

246 N. High Street  
Columbus, OH 43215



To be completed by the District Office Reviewer

Facility Name	Pae term	
Facility/Provider Number	0288AS	
Date of Survey	4-3-14 - Complaints OH00074228 OH00074225 OH00074116 OH00074193 OH00074144 OH00074159 OH00074148 OH00074154	

**CONFIDENTIAL  
NOT FOR  
PUBLIC  
DISCLOSURE**

### SURVEYOR NOTES WORKSHEET

Facility Name: PAC TELM

Surveyor Name: \_\_\_\_\_

Provider Number: \_\_\_\_\_

Surveyor Number: \_\_\_\_\_

Discipline: \_\_\_\_\_

Observation Dates: From 4/2/14 To 4/3/14

TAG/CONCERNS

DOCUMENTATION

EXIT CONFERENCE

4-3-14

2<sup>10</sup> pm

B. Hernandez RN ODH

Beverly Slaggy RN ODH

[Signature]  
Director of Counseling Services

Angel Buckner RN

Director of Clinical Services

[Signature] (Heather Harrington)  
Director of Clinic Operations

Chrisse France MEd  
executive director



## SURVEYOR NOTES WORKSHEET

Facility Name: \_\_\_\_\_

Surveyor Name: \_\_\_\_\_

**Provider Number:** \_\_\_\_\_

Surveyor Number: \_\_\_\_\_ Discipline: \_\_\_\_\_

Observation Dates: From \_\_\_\_\_ To \_\_\_\_\_

[illegible]



City of Cleveland  
Frank G. Jackson, Mayor

OHIO DEPT OF HEALTH  
BQA-BCHCFS  
2014 APR -3 PM 1:56

Department of Public Safety  
Division of Emergency Medical Service  
1701 Lakeside Avenue  
Cleveland, Ohio 44114-1118  
Attn: Mayra D. Valentino, Sergeant  
Medical Records/Compliance Officer

216-664-6077 / (216) 623-4599 NEW FAX

www.city.cleveland.oh.us

# Fax:

**Contains Confidential Health Information**

To: *Cara Calice* From: Mayra D. Valentino, Sergeant  
*Ohio Dept of Health* Medical Records/Compliance Officer  
Fax: *614-564-2416* Pages: *11*  
Phone: *614-387-0801* Date: *4-3-14*  
Re: *L. Wilson* Phone: (216) 664-6077 direct number - secure

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply

\*\*\*\*\* **CONFIDENTIAL** \*\*\*\*\*

• **Comments:** The information in this facsimile transmission is privileged and confidential. It is intended solely for the person or agency named above. If you are not the intended recipient, you are hereby notified that any dissemination, distribution, or copy of this transmission is strictly prohibited. If you have received this communication in error, please contact this office immediately by telephone, and return the original message to us at the address provided above by way of the U.S. Postal Service. Your cooperation will be appreciated.  
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## OHIO DEPARTMENT OF HEALTH

246 North High Street  
Columbus, Ohio 43215

614/466-3543  
www.odh.ohio.gov

John R. Kasich / Governor

April 3, 2014

City of Cleveland  
Division of EMS  
1701 Lakeside Avenue  
Cleveland, Ohio 44114

RE: Medical Records

ATTN: Sgt. Valentino

The Ohio Department of Health is conducting an investigation and is requesting the medical records for the EMS report for:

Name: Lakisha Wilson  
DOB: 05/06/91  
Date of transfer to ER: 03/21/14

This is a STAT request.

Please fax report to: (614)-564-2416


If you have any questions regarding this request, please contact Wanda L. Iacovetta, R.N., Non Long Term Care Unit Supervisor at (614) 387-0801.


Sincerely,

A handwritten signature in black ink that reads "Wanda L. Iacovetta, RN".

Wanda L. Iacovetta, RN  
Non Long Term Care Unit Supervisor  
Bureau of Community Health Care Facilities and Services  
Division of Quality Assurance

WI/cc

FINAL		Patient Care Report	
		<b>Cleveland EMS</b> 1701 LAKESIDE AVE CLEVELAND, Cuyahoga, OH, 44114-1018 (216) 864-2666 Ext. NPI: 1699857077 EMS Agency Number: 18-5040	
<b>Incident Number:</b> E14022819 <b>Run Number:</b> E14022819_MED41_20140321105920 <b>Date of Service:</b> 03/21/2014 <b>Patient Name:</b> Iakisha Wilson <b>Documented By:</b> GUELKER, FRANK			
CREW INFO	RESPONSE INFO	DISPOSITION	TIMES
Unit Number: MEDC41 Primary Role: Rescue Crew #1 ID: MCCOOL, BRENDAN Crew #1 Level: EMT-Paramedic Crew #2 ID: GUELKER, FRANK Crew #2 Level: EMT-Paramedic Crew #3 ID: Crew #3 Level: Crew #4 ID: Crew #4 Level:	Nature of Call: Cardiac/Resp Arrest ProQa Subtype: S-E-1 Location: 12000 SHAKER BLVD Cleveland, Cuyahoga, OH 44120 Dispatch Delay: Not Known EMD Performed: Yes, With Pre-Arrival Instructions Resp Priority: Emergency Resp Delay: None Resp. with: PL Found: In Building Lden Type: Public Building (schools, gov. offices) Patient Injured?: Barriers to Care: None No of Patients: 1 Mass Casualty: No IAC:	Type of Service: 911 Response (Scene) Outcome: Echo Medical Level Call Level of care: ALS Scene Delay: Dest Type: Hospital Dest Reason: Closest Facility Trans. Delay: None Trans. Priority: Emergency Destination: UNIVERSITY HOSPITAL 11100 EUCLID AVE CLEVELAND, OH 44106 PL Transported: Supine - Cot Patients Tied from Amb: Stretcher Condition on Arrival: Improved RR Transfer Delay: None Transport Message: 2.0	Call Created: 10:58 03-21-14 Call in Progress: 10:59 03-21-14 Dispatch: 10:59 03-21-14 En route: 11:00 03-21-14 At scene: 11:02 03-21-14 At patient: 11:06 03-21-14 Transport: 11:16 03-21-14 At dest: 11:24 03-21-14 Trans of Care: 11:28 03-21-14 In service: 12:48 03-21-14 Unit Available: 12:48 03-21-14
PATIENT INFORMATION			
Name: Iakisha Wilson SON: 999-99-9999 Sex: Female Race: Unknown Ethnicity: Unknown		Home Phone: Cell Phone: DOB: 05/06/1991 (22 yrs) Weight: 135 lbs (61.25 kg) Home Country: United States Home Addr.: 12000 SHAKER BLVD CLEVELAND, CUYAHOGA, OH 44120 Mailing Addr.: Destination:	
NEXT OF KIN			
Name: SON: Sex:		Phone: DOB: Home Addr.:	
INSURANCE			
State Certification code: no insurance information entered			
PATIENT COMPLAINTS			
Chief Complaint: Cardiac Arrest (Primary) Anatomic Location: Genent/Global: Organ System: Global/Whole Body: Primary System: Metabolic: Other Associated Symptoms: Not Applicable			

<b>FINAL</b>		<b>Patient Care Report</b>	
	<b>Cleveland EMS</b> 1701 LAKESIDE AVE CLEVELAND, Cuyahoga, OH, 44114-1016 (216) 864-2666 Ext. NPI: 1692867077 EMS Agency Number: 18-E040	Incident Number: E14022619 Run Number: E14022619_MED41_20140321106920 Date of Service: 03/21/2014 Patient Name: takisha wilson Documented By: GUELKER, FRANK	
<b>HISTORY</b>			
<u>Past Medical History</u> Unknown <u>Allergies</u> Unknown <u>Medications</u> Unknown			
<b>ASSESSMENT</b>			
ETOH/Drug use: Not Applicable	Pregnancy:		
<b>03/21/2014 14:10:00 BY FRANK GUELKER, FRANK</b>			
<b>Body Area</b> Airway Circulation Head Left Ear Left Eye Nose Trachea Palp's Upper Left Arm Lower Left Arm Left Hand Upper Left Leg Lower Left Leg Left Foot Abdomen - Left Lower Abdomen - Right Lower Back - Cervical Back - Thoracic Extremities Heart Spine	<b>Assessment and Comments</b> Patent Capillary Refill - Absent; Pulse - Carotid - Absent (0) Assessed with No Abnormalities Assessed with No Abnormalities Assessed with No Abnormalities Assessed with No Abnormalities Midline Assessed with No Abnormalities Assessed with No Abnormalities Assessed with No Abnormalities Assessed with No Abnormalities Assessed with No Abnormalities Assessed with No Abnormalities Assessed with No Abnormalities Assessed with No Abnormalities Assessed with No Abnormalities Assessed with No Abnormalities Assessed with No Abnormalities None Noted Assessed with No Abnormalities Assessed with No Abnormalities	<b>Body Area</b> Breathing Blood/Fluid Loss Face Right Ear Right Eye Neck Chest Genitalia Upper Right Arm Lower Right Arm Right Hand Upper Right Leg Lower Right Leg Right Foot Abdomen - Left Upper Abdomen - Right Upper Back - Sacral Cincinnati Stroke Scale General Abdomen Mental Status Throat/Mouth	<b>Assessment and Comments</b> Absent None Noted Assessed with No Abnormalities Assessed with No Abnormalities Assessed with No Abnormalities Assessed with No Abnormalities Assessed with No Abnormalities Not Assessed Assessed with No Abnormalities Assessed with No Abnormalities Assessed with No Abnormalities Assessed with No Abnormalities Assessed with No Abnormalities Assessed with No Abnormalities Assessed with No Abnormalities Assessed with No Abnormalities Assessed with No Abnormalities Assessed with No Abnormalities Assessed with No Abnormalities Not Applicable Assessed with No Abnormalities Unresponsive Assessed with No Abnormalities
<b>IMPRESSIONS</b>			
Primary Impression: Cardiac Arrest Secondary Impression: No Secondary Impression			
<b>CARDIAC ARREST</b>			
<b>Cardiac Arrest</b> Yes, Prior to EMS Arrival <b>Arrest Etiology</b> Not Known <b>Resuscitation Attempted</b> Attempted Defibrillation Initiated Chest Compressions	Attempted Ventilation		
<b>TRAUMA</b>			
no trauma entered			

FINAL

Patient Care Report



**Cleveland EMS**  
 1701 LAKESIDE AVE  
 CLEVELAND, Cuyahoga, OH, 44114-1016  
 (216) 864-2656 Ext.

NPI: 1699887077  
 EMS Agency Number: 18-E040

Incident Number: E14022819  
 Run Number: E14022819\_MED41\_20140321105920  
 Date of Service: 03/21/2014  
 Patient Name: Jakiya Wilson  
 Documented By: GUELKER, FRANK

## PRIOR AID

Prior Aid

Yes

Performed byOutcome

Unchanged

Other Healthcare Provider  
 Other Healthcare Provider  
 Other Healthcare Provider  
 Other Healthcare Provider  
 Other Healthcare Provider  
 Other Healthcare Provider  
 Other Healthcare Provider  
 Other Healthcare Provider  
 Other Healthcare Provider

## TREATMENT SUMMARY

Time	ETA	Treatment	Who performed	Authorized by	Comments
10:50	Yes	Intravenous Access	Other Healthcare Provider	Protocol (Standing Order)	
		<u>Medication</u>		<u>Medication Narrative</u>	
		None			
		IV-Type=IV-Extremity	IV Site=Antecubital-Left		IV-Size=20 G
		IV-Rate=Bolus cc's	IV-Solution=0.9% Normal Saline		IV-Tubing=10 Drop Set
		IV-Volume=50 ML	# of Attempts=1		Procedure Successful=Yes
11:00	Yes	Oxygen	Other Healthcare Provider	Protocol (Standing Order)	staff at abortion clinic were using a pediatric BVM and face mask on EMS arrival.
		<u>Medication</u>		<u>Medication Narrative</u>	
		None			
		Indication=Cardiopulmonary Arrest	Dosage=15		Dosage Units=LPM
		Device Used=Bag Valve Mask	Results=No Change in Patient		Procedure Successful=Yes
11:00	Yes	Atropine	Other Healthcare Provider	Protocol (Standing Order)	medication given by staff at abortion clinic PTA of EMS. They state total of 2 mg given but pt arrested anyway.
		<u>Medication</u>		<u>Medication Narrative</u>	
		None			
		Indication=Symptomatic Sinus Bradycardia	Dosage=1		Dosage Units=mg
		Route=intravenous	Results=No Change		Procedure Successful=No
11:00	Yes	Airway-Oral	Other Healthcare Provider	Protocol (Standing Order)	
		<u>Medication</u>		<u>Medication Narrative</u>	
		None			
		Indication=Airway Unstable	Size=2		Results=Airway Restored
		# of Attempts=1	Procedure Successful=Yes		

FINAL

## Patient Care Report



**Cleveland EMS**  
1701 LAKESIDE AVE  
CLEVELAND, Cuyahoga, OH, 44114-1015  
(216) 864-2686 Ext.

NPI: 1699887077  
EMS Agency Number: 18-E040

Incident Number: E14022819  
Run Number: E14022819\_MED41\_20140321105920  
Date of Service: 03/21/2014  
Patient Name: Iakisha Wilson  
Documented By: GUELKER, FRANK

## TREATMENT SUMMARY CONTINUED

Time	ETA	Treatment	Who performed	Authorized by	Comments
11:00	Yes	CPR-Started	Other Healthcare Provider	Protocol (Standing Order)	staff at abortion clinic states they administered one shock with an AED when R advised.
		<u>Complication</u> None	<u>Complication Narrative</u>		
		Type of Arrest=Medical Cardiac Arrest	Arrest to CPR(DownTime)=4 Minutes		Witnessed Arrest=Yes
		Who did CPR Prior to Arrival=Health Care Employee	Initial Rhythm=P.E.A		Was an AED Applied=Yes
		Who's AED was Used=Public AED	Was Shock Given by AED=Yes		Final Rhythm=P.E.A
		# of Attempts=1	Successful=Yes		
11:00	Yes	Epinephrine 1:1,000	Other Healthcare Provider	Protocol (Standing Order)	staff states they administered 1 mg epinephrine 1:1,000.
		<u>Complication</u> None	<u>Complication Narrative</u>		
		Indication=Cardiac Arrest	Dosage=1		Dosage Units=mg
		Route=Intravenous	Results=No Change		Procedure Successful=Yes
11:01	Yes	Narcan	Other Healthcare Provider	Protocol (Standing Order)	
		<u>Complication</u> None	<u>Complication Narrative</u>		
		Indication=Altered Mental Status of Unknown Origin	Dosage=0.5		Dosage Units=mg
		Route=Intravenous	Results=No Change in Patient		Procedure Successful=Yes
11:01	Yes	Atropine	Other Healthcare Provider	Protocol (Standing Order)	medication given by staff at abortion clinic PTA of EMS. They state total of 2 mg given but pt arrested anyway.
		<u>Complication</u> None	<u>Complication Narrative</u>		
		Indication=Symptomatic Sinus Bradycardia	Dosage=1		Dosage Units=mg
		Route=Intravenous	Results=No Change		Procedure Successful=No
11:01	Yes	Narcan	Other Healthcare Provider	Protocol (Standing Order)	
		<u>Complication</u> None	<u>Complication Narrative</u>		
		Indication=Altered Mental Status of Unknown Origin	Dosage=0.5		Dosage Units=mg
		Route=Intravenous	Results=No Change in Patient		Procedure Successful=Yes

FINAL

## Patient Care Report



**Cleveland EMS**  
 1701 LAKESIDE AVE  
 CLEVELAND, Cuyahoga, OH, 44114-1015  
 (216) 684-3555 Ext.

NPI: 188987077  
 EMS Agency Number: 18-5040

Incident Number: E14022819  
 Run Number: E14022819\_MED41\_20140321105920  
 Date of Service: 03/21/2014  
 Patient Name: Iakisha Wilson  
 Documented By: GUELKER, FRANK

## TREATMENT SUMMARY CONTINUED

Time	ETA	Treatment	Who performed	Authorized by	Comments
11:06	No	CPR-Started	MCCOOL, BRENDAN	Protocol (Standing Order)	
		<u>Complication</u> None	<u>Complication Narrative</u>		
		Type of Arrest=Medical Cardiac Arrest	Arrest to CPR(DownTime)=4 Minutes		Witnessed Arrest=Yes
		Who did CPR Prior to Arrival=Health Care Employee	Initial Rhythm=P.E.A		Was an AED Applied=Yes
		Who's AED was Used=Public AED	Was Shock Given by AED=Yes		Final Rhythm=P.E.A
		# of Attempts=1	Successful=Yes		
11:06	No	Airway-Bagged-BVM	MCCOOL, BRENDAN	Protocol (Standing Order)	
		<u>Complication</u> None	<u>Complication Narrative</u>		
		BVM Attached To Adult Mask	BVM Status=Chest Rise and Fall		Procedure Successful=Yes
11:07	No	3 Lead EKG	GUELKER, FRANK	Protocol (Standing Order)	
		<u>Complication</u> None	<u>Complication Narrative</u>		
		Indication=Cardiac Arrest	Pads Used=Comb1 Pads		Monitor Results=Pulseless Electrical Activity
		Ectopics=No Ectopics	Asystole Confirmed in 2 Leads=Not Applicable		Procedure Successful=Yes
11:07	No	Epinephrine 1:10,000	MCCOOL, BRENDAN	Protocol (Standing Order)	
		<u>Complication</u> None	<u>Complication Narrative</u>		
		Indication=Cardiac Arrest	Dosage=1		Dosage Units=mg
		Route=Intravenous	Results=Restored Pulse		Procedure Successful=Yes
11:09	No	Extrication	MCCOOL, BRENDAN	Protocol (Standing Order)	
		<u>Complication</u> None	<u>Complication Narrative</u>		
		Extricated From=Building	Extrication Device Used=Stretcher		# of Attempts=1
		Successful=Yes	Response=Unchanged		



FINAL

Patient Care Report



**Cleveland EMS**  
1701 LAKESIDE AVE  
CLEVELAND, Cuyahoga, OH, 44114-1016  
(216) 864-2556 Ext.

NPI: 1699887077  
EMS Agency Number: 18-E040

Incident Number: E14022619  
Run Number: E14022619\_MED41\_20140321105920  
Date of Service: 03/21/2014  
Patient Name: Iakisha Wilson  
Documented By: GUELKER, FRANK

## TREATMENT SUMMARY CONTINUED

Time	PTA	Treatment	Who performed	Authorized by	Comments
11:11	No	Non-Traumatic Induced Hypothermia <u>Complication</u> None Indication=Resuscitated Non-Traumatic Cardiac Arrest # of Attempts=1	MCCOOL, BRENDAN <u>Complication Narrative</u>	Protocol (Standing Order)	PI Exposed?=Yes Cold Packs Placed Where?=Axilla Procedure Successful=Yes
11:12	No	Airway-Intubation (Adult) <u>Complication</u> None Indication=Cardiac Arrest Stylet-Used Tube Secured At=23 Destination Confirm Tube Place=Auscultation of Bilateral Breath Sounds	GUELKER, FRANK <u>Complication Narrative</u>	Protocol (Standing Order)	Size=7.0 Endotracheal Introducer Used=No CO2 Detector Color Change=Color Change on Detector # of Attempts=1 Blade Used=Mac 3 Placement of ET Tube=Direct Visualization of Tube Through cords Scene Tube Confirmation=Auscultation of Bilateral Breath Sounds Procedure Successful=Yes
11:13	No	Intravenous Access <u>Complication</u> None IV-Type=IV-Extremity IV-Rate=Bolus ccf IV-Volume=250 ML	MCCOOL, BRENDAN <u>Complication Narrative</u>	Protocol (Standing Order)	IV Site=Antecubital-Right IV-Solution=0.9% Normal Saline # of Attempts=1 IV-Size=20 G IV-Tubing=10 Drop Set Procedure Successful=Yes
11:14	No	Cephalography <u>Complication</u> None Device Used=E.T. Filter Line # of Attempts=1	GUELKER, FRANK <u>Complication Narrative</u>	Protocol (Standing Order)	Initial Waveform=Waveform Present PI At ER Waveform=Waveform Present Procedure Successful=Yes
11:15	No	Lidocaine <u>Complication</u> None Dosage=1 Results=Sinus Rhythm	MCCOOL, BRENDAN <u>Complication Narrative</u>	Protocol (Standing Order)	administered to pt due to relieving one defibrillation by staff at abortion clinic PTA of EMS. Route=Intravenous Dosage Units=mg/kg Procedure Successful=Yes

FINAL

## Patient Care Report



**Cleveland EMB**  
1701 LAKESIDE AVE  
CLEVELAND, Cuyahoga, OH, 44114-1015  
(216) 864-2855 Ext.

NPI: 1699667077  
EMS Agency Number: 18-0040

Incident Number: E14022819  
Run Number: E14022819\_MED41\_20140321105820  
Date of Service: 03/21/2014  
Patient Name: Iakisha Wilson  
Documented By: GUELKER, FRANK


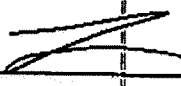


## TREATMENT SUMMARY CONTINUED

Time	ETA	Treatment	Who performed	Authorized by	Comments
11:18	No	CPR-Started	MCCOOL, BRENDAN	Protocol (Standing Order)	
		<u>Comedication</u>	<u>Comedication Narrative</u>		
		None			
		Type of Arrest=Medical Cardiac Arrest	Arrest to CPR(DownTime)=<4 Minutes		Witnessed Arrest=Yes
		Who did CPR Prior to Arrival=Health Care Employee	Initial Rhythm=P.E.A.		Was an AED Applied=No
		Who's AED was Used=No AED Used	Was Shock Given by AED=No		Final Rhythm=Sinus Tech
		# of Attempts=1	Successful=Yes		
Time	ETA	Treatment	Who performed	Authorized by	Comments
11:19	No	Epinephrine 1:10,000	MCCOOL, BRENDAN	Protocol (Standing Order)	
		<u>Comedication</u>	<u>Comedication Narrative</u>		
		None			
		Indication=Cardiac Arrest	Dosage=1		Dosage Units=mg
		Route=Intravenous	Results=No Change		Procedure Successful=Yes
Time	ETA	Treatment	Who performed	Authorized by	Comments
11:20	No	Dextrose/50	MCCOOL, BRENDAN	Protocol (Standing Order)	
		<u>Comedication</u>	<u>Comedication Narrative</u>		
		None			
		Indication=Routine Blood Sugar Test	Blood Glucose Level=114		# of Attempts=1
		Procedure Successful=Yes			
Time	ETA	Treatment	Who performed	Authorized by	Comments
11:21	No	Sodium Bicarbonate	MCCOOL, BRENDAN	Protocol (Standing Order)	ROSC
		<u>Comedication</u>	<u>Comedication Narrative</u>		
		None			
		Indication=Cardiac Arrest After Long Down Time	Dosage=1		Dosage Units=mEq/kg
		Results=Overall Patient Improvement	Procedure Successful=Yes		

## NARRATIVE

pt is 22 female found supine with feet elevated on table at abortion clinic on EMS arrival. Staff states pt was 19 weeks gestation and during her procedure she became bradycardic. They state they admin a total of 2 mg Atropine with no improvement. They state the pt then became pulseless and apneic and they began CPR and called EMS. Staff placed oral airway and were ventilating pt with pediatric BVM and face mask. Staff had initiated an IV and admin 1:1,000 EPI 1 mg. Unknown route of 1:1000 administration. They state they administered one defibrillation to the pt via AED and continued CPR. Staff also administered a total of 1 mg of Narcan, in two 0.5mg doses. EMS arrived to find the staff continuing CPR on pulseless and apneic female. EMS took over CPR and applied 3 lead combi pads and noted PEA on monitor. Pt received 1:10,000 EPI 1 mg by EMS. At this point the IV that was init'd PTA was accidentally pulled by one of the many people on scene. Pt was ventilated at appropriate rate, with appropriate BVM and mask, by CFD personnel on EMS instruction. EMS unable to utilize backboard or intubate pt in the building due to the elevator being so small that EMS had to sit the pt up on the cot and ventilate pt in a sitting position. At this time the pt had ROSC so no chest compressions were necessary. EMS utilized ice from the facility for cooling purposes before moving the pt. BVM had good compliance at this time. Pt was moved to the truck where IV was restarted by EMS and pt was intubated. ALS performed according to protocol. Lidocaine infusion not started due to loss of pulseless prior to administering. High quality continuous CPR resumed by EMS en route. Pt regained ROSC upon arrival to UHA.

EMS delayed in reaching the pt due to elevator malfunction.

FINAL		Patient Care Report	
	<b>Cleveland EMS</b> 1701 LAKESIDE AVE CLEVELAND, Cuyahoga, OH, 44114-1018 (216) 864-2825 Ext. NPI: 1899887077 EMS Agency Number: 18-E040	Incident Number: E14022019 Run Number: E14022019_MBD41_20140321105920 Date of Service: 03/21/2014 Patient Name: lakisha wilson Documented By: GUELKER, FRANK	
MISCELLANEOUS			
NOTS Trauma Band #: CPD Zone Car #:	PAID Band/Tag #:		
<b>RR Post Disposition</b> <b>Head Disposition</b>	Not Applicable Not Applicable		
HIPAA			
no signatures entered			
SIGNATURES			
<b>Time</b> 03/21/2014 12:32	<b>Type</b> Billing - Ambulance Crew	<b>Who Signed</b> Crew Member #2 - GUELKER, FRANK	<b>Why patient did not sign</b> Patient Critical
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>X </p> </div> <div style="width: 65%;"> <p>MCCOOL, BRENDAN, GUELKER, FRANK signature indicates that, at the time of service, that lakisha wilson was physically or mentally incapable of signing, and that none of the authorized representatives listed in Section II of this form were available or willing to sign on the patient's behalf. My signature is not an acceptance of financial responsibility for the services rendered.</p> </div> </div>			
CREW INFORMATION			
<b>Start Date/Time:</b> 03/21/2014 08:51			
<b>Crew #</b> 282	<b>Name</b> MCCOOL, BRENDAN	<b>Crew #</b> 280	<b>Name</b> GUELKER, FRANK
<b>Level:</b> EMT-Paramedic		<b>Level:</b> EMT-Paramedic	
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>X </p> </div> <div style="width: 65%;"> <p>X </p> </div> </div>			



## OHIO DEPARTMENT OF HEALTH

246 North High Street  
Columbus, Ohio 43215

614/466-3543  
[www.odh.ohio.gov](http://www.odh.ohio.gov)

John R. Kasich / Governor

April 2, 2014

Cuyahoga Medical Examiner  
11001 Cedar Ave  
Cleveland, OH 44106

ATTN: Melanie

The Ohio Department of Health is requesting the coroner report for:

Name: Lakisha Wilson  
Case Number: IN2014-559

This is a STAT request.

Please email the report to [Wanda.Iacovetta@odh.ohio.gov](mailto:Wanda.Iacovetta@odh.ohio.gov)

If you have any questions regarding this request, please contact Wanda L. Iacovetta, R.N., Non Long Term Care Unit Supervisor at (614) 387-0801.

Sincerely,

A handwritten signature in black ink that reads 'Wanda L. Iacovetta, RN'.

Wanda L. Iacovetta, RN  
Non Long Term Care Unit Supervisor  
Bureau of Community Health Care Facilities and Services  
Division of Quality Assurance

WI/cc



## OHIO DEPARTMENT OF HEALTH

246 North High Street  
Columbus, Ohio 43215

614/466-3543  
[www.odh.ohio.gov](http://www.odh.ohio.gov)

John R. Kasich / Governor

April 3, 2014

City of Cleveland  
Division of EMS  
1701 Lakeside Avenue  
Cleveland, Ohio 44114

RE: Medical Records

ATTN: Sgt. Valentino

The Ohio Department of Health is conducting an investigation and is requesting the medical records for the EMS report for:

Name: Lakisha Wilson  
DOB: 05/06/91  
Date of transfer to ER: 03/21/14

This is a STAT request.

Please fax report to: (614)-564-2416

If you have any questions regarding this request, please contact Wanda L. Iacovetta, R.N., Non Long Term Care Unit Supervisor at (614) 387-0801.

Sincerely,

Wanda L. Iacovetta, RN  
Non Long Term Care Unit Supervisor  
Bureau of Community Health Care Facilities and Services  
Division of Quality Assurance

WI/cc



Thomas P. Gilson, M.D.  
Medical Examiner

## Office of the Cuyahoga County Medical Examiner

11001 Cedar Avenue  
Cleveland, OH 44106  
(216) 721-5610

Phone #: 216-721-5610  
Facsimile #: 216-707-3188  
Ohio Relay Service (TTY) #: 800-750-0750

### Medical Records Request Fax Transmittal Form Attention: Medical Records

Transmittal Date:	3/26/2014		
Facility:	Preterm		
Phone:	216-991-4000	Fax:	216-991-4571
Medical Examiner's Case #:	XX2014-01188	Date of Death:	3/26/2014
Re:	Lakisha Wilson		
Social Security #:	302-92-2009	Date of Birth:	5/6/1991
Date of treatment:	3/21/14		

Please provide the following information:

Operative Reports

Pursuant to sections (313.091, 313.11 and 313.12) of the Ohio Revised Code, State of Ohio, this office is requesting copies of the records indicated for the above named decedent. Please forward copies of the records to the representative listed above.

IF THERE WILL BE A DELAY IN SENDING THE REQUESTED RECORDS, PLEASE NOTIFY THE  
GENERAL OFFICE AT 216-721-5610, prompt #3.

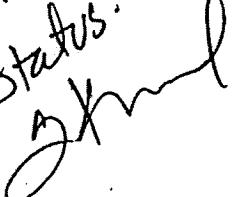
Thank you, Cindie

#### Privacy Notice

The information contained in this facsimile transmission is privileged and confidential. It is intended solely for the person or agency name above. If you are not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this transmission is strictly prohibited. If you have received this communication in error, please contact this office immediately by telephone, and return the original transmission to us at the address provided above by way of the U.S. Postal Service. Your cooperation will be appreciated.

COPY



Faxed 3/27/14 @ 1:03 pm.  
Status:  


contact: Cindie  
organization: Office of the Cuyahoga County  
from: S. Knox Medical Ex.  
date: 3/27/14  
fax #: (216) 707-3188  
# of pages (including cover) 27  
re: Case # XX2014-01188  
comments:

**Confidentiality Notice:**  
The information contained in this facsimile message is privileged and confidential, and intended for the use of the addressee listed above. If there are any problems with this transmission, please call 216-991-4577 immediately. Thank you for your attention and cooperation.

phone . 216.991.4577  
med. services . 216.991.4000  
fax . 216.991.4571  
email . [info@preterm.org](mailto:info@preterm.org)  
[www.preterm.org](http://www.preterm.org)

FAX

MAR/27/2014/THU 01:10 PM

#	DATE	START T.	RECEIVER	COM. TIME	PAGE	TYPE/NOTE	FILE
101		11:00AM	718886743691	0:01:13	2	OK	ECM 2364
102		11:18AM	718662660178	0:01:37	5	OK	SG3 2365
103		03:33PM	719044704770	0:04:14	9	OK	G3 2366
104		03:41PM	719044704770	0:04:15	9	OK	G3 2367
105		03:52PM	713308492033	0:00:52	3	OK	SG3 2368
106	MAR/20	10:57AM	713183224675	0:02:28	13	OK	SG3 2371
107	MAR/21	11:25AM	714409885645	0:00:32	2	OK	SG3 2372
108		02:16PM	714408785450	0:02:08	1	OK	SG3 2373
109	MAR/22	11:40AM	713304529520	0:00:25	2	OK	SG3 2376
110		02:25PM	713306724014	0:03:30	14	OK	SG3 2378
111		03:30PM	78448900	0:00:46	2	OK	ECM 2379
112	MAR/24	00:44PM	72317920	0:00:18	1	OK	SG3 2384
113		00:46PM	78448900	0:00:45	2	OK	ECM 2385
114		05:46PM	77521064	0:07:44	22	OK	SG3 2386
115	MAR/25	07:56AM	719044704770	0:04:26	10	NO RESPONSE	G3 2387
116		07:58AM	719044704770	0:00:51	4	OK	SG3 2388
117		10:51AM	714404460303	0:00:35	2	OK	SG3 2389
118		02:11PM	714404460303	0:00:49	2	OK	ECM 2393
119		02:50PM	79914571	0:01:12		FAIL01(0000)	2405
120	MAR/26	02:02PM	717037424238	0:00:35	1	OK	ECM 2406
121		02:22PM	716142369355	0:00:38	1	OK	ECM 2408
122		04:01PM	74517303	0:01:57	8	OK	SG3 2412
123	MAR/27	11:00AM	77528116	0:02:55	7	OK	G3 2413
124		11:02AM	718777930005	0:05:47	12	OK	G3 2414
125		11:12AM	718777930005	0:02:06	11	OK	SG3 2415
126		11:21AM	713304529520	0:00:37	2	OK	SG3 2416
127		11:55AM	74208122				
TOTAL				2:28:34	395		
GRAND TOTAL				42:04:27	8696		



NAME Lakisha Wilson

CHART # 181005

DAY 1 APPT 3/7 2:30

DAY 2 APPT 3/20/14 @ 12:30

RS

RS

CO

SO

RS

RS

SEXUAL HEALTH

Pamela \_\_\_\_\_

SECTION PHONE REPORT

Appt Made 2/27/14

Name Lakisha Wilson

Chart # 181005

Age 22 Birthdate 05/06/91

Pregnancy Test + LMP 10-10

HB ✓ morph

Home Phone (614) 390 5061

Alternate \_\_\_\_\_

Referred to Preterm by internet

Pelvic/Sono Exam on 2/27 at Columbus Size 18.4

- 1) Taking Medicine yes ☐ no ☒
- 2) Heart Conditions yes ☐ no ☒
- 3) Asthma yes ☐ no ☒
- 4) SD yes ☐ no ☒
- 5) STI yes ☐ no ☒
- 6) Are you Rh negative? yes ☐ no ☒ ? ☐ If yes or unknown, \$ \_\_\_\_\_
- 7) Medical or emotional conditions? yes ☐ no ☒
- 8) Have you ever been hospitalized? yes ☐ no ☒
- a) Any NVD yes ☒ no ☐ if yes, # 1
- b) Any C-Sections yes ☐ no ☒ if yes, # \_\_\_\_\_
- c) Date of last delivery 8-26-12
- 9) Letter needed yes ☐ no ☐ Letter received yes ☐ no ☐
- date \_\_\_\_\_ initials \_\_\_\_\_ date \_\_\_\_\_ initials \_\_\_\_\_ Letter approved yes ☐ no ☐
- date \_\_\_\_\_ initials \_\_\_\_\_

Medical Alert

Phone Advocate Sara

TE X

# Hrs 2-4

ID ☒

No Kids ☒

One Adult SO ☒

Protestors ☒

Total \$200

(1,180)  
(1,285)

No Checks ☒

M.O. ☒

MC/Visa/Disc ☒

Ins. Card ☒

Insurance M7Z

type Molina

JF \_\_\_\_\_

Notified Parent \_\_\_\_\_

BC \_\_\_\_\_ ID \_\_\_\_\_

Translator Name \_\_\_\_\_

FINANCIAL INFORMATION

Date: 03/07/14

3:20/14

Charge: 200+Z

885

Payments: 200mc + Z

430.56 + 80.00 + 175.00 + 50.00 + 25.00

IC Staff: alm

MP

Notary \_\_\_\_\_ ECP \_\_\_\_\_  
Rh \_\_\_\_\_ ID alm  
Depo \_\_\_\_\_ Ins alm  
IV \_\_\_\_\_ Beta \_\_\_\_\_  
V \_\_\_\_\_ IBU \_\_\_\_\_

REFERRAL

Reason \_\_\_\_\_

Referred To \_\_\_\_\_

And/Or \_\_\_\_\_

Referral Advocate \_\_\_\_\_

REFUND

Date	Amount/Form	Reason	IC
Signature receiving refund: _____			Date: _____

## Initial History

Name Lakisha WilsonDate 02/07/14

## A. Review of Systems:

Yes	No	General
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. My health is generally good
<input type="checkbox"/>	<input checked="" type="checkbox"/>	2. Tobacco use. Number of years: <u>      </u> If yes, how many/day? <u>      </u> / day
<input type="checkbox"/>	<input checked="" type="checkbox"/>	3. Alcohol use. If yes, how many drinks/week? <u>      </u> / week
<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Do you use any drugs recreationally? If so, please describe type and frequency of use.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	5. Do you use any drugs intravenously (IV)?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Cancer? If yes, where/when? <u>      </u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. Are you being treated for any illness/condition now? If yes, what? <u>      </u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Do you currently take medicine (prescription, over the counter or herbal)? If yes, name: <u>      </u>
<input type="checkbox"/>	<input type="checkbox"/>	9. Allergic to: Yes No Never Had
<input type="checkbox"/>	<input type="checkbox"/>	Penicillin <u>      </u> <u>      </u> <u>      </u>
<input type="checkbox"/>	<input type="checkbox"/>	Novocaine <u>      </u> <u>      </u> <u>      </u>
<input type="checkbox"/>	<input type="checkbox"/>	Betadine <u>      </u> <u>      </u> <u>      </u>
<input type="checkbox"/>	<input type="checkbox"/>	Iodine <u>      </u> <u>      </u> <u>      </u>
<input type="checkbox"/>	<input type="checkbox"/>	Shellfish <u>      </u> <u>      </u> <u>      </u>
<input type="checkbox"/>	<input type="checkbox"/>	Eggs <u>      </u> <u>      </u> <u>      </u>
<input type="checkbox"/>	<input type="checkbox"/>	Soy <u>      </u> <u>      </u> <u>      </u>
<input type="checkbox"/>	<input type="checkbox"/>	Peanuts <u>      </u> <u>      </u> <u>      </u>
<input type="checkbox"/>	<input type="checkbox"/>	Methergine <u>      </u> <u>      </u> <u>      </u>
<input type="checkbox"/>	<input type="checkbox"/>	Prostaglandins <u>      </u> <u>      </u> <u>      </u>
<input type="checkbox"/>	<input type="checkbox"/>	Tetracycline <u>      </u> <u>      </u> <u>      </u>
<input type="checkbox"/>	<input type="checkbox"/>	Epinephrine <u>      </u> <u>      </u> <u>      </u>
<input type="checkbox"/>	<input type="checkbox"/>	Adrenaline <u>      </u> <u>      </u> <u>      </u>
<input type="checkbox"/>	<input type="checkbox"/>	Ibuprofen/Tylenol <u>      </u> <u>      </u> <u>      </u>
<input type="checkbox"/>	<input type="checkbox"/>	Latex <u>      </u> <u>      </u> <u>      </u>
<input type="checkbox"/>	<input type="checkbox"/>	10. Do you have any known drug allergies? If so, please name and describe reaction. <u>No</u>
Yes	No	Cardiorespiratory
<input type="checkbox"/>	<input checked="" type="checkbox"/>	11. Mitral valve prolapsed
<input type="checkbox"/>	<input checked="" type="checkbox"/>	12. Heart murmur
<input type="checkbox"/>	<input checked="" type="checkbox"/>	13. Heart attack
<input type="checkbox"/>	<input checked="" type="checkbox"/>	14. Blood clots (head/leg/lungs)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	15. Stroke or stroke-like problem
<input type="checkbox"/>	<input checked="" type="checkbox"/>	16. High blood pressure
<input type="checkbox"/>	<input checked="" type="checkbox"/>	17. Asthma, chronic cough, or other breathing problem
<input type="checkbox"/>	<input checked="" type="checkbox"/>	18. Tuberculosis or exposure to tuberculosis
Yes	No	Gastrointestinal
<input type="checkbox"/>	<input checked="" type="checkbox"/>	19. Stomach or bowel problems
<input type="checkbox"/>	<input checked="" type="checkbox"/>	20. Liver problems (hepatitis or tumor)
Yes	No	Genitourinary
<input type="checkbox"/>	<input checked="" type="checkbox"/>	21. Bladder, urine leaks, or kidney problems
<input type="checkbox"/>	<input checked="" type="checkbox"/>	22. Uterine fibroids
<input type="checkbox"/>	<input checked="" type="checkbox"/>	23. Ovarian cysts

Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	24. Vaginal discharge that itches, burns, or has bad odor
<input type="checkbox"/>	<input checked="" type="checkbox"/>	25. Endometriosis
<input type="checkbox"/>	<input type="checkbox"/>	26. Have you ever had a pap test? If yes, when? <u>2007</u> Previous abnormal pa, <u>16 cm</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	27. Previous LEEP, cone, or cryosurgery to cervix. If yes, when? <u>16st out breast 2muse</u>
<input type="checkbox"/>	<input type="checkbox"/>	28. History of sexually transmitted infection. Check type: <input type="checkbox"/> chlamydia <input type="checkbox"/> gonorrhea <input checked="" type="checkbox"/> herpes <input type="checkbox"/> syphilis <input type="checkbox"/> genital warts <input checked="" type="checkbox"/> hepatitis <input type="checkbox"/> PID <input type="checkbox"/> HIV When? <u>16st out breast 2muse</u>

Yes	No	Rheumatological
<input type="checkbox"/>	<input checked="" type="checkbox"/>	29. Lupus
<input type="checkbox"/>	<input checked="" type="checkbox"/>	30. Rheumatoid arthritis

Yes	No	Neurological
<input type="checkbox"/>	<input checked="" type="checkbox"/>	31. Migraine headaches/aura (diagnosed by MD, NP, PA)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	32. Seizures/epilepsy

Yes	No	Psychological
<input type="checkbox"/>	<input checked="" type="checkbox"/>	33. Depression requiring treatment
<input type="checkbox"/>	<input checked="" type="checkbox"/>	34. Anxiety
<input type="checkbox"/>	<input checked="" type="checkbox"/>	35. Bipolar disorder
<input type="checkbox"/>	<input checked="" type="checkbox"/>	36. Schizophrenia

Yes	No	Endocrine
<input type="checkbox"/>	<input checked="" type="checkbox"/>	37. Thyroid problems. If yes, <input type="checkbox"/> hypo <input type="checkbox"/> hyper
<input type="checkbox"/>	<input checked="" type="checkbox"/>	38. Diabetes

Yes	No	Hematological
<input type="checkbox"/>	<input checked="" type="checkbox"/>	39. Anemia
<input type="checkbox"/>	<input checked="" type="checkbox"/>	40. Sickle Cell Disease/Trait
<input type="checkbox"/>	<input checked="" type="checkbox"/>	41. Blood Clotting Disorder

B. Hospitalization and Surgeries	
Year	Reason

C. Accidents and Injuries	
Year	Reason

Additional Comments/Explanations (by number)	

To the best of my knowledge, the information I have provided is correct and complete.

