SHERIDAN
Performance-Driven Physician Services

Red Zone Ticket Entry System

Attachments	richardson, briana12543opnotes.pdf (https://connectevps.envisionhealth.com/depts/rcm/rzticketsys/Lists/Red%20Zone%20Ticket%20Entry%20Dev%20View/Attachments/12543/richardson,%20briana12543opnotes.pdf) richardsonbriana.pdf (https://connectevps.envisionhealth.com/depts/rcm/rzticketsys/Lists/Red%20Zone%20Ticket%20Entry%20Dev%20View/Attachments/12543/richardsonbriana.pdf)
Created By	**Ratna, Chandrakala**
Ticket #ID:	12,543
Division	Anesthesia Division of Care
Vendor Name:	ACN
Facility	Tallahassee Memorial Healthcare Name of Facility
Facility ID	**Note - Please select facility ID from below. This is a new field added to track red zone reports.** 109 **Confirm** 109
MR #	1006550212 this can be a number or a text field - it is text right now
Last Name	BRINA Last Name of Patient
First Name	RICHARDSON Patient First Name
D O S	1/28/2019 Date of Service
Reason	Medical Record Reason for Red Zone
Comment*	Diagnosis Missing Comment = detail of reason
Notes	Need op report for missing diagnosis **Need diagnosis for 01/28/19 DOS** (Labor converted to C- Section) and we need labor epidural end time and C-Section start time as unclear timings in the anesthesia record Incorrect information provided, need DOS 1/28/19 - reopened JR 2/25 See attached times- it was epid. that went to an D&E. Additional text - not searchable - to explain "other" issues or names
SHCR Acct #	12896067 Sheridan Account Number
Status	FA Closed What step are we waiting for?
Requested Date	2/14/2019 Requested Date
F A Resolution Date	4/1/2019 F A Resolution Date

Final Complete Date	2/28/2019 Final Complete Date

Visit Envision Physician Services Intranet (https://connectEVPS.envisionhealth.com)

Request (https://connectevps.envisionhealth.com/seas/coe/Pages/default.aspx)

Patient Name:RICHARDSON, BRIANA	MRN: 1006550212	Gender: Female	Procedure Name:	Dilation and Curettage, OB Epidural	
Surgeon: Ramsey DO, Shawn Robert Michael; Ramsey DO, Shawn Robert Michael	Case Number: OB-2019-287 [Finalized]	ASA Class: 3E	Anesthesia Type:	Epidural (Labor & Delivery)	
Anesthesiologist: Stapleton, David D; Diaz MD , Jesus; Cannella MD, Mark; Frankland, James M	DOB: 09/05/1995	FIN: 6902503520	Start: Jan 28 2019 21:53		

Bedside Px Monitors/Safety 1/28/19 22:10
Anesthesia Machine: N/A
Verify Audible Alarms are on: Yes
Suction Working and Available: Yes
Monitors: BP Pulse Oximeter (Alarms On)
Airway Equipment: Yes
Emergency Medications: Present
EKG: N/A
BP Cuff Applied: Left Upper Arm (Brachiocephalic)
Temperature: Skin
Gas Analyzer: Yes
Nerve Stimulator Used: No
Stethoscope: PRN Standard
Cerebral Oximeter: N/A
Self-Inflat Resus BagAvailable: Yes
Auxilliary O2 Source Available: Yes
Anesthesia Start 1/28/19 22:10
Anesthesia Time Out 1/28/19 22:10
Induction Evaluation: Patient Reeval'd Immediately Prior To Induction
Induction Evaluation cont'd: Patient Remains A Candidate for Planned Anesthetic
Patient Identified: Yes
Planned Procedure Verified: Yes
Pre-Anesthesia Eval Reviewed: Reviewed And Agree
Allergies Reviewed: Yes
Anesthesia Consent Signed: Yes
Antibiotic Dose Documented: Note (n/a)
Pre-Existing Peripheral IV 1/28/19 22:10
Status: Assessed
Initiated: Floor
Size: 20 G
Site: Rt Arm
Secured Occlusive Dressing: Yes
Dressing Details: Occulsive Transparent Dressing Taped
Condition: Intact/Unremarkable
Surgical Time Out 1/28/19 22:15
Central Neuraxial Block 1/28/19 22:16
Indications for Procedure: Labor Analgesia
Monitoring: BP Pulse Oximeter
Type: Epidural
Position: Sitting
MSD: Hand Hygiene Sterile Gloves, Mask and Hat Sterile Drape
Prep: Chloraprep
Skin Prep Allowed to Dry: Yes
Local Infiltration: Yes
Local Anesthesia: Lidocaine 1% (mL) (3)
Approach: Midline
Ultrasound Guided: No
Introducer: No
Epidural Needle: Tuohy
Epidural Needle Size: 18 G
Epidural Needle Length: 3.5"
Level(s) Attempted: L3-L4
Level Inserted: L3-L4
Loss Of Resistance: Saline (5)At (cm) (7)
Catheter: 20 G Catheter Secured at (cm) (13)Depth of Catheter in Epidural Space (cm) (6)
CSF: None
Paresthesia: None

