

Anesthesia Billing Summary

Date Range: 06/10/2018 to 06/10/2018**Patient Information**

Patient's Name: **ALRED, HEATHER K**
SSN: **413631851**
Address: **212 WRIGHT ROAD, OLIVER SPRINGS, TN 37840**
Phone Number: **8653064145** Age: **32 Years** DOB: **12/24/85** Gender: **Female**
Marital Status: **Divorced**
Employer: **FORT SANDERS REGIONAL**
Employer Address: **, ,**
Accident: **Yes** Accident Value: **Other Accident (Non-Auto)**
Reason for Visit: **HAND CELLULITIS**
Visit Type: **Inpatient**
Relationship to Insured: **Self**

Insured

Insured's Name: **ALRED, HEATHER K**
Insured's SSN: **413631851**
Address: **212 WRIGHT ROAD, OLIVER SPRINGS, TN 37840**
Phone Number: **8653064145** DOB: **12/24/85** Gender: **Female**
Policy Number
Subscriber Policy Number: **TEA806266115**
Member Policy Number: **TEA806266115**
Group Number: **P13168**
Plan Name: **Blue Cross Network S OOS**
Employer: **FORT SANDERS REGIONAL**
Ins Provider: **Blue Cross**
Ins Provider Address: **6305 Kingston Pike, [10199], Knoxville, TN 374020002**

Other Health Benefit Plan

Insured's Name: **ALRED, HEATHER K**
Insured's SSN: **413631851**
Address: **212 WRIGHT ROAD, OLIVER SPRINGS, TN 37840**
Phone Number: **8653064145** DOB: **12/24/85** Gender: **Female**
Policy Number
Subscriber Policy Number: **115864620**
Member Policy Number: **115864620**
Group Number:
Plan Name: **United Healthcare Community**
Employer: **FORT SANDERS REGIONAL**
Ins Provider: **UHC**
Ins Provider Address: **PO Box 5220, UNITED HLTH MISC [10057], HOT SPRINGS, TN 71903**

Anesthesia Billing Summary

Date Range: 06/10/2018 to 06/10/2018

Facility/Surgery Information

Hospital/Clinic Name: **Methodist Medical Center**
 Federal Tax ID: **620636239**
 Address: **990 Oak Ridge Turnpike, Oak Ridge, TN 37830-2529**
 Patient Acct Number: **1815000378**
 Patient MRN: **MMC0000129240**
 Primary Surgeon: **MACKAY, MICHAEL ALAN MD**
 Post Op Diagnosis: **INFECTION**
 Admit Date: **05/30/18 09:52:00** Discharge Date:
 OR Suite: **MMC OR 06**

Anesthesia Information

Primary Procedure: **Incision and Drainage Hand (Right)**
 Free Text Procedure: **RT. HAND WOUND CLOSURE**
 Diagnosis 1: **INFECTION**
 Diagnosis 2: **Cutaneous abscess of right hand**
 Diagnosis 3: **Sepsis, unspecified organism**
 Diagnosis 4: **Urinary tract infection, site not specified**
 Anesthesia Type: **General**
 Anesthesia Provider Start Time: Anesthesia Provider Stop Time:
 Total Anesthesia Time: **0**
 Units: **0.0**
 ASA Class: **3**

Reportable Actions

Anesthesia Start	06/10/18 08:03:07
Pre-Induction Assessment	06/10/18 08:03:07
Pre Anest Assessment Performed:	Patient Identified -, Planned Procedure Verified -
Anesthetic Plan Prescribed:	Yes -
Pt Physical Status Assessed:	Yes -
Airway Assessed:	Yes -
Lab Tests Reviewed:	Yes -
NPO Status Verified:	Yes -
Consent Signed:	Yes -
Induction Evaluation	06/10/18 08:03:07
Induction Evaluation:	Patient Reeval'd Immediately Prior to Induction -
Induction	06/10/18 08:02:00
Patient Preoxygenated:	Yes -
Induction Route:	Intravenous -
Induction Type:	Standard -
Head Position:	Neutral/No Manipulation -
Mask Ventilation:	Easy -
Supervisor Avail for Induction:	Yes -, Supervisor Present -
Induction Course:	Uneventful -
LMA	06/10/18 08:03:00
LMA Size:	3 -
LMA Type:	Curved -

