Billing and Compliance Report - Petty, Camron [109525865]

Male - 03/29/04
Documentation complete: all

Patient Information

Patient Name	Gender Identity	Date of Birth	Age	Social Security Number
Petty, Camron	Male	03/29/2004	16 y.o.	xxx-xx-xxxx

Hospital Account

Name	Acct ID	Class	Status	Primary Coverage
Petty, Camron	4101781915	Hospital Outpatient Surgery	Open	CIGNA - CIGNA OPEN ACCESS/NETWORK

Guarantor Account (for Hospital Account #4101781915)

Name	Relation to Pt	Service Area	Active?	Acct Type
Petty, Cj	Father	HM	Yes	Personal/Family
Address	**Phone**			
523 ROCKY BRIAR CT RICHMOND, TX 77406	318-751-3656(H)			

Coverage Information (for Hospital Account #4101781915)

1. CIGNA/CIGNA OPEN ACCESS/NETWORK

F/O Payor/Plan		Precert #
CIGNA/CIGNA OPEN ACCESS/NETWORK		A54922808
Subscriber		**Subscriber #**
Petty, Cj		U4473475204
Address	**Phone**	
PO BOX 182223 CHATTANOOGA, TN 37422-7223	800-244-6224	

2. TX KIDS FRST/TX KIDS FIRST/FIDELITY SECURITY

F/O Payor/Plan		Precert #
TX KIDS FRST/TX KIDS FIRST/FIDELITY SECURITY		
Subscriber		**Subscriber #**
Petty, Camron		LAMAR SCHOOL DISTRICT
Address	**Phone**	
PO BOX 304 DUNCAN, OK 73534	800-366-8354	

Anesthesia Summary - Petty, Camron [109525865] Male 16 y.o.

Current as of 10/16/20 0845

Height: 1.803 m (5' 11") (10/13/20)
Weight: 72.6 kg (160 lb) (10/13/20)
BMI: 22.33 (10/13/20)
NPO Status: 1900
Allergies: No Known Allergies

Procedure Summary

Date: 10/16/20
Anesthesia Start: 0845
Procedure: right knee arthroscopically assisted Anterior Cruciate Ligament reconstrcution with hamstring autograft, partial lateral menisectomy (Right Knee)

Providers: Sitter, Timothy C., MD
Anesthesia Type: general, regional

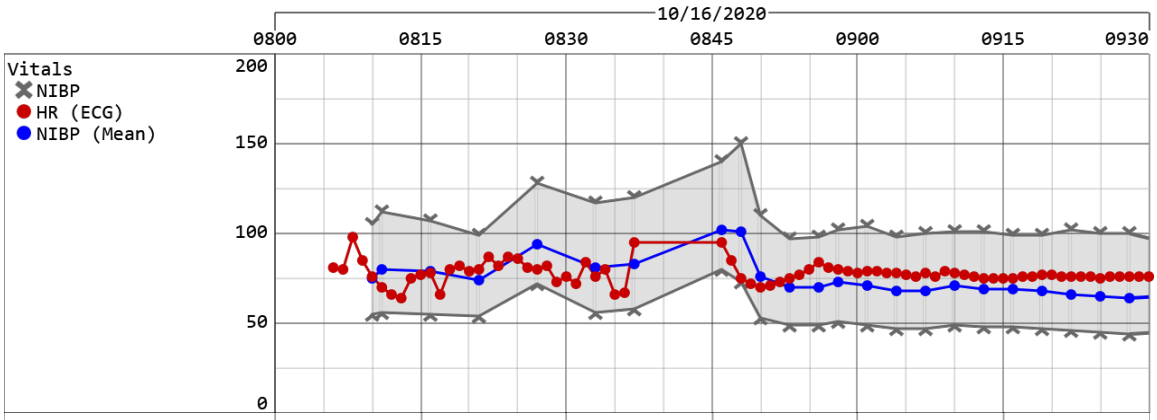
Room / Location: HMSL OR 15 / HMSL Main OR
Anesthesia Stop: 1000
Diagnosis:
Rupture of anterior cruciate ligament of right knee, initial encounter
Complex tear of lateral meniscus of right knee as current injury, initial encounter
(Rupture of anterior cruciate ligament of right knee, initial encounter [S83.511A])
(Complex tear of lateral meniscus of right knee as current injury, initial encounter [S83.271A])