1/28
Started Epid - 2210 —
1/30
Stopped 1830
1/31
DE 1650-1734

Patient Name:RICHARDSON, BRIANA	MRN: 1006550212		Gender: Female	Procedure Name:	Dilation and Curettage, OB Epidural
Surgeon: Ramsey DO, Shawn Robert Michael; Ramsey DO, Shawn Robert Michael	Case Number:	OB-2019-287 [Finalized]	ASA Class: 3E	Anesthesia Type:	Epidural (Labor & Delivery)
Anesthesiologist: Stapleton, David D; Diaz MD , Jesus; Cannella MD, Mark; Frankland, James M	DOB: 09/05/1995		FIN: 6902503520	Start: Jan 28 2019 21:53	

Blood: None
Test Dose: Date/Time (01/28/2019 22:23) Lidocaine PF 1.5% w/ epi 1:200,00 (mL) (3)Negative For Intravascular/ Intrathecal Injection Vital Signs Stable After Test Dose
Bolus Dose Through: Catheter
Sterile Dressing Applied: Yes Sterile Fenestrated Sponge Tape Occlusive Transparent Dressing
Dermatome Level (Left Side): See Nursing Notes
Dermatome Level (Right Side): See Nursing Notes
Pain Scale Used: 0 - 10 Pain Scale
Pain Score Pre-Block: 7
Provider Attempt(s): 1
Provider: CRNA(Powers CRNA (Anes), Andrea)
Pt Condition Post-Procedure: Tolerated Well/No Complications Vital Signs Stable Moves All Extremities

▲ PCEA Initial 1/28/19 22:28
Basal Infusion (mL/hr): 10 mL/hr
Bolus Volume (mL): 8 mL
Lock Out (min): 20 min
Max/Hr (mL): 34 mL
PCEA Ordered: Fentanyl 2 mcg/mL - bupivacaine 0.1% Epidural

Update Procedure/Diagnosis? 1/28/19 22:32
Procedure (s): Note (Labor epidural)
Surgeon (s): Note (Jana Bures Forsthoefel)
Postop Diagnosis: Note (IUP with labor pain)

Freetext Note 1/30/19 18:30
Comment: Note (pt wants to stop her epidural & eat, midwife agrees with this & ordered pain meds as needed)

Epidural Catheter Disposition 1/30/19 18:30
Sensory Level Regressing: Yes
Disposition: Note (catheter capped off & left in place for possible future use)

Anesthesia Stop 1/30/19 18:30
Anesthesia Start 1/30/19 23:10
Freetext Note 1/30/19 23:10
Comment: Note (test dose neg, connected epidural cath back to PCEA per pt request)

Anesthesia Time Out 1/31/19 16:40
Induction Evaluation: Patient Reeval'd Immediately Prior To Induction
Induction Evaluation cont'd: Patient Remains A Candidate for Planned Anesthetic
Patient Identified: Yes
Planned Procedure Verified: Yes
Pre-Anesthesia Eval Reviewed: Reviewed And Agree
Allergies Reviewed: Yes
Anesthesia Consent Signed: Yes
Antibiotic Dose Documented: Yes

Pre-Existing Peripheral IV 1/31/19 16:40
Status: Assessed
Initiated: Floor
Size: 20 G
Site: Lt Arm
Secured Occlusive Dressing: Yes
Dressing Details: Occlusive

Patient Name:RICHARDSON, BRIANA	MRN: 1006550212	Gender: Female	Procedure Name:	Dilation and Curettage, OB Epidural
Surgeon: Ramsey DO, Shawn Robert Michael; Ramsey DO, Shawn Robert Michael	Case Number: OB-2019-287 [Finalized]	ASA Class: 3E	Anesthesia Type:	Epidural (Labor & Delivery)
Anesthesiologist: Stapleton, David D; Diaz MD , Jesus; [illegible]	DOB: 09/05/1995	FIN: 69025033520	Start: Jan 28 2019 21:53	