Anesthesia Billing Summary

Date Range: 06/10/2018 to 06/10/2018

Ease of Placement:	Easy -
Seal:	< 20 (cm H2O) -
Airway Device Secured:	Yes -
Traumatic:	No -
Dentition:	Re-Evaluated / Unchanged -
Provider Attempt(s):	#1 -
Provider:	CRNA -

Anesthesia Ready 06/10/18 08:06:00**Eye Protection** 06/10/18 08:03:00

Eyes Protected:	Yes -
Left Eye:	Taped -
Right Eye:	Taped -

Warming Measures 06/10/18 08:00:00

Warm Blankets Applied:	Yes - 0800
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Positioning 06/10/18 08:00:00

Position:	Supine -
Head:	Neutral -
Head/Neck Devices:	Padded Foam Block -
Left Arm:	Padded -
Right Arm:	Padded -
Legs:	Extended -
Pressure Points:	Padded/Protected -
Safety Devices:	Bed Safety Strap -

Patient In Room 06/10/18 07:59:00**Surgery Start** 06/10/18 08:11:00**Monitors/Safety** 06/10/18 08:02:07

Anesthesia Machine/Pt Monitor:	Checked per Institutional Guidelines -, CE Checked and Operational -
Suction Working and Available:	Yes -
Monitors:	BP -, EKG -, Pulse Oximeter (Alarms On) -, ETCO2 (Alarms On) -, FiO2 -
Emergency Medications:	Present -
EKG:	5 Lead -
Temperature:	Nasopharyngeal -
Gas Analyzer:	Yes -
Processed EEG Monitor Applied:	BIS Unilateral -
Self-Inflat Resus Bag Available:	Yes -
Auxiliary O2 Source Available:	Yes -

Surgery Stop 06/10/18 08:32:00**Patient Out Room** 06/10/18 08:36:00**Transport** 06/10/18 08:37:00

Transported To:	PACU -
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Handoff 06/10/18 08:41:39

Checklist:	Patient Identified -, Responsible Nurse Identified -, Pertinent Medical History Discussed -, Surgical/Procedure Course Discussed -, Intraop Anesthetic Management & Concerns Discussed -, Early Postop Period Expectations/Plans Discussed -, Opportunity for Questions -, Acknowledgement of Report -
Reviewed Handoff Report With:	RN -
Level of Consciousness:	Arousable -
Post-Op Status:	Satisfactory/Stable -

Anesthesia Billing Summary

Date Range: 06/10/2018 to 06/10/2018

Vital Signs

06/10/18 08:42:07

Vital Signs at Handoff:

Temperature (C) - 37.2, Systolic Blood Pressure (mmHg) - 123, Diastolic Blood Pressure (mmHg) - 91, Heart Rate (BPM) - 67, Respiratory Rate (Breaths/Min) - 20, Oxygen Saturation (%) - 100

Extubation/Cont'd Airway Supp

06/10/18 08:42:34

Airway:

LMA Left in Place -

Ventilation:

Spontaneous -

Anesthesia Stop

06/10/18 08:42:39

Personnel

Name: **CRISWELL, CHRISTOPHER B**

Activity: **Anesthesiologist of Record**

Start Time:

Stop Time:

Total Time: **0**

Name: **MCLEOD, TORI CRNA**

Activity: **Provider**

Start Time: **06/10/18 07:58:00**

Stop Time: **06/10/18 08:42:00**

Total Time: **44**

Anesthesia Billing Summary

Date Range: 06/10/2018 to 06/10/2018**Patient Information**

Patient's Name: **GARDNER, BRENDA JEAN**
SSN: **411708446**
Address: **241 S CHAMBERLAIN AVENUE, ROCKWOOD, TN 37854**
Phone Number: **8655664035** Age: **75 Years** DOB: **05/11/43** Gender: **Female**
Marital Status: **Divorced**
Employer: **RETIRED**
Employer Address: **, ,**
Accident: **No** Accident Value:
Reason for Visit: **HIP FX**
Visit Type: **Inpatient**
Relationship to Insured:

Insured

Insured's Name: **GARDNER, BRENDA JEAN**
Insured's SSN: **411708446**
Address: **241 S CHAMBERLAIN AVENUE, ROCKWOOD, TN 37854**
Phone Number: **8655664035** DOB: **05/11/43** Gender: **Female**
Policy Number
Subscriber Policy Number: **H52859487**
Member Policy Number: **H52859487**
Group Number: **W0622001**
Plan Name: **Medicare Humana**
Employer: **RETIRED**
Ins Provider: **Humana**
Ins Provider Address: **2160 Lakeside Centre Way,, Knoxville, TN 37922**

Other Health Benefit Plan

Insured's Name: **GARDNER, BRENDA JEAN**
Insured's SSN: **411708446**
Address: **241 S CHAMBERLAIN AVENUE, ROCKWOOD, TN 37854**
Phone Number: **8655664035** DOB: **05/11/43** Gender: **Female**
Policy Number
Subscriber Policy Number: **411708446**
Member Policy Number: **411708446**
Group Number:
Plan Name: **Medicaid Amerigroup QMB**
Employer: **RETIRED**
Ins Provider: **Amerigroup**
Ins Provider Address: **PO Box 61010,, Virginia Beach, TN 234661010**

Anesthesia Billing Summary

Date Range: 06/10/2018 to 06/10/2018**Facility/Surgery Information**

Hospital/Clinic Name: **Methodist Medical Center**
 Federal Tax ID: **620636239**
 Address: **990 Oak Ridge Turnpike, Oak Ridge, TN 37830-2529**
 Patient Acct Number: **1815902992**
 Patient MRN: **MMC0000021721**
 Primary Surgeon: **BOLT, PATRICK M MD**
 Post Op Diagnosis: **fx left hip trochanteric**
 Admit Date: **06/10/18 18:04:00** Discharge Date: **06/14/18 16:32:00**
 OR Suite: **MMC OR 11**

Anesthesia Information

Primary Procedure: **Open Reduction Internal Fixation Hip (Left)**
 Free Text Procedure:
 Diagnosis 1: **fx left hip trochanteric**
 Diagnosis 2: **Abnormal electrocardiogram [ECG] [EKG]**
 Diagnosis 3: **Fracture of unspecified part of neck of left femur, initial encounter for closed fracture**
 Diagnosis 4: **Unspecified diastolic (congestive) heart failure**
 Anesthesia Type:
 Anesthesia Provider Start Time: Anesthesia Provider Stop Time:
 Total Anesthesia Time: **0**
 Units: **0.0**
 ASA Class: **3**

Reportable Actions**Pre-Induction Assessment**

06/10/18 16:11:11

Pre Anest Assessment Performed: Patient Identified -, Planned Procedure Verified -
 Anesthetic Plan Prescribed: Yes -
 Pt Physical Status Assessed: Yes -
 Airway Assessed: Yes -
 Lab Tests Reviewed: Yes -
 NPO Status Verified: Yes -
 Consent Signed: Yes -

Induction Evaluation

06/10/18 16:11:11

Induction Evaluation: Patient Reeval'd Immediately Prior to Induction -

Patient In Room

06/10/18 16:10:00

LMA

06/10/18 16:17:00

LMA Size: 3 -
 LMA Type: Curved -
 Ease of Placement: Easy -
 Seal: < 20 (cm H2O) -
 Airway Device Secured: Yes -
 Traumatic: Yes -
 Dentition: Re-Evaluated / Unchanged -
 Provider Attempt(s): #1 -
 Provider: CRNA -