Lakisha Wilson 02/07/14

Patient signature

Date

Staff signature

Date

# GESTATIONAL ULTRASOUND REPORT

Name Lakisha Wilson Date 02/07/14 Time 2:47  
 LMP 10.10

**Findings:**

Intrauterine Pregnancy Yes / No Single / Multiple  
 Type of Sonogram Abdominal / Transvaginal  
 CRL \_\_\_\_\_ MM \_\_\_\_\_ wks  
 BPD 38 MM 17.4 wks  
 Femur Length 25 MM 17.3 wks  
 Abdominal Circumference \_\_\_\_\_ MM  
 Heart Motion \_\_\_\_\_ Movement \_\_\_\_\_  
 Placenta Localized Post  
 Mean Gestational Sac (Height, Width, Depth + + ) / 3 (Round Off): \_\_\_\_\_ MM  
 Gest. Sac \_\_\_\_\_ MM \_\_\_\_\_ wks  
 Fetal Pole \_\_\_\_\_ Heart Motion \_\_\_\_\_

Estimated Fetal Weight: \_\_\_\_\_ gms  
 Composite Gestational Age: \_\_\_\_\_ weeks

**Findings of Sonogram:**

<input type="checkbox"/> Ectopic Pregnancy Located	<input type="checkbox"/> Uterus Empty/Adnexa Clear
<input type="checkbox"/> Uterine/Pelvic Mass Indicated	<input type="checkbox"/> First Trimester
<input type="checkbox"/> Congenital Abnormality	<input type="checkbox"/> Second Trimester
<input type="checkbox"/> Incomplete	<input checked="" type="checkbox"/> 2 Day 2 Tri
<input type="checkbox"/> Pregnancy Not Located	<input type="checkbox"/> Referral

Findings/Comments: low fluid  
 Sonographer: AO Copy given? Yes No

Day Two MR estimation of gestation: Date: 3.21.14 Weeks/days: 19.4

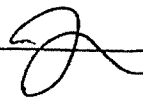
Rescan Date: \_\_\_\_\_ Time: \_\_\_\_\_

CRL \_\_\_\_\_ MM \_\_\_\_\_ wks  
 BPD \_\_\_\_\_ MM \_\_\_\_\_ wks  
 Femur Length \_\_\_\_\_ MM \_\_\_\_\_ wks  
 Heart Motion \_\_\_\_\_ Movement \_\_\_\_\_

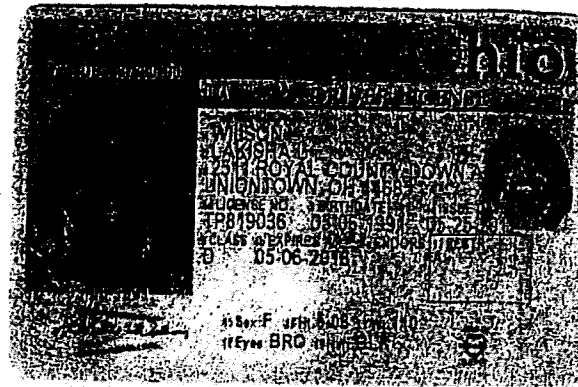
Comments: \_\_\_\_\_  
 Sonographer: \_\_\_\_\_ Copy given? Yes No

Name/Title	Date	Description of Service
am J. H.	3-7-14	Materials offered <input checked="" type="checkbox"/> Materials taken <input type="checkbox"/> Materials refused <input checked="" type="checkbox"/>
AM	3-7	(19-8) Date 3-20-14 Time 1230 Fee 455 MD name <input checked="" type="checkbox"/> J. H. H. H.
		RS Date _____ Time _____ Fee _____ MD name <input type="checkbox"/>
		RS Date _____ Time _____ Fee _____ MD name <input type="checkbox"/>
		RS Date _____ Time _____ Fee _____ MD name <input type="checkbox"/>
		RS Date _____ Time _____ Fee _____ MD name <input type="checkbox"/>
		RS Date _____ Time _____ Fee _____ MD name <input type="checkbox"/>
		RS Date _____ Time _____ Fee _____ MD name <input type="checkbox"/>
AM	3-7	Procedure: Give Ride <input checked="" type="checkbox"/> (ride present end of day <input type="checkbox"/> ) NPO Instructions <input checked="" type="checkbox"/>
AM	3-7	No M/A <input checked="" type="checkbox"/> TP <input type="checkbox"/> H/WL <input type="checkbox"/> Miso <input type="checkbox"/>
AM	3-7	Lams: Optional OS / IV Sed fee given <input checked="" type="checkbox"/>
AM	3-7	Give Ride <input type="checkbox"/> NPO Instructions <input type="checkbox"/> No M/A <input type="checkbox"/> TP <input type="checkbox"/>
AM	3-7	Counseling
AM	3-7	Consents signed
AM	3-7	Home Going Instructions
AM	3-7	View Tissue yes <input type="checkbox"/> no <input checked="" type="checkbox"/> View Pictures yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
AM	3-7	Offered to include significant other N/A

## Chart Check

Date	Initials
1. 3/7/14	
2.	
3.	
4.	
5.	
6.	

# IDENTIFICATION AND INSURANCE



Molina Medicaid

Member:  
LAKISHA WILSON

Identification #:  
102882962899

Date of Birth:  
05/06/1991

Effective Date:  
03/01/2014

Primary Care Provider: JEFFREY MAYERS

Primary Care Provider Phone: (740) 689-6758

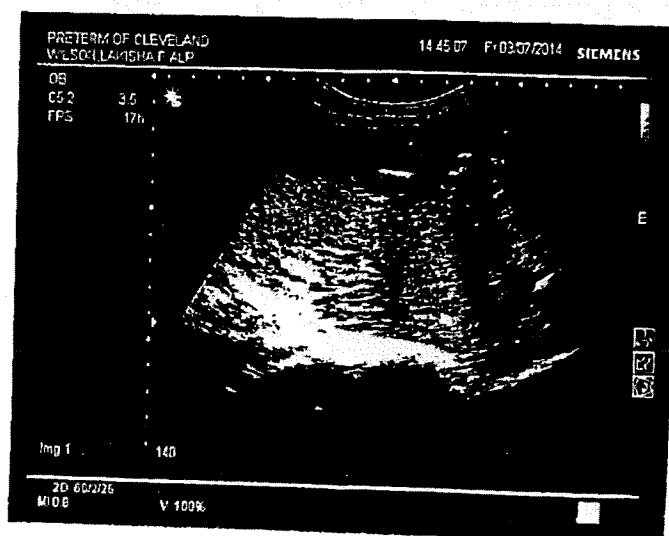
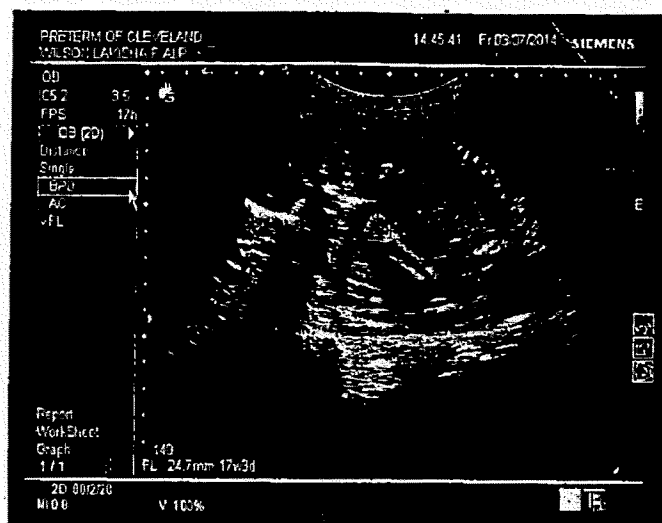
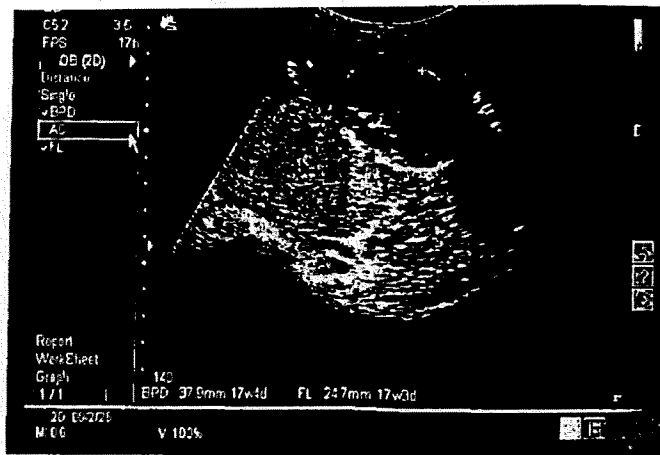
BIN# 004338

PCN# ADV

GRP# RX0714

MMIS# 102882962899

Issue Date: 02/21



Fetal Heartbeat/Probability

Name: Lakisha Wilson Date: 3-7-14

Findings:

Gestational age: 17.41

Fetal heartbeat detected: yes

Patient accepted/~~declined~~ to view fetal heartbeat

Sonographer: Ulag R

Mitchell Reader  
MD

Mitchell Reader, M.D.

Lisa Perriera

Lisa Perriera, M.D.

Lakisha Wilson

Patient Signature

Justin P. Lappen

Justin Lappen, M.D.

Mohammad Rezaee

Mohammad Rezaee, M.D.

2:47

Time

☐ Because a medical emergency existed, we were unable to comply with this requirement.

Medical emergency means a condition that in the physician's good faith medical judgment, based upon the facts known to the physician at that time, so complicates the woman's pregnancy as to necessitate the immediate performance or inducement of an abortion in order to prevent the death of the pregnant woman or to avoid a serious risk of the substantial and irreversible impairment of a major bodily function of the pregnant woman that delay in the performance or inducement of the abortion would create.

Medical Condition: \_\_\_\_\_

Physician: \_\_\_\_\_

The following chart demonstrates the chance of carrying this pregnancy to term based on the gestational age or range of gestational age that has been determined. This chart is based on low risk pregnancies and may not apply to your individual medical situation.

Best Clinical Gestational Age Estimate

Weeks	Percent Chance of Pregnancy Going to Term	Your gestational age
6	70.0	<input type="checkbox"/>
7	72.0	<input type="checkbox"/>
8	76.0	<input type="checkbox"/>
9	77.0	<input type="checkbox"/>
10	80.0	<input type="checkbox"/>
11	81.0	<input type="checkbox"/>
12	84.0	<input type="checkbox"/>
13	84.5	<input type="checkbox"/>
14	84.9	<input type="checkbox"/>
15	85.5	<input type="checkbox"/>
16	85.7	<input type="checkbox"/>
17	86.0	<input checked="" type="checkbox"/>
18	86.7	<input type="checkbox"/>
19	87.0	<input type="checkbox"/>
20	87.3	<input type="checkbox"/>
21	87.4	<input type="checkbox"/>
22	87.4	<input type="checkbox"/>
23	87.4	<input type="checkbox"/>
24	87.4	<input type="checkbox"/>


Percent chance of carrying pregnancy to term = 100 - risk of miscarriage (%) + risk of preterm delivery (%)

Data used to calculate risk of miscarriage weeks 5-20<sup>1</sup>

Data used to calculate risk of miscarriage weeks 21-24<sup>2</sup>

Risk of preterm birth <37 weeks = 12.0%<sup>3</sup>

\* unadjusted for maternal/paternal age, smoking status, race, history of miscarriage or preterm birth, medical comorbidities, or race

  
Patient Signature

2:47  
Time

<sup>1</sup> Li DK, Odouli R, Wi S et al. A population based prospective cohort study of personal exposure to magnetic fields during pregnancy and risk of miscarriage. Epidemiology 2002;13: 9-20

<sup>2</sup> Westlin M, Kallen K, Saltvedt S, Almstrom H, Grunewald C, Valentin L. Miscarriage after a normal scan at 12-14 gestational weeks in women at low risk of carrying a fetus with chromosomal anomaly according to nuchal translucency screening. J Ultrasound Medicine. 2007; 30 (5): 728-36

<sup>3</sup> March of Dimes Ohio Preterm Birth Rate Statistics from 2011



# REPRODUCTIVE HEALTH HISTORY

Name Lakisha Wilson

Date 07/09/14

## A. Pregnancy History

Delivered				
Date m/d/y	Vaginal?	C-Section?	Stillbirth?	Premature?
08/26/12	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

## Abortion/Miscarriage

Date m/d/y	Wks Pregnant	Abortion	Miscarriage	Ectopic
06/20/10	5	<input checked="" type="checkbox"/>		
08/20/13	5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

## B. Menstrual History

- Age periods began: 14
- Number of pads/tampons used on heaviest day:
- Length of period: 7 days
- Number of days between periods: 30 days
- Are your periods usually regular? ☒ Yes ☐ No
- Last period started on: 10/10/13  
It seemed ☐ normal ☐ not normal
- Do you have vaginal bleeding after sex? ☐ Yes ☒ No
- Do you have vaginal bleeding or spotting between periods? ☐ Yes ☒ No

## C. Social History

- Are you physically abused? ☐ Yes ☒ No
- Are you sexually abused? ☐ Yes ☒ No
- Has anyone forced you to have sex? ☐ Yes ☒ No
- Are you afraid of your ☐ partner? ☐ family member?
- Is your living environment secure and supportive? ☒ Yes ☐ No

## Ultrasound

- Would you like to see your ultrasound? ☐ Yes ☒ No
- Would you like a copy of your ultrasound? ☒ Yes ☐ No

## Vitals

Do not complete section below. For Preterm staff only.

Temp 98.8 B/P 117/68 P 105  
Height 5'5 Weight 124 BMI  

## D. Contraceptive History

What method of birth control were you using at conception?  
Pill

How long used: 30 days

Any problems with this method? ☐ Yes ☒ No

If yes, what:  

What method do you want to use now?  

Which of the following methods have you used in the past?  
(list as most effective to least effective)

Method	Comment/Problem
<input type="checkbox"/> Abstinence	
<input type="checkbox"/> Mirena IUD	
<input type="checkbox"/> Paragard IUD	
<input type="checkbox"/> Implanon	
<input type="checkbox"/> Tubal ligation	
<input type="checkbox"/> Vasectomy	
<input type="checkbox"/> Depo Provera	
<input checked="" type="checkbox"/> Nuvaring	
<input type="checkbox"/> Ortho Evra patch	
<input checked="" type="checkbox"/> Birth Control Pill	
<input checked="" type="checkbox"/> Condoms	
<input type="checkbox"/> Diaphragm	
<input type="checkbox"/> Cervical Cap	
<input type="checkbox"/> Sponge	
<input type="checkbox"/> Spermicide	
<input type="checkbox"/> Rhythm	
<input type="checkbox"/> Natural family planning	
<input type="checkbox"/> Withdrawal	
<input type="checkbox"/> Other	

If you answer "yes" to any of the below, you should not use hormonal contraception. Have you ever had:

- Clots in legs or lungs/phlebitis? ☐ Yes ☒ No
- Heart attack or stroke? ☐ Yes ☒ No
- Cancer? ☐ Yes ☒ No
- Kidney or liver disease? ☐ Yes ☒ No
- High blood pressure? ☐ Yes ☒ No
- Low blood pressure? ☐ Yes ☒ No
- Severe headaches? ☐ Yes ☒ No
- Diagnosed migraines? ☐ Yes ☒ No
- Smoke over 15 cigarettes per day & over age 35? ☐ Yes ☒ No

To the best of my knowledge, the information I have provided is correct and complete.

Lakisha Wilson  
Patient signature

07/09/14  
Date

Allegor  
Staff signature

3-7-14  
Date

Name Lakisha W.

Date 02/07/14

1. What is the name(s) of the person who accompanied you to the clinic today? \_\_\_\_\_  
Relationship Myself
2. If you considered options other than abortion, what were they? No
3. How easy or difficult is this decision? (Circle the number.)  
1 2 3 4 5  
easy difficult
4. Whose decision is it for you to have this abortion? Myself  
Have you discussed your decision with anyone? Yes ☒ No ☐ If yes, with whom? Potential Father
5. Does the man involved know of your decision? Yes ☒ No ☐
6. Are you currently experiencing an abusive relationship? Yes ☐ No ☒
7. Many women have emotions about abortion even if they feel sure about the decision. Please circle all the words that express your feelings today:  
sad happy angry confident guilty confused scared relieved numb ashamed  
resolved selfish trapped regretful proud satisfied resentful disappointed  
Other words? \_\_\_\_\_
8. What are your thoughts today about ending this pregnancy? last time
9. Please feel free to check the items that concern you the most today.
- |  |  |
|--|--|
| <input type="checkbox"/> Not sure whether or not to have an abortion.    | <input type="checkbox"/> My relationship with my family.                 |
| <input type="checkbox"/> Will this affect future pregnancies?            | <input type="checkbox"/> Wondering how I'll feel emotionally afterwards. |
| <input type="checkbox"/> Is this confidential?                           | <input type="checkbox"/> Is this going to hurt?                          |
| <input type="checkbox"/> My religious or spiritual teachings or beliefs. | <input type="checkbox"/> Possible complications during and after.        |
| <input type="checkbox"/> My relationship with my partner.                | <input type="checkbox"/> Picketers.                                      |
| <input type="checkbox"/> Other _____                                     |  |

Name: Lakisha Wilcox

### PATIENT ADVOCATE NOTES

Patient states she's clear about her decision to have an abortion

Patient states she understands the possible risks and complications associated with the procedure she will have

Laticla states the units to postpone  
increasing for Porellip site. randoms for  
PC ECP discussed.

Patient Advocate's Signature Ann Dill Date 3-7-14 Time 3:17

Patient Advocate's Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Patient Advocate's Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Reason patient chose to view tissue: \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_
16. \_\_\_\_\_
17. \_\_\_\_\_
18. \_\_\_\_\_
- ~~19. \_\_\_\_\_~~
20. \_\_\_\_\_
21. \_\_\_\_\_
22. \_\_\_\_\_
23. \_\_\_\_\_
24. \_\_\_\_\_
25. \_\_\_\_\_
26. \_\_\_\_\_
27. \_\_\_\_\_
28. \_\_\_\_\_
29. \_\_\_\_\_
30. \_\_\_\_\_
31. \_\_\_\_\_
32. \_\_\_\_\_

## CONSENTS

I have received a copy of Preterm's Statement of Information Practices.

Patient's signature Lakisha Wilson Date 3/7/14

I do authorize that medical information be provided on an emergency basis to anyone engaged in treating me a later date.

Patient's signature Lakisha Wilson Date 3/7/14

## REQUEST FOR MEDICAL INFORMATION

If I am treated after this abortion by anyone other than Preterm, I, Lakisha Wilson  
(my date of birth is 05/06/91), authorize such other providers of such other services to release  
my medical records to Preterm, even though this release is signed prior to my receiving such services. I  
approve using a photocopy of this release to obtain such records.

Patient's signature Lakisha Wilson Date 3/7/14

A photocopy of this authorization shall be as valid as the original.

## PRETERM INFORMED CONSENT

I hereby authorize a physician practicing at Preterm and whomever s/he may designate as his/her assistant to perform an abortion upon me. By signing below, I agree to permit any diagnostic or therapeutic procedures that my treating physician deems necessary for care (for example, medications, injections, drawing blood for tests, ultrasound, laminaria insertion).

If unforeseen conditions arise in the course of the abortion, and it is his/her judgment to undertake procedures in addition to or different from those contemplated, I further authorize him/her to do whatever s/he deems advisable or necessary.

I consent to the administration of such anesthetics or conscious sedation as may be considered necessary. I understand that the use of anesthetics also involves risks and complications.

### The complications include:

Dizziness

Amnesia

Bruise at IV site, phlebitis

Pulmonary aspiration, cardiac arrest

Nausea/vomiting

Transient mental impairment

Respiratory arrest

Hospitalization, brain damage, death

The undersigned hereby permits Preterm authorized personnel to access and/or release all or any part of the patient information to the appropriate health care insurer(s), third party payor(s) and/or consultant(s) for purposes including collecting payment for services, improving patient care, performance improvement initiatives, discharge planning and risk management.

The purpose of an abortion is to end the pregnancy. The nature of the abortion, alternatives to abortion, the risks involved and the possibility of complications have been fully explained to me. I acknowledge that no guarantee or assurance has been made as to the results that may be obtained.

### The possible complications include:

Infection

Uterine Rupture

Perforation of the uterus

Allergic reaction to medication

Hemorrhage

Cervical Injury

Incomplete abortion

Accumulation of blood clots in the uterus

Death

Failed abortion

### These complications may result in:

Hospitalization

Repeat suction

Removal of the uterus

Transfusion

Continuation of pregnancy, which may be damaged

Suture repair

Additional medications/treatments

Loss of child-bearing ability

Death

OVER →

I authorize the removal, pathological examination and disposal of any tissue removed during the abortion.

I was told that I am 17 4 weeks pregnant. I certify that I have read and fully understand the above information regarding the consent to abortion. I certify that I have been given the opportunity to view my ultrasound image and been offered a picture of my ultrasound. I have had the opportunity to ask questions about any matter which I did not understand. All my questions have been answered to my satisfaction. My signature below authorizes this abortion.

Lakisha Wilson

Print Name

Lakisha Wilson

Patient Signature

[Signature]

Physician/Agent Signature

Lakisha Wilson

Parent/Guardian Signature

Date

03/07/14

Date

Time

4:30PM

Time

4:30pm

Date

If I choose to have a medication/non-surgical abortion, I understand that I will be given Mifeprex™ based on the FDA-approved regimen.

I understand that the side effect of these medications include: fever/chills, nausea/vomiting, diarrhea. I understand the possible complications of a non-surgical abortion include: failed/incomplete abortion, infection, hemorrhage, death.

I understand that fetal defects have been reported after first trimester use of Misoprostol, therefore surgical completion of the abortion is advised if the medications fail to end the pregnancy.

I will be returning to Preterm for my follow up ultrasound.

I agree to have my follow up transvaginal ultrasound on or about 14 days from

initials

today's date

with Dr.

name of physician

initials

I am able to obtain emergency care if needed at

Name of hospital

initials

Patient Signature

Date

Time

Parent/Guardian Signature

Date

## DEMOGRAPHICS

1. Patient Name Lakisha Wilson County Summit  
Home Address ~~2311~~ 359 Nank Ave City AKron State OH Zip 44320
2. Social Security Number 302 - 92 - 2009
3. Marital Status: Never Married ☒ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Other ☐
4. Highest grade completed in school 12 Race African American Religion Christian
5. Sex: Female ☒ Male ☐
6. Gender \_\_\_\_\_
7. Name of person to contact in case of emergency:  
First Name DeShawn Last Name Wilson Relationship Mother  
Daytime Phone number (614) 570-1189 Does this person know you are here? Yes ☐ No ☒

**PRETERM LABORATORY REPORT**  
12000 Shaker Boulevard, Cleveland, OH 44120

Sequence No. 690 Chart No. 181005

Name Lakisha Wilson

Date <u>3-7-14</u>	HGB <u>11.5</u>	hCG Urine    pos    neg
Rho <u>pos</u>		

Remarks \_\_\_\_\_

Tech AP

Sequence No. \_\_\_\_\_ Chart No. \_\_\_\_\_

Name \_\_\_\_\_

Date _____	HGB _____	hCG Urine    pos    neg
Rho _____		

Remarks \_\_\_\_\_

Tech \_\_\_\_\_

**Preterm Tissue Report**

Patient Name Lakisha Wilson Chart # 181005  
LMP 10/10 Gestational Age 19.4 (weeks)

**Observed:**

fetal tissue	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no
placental tissue	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no
gestational sac	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no
villi	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no

total tissue weight 1473 gm  
foot measurement 32 mm

decidua only	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no
small tissue (<11gm)	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no
molar pregnancy	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no
notified: MD _____ Proc. Nurse _____ RR Nurse _____		

**Tissue Sent:**

☐ pathological examination (Lab Corps)  
☐ DNA study (private lab)  
☐ Licensed funeral home  
☐ Hillcrest Crematory

Tissue viewed ☐ Tissue not viewed ☒ Reason not viewed \_\_\_\_\_

Examiner [Signature] Physician [Signature] Date 3-21-14

H:\admin\FORMS\issue report.doc/3/18/2010



## CONSENT AND CERTIFICATION

I, Lekisha Wilson, hereby certify that:

1. At least twenty-four (24) hours before the performance or inducement of the abortion, Dr. P. Prater (216-991-4000) has met with me in person, in an individual, private setting and given me adequate opportunity to ask questions about the abortion and during this meeting the physician has informed me of the nature and purpose of the particular abortion procedure to be used; the medical risks associated with that procedure; the probable gestational age of the embryo or fetus; and the medical risks associated with carrying the pregnancy to term; and
2. At least twenty-four (24) hours before the performance or inducement of the abortion, the physician who is to perform or induce the abortion or the physician's agent has, in person, informed me of the name of the physician who is scheduled to perform or induce the abortion, offered me a copy of the materials published by the Ohio Department of Health, Fetal Development & Family Planning and directory of services, and informed me that these materials are provided by the state of Ohio and that they describe the embryo or fetus and list the agencies that offer alternatives to abortion. I understand that I may choose to examine the materials or not and that a physician and any agents of a physician may dissociate themselves from the materials and may choose to comment or not comment on the materials.
3. At least twenty-four hours (24) before the performance or inducement of the abortion, I have been informed in writing if the unborn human individual I am carrying has a detectable heartbeat and the statistical probability of carrying the pregnancy to term, and was afforded the opportunity to view the fetal heartbeat if one was detected.
4. Before the performance or inducement of the abortion, all of my questions about the abortion that will be performed or induced have been answered in a satisfactory manner.
5. I consent to the particular abortion voluntarily, knowingly, intelligently, and without coercion by any person and I am not under the influence of any drug of abuse or alcohol.
6. I have signed this consent and certification form prior to the performance or inducement of the abortion.

PATIENT:

Lekisha Wilson  
Signature

3/20/14  
Date

1:00  
Time

WITNESS:

[Signature]  
Signature

Je2  
Title

3-20-14  
Date

1:00  
Time

### CONSENT FOR CERVICAL DILATOR INSERTION

I, Ladisha Wilson, date of birth 05/06/91, having previously signed an Informed Consent for abortion, now additionally consent to the insertion of cervical dilators into my cervix for the purpose of dilating my cervix. The nature, operation, function and purpose of cervical dilators have been fully explained to me and all my questions have been answered fully and satisfactorily.

I realize that the insertion of the dilators is the start of the abortion procedure, to which I have knowingly consented and have requested from Preterm, its physicians and staff.

I understand that the purpose of the dilators is to dilate the cervix before the abortion procedure. I understand that once the dilators are inserted the abortion procedure has begun and it is expected that I will complete the abortion. The dilators absorb moisture and gently and slowly open the cervical canal as they get bigger. I understand that the dilators may cause some bleeding, cramping and/or rupture of membranes ("water breaking").

Although the risks are small, I understand that the possible complications associated with cervical dilators include, but are not limited to: infection, tearing of the cervix, perforation of the uterus, bleeding, spontaneous abortion and/or septic abortion. I understand that once the dilators are inserted, I must keep my appointment for completion of the abortion. If the dilators remain in place for longer than the appropriate time period, there is increased risk of infection, spontaneous and/or septic abortion, and death. I understand that any one of the possible complications associated with cervical dilators is potentially fatal if undiagnosed and untreated. I understand that if the dilators are removed but the second step of the procedure is not completed, there is an increased risk of losing the pregnancy, premature delivery, rupture of membrane ("water breaking"). If I fail for any reason to keep my appointment at Preterm for completion of the abortion, I will be responsible for any medical costs or physical damage I incur as a result of my actions. By not keeping my appointment, I have violated the patient/physician contract and Preterm may assume that I no longer need/want it's services. I understand that Preterm will try to locate me out of concern for my well-being.

Knowing all these things, I direct and authorize the use of cervical dilators.

Accordingly, I release Preterm, its physicians and staff from any and all liabilities or claims, now or in the future, arising from the use of cervical dilators.

<u>Ladisha Wilson</u>	<u>03/20/14</u>
Patient Signature	Date
<u>[Signature]</u>	<u>3.20.14</u>
Witness Signature	Date

# LAMINARIA PROCEDURE REPORT

Name Larkisha Wilson Chart # 181005  
HGB 11.5  
Sonogram Date 3.7.14 Wks 17.4 G/P 4/1  
Re-Sonogram Date \_\_\_\_\_ Wks \_\_\_\_\_  
Pre-op: T 98.7 P 88 BP 109/70  
INVD 2AB

Allergy Sticker

## Pre-Medication

### Procedure Oral Medication:

Ibuprofen 800 mg, Valium 10 mg, Vicodin (2) 5/500 @ \_\_\_\_\_  
Tylenol 1,000 mg PRN / Ibuprofen 800 mg PRN @ \_\_\_\_\_  
Other: \_\_\_\_\_

Initials

### IV Medication:

IVF: 1000cc Lactated Ringers / Normal Saline @ \_\_\_\_\_  
Doxycycline 100 mg IVPB @ \_\_\_\_\_  
Ampicillin 2 gm IVPB @ \_\_\_\_\_  
Gentamycin 80 mg IVPB @ \_\_\_\_\_  
Other: \_\_\_\_\_

Initials

Procedure under ultrasound \_\_\_\_\_  
Comments \_\_\_\_\_

Sonographer \_\_\_\_\_

Procedure Date 3/20/14 Gestational Age 19.3 weeks

Ultrasound reviewed: USA Prince M.D.

Resident Y (N)

Paracervical block with 1% Lidocaine administered 10 cc total

Cervix dilated to 4 mm

0 laminaria inserted 4 dilapan inserted

1 4 x 4 gauze inserted 0 mg Digoxin administered intra-fetally / intra-amniotically

Comments:

Complications:

Small tissue \_\_\_\_\_  
Decidua only \_\_\_\_\_  
Cervical laceration \_\_\_\_\_  
Hemorrhage \_\_\_\_\_  
Perforation \_\_\_\_\_  
Other \_\_\_\_\_

Initials

Signature

Signature

M.D.

Signature

M.D.

Date

3/20/14

# LAMINARIA RECOVERY ROOM REPORT

Name Lakisha Wilson Date 3/20/14 Chart # 181005 HGB 12.0

## Medication Orders:

Initials

Tylenol 1000mg PRN/Ibuprofen 800 mg PRN: @

Azithromycin 250 mg P.O. x 4 ☒ tablets

Doxycycline 100mg P.O. bid x 14 ☐ tablets

Erythromycin 250 mg P.O. qid x 28 ☐ tablets

Vicodin Rx given 5/500 1-2 tabs q 4hr PRN pain  
dispense 12 given

Ibuprofen 400 mg q 4-6 hrs x 12

Other

Misoprostol 400mcg dispensed/warnings given by Dr. \_\_\_\_\_

Advised to take as directed

Sedation \_\_\_\_\_ Local \_\_\_\_\_ Oral Sedation \_\_\_\_\_

Admit Time

Discharge Time

TIME	Admit Time	Discharge Time
	205	215
B/P and PULSE	101/70 -90	108/67 (92)
ALERT AND ORIENTED	S	S
1 AMBULATORY w/ASSIST 2 WITHOUT ASSIST	1	1
VITALS STABLE	S	S
BLEEDING SM MOD HEAVY	Small	Small
CRAMPING 0-5 PAIN SCALE	0	2
INITIALS:	SW	DH NK

I have received and understand all home going instructions given to me, including: my self-care upon returning home, how and when to seek medical help and how to contact a Preterm on-call nurse if needed. I understand how to use the medications prescribed including dosage and possible side effects. I am aware that medications I receive from Preterm may not be in a child-proof container. If I have had sedation or anesthesia I understand that I may not drive, drink alcohol, operate heavy machinery, or make any important decisions for twenty-four hours.

Instructions given by Denise

\*Discharged to care of Self

Patient Signature

Date

Initials Signature/Title

MD discharge Signature

**17 - 22 WEEK  
ABORTION PROCEDURE REPORT**

Name Lg Kisha Wilson Chart # 181005  
 HGB 11.5  
 Sonogram Date 3-7-14 Wks 17.4 G/P 4/1  
 Re-Sonogram Date \_\_\_\_\_ Wks \_\_\_\_\_  
 Pre-op: time 9:35 time \_\_\_\_\_ time 1:00 time 2:43  
 T 98.4 T \_\_\_\_\_ T \_\_\_\_\_ T \_\_\_\_\_  
 P 103 P \_\_\_\_\_ P \_\_\_\_\_ P \_\_\_\_\_  
 BP 95/64 BP \_\_\_\_\_ BP \_\_\_\_\_ BP \_\_\_\_\_

Allergy Sticker

**Pre-Medication**

Procedure Oral Medication:

Ibuprofen 800 mg, Valium 10 mg, Vicodin (2) 5/500 @ \_\_\_\_\_  
 Tylenol 1,000 mg PRN / Ibuprofen 800 mg PRN @ \_\_\_\_\_  
 Misoprostol 400 mcg dispensed vaginally / buccally / warnings given by Dr. \_\_\_\_\_ @ \_\_\_\_\_  
 Misoprostol 400 mcg dispensed vaginally / buccally by Dr. \_\_\_\_\_ @ \_\_\_\_\_  
 Misoprostol 400 mcg dispensed vaginally / buccally by Dr. \_\_\_\_\_ @ \_\_\_\_\_  
 Misoprostol 400 mcg dispensed vaginally / buccally by Dr. \_\_\_\_\_ @ \_\_\_\_\_  
 Azithromycin 250 mg P.O. x 4 ☐ tablets with dinner the night before procedure  
 Other: \_\_\_\_\_

Initials

IV / IM Medication:

Zantac 50 mg IVPB and Reglan 10 mg IVPB @ 9:40  
 IVF: 1000cc Lactated Ringers / Normal Saline @ 9:40  
 Doxycycline 100 mg IVPB @ \_\_\_\_\_  
 Ampicillin 2 gm IVPB @ \_\_\_\_\_  
 Gentamycin 80 mg IVPB @ \_\_\_\_\_  
 Demerol 50 mg IM and Phenergan 25 mg IM @ \_\_\_\_\_  
 Other: \_\_\_\_\_

Initials

Procedure under ultrasound: uterus empty/adnexa negative

Comments \_\_\_\_\_ Sonographer [Signature]

Procedure Date 3-21-14 Gestational Age 19.4 weeks 4 Uvase

Resident Y N

Fetal demise confirmed: Lisa Periera M.D.

4 x 4 gauze removed 0 laminaria removed 4 dilapan removed

Paracervical block with 1% Lidocaine administered 25 cc total Cervix dilated to # NA Pratt Hem/Bicrer

Uterine fluid evacuated with 11 mm cannula Fetal dismemberment / removal performed with \_\_\_\_\_ forceps

Curette was / was not used Uterine evacuation completed with 11 mm cannula

Estimated blood loss: ☒ ≤ 5cc ☐ ≤ 10cc ☐ ≤ 20cc ☒ 200 cc

Other medications administered: ☒ Methergine 0.2 mg IM ☒ Pitocin 30U IV ☐ Other \_\_\_\_\_

☒ Misoprostol 400 mcg ☒ vaginally ☐ rectally

Gauze/needle count correct \_\_\_\_\_ 1000 Time out \_\_\_\_\_

**Comments:**

atony p procedure.  
Muscup / methergine  
given. Still minor  
bleeding then 1000  
gauge given. P. noted  
to have a repeatable B.P. + VHR  
Started code

Initials

Signature

LS  
Rm

[Signature]  
R. McEachern, MD

**Complications:**

Small tissue \_\_\_\_\_  
 Decidua only \_\_\_\_\_  
 Cervical laceration \_\_\_\_\_  
 Hemorrhage \_\_\_\_\_  
 Perforation \_\_\_\_\_  
 Other \_\_\_\_\_

Signature [Signature] M.D.

Signature \_\_\_\_\_ M.D.

Date \_\_\_\_\_

# ABORTION RECOVERY REPORT

Name Kalisha Wilson Date 3/21/14 Chart # 181005  
 Rh Pos Neg Decidua only Small tissue

## Medication Orders:

Initials

Allergy Sticker

Rhogam: Given at:  Full dose  Micro   
 Methergine 0.2 mg P.O./IM PRN: Given at:   
 Tylenol 500mg 1-2 tabs PRN/Ibuprofen 800mg PRN: @   
 Contraception: Mirena  
 Rx Plan B PRN x  given   
 Depo Provera 150 mg IM: Given at:   
 Methergine 0.2 mg P.O. q 6 hours x 4 ☐ or 8 ☐ tablets  
 Azithromycin 250 mg P.O. x 4 ☒ tablets on 3/20/14  
 Doxycycline 100 mg P.O. bid x 14 ☐ tablets  
 Flagyl 500 mg P.O. bid x 7d

Sedation / Anesthesia  Local  Oral Sedation

LEGEND: s = satisfactory (2) u = unsatisfactory (0); - scant/none = 2, mod amt = 1, lg amt = 0  
 BP @ discharge within normal range of admitting BP=2: - Check patient every 15 minutes

WE  
 0

	Admit Time					Discharge Score=10
TIME						
BP/P						
Alert & Oriented						
1 Ambulatory/w assist – 2 without assist –	Wheelchair					
Vitals Stable						
Bleeding/Amount						
Color						
Cramping						

INITIALS

Total:

I have received and understand all home going instructions given to me, including: my self-care upon returning home, how and when to seek medical help and how to contact a Preterm on-call nurse if needed. I understand how to use the medications prescribed including dosage and possible side effects. I am aware that medications I receive from Preterm may not be in a child-proof container. The form of birth control I have chosen was discussed, including how it works and possible side effects. If I have had sedation or anesthesia I understand that I may not drive, drink alcohol, operate heavy machinery, or make any important decisions for twenty-four hours. Instructions given by

Patient signature X Date 3 21 14

Follow-up Plans: Preterm  Clinic or Agency  PMD ✓

Discharged to the care of

MD discharge signature

Patient may be discharged when the discharge score is 10 or above.