Transparent Dressing Taped
Condition: Intact/Unremarkable
Pre-Existing Epidural 1/31/19 16:40
Location: Lumbar
Catheter Depth at Skin (cm): 11
Site Evaluation: Clean, Dry, and Intact Site Unremarkable
Test Dose: Lidocaine PF 1.5% w Epi 1:200K (ml) Negative For Intravascular/Intrathecal Injection Vital Signs Stable After Test Dose
Left Sensory Dermatome Level: T4
Right Sensory Dermatome Level: T4
Pain Scale Used: 0 - 10 Pain Scale
Pain Score: 0
Pre-Induction Assessment 1/31/19 16:40
Pre Anest Assessment Performed: Yes
Anesthestic Plan Prescribed: Yes
Pt Physical Status Assessed: Yes
Airway Assessed: Yes
Lab Results Reviewed: Yes
NPO Status Verified: Yes
Warming Measures 1/31/19 16:40
Warm Blankets Applied: Yes
Other Warming Measures: Room Warmed Warmed IV Fluid
O2 Supplementation 1/31/19 16:43
Delivery Device: NC with ETCO2 (2L)
Monitors/Safety 1/31/19 16:43
Anesthesia Machine, Checked per Institutional Guidelines
Verify Audible Alarms are on: Yes
Suction Working and Available: Yes
Monitors: BP EKG Pulse Oximeter (Alarms On) ETCO2 (Alarms On) FiO2
Airway Equipment: Yes
Emergency Medications: Present
EKG: 5 Lead
BP Cuff Applied: Right Upper Arm (Brachiocephalic)
Temperature: Skin
Gas Analyzer: Yes
Nerve Stimulator Used: No
Stethoscope: PRN Standard
Self-Inflat Resus BagAvailable: Yes
Auxilliary O2 Source Available: Yes
Patient In Room 1/31/19 16:50
Surgical Time Out 1/31/19 17:12
Surgery/Procedure Start 1/31/19 17:12
Surgery/Procedure Stop 1/31/19 17:18
Positioning 1/31/19 17:19
Position:
Supine Lithotomy (supine at beginning and end of case...lithotomy for procedure)
Head: Neutral
Head/Neck Devices: Pillow
Right Arm: Padded Secured to Armboard Extended < 90 Degrees
Left Arm: Padded Extended < 90 Degrees
Legs: Hip and Knees Flexed
Pressure Points:
Padded/Protected Other (APPP)
Safety Devices: Bed Safety Strap
Update Procedure/Diagnosis? 1/31/19 17:22

Patient Name:RICHARDSON, BRIANA	MRN: 1006550212		Gender: Female	Procedure Name:	Dilation and Curettage, OB Epidural
Surgeon: Ramsey DO, Shawn Robert Michael; Ramsey DO, Shawn Robert Michael	Case Number:	OB-2019-287 [Finalized]	ASA Class: 3E	Anesthesia Type:	Epidural (Labor & Delivery)
Anesthesiologist: Stapleton, David D; Diaz MD , Jesus; [illegible] MD, Marie Frankhead, James M	DOB: 09/05/1995		FIN: 6902503520	Start: Jan 28 2019 21:53	

Procedure (s): Note (D&E)
Surgeon (s): Note (Ramsey)
Postop Diagnosis: Note (IUP-Retained Products of Conception)

Epidural Catheter Disposition	1/31/19 17:31
Sensory Level Regressing: Yes	
Disposition: DC'd Epidural Cath with Tip Intact	
Patient Out Room	1/31/19 17:34
Anesthesia PACU Time Start	1/31/19 17:34
Transport	1/31/19 17:34
Routine Transport PACU/POST: Report to RN Condition Stable	
Dentition: Evaluated/Unchanged	
Vital Signs: Temperature (F) (97.8)Respiratory Rate (22) Systolic Blood Pressure (mmHg) (104)Diastolic Blood Pressure (mmHg) (65)Heart Rate (BPM) (97)Oxygen Saturation (%) 97)	
O2 Delivery Device: Room Air	
Hemodynamically Stable: Yes	
Transported To: PACU	
Report Given To: RN	
Level Of Consciousness: Awake	
Post-Op Status: Satisfactory/Stable	
Anesthesia Stop	1/31/19 17:41
Post-Anes Evaluation	1/31/19 17:45
Mental Status: Awake	
Cardiac/Resp/Airway Status: Stable	
Post-op Nausea/Vomiting: None	
Hydration: Adequate	
Pain: Controlled	
Vital Signs: Systolic Blood Pressure (mmHg) (97.8)Diastolic Blood Pressure (mmHg (22)Heart Rate (BPM) (205)Oxygen Saturation (%) (65)Temperature (F) (97)Respiratory Rate (97)	
Attending's Attestation	1/31/19 17:52
D: Procedures Performed By Qualified Clinicians	
H: Immediately Available for Duration of Case	