Induction

06/10/18 16:16:00

Anesthesia Billing Summary

Date Range: 06/10/2018 to 06/10/2018

Patient Preoxygenated:	Yes -
Induction Route:	Intravenous -
Induction Type:	Standard -
Head Position:	Neutral/No Manipulation -
Mask Ventilation:	Easy -
Supervisor Avail for Induction:	Supervisor Present -
Induction Course:	Uneventful -
Anesthesia Ready	06/10/18 16:23:00
Eye Protection	06/10/18 16:17:00
Eyes Protected:	Yes -
Left Eye:	Taped -
Right Eye:	Taped -
Anesthesia Start	06/10/18 16:11:11
Warming Measures	06/10/18 16:20:00
Warm Blankets Applied:	Yes -
Upper Body Forced Air Blanket:	Yes -
Positioning	06/10/18 16:22:00
Position:	Supine -
Head:	Neutral -
Head/Neck Devices:	Pillow -, Padded Foam Block -
Left Arm:	Padded -
Right Arm:	Padded -
Legs:	Other - hanna bed
Pressure Points:	Padded/Protected -
Safety Devices:	Tape Across Chest -
Monitors/Safety	06/10/18 16:11:11
Anesthesia Machine/Pt Monitor:	Checked per Institutional Guidelines -, CE Checked and Operational -
Suction Working and Available:	Yes -
Monitors:	BP -, EKG -, Pulse Oximeter (Alarms On) -, ETCO2 (Alarms On) -, FiO2 -
Emergency Medications:	Present -
EKG:	5 Lead -
Temperature:	Nasopharyngeal -
Gas Analyzer:	Yes -
Processed EEG Monitor Applied:	BIS Unilateral -
Self-Inflat Resus Bag Available:	Yes -
Auxiliary O2 Source Available:	Yes -
Surgery Stop	06/10/18 17:07:00
Extubation/Cont'd Airway Supp	06/10/18 17:09:30
Extubation:	Awake -
Airway:	LMA Removed -
Ventilation:	Spontaneous -
Supervisor Present for:	Extubation -
Surgery Start	06/10/18 16:30:00
Patient Out Room	06/10/18 17:13:00
Transport	06/10/18 17:13:00
Transported To:	PACU -

Anesthesia Billing Summary

Date Range: 06/10/2018 to 06/10/2018

Handoff

06/10/18 17:15:00

Checklist: Patient Identified -, Responsible Nurse Identified -, Pertinent Medical History Discussed -, Surgical/Procedure Course Discussed -, Intraop Anesthetic Management & Concerns Discussed -, Early Postop Period Expectations/Plans Discussed -, Opportunity for Questions -, Acknowledgement of Report -

Reviewed Handoff Report With: RN -

Level of Consciousness: Awake -

Post-Op Status: Satisfactory/Stable -

Vital Signs

06/10/18 17:19:30

Vital Signs at Handoff: Temperature (C) - 37.3, Systolic Blood Pressure (mmHg) - 115, Diastolic Blood Pressure (mmHg) - 66, Heart Rate (BPM) - 95, Respiratory Rate (Breaths/Min) - 18, Oxygen Saturation (%) - 99

Anesthesia Stop

06/10/18 17:19:40

Procedure and Diagnosis

06/10/18 17:20:14

Procedure: Procedure - L ORIF femur with gamma nail

Preop Diagnosis: Preop Diagnosis - L traumatic nondisplaced intertrochanteric femur fx

Postop Diagnosis: Postop Diagnosis - same

Personnel

Name: **CRISWELL, CHRISTOPHER B** Activity: **Anesthesiologist of Record**

Start Time: **06/10/18 15:05:00** Stop Time: **06/10/18 15:06:00** Total Time: **1**

Name: **MCLEOD, TORI CRNA** Activity: **Provider**

Start Time: **06/10/18 16:09:00** Stop Time: **06/10/18 17:21:00** Total Time: **72**