Init's Signature/Title  
WT Adhild  
AP Adhild  
KS Adhild

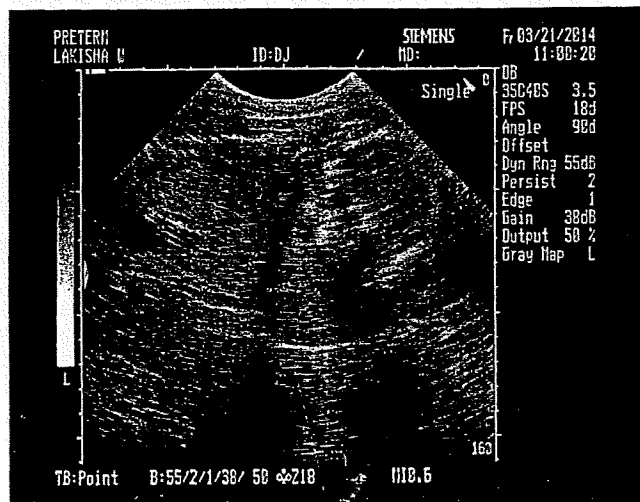
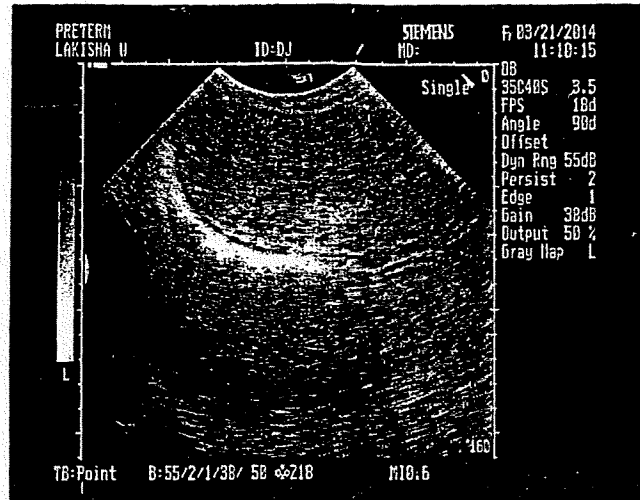


Chart # 10100

Date 3.21.14

Procedure Room Anesthesia/Conscious Sedation Record										
Time	1031	1033	1035	1039	1044	1050	1055	1100		
IV Fluid	100	100								
Fentanyl cc	4	2								
Versed mg	4									
Ketamine mg										
Diprivan mg										
EKG										
ETC O <sub>2</sub>										
O <sub>2</sub> Sat	100	100	95	92	85	84	81	71	151	
Mask O <sub>2</sub>	3	3	4	6	4	4	4	4		
LOC *	0	0	2	4	4	4	4	4		
	220									
	200									
	180									
	160									
	140									
	120									
	100									
	80									
	60									
	40									
	20									
	0									

atropine 0.4 1050 IV

Narcan 0.4 1050 IV

Narcan 0.4 1055 IV

atropine 0.4 1055 IV

atropine 1:1000 1100 IV

epinephrine 1:1000 1100 IV

epinephrine 1:1000 1110 IV

epinephrine 1:1000 1110 IV

epinephrine 1:1000 1110 IV

CPR started @ 1050  
20 shockable rhythm 1055  
shock administered 1105  
360 Joules11.5 hgb  
19.4 hct  
22yo

## \* Level of Consciousness

0=No sedation; 1=Awake, drowsy, responsive; 2=Asleep, easily awakened, responsive;  
3=Asleep, difficult to awaken; 4=Unable to awaken

## Anesthesia

## Conscious Sedation

Weight 134 lbs Height 5'3"

T \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ B/P \_\_\_\_\_

NPO Since \_\_\_\_\_

Have you ever had anesthesia? Yes ☒ No ☐

Any problems with anesthesia? Yes ☐ No ☒

Any nausea or vomiting? Yes ☐ No ☒

ASA \_\_\_\_\_ PLAN \_\_\_\_\_ I.V. \_\_\_\_\_

Pre-op meds:

Zantac 50 mg IVPB

Reglan 10 mg IVPB

Remarks:

Transcribed on pg 4

CRNA

Date \_\_\_\_\_ Time \_\_\_\_\_

## Pre-Procedure:

Identified ID Band ☒ yes ☐ no

Questioning ☒ yes ☐ no

Chart Reviewed/Permit Signed ☒ yes ☐ no

Is your ride here now? yes ☒ no ☐ call

Street Drugs or Alcohol ☒ denies ☐ last use

NPO Since 3/21/14 @ 0010

Pre-sedation state ☒ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

B/P 99/64 P 76 R 18 T -

O<sub>2</sub> Saturation 100 %

Initials

105

105

105

105

105

105

105

105

105

105

105

105

105

105

105

105

105

105

105

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105

105

105

## Post-Procedure Status:

Location 1 2 3 4 Time \_\_\_\_\_

B/P \_\_\_\_\_ O<sub>2</sub> Saturation \_\_\_\_\_ %

P \_\_\_\_\_ R \_\_\_\_\_

Sedation Level (Scale: 0-4) 0 1 2 3 4 ☒ 15

Nasal Oxygen \_\_\_\_\_ Mask Oxygen \_\_\_\_\_

Remarks:

pt transported to CH via Clearing Eng

chart accompanied c pt

Nurse

Physician



Patient Name Lakesha <sup>EMR 13</sup> ~~Williams~~ Wilson

Date	Time	Additional Comments or Second Screening
------	------	---

3/21/14

1050	atropine 0.4mg IV	/ CPR started, pt unresponsive
1050	narcan 0.4mg IV	
1055	narcan 0.4mg IV	/ No shockable rhythm
1055	atropine 0.4mg IV	/ pt remains unresponsive
1102	adrenaline 1:1000	1mg IV / shock given 360J
1110	adrenaline 1:10000	IV / given by medic / EMS
	care transferred to plane Ernest	

STATE OF OHIO  
COUNTY OF

}  
} ss.

**PRETERM**  
**PARENTAL CONSENT**

I, \_\_\_\_\_, swear under oath as follows:  
( Parent)

I am the Parent/Custodian/Guardian (circle one) of \_\_\_\_\_. I reside at  
( Patient)

\_\_\_\_\_, and my  
( Address) ( City, State, Zip Code)  
telephone number is \_\_\_\_\_.

I hereby give my consent to Preterm to perform an abortion on my daughter,

\_\_\_\_\_  
( Patient)

I believe my daughter is sufficiently mature and well enough informed to intelligently  
decide whether to have an abortion, and I have consulted with her on her decision to the extent  
I think appropriate.

I have read the above and it is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
(Parent)

SWORN TO BEFORE ME and subscribed in my presence this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires \_\_\_\_\_

I authorize Preterm Cleveland to obtain information and records from any physician, hospital, or  
clinic which may provide treatment for routine follow-up care or complications stemming from the  
abortion performed.

Signature of Parent or Legal Guardian (if a minor)

\_\_\_\_\_ Date \_\_\_\_\_



G.T.B. MEDICAL SERVICE INC.  
366 PEARL RD.  
BRUNSWICK, OHIO 44212  
(330) 225-2551 OUT OF AREA 1-800-22DR.FIX (37349)  
FAX (330) 220-8965

*COPY*

CUSTOMER PRE-Team Clinic DATE 3-10-14  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
ITEM ULTRASOUND DEPARTMENT 3rd Floor CONTROL # \_\_\_\_\_  
MANUFACTURER SIEMENS MODEL# 4900606LV300 SERIAL# ACA0811  
EQUIPMENT STATUS: PURCHASE \_\_\_\_\_ RENT/LOAN \_\_\_\_\_ TRIAL \_\_\_\_\_

ELECTRICAL /PERFORMANCE:

(1) LEAKAGE CURRENT	13.6 uA	<u>PASS</u>	FAIL	N/A
(2) LEAD LEAKAGE		PASS	FAIL	N/A
(3) GROUND RESISTANCE	0.40 u	<u>PASS</u>	FAIL	N/A
(4) OPERATION:		PASS	FAIL	N/A
(5) OTHER		PASS	FAIL	N/A

EQUIPMENT INFORMATION:

(1) WARRANTY CONDITIONS: \_\_\_\_\_  
(2) OPERATOR'S MANUAL: YES NO N/A  
(3) SERVICE MANUAL: YES NO N/A  
(4) CALIBRATION DATA: YES NO N/A

RECOMMENDATIONS:

ACCEPTABLE \_\_\_\_\_ CONDITIONS ACCEPTABLE \_\_\_\_\_ UNACCEPTABLE \_\_\_\_\_  
(RELEASE PYMT) (HOLD PYMT) (RETURN EQUIPMENT)

COMMENTS/NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TECHNICIAN *[Signature]* TIME(HRS) \_\_\_\_\_

Sales and Service of all Medical Equipment



G.T.B. MEDICAL SERVICE INC.

366 PEARL RD.

BRUNSWICK, OHIO 44212

(330) 225-2551 OUT OF AREA 1-800-22DR.FIX (37349)

FAX (330) 220-8965

*COPY*

CUSTOMER Pre-Term DATE 3-10-14  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
ITEM Sterilizer DEPARTMENT 3rd Floor CONTROL # \_\_\_\_\_  
MANUFACTURER P+C MODEL# MAGNAC/AVE SERIAL# 8139  
EQUIPMENT STATUS: PURCHASE \_\_\_\_\_ RENT/LOAN \_\_\_\_\_ TRIAL \_\_\_\_\_

ELECTRICAL /PERFORMANCE:

(1) LEAKAGE CURRENT	<u>uA</u>	PASS	FAIL	N/A
(2) LEAD LEAKAGE		PASS	FAIL	N/A
(3) GROUND RESISTANCE	<u>h</u>	PASS	FAIL	N/A
(4) OPERATION:	<u>Temp Set 255</u>	PASS	FAIL	N/A
(5) OTHER	<u>UNIT Reached 258°F / 26 PSI</u>	<u>PASS</u>	FAIL	N/A

EQUIPMENT INFORMATION:

(1) WARRANTY CONDITIONS: \_\_\_\_\_  
(2) OPERATOR'S MANUAL: YES NO N/A  
(3) SERVICE MANUAL: YES NO N/A  
(4) CALIBRATION DATA: YES NO N/A

RECOMMENDATIONS:

ACCEPTABLE \_\_\_\_\_ CONDITIONS ACCEPTABLE \_\_\_\_\_ UNACCEPTABLE \_\_\_\_\_  
(RELEASE PYMT) (HOLD PYMT) (RETURN EQUIPMENT)

COMMENTS/NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TECHNICIAN *[Signature]* TIME(HRS) \_\_\_\_\_

Sales and Service of all Medical Equipment



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BRUNSWICK, OHIO 44212  
(330) 225-2551 OUT OF AREA 1-800-22DR.FIX (37349)  
FAX (330) 220-8965

*Copy*

CUSTOMER Pre-Term DATE 3-10-14  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
ITEM Exam Table DEPARTMENT Rm 3 CONTROL # \_\_\_\_\_  
MANUFACTURER Ritter MODEL# 119-014 SERIAL# 84003839  
EQUIPMENT STATUS: PURCHASE \_\_\_\_\_ RENT/LOAN \_\_\_\_\_ TRIAL \_\_\_\_\_

ELECTRICAL /PERFORMANCE:

(1) LEAKAGE CURRENT <u>60.2 uA</u>	<u>PASS</u>	FAIL	N/A
(2) LEAD LEAKAGE	PASS	FAIL	N/A
(3) GROUND RESISTANCE <u>0.29 u</u>	<u>PASS</u>	FAIL	N/A
(4) OPERATION:	PASS	FAIL	N/A
(5) OTHER	PASS	FAIL	N/A

EQUIPMENT INFORMATION:

(1) WARRANTY CONDITIONS:	_____		
(2) OPERATOR'S MANUAL:	YES	NO	N/A
(3) SERVICE MANUAL:	YES	NO	N/A
(4) CALIBRATION DATA:	YES	NO	N/A

RECOMMENDATIONS:

ACCEPTABLE \_\_\_\_\_ CONDITIONS ACCEPTABLE \_\_\_\_\_ UNACCEPTABLE \_\_\_\_\_  
(RELEASE PYMT) (HOLD PYMT) (RETURN EQUIPMENT)

COMMENTS/NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TECHNICIAN *[Signature]* TIME(HRS) \_\_\_\_\_



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FAX (330) 220-8965

*Copy*

CUSTOMER Pre-Team DATE 3-10-14  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
ITEM Aspirator DEPARTMENT Rm 3 CONTROL # \_\_\_\_\_  
MANUFACTURER Gen Med MODEL# A SERIAL# AVL 109488Y  
EQUIPMENT STATUS: PURCHASE \_\_\_\_\_ RENT/LOAN \_\_\_\_\_ TRIAL \_\_\_\_\_

ELECTRICAL /PERFORMANCE:

(1) LEAKAGE CURRENT	07.1 uA	<u>PASS</u>	FAIL	N/A
(2) LEAD LEAKAGE		PASS	FAIL	N/A
(3) GROUND RESISTANCE	0.22 u	<u>PASS</u>	FAIL	N/A
(4) OPERATION:		PASS	FAIL	N/A
(5) OTHER	23" VAC	<u>PASS</u>	FAIL	N/A

EQUIPMENT INFORMATION:

(1) WARRANTY CONDITIONS:	_____		
(2) OPERATOR'S MANUAL:	YES	NO	N/A
(3) SERVICE MANUAL:	YES	NO	N/A
(4) CALIBRATION DATA:	YES	NO	N/A

RECOMMENDATIONS:

ACCEPTABLE \_\_\_\_\_ CONDITIONS ACCEPTABLE \_\_\_\_\_ UNACCEPTABLE \_\_\_\_\_  
(RELEASE PYMT) (HOLD PYMT) (RETURN EQUIPMENT)

COMMENTS/NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TECHNICIAN *[Signature]* TIME(HRS) \_\_\_\_\_

Sales and Service of all Medical Equipment



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BRUNSWICK, OHIO 44212  
(330) 225-2551 OUT OF AREA 1-800-22DR.FIX (37349)  
FAX (330) 220-8965

*Copy*

CUSTOMER PRE-Term DATE 3-10-14  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
ITEM Exam Light DEPARTMENT Rm 3 CONTROL # \_\_\_\_\_  
MANUFACTURER BREWER MODEL# \_\_\_\_\_ SERIAL# \_\_\_\_\_  
EQUIPMENT STATUS: PURCHASE \_\_\_\_\_ RENT/LOAN \_\_\_\_\_ TRIAL \_\_\_\_\_

ELECTRICAL /PERFORMANCE:

(1) LEAKAGE CURRENT	<u>15.6 uA</u>	<u>PASS</u>	FAIL	N/A
(2) LEAD LEAKAGE		PASS	FAIL	N/A
(3) GROUND RESISTANCE	<u>0.46 u</u>	<u>PASS</u>	FAIL	N/A
(4) OPERATION:		PASS	FAIL	N/A
(5) OTHER		PASS	FAIL	N/A

EQUIPMENT INFORMATION:

(1) WARRANTY CONDITIONS:	_____		
(2) OPERATOR'S MANUAL:	YES	NO	N/A
(3) SERVICE MANUAL:	YES	NO	N/A
(4) CALIBRATION DATA:	YES	NO	N/A

RECOMMENDATIONS:

ACCEPTABLE \_\_\_\_\_ CONDITIONS ACCEPTABLE \_\_\_\_\_ UNACCEPTABLE \_\_\_\_\_  
(RELEASE PYMT) (HOLD PYMT) (RETURN EQUIPMENT)

COMMENTS/NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TECHNICIAN *[Signature]* TIME(HRS) \_\_\_\_\_

Sales and Service of all Medical Equipment



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BRUNSWICK, OHIO 44212  
(330) 225-2551 OUT OF AREA 1-800-22DR.FIX (37349)  
FAX (330) 220-8965

*Copy*

CUSTOMER Pre-Team Clinic DATE 3-10-14  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
ITEM Suction DEPARTMENT Rm 3 CONTROL # \_\_\_\_\_  
MANUFACTURER Berkley MODEL# SV10 SERIAL# 4046  
EQUIPMENT STATUS: PURCHASE \_\_\_\_\_ RENT/LOAN \_\_\_\_\_ TRIAL \_\_\_\_\_

ELECTRICAL /PERFORMANCE:

(1) LEAKAGE CURRENT	<u>69.9 uA</u>	<u>PASS</u>	FAIL	N/A
(2) LEAD LEAKAGE		PASS	FAIL	N/A
(3) GROUND RESISTANCE	<u>0.41 h</u>	<u>PASS</u>	FAIL	N/A
(4) OPERATION:		PASS	FAIL	N/A
(5) OTHER	<u>60 cm</u>	<u>PASS</u>	FAIL	N/A

EQUIPMENT INFORMATION:

(1) WARRANTY CONDITIONS: \_\_\_\_\_  
(2) OPERATOR'S MANUAL: YES NO N/A  
(3) SERVICE MANUAL: YES NO N/A  
(4) CALIBRATION DATA: YES NO N/A

RECOMMENDATIONS:

ACCEPTABLE \_\_\_\_\_ CONDITIONS ACCEPTABLE \_\_\_\_\_ UNACCEPTABLE \_\_\_\_\_  
(RELEASE PYMT) (HOLD PYMT) (RETURN EQUIPMENT)

COMMENTS/NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TECHNICIAN *[Signature]* TIME(HRS) \_\_\_\_\_

Sales and Service of all Medical Equipment



# WAVE IMAGING

1910 Joseph Lloyd Parkway  
Willoughby, OH 44094  
Ph: 440-975-3316 Fax: 440-269-1332

*COPY*

## Wave Imaging Support Group Performance Assurance Program for Preventative Maintenance Service

### System Check List

- (✓) Replace or clean all filters and sterilize Machine
- (✓) Checked error log contents and print it out
- (✓) Check software revision and record in log
- (✓) Run extended diagnostics tests and record in log
- (✓) Check all system fans for proper air flow

### Transducers

- (✓) Inspect for cracks and swelling
- (✓) Execute testing for dead elements and record
- (✓) Check all transducer cabling for wear and cuts
- (✓) Sterilize transducer and record serial number in log

### Peripherals

- (✓) Inspect cabling
- (✓) Inspect switch settings
- (✓) Check printer imaging for *3FW* color and sharpness
- ( ) Check operation and cleaning video head and tape path *(N/A)*

### Controller

- (✓) Check operation of controls and execute keyboard test
- (✓) Check CRT performance
- (✓) Check cabling and internal battery, if applicable
- (✓) Check scanner fans for excessive noise or vibration

### Final System Tests and Verification

- (✓) Final check of error log and clearing of all errors/resetting service meters
- (✓) Check mechanical operation
- (✓) Final execution of extended basic tests
- (✓) Reviewed applicable service notes and made all exchanges
- (✓) Record all serial numbers on unit

Customer: PRETERM OF CLEVELAND

Preventative Maintenance Service Performance Assurance completed

System SIEMENS SONOLINE G-20

Serial Number JA 00949, Date 10-21-13

Field Engineer Doug Sherman

WAVE IMAGING  
1910 Joseph Lloyd Parkway  
Willoughby, OH 44094  
Ph: 440-975-3316 Fax: 440-269-1332

Copy

Wave Imaging Support Group  
Performance Assurance Program for Preventative Maintenance Service

System Check List

- (✓) Replace or clean all filters and sterilize Machine
- (✓) Checked error log contents and print it out
- (✓) Check software revision and record in log
- (✓) Run extended diagnostics tests and record in log
- (✓) Check all system fans for proper air flow

Transducers

- (✓) Inspect for cracks and swelling
- (✓) Execute testing for dead elements and record
- (✓) Check all transducer cabling for wear and cuts
- (✓) Sterilize transducer and record serial number in log

Peripherals

- (✓) Inspect cabling
- (✓) Inspect switch settings *BEW*
- (✓) Check printer imaging for color and sharpness
- ( ) Check operation and cleaning video head and tape path *(N/A)*

Controller

- (✓) Check operation of controls and execute keyboard test
- (✓) Check CRT performance
- (✓) Check cabling and internal battery, if applicable
- (✓) Check scanner fans for excessive noise or vibration

Final System Tests and Verification

- (✓) Final check of error log and clearing of all errors/resetting service meters
- (✓) Check mechanical operation
- (✓) Final execution of extended basic tests
- (✓) Reviewed applicable service notes and made all exchanges
- (✓) Record all serial numbers on unit

Customer: PRE TERM OF CLEVELAND.

Preventative Maintenance Service Performance Assurance completed

System SIEMENS SONOLINE PRIMA

Serial Number BCA 0285

Date 10-21-13

Field Engineer Doug Sherman

**EMERGENCY DRILL MEETING**  
November 13, 2013

*Emergency  
Drills  
Eval of Staff*

**Staff Present**  
Angel Rucker  
Laura Ackerman  
LaDana Jackson  
AnJanette Lew  
Ebony Minter  
LaToya Shaw  
Irina Solomonova  
Stephanie Walker  
Tiara White

**Title**  
RN Director of Clinical  
RN Assistant to the Director  
Medical Assistant  
LPN  
Medical Assistant  
Medical Assistant  
RN  
Medical Assistant  
Medical Assistant

**Scenario #1**

Vaso-vagal reaction: Patient is at conclusion of a 7-week surgical abortion when she becomes pale, sweaty and states that she feels lightheaded. What's going on? What do you do?

Patient seems to be experiencing a vaso-vagal reaction.

Goal: Assess vital signs and attempt to increase blood flow to the brain.

**Patient Support or RN**

Make sure the patient is lying down, on side  
Elevate feet if possible (Trendelenburg Position)  
Take blood pressure and secure pulse oximeter

**Demonstrate: Know where blood pressure cuff and pulse oximeter are**  
**Able to take BP, pulse, and use pulse oximeter**

Despite these measures, the patient passes out. Her pulse oximeter shows 98% oxygen saturation, but her pulse rate is only 55. She remains unconscious with a low pulse. What should be done next?

**RN**

Administer atropine 0.6-0.8 mg IV or IM and place ammonia capsule under patient's nose

The patient is revived and her heart rate gradually rises to 80 and remains steady. What should be done next?

Continue to watch patient, allow her to rest quietly.  
Once feeling well, explain reaction thoroughly to patient.  
Ensure that she is accompanied when she leaves.

## Scenario #2

Anaphylaxis: A patient has just received a para-cervical block in preparation for a first trimester abortion. She begins to complain that she feels itchy and you see hives developing on her face and hands. She states that her tongue and throat feels tight. What's going on? What needs to be done?

Patient seems to be experience an allergic and possible anaphylactic reaction.

Goal: Attempt to halt reaction as quickly as possible and ensure adequate breathing.

### Registered Nurse

Secure pulse oximeter

Stop administering the medication thought to have caused the reaction

Administer: Epinephrine 1:100 0.3-0.5ml SQ and Benadryl 50mg IV or IM

**Demonstrate:**      **Knows where emergency medications are kept.**  
                             **Able to take BP, pulse, and use pulse oximeter**

While the medications are being administered, the patient's breathing becomes wheezy and labored. She seems to be struggling for air. The pulse oximeter shows 89%.

### RN

Activate EMS

Insert oral airway and ventilate with ambu-bag or mouth-to-mouth.

Give 4L oxygen via ambu-bag or nasal cannula.

Continue to monitor pulse and blood pressure.

**Demonstrate:**      **Knows where oxygen, ambu-bag and oral airway are kept.**  
                             **Connects O2 tubing to nasal cannula or ambu-bag.**  
                             **Able to ventilate with ambu-bag**

The patient continues to need assistance ventilating but you are able to keep oxygen saturation above 90%. You notice, however, that her heart rate is now 105 and her blood pressure is 80/60. What is going on? What do you do now?

Her blood pressure is dropping as a result of the anaphylactic reaction.

Goal: Increase intravascular volume to maintain blood pressure.

### RN

Secure a large-bore IV and begin wide open LR infusion

**Demonstrate:**      **Knows where IV fluid and IV supplies are kept**

**Patient Support or RN**

Continue to support breathing and circulation

Prepare for transfer to hospital

**\*Reviewed Emergency Transfer Protocol with Staff**

**Scenario #3**

Hemorrhagic shock/cardiac arrest: A patient is undergoing a second trimester abortion. At the conclusion of procedure the physician notes the uterus is boggy, and the patient is experiencing heavy vaginal bleeding. What is going on?

The patient is showing signs of uterine atony.

Goal: Increase uterine contractility and stop bleeding

**RN**

Perform uterine massage

Prepare and/or administer uterotonics as directed by MD

Misoprostol, Oxytocin, Methergine, Vasopressin

**Demonstrate:**      **Knows how to perform uterine massage**

Uterotonics are given and the bleeding appears to slow down. The patient has lost a great deal of blood, however, and she now appears pale, her skin is cool and clammy and her pulse rises to the 110s. What is going on?

The patient is exhibiting physical signs of hypovolemia.

Goal: Assess vital signs and stabilize.

**Medical Assistant or RN**

Make sure the patient is lying down.

Elevate feet if possible (Trendelenburg position)

Monitor BP, pulse and oxygen saturation

Goal: Increase intravascular volume to maintain blood pressure and blood flow to the brain.

**RN**

Secure large-bore IV and run LR wide open

Activate EMS

**Demonstrate:**           **Knows where IV fluid and IV supplies are kept.**

As IV fluids are being started, the patient suddenly loses consciousness and her pulse oximeter stops showing a reading. What is going on? What needs to be done?

The patient appears to have gone into cardiac arrest. The pulse oximeter is not working because there is no pulse.

**Goal: START CPR!**

**Patient Support or RN**

Activate EMR

Get AED (Discussed use of AED and upgrades for current BLS protocol)

Place patient as flat as possible on hard surface

Maintain an open airway: assist breathing if spontaneous respirations cease.

Start CPR according to AHA guidelines.

Use AED as soon as possible

**Demonstrate:**           **Knows where AED**  
                                  **Knows CPR guidelines**

**Scenario #4**

**Seizure:** A patient is in the recovery room after a first-trimester abortion when she suddenly loses consciousness and becomes stiff. She then slumps down and whole body begins to jerk. She is not conscious, and you notice that she loses control of her bladder. What is going on and what needs to be done?

The patient appears to be having a seizure.

**Goal: Secure the patient's safety**

**Patient Support or RN**

Try to keep the patient from falling and move any objects that might cause injury.

Do not try to hold down or move the patient.

Do not force anything into the patient's mouth and time the length of the seizure.

The seizure goes on for several minutes and then appears to briefly stop. However, the patient does not become conscious again and within 30 seconds, the jerking movements begin again and continue for another several minutes. What does this mean? What do you do?

The patient seems to be in status epilepticus, a seizure that is not stopping on its own.

Goal: Attempt to stop the seizure

**RN**

Activate EMS

Give Valium IV push 5-10mg. If the seizure is not controlled additional doses may be given every 10 -15 minutes, not to exceed a total of 30mg.

Continue to ensure safety of the patient.

**Demonstrate:**      **Knows where emergency medications and cart are kept.**

After being given Valium, the patient's seizure activity seems to stop. She regains consciousness and though she is very confused about what happened, she is responsive. What should be done while awaiting ambulance transfer?

**Medical Assistant or RN**

Place the patient in the recovery position.

Check for injuries.

If the person is having trouble breathing, clear the mouth of any vomit or saliva, and provide oxygen if necessary.

**Scenario #5**

Medication Overdose: A patient is having a second trimester procedure with IV sedation. As the nurse starts the medications, the patient suddenly becomes very quiet. She does not respond to voice and gentle shaking. Her breathing seems to have slowed and her oxygen saturation is dropping. What is going on? What do we do?

She seems to be over reacting to the IV medications.

Goal: Assess and stabilize the patient

**RN**

Start 4L oxygen by nasal

Take vital signs

Position the patient in trendelenburg position

Fully assess the airway and insert airway if necessary

**Demonstrate:**      **Knows where oxygen and other airway supplies are kept.**  
                             **Knows how to connect oxygen tubing to nasal cannula**  
                             **Knows how to insert oral airway appropriately**

The oxygen is secured on the patient and she is properly positioned. Her pulse is 60 and regular, her blood pressure is 90/60 and her oxygen saturation is 89%. (having been 99%)

prior to procedure). Her respiratory rate is 6 breaths per minute. What should be done next?

Goal: Reverse the effects of IV medications

RN

Give Narcan

Give Ramazicon

**Demonstrate:**

**Knows where emergency medications are kept**

**Understands the dosage and use of Narcan and Romazicon**

Within a minute the patient's respirations increase and she becomes arousable. Her oxygen saturation increases to 98% and her blood pressure rises to 120/70. What should be done next?

**Medical Assistant or RN**

Observe and Monitor

Monitor vital signs and pulse oximeter frequently

Allow the patient to rest



**STAFF MEETING 9/19/12, EMERGENCY TRAINING**

COPY

**Staff In Attendance:**

Naz Khan	RN
Allegra Pierce	MA
Angie Marchmon	RN
Tina Burdecki	Sono
Liz Conn	RN
Jill Buchanan	MA
Irina Solomonova	RN
Tiara White	MA
Amanda Collins	LPN
Vivian Smith	MA
Dominique Richardson	MA
Laura Ackerman	RN
La'Toya Shaw	MA
Dana Jackson	MA
Stephanie Walker	MA

**Scenario #1**

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Patient seems to be experiencing a vaso-vagal reaction.

Goal: Assess vital signs and attempt to increase blood flow to the brain.

**Patient Support or RN**

Make sure the patient is lying down, on side

Elevate feet if possible (Trendelenburg Position)

Take blood pressure and secure pulse oximeter

**Demonstrate: Know where blood pressure cuff and pulse oximeter are**

**Able to take BP, pulse, and use pulse oximeter**

Despite these measures, the patient passes out. Her pulse oximeter shows 98% oxygen saturation, but her pulse rate is only 55. She remains unconscious with a low pulse. What should be done next?

Administer atropine 0.6-0.8 mg IV or IM and place ammonia capsule under patient's nose

The patient is revived and her heart rate gradually rises to 80 and remains steady. What should be done next?

Continue to watch patient, allow her to rest quietly.  
Once feeling well, explain reaction thoroughly to patient.  
Ensure that she is accompanied when she leaves.

**Anaphylaxis:** A patient has just received a para-cervical block in preparation for a first trimester abortion. She begins to complain that she feels itchy and you see hives developing on her face and hands. She states that her tongue and throat feels tight. What's going on? What needs to be done?

Patient seems to be experience an allergic and possible anaphylactic reaction.

Goal: Attempt to halt reaction as quickly as possible and ensure adequate breathing.

Secure pulse oximeter  
Stop administering the medication thought to have caused the reaction  
Administer: Epinephrine 1:100 0.3-0.5ml SQ and Benadryl 50mg IV or IM

**Demonstrate:** Knows where emergency medications are kept.  
Able to take BP, pulse, and use pulse oximeter

While the medications are being administered, the patient's breathing becomes wheezy and labored. She seems to be struggling for air. The pulse oximeter shows 89%.

**Activate EMS**  
Insert oral airway and ventilate with ambu-bag or mouth-to-mouth.  
Give 4L oxygen via ambu-bag or nasal cannula.  
Continue to monitor pulse and blood pressure.

**Demonstrate:** Knows where oxygen, ambu-bag and oral airway are kept.  
Connects O2 tubing to nasal cannula or ambu-bag.  
Able to ventilate with ambu-bag

The patient continues to need assistance ventilating but you are able to keep oxygen saturation above 90%. You notice, however, that her heart rate is now 105 and her blood pressure is 80/60. What is going on? What do you do now?

Her blood pressure is dropping as a result of the anaphylactic reaction.

Goal: Increase intravascular volume to maintain blood pressure.

**RN**

Secure a large-bore IV and begin wide open LR infusion

**Demonstrate:**       **Knows where IV fluid and IV supplies are kept**

**Patient Support or RN**

Continue to support breathing and circulation

Prepare for transfer to hospital

**\*Reviewed Emergency Transfer Protocol with Staff**

**Scenario #3**

Hemorrhagic shock/cardiac arrest: A patient is undergoing a second trimester abortion. At the conclusion of procedure the physician notes the uterus is boggy, and the patient is experiencing heavy vaginal bleeding. What is going on?

The patient is showing signs of uterine atony.

Goal: Increase uterine contractility and stop bleeding

**RN**

Perform uterine massage

Prepare and/or administer uterotonics as directed by MD

Misoprostol, Oxytocin, Methergine, Vasopressin

**Demonstrate:**       **Knows how to perform uterine massage**

Uterotonics are given and the bleeding appears to slow down. The patient has lost a great deal of blood, however, and she now appears pale, her skin is cool and clammy and her pulse rises to the 110s. What is going on?

The patient is exhibiting physical signs of hypovolemia.

Goal: Assess vital signs and stabilize.

**Medical Assistant or RN**

Make sure the patient is lying down.  
Elevate feet if possible (Trendelenburg position)  
Monitor BP, pulse and oxygen saturation

Goal: Increase intravascular volume to maintain blood pressure and blood flow to the brain.

**RN**

Secure large-bore IV and run LR wide open  
Activate EMS

**Demonstrate:**        **Knows where IV fluid and IV supplies are kept.**

As IV fluids are being started, the patient suddenly loses consciousness and her pulse oximeter stops showing a reading. What is going on? What needs to be done?

The patient appears to have gone into cardiac arrest. The pulse oximeter is not working because there is no pulse.

Goal: START CPR!

**Patient Support or RN**

Activate EMR  
Get AED (Discussed use of AED and upgrades for current BLS protocol)  
Place patient as flat as possible on hard surface  
Maintain an open airway: assist breathing if spontaneous respirations cease.  
Start CPR according to AHA guidelines.  
Use AED as soon as possible

**Demonstrate:**        **Knows where AED**  
                             **Knows CPR guidelines**

**Scenario #4**

Seizure: A patient is in the recovery room after a first-trimester abortion when she Suddenly loses consciousness and becomes stiff. She then slumps down and Whole body begins to jerk. She is not conscious, and you notice that she loses control of her bladder. What is going on and what needs to be done?

The patient appears to be having a seizure.

Goal: Secure the patient's safety

### Patient Support or RN

Try to keep the patient from falling and move any objects that might cause injury.  
Do not try to hold down or move the patient.

Do not force anything into the patient's mouth and time the length of the seizure.

The seizure goes on for several minutes and then appears to briefly stop. However, the patient does not become conscious again and within 30 seconds, the jerking movements begin again and continue for another several minutes. What does this mean? What do you do?

The patient seems to be in status epilepticus, a seizure that is not stopping on its own.

Goal: Attempt to stop the seizure

### RN

Activate EMS

Give Valium IV push 5-10mg. If the seizure is not controlled additional doses may be given every 10-15 minutes, not to exceed a total of 30mg.

Continue to ensure safety of the patient.

**Demonstrate:**        **Knows where emergency medications and cart are kept.**

After being given Valium, the patient's seizure activity seems to stop. She regains consciousness and though she is very confused about what happened, she is responsive. What should be done while awaiting ambulance transfer?

### Medical Assistant or RN

Place the patient in the recovery position.

Check for injuries.

If the person is having trouble breathing, clear the mouth of any vomit or saliva, and provide oxygen if necessary.

### **Scenario #5**

**Medication Overdose:** A patient is having a second trimester procedure with IV sedation. As the nurse starts the medications, the patient suddenly becomes very quiet. She does not respond to voice and gentle shaking. Her breathing seems to have slowed and her oxygen saturation is dropping. What is going on? What do we do?

She seems to be over reacting to the IV medications.

Goal: Assess and stabilize the patient

**RN**

Start 4L oxygen by nasal  
Take vital signs  
Position the patient in trendelenburg position  
Fully assess the airway and insert airway if necessary

**Demonstrate:**      **Knows where oxygen and other airway supplies are kept.**  
                         **Knows how to connect oxygen tubing to nasal cannula**  
                         **Knows how to insert oral airway appropriately**

The oxygen is secured on the patient and she is properly positioned. Her pulse is 60 and regular, her blood pressure is 90/60 and her oxygen saturation is 89%. (having been 99% prior to procedure). Her respiratory rate is 6 breaths per minute. What should be done next?

Goal: Reverse the effects of IV medications

**RN**

Give Narcan  
Give Ramazicon

**Demonstrate:**      **Knows where emergency medications are kept**  
                         **Understands the dosage and use of Narcan and Romazicon**

Within a minute the patient's respirations increase and she becomes arousable. Her oxygen saturation increases to 98% and her blood pressure rises to 120/70. What should be done next?

**Medical Assistant or RN**

Observe and Monitor  
Monitor vital signs and pulse oximeter frequently  
Allow the patient to rest

**Open Floor For Discussion**

**Clarification of Screening Criteria:**

Conscious Sedation:

- Patients over 350lbs are not eligible for conscious sedation
- Patients currently taking Methadone or Suboxone are not eligible for conscious sedation

Patients That Require Letters:

- Any patients with history of disease/chronic health problems/or recent surgery of vital organs (brain, heart, lungs, kidneys, liver, pancreas)

- Patients with Hepatitis C
- Patients currently taking steroids

Inhalers:

- Patients with any history of asthma scheduled for Anesthesia or Conscious Sedation MUST have (or buy) inhaler.

STI's:

- Gonorrhea & Chlamydia- Require proof of treatment
- Herpes- Must not have current outbreak
- Trichomonas- Will receive Flagyl after AB

Late Patients

- Discussed possible reasons patients may have trouble getting here on time, and the importance of showing empathy
- Discussed importance of staff maintaining positive/professional attitude toward seeing as many patients as possible

M R S C H E D U L E  
Appointment Date 3 21 14

Seq	Patient-Name	A T	L R	Pro R	Chart	---	A/B	---	Dilator-	
		S I	#	M Coach	Time	Start	End	Start	End	Doctor
1		S	5	2 1	STEPH	904	956	1020		PER
2	LAKISHA WILSON	S	5	3 3	LATOYA	945	1031	1115		PER
3		S	5	5 1	STEPH	954	1217	1236		PER
4		S	5	7 3	LATOYA	956	1246	1257		PER
5		S	5	9 2	TIARA	1223	143	203		PER
6		S	5	10 3	LATOYA	1227	204	224		PER
7		S	5	8 1	STEPH	1212	106	121		PER
8		S	5	13 3	LATOYA	103	258	310		PER
10		L	1	1 2	TIARA	909	945	955		PER
20		S	1	4 2	TIARA	1008	1205	1214		PER

10

1-Exit, 2-Prior, 3-Next, 7-Eoj, 6-Resume, 8-Prev, 9-Proc#, 13-Screen2, 20-DSR, 24-Setup

Elect Record  
of Procedures

3-21-14

End time is time  
Room was finished - not  
Procedure End time

Copy



Emergency Transfer Checklist

COPY

- |   | <u>Completed</u>               |
|---|--------------------------------|
| 1) 911 called                                     | <u>✓</u>                       |
| 2) S.O. Notified                                  | <u>Dr. P. doing - not here</u> |
| 3) Chart Copied                                   | <u>✓</u>                       |
| 4) Transfer packet with PS                        | <u>✓</u>                       |
| 5) MD report to attending (844-1111)              | <u>✓</u>                       |
| 6) <del>RN</del> RN report to ED Nurse (844-7007) | <u>✓</u>                       |
| 7) Complete feedback loop                         | <u>D.P., AL</u>                |

copied chart, gave to EMT  
LeToya went to pt.