Responsible Provider: Ruiz, Juan Pablo, MD
ASA Status: 1

Pre-op Diagnosis

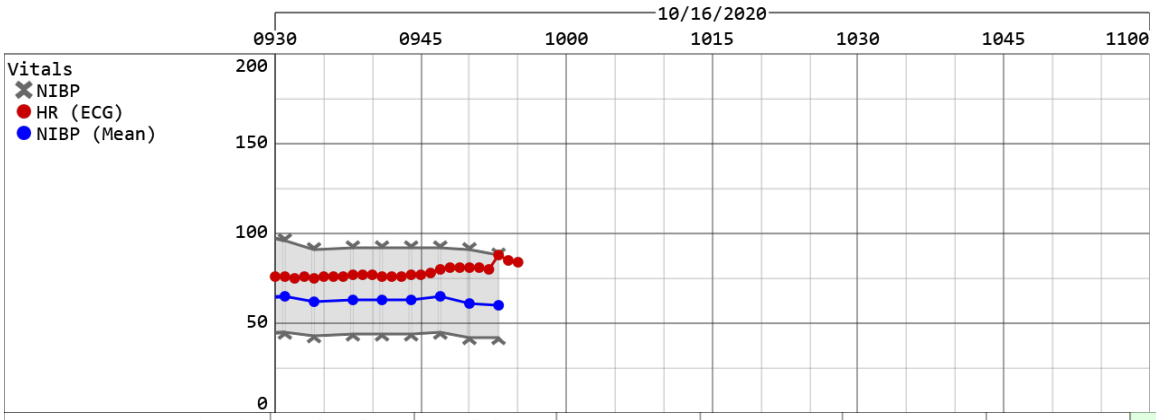
Rupture of anterior cruciate ligament of right knee, initial encounter [S83.511A]
Complex tear of lateral meniscus of right knee as current injury, initial encounter [S83.271A]

Post-op Diagnosis



O2	(L/min)				[0.7]	[0.7]	[0.7]
Air	(L/min)				[0.7]	[0.7]	[0.7]
Expired Sevoflurane	(%)				[2]	[2]	[2.2]
Inspired Sevoflurane	(%)				[2.5]	[2.4]	[2.5]
ceFAZolin (ANCEF)	(g)				2		
dexamethasone (DEC…	(mg)				8		
famotidine (PEPCID…	(mg)				20		
fentaNYL	(mcg)		[200]	50			
lidocaine 2% PF	(mL)				5		
MIDAZolam PF (VERS…	(mg)		[5]				
ondansetron (ZOFRA…	(mg)				4		
propofol BOLUS	(mg)				150		
ropivacaine 0.5%PF	(mL)			50			
lactated ringer's …	(mL)				/		
Vent Mode					[PSVPro]	[PSVPro]	[PSVPro]
Tidal (Observed)	(mL)				[468]	[400]	[439]
Resp		[12]	[12]	[16]	[9]	[10]	[11]
Peak Inspirato…	(cm H2O)				[11]	[11]	[11]
PEEP/CPAP	(cm H20)				[0]	[0]	[0]
I:E Ratio					[1:2.00]		

	0800	0815	0830	0845	0900	0915	0930
Vt Exp (mL) (mL)				[443]	[381]	[417]	
Temp 1				[95.5]	[96.3]	[95.9]	
ECG				NSR			
SpO2 (%)	[100]	[100]	[100]	[100]	[100]	[100]	
FiO2 (%)				[80]	[55]	[53]	
ETCO2 (mmHg)				[52]	[50]	[51]	
Est. Blood Loss (mL)							
Train of Four				4/4			



O2	(L/min)	[0.7]	[0]						
Air	(L/min)	[0.7]	[0]						
Expired Sevoflurane	(%)	[2.3]	[0]						
Inspired Sevoflurane	(%)	[2.5]	[0]						
ceFAZolin (ANCEF)	(g)								2 g
dexamethasone (DEC…	(mg)								8 mg
famotidine (PEPCID…	(mg)								20 mg
fentaNYL	(mcg)								250 mcg
lidocaine 2% PF	(mL)								5 mL
MIDAZolam PF (VERS…	(mg)								5 mg
ondansetron (ZOFRA…	(mg)								4 mg
propofol BOLUS	(mg)								150 mg
ropivacaine 0.5%PF	(mL)								50 mL
lactated ringer's …	(mL)								
Vent Mode		[PSVPro]	[Manual]						
Tidal (Observed)	(mL)	[398]	[605]						
Resp		[11]	[12]						
Peak Inspirato…	(cm H2O)	[11]	[1]						
PEEP/CPAP	(cm H20)	[0]	[0]						
I:E Ratio			[1:2.00]						
		0930	0945	1000	1015	1030	1045	1100	Totals
Vt Exp (mL)	(mL)	[378]	[212]						
Temp 1		[96.1]	[96.1]						
ECG			0						
SpO2	(%)	[100]	[100]						
FiO2	(%)	[52]	[21]						
ETCO2	(mmHg)	[51]	[0]						
Est. Blood Loss	(mL)		5						5 mL
Train of Four									