Anesthesia Billing Summary

Date Range: 06/10/2018 to 06/10/2018**Patient Information**

Patient's Name: **RICHARDSON, JONATHAN HYA**
SSN: **448829108**
Address: **62 OUTER DRIVE, OAK RIDGE, TN 37830**
Phone Number: **4234831947** Age: **35 Years** DOB: **11/17/82** Gender: **Male**
Marital Status: **Unknown**
Employer:
Employer Address: **, ,**
Accident: **No** Accident Value:
Reason for Visit: **RIGHT TIBIA FRACTURE**
Visit Type: **Inpatient**
Relationship to Insured:

Insured

Insured's Name: **RICHARDSON, JONATHAN HYA**
Insured's SSN: **448829108**
Address: **62 OUTER DRIVE, OAK RIDGE, TN 37830**
Phone Number: **4234831947** DOB: **11/17/82** Gender: **Male**
Policy Number
Subscriber Policy Number: **722407940**
Member Policy Number: **TNBASI11**
Group Number: **TNBASI11**
Plan Name: **Medicaid Amerigroup**
Employer:
Ins Provider: **Amerigroup**
Ins Provider Address: **PO Box 61010,, Virginia Beach, TN 234661010**

Other Health Benefit Plan

Insured's Name:
Insured's SSN:
Address: **, , TN**
Phone Number: DOB: Gender:
Policy Number
Subscriber Policy Number:
Member Policy Number:
Group Number:
Plan Name:
Employer:
Ins Provider:
Ins Provider Address: **, , TN**

Anesthesia Billing Summary

Date Range: 06/10/2018 to 06/10/2018

Facility/Surgery Information

Hospital/Clinic Name: **Methodist Medical Center**
 Federal Tax ID: **620636239**
 Address: **990 Oak Ridge Turnpike, Oak Ridge, TN 37830-2529**
 Patient Acct Number: **1816100408**
 Patient MRN: **MMC0000061622**
 Primary Surgeon: **ROBBINS, RANDALL R MD**
 Post Op Diagnosis: **broken tibia**
 Admit Date: **06/10/18 19:43:00** Discharge Date: **06/13/18 11:01:00**
 OR Suite: **MMC OR 06**

Anesthesia Information

Primary Procedure: **External Fixation Application Lower Extr (Right)**
 Free Text Procedure:
 Diagnosis 1: **broken tibia**
 Diagnosis 2: **Unspecified fracture of shaft of unspecified tibia, initial encounter for closed fracture**
 Diagnosis 3: **Unspecified fracture of shaft of unspecified fibula, initial encounter for closed fracture**
 Anesthesia Type:
 Anesthesia Provider Start Time: Anesthesia Provider Stop Time:
 Total Anesthesia Time: **0**
 Units: **0.0**
 ASA Class: **2**

Reportable Actions

Pre-Induction Assessment 06/10/18 14:00:19
 Pre Anest Assessment Performed: Patient Identified -, Planned Procedure Verified -
 Anesthetic Plan Prescribed: Yes -
 Pt Physical Status Assessed: Yes -
 Airway Assessed: Yes -
 Lab Tests Reviewed: Yes -
 NPO Status Verified: Yes -
 Consent Signed: Yes -

Induction Evaluation 06/10/18 14:00:19
 Induction Evaluation: Patient Reeval'd Immediately Prior to Induction -

Anesthesia Start 06/10/18 13:58:19

Induction 06/10/18 14:02:00
 Patient Preoxygenated: Yes -
 Induction Route: Intravenous -
 Induction Type: Standard -
 Head Position: Neutral/No Manipulation -
 Mask Ventilation: Easy -
 Supervisor Avail for Induction: Supervisor Present -
 Induction Course: Uneventful -

LMA 06/10/18 14:03:00
 LMA Size: 4 -
 LMA Type: Curved -
 Ease of Placement: Easy -