Emerg Trans  
✓ list for

Lakisha Wilson  
Not Part of Med Rec

# EMERGENCY CART

Copy

NOTE: CHECK EXPIRATION DATES ON ALL MEDICATIONS

USE AN "R" TO INDICATE THAT THE MEDICATION HAS BEEN REORDERED

## PRESENT AND TESTS

Defibrillator  
Oxygen Tank (Procedure)  
Suction Machine (Procedure)

Crash  
Cart daily  
✓

DATE	DATE	DATE	DATE	DATE
4/1/14	3/27/14	3/28/14		
ITS	INITS	INITS	INITS	INITS
m	5	5		
✓	✓	✓		
✓	✓	✓		
✓	✓	✓		

## FIRST DRAWER: MEDICATIONS

Unlocked closet for replacement of expired drugs

CHECKED & CLEANED					
Diphenhydramine (Benedryl) tablets	✓	✓	✓		
Diphenhydramine (Benadryl) vials	✓	✓	✓		
2 Ephedrine	✓	✓	✓		
2 Narcan	✓	✓	✓		
5 Epinephrine 1:1000	✓	✓	✓		
2 Solu-Medrol	✓	✓	✓		
2 Lasix	✓	✓	✓		
1 Procainamide (Pronestyl)	✓	✓	✓		
1 Droperidol 5mg/2ml	✓	✓	✓		
1 Romazicon (Flumazenil)	✓	✓	✓		
2 Lanoxin	✓	✓	✓		
1 Liquid Glucose	✓	✓	✓		
1 Albuterol Inhaler	✓	✓	✓		
1 Alupent inhalation solution 5%	✓	✓	✓		
1 Sodium Bicarbonate	✓	✓	✓		
3 Atropine	✓	✓	✓		
1 50% Glucose	✓	✓	✓		
4 Lidocaine 2% 5ml syringe amp	✓	✓	✓		
1 Lidocaine 1%	✓	✓	✓		
3 Epinephrine abboject	✓	✓	✓		
Diazepam Carpujets (10)	✓	✓	✓		
2 Nalbuphine (Nubain)	✓	✓	✓		
2 Phenergan	✓	✓	✓		
Aspirin Tablets	✓	✓	✓		
1 Clonidine (1 bottle)	✓	✓	✓		
1 Nitroglycerin tabs (1 bottle)	✓	✓	✓		
Ammonia inhalants	✓	✓	✓		
2 Amiodarone	✓	✓	✓		
2 Vasopressin	✓	✓	✓		
1 Succinylcholine (refrigerator)	✓	✓	✓		
Aminophylline 25mg/ml	✓	✓	✓		
Pitocin 10units/ml	✓	✓	✓		
Labetalol 5mg/ml	✓	✓	✓		
Glycopyrrrolate 0.2mg/ml	✓	✓	✓		

DATE	DATE	DATE	DATE	DATE
3/14/14	3/24/14	5/24/14		
INITS	INITS	INITS	INITS	INITS

um 15 49

## SECOND DRAWER

### CHECKED & CLEANED

Syringes - 1ml, 3ml, 10ml (2 each) 20ml (1)	✓	✓	✓		
Needles - 20g, 22g, filter, butterfly 21g, 22g - 2 each	✓	✓	✓		
Alcohol Wipes	✓	✓	✓		
Ammonia inhalants	✓	✓	✓		
Band-aids	✓	✓	✓		
Vacutainer needles (2) / Vacutainer adapter	✓	✓	✓		
Red & purple top tubes	✓	✓	✓		
Sterile Water	✓	✓	✓		
Sterile Saline	✓	✓	✓		
Tape - 1/2", 1" clear and cloth	✓	✓	✓		
Carpoject					

## THIRD DRAWER: AIRWAY MANAGEMENT

### CHECKED & CLEANED

Endotracheal Tubes - 6mm, 6.5mm, 7.0mm (2 each)	✓	✓	✓		
Stylet	✓	✓	✓		
Laryngoscope	✓	✓	✓		
Miller blade	✓	✓	✓		
Macintosh blade	✓	✓	✓		
Laryngoscope bulbs	✓	✓	✓		
Oral airway (2)	✓	✓	✓		
Nasal trumpet (1)	✓	✓	✓		
Batteries C & D	✓	✓	✓		
Bitestick	✓	✓	✓		
CPR shield	✓	✓	✓		
Surgilube	✓	✓	✓		
Tape - 1/2" silk	✓	✓	✓		
Stethoscope	✓	✓	✓		
Oxygen connectors	✓	✓	✓		
Oxygen tubing	✓	✓	✓		
Pen light	✓	✓	✓		

## FOURTH DRAWER

### CHECKED & CLEANED

Latex free gloves (2)	✓	✓	✓		
Sterile gloves 71/2, 8, 8 1/2 - 2 pair each	✓	✓	✓		
4x4's	✓	✓	✓		
2x2's	✓	✓	✓		
Suture removal kit	✓	✓	✓		
Resuscitation records	✓	✓	✓		
Cauterizer	✓	✓	✓		
Needle holder	✓	✓	✓		
Scalpels	✓	✓	✓		
Sutures	✓	✓	✓		

DATE	DATE	DATE	DATE	DATE
3/14/14	3/21/14	3/28/14		
INITS	INITS	INITS	INITS	INITS
km	JS	ST		

#### FOURTH DRAWER Continued

##### CHECKED & CLEANED

Betadine swabs	✓	✓	✓		
Scissors	✓	✓	✓		
Tweezers	✓	✓	✓		
Ultrasound Gel	✓	✓	✓		

#### FIFTH DRAWER: IV SUPPLIES

##### CHECKED & CLEANED

Pressure bags	✓	✓	✓		
Angiocaths - 18g, 20g, 22g	✓	✓	✓		
Tape - transpore, cloth 1/2", 1"	✓	✓	✓		
Alcohol wipes	✓	✓	✓		
Tourniquet	✓	✓	✓		
Hespan (2)	✓	✓	✓		
IV bags - NS - 500ml, ns 100ml, LR 1000ml	✓	✓	✓		
Armboard	✓	✓	✓		
IV tubing - mainline and piggyback (1 each)	✓	✓	✓		

#### BOTTOM OF CART

##### CHECKED & CLEANED

Suction kits	✓	✓	✓		
LMA	✓	✓	✓		
Salem Sump tubing	✓	✓	✓		
Yankar suction kit	✓	✓	✓		
Resuscitatin circuit	✓	✓	✓		
Oxygen tubing	✓	✓	✓		
Adult face mask (1)	✓	✓	✓		
Child face mask (1)	✓	✓	✓		
Ambu bag (1)	✓	✓	✓		
Oxygen mask (1)	✓	✓	✓		

Staffing 3-20-14 & 3-21-14

COPY

March		20	21
tag name	LastName	Thursday	Friday
Angie	Marchmon <i>LV</i>	X	Sono 2 8:45
Inna	Solomonova <i>RN</i>	X	CH 8:15
Laura	Ackerman <i>RN</i>	MG 10:00/Sono 12	V
Naz	Khan <i>MD RN</i>	RR 1:00	Fup 8/RR
Ebony	Minter <i>RN</i>	X	X
Rachel	McDade <i>LPN</i>	X	Fup TR 8:00/RR
Patrice	Simmons <i>RN</i>	X	CS 8:30/RR
Allegra	Pierce <i>MA</i>	X	Sono 1 8:30
Vivian	Smith <i>MA</i>	X	Issue 9:00
Dana	Jackson <i>MA</i>	Rec 9-12:30/MR 1	Sono Rm 9:00
La'Toya	Shaw <i>MA</i>	Sec 8:30/PS 1:30	PS 3 9:30
Tiara	White <i>MA</i>	AC 9-5	PS 9:15
Stephanie	Walker <i>MA</i>	Rec 10/PS 1:30	PS 1 8:45
Jill	Buchanan <i>MA</i>	X	X
Denise	Hill <i>MA</i>	RR 1:00	RR Liason 9:30
Chanel	Rodgers	X	X
Terni	Thompson <i>LV</i>	X	X
Marveta	Hall <i>Records</i>	REC 8:30/IC 2 10:30	REC 8:30-2
Rosa	Braden <i>Intake</i>	X	IC 1 8:15
Sally	Tatnall <i>Intake</i>	V	V
Bashira	Haqq <i>Hall</i>	HALL 11:45	AC TR 9
Jessie	Haas <i>Intake</i>	X	X
Katie	Horowitz	X	X
volunteer		Karen 11-5 // Carl	
J.R.	Glark	X	X
Nadia	Robinson <i>PA</i>	AC 9-5	AC 9 LATE TR
Aimee	Maple <i>PA</i>	X	IC 2 8:15
Josetta	Harns <i>PA</i>	AC 1-6	AC 7:30
Grace	Klein <i>PA</i>	X	PA 9:15
Elizabeth	Zunica <i>PA</i>	X	MR 8
Leah	Pusaten <i>PA</i>	AC 8-1/RMS	PA 9:15
Sara	de Felice <i>PA</i>	X	PA 9 FA
Bridie	Wyrock <i>PA</i>	AC 9-5	AC 8-4
Riki	Hanley <i>PA</i>	X	PA 9:30
Anne	Tyler <i>PA</i>	X	AC 9-12/PA
Shaina	Muñoz <i>PA</i>	X	X
Rona	Huckabee <i>LLOR</i>	X	HALL 7:45
Chioke	Barkan	6-Oct	6-Oct
Debbie	Berzins-Loomey	in @ 9	in @ 10
Dawn Lynne	Dengler	9:00	X
Chnsse	France	V	V
Heather	Harrington	7:30-off site 11-4	7:30
Samara	Knox	9:30-off site 11-4	11:15/AC 12-5
Nancy	Pitts	945-545	945-545
Angel	Rucker	9:30-off site 11-4	9:30
Cynthia	Szatraniec	9:00 - 12:00	9:00
Elaine	Weiner	X	
staff needed			
extern			
security			SafeChoice
nurse on call		Irina	Irina
kitchen		cindy	dbt

PA = Patient Advocate

administrators

# Preterm Screening Criteria

Revised January 4, 2013

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\*Any condition involving the heart, lungs, brain, kidneys, liver, or clotting factors should be evaluated by qualified medical personnel.



## I. General Guidelines:

- If the appointment center advocate through the routine interview technique discovers that the patient has a medical condition that is compatible with outpatient abortion services and is on routine, non-narcotic medication, the patient should **ALWAYS** be advised to take the medication as usual with only a mouthful of water.
- It is strongly advised that the patient bring her medication with her on the day of the procedure.
- A note from her physician outlining her medical problem is **strongly suggested**.
- The patient should also be advised that certain medications contraindicate the use of anesthesia or sedation.

## II. Common Medical Conditions & Guidelines for Their Management:

- An ultrasound will be done on all abortion patients prior to the abortion to determine the gestational age and pelvic pathology.
- The ultrasound will be reviewed by the physician prior to the surgery.
- As an introductory note it should be recognized that, when medical complications are present, it is at the physician's discretion on the day of the procedure as to whether or not the procedure will, in fact, be performed.

### A. Dating of the Pregnancy:

- *Abortions can be done on patients whose ultrasound places them between 4-22 weeks of gestation.*

### B. History of Prior Cesarean Section:

- Previous low transverse cesarean sections do not increase the risks of termination procedures.
- There is no current data available on vertical cesarean sections and risks.
- Since patients generally are unaware of the type of cesarean section they have had and since the majority of cesarean sections being performed are low transverse, it is recommended that cesarean sections or other abdominal surgery are not considered a risk factor for the performance of first trimester abortions after 4 weeks post-surgery.
- Overnight abortions need to be individualized based on obtaining accurate records of the type of cesarean section the patient has had.
- The number of prior cesarean sections should not adversely affect the outcomes of first trimester procedures.

### C. Anemia:

- All abortion patients will have a hemoglobin and Rh done before the abortion is performed.
- The presence of significant anemia will increase the risk of pregnancy termination.
- Iron deficiency anemia generally is not manifest until late second trimester.
- If the hemoglobin is below 8 in a first trimester patient and below 10 in a second trimester patient, physician consultation should be obtained prior to proceeding.
- If a patient is having a medical abortion, hemoglobin must be  $\geq 10$ .
- If a first trimester patient is below 8 and having anesthesia, also notify the nurse anesthetist.

#### D. Sickle Cell Disease:

- The patient should be queried for hereditary conditions, such as sickle cell disease, sickle cell carrier, thalassemia (Mediterranean anemia), G6PD deficiency.
- If a patient has sickle cell disease she is not a candidate for anesthesia. Because of the increased risk of hemorrhage with low hemoglobins, referral should be done.
- If the patient has sickle cell disease and is in crisis she should be referred, however, if she is stable with no history of excessive bleeding and has a HGB within our guidelines, she can be done here if the physician doing the procedure agrees.
- Other blood disorders such as Thalassemia and G6PD deficiency can be done here under the same restrictions.

#### E. Local Anesthesia Allergies:

- If the patient states that she is intolerant of local anesthetics, she can be offered sedation or general anesthesia.
- The patient may be offered Carbocaine or no local anesthetic.

#### F. Asthma:

- If the patient is currently on medication, uses a nebulizer (breathing machine) and/or has been hospitalized for acute asthma within the last month, she will be evaluated by qualified medical health personnel.
- All patients should be told to bring their inhaler with them on the day of their procedure.
- Use of an inhaler is required for anesthesia and conscious sedation patients. If they do not bring their inhaler with them, they will be required to purchase an inhaler from Preterm.
- Local and oral sedation patients who fail to bring their inhaler with them may be required to purchase an inhaler from Preterm upon evaluation by qualified medical health personnel.

#### G. Bronchitis:

- There are no contraindications if there is not an acute exacerbation at the time of the procedure, but CRNA should evaluate the patient before anesthesia is offered.

#### H. Heart Conditions:

##### 1. Heart Disorders Requiring Mandatory Referral:

- ♥ These include significant arrhythmias, congenital heart disease, cyanotic heart disease and coronary artery disease. These patients are obviously to be referred to a tertiary care center for their procedure.

##### 2. American Heart Association Guidelines for Heart Conditions Requiring Antibiotics:

##### ♥ Endocarditis (Heart Murmur) Prophylaxis (antibiotics) Recommended and Physician Letter Required:

- 1) Prosthetic cardiac valve or prosthetic material used for cardiac valve repair.
- 2) Previous infective endocarditis.
- 3) Completely repaired congenital heart defect with prosthetic material or device, whether placed by surgery or by catheter, during the first 6 months after the procedure.
- 4) Cardiac transplantation recipients who develop cardiac valvulopathy.

♥ ***Endocarditis (Heart Murmur) Prophylaxis (antibiotics) Not Recommended:***

- 1) Isolated secundum atrial septal defect
- 2) Surgical repair without residua beyond 6 months of secundum atrial septal defect, ventricular septal defect or patent ductus arteriosus
- 3) Previous coronary artery bypass graft surgery
- 4) Mitral valve prolapse with or without valvular regurgitation
- 5) Physiologic functional or innocent heart murmurs
- 6) Previous Kawasaki disease
- 7) Previous rheumatic fever without valvular dysfunction
- 8) Cardiac pacemakers

♥ ***Antibiotic Regimen for Heart Conditions***

- 1) Standard Regimen:  
Ampicillin, 2 gm + Gentamicin, 1.5 mg/kg (not to exceed 80 total mg) intravenously 30 minutes prior to the procedure; then Amoxicillin, 1.5 g orally, 6 hours after the procedure.
- 2) Penicillin Allergic Regimen:  
Vancomycin, 1 g intravenously (to be given over a one hour time interval) + Gentamicin, 1.5 mg/kg (not to exceed 80 mg) intravenously or intramuscularly. This regimen should be given one hour prior to the procedure and may be repeated once 8 hours after the procedure.
- 3) Patients at low risk for bacterial endocarditis:  
i.e., Section B, may be treated with oral Amoxicillin, 2 gm one hour prior to the procedure, then 1.5 gm 6 hours after the procedure. Penicillin allergic patients can be treated with Erythromycin, one gm prior to procedure and 500 mg 6 hours after. This category is at the physician's discretion after discussion with the patient.

**I. History of Previous Cervical Procedures (e.g. laparoscopy):**

- If the patient has undergone cautery, cryosurgery or laser surgery of the cervix, the termination procedure should not be done for at least 4 weeks post-procedure.
- Evaluation by physician performing the termination must be done for clearance.

**J. Diabetes:**

- Diabetic patients are encouraged to consult with their primary care physician for NPO instructions if they are having anesthesia or sedation.
- **Diabetic patients MUST be scheduled as the first patients of the day, and they MUST bring their glucometer and medication (insulin/oral) with them the day of their procedures.** Failure to do so will compromise their appointment.
- Patients will be instructed to do a glucose test on themselves prior to their procedure and the nurse will note the results in the chart.
- A blood glucose level of over 250 or under 70 will need to be referred.

**K. Fever:**

- Most often a febrile patient is suffering from a viral syndrome, which would specifically not contraindicate the procedure. However, some of these patients may have unrecognized infections of other etiology, which may increase their morbidity.
- If the patient has a temperature greater than 100.4, or 38°, physician evaluation be performed prior to proceeding with the procedure.

**L. Infections:****1. Chlamydia:**

- If a patient is diagnosed with Chlamydia and is currently on medications or has completed their course of treatment, they are candidates for abortions at Preterm.
- Patients who are diagnosed with Chlamydia and have not been treated will be given a prescription for treatment from the physician and instructed to see their physician for a follow-up culture.

**2. Gonorrhea:**

- Patients who have had Gonorrhea in the past month must be able to show proof of treatment. A telephone report of the treatment will be acceptable and may be obtained by a nurse, or treatment will be provided by a Preterm physician.

**3. Herpes:**

- Any patient with active herpes should not have surgery performed, until the lesions have crusted over due to infectious risk and to increased pain for the patient.

**4. Condylomas (vaginal warts):**

- These pose no threat to the performance of the termination procedure.

**5. Scabies or Crabs:**

- If the patient currently has scabies or crabs, she must provide proof of adequate treatment prior to performing the procedure.

**6. Urinary Tract Infection:**

- Since the urinary tract is not instrumented, this is not a contraindication for outpatient treatment; however, the patient should maintain her treatment protocol.

**7. History of Tuberculosis:**

- Patients who are being treated for active disease are not candidates for outpatient pregnancy termination.
- A remote history of tuberculosis and patients on prophylactic medications (INH) for exposure or conversion, are candidates for outpatient management.

**M. Hypertension (High Blood Pressure):**

- Patients with a history of high blood pressure should be evaluated at the time of screening and on the day of the procedure.
- They should continue to take their anti-hypertensive medications. If patient is

receiving anesthesia or conscious sedation, she should be told to take medication with a sip of water.

- Patients with systolic blood pressure greater than 160 and diastolic blood pressure greater than 100 should be referred.

#### **N. Negative Pregnancy Test:**

- If the pregnancy is not seen with an ultrasound examination, a urine pregnancy test will be done.
- If the pregnancy test is negative and the patient has no symptoms of pregnancy, she will not be seen at Preterm.
- If the pregnancy test is positive, **ectopic warnings** must be given, this includes verbal and written information. If a patient desires termination she should be encouraged to return to Preterm in 1-2 weeks for a second ultrasound.
- If the second ultrasound is negative and should be visible according to her LMP, the patient can elect to have a beta drawn (at her expense) and be strongly advised to see her primary care physician as soon as possible.

#### **O. History of Phlebitis (Blood Clotting Disorders):**

- Patients with a history of deep vein thrombophlebitis (DVT) of less than one year, septic pelvic thrombophlebitis or pulmonary embolism who require prophylaxes treatment with Heparin or Coumadin for their procedure are not candidates for abortions at Preterm.
- If a patient is on anticoagulant therapy (blood thinners such as Heparin, Coumadin or Lovenox), she may be a candidate for an abortion if a letter from her physician approving temporary discontinuation of the medication and clearance for outpatient gynecological surgery is obtained.

#### **P. History of Seizure Disorder:**

- Patients who have had no seizures within the last 3 months are able to have their abortion at Preterm.
- Patients who have had seizure activity within the last 3 months must have a letter from her private physician stating that the patient's medical condition is stable enough to have an abortion in an outpatient facility.
- Patients requesting anesthesia must be told that the anesthetist will speak with them at the time of their appointment to determine if they are candidates for anesthesia.
- All patients on medication should be told to take their meds with a sip of water the morning of their procedure.

#### **Q. Thyroid Disease:**

- Patients being treated for hyperthyroidism (overactive) **must have a letter from their primary care physician stating that they are candidates for outpatient gynecological surgery.**
- Patients who are taking Propylthiouracil and Propanolol must take those medications as they usually do, with a small amount of water, if they are having sedation or anesthesia.
- If a patient has a history of hypothyroidism (underactive) they are a candidate for abortion at Preterm.

#### R. HIV Positive/AIDS:

- An HIV positive patient can receive services at Preterm if the following conditions are met:
  - ✓ The patient presents a letter from her primary care physician about the current status of her disease and stating that there are no contraindications to the patient having an abortion in an outpatient ambulatory care facility.
  - ✓ Patients who are HIV Positive with AIDS or ARD must be referred to a tertiary care center.

#### S. Steroidal Therapy:

- Patients who are currently on oral or IV steroidal therapy must present a letter from her physician stating the current status of her disease and that there are no contraindications for the patient to have an abortion in an ambulatory surgical facility.

#### T. Psychiatric Screening:

- Patients with psychiatric diagnoses may be cared for at Preterm provided they are competent to give informed consent. Competency can be gauged by inquiring about their legal status (i.e., any legal guardian), recent hospitalization for psychiatric indications, and types of medications currently in use.
- If the patient has been hospitalized within 3 months, then a letter of clearance from a psychiatrist is required.
- Otherwise the patient may be scheduled and evaluated by the staff as any other patients and the final responsibility rests with the physician performing the procedure.
- Early communication with the physician about potential problems is advised.

#### U. Lupus:

- A patient with a diagnosis of Lupus must be asked what is the Lupus affecting?
- If it is affecting the heart, the patient is not a candidate for an abortion at Preterm.
- If it affects only the skin or joints, they will be required to have a letter from their physician. It must address:
  - ✓ Is the patient a candidate for outpatient surgery?
  - ✓ What the Lupus is affecting?
  - ✓ Is the patient currently taking steroids?
  - ✓ Are there any special precautions we must take?

### III. Screening Criteria for Mifeprex

- A. Must be willing to have a surgical abortion if indicated
- B. Must have a pregnancy  $< \text{or} = 49$  days (7 weeks) gestation
- C. Must have access to a telephone & emergency medical care
- D. Must be willing to comply with visit schedule
- E. Must be 16 years or over with parental participation
- F. No chronic adrenal failure
- G. No concurrent long-term systemic corticosteroid therapy

- H. Hemoglobin must be  $\geq 10$  gm/dl.
- I. No bleeding disorder
- J. No confirmed or suspected ectopic pregnancy
- K. No inherited porphyries
- L. No presence of IUD unless willing to have it removed before taking Mifeprex
- M. No allergy to mifepristone, misoprostol or other prostaglandin
- N. No undiagnosed adnexal mass
- O. No desire to continue breast feeding—must be willing/able to pump and discard milk for at least 2 days after taking Mifepristone and at least 6 hours after Misoprostol.
- P. No active bowel disease or current significant diarrhea
- Q. No serious systemic illness: liver disease, renal failure, significant cardiac disease/HTN, uncontrolled seizure disorder
- R. No use of:
  - anti-coagulants
  - Rifampin
  - EES, Ketoconazole
  - Anti-inflammatories, excluding analgesics
  - certain anti-convulsants (Dilantin, Tegretol, or Phenobarbital)

**IV. Mandatory Referral to a Tertiary Care Center:**

- A. Patients unable to discontinue anticoagulant medications (blood thinners)
- B. Significant cardiac disease
- C. Acute hepatitis of any type
- D. Active syphilis
- E. History of deep vein thrombophlebitis of less than three months
- F. Pulmonary Embolism (Acute – less than 3 months)
- G. Recent heart attack (less than 6 months)
- H. Active tuberculosis
- I. AIDS or ARD
- J. Untreated hyperthyroidism

**V. Overnite Patient Guidelines**

- A. Patients with no vaginal birth after two (2) or more c-sections must be evaluated by the physician performing the termination.
- B. HGB  $< 10$  must be evaluated by the physician performing the termination.

- C. Any previous surgery on uterus or cervix will be evaluated by the physician.
- D. Using the anesthesia obesity chart as a guide, any patient whose weight is over the guidelines will need to be evaluated by the physician.
- E. Patient will need an outside screening ultrasound if any of the following are applicable:
  - History of endometrial ablation
  - Placenta previa with a history of cesarean section
  - Fibroid in the lower uterine segment (possibly obstructing the cervix)
  - History of uterine anomaly and second trimester procedure
  - Prior cesarean section with an anterior placenta and pregnancy >15 weeks
- F. Patient will need to be referred out if any of the following are present:
  - Placenta accreta
  - Currently on anticoagulation medication (Lovenox, Heparin, Argatroban)
  - Pregnancy in a non-communication uterine horn (specific type of uterine anomaly)
  - Congestive heart failure
  - Severe uncontrolled hypertension
- G. 22 week patients can be done without anesthesia if the following conditions are met:
  - Previous vaginal delivery
  - BMI  $\leq 35$

#### VI. Anesthesia/Sedation Guidelines:

- There must be no marijuana use for at least 48 hours prior to the abortion if the patient is going to have anesthesia, oral sedation or conscious sedation. The patient may have local anesthesia.
- There must be no alcohol use for 24 hours before the surgery if the patient is going to have anesthesia, oral sedation or conscious sedation. The CRNA/RN may evaluate the patient's use on a case by case basis.
- If the smell of alcohol or marijuana from the patient is apparent on the day of the abortion, the patient will not be medicated with anesthesia, oral sedation or conscious sedation. The patient may have local anesthesia only.
- There must be no use of other street drugs (heroin, cocaine, crack, crystal meth, ecstasy) for at least 7 days prior to the administration of any form of sedation.
  - ❖ When asking patients about street drug use, staff should ask not only about history of use but also about frequency of use.
  - ❖ Patients with known chronic street drug use will be evaluated by the CRNA or conscious sedation nurse.
  - ❖ If a staff member has concerns about a patient's ability to abstain from street drug use, she should have a nurse evaluate whether the patient is a candidate for any form of sedation.
  - ❖ If a patient is not a candidate for sedation and sedation is required for the procedure, she may not be seen at Preterm.



- ❖ If requesting sedation, they must be told that the medication is not as effective for chronic drug users and they will only be given the standard dose.
- Using the anesthesia obesity chart as a guide, any patient whose weight is over the guidelines will need to be evaluated by the CRNA.
- Any patient with a weight  $\geq 350$  pounds is not eligible for conscious sedation.
- **Methadone/Suboxone Use**
  - ❖ If a patient is less than 17 weeks:
    - ✓ A patient who is less than 17 weeks and currently taking methadone or suboxone is not a candidate for anesthesia or conscious sedation. They may have local or oral sedation only.
    - ✓ If requesting oral sedation, they must be told that the medication is not as effective for chronic drug users and they will only be given the standard dose, which may not induce sedation.
  - ❖ If a patient is 17 weeks and above:
    - ✓ A patient who is 17 weeks and above and currently taking methadone or suboxone must be evaluated by Amy Marcucci, CRNA, to determine if they are a candidate for anesthesia.
    - ✓ These patients are not candidates for conscious sedation.
- **Discharge of Patient**
  - ❖ Any patient who has received anesthesia, conscious sedation, or oral sedation must be discharged into the care of a responsible adult to see them home safely.
  - ❖ These patients cannot leave by taxicab or public transportation unless accompanied by a responsible adult.
  - ❖ Preterm staff cannot transport a patient off the premises.
  - ❖ If a patient has received anesthesia, conscious sedation, or oral sedation, a nurse must remain with the patient until she is released into the care of a responsible adult.
  - ❖ If a patient states that she will not have a responsible adult available to be released to, she is not a candidate for anesthesia, conscious sedation or oral sedation at Preterm.

# Your Time at Preterm

## Day 1 Visit

### Check-In

You'll sign in and fill out medical forms. We'll process your payment, identification, and any insurance information.

(Please note: personal information may be discussed.)

### Ultrasound and Lab

You'll have an ultrasound exam to determine the size of your pregnancy. We'll review your medical history and take a drop of blood to check your Rh and hemoglobin. If your blood is Rh negative, you'll get an injection of Rhogam after your abortion.

(Please note: personal information will be discussed.)

### Counseling

You'll meet with a patient advocate to sign consent forms and have your questions answered.

### Physician Consultation

You'll meet with a physician to discuss the procedure and its risks. This consultation ends your Day 1 services.

There are several steps involved in an abortion. You can expect to be here for about 2-4 hours for your Day 1 Visit and 2-4 hours for your Day 2 Visit. If you have questions, please ask any Preterm staff.

**A word about waiting:** For your Day 1 Visit, we'll direct you to our 2nd floor waiting room. For your Day 2 Visit, we'll direct you to our 4th floor waiting room. To make your day go smoothly it's very important that you wait on the designated floor. Thank you for your cooperation.

While you're waiting, feel free to visit our **Reflection Room** on the 2nd floor where you'll find quiet space for spiritual comfort or meditation. If this is your Day 2 Visit, please notify the receptionist if you're leaving the floor to visit the Reflection Room.

In order to ensure your safety, we require that the person who is driving you home stays in the clinic until we discharge you. If your driver has to leave the building before we discharge you, here's what will happen: We'll keep you in recovery until the last patient is discharged. You can wait in our lobby for an additional 30 minutes, after which time our building will close. We understand that it may be difficult for your driver to stay here, so please make other arrangements for a ride home before your driver leaves.

## Day 2 Visit

### Check-In

You'll sign in and fill out consent forms. We'll finish processing your payment.

(Please note: personal information may be discussed.)

### Pre-Op

If you're having medication before your abortion, you'll go to our recovery room, where a nurse will administer your medication.

### Abortion Procedure

A staff member will take you to the procedure room and stay with you during your procedure. If you're having conscious sedation or anesthesia, we'll start an IV. It takes about 3-5 minutes for a 1<sup>st</sup> trimester procedure and 10-20 minutes for a 2<sup>nd</sup> trimester procedure. If you're having a medication abortion, this is when you'll receive your medications.

### Recovery

We'll take you to the recovery room. If you had a surgical abortion, you'll rest here for 30-60 minutes, depending on the type of procedure and sedation you had and your recovery.

### Discharge

If you're here with someone, we'll ask them to meet you in the waiting room. Remember, you must have someone waiting to drive you home if you had sedation or anesthesia.

## PRETERM STATEMENT OF INFORMATION PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

- Preterm is committed, and required by law, to maintain the privacy of your personal health information ("PHI"), including maintenance of reasonable and appropriate physical, administrative, and technical safeguards to protect that information, and to provide you with notice of our legal duties and privacy practices with respect to PHI.
- Preterm is permitted to use protected information only for the purposes of:
  - 1) Treatment (Example: We may provide information to a subsequent provider for treatment in the case of a medical emergency.)
  - 2) Payment (Example: We may provide identifying information to your insurance company for billing purposes.)
  - 3) Healthcare Operations (Example: We may use your information for internal quality assurance assessment to evaluate our quality of medical care.)
  - 4) Public Health, Abuse or Neglect, and Health Oversight (Example: We may be required to alert public health officials about certain infectious diseases)
  - 5) Other Authorizations Required by Law, including: law enforcement, worker's compensation, national security and intelligence activities.
- Preterm may contact you to provide appointment information or follow-up care.
- Any other uses or disclosures will be made only with your written authorization, which you may revoke. The following uses and disclosures will only be made with your authorization: disclosure of psychotherapy notes; use of PHI for marketing purposes, including subsidized treatment communications; disclosures that constitute a sale of PHI; other uses and disclosures not described in this notice.
- Preterm is required to notify you of any breach of your unsecured protected health information.
- Preterm does not routinely send fundraising communications to patients, but, if we were to do so, you have the right to opt out of such communications.
- You have the right to request restrictions on certain uses and disclosures of information, although Preterm is not required to agree to the restriction.
- You have the right to restrict disclosure of PHI to a health plan when you have paid in full out of pocket for the healthcare service.
- You have the right to receive confidential communication of your information.
- You have the right to inspect and obtain a copy of your information. Preterm reserves the right to charge a reasonable, cost-based fee for making copies.
- You have the right to amend your information. Preterm requires a written request, including the reason for amendment, and has the right to deny your request.
- You have the right to receive an accounting of any disclosures of your information.
- You have the right to obtain a copy of this notice upon request.

### Patient Rights & Responsibilities

- You have the right to treatment with respect, dignity, and courtesy in a facility that is safe and free from any type of abuse or harassment.
- You have the right to be informed as to the exact nature of your treatment, including any potential risks or complications.
- You have the right to refuse care and receive information on the possible consequences of refusing care.
- You have the right to appropriate assessment and management of pain.
- You have the right to know the names and roles of persons involved in your care.
- You have the right to 24-hour access to a caregiver.
- You have the right to involve your family in decisions regarding your care.
- You have the right to be provided with information regarding care after discharge.
- You have the right to express concerns or grievances regarding your care.
- You have the right to receive an explanation of your bill.
- You have the right to privacy and to confidentiality of your medical record.
- You are responsible for providing accurate and complete information about all matters pertaining to your health.
- You are responsible for notifying a staff member if you do not fully understand information or instructions.
- You are responsible for following the instructions that we give you.
- You are responsible for any and all consequences that may arise if you refuse recommended treatment or do not follow instructions.
- You are responsible for keeping all follow-up appointments.
- You are responsible for acting in a considerate and courteous manner.
- You are responsible for ensuring that any guests you bring into the facility act in a considerate and courteous manner.
- You are financially responsible for any services you receive.

Pursuant to ORC 3701-83-07 (B) 1, please be advised that Preterm does not honor advance directives.

If you believe that any personal information we have about you is incorrect, or you believe that your privacy rights have been violated, please contact our Director of Clinic Operations at 216.991.4000 or toll free at 1.877.773.8376. You will not be retaliated against for filing a complaint. If your issue is not resolved, you may contact the Ohio Department of Health Complaint Hotline at 1.800.342.0553. You may also contact the Secretary of Health and Human Services.



# NATIONAL ABORTION FEDERATION

*Copy*  
2011

## NATIONAL ABORTION FEDERATION PROCEDURES AND QUALITY INDICATORS REPORT Preterm Cleveland 2890

### All Facilities

	Reported Totals	
Total Abortions	264,955	
Total Patients with Complications	2,895	1.09%

### Breakdown of Total Abortions\*

Medical	52,737	19.90%
Surgical	212,218	80.10%
Surgical up to 13.6 Weeks LMP	189,679	71.59%
14-19.6 Weeks LMP	17,164	6.48%
20 Weeks LMP or More	5,375	2.03%

*percentages based on total abortions reported*

### Quality Indicators of Surgical Abortion

Total Surgical Complications	1,519	0.72%
Up to 13.6 Weeks LMP	1,287	0.68%
14-19.6 Weeks LMP	91	0.53%
20 Weeks LMP or More	141	2.62%
Continuing Pregnancy	141	0.07%
RPOC/Hematometra	843	0.40%
Unrecognized Ectopic	13	0.01%
Infection	124	0.06%
Hemorrhage	86	0.04%
Uterine/Cervical Injury	168	0.08%
Embolism	15	0.01%
Anesthesia Related	45	0.02%
Other	84	0.04%

*percentages, except LMP breakdown, based on total surgical abortions*

### Quality Indicators of Medical Abortion

Completion Confirmed (Medical)	36,426	69.07%
Total Medical Complications	1,376	2.61%
Continuing Pregnancy	344	0.65%
RPOC/Hematometra	898	1.70%
Unrecognized Ectopic	5	0.01%
Infection	20	0.04%
Hemorrhage	27	0.05%
Other	82	0.16%

*percentages based on total medical abortions*

### Management of Quality Indicators

Aspiration/D&C	1,844	0.70%
Antibiotics	1,212	0.46%
Other Medications	949	0.36%
Hospital Treatment	261	0.10%
Laparoscopy	15	0.01%
Laparotomy	10	0.00%
Transfusion	31	0.01%
Other	74	0.03%

*percentages based on total abortions*

### Your Facility

*QA*

Total Abortic  
Total Patient

*bench mark*

### Totals

Medical		
Surgical		1.73%
Surgical up to 13.6 Weeks LMP	4,140	98.27%
14-19.6 Weeks LMP	3,552	84.31%
20 Weeks LMP or More	588	13.96%
	142	3.37%

### Quality Indicators of Surgical Abortion

Total Surgical Complications	6	0.14%
Up to 13.6 Weeks LMP	6	0.17%
14-19.6 Weeks LMP	-	0.00%
20 Weeks LMP or More	-	0.00%
Continuing Pregnancy	-	0.00%
RPOC/Hematometra	6	0.14%
Unrecognized Ectopic	-	0.00%
Infection	-	0.00%
Hemorrhage	-	0.00%
Uterine/Cervical Injury	-	0.00%
Embolism	-	0.00%
Anesthesia Related	-	0.00%
Other	-	0.00%

### Quality Indicators of Medical Abortion

Completion Confirmed (Medical)	48	65.75%
Total Medical Complications	3	4.11%
Continuing Pregnancy	-	0.00%
RPOC/Hematometra	3	4.11%
Unrecognized Ectopic	-	0.00%
Infection	-	0.00%
Hemorrhage	-	0.00%
Other	-	0.00%

### Management of Quality Indicators

Aspiration/D&C	8	0.19%
Antibiotics	-	0.00%
Other Medications	-	0.00%
Hospital Treatment	-	0.00%
Laparoscopy	-	0.00%
Laparotomy	-	0.00%
Transfusion	-	0.00%
Other	-	0.00%

## TREATMENT SHIPPING PAPER

N<sup>o</sup> 135088

Generator's Name PRE TERM - 2524  
Generator's Address DAWN LYNNE DENGLER  
12000 SHAKER BLVD.  
CLEVELAND, OH 44120

Phone Number

216-991-1000

Certificate Number:

18-G-00343

Description of Waste

Chemo

Copy of medical  
waste form left  
at facility at  
time of pick-up  
by Waste Service

Type by  
ion(Optional) Total  
Weight or volume

UN 3291 Regulated Medical Waste, n.o.s. 6.2. PG II

UN 3291 Regulated Medical Waste, n.o.s. 6.2. PG II

UN 3291 Regulated Medical Waste, n.o.s. 6.2. PG II

EDS

12X12X16

Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

DAWN LYNNE DENGLER  
Print/Type Name

Signature

Date

Accu Medical Waste Service, Inc.  
45 Byers Road  
Marietta, OH 45750

Phone Number

866-696-8379

Transporter's Registration Certificate Number:

OH 84-T-00260, PA-HC 0252

WV IMW-99-05-T0308

USDOT 1791748

Transporter 1 Acknowledgement of Receipt of Materials as Described Above.

C.M. P...  
Print/Type Name

Signature

Date

Phone Number

Transporter's Registration Certificate Number:

Transporter 2 Acknowledgement of Receipt of Materials as Described Above.

Print/Type Name

Signature

Date

Generator Designated Waste Treatment Facility and/or Alternate Waste Treatment Facility

Designated Facility

MEDICAL WASTE DISPOSAL SERVICE INC

Alternate Facility

12221 Kevin Ave.

Ashland, KY 41102

Phone Number

606-928-0831

Phone Number

502-491-1535

Darc Inc.

1801 Research Dr

Louisville, KY 40269

Waste Treatment Facility

Treatment Facility Address

Phone

Waste Treatment Facility Acknowledgement of Receipt of Materials as Described Above.

Print/Type Name

Signature

Date

Discrepancy Indication

TREATMENT CERTIFICATION: This is to certify that the wastes described above were treated in accordance with all state and federal requirements and guidelines.

Print/Type Name

Signature

Date

GENERATOR

RECEIVED PAPER  
MAR 24 2014

N° 133901

Generator's Name PRE TERM - 2524  
Generator's Address DAWN LYNNE DENGLER  
12000 SHAKER BLVD.,  
CLEVELAND, OH 44120

Phone Number 216-991-4000  
Generator's Registration Certificate Number:

Description of Waste Incinerate only  
UN 3291 Regulated Medical Waste, n.o.s. 6.2. PG II  
UN 3291 Regulated Medical Waste, n.o.s. 6.2. PG II  
UN 3291 Regulated Medical Waste, n.o.s. 6.2. PG II

Number of Containers

8

Copy of medical waste form sent to facility after incineration of waste

ional) Total ht or volume

76 #

Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national regulations.

, and are classified nmental regulation:

DAWN LYNNE DENGLER  
Print/Type Name

Dawn Lynne Dengler  
Signature

3-6-14  
Date

Accu Medical Waste Service, Inc.  
45 Byers Road  
Marietta, OH 45750

Phone Number 866-696-8379  
Transporter's Registration Certificate Number:  
OH 84-T-00260, PA-HC 0252  
WV IMW -99-05-T0308  
USDOT 1791748

Transporter 1 Acknowledgement of Receipt of Materials as Described Above.

C.M. Conklin  
Print/Type Name

C.M. Conklin  
Signature

3-6-14  
Date

Phone Number  
Transporter's Registration Certificate Number:

Transporter 2 Acknowledgement of Receipt of Materials as Described Above.

Print/Type Name	Signature	Date
Generator Designated Waste Treatment Facility and/or Alternate Waste Treatment Facility		
Designated Facility MEDICAL WASTE DISPOSAL SERVICE INC 12221 Kevin Ave. Ashland, KY 41102	Alternate Facility	
Phone Number 606-928-0831	Darob Inc. 1801 Research Dr. Louisville, KY 40269	
	Phone Number 502-491-1535	

Waste Treatment Facility  
Treatment Facility Address

Phone

Waste Treatment Facility Acknowledgement of Receipt of Materials as Described Above.

V. Ward  
Print/Type Name

[Signature]  
Signature

3-12-14  
Date

Discrepancy Indication

TREATMENT CERTIFICATION: This is to certify that the wastes described above were treated in accordance with all state and federal requirements and guidelines.

V. Ward  
Print/Type Name

[Signature]  
Signature

3-12-14  
Date

ORIGINAL



## CUYAHOGA COUNTY MEDICAL EXAMINER'S OFFICE

Thomas P. Gilson, M.D.  
11001 Cedar Avenue  
Cleveland, Ohio 44106



## FACSIMILE TRANSMITTAL COVER SHEET

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY

TRANSMITTAL DATE: June 4, 2014

NUMBER OF PAGES: 9

TO: NAME: Wanda Iacovetta, RN

AGENCY: Ohio Department of Health

TELEPHONE#: 614-387-0801 FACSIMILE#: 614-564-2416

RE: Lakisha Wilson

FROM: NAME: Melanie

DEPARTMENT: General Office

TELEPHONE#: 216-721-5610 FACSIMILE#: 216-721-2559

COMMENTS: Medical Examiner's Report per your request.

Certified copy will be put in the mail tomorrow

**PRIVACY NOTICE**

The information contained in this facsimile transmission is privileged and confidential. It is intended solely for the person or agency named above. If you are not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this transmission is strictly prohibited. If you have received this communication in error, please contact this office immediately by telephone, and return the original transmission to us at the address provided above by way of the U.S. Postal Service. Your cooperation will be appreciated.

Phone: (216) 721-5610 • Fax: (216) 721-2559 • Ohio Relay Service (TTY) 1-800-750-0750

CONFIDENTIAL  
Not Releasable-

CONFIDENTIAL

OHIO DEPT OF HEALTH  
DQA-BCHCFS

2014 JUN -4 PM 2:55

2

CONFIDENTIAL





**Cuyahoga County  
Medical Examiner's Office**  
11001 Cedar Avenue, Cleveland, Ohio 44106  
**MEDICAL EXAMINER'S VERDICT**

**FAKED**

Thomas P. Gilson, M.D.  
Medical Examiner

THE STATE OF OHIO,  
SS.  
CUYAHOGA COUNTY

CASE NUMBER: IN2014-00559

Be it Remembered, That on the 28th day of March, 2014 information was given to me, **Thomas P. Gilson, M.D.**, Medical Examiner of said County, that the dead body of a woman supposed to have come to her death as the result of criminal or other violent means, or by casualty, or by suicide, or suddenly when in apparent health, or in any suspicious or unusual manner, (Sec. 313-11, 313-12 R.C. Ohio) had been found In University Hospitals Case Medical Center in Cleveland of Cuyahoga County, on the 28th day of March, 2014.

I viewed or caused to be viewed the said body at the Medical Examiner's Office. After the viewing and making inquiry into the circumstances that caused the death of the said person, I obtained further information, to-wit: (**PAC #181006**) (**UHCMC #07172608**). I also carefully examined or caused to be examined the said dead body at 7:32AM on the 29th day of March, 2014 and I find as follows: to wit:

I, **Thomas P. Gilson, M.D.**, Medical Examiner of said county, having diligently inquired, do true presentment make in what manner Lakisha Lashawn Wilson, whose body was at the Medical Examiner's Office on the 29th day of March, 2014 came to her death. The said Lakisha Lashawn Wilson was single, 22 years of age, a resident of Canal Winchester, Fairfield County, Ohio, and a native of Akron, Ohio; was of the Black race, and had brown eyes, black hair, = beard, = mustache, was 55 inches in height, and weighed 131 pounds.

Upon full inquiry based on all the known facts, I find that the said Lakisha Lashawn Wilson came to her death officially on the 28th day of March, 2014 in University Hospitals Case Medical Center and was officially pronounced dead at 2:12 P.M., by Dr. Estebanez. There is information that the said Lakisha Lashawn Wilson, 7346 Melynn Terrace, Canal Winchester, Fairfield County, Ohio, was pregnant and, on March 21st, 2014, was admitted to Preterm Abortion Clinic, 12000 Shaker Boulevard for a scheduled elective operative procedure. During this procedure, this woman apparently became ill and collapsed. Resuscitative measures were instituted and the Cleveland Paramedics were called. On arrival, treatment was continued and the said Lakisha Lashawn Wilson was then transported to University Hospitals Case Medical Center where she was admitted. Examination revealed a diagnosis of cardiopulmonary arrest and treatment and drug therapy were administered and ventilator support was applied. Supportive care was maintained, however, this woman failed to respond and was pronounced dead at the aforementioned time and date. The County Medical Examiner's Office was notified and Esposito Mortuary Services was dispatched. The said Lakisha Lashawn Wilson was then transported to the Medical Examiner's Office where an autopsy was performed. That death in this case was the end result of cerebellar and medullary necrosis due to diffuse anoxic encephalopathy and cerebral edema due to cardiopulmonary arrest with cardiopulmonary resuscitation due to hypotension, bradycardia, and cardiopulmonary arrest immediately following elective abortion of Intrauterine pregnancy, and was a therapeutic complication.