Responsible Staff

10/16/20

Name	Role	Begin	End
Johnson, Charlie Glen, CRNA	CRNA	0845	1000
Ruiz, Juan Pablo, MD	ANESTH	0845	1000

Events

Date	Time	Event
10/16/2020	0747	Ready for Procedure
	0805	Start Block Data Collection
	0823	Block Placed
	0836	Stop Block Data Collection
	0845	Anesthesia Start
	0845	Start Data Collection
	0845	Pre-Induction Timeout

Events (continued)

Date	Time	Event
	0849	Induction
	0849	LMA Applied
	0849	Anesthesia Ready
	0903	Tourniquet Inflated Rt thigh 250
	0954	Airway Removed
	0954	Stop Data Collection
	1000	Anesthesia Stop
	1000	Handoff to Receiving Provider I completed my SBAR handoff to the receiving provider.

Medications Administered

Medication	Calculated Total
ropivacaine 0.5%PF	50 mL
fentaNYL	250 mcg
MIDAZolam PF (VERSED) injection 1 mg/1 mL	5 mg
ceFAZolin (ANCEF)	2 g
dexamethasone (DECADRON) 4 mg/mL	8 mg
famotidine (PEPCID) injection	20 mg
lidocaine 2% PF	5 mL
ondansetron (ZOFRAN)	4 mg
propofol BOLUS	150 mg
lactated ringer's infusion	0 mL / 1 bag

Blood Products

None

Positioning

	10/16/2020 0845
Position:	Supine;Head on foam pillow;Head and neck in alignment with spine;Neck neutral;Both arms padded on < 90 degree armboards
Checklist:	ET;PPP;NC;EENF;PPC

Lines, Drains, and Airways

Type	Details	Placement	Removal
Peripheral IV	Placement Date: 10/16/20; Placement Time: 0735; Existing LDA Placed by: NO; Catheter Size: 20 G; Orientation: Left; Location: Hand; Site Prep: Chlorhexidine; Local Anes: None; Technique: Anatomical landmarks; Inserted by: Other (comment) (Roy RN); Insertion Attempts: 1; Patient Tolerance: Tolerated well	10/16/20 0735 by George, Roy, RN	
Pump Device	Placement Date: 10/16/20; Placement Time: 0826 (created via procedure documentation)	10/16/20 0826 by Ruiz, Juan Pablo, MD	
Supraglottic Airway	Placement Date: 10/16/20; Placement Time: 0850 (created via procedure documentation); Removal Date: 10/16/20; Removal Time: 0954	10/16/20 0850 by Johnson, Charlie Glen, CRNA	10/16/20 0954 by Johnson, Charlie Glen, CRNA
Incision	10/16/20; 0919; Right; Knee; steri strips, xeroform, 4x4, abdx2, ace, pt supplied brace	10/16/20 0919 by Aubertine, Amanda, RN	

Preprocedure Signoff

Ready for Procedure marked on 10/16/20 at 0747 by Ruiz, Juan Pablo, MD
Signed on 10/16/20 at 0747 by Ruiz, Juan Pablo, MD

Preprocedure Note

Last edited 10/16/20 0747 by Ruiz, Juan Pablo, MD
Date of Service 10/16/20 0747
Status: Signed

Anesthesia Evaluation

History is from patient

Anesthesia History:
Patient has no history of anesthetic complications:
No family history of anesthetic complications

Airway Mallampati: I TM distance: >3 FB Neck ROM: full Mouth Opening: normal	**Dental** - **normal exam**
Pulmonary - **normal exam** breath sounds clear to auscultation	**Cardiovascular** - **negative ROS** and **normal exam** Rhythm: regular Rate: normal
Neuro/Psych - **negative ROS**	**GI/Hepatic** - **negative ROS**
Endocrine/Immunology - **negative ROS**	**Genitourinary** - **negative ROS**
HENT - **negative ROS** (+) , *normal*	**Hematology** - **negative ROS**
OB/GYN/Pediatric	**I&D** - **negative ROS**
Musculoskeletal - **negative ROS** BMI Classification: normal weight	

.
Anesthesia Plan

ASA 1

general and regional

intravenous induction
No beta blocker therapy.