Anesthesia Billing Summary

Date Range: 06/10/2018 to 06/10/2018

Seal:	< 20 (cm H2O) -
Airway Device Secured:	Yes -
Traumatic:	No -
Dentition:	Re-Evaluated / Unchanged -
Provider Attempt(s):	#1 -
Provider:	CRNA -
Anesthesia Ready	06/10/18 14:08:00
Eye Protection	06/10/18 14:03:00
Eyes Protected:	Yes -
Left Eye:	Taped -
Right Eye:	Taped -
Warming Measures	06/10/18 14:03:00
Warm Blankets Applied:	Yes -
Upper Body Forced Air Blanket:	Yes -
Positioning	06/10/18 14:01:00
Position:	Supine -
Head:	Neutral -
Head/Neck Devices:	Padded Foam Block -
Left Arm:	Padded -
Right Arm:	Padded -
Legs:	Extended -
Pressure Points:	Padded/Protected -
Safety Devices:	Bed Safety Strap -
Patient In Room	06/10/18 14:00:00
Surgery Start	06/10/18 14:23:00
Surgery Stop	06/10/18 14:42:00
Transport	06/10/18 14:51:00
Transported To:	PACU -
Extubation/Cont'd Airway Supp	06/10/18 14:49:00
Extubation:	Awake -
Airway:	LMA Removed -
Ventilation:	Spontaneous -
Supervisor Present for:	Extubation -
Patient Out Room	06/10/18 14:51:00
Procedure and Diagnosis	06/10/18 14:57:07
Procedure:	Procedure - R TIBIAL EXTERNAL FIXATION
Preop Diagnosis:	Preop Diagnosis - R TIBIAL FX
Postop Diagnosis:	Postop Diagnosis - R TIBIAL FX
Handoff	06/10/18 14:57:17
Checklist:	Patient Identified -, Responsible Nurse Identified -, Pertinent Medical History Discussed -, Surgical/Procedure Course Discussed -, Intraop Anesthetic Management & Concerns Discussed -, Early Postop Period Expectations/Plans Discussed -, Opportunity for Questions -, Acknowledgement of Report -
Reviewed Handoff Report With:	RN -
Level of Consciousness:	Arousable -
Post-Op Status:	Satisfactory/Stable -
Vital Signs	06/10/18 14:58:41

Anesthesia Billing Summary

Date Range: 06/10/2018 to 06/10/2018

Vital Signs at Handoff:

Temperature (C) - 36.8, Systolic Blood Pressure (mmHg) - 155, Diastolic Blood Pressure (mmHg) - 113, Heart Rate (BPM) - 86, Respiratory Rate (Breaths/Min) - 20, Oxygen Saturation (%) - 98

Anesthesia Stop

06/10/18 14:58:48

Monitors/Safety

06/10/18 14:00:19

Anesthesia Machine/Pt Monitor:

Checked per Institutional Guidelines -, CE Checked and Operational -

Suction Working and Available:

Yes -

Monitors:

BP -, EKG -, Pulse Oximeter (Alarms On) -, ETCO2 (Alarms On) -, FiO2 -

Emergency Medications:

Present -

EKG:

5 Lead -

Temperature:

Nasopharyngeal -

Gas Analyzer:

Yes -

Processed EEG Monitor Applied:

BIS Unilateral -

Self-Inflat Resus Bag Available:

Yes -

Auxiliary O2 Source Available:

Yes -

Personnel

Name: **CRISWELL, CHRISTOPHER B**

Activity: **Anesthesiologist of Record**

Start Time: **06/10/18 09:20:00**

Stop Time: **06/10/18 11:05:00**

Total Time: **105**

Name: **MCLEOD, TORI CRNA**

Activity: **Provider**

Start Time: **06/10/18 13:58:00**

Stop Time: **06/10/18 14:58:00**

Total Time: **60**

Name: **MCLEOD, TORI CRNA**

Activity: **Provider**

Start Time: **06/10/18 13:58:00**

Stop Time: **06/10/18 14:58:00**

Total Time: **60**

Anesthesia Billing Summary

Date Range: 06/10/2018 to 06/10/2018**Patient Information**

Patient's Name: **SNELLING, DESTINY ELAINE**
SSN: **409936072**
Address: **825 CLAX GAP RD, HARRIMAN, TN 37748**
Phone Number: **8658513668** Age: **16 Years** DOB: **12/07/01** Gender: **Female**
Marital Status: **Single**
Employer:
Employer Address: , ,
Accident: **No** Accident Value:
Reason for Visit: **CHOLECYSTITIS**
Visit Type: **Outpatient in a Bed**
Relationship to Insured:

Insured

Insured's Name:
Insured's SSN:
Address: , ,
Phone Number: DOB: Gender:
Policy Number
Subscriber Policy Number:
Member Policy Number:
Group Number:
Plan Name:
Employer:
Ins Provider:
Ins Provider Address: , , **TN**

Other Health Benefit Plan

Insured's Name:
Insured's SSN:
Address: , ,
Phone Number: DOB: Gender:
Policy Number
Subscriber Policy Number:
Member Policy Number:
Group Number:
Plan Name:
Employer:
Ins Provider:
Ins Provider Address: , , **TN**

Anesthesia Billing Summary

Date Range: 06/10/2018 to 06/10/2018

Facility/Surgery Information

Hospital/Clinic Name: **Roane Medical Center**
 Federal Tax ID: **680673354**
 Address: **8045 Roane Medical Center Drive, Harriman, TN 37748-8333**
 Patient Acct Number: **1816000366**
 Patient MRN: **RMC0000463192**
 Primary Surgeon: **BRIDGES, MATTHEW D MD**
 Post Op Diagnosis: **cholecystitis, cholelithiasis**
 Admit Date: **06/09/18 09:22:00** Discharge Date: **06/09/18 23:59:00**
 OR Suite: **RMC OR 01**

Anesthesia Information

Primary Procedure: **Cholecystectomy Laparoscopy with Cholang**
 Free Text Procedure:
 Diagnosis 1: **cholecystitis, cholelithiasis**
 Diagnosis 2: **Cholecystitis, unspecified**
 Diagnosis 3: **Calculus of gallbladder with acute and chronic cholecystitis without obstruction**
 Diagnosis 4: **Vomiting, unspecified**
 Anesthesia Type:
 Anesthesia Provider Start Time: Anesthesia Provider Stop Time:
 Total Anesthesia Time: **0**
 Units: **0.0**
 ASA Class: **1**

Reportable Actions

Surg/Proced- Anesthetic Plan	06/10/18 09:35:55
Surgeon/Proceduralist:	Concurs with anesthetic plan -
Anesthesia Start	06/10/18 09:20:00
Monitors/Safety	06/10/18 09:30:00
Anesthesia Machine/Pt Monitor:	Checked per Institutional Guidelines -, CE Checked and Operational -
Suction Working and Available:	Yes -
Monitors:	BP -, EKG -, Pulse Oximeter (Alarms On) -, ETCO2 (Alarms On) -, FiO2 -
Airway Equipment:	Yes -
Emergency Medications:	Present -
EKG:	3 Lead -
BP Cuff Applied:	Right -
Temperature:	Skin -
Gas Analyzer:	Yes -
Processed EEG Monitor Applied:	BIS Unilateral -
Self-Inflat Resus Bag Available:	Yes -
Auxiliary O2 Source Available:	Yes -
Pre-Induction Assessment	06/10/18 09:20:00
Pre Anest Assessment Performed:	Patient Identified -, Planned Procedure Verified -
Anesthetic Plan Prescribed:	Yes -
Pt Physical Status Assessed:	Yes -
Airway Assessed:	Yes -
Lab Tests Reviewed:	Yes -