**Cause of Death:** Cerebellar and medullary necrosis.  
Due To: Diffuse anoxic encephalopathy and cerebral edema.  
Due To: Cardiopulmonary arrest with cardiopulmonary resuscitation.  
Due To: Hypotension, bradycardia, and cardiopulmonary arrest immediately following  
elective abortion of Intrauterine pregnancy.  
THERAPEUTIC COMPLICATION.

Lakisha Lashawn Wilson  
(Name of Deceased)

\_\_\_\_\_, M.D.  
Cuyahoga County Medical Examiner

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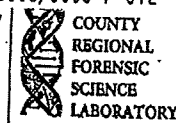
06-04-'14 14:44 FROM- General Office

216-721-2559

T-415 P0003/0009 F-012

Cuyahoga County Regional Forensic Science Laboratory  
11001 Cedar Avenue, Cleveland, Ohio 44106

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Page 1 of 3

Case Number : IN2014-00559  
Name : Lakisha Wilson  
Agency : Cuyahoga County (CCMEO)

Report Date : Tuesday, April 22, 2014  
Receipt Date : Saturday, March 29, 2014  
Pathologist : JFEL - J. A. Felo, DO

A1 - Cavity Blood  
R1 - Longterm Storage  
V1 - Vitreous Humor

F1 - Femoral Blood  
R2 - Longterm Storage  
Y1 - Hospital Blood

## Specimen Received

F2 - Femoral Blood  
S1 - Spleen

O1 - Other  
U1 - Urine

*Joseph A. Felo*  
April 23, 2014

COMMENT : A1, R1 and R2 = thoracic cavity blood; F1 and U1 = lifebanc draw; O1 = subcutaneous fat; Y1 = 3/21/14 @ 1148

## A1: Thoracic Cavity Fluid Analysis

Drug Group/Class	Result	Quantitation	Analyte(s)
No Test Performed	---		

## F1: Femoral Blood Analysis

Drug Group/Class	Result	Quantitation	Analyte(s)
No Test Performed	---		

## F2: Femoral Blood Analysis

Drug Group/Class	Result	Quantitation	Analyte(s)
No Test Performed	---		

## O 1: Other Analysis

Drug Group/Class	Result	Quantitation	Analyte(s)
No Test Performed	---		

## R 1: Long Term Storage Red Top

Drug Group/Class	Result	Quantitation	Analyte(s)
No Test Performed	---		

## R 2: Long Term Storage Purple Top

Drug Group/Class	Result	Quantitation	Analyte(s)
No Test Performed	---		

## S 1: Spleen Analysis

Drug Group/Class	Result	Quantitation	Analyte(s)
No Test Performed	---		

## U 1: Urine Analysis

Drug Group/Class	Result	Quantitation	Analyte(s)
No Test Performed	---		

*Am*

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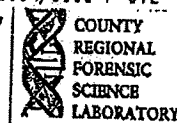
06-U4-14 14:44 FROM- General Office

216-721-2559

T-415 P0004/0009 F-012

Cuyahoga County Regional Forensic Science Laboratory  
11001 Cedar Avenue, Cleveland, Ohio 44106

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Page 2 of 3

Case Number : IN2014-00559  
Name : Lakisha Wilson  
Agency : Cuyahoga County (CCMEO)

Report Date : Tuesday, April 22, 2014  
Receipt Date : Saturday, March 29, 2014  
Pathologist : JFEL - J. A. Felo, DO

## V 1: Vitreous Humor Analysis Red Top

Drug Group/Class	Result	Quantitation	Analyte(s)
No Test Performed	—		

## Y 1: Hospital Blood Purple Top Analysis

Drug Group/Class	Result	Quantitation	Analyte(s)
Opiate ELISA Screen	None Detected		See Page 3, Group 7
Benzo. Confirmation GC/MS	Positive		See Page 3, Group 15
Midazolam		Positive	
Amphetamine ELISA	None Detected		See Page 3, Group 7
Barbiturates ELISA Screen	None Detected		See Page 3, Group 7
Benzodiazepines ELISA Screen	Positive		See Page 3, Group 7
Cannabinoids ELISA Screen	None Detected		See Page 3, Group 7
Carisoprodol ELISA Screen	None Detected		See Page 3, Group 7
Cocaine Mtb. ELISA Screen	None Detected		See Page 3, Group 7
Fentanyl ELISA Screen	None Detected		See Page 3, Group 7
Methamphetamine ELISA Screen	None Detected		See Page 3, Group 7
Oxycodone ELISA Screen	None Detected		See Page 3, Group 7
Phencyclidine ELISA Screen	None Detected		See Page 3, Group 7
Tricyclic Antidepressants ELISA Screen	None Detected		See Page 3, Group 7
Methadone ELISA Screen	None Detected		See Page 3, Group 7

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## DRUGS ANALYZED/QUANTIFIED BY CCRFSL/CCMBO TOXICOLOGY

- [illegible]

I certify that the specimen identified by this case, number IN2014-00359 have been handled and analyzed in accordance with all applicable requirements. The result in this report relate to the items tested. For purposes of identification and case tracking the Toxicology Lab uses case numbers exclusively. Name is subject to change based on receipt of information. This report shall not be reproduced except in full, without the written approval of the Cuyahoga County Regional Forensic Science Laboratory.

**Chief Forensic Toxicologist**

~~John F. Wyman, PhD.~~

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Thomas P. Gilson, M.D.  
Medical Examiner

**Cuyahoga County**  
**Medical Examiner's Office**  
11001 Cedar Avenue, Cleveland, Ohio 44106  
**REPORT OF AUTOPSY**

**FAXED**

THE STATE OF OHIO,  
SS.  
CUYAHOGA COUNTY

CASE NUMBER: IN2014-00559

REPORT OF AUTOPSY OF: Lakisha Lashawn Wilson  
ADDRESS: 7346 Melynn Terrace, Canal Winchester, Ohio

I, Thomas P. Gilson, M.D., Medical Examiner of Cuyahoga County, Ohio, Certify that on the 29th day of March, 2014 at 8:45 AM in accordance with Section 313.13 of the Revised Code, of the State of Ohio, an autopsy was performed on the body of Lakisha Lashawn Wilson.

The following is the report of autopsy to the best of my knowledge and belief: This person was a female, single, aged 22 years, of the Black race; had brown eyes, black hair, good teeth, was 65 Inches in height, weighing 131 pounds; a native of Akron, Ohio.

**ANATOMIC DIAGNOSES:**

- I. Intrauterine pregnancy
  - A. Hemoglobin = 11.5 g/dL (March 7, 2014)
  - B. Elective abortion (March 21, 2014)
    1. Sedation with fentanyl and midazolam
    2. Uterine evacuation of 19.4 weeks gestation fetus and placental tissues
    3. Post procedure uterine atony
    4. Administration of methergine and misoprostol
    5. Post procedure hypotension, bradycardia, and cardiopulmonary arrest
    6. Cardiopulmonary resuscitation
      - a. Post procedure hemoglobin = 8.9 g/dL (March 21, 2014)
      - b. Diffuse cerebral edema
      - c. Uncal and cerebellar tonsillar herniation
      - d. Diffuse anoxic encephalopathy
      - e. Cerebellar and medullary necrosis
- II. Therapeutic procedures
  - A. Indwelling orogastric catheter, oroesophageal catheter, urinary bladder catheter, and three intravascular catheters
  - B. Puncture wounds of left subclavian thorax and both upper extremities
  - C. Patient and fall risk identification bracelets
- III. Postmortem organ donations of heart, lungs, liver, and kidneys

**Cause of Death:** Cerebellar and medullary necrosis.  
 Due To: Diffuse anoxic encephalopathy and cerebral edema.  
 Due To: Cardiopulmonary arrest with cardiopulmonary resuscitation.  
 Due To: Hypotension, bradycardia, and cardiopulmonary arrest immediately following elective abortion of intrauterine pregnancy.  
**THERAPEUTIC COMPLICATION.**

Joseph A. Felo, D.O.  
(Name of Pathologist)

Lakisha Lashawn Wilson  
(Name of Deceased)

*Joseph A. Felo*  
Pathologist Signature  
*Lakisha Lashawn Wilson*  
Cuyahoga County Medical Examiner

,M.D.

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Case: 1142014-00559  
Name: Lakisha Lashawn Wilson**FAXED****GROSS ANATOMIC DESCRIPTION**

**EXTERNAL EXAMINATION:** The body is that of a normally developed and adequately nourished black female, whose appearance is consistent with the reported age of 22 years. The body weighs 131 pounds and is 65 inches in length. The body is in moderate rigor mortis. Faint lividity is dorsal and fixed. The skin temperature is cold.

The scalp hair is black, of long length, of normal distribution, is gathered within an elastic band at the vertex, and has grey-white adhesive material in the hairs over both temporal, both parietal, and the occipital scalp regions. The conjunctivae are clear, the corneas are clear, and the irides are brown. The pupils are unremarkable. Both earlobes have single pierced holes, and the ears are otherwise unremarkable. The nose shows no abnormalities. The lips are edematous and a 1 1/4" x 1/2" pink and grey ulcer is in the right paramedian lower lip mucosa and skin. The teeth are natural and in good condition. The neck is of normal configuration, and there are no palpable masses. The thorax is symmetrical and normal in configuration. The breasts are of normal adult female configuration, there are no palpable masses, and incisions into the breast tissues reveal tan-pink lobular parenchyma that exude copious thin white secretions. The abdomen is soft and flat. The external genitalia are of normal adult female conformation, and there are no external lesions. The extremities appear normal, and the joints are not deformed. There is mild subcutaneous edema of both lower extremities. All digits are present. Pink nail polish is applied to all nails with the exception of the right thumbnail. The skin is of normal pliability and texture and presents no significant lesions.

**SCARS AND IDENTIFYING MARKS:**

1. A 4" x 1" black and red tattoo of "Me Amo" and two hearts is over the posterior and superior left thorax.
2. A 6" x 3 1/2" black tattoo of seven stars is over the posterior right upper and lateral thorax.
3. Longitudinal striae are in the skin over the lateral and anterior surfaces of the abdomen.
4. A 5 1/2" x 3" black tattoo of "Lavish" is over the medial left upper arm.
5. A 4 3/4" x 1 1/4" black tattoo of "To protect my honor, defend my pride" and curved lines is over the radial distal left lower arm.
6. A 3 3/4" x 3 3/4" black tattoo of a bow and "Pretty MoNeY" is over the anterior proximal left upper leg.
7. A 1 1/4" x 3/8" oval scar is over the dorsal and lateral left foot.
8. A 1 1/4" x 1" irregular scar is over the dorsal left second and left third toes.

**EXTERNAL AND INTERNAL EVIDENCE OF RECENT THERAPY:**

1. Translucent tape is over the closed eyelids.
2. An orogastric catheter and a translucent catheter with white wires within the lumen are in the mouth and are secured with a plastic clamp and a cloth strap wrapped around the neck. The orogastric catheter ends within the esophagus and the translucent catheter with intraluminal wires is bent within the mouth and ends within the right buccal region.
3. An intravascular catheter punctures the skin of the left lateral neck and is secured with tape.
4. A grey ecchymosis with a central puncture wound are in the skin of the left subclavian thorax.
5. A urinary bladder catheter is in proper position and pink-red mucosal hemorrhages are in the dome and posterior surface of the urinary bladder.
6. A grey ecchymosis with a central dried puncture wound are in the skin of the right antecubital fossa with grey-tan adhesive material on the adjacent skin.
7. A patient identification bracelet and a yellow and white bracelet with black ink "FALL RISK" are around the right lower arm.
8. A grey ecchymosis is in the skin of the volar distal right lower arm.
9. Multiple puncture wounds and purple-grey ecchymoses are in the skin of the right index finger, right middle finger, and right little finger.
10. A grey ecchymosis with at least three central dried puncture wounds are in the skin of the left antecubital fossa.
11. A grey-tan ecchymosis with a central puncture wound are in the skin of the volar distal left lower arm.

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12. A three-lumen intravascular catheter punctures the skin of the anteromedial proximal right upper leg and is secured with sutures.
13. An intravascular catheter punctures the skin of the anteromedial proximal left upper leg and is secured with sutures

**EXTERNAL AND INTERNAL EVIDENCE OF RECENT INJURY:** None noted.

**EVIDENCE OF ORGAN DONATION:**

1. A 21" longitudinal, sutured incised wound is through the skin and subcutaneous soft tissues of the anterior trunk midline and is covered by wound dressing. A longitudinal incised wound is through the midline of the sternum. The heart, lungs, liver, gallbladder, abdominal aorta, inferior vena cava, kidneys, ureters, and adrenal glands, and their adjacent vascular connective tissues are absent. Metallic clips close the trachea. Thin watery blood is in the thoracic and abdominal cavities.
2. A collection tube with urine and multiple collection tubes with blood are submitted with the body, and each collection tube is labeled with the patient's name and dated 3/28/14. The specimens are submitted to the Cuyahoga County Medical Examiner's Office Toxicology department following the autopsy.

**INTERNAL EXAMINATION:** The body is opened by means of the usual "Y" and biparietal incisions. The organs of the gastrointestinal system, the gynecological system, and the urinary bladder occupy their normal sites. Most of the diaphragm is present.

**NECK:** The neck organs are excised en bloc and examined separately. The surface of the tongue and serial cross sections through the tongue show no gross abnormalities. The larynx and trachea have a normal caliber and are free of obstruction. The laryngeal and tracheal mucosa is soft and tan. The paravertebral musculature is unremarkable. The cervical spine, hyoid bone, and proximal tracheal cartilage are intact.

**CARDIOVASCULAR:** A 15 cm segment of the distal aortic arch and the thoracic aorta has no atheromatous plaques on the luminal surface.

**RETICULOENDOTHELIAL:** The spleen weighs 140 grams and has a normal configuration with a sharp defect at the inferior edge. The capsule is purple-brown and smooth, without areas of thickening. On section, the splenic pulp is dark red and solid. No abnormal lymph nodes are encountered.

**DIGESTIVE:** The esophagus is free of lesions. The stomach has a normal configuration. The serosa is smooth and glistening. The wall is of normal thickness and the mucosa is thrown into rugal folds. There are no areas of ulceration. The stomach is empty. The duodenum is free of ulceration and other intrinsic lesions. The remainder of the small bowel, the colon, and the rectum are normal in appearance. The appendix is present and is unremarkable.

**PANCREAS:** The pancreas is firm and normally lobulated. Multiple cross sections through the pancreas reveal normal tan parenchyma without intrinsic lesions.

**GENITOURINARY SYSTEM:**

**Bladder:** The bladder is of normal configuration. The mucosa is intact and free of ulcerations or other lesions. It contains no urine.

**Gynecological system:** The vaginal mucosa is wrinkled, tan, and free of lesions. The cervical os has an oval and patent configuration. The cervical mucosa is tan-pink and glistening with a faint 2 cm submucosal purple hemorrhage at the anterior region and a 0.4 cm dark purple submucosal hemorrhage at the inferior region. The endocervical mucosa is smooth and tan. The endometrial cavity is of normal configuration and the anterior endometrium is tan, red, soft, and slightly nodular. An 8.5 x 6 cm and 1 cm thick soft tissue mass on the posterior surface of the endometrium. The soft tissue mass is mostly dark red and glistening with scattered areas of tan discoloration. Sections through the soft tissue mass reveal mostly solid configuration with no definitive villi formations. The underlying myometrium adjacent to the soft tissue mass is pink-grey and solid. No membranes or fetal parts are present in the endometrial cavity. The myometrium has a 1.1 cm maximal thickness and is pink-tan with scattered open vascular channels. There are scattered dark red thrombi within the vascular channels that are most prominent within the anterior and lower regions. A diffuse dark red-purple subserosal hemorrhage is on the anterior

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Case: IN2014-00559

Name: Lakisha Lashawn Wilson

and lower region of the uterus. There are no parametrial lesions. The fallopian tubes are thin-walled, pliable, and free of lesions. The ovaries are symmetrical and unremarkable.

**ENDOCRINE SYSTEM:** The pituitary gland is soft, solid, and brown. The thyroid gland is solid and tan.

**MUSCULOSKELETAL:** The axial and appendicular skeleton show no abnormalities. The exposed musculature is unremarkable.

**HEAD/BRAIN:** The scalp shows no evidence of contusions or galeal hemorrhages. The skull is intact. The dura is smooth and glistening and a dull dark red and tan branched and tubular thrombus is in the right sigmoid sinus. The convexities of the cerebral hemispheres are symmetrical. The leptomeninges are thin and transparent. The subarachnoid space does not contain any hemorrhage. The blood vessels on the cerebral convexities are prominently congested. The cerebrum presents normal convolutions, with diffuse flattening of the gyri and diffuse narrowing of the sulci. The inferior surfaces of the cerebral hemispheres, the cerebellum, and the brainstem are soft with apparent tonsillar and uncal herniations. The major cerebral arteries show no atherosclerosis and no apparent congenital anomalies. The roots of the cranial nerves are soft and necrotic. The brain weighs 1230 grams and is fixed in formalin prior to further sectioning. After removal of the brain, the base of the skull does not demonstrate any fractures.

**SPINAL CORD:** The thoracic and lumbar spinal cord is soft, and mottled tan and brown. The thoracic, lumbar, and sacral spinal cord and dura are fixed in formalin prior to further sectioning. Due to the soft nature of the spinal cord, the cervical spinal cord is unable to be dissected from the spinal canal.

**BRAIN AFTER FIXATION:** Serial coronal sections through the cerebral hemispheres show soft parenchyma with hazy grey-white demarcations. The basal ganglia and diencephalon are soft and pink-grey. Serial cross sections through the brainstem show hazy grey-white demarcations with soft and friable medulla. Serial sagittal sections through the cerebellum shows dusky grey-white demarcations with fragmentation of the vermis and inferior surface of the cerebellum. The ventricular system is symmetrical and severely compressed.

**SPINAL CORD AFTER FIXATION:** Soft and friable grey-tan tissue is in the subdural space on the thoracic and lumbar spinal cord. Serial cross sections through the spinal cord show firm grey-white parenchyma with hazy grey-white demarcations.

#### MICROSCOPIC DESCRIPTION

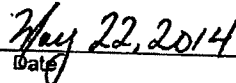
**UTERUS:** Decidualized endometrium  
Hemorrhage, organizing thrombi, and neutrophilia of endometrial surface and stroma  
Acute and organizing thrombi within vascular channels  
Trophoblast invasion of myometrium  
Histologic changes consistent with recent placental implantation site

**THYROID:** No significant pathological changes

**BRAIN:** Diffuse ischemic and necrotic changes of neurons  
Diffuse cerebellar necrosis  
Multifocal and diffuse perivascular cuffing by mononuclear inflammatory cells within cerebrum and medulla  
Focal necrosis with neutrophilic and macrophagic reaction within medulla  
Acute extravasations of blood within medullary neuropil

**SPINAL CORD:** Necrotic cerebellar tissue fragments within leptomeningeal space

  
Joseph A. Felb, D.O.

  
Date

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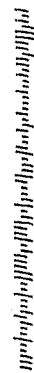
OHIO DEPT OF HEALTH  
DQA-BCHCFS

2014 JUN -9 AM 11:04

OHIO DEPARTMENT OF HEALTH  
ATTN: WANDA L. IACOVETTA  
246 NORTH HIGH STREET  
COLUMBUS OHIO 43215

2765 0-015930

49215351264 0012







Thomas P. Gilson, M.D.  
Medical Examiner

## CUYAHOGA COUNTY MEDICAL EXAMINER

11001 Cedar Avenue  
Cleveland, OH 44106  
(216) 721-5610

### Official Receipt from the Office of the Medical Examiner of Cuyahoga County

Issue Date: 6/5/2014  
Case Number: IN2014-00559  
In Reference: Lakisha Lashawn Wilson  
Requestor Name: Wanda L. Iacovetta  
Agency Requestor: Ohio Department of Health  
Address: 246 North High Street, Columbus, Ohio 43215  
Comment:

Issued By: Treece, Melanie  
Receipt Number: RC2014-02474

Code	Report Name	Sub Fund	Amount	Quantity	Pages	Total Amount
APRO	Autopsy Protocol	01A001	\$0.00	1	4	\$0.00
VERD	Verdict Report	01A001	\$0.00	1	1	\$0.00
LABR	Laboratory Report	20A312	\$0.00	1	3	\$0.00
	<b>TOTAL</b>		<b>\$0.00</b>	<b>3</b>	<b>8</b>	<b>\$0.00</b>

The attached documents are a true and certified copy of the original documents on file in the Cuyahoga County Medical Examiner's Office, 11001 Cedar Avenue, Cleveland, Ohio 44106.

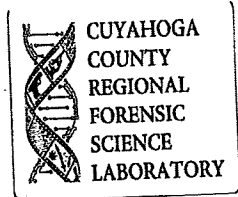
Thomas P. Gilson, M.D., Medical Examiner

OHIO DEPT OF HEALTH  
DOA-BCHCFS

2014 JUN -9 AM 11:03



**Toxicology Laboratory Report**  
**Cuyahoga County Regional Forensic Science Laboratory**  
11001 Cedar Avenue, Cleveland, Ohio 44106



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**Case Number :** IN2014-00559  
**Name :** Lakisha Wilson  
**Agency :** Cuyahoga County (CCMEO)

**Report Date :** Tuesday, April 22, 2014  
**Receipt Date :** Saturday, March 29, 2014  
**Pathologist :** JFEL - J. A. Felo, DO

**Specimen Received**

A1 - Cavity Blood  
R1 - Longterm Storage  
V1 - Vitreous Humor

F1 - Femoral Blood  
R2 - Longterm Storage  
Y1 - Hospital Blood

F2 - Femoral Blood  
S1 - Spleen

O1 - Other  
U1 - Urine

COMMENT : A1, R1 and R2 = thoracic cavity blood; F1 and U1 = lifebanc draw; O1 = subcutaneous fat; Y1 = 3/21/14 @ 1148

**A1: Thoracic Cavity Fluid Analysis**

Drug Group/Class	Result	Quantitation	Analyte(s)
No Test Performed	---		

**F1: Femoral Blood Analysis**

Drug Group/Class	Result	Quantitation	Analyte(s)
No Test Performed	---		

**F2: Femoral Blood Analysis**

Drug Group/Class	Result	Quantitation	Analyte(s)
No Test Performed	---		

**O 1: Other Analysis**

Drug Group/Class	Result	Quantitation	Analyte(s)
No Test Performed	---		

**R 1: Long Term Storage Red Top**

Drug Group/Class	Result	Quantitation	Analyte(s)
No Test Performed	---		

**R 2: Long Term Storage Purple Top**

Drug Group/Class	Result	Quantitation	Analyte(s)
No Test Performed	---		

**S 1: Spleen Analysis**

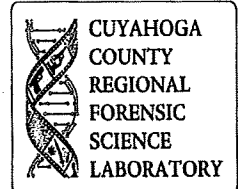
Drug Group/Class	Result	Quantitation	Analyte(s)
No Test Performed	---		

**U 1: Urine Analysis**

Drug Group/Class	Result	Quantitation	Analyte(s)
No Test Performed	---		



**Toxicology Laboratory Report**  
**Cuyahoga County Regional Forensic Science Laboratory**  
**11001 Cedar Avenue, Cleveland, Ohio 44106**



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<b>Case Number :</b>	IN2014-00559	<b>Report Date :</b>	Tuesday, April 22, 2014
<b>Name :</b>	Lakisha Wilson	<b>Receipt Date :</b>	Saturday, March 29, 2014
<b>Agency :</b>	Cuyahoga County (CCMEO)	<b>Pathologist :</b>	JFEL - J. A. Felo, DO

**V 1: Vitreous Humor Analysis Red Top**

Drug Group/Class	Result	Quantitation	Analyte(s)
No Test Performed	---		

**Y 1: Hospital Blood Purple Top Analysis**

Drug Group/Class	Result	Quantitation	Analyte(s)
Opiate ELISA Screen	None Detected	Positive	See Page 3, Group 7
Benzo. Confirmation GC/MS	Positive		See Page 3, Group 15
Midazolam			
Amphetamine ELISA	None Detected		See Page 3, Group 7
Barbiturates ELISA Screen	None Detected		See Page 3, Group 7
Benzodiazepines ELISA Screen	Positive		See Page 3, Group 7
Cannabinoids ELISA Screen	None Detected		See Page 3, Group 7
Carisoprodol ELISA Screen	None Detected		See Page 3, Group 7
Cocaine Mtb. ELISA Screen	None Detected		See Page 3, Group 7
Fentanyl ELISA Screen	None Detected		See Page 3, Group 7
Methamphetamine ELISA Screen	None Detected		See Page 3, Group 7
Oxycodone ELISA Screen	None Detected		See Page 3, Group 7
Phencyclidine ELISA Screen	None Detected		See Page 3, Group 7
Tricyclic Antidepressants ELISA Screen	None Detected		See Page 3, Group 7
Methadone ELISA Screen	None Detected		See Page 3, Group 7

**Toxicology Laboratory Report**  
**Cuyahoga County Regional Forensic Science Laboratory**  
**11001 Cedar Avenue, Cleveland, Ohio 44106**

Page 3 of 3

**Analytes included in Drug Groups / Class**

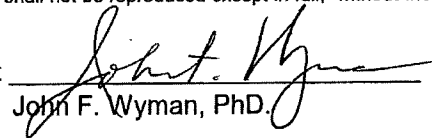
**DRUGS ANALYZED/QUANTIFIED BY CCRFSL/CCMEO TOXICOLOGY**

- 1) **VOLATILES:** Acetaldehyde, Acetone, Acetonitrile\*, Butane, Chloroform\*, Dichloromethane\*, Ethanol, Ethyl Acetate\*, Formaldehyde, Isopropanol, Methane, Methanol, Paraldehyde\*, Propane, Toluene\*. **ETHANOL, ACETONE, ISOPROPANOL, and METHANOL CONFIRMATION(s)** by alternative GC column and/or alternative specimens. **METHANOL** is differentiated from **FORMALDEHYDE** by Colorimetry (Qualitative).
- 2) **Sedatives, Hypnotics, Anti-Epileptic and Other Acidic/Neutral Drugs:** Amobarbital, Butalbital, Caffeine, Carbamazepine, Carisoprodol, Glutethimide, Ibuprofen, Levettiracetam, Mephenytoin, Meprobamate, Metaxalone, Naproxen, Pentobarbital, Pentoxifylline, Phenobarbital, Phenytoin, Primidone, Secobarbital, Theophylline, Topiramate, (Gabapentin/Pregabalin by LC/MS/MS); **ACIDIC NEUTRALS** Screened and Quantified by GC-FID and Confirmed by GC/MS.
- 3) **CARBON MONOXIDE\***(Carboxyhemoglobin) by CO-Oximetry: Carbon Monoxide, Methemoglobin, Hemoglobin; **CARBON MONOXIDE CONFIRMATION** by Spectrophotometry and/or Microdiffusion.
- 4) **GLYCOLS\*:** Ethylene Glycol, Propylene Glycol Screened and Confirmed by GC/MS.
- 5) **CYANIDE\*:** Screened and Quantified by Colorimetry.
- 6) **EMIT®SCREEN: SYMPATHOMIMETIC AMINES (SMAs)** (Target = d-Amphetamine); **BENZODIAZEPINES** (Target= Oxazepam); **COCAINE** (Target= Benzoyllecgonine (a cocaine metabolite); **CANNABINOIDS** (Target= 11-nor-Δ-9-THC-COOH (a marijuana metabolite); **OPIATES** (Target= Morphine); **PHENCYCLIDINE** (Target= Phencyclidine).
- 7) **ELISA (Enzyme-Linked Immunosorbent Assay) SCREEN: SMAs** (Target = d-Amphetamine); **Barbiturates** (Target = Pentobarbital); **Benzodiazepines** (Target = Alprazolam); **Cannabinoids** (Target = 11-nor-Δ-9-THC-COOH (a marijuana metabolite); **Carisoprodol** (Target = Carisoprodol); **Cocaine Metabolite** (Target = Benzoyllecgonine); **Fentanyl** (Target = Fentanyl); **Methamphetamine** (Target = d-Methamphetamine); **Oxycodone** (Target = Oxycodone); **Phencyclidine** (Target = Phencyclidine); **Tricyclic Antidepressants** (Target = Nortriptyline); **Methadone** (Target = Methadone); **Opiates** (Target = Morphine).
- 8) **BASIC DRUGS by GC/MS (Quantitation and Confirmation):** Amantadine, Amitriptyline, Amoxapine, Amphetamine, Atropine, Benzotropine, Brompheniramine, Bupivacaine, Bupropion, Bupropion Metabolites, Buspirone, Caffeine, Carbinoxamine, Chlorphenylpiperazine, Chlorpheniramine, Chlorpromazine, Citalopram, Clomipramine, Clozapine, Cocaethylene, Cocaine, Codeine, Cocaine and metabolites, Cotinine, Cyclizine, Cyclobenzaprine, Desalkylflurazepam, Desipramine, Desmethyl Chlordiazepoxide, Desmethyl Clomipramine, Desmethyl Clozapine, Desmethylsertraline, Desmethylvenlafaxine, Dextromethorphan, Diazepam, Diethylpropion, Diphenhydramine, Disopyramide, Diltiazem, Doxepin, Doxylamine, Ecgonine methyl ester, Ephedrine/Pseudoephedrine, Fenfluramine, Fentanyl, Fluoxetine, Fluvoxamine, Guaifenesin, Haloperidol, Hydrocodone, Hydroxyzine, Imipramine, Ketamine, Laudanosine, Lidocaine, Lidocaine mb (MEGX), Loxapine, Maprotiline, Meclizine, Meperidine, Mephentermine, Mesoridazine, Methadone, Methadone primary mb (EDDP), Methadone secondary mb (EMDP), Methamphetamine, Methylene-dioxyamphetamine (MDA), Methylene-dioxyamphetamin (MDMA), Methylene-dioxypropylvalerone (MDPV), Methylphenidate, Metoprolol, Mexiletine, Midazolam, Mirtazapine, Nefazodone, Nicotine, Nordiazepam, Nordoxepin, Norfluoxetine, Normeperidine, Norpropoxyphene, Nortriptyline, Norverapamil, Olanzapine, Orphenadrine, Oxycodone, Papaverine, Paroxetine, Pentazocine, Pentoxifylline, Perphenazine, Phencyclidine, beta-Phenethylamine, Pheniramine, Phendimetrazine, Phenmetrazine, Phentermine, Phenylpropanolamine, Phenyltoloxamine, Procaine, Promethazine, Propoxyphene, Propranolol, Protriptyline, Pseudoephedrine, Pyrilamine, Quetiapine, Quinidine, Quinine, Sertraline, Thioridazine, Tramadol, Tranylcypromine, Trazodone, Trihexylphenidyl, Trimipramine, Venlafaxine, Verapamil, Zolpidem.
- 9) **ACETAMINOPHEN SCREEN:** Acetaminophen by Colorimetry (Qualitative).
- 10) **SALICYLATE SCREEN:** Salicylate (Aspirin) by Colorimetry (Qualitative), **SALICYLATE CONFIRMATION** by Gas Chromatography.
- 11) **XANTHINES by GC/MS:** Acetaminophen, Caffeine.
- 12) **CLINICAL CHEMISTRIES (CHEM7):** Ketones, pH, Specific Gravity, and Electrolytes (Sodium, Potassium, Chloride, TCO2, Glucose, Urea, Creatinine).
- 13) **COCAINE CONFIRMATION by GC/MS:** Anhydroecgonine methyl ester, Benzoyllecgonine, Cocaine, Cocaethylene, Ecgonine ethyl ester\*, Ecgonine methyl ester.
- 14) **CANNABINOIDS by GC/MS:** Cannabinoids (ng/mL; mcg/L): D<sup>9</sup>-THC, 11-OH-D<sup>9</sup>-THC (a marijuana metabolite), 11-nor- D<sup>9</sup>-THC-COOH (a marijuana metabolite), TOTAL 11-nor- D<sup>9</sup>-THC-COOH (a marijuana metabolite).
- 15) **OPIATES by GC/MS (ng/mL):** Morphine, 6-Acetylmorphine (heroin metabolite), Codeine, Hydrocodone, Dihydrocodeine, Hydromorphone, Norcodeine\*, Oxycodone; Oxymorphone. **TOTAL OPIATES by GC/MS-Hydrolysis followed by OPIATES by GC/MS.**
- 16) **BENZODIAZEPINE CONFIRMATION by GC/MS:** Alprazolam/ metabolite, Diazepam/ metabolites, Clonazepam, Lorazepam, Midazolam/metabolite, Triazolam.
- 17) **SYMPATHOMIMETIC AMINES CONFIRMATION by GC/MS analysis (ng/mL):** Amantadine, Amphetamine, beta-Phenethylamine, MDEA, Methamphetamine, Methylene-dioxyamphetamine (MDA), Methylene-dioxyamphetamin (MDMA), Phentermine, Phenylpropanolamine, Pseudoephedrine.
- 18) **GHB by GC/MS (ng/L):** Gamma-hydroxybutyric acid (gamma hydroxybutyrate).
- 19) **FENTANYL by GC/MS (ng/mL):** Fentanyl, Sufentanil, Alfentanil.
- 20) **SENT OUT TO REFERENCE LABS:** Synthetic Cannabinoids and Synthetic Cathinones, Epinephrine, 7-amino Flunitrazepam, Flunitrazepam, IgE, Insulin, LSD, Nefedipine, C-Peptide, Psilocin, Risperidone, Trypsin, Warfarin, Valproic Acid, **HEAVY METAL SCREEN:** (Antimony, Arsenic, Lead, Barium, Cadmium, Bismuth, Mercury, Selenium) or any other drugs not listed above.

\*BY REQUEST ONLY; **ABBREVIATIONS:** POS=Positive; NEG=Negative; UNS=Specimen unsuitable for testing; NTDN=Not Done; QNS=Quantity insufficient for analysis; **CHEM7=Clinical Chemistry;** < =less than; > =greater than; **LRL= Lower reporting limit; C.L. = Confidence Level.**  
**UNITS FOR VOLATILES:** 100 mg/dL = 0.100 g/dL = 0.100 g%. **UNITS:** 1 mg/L = 1000 µg/L = 1000 ng/mL.

I certify that the specimen identified by this case, number IN2014-00559 have been handled and analyzed in accordance with all applicable requirements. The result in this report relate to the items tested. For purposes of identification and case tracking the Toxicology Lab uses case numbers exclusively. Name is subject to change based on receipt of information. This report shall not be reproduced except in full, without the written approval of the Cuyahoga County Regional Forensic Science Laboratory.

Chief Forensic Toxicologist

  
John F. Wyman, PhD.



**Cuyahoga County  
Medical Examiner's Office**  
11001 Cedar Avenue, Cleveland, Ohio 44106  
**REPORT OF AUTOPSY**

Thomas P. Gilson, M.D.  
Medical Examiner

**THE STATE OF OHIO,  
SS.  
CUYAHOGA COUNTY**

**CASE NUMBER: IN2014-00559**

**REPORT OF AUTOPSY OF: Lakisha Lashawn Wilson  
ADDRESS: 7346 Melynne Terrace, Canal Winchester, Ohio**

I, **Thomas P. Gilson, M.D.**, Medical Examiner of Cuyahoga County, Ohio, Certify that on the **29th** day of **March, 2014** at **8:45 AM** in accordance with Section 313.13 of the Revised Code, of the State of Ohio, an autopsy was performed on the body of **Lakisha Lashawn Wilson**.

The following is the report of autopsy to the best of my knowledge and belief: This person was a **female**, **single**, aged **22 years**, of the **Black** race; had **brown** eyes, **black** hair, **good** teeth, was **65 inches** in height, weighing **131 pounds**; a native of **Akron, Ohio**.

**ANATOMIC DIAGNOSES:**

- I. Intrauterine pregnancy
  - A. Hemoglobin = 11.5 g/dL (March 7, 2014)
  - B. Elective abortion (March 21, 2014)
    1. Sedation with fentanyl and midazolam
    2. Uterine evacuation of 19.4 weeks gestation fetus and placental tissues
    3. Post procedure uterine atony
    4. Administration of methergine and misoprostol
    5. Post procedure hypotension, bradycardia, and cardiopulmonary arrest
    6. Cardiopulmonary resuscitation
      - a. Post procedure hemoglobin = 8.9 g/dL (March 21, 2014)
      - b. Diffuse cerebral edema
      - c. Uncal and cerebellar tonsillar herniation
      - d. Diffuse anoxic encephalopathy
      - e. Cerebellar and medullary necrosis

Case: IN2014-00559  
Name: Lakisha Lashawn Wilson

County: Cuyahoga

### **GROSS ANATOMIC DESCRIPTION**

**EXTERNAL EXAMINATION:** The body is that of a normally developed and adequately nourished black female, whose appearance is consistent with the reported age of 22 years. The body weighs 131 pounds and is 65 inches in length. The body is in moderate rigor mortis. Faint lividity is dorsal and fixed. The skin temperature is cold.

The scalp hair is black, of long length, of normal distribution, is gathered within an elastic band at the vertex, and has grey-white adhesive material in the hairs over both temporal, both parietal, and the occipital scalp regions. The conjunctivae are clear, the corneas are clear, and the irides are brown. The pupils are unremarkable. Both earlobes have single pierced holes, and the ears are otherwise unremarkable. The nose shows no abnormalities. The lips are edematous and a 1 ¼" x ½" pink and grey ulcer is in the right paramedian lower lip mucosa and skin. The teeth are natural and in good condition. The neck is of normal configuration, and there are no palpable masses. The thorax is symmetrical and normal in configuration. The breasts are of normal adult female configuration, there are no palpable masses, and incisions into the breast tissues reveal tan-pink lobular parenchyma that exude copious thin white secretions. The abdomen is soft and flat. The external genitalia are of normal adult female conformation, and there are no external lesions. The extremities appear normal, and the joints are not deformed. There is mild subcutaneous edema of both lower extremities. All digits are present. Pink nail polish is applied to all nails with the exception of the right thumbnail. The skin is of normal pliability and texture and presents no significant lesions.

### **SCARS AND IDENTIFYING MARKS:**

1. A 4" x 1" black and red tattoo of "Me Amo" and two hearts is over the posterior and superior left thorax.
2. A 6" x 3 ½" black tattoo of seven stars is over the posterior right upper and lateral thorax.
3. Longitudinal striae are in the skin over the lateral and anterior surfaces of the abdomen.



Case: **IN2014-00559**  
Name: **Lakisha Lashawn Wilson**

County: **Cuyahoga**

12. A three-lumen intravascular catheter punctures the skin of the anteromedial proximal right upper leg and is secured with sutures.
13. An intravascular catheter punctures the skin of the anteromedial proximal left upper leg and is secured with sutures

**EXTERNAL AND INTERNAL EVIDENCE OF RECENT INJURY:** None noted.

**EVIDENCE OF ORGAN DONATION:**

1. A 21" longitudinal, sutured incised wound is through the skin and subcutaneous soft tissues of the anterior trunk midline and is covered by wound dressing. A longitudinal incised wound is through the midline of the sternum. The heart, lungs, liver, gallbladder, abdominal aorta, inferior vena cava, kidneys, ureters, and adrenal glands, and their adjacent vascular connective tissues are absent. Metallic clips close the trachea. Thin watery blood is in the thoracic and abdominal cavities.
2. A collection tube with urine and multiple collection tubes with blood are submitted with the body, and each collection tube is labeled with the patient's name and dated 3/28/14. The specimens are submitted to the Cuyahoga County Medical Examiner's Office Toxicology department following the autopsy.

**INTERNAL EXAMINATION:** The body is opened by means of the usual "Y" and biparietal incisions. The organs of the gastrointestinal system, the gynecological system, and the urinary bladder occupy their normal sites. Most of the diaphragm is present.

**NECK:** The neck organs are excised en bloc and examined separately. The surface of the tongue and serial cross sections through the tongue show no gross abnormalities. The larynx and trachea have a normal caliber and are free of obstruction. The laryngeal and tracheal mucosa is soft and tan. The paravertebral musculature is unremarkable. The cervical spine, hyoid bone, and proximal tracheal cartilage are intact.

**CARDIOVASCULAR:** A 15 cm segment of the distal aortic arch and the thoracic aorta has no atheromatous plaques on the luminal surface.

**PERICARDIUM AND ENDOTHELIUM:** The pericardium is 1.5 cm thick.

Case: **IN2014-00559**  
Name: **Lakisha Lashawn Wilson**

County: **Cuyahoga**

and lower region of the uterus. There are no parametrial lesions. The fallopian tubes are thin-walled, pliable, and free of lesions. The ovaries are symmetrical and unremarkable.