Result Type:	Operative Note
Result Date:	March 21, 2019 10:16 EDT
Result Status:	Auth (Verified)
Result Title:	Operative Report
Performed By:	Ramsey DO(OBGYN), Shawn Robert Michael on March 21, 2019 11:25 EDT
Verified By:	Ramsey DO(OBGYN), Shawn Robert Michael on March 21, 2019 12:58 EDT
Encounter info:	6902503520, TMH Hospital, Inpatient-Main Hospital, 1/25/2019 - 1/31/2019

* Final Report *

Operative Report

DATE OF PROCEDURE: 01/31/2019

DATE OF BIRTH: 09/05/1995

SURGEON: Shawn R Ramsey, DO

PREOPERATIVE DIAGNOSIS: Fetal demise.

POSTOPERATIVE DIAGNOSIS: Fetal demise.

PROCEDURE: Suction dilation and curettage.

ASSISTANT: Kurt Gray

ANESTHESIA: General.

FINDINGS: Exam under anesthesia revealed normal external female genitalia. Cervix was long and closed. Uterus was anteverted, no palpable adnexal masses.

ESTIMATED BLOOD LOSS: Less than 25 mL.

SPECIMENS: Products of conception to Pathology.

COMPLICATIONS: None.

CONDITION: Stable.

DESCRIPTION OF PROCEDURE: Ms. Richardson is a 23-year-old African American female who was admitted with an 18-week fetal demise who had gone through several days of induction, but had not passed any tissue. Ultrasound was performed, and it looked like there was still placenta within the uterus, but the patient denies passing any tissue during her time here. Discussion was made with the patient to take her back to perform a D and C to help remove any remnant tissue. Risks, benefits, alternatives and potential complications were discussed in full with the patient. All questions asked were answered.

So, the patient was taken the operating room with an IV in place and running. Once in the OR, she received general anesthesia. She was then placed in dorsal lithotomy position, and prepped and draped in normal sterile fashion. Next, her bladder was drained of clear yellow urine. Next, exam under anesthesia with above-stated findings was performed. A weighted speculum was placed in the posterior portion of the patient's vagina, cervix identified, and the anterior lip grasped with a ring forceps. Cervix was then dilated. A #12-sized suction curette was then used to perform a curettage of the entire endometrial cavity, first in a clockwise manner, and then in a counterclockwise manner, with a moderate amount of products recovered. Suction curette was then removed. The sharp curette was then used to perform a gentle curettage of the entire endometrial cavity with additional amount of products recovered. Two additional passes were then made with the suction curette. Once hemostasis was assured, all instrumentation was removed from the patient's vagina. Sponge and instrument counts were correct x2 at the end the procedure. Patient was awakened from anesthesia, found to be in stable condition, and transported to the recovery room.

RICHARDSON, BRIANA
DOB: 09/05/1995 SHAWN R RAMSEY, DO

Acct: 6902503520
MRN: 1006550212
ADMISSION:01/25/2019
DISCHARGE:01/31/2019

SRR/MODL
DD: 03/21/2019 10:16:00 DT: 03/21/2019 11:25:12
Job #: 10705959/831043521

OPERATIVE REPORT

Signature Line
Electronically Signed By: Ramsey DO(OBGYN), Shawn Robert Michael
On 03/21/2019 12:58 EDT

Completed Action List:
* Perform by Ramsey DO(OBGYN), Shawn Robert Michael on March 21, 2019 11:25 EDT Requested by Dennis, Adriannia on February 05, 2019 11:23 EST
* Transcribe by on March 21, 2019 11:25 EDT
* Sign by Ramsey DO(OBGYN), Shawn Robert Michael on March 21, 2019 12:58 EDTRequested on March 21, 2019 11:34 EDT
* VERIFY by Ramsey DO(OBGYN), Shawn Robert Michael on March 21, 2019 12:58 EDT