Anesthesia Billing Summary

Date Range: 06/10/2018 to 06/10/2018

NPO Status Verified:	Yes -
Consent Signed:	Yes -
Performed By:	CRNA -
Induction Evaluation	06/10/18 09:35:00
Induction Evaluation:	Patient Reeval'd Immediately Prior to Induction -
Performed By:	CRNA - 16481008
Induction	06/10/18 09:37:00
Patient Preoxygenated:	Yes -
Induction Route:	Intravenous -
Induction Type:	Standard -
Head Position:	Neutral/No Manipulation -
Mask Ventilation:	Easy -
Induction Course:	Uneventful -
Orotracheal Intubation	06/10/18 09:37:00
Laryngoscope Blade:	Mac -
Laryngoscope Blade Size:	3 -
Cormack/Lahane View (Grade):	1 (Full View of Glottis) - Grade 3 hypertrophic tonsils
Tube Type:	Regular ETT -
Endotracheal Tube Size:	6.5 -
Cuffed/Uncuffed:	Cuffed -
Placement Confirmation:	Bilateral Breath Sounds -
Cuff Pressure:	Air -
ET Tube Secured:	Taped -
Difficulty with Intubation:	No -
Traumatic:	No -
Dentition:	Re-evaluated / Unchanged -
Provider Attempt(s):	#1 -
Provider:	CRNA - 16481008
Anesthesia Ready	06/10/18 09:42:00
Eye Protection	06/10/18 09:37:00
Eyes Protected:	Yes -
Left Eye:	Taped -
Right Eye:	Taped -
Warming Measures	06/10/18 09:40:00
Warm Blankets Applied:	Yes -
Underbody Forced Air Blanket:	Yes -
Forced Warm Air Device Setting:	43 deg Celcius -
Other Warming Measures:	Hat -
Positioning	06/10/18 09:35:00
Position:	Supine -
Head:	Neutral -
Left Arm:	Padded -, Tucked at Side -
Right Arm:	Padded -, Extended < 90 Degrees -
Pressure Points:	Padded/Protected -, Eyes/Ears/Nose/Chin Free of Pressure -, Legs, Heels Free of Pressure -
Safety Devices:	Bed Safety Strap -
Patient In Room	06/10/18 09:28:00

Anesthesia Billing Summary

Date Range: 06/10/2018 to 06/10/2018

Nerve Stimulator	06/10/18 09:45:00
Laterality:	Right -
Placement - Face:	Periorbital -
Surgery Start	06/10/18 09:57:00
Surgery Stop	06/10/18 10:06:00
Procedure and Diagnosis	06/10/18 10:12:40
Procedure:	Procedure - lab chole with ioc
Preop Diagnosis:	Preop Diagnosis - cholecystitis, abdominal pain
Postop Diagnosis:	Postop Diagnosis - same
Extubation/Cont'd Airway Supp	06/10/18 10:47:00
Suction:	Yankaeur Suction Tip -
NMB Assessment:	Sustained Tetanus -
Extubation:	Deep (Stage 3) -
Airway:	Patient Extubated -
Ventilation:	Spontaneous -, Tidal Volume (mL) - 175
Transport	06/10/18 10:57:13
O2 Delivery:	Nasal Cannula -
O2:	L/min - 2
Transported To:	PACU -
Handoff	06/10/18 11:04:44
Checklist:	Patient Identified -, Responsible Nurse Identified -, Pertinent Medical History Discussed -, Surgical/Procedure Course Discussed -, Intraop Anesthetic Management & Concerns Discussed -, Early Postop Period Expectations/Plans Discussed -, Opportunity for Questions -, Acknowledgement of Report -
Reviewed Handoff Report With:	RN -
Level of Consciousness:	Sedated -
Post-Op Status:	Satisfactory/Stable -
Vital Signs	06/10/18 11:05:20
Vital Signs at Handoff:	Temperature (C) - 36.7, Systolic Blood Pressure (mmHg) - 94, Diastolic Blood Pressure (mmHg) - 54, Heart Rate (BPM) - 83, Respiratory Rate (Breaths/Min) - 14, Oxygen Saturation (%) - 95
Anesthesia Stop	06/10/18 11:05:28
Patient Out Room	06/10/18 10:59:00

Personnel

Name: WOODS, CHRISTINA A CRNA	Activity: Provider	
Start Time: 06/10/18 07:58:00	Stop Time: 06/10/18 08:42:00	Total Time: 44
Name: WOODS, CHRISTINA A CRNA	Activity: Provider	
Start Time: 06/11/18 07:19:00	Stop Time: 06/11/18 07:20:00	Total Time: 1

Anesthesia Billing Summary

Date Range: 06/10/2018 to 06/10/2018