Anesthetic plan and risks discussed with patient.

Preprocedure Note (continued)

Plan discussed with CRNA.

Code Status Discussed: It was discussed with pt and family that administration of anesthesia includes administration of IV fluids, IV medications including resuscitation type medications and also the need for intubation,depending on the nature of the procedure and the condition of the patient.

NPO status:
Date of last liquid: 10/15/20
Time of last liquid: 1900
Date of last solid: 10/15/20
Time of last solid: 1900

(Not currently on dialysis)

No medications prior to admission.

Active Inpatient Beta Blocker Medications

Medication	Dose	Frequency	Last Dose

Electronically signed by Ruiz, Juan Pablo, MD at 10/16/2020 7:47 AM

Problem List Current as of 10/16/20 1041

Rupture of anterior cruciate ligament of right knee	Complex tear of lateral meniscus of right knee as current injury

Postprocedure Notes

Last edited 10/16/20 1041 by Ruiz, Juan Pablo, MD
Date of Service 10/16/20 1040
Status: Signed

Patient: Camron Petty

Procedure Summary

Date: 10/16/20
Anesthesia Start: 0845
Procedure: right knee arthroscopically assisted Anterior Cruciate Ligament reconstrcution with hamstring autograft, partial lateral menisectomy (Right Knee)

Room / Location: HMSL OR 15 / HMSL Main OR
Anesthesia Stop: 1000
Diagnosis:
Rupture of anterior cruciate ligament of right knee, initial encounter
Complex tear of lateral meniscus of right knee as current injury, initial encounter
(Rupture of anterior cruciate ligament of right knee, initial encounter [S83.511A])
(Complex tear of lateral meniscus of right knee as current injury, initial encounter [S83.271A])

Providers: Sitter, Timothy C., MD
Anesthesia Type: general, regional

Responsible Provider: Ruiz, Juan Pablo, MD
ASA Status: 1

Anesthesia Type: general, regional

Post-Anesthesia Vital Signs

Vitals	Value	Taken Time
BP	100/53	10/16/20 1005
Temp	36.2 °C	10/16/20 1000
Pulse	80	10/16/20 1005

Postprocedure Notes (continued)

Resp	12	10/16/20 1005
SpO2	100 %	10/16/20 1005

Most Recent Post-Anesthesia Vital Signs 10/16/2020 0954 - 10/16/2020 1040

	10/16/2020 0955	10/16/2020 1000	10/16/2020 1005
BP:	—	100/49	100/53
Temp:	—	36.2 °C	—
Pulse:	85	87	80
Resp:	—	13	12
SpO2:	99 %	92 %	100 %

Anesthesia Post Evaluation

Patient location during evaluation: **PACU**
Patient participation: **complete - patient participated**
Level of consciousness: **alert and awake**
Pain score: **1**
Pain management: **adequate**
Airway patency: **adequate**
Anesthetic complications: **no**
Cardiovascular status: **hemodynamically stable**
Respiratory status: **acceptable**
Hydration status: **acceptable**
Temperature: **acceptable**
PONV: **absent**

No complications documented.

Electronically signed by Ruiz, Juan Pablo, MD at 10/16/2020 10:41 AM

Procedure Notes

Last edited 10/16/20 0838 by Ruiz, Juan Pablo, MD
Date of Service 10/16/20 0836
Status: Signed

Peripheral Block
Performed by: **Ruiz, Juan Pablo, MD**
Authorized by: **Ruiz, Juan Pablo, MD**

Patient Location: **Block room**
Start Time: **10/16/2020 8:15 AM**
End Time: **10/16/2020 8:25 AM**
Reason for Block: **at surgeon's request**, **post-op pain management**
Staff:
Anesthesiologist: **Ruiz, Juan Pablo, MD**
Preprocedure: **patient identified**, **IV checked**, **site and side verified**, **risks and benefits discussed**, **procedure verified**, **surgical consent complete**, **patient position confirmed**, **monitors and equipment checked**, **pre-op evaluation complete**, **site marked**, **timeout performed prior to procedure** and **coagulation status reviewed**
Peripheral Nerve Block:
Patient Position: **Pertinent anatomy defined and left lateral decubitus**