Tallahassee Memorial Hospital
1300 Miccosukee Road
Tallahassee, FL 32308

TMH Anesthesia Record

Case Finalized 2/1/2019 8:34
Page 1 of 19

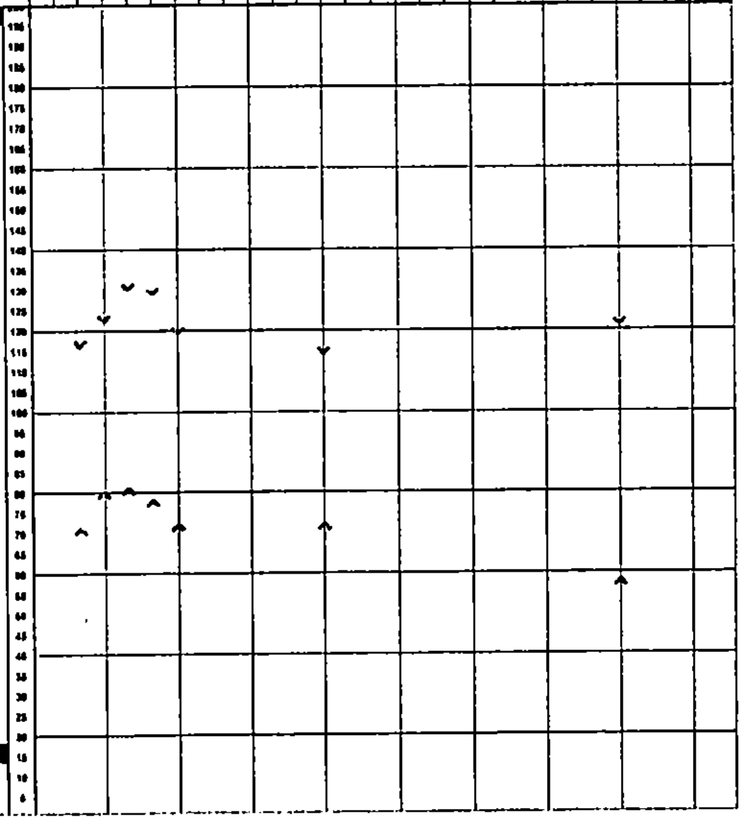
RICHARDSON, BRIANA
1006550212
OB-2019-287
Dilation and Curettage, OB Epidural

Name	RICHARDSON, BRIANA	Case #.	OB-2019-287	OR	OB W.C.17	Gender:	Female	Allergies	No Known Medication Allergies
DOB	1/5/1995	Procedure.	Dilation and Curettage, OB Epidural	Surgeon	Ramsey DO(OBGYN), Shawn Robert Michael; Ramsey DO(OBGYN), Shawn Robert Michael	ASA Class	3E	Weight	87.54 kg
Age	23 years	Surg Date	1/31/2019 17:12	Reason for Admit	MATERNAL CARE FOR INTRAUTERINE DEATH, NOT APPLI..	Anes. Type.	Epidural (Labor & Delivery)	Height	162.56 cm
MRN	1006550212	Anesthesiologist	Stapleton MD (Anes), David D; Diaz MD (Anes), Jesus; Cannella MD (Anes), Mark; Frankland MD (Anes), James M	Pre-Op Diagnosis	Suction D&E for IUFD (EGA 14wks by US)				
FIN NBR	6902501520			Post-Op Diagnosis	Suction D&E for IUFD (EGA 14wks by US) questionable retained products				

Name	Total	22:15	22:30	22:45	23:00	23:15	23:30	23:45	0:00	0:15
Medications										
lidocaine 1.5% -EPINEPHrine MPF 5mL Anesthesia Epidural Kit Only Epidural	10 mL									
lidocaine 2% MPF w/epinephrine 20ml Epidural	10 mL									
ondansetron 4mg/2ml inj IVPush	4 mg									
fentaNYL 0.1mg/2ml vial IVPush	100 mcg									
midazolam 2mg/2mL inj PF IVPush	2 mg									
propofol 200mg/20ml vial from Pyxis IVPush	100 mg									
Gases										
O2 Flow - Anes L/min										
Ventilation Mode										
Intake										
LR 1000ml	700 mL									
Output										
Estimated Blood Loss	25 mL									
Urine Catheter	200 mL									
Monitors										
Heart Rate - Source PulseOx - Anes bpm		104, 117, 125, 112, 107			100				101	
SPO2 - Anes %		99, 98, 98, 100, 100								
Respiratory Rate - Anes bpm		16, 18, 20, 18, 20								
Temperature 1 - Anes degF		98.2								
NIBP Mean - Anes mmHg										