**ENDOCRINE SYSTEM:** The pituitary gland is soft, solid, and brown. The thyroid gland is solid and tan.

**MUSCULOSKELETAL:** The axial and appendicular skeleton show no abnormalities. The exposed musculature is unremarkable.

**HEAD/BRAIN:** The scalp shows no evidence of contusions or galeal hemorrhages. The skull is intact. The dura is smooth and glistening and a dull dark red and tan branched and tubular thrombus is in the right sigmoid sinus. The convexities of the cerebral hemispheres are symmetrical. The leptomeninges are thin and transparent. The subarachnoid space does not contain any hemorrhage. The blood vessels on the cerebral convexities are prominently congested. The cerebrum presents normal convolutions, with diffuse flattening of the gyri and diffuse narrowing of the sulci. The inferior surfaces of the cerebral hemispheres, the cerebellum, and the brainstem are soft with apparent tonsillar and uncal herniations. The major cerebral arteries show no atherosclerosis and no apparent congenital anomalies. The roots of the cranial nerves are soft and necrotic. The brain weighs 1230 grams and is fixed in formalin prior to further sectioning. After removal of the brain, the base of the skull does not demonstrate any fractures.

**SPINAL CORD:** The thoracic and lumbar spinal cord is soft, and mottled tan and brown. The thoracic, lumbar, and sacral spinal cord and dura are fixed in formalin prior to further sectioning. Due to the soft nature of the spinal cord, the cervical spinal cord is unable to be dissected from the spinal canal.

**BRAIN AFTER FIXATION:** Serial coronal sections through the cerebral hemispheres show soft parenchyma with hazy grey-white demarcations. The basal ganglia and diencephalon are soft and pink-grey. Serial cross sections through the brainstem show hazy grey-white demarcations with soft and friable medulla. Serial sagittal sections through the cerebellum shows dusky grey-white demarcations with fragmentation of the vermis and inferior surface of the cerebellum. The ventricular system is symmetrical and severely compressed.



**Cuyahoga County  
Medical Examiner's Office**  
11001 Cedar Avenue, Cleveland, Ohio 44106  
**MEDICAL EXAMINER'S VERDICT**

Thomas P. Gilson, M.D.  
Medical Examiner

**THE STATE OF OHIO,  
SS.  
CUYAHOGA COUNTY**

**CASE NUMBER: IN2014-00559**

**Be it Remembered**, That on the 28th day of March, 2014 information was given to me, **Thomas P. Gilson, M.D.**, Medical Examiner of said County, that the dead body of a woman supposed to have come to her death as the result of criminal or other violent means, or by casualty, or by suicide, or suddenly when in apparent health, or in any suspicious or unusual manner, (Sec. 313-11, 313-12 R.C. Ohio) had been found in University Hospitals Case Medical Center in Cleveland of Cuyahoga County, on the 28th day of March, 2014.

I viewed or caused to be viewed the said body at the Medical Examiner's Office. After the viewing and making inquiry into the circumstances that caused the death of the said person, I obtained further information, to-wit: (PAC #181005) (UHMC #07172608). I also carefully examined or caused to be examined the said dead body at 7:32AM on the 29th day of March, 2014 and I find as follows: to wit:

I, **Thomas P. Gilson, M.D.**, Medical Examiner of said county, having diligently inquired, do true presentment make in what manner Lakisha Lashawn Wilson, whose body was at the Medical Examiner's Office on the 29th day of March, 2014 came to her death. The said Lakisha Lashawn Wilson was single, 22 years of age, a resident of Canal Winchester, Fairfield County, Ohio, and a native of Akron, Ohio; was of the Black race, and had brown eyes, black hair, -- beard, -- mustache, was 65 inches in height, and weighed 131 pounds.

Upon full inquiry based on all the known facts, I find that the said Lakisha Lashawn Wilson came to her death officially on the 28th day of March, 2014 in University Hospitals Case Medical Center and was officially pronounced dead at 2:12 P.M., by Dr. Estebanez. There is information that the said Lakisha Lashawn Wilson, 7346 Melynn Terrace, Canal Winchester, Fairfield County, Ohio, was pregnant and, on March 21st, 2014, was admitted to Preterm Abortion Clinic, 12000 Shaker Boulevard for a scheduled elective operative procedure. During this procedure, this woman apparently became ill and collapsed. Resuscitative measures were instituted and the Cleveland Paramedics were called. On arrival, treatment was continued and the said Lakisha Lashawn Wilson was then transported to University Hospitals Case Medical Center where she was admitted. Examination revealed a diagnosis of cardiopulmonary arrest and treatment and drug therapy were administered. Supportive care was applied. Supportive care

### SURVEYOR NOTES WORKSHEET

Facility Name: Pre term

Surveyor Name: Riverly Slaggy

Provider Number: \_\_\_\_\_

Surveyor Number: 07973 Discipline: RN

Observation Dates: From \_\_\_\_\_ To \_\_\_\_\_

TAG/CONCERNS	DOCUMENTATION
4-4-14	
4:25 pm	Return phone call from Angel Rucker RN, Director
	of Clinical Services Preterm concerning use of the
	pediatric mask on Lakisha Wilson during code
	3-21-14. Angel stated she spoke to Lisa Perreira, MD
	(the physician participating in the code) and Dr. Perreira
	stated she (Dr. Perreira) was the person that
	placed the mask on the pt., and the mask fit
	appropriately for proper oxygenization.

# TransferCenter™ Transfer Order

Date Range: N/A

Transfer #	20140321-0022	Status	Active	EMC	EMERGENT	ETA		Issues Open	0			
Referring Facility	Other-nuh				Patient	Wilson, Lakisha						
Referring Unit	Office				DOB	5/6/1991	Gender	F	Age	22		
Caller Name	Elizabeth		Caller Phone	216-991-4000		Weight		lbs		kg	SSN	
Caller 2 Name			Caller 2 Phone	Preterm clinic of cle		Address						
Informed of Call Recording	<input type="checkbox"/>		Clinical Protocol			City			State			
Transfer Reason	Services Not Available at Sending Facility				Zip			Payor	UH Case Medical			
					MRN			Visit#				

Campus	UH Case Medical Center -uhc		Service Offered by Referring Facility	<input type="checkbox"/>	
Bed Type	ED-ed		Primary Physician		
Hospital Service	ED Services		Referring Physician		
Procedure			Accepting Physician		
Diagnosis	Cardiac Arrest/Not Breathing		Automatic Acceptance	<input type="checkbox"/>	
Patient Type			Requested copies of charts, films or disks	<input type="checkbox"/>	
Disposition	ED referral		Transport Mode	911	
Decline Reason			Primary #		
Directed To			Secondary #		
Notified			Transport Contact		
Return Agreement	<input type="checkbox"/>		Dispatch Time		
Appropriate Internal Transport Offered	<input type="checkbox"/>		Arrival Time		
Bed Req Date			Target Unit	UHC Adult Emerg	
			Assigned Bed	ED	

Consult Notes						
Note	Date/Time	Note	User			
Targeted Physicians		Repaged Date/Time	Returned Call Date/Time	Spoke w/ Ref. Phys. Date/Time	Phys Type	Decision Date/Time
Physician Name / On Call	Paged Date/Time					
<input type="checkbox"/>						

Transfer # 20140321-0022

Printed: 3/21/2014

Case Owner Matthews, Sam

Entered at 03/21/2014 11:04 by Matthews, Sam

Page 1 of 2

# TransferCenter™ Transfer Order

Date Range: N/A

G <input type="radio"/> M <input type="radio"/> F <input type="radio"/> Age <input type="text" value="22"/>		HPI/PMH <input type="text"/>		Isolation <input type="checkbox"/>	
Wt <input type="text"/> lbs <input type="text"/> kg		O2 <input type="text"/>		Type <input type="text"/>	
Vital signs as of <input type="text"/>		Trauma <input type="checkbox"/>		Meds/Drips <input type="checkbox"/>	
BP <input type="text"/>		Intubated <input type="checkbox"/>		1 <input type="text"/>	
HR <input type="text"/>		FIO2 <input type="text"/>		2 <input type="text"/>	
RR <input type="text"/>		Mode <input type="text"/>		3 <input type="text"/>	
SPO2 <input type="text"/>		Rate <input type="text"/>		4 <input type="text"/>	
TEMP <input type="text"/>		TV <input type="text"/>		5 <input type="text"/>	
		PEEP/PSV <input type="text"/>			
		GCS <input type="text"/>		Dialysis <input type="checkbox"/>	
		MI Alert <input type="checkbox"/>			
		Chest Tubes <input type="text"/>			
		Pacing <input type="text"/>			
		AICD <input type="text"/>			
		Heart Rhythm <input type="text"/>			
		Foley Urine <input type="text"/>			
		IV Access <input type="text"/>			
		IABP <input type="text"/>			
Patient Code Status <input type="text"/>					

Current Labs

Allergies

Clinical Notes		
Note Date/Time	Note	User
03/21/2014 11:07	pt in full arrest. CPR in progress. BVM by clinic staff. pt was there for an 19.4 wk abortion. no surgery had taken place yet. procedure is complete. versed and fentanyl for sedation. Narcan was given. Cytotec given for bleeding. minimal bleeding now. coming 911.	Matthews, Sam

Transfer # 20140321-0022

Printed: 3/21/2014

Case Owner Matthews, Sam

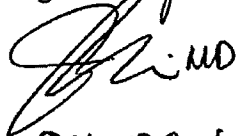
Entered at 03/21/2014 11:04 by Matthews, Sam

Page 2 of 2

March 22, 2014

This note is to confirm the presence of \_\_\_\_\_  
in the Medical Intensive Care unit at University Hospitals for the  
critical care of an immediate family member since March 21, 2014.  
Please consider relief of work duties in the week following  
3-21-14 in two immediate family emergency.

Thank you.

  
JOY NORBECK  
MD

MI 216-844-2130  
pager 3-7611



University Hospitals Case Medical Center has earned the American Nurses Credentialing Center's Magnet Recognition for Excellence in Nursing Services.

University Hospitals at Case Medical Center is the primary affiliate of Case Western Reserve University School of Medicine.

MR:07172608 EN:34544307 22Y / Female  
B:05/06/1991 A:03/21/2014



ODPS Ohio Bureau of Motor Vehicles Organ Donor Lookup

Welcome, David [Logout](#)[Services Menu](#)

Personal Information	As of 3/26/2014 11:39 AM
Name:	LAKISHA L. WILSON
Address:	2511 ROYAL COUNTY DOWN APT A UNIONTOWN, OH 44685-8783
SSN:	XXX-XX-XXXX
Driver License Number:	XXXXXXXX
Issued On:	5/25/2012
Date of Birth:	5/6/1991
Height:	5' 03"
Weight:	110 lbs.
Sex:	Female
Donor Status:	Yes -- Upon my death, I make an anatomical gift of my organs, tissues and eyes for any purpose authorized by law.

BMV Toll Free # (866) 859-6006

[Print](#)[New Search](#)[Request BMV Form](#)[Logout](#)



Tissue Donor Number: \_\_\_\_\_

# DISCLOSURE FOR ORGAN TISSUE EYE DONATION



4775 Richmond Road  
Cleveland, Ohio 44128  
888-558-LIFE (5433)

Wilson, Lakisha

MR:07172608

B:05/06/1991

EN:34544307 22Y / Female

A:03/21/2014



C



6700 Euclid Ave.  
Suite 101  
Cleveland, OH 44103  
216-706-4220



☒ Authorization for Donation by Donor Designation (No Signature Required)

For humanitarian reasons, Lakisha Wilson has authorized the donation of his/her organs and/or tissue.  
The following organs and/or tissue will be recovered by LifeBanc/Cleveland Eye Bank:

Organ			Tissue		Eyes
<input checked="" type="radio"/> Yes	N/A	Heart	<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> N/A	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> N/A <input type="radio"/> Eyes
<input checked="" type="radio"/> Yes	N/A	Kidneys*	<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> N/A	*Consent for eyes include corneas and/or whole globes.
<input checked="" type="radio"/> Yes	N/A	Liver*	<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> N/A	
<input checked="" type="radio"/> Yes	N/A	Lungs	<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> N/A	
<input checked="" type="radio"/> Yes	N/A	Pancreas/islet cells*	<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> N/A	
<input checked="" type="radio"/> Yes	N/A	Intestines*	<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> N/A	
<input checked="" type="radio"/> Yes	N/A	Other <u>3/27/14</u>	<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> N/A	
*Consent for organs includes arteries/veins that may be required for transplant.			<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> N/A	
			<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> N/A	
			<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> N/A	
			<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> N/A	

YES NO N/A

For organ, I/We understand procedures and testing deemed necessary to ensure suitability for transplant will be performed. This can include removal of spleen and lymph nodes for diagnostic testing to be performed for the determination of donor suitability.

YES NO

If the donation is found unsuitable for transplantation, I/We understand the gift may be used for medical research education or therapy.

YES NO

I/We understand that there is no guarantee that all organs and/or tissues recovered will be medically suitable for transplant and/or research and that those organs and/or tissues that cannot be used will be properly discarded of according to state regulations.

YES NO

I/We understand the removal of blood or tissue samples for laboratory testing includes blood typing, viral hepatitis, syphilis, HIV, organ biopsy, and/or cultures.

YES NO

I/We understand the release of the patient's medical information including, but not limited to, hospital or emergency response records, physician office records, and post mortem examination reports, if performed, to LifeBanc or the Cleveland Eye Bank in order to determine acceptability of the organs, tissues and eyes for transplantation. These records may be released to others as authorized by law or regulations.

YES NO

I/We understand that all costs associated with this donation are paid by the recovering organizations, LifeBanc or the Cleveland Eye Bank.

YES NO

I/We understand that LifeBanc/Cleveland Eye Bank will make every effort to minimize any visual change to the body and any delay in the funeral arrangements.

YES NO

I/We understand that the final form of the gifted organs and/or tissue may be different than the way it was originally recovered and that processing and/or distribution and determination of the use of these gifts will be coordinated by LifeBanc or the Cleveland Eye Bank with other organizations in accordance with medical and ethical standards.

YES NO

I/We understand that donated tissue may be processed and used by either non-profit or for-profit organizations in the United States and internationally in accordance with this donation authorization.

Wilson, Lakisha  
MR:07172608 EN:34544307 22Y / Female  
8:05/06/1991 A:03/21/2014



C

Tissue Donor Number: \_\_\_\_\_



## DISCLOSURE FOR ORGAN, TISSUE, EYE DONATION

Printed Donor Name: Lakisha Wilson

YES NO I/We understand that transport of the body may be necessary for purposes of recovery.

YES NO I/We fully understand all information given to me concerning this disclosure for donation.

YES NO I/We have had all our questions about donation and this disclosure answered and explained.

YES NO I/We would like to receive a copy of this disclosure form.

\_\_\_\_ Next of Kin/POA initials\*

This information was disclosed to: (Please Print)

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ ☐ N/A

This disclosure information was explained by:

Name: Karen Reinhart

Date & Time 3/27/14 1655

☒ In person or ☐ Via recorded line

\* LNOK/father - Richard Wilson  
refused to complete Disclosure  
for organ, tissue, eye donation or  
Donor Risk Assessment Interview.  
Please see attached note from  
father. (3/27/14 KR 1655)

\*If obtained via telephone, enter coordinator's initials next to the authorizing person's initials/signature

March 27, 2014

I have my daughter Lakisha Wilson  
died under Suspicious Circumstances.  
at this time the canahoga County Corones  
is Invegting the cause of died.

I adamantly refuse to sign papers.  
giving my cosisent for Organel donation  
I have personnel are Strongly  
Aware of my Conceans.

*Lakisha Wilson*

Wilson, Lakisha  
MR:07172608 EN:34644307 22Y / Female  
B:05/06/1991 A:03/21/2014



Wilson, Lakisha

MR:07172608 EN:34544307 22Y / Female

B:05/06/1991 A:03/21/2014



C

appendix CL 7A

LifeBanc



**LIFEBANC**  
**CONFIDENTIALITY POLICY**

LIFEBANC'S POLICY IS TO NOT DISCLOSE THE IDENTITY OF EITHER THE DONOR OR THE RECIPIENT INVOLVED IN THE ORGAN AND TISSUE DONATION / TRANSPLANTATION PROCESS. LIFEBANC WILL RESPECT CONFIDENTIALITY AND WILL NOT REVEAL ANY IDENTITIES UNLESS BOTH THE DONOR FAMILY AND THE RECIPIENT GRANT WRITTEN PERMISSION.

We acknowledge notice of LifeBanc's confidentiality policy written above and agree to abide by the policy.

\_\_\_\_\_  
Witness Signature  
(Prefer other than family member)

\_\_\_\_\_  
Donor Family Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

3/27/14 KR

\* LNUK / Richard Wilson refused to complete or sign Confidentiality Policy.



OK Phone X  
Pamela

ABORTION PHONE REPORT

Appt Made 2/27/14

Name Lakisha Wilson Chart # 181005  
Age 22 Birthdate 05/06/91  
Pregnancy Test + LMP 10-10 HB ✓ morph  
Home Phone (614) 390 5061 Alternate ( )

Referred to Preterm by internet  
Pelvic/Sono Exam on 2/27 at Columbus Size 18.4

- 1) Taking Medicine, yes ☐ no ☒  
2) Heart Conditions yes ☐ no ☒  
3) Asthma yes ☐ no ☒  
4) SD yes ☐ no ☒  
5) STI yes ☐ no ☒  
6) Are you Rh negative? yes ☐ no ☒ ? ☐ if yes or unknown, \$ \_\_\_\_\_  
7) Medical or emotional conditions? yes ☐ no ☒  
8) Have you ever been hospitalized? yes ☐ no ☒  
a) Any NVD. yes ☒ no ☐ if yes, # 1  
b) Any C-Sections yes ☐ no ☒ if yes, # \_\_\_\_\_  
c) Date of last delivery 8-26-12

Medical Alert



9) Letter needed yes ☐ no ☐ Letter received yes ☐ no ☐ Letter approved yes ☐ no ☐  
date \_\_\_\_\_ initials \_\_\_\_\_ date \_\_\_\_\_ initials \_\_\_\_\_ date \_\_\_\_\_ initials \_\_\_\_\_

Phone Advocate Sara TE X  
# Hrs 2-4 ID ☒ No Kids ☒ One Adult SO ☒ Protestors ☒ Total \$200  
No Checks ☒ M.O. ☒ MCM/Visa/Disc ☒ Ins. Card ☒ Insurance M72 type Molina JF X  
Notified Parent \_\_\_\_\_ BC \_\_\_\_\_ ID \_\_\_\_\_ Translator Name \_\_\_\_\_

FINANCIAL INFORMATION

Date: 03/07/14 3:20:14  
Charge: 200+Z 885  
Payments: 200mc+Z 430.56 + 50.00 + 125.00 + 50.00 + 28.00  
Staff: alm MP

Notary ✓  
Rh ✓  
Depo ✓  
IV ✓  
V ✓

REFERRAL

Reason \_\_\_\_\_  
Referred To \_\_\_\_\_ And/Or \_\_\_\_\_ Referral Advocate \_\_\_\_\_

REFUND

Date	Amount/Form	Reason

Signature receiving refund: \_\_\_\_\_ Date: \_\_\_\_\_

**PRETERM LABORATORY REPORT**  
12000 Shaker Boulevard, Cleveland, OH 44120

216/991-4000ph

Sequence No. 690 Chart No. 181005

Name Lekisha Wilson

Date <u>3/7/4</u>	HGB <u>11.5</u>	hCG Urine   pos   neg
Rho <u>pos</u>		

Remarks \_\_\_\_\_

Tech AP

Sequence No. \_\_\_\_\_ Chart No. \_\_\_\_\_

Name \_\_\_\_\_

Date _____	HGB _____	hCG Urine   pos   neg
Rho _____		

Remarks \_\_\_\_\_

Tech \_\_\_\_\_



## Initial History

Name Lakisha WilsonDate 02/07/14

## A. Review of Systems:

Yes	No	General
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. My health is generally good.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	2. Tobacco use. Number of years: _____ If yes, how many/day? _____ / day
<input type="checkbox"/>	<input checked="" type="checkbox"/>	3. Alcohol use. If yes, how many drinks/week? _____ / week
<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Do you use any drugs recreationally? If so, please describe type and frequency of use.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	5. Do you use any drugs intravenously (IV)?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Cancer? If yes, where/when? _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. Are you being treated for any illness/condition now? If yes, what? _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Do you currently take medicine (prescription, over the counter or herbal)? If yes, name: _____
<input type="checkbox"/>	<input type="checkbox"/>	9. Allergic to: Yes No Never Had
<input type="checkbox"/>	<input type="checkbox"/>	Penicillin _____ <input checked="" type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Novocaine _____ <input checked="" type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Betadine _____ <input checked="" type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Iodine _____ <input checked="" type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Shellfish _____ <input checked="" type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Eggs _____ <input checked="" type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Soy _____ <input checked="" type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Peanuts _____ <input checked="" type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Methergine _____ <input checked="" type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Prostaglandins _____ <input checked="" type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Tetracycline _____ <input checked="" type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Epinephrine _____ <input checked="" type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Adrenaline _____ <input checked="" type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Ibuprofen/Tylenol _____ <input checked="" type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Latex _____ <input checked="" type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	10. Do you have any known drug allergies? If so, please name and describe reaction. <u>No</u>
Yes	No	Cardiorespiratory
<input type="checkbox"/>	<input checked="" type="checkbox"/>	11. Mitral valve prolapsed
<input type="checkbox"/>	<input checked="" type="checkbox"/>	12. Heart murmur
<input type="checkbox"/>	<input checked="" type="checkbox"/>	13. Heart attack
<input type="checkbox"/>	<input checked="" type="checkbox"/>	14. Blood clots (head/leg/lungs)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	15. Stroke or stroke-like problem
<input type="checkbox"/>	<input checked="" type="checkbox"/>	16. High blood pressure
<input type="checkbox"/>	<input checked="" type="checkbox"/>	17. Asthma, chronic cough, or other breathing problem
<input type="checkbox"/>	<input checked="" type="checkbox"/>	18. Tuberculosis or exposure to tuberculosis
Yes	No	Gastrointestinal
<input type="checkbox"/>	<input checked="" type="checkbox"/>	19. Stomach or bowel problems
<input type="checkbox"/>	<input checked="" type="checkbox"/>	20. Liver problems (hepatitis or tumor)
Yes	No	Genitourinary
<input type="checkbox"/>	<input checked="" type="checkbox"/>	21. Bladder, urine leaks, or kidney problems
<input type="checkbox"/>	<input checked="" type="checkbox"/>	22. Uterine fibroids
<input type="checkbox"/>	<input checked="" type="checkbox"/>	23. Ovarian cysts

Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	24. Vaginal discharge that itches, burns, or has a bad odor
<input type="checkbox"/>	<input checked="" type="checkbox"/>	25. Endometriosis
<input type="checkbox"/>	<input type="checkbox"/>	26. Have you ever had a pap test? If yes, when? <u>2007</u> Previous abnormal pap? <u>Yes</u> If yes, when? <u>10/07/07</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	27. Previous LEEP, cone, or cryosurgery to cervix. If yes, when? _____
<input type="checkbox"/>	<input type="checkbox"/>	28. History of sexually transmitted infection. Check type: <input type="checkbox"/> chlamydia <input type="checkbox"/> gonorrhea <input checked="" type="checkbox"/> herpes <input type="checkbox"/> syphilis <input type="checkbox"/> genital warts <input checked="" type="checkbox"/> hepatitis <input type="checkbox"/> PID <input type="checkbox"/> HIV When? <u>1st outbreak 2mths</u>
Yes	No	Rheumatological
<input type="checkbox"/>	<input checked="" type="checkbox"/>	29. Lupus
<input type="checkbox"/>	<input checked="" type="checkbox"/>	30. Rheumatoid arthritis
Yes	No	Neurological
<input type="checkbox"/>	<input checked="" type="checkbox"/>	31. Migraine headaches/aura (diagnosed by MD, NP, PA)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	32. Seizures/epilepsy
Yes	No	Psychological
<input type="checkbox"/>	<input checked="" type="checkbox"/>	33. Depression requiring treatment
<input type="checkbox"/>	<input checked="" type="checkbox"/>	34. Anxiety
<input type="checkbox"/>	<input checked="" type="checkbox"/>	35. Bipolar disorder
<input type="checkbox"/>	<input checked="" type="checkbox"/>	36. Schizophrenia
Yes	No	Endocrine
<input type="checkbox"/>	<input checked="" type="checkbox"/>	37. Thyroid problems. If yes, <input type="checkbox"/> hypo <input type="checkbox"/> hyper
<input type="checkbox"/>	<input checked="" type="checkbox"/>	38. Diabetes
Yes	No	Hematological
<input type="checkbox"/>	<input checked="" type="checkbox"/>	39. Anemia
<input type="checkbox"/>	<input checked="" type="checkbox"/>	40. Sickle Cell Disease/Trait
<input type="checkbox"/>	<input checked="" type="checkbox"/>	41. Blood Clotting Disorder

## B. Hospitalization and Surgeries

Year	Reason

## C. Accidents and Injuries

Year	Reason

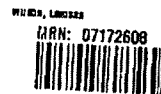
## Additional Comments/Explanations (by number)


To the best of my knowledge, the information I have provided is correct and complete.

Lakisha Wilson 02/07/14  
Patient signature Date

Allegor 3.7.14  
Staff signature Date

## GESTATIONAL ULTRASOUND REPORT



Name Lakisha Wilson Date 02/07/14 Time 2:47  
 LMP 10/10

## Findings:

Intrauterine Pregnancy Yes / No Single / Multiple  
 Type of Sonogram Abdominal / Transvaginal  
 CRL \_\_\_\_\_ MM \_\_\_\_\_ wks  
 BPD 38 MM 17.4 wks  
 Femur Length 25 MM 17.3 wks  
 Abdominal Circumference \_\_\_\_\_ MM  
 Heart Motion \_\_\_\_\_ Movement 4  
 Placenta Localized Post  
 Mean Gestational Sac (Height, Width, Depth + + +) / 3 (Round Off): \_\_\_\_\_ MM  
 Gest. Sac \_\_\_\_\_ MM \_\_\_\_\_ wks  
 Fetal Pole \_\_\_\_\_ Heart Motion \_\_\_\_\_

Estimated Fetal Weight: \_\_\_\_\_ gms  
 Composite Gestational Age: \_\_\_\_\_ weeks

## Findings of Sonogram:

<input type="checkbox"/> Ectopic Pregnancy Located	<input type="checkbox"/> Uterus Empty/Adnexa Clear
<input type="checkbox"/> Uterine/Pelvic Mass Indicated	<input type="checkbox"/> First Trimester
<input type="checkbox"/> Congenital Abnormality	<input type="checkbox"/> Second Trimester
<input type="checkbox"/> Incomplete	<input checked="" type="checkbox"/> 2 Day 2 Tri
<input type="checkbox"/> Pregnancy Not Located	<input type="checkbox"/> Referral

Findings/Comments: low fluid  
 Sonographer: AO Copy given? Yes No

Day Two MR estimation of gestation: Date: 3.21.14 Weeks/days: 19.4

Rescan Date: \_\_\_\_\_ Time: \_\_\_\_\_

CRL \_\_\_\_\_ MM \_\_\_\_\_ wks  
 BPD \_\_\_\_\_ MM \_\_\_\_\_ wks  
 Femur Length \_\_\_\_\_ MM \_\_\_\_\_ wks  
 Heart Motion \_\_\_\_\_ Movement \_\_\_\_\_

Comments: \_\_\_\_\_  
 Sonographer: \_\_\_\_\_ Copy given? Yes No





## REPRODUCTIVE HEALTH HISTORY

Name Lakisha WilsonDate 03/07/14

A. Pregnancy History				
Delivered				
Date m/d/y	Vaginal?	C-Section?	Stillbirth?	Premature?
08/26/12	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Abortion/Miscarriage				
Date m/d/y	Wks Pregnant	Abortion	Miscarriage	Ectopic
06/20/10	5	<input checked="" type="checkbox"/>		
08/20/13	5	<input checked="" type="checkbox"/>		
B. Menstrual History				
1. Age periods began: <u>14</u>				
2. Number of pads/tampons used on heaviest day: <u>7</u>				
3. Length of period: <u>7</u> days				
4. Number of days between periods: <u>30</u> days				
5. Are your periods usually regular? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Last period started on: <u>10/10/13</u>				
It seemed <input type="checkbox"/> normal <input type="checkbox"/> not normal				
7. Do you have vaginal bleeding after sex? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
8. Do you have vaginal bleeding or spotting between periods? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
C. Social History				
1. Are you physically abused? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
2. Are you sexually abused? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
3. Has anyone forced you to have sex? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
4. Are you afraid of your <input type="checkbox"/> partner? <input type="checkbox"/> family member?				
5. Is your living environment secure and supportive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

Ultrasound	
Would you like to see your ultrasound?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Would you like a copy of your ultrasound?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Vitals			
Do not complete section below. For Preterm staff only.			
Temp	<u>98.8</u>	B/P	<u>117/68</u> P <u>103</u>
Height	<u>5'5</u>	Weight	<u>134</u> BMI

D. Contraceptive History	
What method of birth control were you using at conception? <u>Pill</u>	
How long used: <u>30 days</u>	
Any problems with this method? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, what: _____	
What method do you want to use now? _____	
Which of the following methods have you used in the past? (listed as most effective to least effective)	
Method	Comment/Problem
<input type="checkbox"/> Abstinence	
<input type="checkbox"/> Mirena IUD	
<input type="checkbox"/> Paragard IUD	
<input type="checkbox"/> Implanon	
<input type="checkbox"/> Tubal ligation	
<input type="checkbox"/> Vasectomy	
<input type="checkbox"/> Depo Provera	
<input checked="" type="checkbox"/> Nuvaring	
<input type="checkbox"/> Ortho Evra patch	
<input checked="" type="checkbox"/> Birth Control Pill	
<input checked="" type="checkbox"/> Condoms	
<input type="checkbox"/> Diaphragm	
<input type="checkbox"/> Cervical Cap	
<input type="checkbox"/> Sponge	
<input type="checkbox"/> Spermicide	
<input type="checkbox"/> Rhythm	
<input type="checkbox"/> Natural family planning	
<input type="checkbox"/> Withdrawal	
<input type="checkbox"/> Other	
If you answer "yes" to any of the below, you should not use hormonal contraception. Have you ever had:	
1. Clots in legs or lungs/phlebitis?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Heart attack or stroke?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Cancer?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Kidney or liver disease?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. High blood pressure?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. Low blood pressure?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7. Severe headaches?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. Diagnosed migraines?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9. Smoke over 15 cigarettes per day & over age 35?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
To the best of my knowledge, the information I have provided is correct and complete.	
<u>Lakisha Wilson</u> Patient signature	<u>03/07/14</u> Date
<u>Allegor</u> Staff signature	<u>3-7-14</u> Date



Name Lakisha WilsonChart # 181025Date 3.21.14

Procedure Room Anesthesia/Conscious Sedation Record									
Time	1031	1033	1035	1039	1044	1050	1055	1100	
IV Fluid	NS 500								
Fentanyl cc	4	2							
Versed mg	4								
Ketamine mg									
Diprivan mg									
EKG									
ETC O <sub>2</sub>									
O <sub>2</sub> Sat	100	100		95					
Mask O <sub>2</sub>	3	3		4					
LOC *	0	0		2					
	220								
	200								
	180								
	160								
	140								
	120								
	100	✓		✓	✓	✓			
	80	•		•					
	60	△		△					
	40			△					
	20								
	0								

atropine 0.4 1050  
 Warcar 0.4 1050  
 Warcar 0.4 1055  
 atropine 0.4 1055  
 atropine 1:1000 1100  
 epinephrine 1:1000 1110

CPR started @ 1050  
 20 shockable rhythms 1055  
 shock administered 1105  
 Termed

11.5 high  
 19.4 inches  
 22yo

## \* Level of Consciousness

0=No sedation; 1=Awake, drowsy, responsive; 2=Asleep, easily awakened, responsive;  
 3=Asleep, difficult to awaken; 4=Unable to awaken

## Anesthesia

Weight 134 lbs Height 5'3"  
 T \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ B/P \_\_\_\_\_  
 NPO Since \_\_\_\_\_  
 Have you ever had anesthesia? Yes No  
 Any problems with anesthesia? Yes No  
 Any nausea or vomiting? Yes No  
 ASA \_\_\_\_\_ PLAN \_\_\_\_\_ I.V. \_\_\_\_\_

Pre-op meds:  
 Zantac 50 mg IVPB  
 Reglan 10 mg IVPB

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CRNA \_\_\_\_\_  
 Date \_\_\_\_\_ Time \_\_\_\_\_

## Conscious Sedation

## Pre-Procedure:

Identified ID Band yes no  
 Questioning yes no  
 Chart Reviewed/Permit Signed yes no  
 Is your ride here now? yes no call  
 Street Drugs or Alcohol denies last use  
 NPO Since 3/21/14  
 Pre-sedation state 1 2 3 4  
 B/P 99/64 P 76 R 18 T -  
 O<sub>2</sub> Saturation 100 %

## Post-Procedure Status:

Location 1 2 3 4 Time \_\_\_\_\_  
 B/P \_\_\_\_\_ O<sub>2</sub> Saturation \_\_\_\_\_ %  
 P \_\_\_\_\_ R \_\_\_\_\_  
 Sedation Level (Scale: 0-4) 0 1 2 3 4  
 Nasal Oxygen \_\_\_\_\_ Mask Oxygen \_\_\_\_\_

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Nurse \_\_\_\_\_

Physician \_\_\_\_\_

10/2/70 133

SS/

Proc. → V.H.H. 27 May 70  
Shocked

## LAMINARIA PROCEDURE REPORT

Name Larkisha Wilson Chart # 181005
 Sonogram Date 3-7-14 Wks 17 4 G/P 4/1  
 Re-Sonogram Date \_\_\_\_\_ Wks \_\_\_\_\_  
 Pre-op: T 98.7 P 88 BP 109/70  
INVD ZAB

Allergy Sticker

## Pre-Medication

## Procedure Oral Medication:

 Ibuprofen 800 mg, Valium 10 mg, Vicodin (2) 5/500 @ \_\_\_\_\_  
 Tylenol 1,000 mg PRN / Ibuprofen 800 mg PRN @ \_\_\_\_\_  
 Other: \_\_\_\_\_

Initials

 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## IV Medication:

 IVF: 1000cc Lactated Ringers / Normal Saline @ \_\_\_\_\_  
 Doxycycline 100 mg IVPB @ \_\_\_\_\_  
 Ampicillin 2 gm IVPB @ \_\_\_\_\_  
 Gentamycin 80 mg IVPB @ \_\_\_\_\_  
 Other: \_\_\_\_\_

Initials

 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Procedure under ultrasound \_\_\_\_\_

Comments \_\_\_\_\_ Sonographer \_\_\_\_\_

 Procedure Date 3/20/14 Gestational Age 19.3 weeks
Resident Y (N)Ultrasound reviewed: USA Prince M.D.P ● cervical block with 1% Lidocaine administered 10 cc totalCervix dilated to 4 mm Q laminaria inserted 4 dilapan inserted✓ 4 x 4 gauze inserted Q mg Digoxin administered intra-fetally / intra-amnioticallyTime out ✓

Comments:

 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Initials

Signature

 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Complications:

Small tissue \_\_\_\_\_

Decidua only \_\_\_\_\_

Cervical laceration \_\_\_\_\_

Hemorrhage \_\_\_\_\_

Perforation \_\_\_\_\_

Other \_\_\_\_\_

 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
Signature [Signature] M.D.

Signature \_\_\_\_\_ M.D.

Date 3/20/14



## LAMINARIA RECOVERY ROOM REPORT

Name Lakisha Wilson Date 3/20/14 Chart # 181005 HGB 12.0

Initials

## Medication Orders:

Tylenol 1000mg PRN/Ibuprofen 800 mg PRN: @

Azithromycin 250 mg P.O. x 4 ☒ tablets

Doxycycline 100mg P.O. bid x 14 ☐ tablets

Erythromycin 250 mg P.O. qid x 28 ☐ tablets

Vicodin Rx given 5/500 1-2 tabs q 4hr PRN pain  
dispense 12 given

Ibuprofen 400 mg q 4-6 hrs x 12

Other \_\_\_\_\_

Misoprostol 400mcg dispensed/warnings given by Dr. \_\_\_\_\_

Advised to take as directed

Sedation \_\_\_\_\_ Local \_\_\_\_\_ Oral Sedation \_\_\_\_\_

Admit Time

Discharge Time

TIME	Admit Time	Discharge Time
	905	215
B/P and PULSE	101/70 -90	108/67 (92)
ALERT AND ORIENTED	S	S
1 AMBULATORY W/ASSIST 2 WITHOUT ASSIST	1	1
VITALS STABLE	S	S
BLEEDING SM MOD HEAVY	Small	Small
CRAMPING 0-5 PAIN SCALE	0	2
INITIALS:	SW	DH NK

I have received and understand all home going instructions given to me, including: my self-care upon returning home, how and when to seek medical help and how to contact a Preterm on-call nurse if needed. I understand how to use the medications prescribed including dosage and possible side effects. I am aware that medications I receive from Preterm may not be in a child-proof container. If I have had sedation or anesthesia I understand that I may not drive, drink alcohol, operate heavy machinery, or make any important decisions for twenty-four hours. Instructions given by Nurse

\*Discharged to care of Self

Patient Signature

Date

Initials Signature/Title

MD discharge Signature

# 17 - 22 WEEK ABORTION PROCEDURE REPORT

Name Lakisha Wilson Chart # 181005  
Sonogram Date 3-7-14 Wks 17.4 GIP 4/1  
Re-Sonogram Date \_\_\_\_\_ Wks \_\_\_\_\_  
Pre-op: time 9:35 time \_\_\_\_\_ time 1:00 time 2:03  
T 98.4 T \_\_\_\_\_ T \_\_\_\_\_ T \_\_\_\_\_  
P 103 P \_\_\_\_\_ P \_\_\_\_\_ P \_\_\_\_\_  
BP 95/64 BP \_\_\_\_\_ BP \_\_\_\_\_ BP \_\_\_\_\_

Allergy Sticker

## Pre-Medication

## Procedure Oral Medication:

Ibuprofen 800 mg, Valium 10 mg, Vicodin (2) 5/500 @ \_\_\_\_\_  
Tylenol 1,000 mg PRN / Ibuprofen 800 mg PRN @ \_\_\_\_\_  
Misoprostol 400 mcg dispensed vaginally / buccally / warnings given by Dr. \_\_\_\_\_ @ \_\_\_\_\_  
Misoprostol 400 mcg dispensed vaginally / buccally by Dr. \_\_\_\_\_ @ \_\_\_\_\_  
Misoprostol 400 mcg dispensed vaginally / buccally by Dr. \_\_\_\_\_ @ \_\_\_\_\_  
Misoprostol 400 mcg dispensed vaginally / buccally by Dr. \_\_\_\_\_ @ \_\_\_\_\_  
Azithromycin 250 mg P.O. x 4 ☐ tablets with dinner the night before procedure  
Other: \_\_\_\_\_

Initials

## IV / IM Medication:

Zantac 50 mg IVPB and Reglan 10 mg IVPB @ 9:40  
IVF: 1000cc Lactated Ringers / Normal Saline @ 9:40  
Doxycycline 100 mg IVPB @ \_\_\_\_\_  
Ampicillin 2 gm IVPB @ \_\_\_\_\_  
Gentamycin 80 mg IVPB @ \_\_\_\_\_  
Demerol 50 mg IM and Phenergan 25 mg IM @ \_\_\_\_\_  
Other: \_\_\_\_\_

Initials

Procedure under ultrasound: uterus empty/adnexa negative

Comments \_\_\_\_\_ Sonographer \_\_\_\_\_

Procedure Date 3-21-14 Gestational Age 19.4 weeks

Resident Y N

Fetal demise confirmed: \_\_\_\_\_ M.D.

4 x 4 gauze removed \_\_\_\_\_ laminaria removed \_\_\_\_\_ dilapan removed \_\_\_\_\_  
Paracervical block with 1% Lidocaine administered \_\_\_\_\_ cc total Cervix dilated to # \_\_\_\_\_ Pratt  
Uterine fluid evacuated with \_\_\_\_\_ mm cannula Fetal dismemberment / removal performed with \_\_\_\_\_ forceps  
Curette was / was not used Uterine evacuation completed with \_\_\_\_\_ mm cannula  
Estimated blood loss: ☐ ≤ 5cc ☐ ≤ 10cc ☐ ≤ 20 cc ☐ \_\_\_\_\_ cc  
Other medications administered: Methergine 0.2 mg IM \_\_\_\_\_ Pitocin 30U IV \_\_\_\_\_ Other \_\_\_\_\_  
Misoprostol 400 mcg \_\_\_\_\_ vaginally \_\_\_\_\_ rectally  
Gauze/needle count correct \_\_\_\_\_ Time out \_\_\_\_\_

Comments:

Complications:

Small tissue \_\_\_\_\_

Decidua only \_\_\_\_\_

Wilson, Lakisha  
MR:07172608 EN:34544307 22Y / Female  
B:05/06/1991 A:03/21/2014

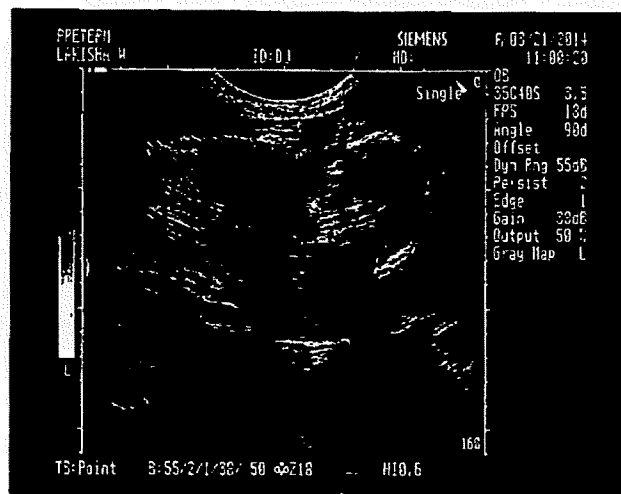
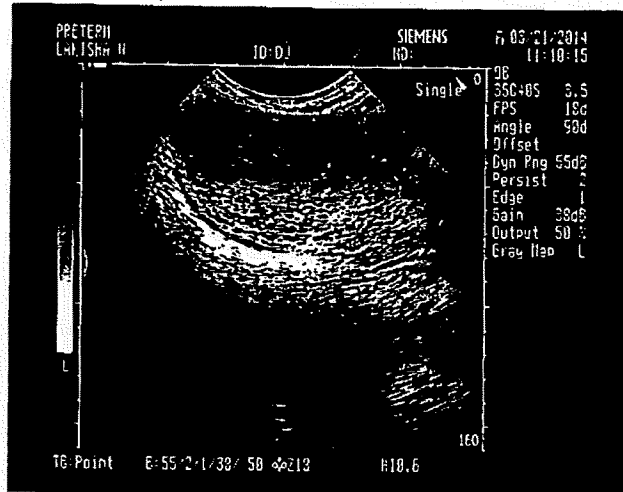
EC070005539392



Signature \_\_\_\_\_ M.D.