Procedure Notes (continued)

Prep: **ChloraPrep**
Monitoring: **Blood pressure monitoring, continuous pulse oximetry and heart rate**
Block Type: **Sciatic**
Laterality: **Right**
Injection Technique: **Catheter insertion**
Procedures: **ultrasound guided** and **nerve stimulator**
Ultrasound documentation: **Printed/placed in chart**
Loss of Twitch: **0.7** mA
Needle:
Needle Type: **Pajunk**
Needle Gauge: **19 G**
Needle Length: **10 cm**
Catheter Size: **20 G**
Catheter at Skin Depth: **4.5** cm
Assessment:
Injection Assessment: **Visualized needle/local anesthetic surrounding nerve, visualized pertinent vascular structures and nerves, needle tip visualized at all times during injection of medication, intermittent aspiration during local anesthetic administration and no symptoms of intraneural/intravenous injection**
Paresthesia Pain: **None**
Heart Rate Change: **No**
Slow Fractionated Injection: **Yes**
Block outcome: **No apparent complications, patient comfortable and patient tolerated procedure well**

Electronically signed by Ruiz, Juan Pablo, MD at 10/16/2020 8:38 AM
Last edited 10/16/20 0838 by Ruiz, Juan Pablo, MD
Date of Service 10/16/20 0837
Status: Signed

Peripheral Block
Performed by: **Ruiz, Juan Pablo, MD**
Authorized by: **Ruiz, Juan Pablo, MD**

Patient Location: **Block room**
Start Time: **10/16/2020 8:26 AM**
End Time: **10/16/2020 8:37 AM**
Reason for Block: **at surgeon's request**, **post-op pain management**
Staff:
Anesthesiologist: **Ruiz, Juan Pablo, MD**
Preprocedure: **patient identified**, **IV checked**, **site and side verified**, **risks and benefits discussed**, **procedure verified**, **surgical consent complete**, **patient position confirmed**, **monitors and equipment checked**, **pre-op evaluation complete**, **site marked**, **timeout performed prior to procedure** and **coagulation status reviewed**
Peripheral Nerve Block:
Patient Position: **Pertinent anatomy defined and supine**
Prep: **ChloraPrep**
Monitoring: **Blood pressure monitoring, continuous pulse oximetry and heart rate**
Block Type: **Femoral**
Laterality: **Right**
Injection Technique: **Catheter insertion**
Procedures: **ultrasound guided** and **nerve stimulator**
Ultrasound documentation: **Printed/placed in chart**
Loss of Twitch: **0.6** mA

Procedure Notes (continued)

Needle:
Needle Type: **Pajunk**
Needle Gauge: **19 G**
Needle Length: **10 cm**
Catheter Size: **20 G**
Catheter at Skin Depth: **4** cm
Assessment:
Injection Assessment: **Visualized needle/local anesthetic surrounding nerve, visualized pertinent vascular structures and nerves, needle tip visualized at all times during injection of medication, intermittent aspiration during local anesthetic administration and no symptoms of intraneural/intravenous injection**
Paresthesia Pain: **None**
Heart Rate Change: **No**
Slow Fractionated Injection: **Yes**
Block outcome: **No apparent complications, patient comfortable and patient tolerated procedure well**

Electronically signed by Ruiz, Juan Pablo, MD at 10/16/2020 8:38 AM
Last edited 10/16/20 0850 by Johnson, Charlie Glen, CRNA
Date of Service 10/16/20 0850
Status: Signed

Airway
Performed by: **Johnson, Charlie Glen, CRNA**
Authorized by: **Ruiz, Juan Pablo, MD**

Location: **OR**
Urgency: **Elective**
Difficult Airway: **No**
Preoxygenated with 100% O2: **Yes**
C-spine Precautions Maintained Throughout: **Yes**
Mask Ventilation: **Not attempted**
Final Airway Type: **Supraglottic airway**
Final LMA: **Classic**
LMA Size: **5**
Number of Attempts at Approach: **1**

Electronically signed by Johnson, Charlie Glen, CRNA at 10/16/2020 8:50 AM

Billing and Compliance Report - Petty, Camron [109525865]

