception. 2013;87(3):331-42.

Unanticipated Procedure Sequelae Protocol

A-All Women Care 7908 W. Sahara Ave. Las Vegas, NV 89117 (702) 531-5400

UNANTICIPATED PROCEDURE SEQUELAE

Protocol:

In the event of an unanticipated procedure sequelae to include:

- Unplanned hospital admission
- Unscheduled return to the procedure room for complication of a procedure
- Complications such as infection, bleeding, or injury to other body structure
- Cardiac or respiratory problems during stay at facility or within 48 hours of discharge
- Allergic reactions
- Patient or family complaint
- Equipment malfunction leading to injury or potential injury to patient
- Death occurring within 30 days of a procedure done in an AAAASF accredited facility and must be reported to the AAAASF office, the state and the medical board within 5 days of notification of the death.

A chart review will be done if any of the above listed sequelae occur to include:

- Identification of the problem
- Immediate treatment or disposition of the case
- Outcome
- Reason for problem
- Assessment of efficacy of treatment

Return of Patient to Procedure Room Policy

A-All Women Care 7908 W. Sahara Ave. Las Vegas, NV 89117 (702) 531-5400

RETURN OF PATIENT TO THE PROCEDURE ROOM

Policy:

If there is patient emergency after procedure:

1. Assist patient to procedure room
2. Assist patient to undress
3. Place patient on vital signs monitor
4. Alert physician to examine and provide proper treatment
5. If ordered by physician:
    a. Place patient on supplemental oxygen
    b. Initiate IV Fluids
6. Physician to reassess after previous orders have been implemented.

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VOLUNTARY INTERRUPTION OF PREGNANCY PROCEDURE

Procedure:

1. Patient is contacted for reminder of: appointment times, the need to be NPO 6 hours prior to procedure, the need to have a ride.
2. Patient arrives at office and signs in with front office personnel.
3. Patient receives one-on-one counseling with Office Manager, NPO status and ride verified.
4. If patient agrees with procedure, paperwork is explained, consent for procedure is filled out.
5. Patient's medical history is reviewed and allergies, if any, are documented.
6. Patient is escorted to the exam room and an ultrasound is taken and documented.
7. After confirmation of gestation, patient is led to the ambulatory surgical room with her medical file.
8. Patient's vital signs are continuously monitored by automatic machine and documented in patient's medical file.
9. Intravenous access is started.
10. Blood is drawn, using OSHA safety precautions, to determine Rh factor and to screen for anemia.
11. Allergies are checked a second time.
12. Medications, if necessary, are administered to patient.
13. Physician and RN, or physician administers 30 mg Toradol, 1 mg Versed, and 25 mcg Fentanyl.
14. Surgical staff, physician and RN maintain a sterile environment.
15. Sterile instruments are set up on surgical tray.
16. Physician administers Lidocaine block into patient's cervix.
17. Allow time for medication to provide its effect approximately 20-30 minutes.
18. Physician administers 1 mg versed and 50 mcg of Fentanyl.
19. Physician dilates cervix and suctions to clear contents.
20. Ultrasound machine is brought in if the physician deems it necessary.
21. Patient is assisted to recovery and placed on vital signs monitoring.
22. When patient is recovered (no nausea, dizziness, able to drink water) a responsible adult provides assistance to discharged patient.
23. Follow up appointment within 3 weeks.

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RECOVERY ROOM POLICY AND PROCEDURE

Purpose:

Supervision required for patients who have received an anesthetic agent, such as Fentanyl and versed, must be supervised by an employee who holds a current certification in Basic Life Support. The patient must be escorted and monitored by a responsible adult as instructed by the Office Manager before the appointment is made.

Policy:

All employees are instructed to supervise a patient who receives Fentanyl and versed until they meet the criteria for discharge. NEVER will a patient be discharged unless they have a responsible adult, drive, care for and oversee the patient for at least 12 to 24 hours.

Procedure:

1. Patient is escorted from the procedure room by a surgical assistant or RN.
2. Physician is present.
3. Time of arrival is documented by recovery room personnel.
4. Patient is placed on monitor and first set of vital signs is documented.
5. Every five minutes, for half an hour, patient's condition and vital signs are taken.
6. Any medications given in recovery are documented.
7. Post procedure instructions are explained and patient is given a copy to sign.
8. Patient is escorted to bathroom to report amount of blood on tampon.
9. Patient is escorted back to recovery, IV catheter is removed, and the responsible escorting adult is called back to assist patient to the car.
10. Patient leaves with knowledge of: when to call the office, post procedure care, and the importance of keeping their follow-up appointment.
11. Both recovery personnel and physician sign Recovery Room Record.

Recovery Room Record

A-All Women Care 7908 W. Sahara Ave. Las Vegas, NV 89117 (702) 531-5400

Recovery Room Record

Patient Name:_____ **Date:**_____

Patient DOB:_____

Account Number: _____

Time of arrival to recovery room: _____ **AM PM**

Time	Blood Pressure	Heart Rate	Oxygen Level	Events
				Nausea: Pain: Medications:
				Nausea: Pain: Medications:
				Nausea: Pain: Medications:
				Nausea: Pain: Medications:
				Nausea: Pain: Medications:
				Nausea: Pain: Medications:
				Nausea: Pain: Medications:

Comments:	IV Removed: Y N Tampon Removed: Y N How much blood was present: Patient left with: Patient left at:

_____ _____

Recovery Room Personnel **Physician**