Signature \_\_\_\_\_ M.D.

Date \_\_\_\_\_



Wilson, Lakisha  
MR:07172608 EN:34544307-22Y / Female  
B:05/06/1991 A:03/21/2014

ECD70005539392



C



Wilson, Lakisha

MR:07172608 EN:34544307 22Y / Female

B:05/06/1991 A:03/21/2014



C

ECD70005539392



## ABORTION RECOVERY REP

Name Lakisha Wilson Date 3/21/14 Chart # 181005  
 Rh Pos Neg Decidua only Small tissue Small tissue

## Medication Orders:

Initials

Allergy Sticker

Rhogam: Given at: \_\_\_\_\_ Full dose \_\_\_\_\_ Micro \_\_\_\_\_  
 Methergine 0.2 mg P.O./IM PRN: Given at: \_\_\_\_\_  
 Tylenol 500mg 1-2 tabs PRN/Ibuprofen 800mg PRN: @ \_\_\_\_\_  
 Contraception: Mirena  
 Rx Plan B PRN x \_\_\_\_\_ given  
 Depo Provera 150 mg IM: Given at: \_\_\_\_\_  
 Methergine 0.2 mg P.O. q 6 hours x 4 ☐ or 8 ☐ tablets  
 Azithromycin 250 mg P.O. x 4 ☒ tablets  
 Doxycycline 100 mg P.O. bid x 14 ☐ tablets  
 Flagyl 500 mg P.O. bid x 7d

Initials  
DL

Sedation ☒ Anesthesia \_\_\_\_\_ Local \_\_\_\_\_ Oral Sedation \_\_\_\_\_

LEGEND: s = satisfactory (2) u = unsatisfactory (0); - scant/none = 2, mod amt = 1, lg amt = 0  
 BP @ discharge within normal range of admitting BP=2: - Check patient every 15 minutes

	Admit Time					Discharge Score=10
TIME						
BP/P						
Alert & Oriented						
1 Ambulatory/w assist --	Wheelchair					
2 without assist --						
Vitals Stable						
Bleeding/Amount						
Color						
Cramping						

INITIALS

Total:

I have received and understand all home going instructions given to me, including: my self-care upon returning home, how and when to seek medical help and how to contact a Preterm on-call nurse if needed. I understand how to use the medications prescribed including dosage and possible side effects. I am aware that medications I receive from Preterm may not be in a child-proof container. The form of birth control I have chosen was discussed, including how it works and possible side effects. If I have had sedation or anesthesia I understand that I may not drive, drink alcohol, operate heavy machinery, or make any important decisions for twenty-four hours. Instructions given by \_\_\_\_\_

Patient signature X Date 3/21/14

Follow-up Plans: Preterm \_\_\_\_\_ Clinic or Agency \_\_\_\_\_ PMD ☒  
 charged to the care of \_\_\_\_\_

MD discharge signature \_\_\_\_\_

Init's DL Signature/Title Dr. Lakisha Wilson  
MC Nurse  
K Pharmacist

Patient may be discharged when the discharge score is 10 or above.



## OHIO DEPARTMENT OF HEALTH

246 North High Street  
Columbus, Ohio 43215614/466-3543  
www.odh.ohio.gov

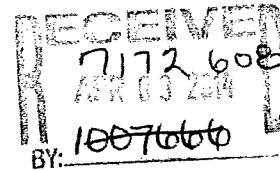
John R. Kasich / Governor

350438

April 2, 2014

scan records

34544307

University Hospitals Case Medical Center  
11100 Euclid Avenue  
Cleveland, Ohio 44106

RE: Medical Records

Sir/Madame:

The Ohio Department of Health is requesting the medical records for the ER report and records for entire stay that began on March 21, 2014, for the following patient:

Name: Lakisha Wilson  
DOB: 05/06/91  
Date of transfer to ER: 03/21/14

This is a STAT request.

A representative of the Ohio Department of Health will pick up the records at 12:00 P.M., April 3, 2014.

If you have any questions regarding this request, please contact Wanda L. Iacovetta, R.N., Non Long Term Care Unit Supervisor at (614) 387-0801.

Sincerely,

Wanda L. Iacovetta, RN  
Non Long Term Care Unit Supervisor  
Bureau of Community Health Care Facilities and Services  
Division of Quality Assurance

WI/cc

59 pgs  
NRP  
4.3.14

## UH Physician Portal



NICHOLE PAUL

LAKISHA L WILSON

Gender: F

DOB: 1991-05-06

Age: 22y

Phone: (614)570-1189

Address: 1811 PENNFIELD RD COLUMBUS OH 43227

## Result Detail

## Emergency Room Documents: Emergency Department Documents

Exam Date: 03/21/2014 00:00:00

Report Date:

Accession Number: 71431770

Facility: UHCMC

Medical Record Number: 07172608

Ordering Provider: Schardt Susan

Status: U

Interpreting Physician:

University Hospitals  
CMC Adult ED  
11100 Euclid Avenue  
Cleveland, OH 44106

Patient Name: WILSON, LAKISHA  
MRN: 7172608  
DOB: 05/06/1991  
Encounter Number: 34544307  
Date of Service: 03/21/2014  
Patient Location: TBT  
Patient Type: E  
Attending Physician: Susan Marie Schardt, MD  
Report Type: ED Admissions

## TIME SEEN:

The patient was initially seen at 11:30 a.m.

## CC/HPI:

Chief Complaint: Cardiac arrest.

History of Present Illness: This is a 22-year-old female with no known past medical history who presents from preterm care in Shaker. The patient was having an elective abortion, D and E. The patient currently was 19.4 weeks' pregnant. She was given Cytotec and Methergine at preterm. Per EMS report, the patient, near the end of the procedure, became apneic, was in asystole. CPR was started. The patient was bagged using Ambu bag. Upon EMS arrival, the patient was found to be in PEA arrest. Prior to EMS arrival, the patient had been given 2 rounds of Narcan and 2 rounds of epinephrine. EMS delivered 1 round of epinephrine, 1 round of bicarbonate, and 1 round of lidocaine. EMS was able to regain pulse, at which point, the patient was intubated by EMS using a 7.0 ET tube secured at 22 at the lips without difficulty bagging. The patient was then transferred here to University Hospitals. Prior to arrival, I was made aware of the patient's status and expect arrival by Obstetrics and Gynecology, Dr. Rachel Pope. The patient was also met in the ED upon arrival by Dr. Justin Lappen and Dr. Lauren Ruggiero. Given the patient's status, further history could not be obtained.

## PMH:

Could not be obtained secondary to status.

## PAST SURGICAL HISTORY:

D and E plus 2 prior elective abortions.

**MEDICATIONS:**

Unknown.

**ALLERGIES:**

No known drug allergies.

**ROS:**

Could not be performed secondary to the patient's status.

**FH:**

Could not be performed secondary to the patient's status.

**SH:**

Could not be performed secondary to the patient's status.

**PE:**

**VITAL SIGNS:** On arrival, temperature 35 degrees Celsius; no native respiratory rate, the patient is being actively bagged at a rate of 16, maintaining excellent O2 saturations of 99%; heart rate is 133; blood pressure of 122/70.

**GENERAL:** This is a 22-year-old female, lying supine on hospital gurney. Responsive with flexing only to pain. GCS of 5. Receiving artificial respirations by bag-valve-mask via a 7.0 ET tube.

**HEENT:** Eyes pupils fixed and dilated at 4 to 5 mm. Pink conjunctivae, anicteric. Oropharynx with ET tube in place, with good misting in the tube.

**NECK:** Supple.

**CARDIOVASCULAR:** Tachycardic. No auscultated murmurs, rubs, or gallops. Radial pulses +2 bilaterally. Dorsalis pedis pulses +2 bilaterally. Femoral pulses +2 bilaterally. Capillary refill less than 2 seconds. No cyanosis, clubbing, or edema noted.

**LUNGS:** Artificial bilateral breath sounds in concert with bag-valve mask.

**GASTROINTESTINAL:** Abdomen is soft, distended, without palpable masses.

**MUSCULOSKELETAL:** No gross joint or bony deformities.

**GENITOURINARY:** Please see separate consult note by Gynecology for speculum exam.

**NEUROPSYCHIATRIC:** Could not be obtained secondary to the patient's status. At this time, the patient does not respond to verbal stimuli. Withdraws in flexion to pain and is given a GCS of 5.

**SKIN:** Nondiaphoretic. No rash, petechia, or purpura noted.

**HOSPITAL COURSE:**

The patient was seen and examined by myself and Dr. Susan Schardt. Upon arrival, the patient was met by ED Department staff as well as Gynecology Department staff. A second large-bore peripheral IV access was established. The patient was started on fluids on normal saline wide open, was given O-negative packed red blood cells for a total of 4 units, was given 2 units of plasma. Although the patient did initially have an episode of hypotension coming down into the 60s systolic, the patient responded well to volume resuscitation with blood pressure coming up in a stepwise fashion into the 120s and into the 150s systolic.

**LABS:**

The patient is O positive. Glucose is 171 upon arrival. Troponin I is less than 0.04. GFR is greater than 60. Beta quant is 30,494. Basic metabolic panel with a hypokalemia of 3.2, bicarbonate low at 19, nonfasting hyperglycemia of 191. CBC with differential shows anemia with hemoglobin low at 8.9 and hematocrit low at 27. Coags are within normal limits. Arterial full panel shows metabolic acidosis with a pH of 7.24, PCO2 low at 32, PO2 within normal limits at 87, a hypokalemia of 2.8. Lactate elevated at 6. A repeat CBC which is performed after 4 units of packed red blood cells shows an improved hemoglobin and hematocrit within normal limits at 14.3 and hematocrit of 41.5, however, had a worsening leukocytosis of 24.

**IMAGING:**

Chest x-ray, 1 view, AP portable, shows the endotracheal tube tip 3 cm superior to the carina, bilateral perihilar opacities representing either central pulmonary edema versus chronic bronchial vasculature from mild volume loss.

CT head, noncontrast, shows findings suggestive of diffuse cerebral edema with gray-white junction remaining preserved, however, near complete effacement of the quadrigeminal plate cistern and a paucity of visualized cortical sulci and small appearing lateral and third ventricles.

CT abdomen and pelvis with IV contrast shows no intraabdominal free air. The distal lungs demonstrate edema and atelectatic changes.

CT PE shows no evidence of pulmonary embolism. All the images were reviewed by myself and the attending, Dr. Susan Schardt.

**MEDICAL DECISION MAKING:**

The patient will be admitted to the intensive care unit in critical but stable condition. Report has been given to the intensive care unit. The patient was transported in stable condition. Critical care time is 75 minutes.

**THERAPEUTICS:**

For concern for aspiration pneumonia, blood cultures x2 are drawn, and the patient is started on antibiotic coverage with Unasyn 3 g and azithromycin 500 mg IV piggyback.

**ASSESSMENT:**

1. Shock, likely hemorrhagic.
2. Lactic acidosis.
3. Respiratory arrest.
4. Cardiac arrest with return of spontaneous circulation (ROSC), currently undergoing cooling measures.
5. Anemia.
6. Aspiration pneumonia.

**DISPOSITION:**

Admission to the Medical Intensive Care Unit in critical, but stable condition.

I have personally performed and/or participated in all of the above services and procedures. I have reviewed all the nurses' notes and have confirmed their findings, and have incorporated those findings into this medical record.

I have reviewed the resident history and physician finding; as well as the treatment. On my own examination I have separately documented in writing my additional history, examination findings and clinical decision making.

Dictated but not read

Jeremy G Gilbert, DO for Susan Marie Schardt, MD

DD: 03/21/2014 06:34 PM EST  
TT: 03/21/2014 07:29 PM EST  
DICTATION NUMBER: 1542984  
SPHERIS JOB NUMBER: 71431770

CC:

## UH Physician Portal



NICHOLE PAUL

LAKISHA L WILSON

Gender: F

DOB: 1991-05-06

Age: 22y

Phone: (614)570-1189

Address: 1811 PENNFIELD RD COLUMBUS OH 43227

## Result Detail

## Heart &amp; Vascular Studies: Echocardiogram

Exam Date: 03/27/2014 16:09:00

Report Date: 03/27/2014 17:10:00

Accession Number: 389510

Facility: UHCMC

Medical Record Number: 07172608

Ordering Provider: Rachel Vanek

Status: F

Interpreting Physician: Greene, Lloyd H. MD

Location: Case Medical Center

Procedure: Transthoracic Echocardiogram

Patient: WILSON, LAKISHA

DOB(Age): 05/06/1991(22)

Med Rec#: 07172608

Sex: F

Loc: UH MICU

Ht / Wt: 64(in)/140(lb)

Admit Date: 3/21/2014

BSA: 1.68

Study Date: 03/27/2014

Pt. Type: Inpatient

## Physicians:

Referring: Strausbaugh, Steven D. MD

Interpreting: Lloyd H. Greene, MD

Sonographer: Torrie Coburn RDCS, RRT

FAX TO: UH MICU

Diagnosis: Cardiac Arrest (427.5)

CPT Code(s): Echo Complete w/ Full Doppler (93306)

Indication(s): Organ Donor

HR BP  
134/87

## Chambers

	Value	Units (Range)
IVSd	1.2	cm (0.3 to 1.1)
LVIDd	4	cm (3.8 to 5.7)
LVIDs	2.5	cm (2.2 to 4)
LVFS	37	% (20 to 80)
LVPWd	1.1	cm (0.7 to 1.1)
LA Diam	2.5	cm (1.5 to 4)
Ao Diam	2.4	cm
Ao Asc	2.5	cm (1 to 3.4)
LA Area 4 Ch	13	cm2
LA Volume Indexed	19	ml/m2
LV Mass (M-M)	155.39	gm
RVD1	3.4	cm
RVD2	1.7	cm
RVD3	6.2	cm
RV S'	0.13	m/sec
TAPSE	15	mm

## Aortic Valve

	Value	Units (Range)
AV Pk Vel	1.76	m/sec (1 to 1.7)
AV Pk Grad	12.43	mmHg (Less Than 36)
LVOT Diam	1.8	cm (1.7 to 2.5)
LVOT Pk Vel	1.32	m/sec (0.7 to 1.1)

LVOT Pk Grad	6.97	mmHg
LVOT VTI	18.9	cm
Stroke Vol	48.07	ml
AVA (Vmax)	1.91	cm2
Mitral Valve		
	Value	Units (Range)
E' annulus	0.06	m/sec
E' septal	0.1	m/sec
P Vein Vel sys	0.46	m/sec
P Vein Vel dias	0.55	m/sec
Tricuspid/Pulmonic Valves		
	Value	Units (Range)
PV Pk Vel	1.11	m/sec (0.6 to 0.9)
PV Pk Grad	4.94	mmHg

**FINDINGS:****Procedure Notes:**

The patient was identified by their ID band. A transthoracic complete 2D study was performed. Additional evaluation included M-mode, complete spectral Doppler, and color Doppler. This was a stat study.

**Technical Comments:**

The study quality is good. The study was technically limited due to the patient's inability to lay in the left lateral decubitus position. Patient on ventilator.

**History:**

PEA arrest.

**Left Ventricle:**

The left ventricular chamber size is normal. Global left ventricular wall motion and contractility are within normal limits. There is vigorous left ventricular motion. The estimated ejection fraction is greater than 65%.

**Left Atrium:**

The left atrial chamber size is normal.

**Right Ventricle:**

The right ventricular cavity size is normal. The right ventricular global systolic function is normal.

**Right Atrium:**

The right atrial cavity size is normal.

**Aortic Valve:**

The aortic valve structure is normal. There is no evidence of aortic regurgitation. There is no evidence of aortic stenosis. There are increased aortic valve velocities due to increased flow/ dynamic ejection.

**Mitral Valve:**

The mitral valve leaflets appear normal. There is a trace of mitral regurgitation.

**Tricuspid Valve:**

The tricuspid valve appears normal in structure and function. Unable to estimate the right ventricular systolic pressure.

**Pulmonic Valve:**

The pulmonic valve appears normal in structure and function.

**Pericardium:**

There is a small pericardial effusion.

Aorta:

There is no dilatation of the ascending aorta.

Venous:

The inferior vena cava appears normal in size.

Conclusions:

The estimated ejection fraction is greater than 65%.

The aortic valve structure is normal.

The mitral valve leaflets appear normal.

There is a small pericardial effusion.

Electronically signed at 03/27/2014 17:10:24 by Lloyd H. Greene, MD



## UH Physician Portal



NICHOLE PAUL

LAKISHA L WILSON

Gender: F

DOB: 1991-05-06

Age: 22y

Phone: (614)570-1189

Address: 1811 PENNFIELD RD COLUMBUS OH 43227

## Result Detail

## Heart &amp; Vascular Studies: Echocardiogram

Exam Date: 03/22/2014 07:46:00

Report Date: 03/22/2014 12:49:00

Accession Number: 388548

Facility: UHCMC

Medical Record Number: 07172608

Ordering Provider: Yogesh Reddy

Status: F

Interpreting Physician: Greene, Lloyd H. MD

Location: Case Medical Center

Procedure: Transthoracic Echocardiogram

Patient: WILSON, LAKISHA

DOB(Age): 05/06/1991(22)

Med Rec#: 07172608

Sex: F

Loc: UH MICU

Ht / Wt: 63(in)/139(lb)

Admit Date: 3/21/2014

BSA: 1.66

Study Date: 03/22/2014

Pt. Type: Inpatient

## Physicians:

Referring: Strausbaugh, Steven D. MD

Interpreting: Lloyd H. Greene, MD

Sonographer: Colleen Gorczyca, RDCS

FAX TO: UH MICU

Diagnosis: Cardiac Arrest (427.5)

CPT Code(s): Echo Complete w/ Full Doppler (93306)

Indication(s): Cardiac arrest

HR BP

123 76/53

## Chambers

	Value	Units (Range)
IVSd	0.7	cm (0.3 to 1.1)
LVIDd	4.8	cm (3.8 to 5.7)
LVIDs	4.1	cm (2.2 to 4)
LVFS	14	% (20 to 80)
LVPWd	0.7	cm (0.7 to 1.1)
LA Diam	3.7	cm (1.5 to 4)
Ao Diam	2.3	cm
LA Volume Indexed	21	ml/m2
LV Mass (M-M)	106.88	gm
RVD1	2.9	cm
RVD2	2	cm
RVD3	4.9	cm
RV S'	0.11	m/sec

## Aortic Valve

	Value	Units (Range)
AV Pk Vel	0.93	m/sec (1 to 1.7)
AV Pk Grad	3.43	mmHg (Less Than 36)
LVOT Diam	1.9	cm (1.7 to 2.5)
LVOT Pk Vel	0.75	m/sec (0.7 to 1.1)
LVOT Pk Grad	2.27	mmHg
LVOT VTI	11.4	cm
Stroke Vol	32.31	ml

CO	3.97	l/min
AVA (Vmax)	2.29	cm2
Tricuspid/Pulmonic Valves		
	Value	Units (Range)
TR Pk Vel	2.39	m/sec
RAP	10	mmHg
RVSP	33	mmHg
PV Pk Vel	0.71	m/sec (0.6 to 0.9)
PV Pk Grad	2.03	mmHg

**FINDINGS:****Procedure Notes:**

The patient verbally identified self and expressed understanding of the procedure. The patient was identified by their ID band. A transthoracic complete 2D study was performed. Additional evaluation included M-mode, complete spectral Doppler, and color Doppler. This was a routine study.

**Technical Comments:**

The study quality is technically difficult. The study is technically limited due to poor acoustic windows.

**History:**

ROSC s/p PEA arrest during elective dilatation and evacuation.

**Left Ventricle:**

The left ventricular chamber size is normal. There is global hypokinesis of the left ventricle with minor regional variation. There is moderately decreased left ventricular systolic function. The estimated ejection fraction is 30-35%.

**Left Atrium:**

The left atrial chamber size is normal.

**Right Ventricle:**

The right ventricular cavity size is normal. The right ventricular global systolic function is normal.

**Aortic Valve:**

The aortic valve is trileaflet. There is no evidence of aortic regurgitation. There is no evidence of aortic stenosis.

**Mitral Valve:**

The mitral valve leaflets appear normal. There is a trace of mitral regurgitation.

**Tricuspid Valve:**

The tricuspid valve leaflets are normal. There is mild tricuspid regurgitation. The right ventricular systolic pressure is calculated at 33 mmHg.

**Pulmonic Valve:**

The pulmonic valve appears normal. There is a trace pulmonic regurgitation.

**Pericardium:**

A trivial pericardial effusion is visualized.

**Pulmonary Artery:**

There is evidence of borderline pulmonary hypertension.

**Venous:**

The inferior vena cava appears normal in size. There is a greater than 50% respiratory change in the inferior vena cava dimension.

Conclusions:

The estimated ejection fraction is 30-35%.

There is moderately decreased left ventricular systolic function.

There is global hypokinesis of the left ventricle with minor regional variation.

The left ventricular chamber size is normal.

Electronically signed at 03/22/2014 12:49:11 by Lloyd H. Greene, MD

## UH Physician Portal



NICHOLE PAUL

LAKISHA L WILSON

Gender: F

DOB: 1991-05-06

Age: 22y

Phone: (614)570-1189

Address: 1811 PENNFIELD RD COLUMBUS OH 43227

## Result Detail

## Imaging Studies: ABDOMEN; 1 VIEW

Exam Date: 03/28/2014  
15:59:00

Report Date: 03/28/2014 18:16:00

Accession Number: 17134292

Facility: Case Medical Center

Medical Record Number: 07172608

Ordering Provider: STEVEN  
STRAUSBAUGH

Status: F

Interpreting Physician: BORUT MARINCEK

EXAMINATION:  
AP ABDOMENCLINICAL HISTORY:  
Missing spongeCOMPARISON:  
3/21/2014FINDINGS:  
Radiopaque sponge is seen beneath the left hemidiaphragm. Enteric tube tip projects over the gastric fundus. There is extensive air throughout the abdomen, likely related to open operation.IMPRESSION:  
Radiopaque sponge immediately beneath the left hemidiaphragm.I personally reviewed the image(s)/study and resident interpretation.  
I agree with the findings as stated.  
This study was interpreted at University Hospitals Case Medical Center.  
Finalized By: MARINCEK BORUT , MD 2014/03/28 18:16:00  
Transcribed By: Interface, Powerscribe

## UH Physician Portal



NICHOLE PAUL

LAKISHA L WILSON

Gender: F

DOB: 1991-05-06

Age: 22y

Phone: (614)570-1189

Address: 1811 PENNFIELD RD COLUMBUS OH 43227

## Result Detail

## Imaging Studies: TH CHEST 1 VIEW

Exam Date: 03/28/2014 06:54:00

Report Date: 03/28/2014 16:38:00

Accession Number: 17132035

Facility: Case Medical Center

Medical Record Number: 07172608

Ordering Provider: MARIANA PETROZZI

Status: F

Interpreting Physician: ROBERT GILKESON

CLINICAL DATA: Lifebanc

COMPARISON: 3/27/2014

## FINDINGS:

Life support devices in satisfactory position..  
NG tube overlies the fundus of stomach. Basilar interstitial prominence and correlate with any concern for developing edema or right-sided infiltrate. No pneumothorax.

## IMPRESSION:

Life support devices in satisfactory position.. Question developing right basilar edema or infiltrate.

Finalized By: GILKESON ROBERT CHAPMAN, MD 2014/03/28 16:38:00

Transcribed By: Interface, Powerscribe

## UH Physician Portal



NICHOLE PAUL

LAKISHA L WILSON

Gender: F

DOB: 1991-05-06

Age: 22y

Phone: (614)570-1189

Address: 1811 PENNFIELD RD COLUMBUS OH 43227

## Result Detail

## Imaging Studies: TH CHEST 1 VIEW

Exam Date: 03/27/2014 20:25:00

Report Date: 03/28/2014 16:38:00

Accession Number: 17131662

Facility: Case Medical Center

Medical Record Number: 07172608

Ordering Provider: MARIANA PETROZZI

Status: F

Interpreting Physician: ROBERT GILKESON

CLINICAL DATA: Lifebanc

COMPARISON: 3/27/2014

## FINDINGS:

Life support devices in satisfactory position.. NG tube overlies the body of stomach. No focal airspace disease.

## IMPRESSION:

No active disease.

Finalized By: GILKESON ROBERT CHAPMAN, MD 2014/03/28 16:38:00

Transcribed By: Interface, Powerscribe

## UH Physician Portal



NICHOLE PAUL

LAKISHA L WILSON

Gender: F

DOB: 1991-05-06

Age: 22y

Phone: (614)570-1189

Address: 1811 PENNFIELD RD COLUMBUS OH 43227

## Result Detail

## Imaging Studies: TH CHEST 1 VIEW

Exam Date: 03/27/2014 07:13:00

Report Date: 03/27/2014 09:45:00

Accession Number: 17128833

Facility: Case Medical Center

Medical Record Number: 07172608

Ordering Provider: MARIANA PETROZZI

Status: F

Interpreting Physician: ROBERT GILKESON

CLINICAL DATA: Left

COMPARISON: 3/26/2014

## FINDINGS:

Life support devices in satisfactory position.. Slight improvement in right basilar aeration. No evidence of pneumothorax.

## IMPRESSION:

Slight improvement in right basilar airspace disease.

Finalized By: GILKESON ROBERT CHAPMAN, MD 2014/03/27 09:45:00

Transcribed By: Interface, Powerscribe

## UH Physician Portal



NICHOLE PAUL

LAKISHA L WILSON

Gender: F

DOB: 1991-05-06

Age: 22y

Phone: (614)570-1189

Address: 1811 PENNFIELD RD COLUMBUS OH 43227

## Result Detail

## Imaging Studies: TH CHEST 1 VIEW

Exam Date: 03/26/2014 22:41:00

Report Date: 03/27/2014 12:35:00

Accession Number: 17128602

Facility: Case Medical Center

Medical Record Number: 07172608

Ordering Provider: MARIANA PETROZZI

Status: F

Interpreting Physician: ROBERT GILKESON

CLINICAL DATA: Lifebanc

COMPARISON: 3/26/2014

## FINDINGS:

More focal opacity is seen overlying the right lower lobe. Left basilar atelectasis. Correlate with developing right-sided pneumonia. Life support devices in satisfactory position..

## IMPRESSION:

Question interval development of more focal right lower lobe pneumonia/infiltrate. Followup as clinically indicated.

Finalized By: GILKESON ROBERT CHAPMAN, MD 2014/03/27 12:35:00

Transcribed By: Interface, Powerscribe



## UH Physician Portal



NICHOLE PAUL

LAKISHA L WILSON

Gender: F

DOB: 1991-05-06

Age: 22y

Phone: (614)570-1189

Address: 1811 PENNFIELD RD COLUMBUS OH 43227

## Result Detail

## Imaging Studies: TH CHEST 1 VIEW

Exam Date: 03/26/2014 07:16:00

Report Date: 03/26/2014 12:24:00

Accession Number: 17122732

Facility: Case Medical Center

Medical Record Number: 07172608

Ordering Provider: RACHEL VANEK

Status: F

Interpreting Physician: ROBERT GILKESON

CLINICAL DATA: Intubated

COMPARISON: 3/24/2014

## FINDINGS:

NG tube overlies the fundus of stomach. Life support devices in satisfactory position.. Continued interstitial edema with slight interval improvement in right upper lobe edema. Continued followup is recommended. Note is again made of prominent azygos fissure.

## IMPRESSION:

Continued and slightly improved perihilar interstitial edema. Correlate with fluid and cardiac status and continued followup is recommended.

Finalized By: GILKESON ROBERT CHAPMAN, MD 2014/03/26 12:24:00

Transcribed By: Interface, Powerscribe

## UH Physician Portal



NICHOLE PAUL

LAKISHA L WILSON

Gender: F

DOB: 1991-05-06

Age: 22y

Phone: (614)570-1189

Address: 1811 PENNFIELD RD COLUMBUS OH 43227

## Result Detail

## Imaging Studies: TH CHEST 1 VIEW

Exam Date: 03/24/2014 07:26:00

Report Date: 03/24/2014 08:52:00

Accession Number: 17117773

Facility: Case Medical Center

Medical Record Number: 07172608

Ordering Provider: RACHEL VANEK

Status: F

Interpreting Physician: PRABHAKAR RAJIAH

CHEST X-RAY PORTABLE

CLINICAL DATA: Signs/Symptoms: intubated

TECHNIQUE: Single frontal view of the chest was obtained and is provided for interpretation.

COMPARISON: Chest radiograph dated 3/23/2014

## FINDINGS:

Endotracheal tube tip is 3.1 cm above the carina. Enteric tube is in extending into the upper abdomen with the distal tip overlying the gastric fundus. There is an esophageal probe with the tip overlying the distal esophagus.

Cardiomediastinal silhouette is unchanged in size and configuration.

Mild interval improvement in lung aeration. Interval improvement in bilateral patchy airspace opacities. No pneumothorax.

Dilated bowel loops are seen in the upper abdomen. Correlate clinically. Follow up abdominal radiograph may be performed.

## IMPRESSION:

AS DESCRIBED ABOVE

Examination was interpreted at University Hospitals Case Medical Center.

Finalized By: RAJIAH PRABHAKAR , MD 2014/03/24 08:52:00

Transcribed By: Interface, Powerscribe

## UH Physician Portal



NICHOLE PAUL

LAKISHA L WILSON

Gender: F

DOB: 1991-05-06

Age: 22y

Phone: (614)570-1189

Address: 1811 PENNFIELD RD COLUMBUS OH 43227

## Result Detail

## Imaging Studies: NR CT HEAD WO CONT

Exam Date: 03/24/2014 03:03:00

Report Date: 03/24/2014 13:52:00

Accession Number: 17118414

Facility: Case Medical Center

Medical Record Number: 07172608

Ordering Provider: PEDRO SALCIDO

Status: F

Interpreting Physician: BARBARA BANGERT

CT SCAN OF THE HEAD dated 3/24/2014

CLINICAL HISTORY: Anoxic brain injury, recent neurologic change.  
Dilated fixed right pupil.

PROTOCOL: Serial axial images of the head were obtained without prior contrast administration. Comparison is made previous study dated 3/21/2014. Study interpreted University hospitals case Medical Center.

FINDINGS: There is still complete effacement of sulci and there is increased effacement of the basilar cisterns, consistent with marked diffuse cerebral edema in conjunction with uncal and tonsillar herniation. Attenuation within the cerebral hemispheres and brainstem is lower than on the previous study, and there is diffuse loss of gray-white matter differentiation. Attenuation within the cerebral hemispheres is lower than that seen in the cerebellar hemispheres, suggesting diffuse, severe evolving ischemic injury in the cerebral hemispheres and brainstem.

IMPRESSION: Severe, diffuse cerebral edema with suspected uncal and tonsillar herniation. Low-attenuation throughout the cerebral hemispheres and brainstem consistent with diffuse evolving ischemic injury.

Finalized By: BANGERT BARBARA ANN, MD 2014/03/24 13:52:00

Transcribed By: Interface, Powerscribe

## UH Physician Portal



NICHOLE PAUL

LAKISHA L WILSON

Gender: F

DOB: 1991-05-06

Age: 22y

Phone: (614)570-1189

Address: 1811 PENNFIELD RD COLUMBUS OH 43227

## Result Detail

## Imaging Studies: TH CHEST 1 VIEW

Exam Date: 03/23/2014 06:42:00

Report Date: 03/23/2014 12:26:00

Accession Number: 17117433

Facility: Case Medical Center

Medical Record Number: 07172608

Ordering Provider: BRIGETTE GLEASON

Status: F

Interpreting Physician: MICAH NIELSEN

EXAMINATION: Single frontal view of the chest.

CLINICAL HISTORY: Signs/Symptoms: on vent.

COMPARISON: 3/22/2014.

## FINDINGS:

Lines and tubes are unchanged.

The cardiomediastinal silhouette and pulmonary vasculature are relatively unchanged.

There is no significant change in lung parenchyma, which includes bilateral interstitial and airspace opacities.

There is no evidence of pneumothorax.

## IMPRESSION:

Stable chest radiograph, as detailed above.

Finalized By: NIELSEN MICAH KIRK, MD 2014/03/23 12:26:00

Transcribed By: Interface, Powerscribe

## UH Physician Portal



NICHOLE PAUL

LAKISHA L WILSON

Gender: F

DOB: 1991-05-06

Age: 22y

Phone: (614)570-1189

Address: 1811 PENNFIELD RD COLUMBUS OH 43227

## Result Detail

## Imaging Studies: TH CHEST 1 VIEW

Exam Date: 03/22/2014 10:02:00

Report Date: 03/22/2014 14:45:00

Accession Number: 17116505

Facility: Case Medical Center

Medical Record Number: 07172608

Ordering Provider: JOY NORRIS

Status: F

Interpreting Physician: BORUT MARINCEK

EXAMINATION: AP PORTABLE CHEST

CLINICAL DATA: Pulmonary edema

COMPARISON: 3/21/2014

## FINDINGS:

Endotracheal tube tip is approximately 4.5 cm above the carina.  
Enteric tube tip is overlying the proximal gastric body. There has been interval placement of a temperature probe with its tip overlying the distal esophagus.

The cardio mediastinal silhouette is stable in size and configuration. There is redemonstration of bilateral patchy airspace opacities likely representing edema with interval worsening of the right. More focal right basilar and retrocardiac opacity likely represents atelectasis with or without superimposed consolidation. No evidence of sizable pleural effusion or pneumothorax.

## IMPRESSION:

As described above.

Finalized By: MARINCEK BORUT , MD 2014/03/22 14:45:00

Transcribed By: Interface, Powerscribe



## UH Physician Portal

NICHOLE PAUL

LAKISHA L WILSON

Gender: F

DOB: 1991-05-06

Age: 22y

Phone: (614)570-1189

Address: 1811 PENNFIELD RD COLUMBUS OH 43227

## Result Detail

## Imaging Studies: TH ABDOMEN AP VIEW

Exam Date: 03/21/2014 18:05:00

Report Date: 03/21/2014 18:36:00

Accession Number: 17115878

Facility: Case Medical Center

Medical Record Number: 07172608

Ordering Provider: JOY NORRIS

Status: F

Interpreting Physician: BORUT MARINCEK

## EXAMINATION:

SUPINE ABDOMEN (XR, 1 view)

## CLINICAL DATA:

Signs/Symptoms: intubated pulm edema

## COMPARISON:

CT abdomen pelvis 3/21/2014

## FINDINGS:

There is an enteric tube with its tip overlying the gastric fundus.

There is redemonstration of prominent gas-filled bowel loops throughout the abdomen, presumed to represent ileus as seen on the comparison CT abdomen and pelvis.

## IMPRESSION:

As described above.

Finalized By: MARINCEK BORUT , MD 2014/03/21 18:36:00

Transcribed By: Interface, Powerscribe

## UH Physician Portal



NICHOLE PAUL

LAKISHA L WILSON

Gender: F

DOB: 1991-05-06

Age: 22y

Phone: (614)570-1189

Address: 1811 PENNFIELD RD COLUMBUS OH 43227

## Result Detail

## Imaging Studies: TH CHEST 1 VIEW

Exam Date: 03/21/2014 18:05:00

Report Date: 03/21/2014 18:32:00

Accession Number: 17115879

Facility: Case Medical Center

Medical Record Number: 07172608

Ordering Provider: JOY NORRIS

Status: F

Interpreting Physician: BORUT MARINCEK

EXAMINATION: AP PORTABLE CHEST

CLINICAL DATA: Intubated, pulmonary edema

COMPARISON: Same day, 11:49 a.m.

## FINDINGS:

Endotracheal tube tip ends approximately 2.5 cm above the level of the carina. There has been interval placement of a enteric tube with its tip overlying the gastric fundus.

The cardiac silhouette is stable in size and configuration, not enlarged. Allowing for the differences in technique, there to has been slight interval worsening in aeration of the bilateral lungs with bilateral pulmonary edema. No measurable pleural effusion or pneumothorax seen.

## IMPRESSION:

As described above.

Finalized By: MARINCEK BORUT , MD 2014/03/21 18:32:00

Transcribed By: Interface, Powerscribe

## UH Physician Portal



NICHOLE PAUL

LAKISHA L WILSON

Gender: F

DOB: 1991-05-06

Age: 22y

Phone: (614)570-1189

Address: 1811 PENNFIELD RD COLUMBUS OH 43227

## Result Detail

## Imaging Studies: TH CT CHEST FOR PE

Exam Date: 03/21/2014 12:27:00

Report Date: 03/21/2014 12:45:00

Accession Number: 17114557

Facility: Case Medical Center

Medical Record Number: 07172608

Ordering Provider: SUSAN SCHARDT

Status: F

Interpreting Physician: LUIS LANDERAS

CT CHEST WITH CONTRAST, PULMONARY EMBOLISM PROTOCOL

INDICATION: Signs/Symptoms: Cardiac arrest post elective abortion.

COMPARISON: None available

TECHNIQUE: Helical data acquisition of the chest was obtained after administration of 90 mL Optiray-350. Images were reformatted in axial, coronal, and sagittal planes.

## FINDINGS:

No discrete filling defects within the main pulmonary artery or its branches to suggest pulmonary embolism. Main pulmonary artery is normal in caliber and measures 2.3 cm.

Thoracic aorta is normal in course and caliber. Three vessel arch is present. Heart is normal in size. No pericardial effusion is seen.

Endotracheal tube in place with tip overlying the carina. Thyroid appears within normal limits. No thoracic lymphadenopathy is present. Ill-defined anterior mediastinal soft tissues likely representing residual thymic tissue.

Bilateral low lung volumes with diffuse haziness at least partially related to relative expiratory imaging with question mild edema. Dependent atelectatic changes also present. Incidentally noted is an azygos lobe, normal variant.

Limited visualized upper abdomen demonstrates ascites and significantly gas-filled distended stomach.

No suspicious osseous lesions.

## IMPRESSION:

1. No evidence of pulmonary embolism.
2. Relatively low bilateral lung volumes with diffuse increased attenuation likely secondary to relative expiratory imaging with question superimposed element of edema. Dependent atelectatic changes also present.
3. Upper abdomen ascites.

Examination was interpreted at UH Case Medical Center.

Finalized By: LANDERAS LUIS ALBERTO, MD 2014/03/21 12:45:00

Transcribed By: Interface, Powerscribe



## UH Physician Portal



NICHOLE PAUL

LAKISHA L WILSON

Gender: F

DOB: 1991-05-06

Age: 22y

Phone: (614)570-1189

Address: 1811 PENNFIELD RD COLUMBUS OH 43227

## Result Detail

## Imaging Studies: NR CT HEAD WO CONT

Exam Date: 03/21/2014 12:27:00

Report Date: 03/21/2014 12:56:00

Accession Number: 17114558

Facility: Case Medical Center

Medical Record Number: 07172608

Ordering Provider: SUSAN SCHARDT

Status: F

Interpreting Physician: ROBERT TARR

CT scan of the brain without contrast 3/21/2014

History: Cardiac arrest

Findings: There is near-complete effacement of the quadrigeminal plate cistern. There is a paucity of visualized cortical sulci. The lateral and third ventricles appear small. These findings suggest a degree of diffuse cerebral edema. The gray-white junction remains preserved. There is no evidence of acute intracranial hemorrhage.

## Impression:

1. Findings suggestive of diffuse cerebral edema as described above.

Finalized By: TARR ROBERT WILLIAM, MD 2014/03/21 12:56:00

Transcribed By: Interface, Powerscribe

## UH Physician Portal



NICHOLE PAUL

LAKISHA L WILSON

Gender: F

DOB: 1991-05-06

Age: 22y

Phone: (614)570-1189

Address: 1811 PENNFIELD RD COLUMBUS OH 43227

## Result Detail

## Imaging Studies: BD CT ABDOMEN AND PELVIS WITH CONTRAST

Exam Date: 03/21/2014 12:27:00

Report Date: 03/22/2014 11:10:00

Accession Number: 17114559

Facility: Case Medical Center

Medical Record Number: 07172608

Ordering Provider: SUSAN SCHARDT

Status: F

Interpreting Physician: KARIN HERRMANN

CT ABDOMEN AND PELVIS PERFORMED 3/21/2014:

## CLINICAL DATA:

Cardiac arrest status post elective abortion

## COMPARISON:

No prior studies available for comparison

TECHNIQUE: Axial CT images were obtained through the abdomen and pelvis with intravenous contrast.