Male - 03/29/04
Documentation complete: all

Operative Note

Op Note by Sitter, Timothy C., MD at 10/16/2020 9:03 AM Version 1 of 1

Author: Sitter, Timothy C., MD | Service: Orthopedics | Author Type: Physician
Filed: 10/16/2020 9:39 AM | Date of Service: 10/16/2020 9:03 AM | Status: Signed
Editor: Sitter, Timothy C., MD (Physician)

OPERATIVE REPORT

PATIENT NAME: Camron Petty
DATE OF BIRTH: 3/29/2004

DATE OF ADMISSION: 10/16/20
DATE OF OPERATION: 10/16/20

SURGEON: TIMOTHY SITTER, MD
ADMITTING PHYSICIAN: TIMOTHY SITTER, MD

FIRST ASSISTANT:
Richmond Nguyen PA-C

PREOPERATIVE DIAGNOSIS:
Anterior cruciate ligament deficient, right knee. Posterior horn lateral meniscal tear

POSTOPERATIVE DIAGNOSIS:
Anterior cruciate ligament deficient, right knee. Horn lateral meniscal tear

PROCEDURE:
right knee arthroscopically assisted hamstring autograft ACL reconstruction. Partial lateral meniscectomy

ANESTHESIA:
General with regional.

COMPLICATIONS:
None.

DISPOSITION:
Recovery room, awake, alert, and in stable condition.

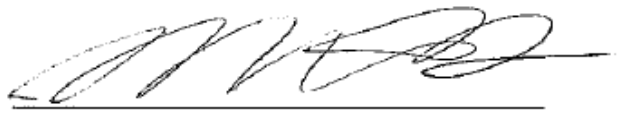
OPERATIVE INDICATIONS:
Camron Petty, 16 y.o., male, has failed non operative management.
We discussed the risks, benefits, and possible complications of operative and continued nonoperative management. They gave their fully informed consent to the following procedure.

OPERATIVE REPORT IN DETAIL:
The patient was brought to the operating room, placed in supine position on the operating room table. After adequate induction of general anesthesia, augmented by regional, right lower extremity was prepped and draped in usual sterile manner using standard chloroprep, elevated, exsanguinated using Esmarch bandage and the tourniquet inflated to 350 mmHg for about 35 minutes. Semitendinosus and gracilis grafts were obtained as free grafts and prepared on the back table measuring 8 mm in diameter that was done by the surgical assistant. In the meantime, standard arthroscopy was carried out through inferomedial and inferolateral arthroscopic portals.

Lateral meniscus had a posterior tear that was resected back to a stable surface. Is in the avascular zone and the root was intact

The ACL had a complete rupture off the femur with just residual stump left. Notchplasty was performed and the rest of the stump removed. Then, a 8 mm reamer run over guide pin using the Arthrex tibial guide and then using the Arthrex femoral guide and the reverse FlipCutter a 30 mm femoral tunnel was drilled. The knee was irrigated, drained free of the debris. The graft passed up through the tibia and the femur and locked with the TightRope and secured into the tunnel. The graft was checked for isometry. It was isometric. It did not rub on the lateral wall. It was locked distally with an interference fit screw over guide pin with the knee held into full extension and posterior drawer applied. The knee was flexed and extended several times. Lachman and pivot shift test were negative. Preoperatively, they were positive. Reevaluation of the graft showed no change in position after multiple cycling. At this point, the knee was irrigated some more and drained free of any residual debris. The wound was closed with 3-0 Prolene. Sterile compressive dressing applied. The patient awakened and taken to recovery room, awake, alert, and in stable condition.

Justification for surgical assistant: Arthroscopic surgery with ACL reconstruction with hamstring autografts are technically demanding procedures that require the skillful use of delicate instruments. These arthroscopic procedures cannot be performed without the first assist who is not only familiar with the arthroscopy and the instruments but the fiber optic systems and video equipment as well. They are able to help, hold, and manipulate the extremity during the procedure so I can gain safe access to all areas within the joint. They also assists with harvesting the hamstring graft, and preparing the graft for ACL reconstruction on the back table to minimize operating room time and surgical delays. Therefore, to maximize the patient's safety and minimizing the patient's risk, I request that first assist be present on all cases such as this.



Physician Signature

Dictation software was used in portions of this document, please excuse any errors[TS.1]

Attribution Key

TS.1 - Sitter, Timothy C., MD on 10/16/2020 9:37 AM

XML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