Legend

- NIBP Systolic - Anes mmHg
- NIBP Diastolic - Anes mmHg
- Heart Rate - Source EKG - Anes bpm



Case Times

PL	In	16:50	Out	17:34
Anes.	Start		Stop	
Surg	Start	17:12	Stop	17:18

Result Type:	History & Physical Exam
Result Date:	January 24, 2019 17:25 EST
Result Status:	Auth (Verified)
Result Title:	OB Admission H&P L&D/ PreOp *
Performed By:	McNutt CNM(OBGYN) , Carol C on January 24, 2019 17:32 EST
Verified By:	McNutt CNM(OBGYN) , Carol C on January 24, 2019 17:32 EST
Encounter info:	6902408258, TMH Hospital, Preadmission-Obstetrics Inpatient, 1/24/2019 -

* Final Report *

OB Admission H&P L&D/ PreOp *
Tallahassee Memorial Healthcare, Inc.

Patient: **RICHARDSON, BRIANA** **MRN: 1006550212** **FIN: 6902408258**
Age: **23 years** Sex: **Female** DOB: **9/5/1995**
Associated Diagnoses: **Fetal demise in singleton pregnancy greater than 22 weeks gestation, antepartum**
Author: **McNutt CNM(OBGYN) , Carol C**

Basic Information
Gestational Age:
Gestational Age (EGA) and EDD * Note: EGA calculated as of 01/24/2019

No EGA/EDD calculations have been recorded

G1P0 at EGA 19 weeks was diagnosed by MFM with IUFD ,baby measures 14 weeks. Here for induction of labor

Chief Complaint
Reports some cramping

History of Present Illness

No Data Available

Review of Systems
Constitutional: Negative.
Eye: Negative.
Ear/Nose/Mouth/Throat: Negative.
Respiratory: Negative.
Cardiovascular: Negative.
Breast: Negative.
Gastrointestinal: Negative.
Genitourinary: Negative.
Gynecologic: Negative.
Hematology/Lymphatics: Negative.
Endocrine: Negative.
Immunologic: Negative.
Musculoskeletal: Negative.
Integumentary: Negative.
Neurologic: seizure disorder.

Psychiatric: Negative.

Health Status

Allergies (1) Active	Reaction
No Known Medication Allergies	None Documented

Histories

Prenatal History

Prenatal labs

Blood type: O, Rh positive.
Rapid plasma reagin: nonreactive.
Hepatitis: B, negative.
Human immunodeficiency virus: negative.
Group B Strep: positive.
Chlamydia: negative.
Gonorrhea culture: negative.
Rubella: immune.

Current pregnancy

Seizure disorder on Keppra. Seen by MFM.

Physical Examination

General: Alert and oriented.
Eye: Pupils are equal, round and reactive to light.
HENT: Normocephalic.
Neck: Supple.
Respiratory: Lungs are clear to auscultation.
Cardiovascular: Normal rate.
Breast: No mass.
Gastrointestinal: Soft.
Obstetric Exam

Cervix: dilated 0 cm, 50 % effaced, station/ evidence of fetal descent -3.

Musculoskeletal: Normal range of motion.
Integumentary: Warm, Dry.
Neurologic: Alert, Oriented.
Psychiatric: Cooperative.

Impression and Plan

Diagnosis

Fetal demise in singleton pregnancy greater than 22 weeks gestation, antepartum : ICD10-CM O36.4XX0, Working, Medical.

Plan

Admit.
plan Cytotec induction . Bereavement support.

Signature Line
Electronically Signed By: McNutt CNM(OBGYN) , Carol C
On 01/24/2019 17:32 EST

Completed Action List:

```
* Perform by McNutt CNM(OBGYN) , Carol C on January 24, 2019 17:32 EST
* Sign by McNutt CNM(OBGYN) , Carol C on January 24, 2019 17:32 EST
* VERIFY by McNutt CNM(OBGYN) , Carol C on January 24, 2019 17:32 EST
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* Review by Ramsey DO(OBGYN), Shawn Robert Michael on January 28, 2019 6:13 EST Requested by McNutt CNM(OBGYN) , Carol C on January 24, 2019 17:32 EST