## FINDINGS:

Images through the lower thorax demonstrate patchy airspace opacities compatible with pulmonary edema in the dependent aspects of both lower lobes. There is minimal bilateral dependent atelectasis. Pulmonary veins are dilated. The heart is not enlarged. There is no pericardial effusion.

The liver is normal in attenuation, without focal lesion. Periportal and mesenteric edema are noted, likely related to fluid versus.

The spleen is unremarkable, without focal lesion. The pancreas is normal in appearance. There is fluid in the gallbladder fossa, likely related to fluid resuscitation. No gallstones are seen.

The adrenal glands are unremarkable. Both kidneys enhance symmetrically in the corticomedullary phase. There are punctate nonobstructing bilateral renal calculi, including a 2 mm calculus in the upper pole of the right kidney and several left lower pole calculi. No hydronephrosis is seen.

Small bowel loops are air-filled, with several air-fluid levels in the left hemiabdomen. No discrete transition point is seen, and findings most likely relate to ileus.

There is a normal caliber appendix in the right lower quadrant.

The uterus is enlarged, compatible with recent gravid state. There is no free fluid or hematoma in the abdomen to suggest myometrial perforation. However, within the uterus there is high attenuation enhancing material compatible with active arterial extravasation.

The abdominal aorta is normal in caliber and patent. The inferior vena cava is large in caliber, compatible with recent fluid resuscitation. No thrombus is seen in the iliac veins, IVC, or gonadal veins. The portal vein and splenic veins are patent. Superior mesenteric artery and vein are patent.

There is no intra or retroperitoneal free air. Small amount of

perihepatic ascites fluid is seen.

Visualized bones are unremarkable, without destructive lesion or fracture.

IMPRESSION:

1. Enlarged, heterogeneous uterus compatible with recent gravid state. Within the endometrial cavity, there is low attenuation fluid and foci of hyperattenuating material compatible with active contrast extravasation from arterial bleeding. There is no evidence for intra-abdominal free hematoma or uterine perforation. Small amount of abdominal ascites probably relates to fluid resuscitation.

2. Patchy opacities in the dependent aspect of both lower lobes are compatible with pulmonary edema. Periportal edema, small amount of perihepatic ascites and mesenteric edema are compatible with recent fluid resuscitation, as is large caliber of the IVC.

3. Prominent gas-filled loops of small bowel with several air-fluid levels in the left hemiabdomen are compatible with ileus. No discrete transition point is seen to suggest small bowel obstruction.

These findings were verbally discussed by radiology fellow Dr. Lindsey Wilson with OB-Gyn staff physician Dr. Justin Lappen at approximately 1300 hrs on 03/21/2014, and subsequently via preliminary PACS read as well by radiology staff physician Dr. Karin Herrmann.

I personally reviewed the image(s)/study and the fellow 's interpretation. I agree with the findings as stated. This study was performed and interpreted at University Hospitals Case Medical Center, Cleveland, Ohio.

Finalized By: HERRMANN KARIN ANNA, MD, PHD 2014/03/22 11:10:00  
Transcribed By: Interface, Powerscribe

## UH Physician Portal



NICHOLE PAUL

LAKISHA L WILSON

Gender: F

DOB: 1991-05-06

Age: 22y

Phone: (614)570-1189

Address: 1811 PENNFIELD RD COLUMBUS OH 43227

### Result Detail

#### Imaging Studies: TH CHEST 1 VIEW

Exam Date: 03/21/2014 11:52:00

Report Date: 03/21/2014 12:09:00

Accession Number: 17114517

Facility: Case Medical Center

Medical Record Number: 07172608

Ordering Provider: LINDA PATETE

Status: F

Interpreting Physician: MICAH NIELSEN

EXAMINATION: Single frontal view of the chest.

CLINICAL HISTORY: Signs/Symptoms: full arrest.

COMPARISON: Cardiac arrest. Endotracheal tube placement.

#### FINDINGS:

Endotracheal tube is present, with the tip approximately 3 cm superior to carina. The cardiomeastinal silhouette is within normal limits. Bilateral perihilar edema and pulmonary vascular congestion is present. There is mild decreased lung volumes. There is no evidence of pleural effusion or pneumothorax. Curvilinear thin density in the right apex, vertically oriented, is present and likely represents azygos fissure. No other areas of focal consolidation are evident.

#### IMPRESSION:

1. Endotracheal tube tip 3 cm superior to the carina.
2. Bilateral perihilar opacities, which may represent central pulmonary edema versus crowding of the bronchial vasculature from mild volume loss.

Finalized By: NIELSEN MICAH KIRK, MD 2014/03/21 12:09:00

Transcribed By: Interface, Powerscribe

## UH Physician Portal



NICHOLE PAUL

LAKISHA L WILSON

Gender: F

DOB: 1991-05-06

Age: 22y

Phone: (614)570-1189

Address: 1811 PENNFIELD RD COLUMBUS OH 43227

## Result Detail

## Operative Reports and Procedures: Bronchoscopy

Exam Date: 03/27/2014 16:48:00

Report Date: 03/27/2014 18:25:00

Accession Number: 263619

Facility: UHCMC

Medical Record Number: 07172608

Ordering Provider:

Status: F

Interpreting Physician:

Patient Name: Lakisha Wilson

Procedure Date: 3/27/2014 4:48 PM

MRN: 07172608

Account Number: 34544307

Date of Birth: 5/6/1991

Room: Bronchoscopy Room 1

Attending MD: Elliott C. Dasenbrook, MD

Procedure: Bronchoscopy

Indications: organ donation

Providers: Elliott C. Dasenbrook, MD (Doctor), Divya Venkat (Fellow)

Referring MD:

Medicines: None

Complications: No immediate complications

Procedure: Pre-Anesthesia Assessment:

- The risks and benefits of the procedure and the sedation options and risks were discussed with the patient. All questions were answered and informed consent was obtained.

- A History and Physical has been performed. Patient meds and allergies have been reviewed. The patient is unable to give consent secondary to the patient's altered mental status. The risks and benefits of the procedure and the sedation options and risks were discussed with the patient's Life Bank. All questions were answered and informed consent was obtained. Patient identification and proposed procedure were verified prior to the procedure by the physician and the nurse in the procedure room. Mental Status Examination: comatose. Airway Examination: normal oropharyngeal airway and orotracheal intubation. Respiratory Examination: clear to auscultation. CV Examination: regular rate and rhythm. ASA Grade Assessment: V - A moribund patient who is not expected to survive without the operation. After reviewing the risks and benefits, the patient was deemed in satisfactory condition to undergo the procedure. The anesthesia plan was to use no sedation or anesthesia. Immediately prior to administration of medications, the patient was re-assessed for adequacy to receive sedatives. The heart rate, respiratory rate, oxygen saturations, blood pressure, adequacy of pulmonary ventilation, and response to care were monitored throughout the procedure. The physical status of the patient was re-assessed after the procedure. After obtaining informed consent, the Bronchoscope was introduced through the mouth, via the endotracheal tube and advanced to the tracheobronchial tree of both lungs. The procedure was accomplished without difficulty. The patient tolerated the procedure well.

The total duration of the procedure was 15 minutes.

Findings:

Respiratory tract:

The endotracheal tube is in normal position. The trachea is of normal caliber. The carina is sharp. The tracheobronchial tree was examined to at least the first subsegmental level. Bronchial mucosa and anatomy are normal; there are no endobronchial lesions, and no secretions.

Mucosa of entire airway was pale without any obvious lesions

Impression:

- The examination was normal.
- The examination was likely normal.

Recommendation:

- organ donation per Life Bank

Procedure Code(s):

--- Professional ---

31622, Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)

Diagnosis Code(s):

--- Professional ---

V59.8, Donors of other specified organ or tissue

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The codes documented in this report are preliminary and upon coder review may be revised to meet current compliance requirements.

Attending Participation:

I was present and participated during the entire procedure, including non-key portions.

Elliott Dasenbrook, MD

Elliott C. Dasenbrook, MD

3/27/2014 6:25 PM

Number of Addenda: 0

Note Initiated On: 3/27/2014 4:48 PM

Estimated Blood Loss:

Estimated blood loss: none.

## UH Physician Portal



NICHOLE PAUL

LAKISHA L WILSON

Gender: F

DOB: 1991-05-06

Age: 22y

Phone: (614)570-1189

Address: 1811 PENNFIELD RD COLUMBUS OH 43227

Result Detail							
ABO/RH GROUP TEST							
Specimen Collected Date: 03/21/2014 00:00:00		Specimen Received Date: 03/21/2014 14:12:00					
Order Number: P5214335		Ordering Provider: AMBULATORY PHYSICIAN					
Medical Record Number: 07172608		Facility: UHCMC					
Status: F							
Test Name	Flags	Result	Units	Ref.Range	Result Date	Status [Key]	Test Site [Key]
ABO TYPE		O			03/21/2014 15:26	F	UH
RH TYPE		POS			03/21/2014 15:26	F	UH

## UH Physician Portal



LAKISHA L WILSON

Gender: F

Phone: (614)570-1189

DOB: 1991-05-06

Address: 1811 PENNFIELD RD COLUMBUS OH 43227

Age: 22y

NICHOLE PAUL

Result Detail							
ALKALINE PHOSPHATASE							
Specimen Collected Date: 03/22/2014 04:39:00				Specimen Received Date: 03/22/2014 05:36:00			
Order Number: P5221057				Ordering Provider: JOY NORRIS			
Medical Record Number: 07172608				Facility: UHMC			
Status: F							
Test Name	Flags	Result	Units	Ref.Range	Result Date	Status [Key]	Test Site [Key]
ALKALINE PHOSPHATASE	H	145	U/L	33-110	03/22/2014 06:19	F	UH



## UH Physician Portal



NICHOLE PAUL

LAKISHA L WILSON

Gender: F

DOB: 1991-05-06

Age: 22y

Phone: (614)570-1189

Address: 1811 PENNFIELD RD COLUMBUS OH 43227

Result Detail							
ALT							
Specimen Collected Date: 03/23/2014		Specimen Received Date: 03/23/2014					
05:51:00		06:39:00					
Order Number: P5231116		Ordering Provider: JOY NORRIS					
Medical Record Number: 07172608		Facility: UHMC					
Status: F							
Test Name	Flags	Result	Units	Ref.Range	Result Date	Status [Key]	Test Site [Key]
ALT	H	101	U/L	7-54	03/23/2014 07:21	F	UH

## UH Physician Portal



NICHOLE PAUL

LAKISHA L WILSON

Gender: F

DOB: 1991-05-06

Age: 22y

Phone: (614)570-1189

Address: 1811 PENNFIELD RD COLUMBUS OH 43227

Result Detail							
AMYLASE							
Specimen Collected Date: 03/28/2014 06:05:00		Specimen Received Date: 03/28/2014 07:43:00					
Order Number: P5281297		Ordering Provider: MARIANA PETROZZI					
Medical Record Number: 07172608		Facility: UHCMC					
Status: F							
Test Name	Flags	Result	Units	Ref.Range	Result Date	Status [Key]	Test Site [Key]
AMYLASE		81	U/L	25-115	03/28/2014 08:34	F	UH

## UH Physician Portal



NICHOLE PAUL

LAKISHA L WILSON

Gender: F

DOB: 1991-05-06

Age: 22y

Phone: (614)570-1189

Address: 1811 PENNFIELD RD COLUMBUS OH 43227

Result Detail							
APTT							
Specimen Collected Date:		03/21/2014 11:42:00		Specimen Received Date:		03/21/2014 11:42:00	
Order Number:		P5213308		Ordering Provider:		AMBULATORY PHYSICIAN	
Medical Record Number:		07172608		Facility:		UHCMC	
Status:		F					
Comments associated with tests will be listed below and must be reviewed.							
Test Name	Flags	Result	Units	Ref.Range	Result Date	Status [Key]	Test Site [Key]
APTT	H	36	sec	23-35	03/21/2014 12:06	F	UH
THE APTT IS NO LONGER USED FOR MONITORING UNFRACTIONATED HEPARIN THERAPY. FOR MONITORING HEPARIN THERAPY, USE THE HEPARIN ASSAY.							

## UH Physician Portal



NICHOLE PAUL

LAKISHA L WILSON

Gender: F

DOB: 1991-05-06

Age: 22y

Phone: (614)570-1189

Address: 1811 PENNFIELD RD COLUMBUS OH 43227

## Result Detail

## ARTERIAL BLOOD GAS

Specimen Collected Date: 03/28/2014  
06:15:00

Specimen Received Date: 03/28/2014 06:16:00

Order Number: P5281335

Ordering Provider: STEVEN  
STRAUSBAUGH

Medical Record Number: 07172608

Facility: UHCMC

Status: F

Comments associated with tests will be listed below and must be reviewed.

Test Name	Flags	Result	Units	Ref.Range	Result Date	Status [Key]	Test Site [Key]
PH		7.39		7.38-7.42	03/28/2014 06:15	F	UH
PCO2	H	43	mmHg	38-42	03/28/2014 06:15	F	UH
PO2	H	471	mmHg	85-95	03/28/2014 06:15	F	UH
PATIENT TEMPERATURE		37.0	degrees C		03/28/2014 06:15	F	UH
NOTE: PATIENT RESULTS ARE NOT CORRECTED FOR TEMPERATURE.							
% SO2		100	%	94-100	03/28/2014 06:15	F	UH
BASE EXCESS-BLOOD		0.9	mmol/L		03/28/2014 06:15	F	UH
BICARB, CALCULATED		26.0	mmol/L	22.0-26.0	03/28/2014 06:15	F	UH

## UH Physician Portal



NICHOLE PAUL

LAKISHA L WILSON

Gender: F

DOB: 1991-05-06

Age: 22y

Phone: (614)570-1189

Address: 1811 PENNFIELD RD COLUMBUS OH 43227

## Result Detail

## ARTERIAL FULL PANEL

Specimen Collected Date: 03/25/2014  
17:46:00

Specimen Received Date: 03/25/2014 17:49:00

Order Number: P5255815

Ordering Provider: STEVEN  
STRAUSBAUGH

Medical Record Number: 07172608

Facility: UHMC

Status: F

Comments associated with tests will be listed below and must be reviewed.

Test Name	Flags	Result	Units	Ref.Range	Result Date	Status [Key]	Test Site [Key]
PH	L	7.31		7.38-7.42	03/25/2014 17:46	F	UH
PCO2		40	mmHg	38-42	03/25/2014 17:46	F	UH
PO2	H	166	mmHg	85-95	03/25/2014 17:46	F	UH
PATIENT TEMPERATURE		37.0	degrees C		03/25/2014 17:46	F	UH
NOTE: PATIENT RESULTS ARE NOT CORRECTED FOR TEMPERATURE.							
% SO2		100	%	94-100	03/25/2014 17:46	F	UH
% HCT	L	25.0	%	36.0-46.0	03/25/2014 17:46	F	UH
SODIUM	CH	164	mmol/L	135-145	03/25/2014 17:46	F	UH
POTASSIUM		4.5	mmol/L	3.5-5.0	03/25/2014 17:46	F	UH
CHLORIDE	H	139	mmol/L	95-107	03/25/2014 17:46	F	UH
CALCIUM,IONIZED		1.11	mmol/L	1.10-1.33	03/25/2014 17:46	F	UH
GLUCOSE	H	126	mg/dL	65-99	03/25/2014 17:46	F	UH
LACTATE		1.40	mmol/L	0.60-2.40	03/25/2014 17:46	F	UH
BASE EXCESS-BLOOD		-5.7	mmol/L		03/25/2014 17:46	F	UH
BICARB, CALCULATED	L	20.1	mmol/L	22.0-26.0	03/25/2014 17:46	F	UH
HGB,CALCULATED	L	8.5	g/dL	12.0-16.0	03/25/2014 17:46	F	UH
ANION GAP	L	9	mmol/L	10-25	03/25/2014 17:46	F	UH

## UH Physician Portal



NICHOLE PAUL

LAKISHA L WILSON

Gender: F

DOB: 1991-05-06

Age: 22y

Phone: (614)570-1189

Address: 1811 PENNFIELD RD COLUMBUS OH 43227

## Result Detail

## BASIC METABOLIC PANEL

Specimen Collected Date: 03/23/2014  
05:51:00Specimen Received Date: 03/23/2014  
06:39:00

Order Number: P5231116

Ordering Provider: JOY NORRIS

Medical Record Number: 07172608

Facility: UHMC

Status: F

Comments associated with tests will be listed below and must be reviewed.

Test Name	Flags	Result	Units	Ref.Range	Result Date	Status [Key]	Test Site [Key]
GLUCOSE	H	149	mg/dL	74-99	03/23/2014 07:17	F	UH
SODIUM		142	mmol/L	136-145	03/23/2014 07:14	F	UH
POTASSIUM		3.8	mmol/L	3.5-5.3	03/23/2014 07:14	F	UH
CHLORIDE	H	114	mmol/L	98-107	03/23/2014 07:14	F	UH
BICARBONATE	L	17	mmol/L	21-32	03/23/2014 07:17	F	UH
ANION GAP		15	mmol/L	10-20	03/23/2014 07:24	F	UH
UREA NITROGEN		18	mg/dL	6-23	03/23/2014 07:17	F	UH
CREATININE		0.68	mg/dL	0.51-0.95	03/23/2014 07:20	F	UH
--- THIS TEST IS PERFORMED USING AN IDMS-TRACEABLE ENZYMATIC CREATININE METHOD. CALCULATIONS OF ESTIMATED GFR SHOULD BE PERFORMED USING EQUATIONS FOR IDMS-TRACEABLE CREATININE METHODS.							
CALCIUM	L	7.7	mg/dL	8.5-10.1	03/23/2014 07:17	F	UH

## UH Physician Portal



NICHOLE PAUL

LAKISHA L WILSON

Gender: F

DOB: 1991-05-06

Age: 22y

Phone: (614)570-1189

Address: 1811 PENNFIELD RD COLUMBUS OH 43227

## Result Detail

## BENZODIAZEPINES CONF,BLOOD

Specimen Collected Date: 03/22/2014 12:11:00 Specimen Received Date: 03/22/2014 12:41:00  
 Order Number: P5222688 Ordering Provider: BRIGETTE GLEASON  
 Medical Record Number: 07172608 Facility: UHMC  
 Status: F

Comments associated with tests will be listed below and must be reviewed.

Test Name	Flags	Result	Units	Ref.Range	Result Date	Status [Key]	Test Site [Key]
BENZODIAZEPINES,BLOOD		Positive			03/27/2014 10:21	F	ARUP
<p>Confirmed POSITIVE by LC-MS/MS for the following benzodiazepine(s):            Midazolam = 94 ng/mL            Midazolam (Versed)            - Peak plasma level following a 12.5 mg intramuscular dose:            Approximately 200 ng/mL within 45 minutes of dose.            INTERPRETIVE INFORMATION: Drug Conf Benzodiazepines, Serum, Plasma            Drugs covered: alprazolam, alpha-hydroxyalprazolam, clonazepam, 7-aminoclonazepam, desalkylflurazepam, diazepam, 2-hydroxyethylflurazepam, lorazepam, midazolam, nordiazepam, oxazepam, temazepam, and alpha-hydroxytriazolam.            Identification of specific drug(s) taken by specimen donor is problematic due to common metabolites, some of which are prescription drugs themselves.            Positive cutoff: 20 ng/mL            The absence of expected drug(s) and/or drug metabolite(s) may indicate non-compliance, inappropriate timing of specimen collection relative to drug administration, poor drug absorption, or limitations of testing. The concentration value must be greater than or equal to the cutoff to be reported as positive. Interpretive questions should be directed to the laboratory.            For medical purposes only; not valid for forensic use.            Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement B: aruplab.com/CS</p>							

TROP2 CALLED TO TABITH MARTEMUS----RB 13:44 03/22/2014.

## UH Physician Portal



NICHOLE PAUL

LAKISHA L WILSON

Gender: F

DOB: 1991-05-06

Age: 22y

Phone: (614)570-1189

Address: 1811 PENNFIELD RD COLUMBUS OH 43227

Result Detail							
BILIRUBIN,DIRECT							
Specimen Collected Date:		03/28/2014 06:05:00		Specimen Received Date:		03/28/2014 07:43:00	
Order Number: P5281297				Ordering Provider: MARIANA PETROZZI			
Medical Record Number: 07172608				Facility: UHCMC			
Status: F							
Test Name	Flags	Result	Units	Ref.Range	Result Date	Status [Key]	Test Site [Key]
BILIRUBIN,DIRECT		0.3	mg/dL	0.0-0.3	03/28/2014 08:37	F	UH



## UH Physician Portal



NICHOLE PAUL

LAKISHA L WILSON

Gender: F

DOB: 1991-05-06

Age: 22y

Phone: (614)570-1189

Address: 1811 PENNFIELD RD COLUMBUS OH 43227

## Result Detail

## BLOOD CULTURE, BACTERIAL

Specimen Collected Date: 03/21/2014 13:35:00 Specimen Received Date: 03/21/2014 14:05:00

Order Number: P5214116

Ordering Provider: JEREMY GILBERT

Medical Record Number: 07172608

Facility: UHMC

Status: F

Comments associated with tests will be listed below and must be reviewed.

Test Name	Flags	Result	Units	Ref.Range	Result Date	Status [Key]	Test Site [Key]
BLOOD CULTURE, BACTERIAL					03/26/2014 16:42	F	
Source: BLD					Collected: 03/21/14 13:35		
Site: ANTECUBITAL					Received : 03/21/14 14:05		
Order#: P5214116							
BLOOD CULTURE, BACTERIAL					PRELIM 03/22/14 16:42	UH	
03/22/14 No Growth at 1 days							
Source: BLD					Collected: 03/21/14 13:35		
Site: ANTECUBITAL					Received : 03/21/14 14:05		
Order#: P5214116							
BLOOD CULTURE, BACTERIAL					PRELIM 03/23/14 16:42	UH	
03/22/14 No Growth at 1 days							
03/23/14 No Growth at 2 days							
Source: BLD					Collected: 03/21/14 13:35		
Site: ANTECUBITAL					Received : 03/21/14 14:05		
Order#: P5214116							
BLOOD CULTURE, BACTERIAL					PRELIM 03/24/14 16:42	UH	
03/22/14 No Growth at 1 days							
03/23/14 No Growth at 2 days							
03/24/14 No Growth at 3 days							
Source: BLD					Collected: 03/21/14 13:35		
Site: ANTECUBITAL					Received : 03/21/14 14:05		
Order#: P5214116							
BLOOD CULTURE, BACTERIAL					PRELIM 03/25/14 16:42	UH	
03/22/14 No Growth at 1 days							
03/23/14 No Growth at 2 days							
03/24/14 No Growth at 3 days							
03/25/14 No Growth at 4 days							
Source: BLD					Collected: 03/21/14 13:35		
Site: ANTECUBITAL					Received : 03/21/14 14:05		
Order#: P5214116							
BLOOD CULTURE, BACTERIAL					FINAL 03/26/14 16:42	UH	
03/22/14 No Growth at 1 days							
03/23/14 No Growth at 2 days							
03/24/14 No Growth at 3 days							
03/25/14 No Growth at 4 days							
03/26/14 NO GROWTH - FINAL REPORT							

## UH Physician Portal



NICHOLE PAUL

LAKISHA L WILSON

Gender: F

DOB: 1991-05-06

Age: 22y

Phone: (614)570-1189

Address: 1811 PENNFIELD RD COLUMBUS OH 43227

## Result Detail

## CALCIUM, IONIZED

Specimen Collected Date: 03/28/2014  
06:05:00

Specimen Received Date: 03/28/2014 07:43:00

Order Number: P5281297

Ordering Provider: MARIANA  
PETROZZI

Medical Record Number: 07172608

Facility: UHCMC

Status: F

Test Name	Flags	Result	Units	Ref.Range	Result Date	Status [Key]	Test Site [Key]
CALCIUM,IONIZED		1.15	mmol/L	1.10-1.33	03/28/2014 08:00	F	UH

## UH Physician Portal



NICHOLE PAUL

LAKISHA L WILSON

Gender: F

DOB: 1991-05-06

Age: 22y

Phone: (614)570-1189

Address: 1811 PENNFIELD RD COLUMBUS OH 43227

## Result Detail

## CBC

Specimen Collected Date: 03/27/2014  
14:23:00

Specimen Received Date: 03/27/2014 14:49:00

Order Number: P5274444

Ordering Provider: MARIANA  
PETROZZI

Medical Record Number: 07172608

Facility: UHCMC

Status: F

Test Name	Flags	Result	Units	Ref.Range	Result Date	Status [Key]	Test Site [Key]
WBC		7.9	X10E9/L	4.4-11.3	03/27/2014 14:56	F	UH
RBC	L	3.37	X10E12/L	4.00-5.20	03/27/2014 14:56	F	UH
HGB	L	9.6	g/dL	12.0-16.0	03/27/2014 14:56	F	UH
% HCT	L	28.0	%	36.0-46.0	03/27/2014 14:56	F	UH
MCV		83	fL	80-100	03/27/2014 14:56	F	UH
MCHC		34.3	g/dL	32.0-36.0	03/27/2014 14:56	F	UH
PLT	L	103	X10E9/L	150-450	03/27/2014 14:56	F	UH
% RDW-CV		13.9	%	11.5-14.5	03/27/2014 14:56	F	UH
NUCLEATED RBC		0.0	/100 WBC		03/27/2014 14:57	F	UH

## UH Physician Portal



NICHOLE PAUL

LAKISHA L WILSON

Gender: F

DOB: 1991-05-06

Age: 22y

Phone: (614)570-1189

Address: 1811 PENNFIELD RD COLUMBUS OH 43227

Result Detail							
CBC AND DIFFERENTIAL							
Specimen Collected Date: 03/28/2014 06:05:00				Specimen Received Date: 03/28/2014 07:43:00			
Order Number: P5281297				Ordering Provider: MARIANA PETROZZI			
Medical Record Number: 07172608				Facility: UHCMC			
Status: F							
Test Name	Flags	Result	Units	Ref.Range	Result Date	Status [Key]	Test Site [Key]
WBC	H	11.6	X10E9/L	4.4-11.3	03/28/2014 07:58	F	UH
RBC	L	2.79	X10E12/L	4.00-5.20	03/28/2014 07:58	F	UH
HGB	L	7.9	g/dL	12.0-16.0	03/28/2014 07:58	F	UH
% HCT	L	23.5	%	36.0-46.0	03/28/2014 07:58	F	UH
MCV		84	fL	80-100	03/28/2014 07:58	F	UH
MCHC		33.6	g/dL	32.0-36.0	03/28/2014 07:58	F	UH
PLT	L	115	X10E9/L	150-450	03/28/2014 07:58	F	UH
% RDW-CV		13.9	%	11.5-14.5	03/28/2014 07:58	F	UH
% NEUTROPHIL		90.7	%		03/28/2014 07:58	F	UH
% IMMATURE GRAN	H	1.0	%	0.0-0.9	03/28/2014 07:58	F	UH
% LYMPHOCYTE		3.0	%		03/28/2014 07:58	F	UH
% MONOCYTE		5.3	%		03/28/2014 07:58	F	UH
NEUTROPHIL	H	10.50	X10E9/L	1.20-7.70	03/28/2014 07:58	F	UH
LYMPHOCYTE	L	0.35	x10E9/L	1.20-4.80	03/28/2014 07:58	F	UH
MONOCYTE		0.61	X10E9/L	0.10-1.00	03/28/2014 07:58	F	UH
NUCLEATED RBC		0.0	/100 WBC		03/28/2014 07:58	F	UH

## UH Physician Portal



NICHOLE PAUL

LAKISHA L WILSON

Gender: F

DOB: 1991-05-06

Age: 22y

Phone: (614)570-1189

Address: 1811 PENNFIELD RD COLUMBUS OH 43227

Result Detail							
CKMB							
<b>Specimen Collected Date:</b> 03/26/2014 22:09:00		<b>Specimen Received Date:</b> 03/26/2014 22:48:00					
<b>Order Number:</b> P5266679		<b>Ordering Provider:</b> MARIANA PETROZZI					
<b>Medical Record Number:</b> 07172608		<b>Facility:</b> UHCMC					
<b>Status:</b> F							
Comments associated with tests will be listed below and must be reviewed.							
Test Name	Flags	Result	Units	Ref.Range	Result Date	Status [Key]	Test Site [Key]
CKMB		< 1	ng/mL		03/26/2014 23:41	F	UH
REF VALUES CKMB <7 and RI <4% :Negative CKMB <7 and RI >4% :Equivocal CKMB >=7 and RI <4% :Equivocal CKMB >=7 and RI >4% :Positive							

## UH Physician Portal



NICHOLE PAUL

LAKISHA L WILSON

Gender: F

DOB: 1991-05-06

Age: 22y

Phone: (614)570-1189

Address: 1811 PENNFIELD RD COLUMBUS OH 43227

## Result Detail

## COAGULATION SCREEN

Specimen Collected Date: 03/28/2014  
06:05:00

Specimen Received Date: 03/28/2014 07:43:00

Order Number: P5281297

Ordering Provider: MARIANA  
PETROZZI

Medical Record Number: 07172608

Facility: UHCMC

Status: F

Comments associated with tests will be listed below and must be reviewed.

Test Name	Flags	Result	Units	Ref.Range	Result Date	Status [Key]	Test Site [Key]
PROTHROMBIN TIME	H	13.2	sec	9.3-12.8	03/28/2014 08:00	F	UH
PT, INR		1.2		0.9-1.2	03/28/2014 08:00	F	UH
APTT		26	sec	23-35	03/28/2014 08:03	F	UH

THE APTT IS NO LONGER USED FOR MONITORING  
UNFRACTIONATED HEPARIN THERAPY.  
FOR MONITORING HEPARIN THERAPY,  
USE THE HEPARIN ASSAY.



## UH Physician Portal

NICHOLE PAUL

LAKISHA L WILSON

Gender: F

DOB: 1991-05-06

Age: 22y

Phone: (614)570-1189

Address: 1811 PENNFIELD RD COLUMBUS OH 43227

## Result Detail

## COMPREHENSIVE PANEL

Specimen Collected Date: 03/28/2014 06:05:00

Specimen Received Date: 03/28/2014 07:43:00

Order Number: P5281297

Ordering Provider: MARIANA PETROZZI

Medical Record Number: 07172608

Facility: UHCMC

Status: F

Comments associated with tests will be listed below and must be reviewed.

Test Name	Flags	Result	Units	Ref.Range	Result Date	Status [Key]	Test Site [Key]
GLUCOSE	H	185	mg/dL	74-99	03/28/2014 08:33	F	UH
SODIUM		144	mmol/L	136-145	03/28/2014 08:30	F	UH
POTASSIUM		4.4	mmol/L	3.5-5.3	03/28/2014 08:30	F	UH
CHLORIDE	H	111	mmol/L	98-107	03/28/2014 08:30	F	UH
BICARBONATE		25	mmol/L	21-32	03/28/2014 08:33	F	UH
ANION GAP		12	mmol/L	10-20	03/28/2014 08:41	F	UH
UREA NITROGEN		14	mg/dL	6-23	03/28/2014 08:33	F	UH
CREATININE		0.85	mg/dL	0.51-0.95	03/28/2014 08:37	F	UH
--- THIS TEST IS PERFORMED USING AN IDMS-TRACEABLE ENZYMATIC CREATININE METHOD. CALCULATIONS OF ESTIMATED GFR SHOULD BE PERFORMED USING EQUATIONS FOR IDMS-TRACEABLE CREATININE METHODS.							
CALCIUM	L	8.0	mg/dL	8.5-10.1	03/28/2014 08:32	F	UH
ALBUMIN	L	2.8	g/dL	3.4-5.0	03/28/2014 08:34	F	UH
ALKALINE PHOSPHATASE		89	U/L	45-117	03/28/2014 08:40	F	UH
--- PLEASE NOTE NEW ALKALINE PHOSPHATASE REFERENCE RANGES EFFECTIVE 3/24/14. The alkaline phosphatase test method has been updated due to manufacturer restandardization. Test results will be slightly lower with the new method.							
TOTAL PROTEIN	L	5.5	g/dL	6.4-8.2	03/28/2014 08:38	F	UH
AST	H	61	U/L	10-37	03/28/2014	F	UH

				08:36		
BILIRUBIN,TOTAL	1.0	mg/dL	0.0-1.2	03/28/2014 08:39	F	UH
ALT	18	U/L	7-54	03/28/2014 08:36	F	UH



## UH Physician Portal



NICHOLE PAUL

LAKISHA L WILSON

Gender: F

DOB: 1991-05-06

Age: 22y

Phone: (614)570-1189

Address: 1811 PENNFIELD RD COLUMBUS OH 43227

## Result Detail

## COOX PANEL, ARTERIAL

Specimen Collected Date: 03/25/2014  
11:30:00

Specimen Received Date: 03/25/2014 11:31:00

Order Number: P5253249

Ordering Provider: STEVEN  
STRAUSBAUGH

Medical Record Number: 07172608

Facility: UHCMC

Status: F

Comments associated with tests will be listed below and must be reviewed.

Test Name	Flags	Result	Units	Ref.Range	Result Date	Status [Key]	Test Site [Key]
HGB	L	10.9	g/dL	12.0-16.0	03/25/2014 11:30	F	UH
% OXY HGB		97.2	%	94.0-98.0	03/25/2014 11:30	F	UH
% CO HGB		1.3	%		03/25/2014 11:30	F	UH
REF VALUES							
NONSMOKERS 0.5- 1.5%							
SMOKERS 0.5-10.0%							
% MET HGB		0.9	%	0.0-1.5	03/25/2014 11:30	F	UH
% DEOXY HGB		1.0	%		03/25/2014 11:30	F	UH

## UH Physician Portal



NICHOLE PAUL

LAKISHA L WILSON

Gender: F

DOB: 1991-05-06

Age: 22y

Phone: (614)570-1189

Address: 1811 PENNFIELD RD COLUMBUS OH 43227

## Result Detail

## CORTISOL, UNSPECIFIED

Specimen Collected Date: 03/25/2014 06:45:00 Specimen Received Date: 03/25/2014 07:10:00  
Order Number: P5251495 Ordering Provider: PEDRO SALCIDO JR  
Medical Record Number: 07172608 Facility: UHMC  
Status: F

Comments associated with tests will be listed below and must be reviewed.

Test Name	Flags	Result	Units	Ref.Range	Result Date	Status [Key]	Test Site [Key]
CORTISOL, UNSPECIFIED	H	33.8	ug/dL	2.5-20.0	03/25/2014 15:55	F	UH

CALLED/RB NA, CL, PHOS TO BETH MCGORTY 08:06 03/25/2014.

## UH Physician Portal



NICHOLE PAUL

LAKISHA L WILSON

Gender: F  
Phone: (614)570-1189

DOB: 1991-05-06  
Address: 1811 PENNFIELD RD COLUMBUS OH 43227

Age: 22y

Result Detail							
CREATINE KINASE							
Specimen Collected Date:		03/26/2014 22:09:00		Specimen Received Date:		03/26/2014 22:48:00	
Order Number: P5266679				Ordering Provider: MARIANA PETROZZI			
Medical Record Number: 07172608				Facility: UHCMC			
Status: F							
Test Name	Flags	Result	Units	Ref.Range	Result Date	Status [Key]	Test Site [Key]
CREATINE KINASE		43	U/L	0-215	03/26/2014 23:40	F	UH

## UH Physician Portal



NICHOLE PAUL

LAKISHA L WILSON

Gender: F

DOB: 1991-05-06

Age: 22y

Phone: (614)570-1189

Address: 1811 PENNFIELD RD COLUMBUS OH 43227

## Result Detail

## D-DIMER

Specimen Collected Date: 03/23/2014  
05:51:00Specimen Received Date: 03/23/2014  
06:39:00

Order Number: P5231116

Ordering Provider: JOY NORRIS

Medical Record Number: 07172608

Facility: UHCMC

Status: F

Comments associated with tests will be listed below and must be reviewed.

Test Name	Flags	Result	Units	Ref.Range	Result Date	Status [Key]	Test Site [Key]
D-DIMER	*	3010	ng/mL DDU	</= 232	03/23/2014 07:10	F	UH
THE D-DIMER ASSAY IS REPORTED IN NG/ML D-DIMER UNITS (DDU). THE RESULTS OF THIS ASSAY SHOULD NOT BE USED FOR THE EXCLUSION OF DEEP VEIN THROMBOSIS AND/OR PULMONARY EMBOLISM.							

## UH Physician Portal



NICHOLE PAUL

LAKISHA L WILSON

Gender: F

DOB: 1991-05-06

Age: 22y

Phone: (614)570-1189

Address: 1811 PENNFIELD RD COLUMBUS OH 43227

## Result Detail

## DIFFERENTIAL

Specimen Collected Date: 03/22/2014 04:39:00 Specimen Received Date: 03/22/2014 05:36:00  
 Order Number: P5221057 Ordering Provider: JOY NORRIS  
 Medical Record Number: 07172608 Facility: UHCMC  
 Status: F

Comments associated with tests will be listed below and must be reviewed.

Test Name	Flags	Result	Units	Ref.Range	Result Date	Status [Key]	Test Site [Key]
% NEUTROPHIL		89.5	%		03/22/2014 07:31	F	UH
% IMMATURE GRAN	H	1.5	%	0.0-0.9	03/22/2014 07:31	F	UH
% LYMPHOCYTE		2.7	%		03/22/2014 07:31	F	UH
% MONOCYTE		6.1	%		03/22/2014 07:31	F	UH
% EOSINOPHIL		0.1	%		03/22/2014 07:31	F	UH
% BASOPHIL		0.1	%		03/22/2014 07:31	F	UH
NEUTROPHIL	H	34.34	X10E9/L	1.20-7.70	03/22/2014 07:31	F	UH
LYMPHOCYTE	L	1.05	x10E9/L	1.20-4.80	03/22/2014 07:31	F	UH
MONOCYTE	H	2.36	X10E9/L	0.10-1.00	03/22/2014 07:31	F	UH
EOSINOPHIL		0.02	x10E9/L	0.00-0.70	03/22/2014 07:31	F	UH
BASOPHIL		0.04	x10E9/L	0.00-0.10	03/22/2014 07:31	F	UH

TROP2 CALLED TO RN LORIE RUDDER----RB 06:34 03/22/2014.

## UH Physician Portal



NICHOLE PAUL

LAKISHA L WILSON

Gender: F

DOB: 1991-05-06

Age: 22y

Phone: (614)570-1189

Address: 1811 PENNFIELD RD COLUMBUS OH 43227

## Result Detail

## DRUG SCREEN, BLOOD

Specimen Collected Date: 03/22/2014 12:11:00 Specimen Received Date: 03/22/2014 14:37:00  
 Order Number: P5222688 Ordering Provider: BRIGETTE GLEASON  
 Medical Record Number: 07172608 Facility: UHCMC  
 Status: F

Comments associated with tests will be listed below and must be reviewed.

Test Name	Flags	Result	Units	Ref.Range	Result Date	Status [Key]	Test Site [Key]
SERUM TRICYCLICS		cancelled			03/22/2014 16:05	F	UH
ACETAMINOPHEN		< 2.0	mg/L	>5.0 POSITIVE	03/22/2014 16:17	F	UH
SERUM BARBITURATES		NEGATIVE			03/22/2014 16:15	F	UH
PHENYTOIN		0.9	ug/mL	>5.0 POSITIVE	03/22/2014 16:16	F	UH
THEOPHYLLINE		< 2.0	ug/mL	>5.0 POSITIVE	03/22/2014 16:16	F	UH
SALICYLATE		< 2	mg/dL	>2 POSITIVE	03/22/2014 16:14	F	UH
ALCOHOL		< 10	mg/dL		03/22/2014 16:18	F	UH
REF VALUES < 10 FOR MEDICAL USE ONLY.							

TROP2 CALLED TO TABITH MARTEMUS----RB 13:44 03/22/2014.

## UH Physician Portal



NICHOLE PAUL

LAKISHA L WILSON

Gender: F

DOB: 1991-05-06

Age: 22y

Phone: (614)570-1189

Address: 1811 PENNFIELD RD COLUMBUS OH 43227

## Result Detail

## DRUG-PROFILE 9,BLOOD WITH REFLEX TO CONFIRMATION

Specimen Collected Date: 03/22/2014 12:11:00 Specimen Received Date: 03/22/2014 12:41:00  
 Order Number: P5222688 Ordering Provider: BRIGETTE GLEASON  
 Medical Record Number: 07172608 Facility: UHMC  
 Status: F

Comments associated with tests will be listed below and must be reviewed.

Test Name	Flags	Result	Units	Ref.Range	Result Date	Status [Key]	Test Site [Key]
DRUG NAME		RESULT	CUTOFF		03/22/2014 17:46	F	AR
AMPHETAMINES SCREEN		Negative			03/26/2014 05:54	F	ARUP
METHAMPHETAMINES SCREEN		Negative			03/26/2014 05:54	F	ARUP
BARBITURATES SCREEN		Negative			03/26/2014 05:54	F	ARUP
BENZODIAZEPINES SCREEN		Positive			03/26/2014 05:54	F	ARUP
Confirmation testing is pending. Unconfirmed positive may be useful for medical purposes, but does not meet forensic standards.							
CANNABINOID SCREEN		Negative			03/26/2014 05:54	F	ARUP
COCAINE SCREEN		Negative			03/26/2014 05:54	F	ARUP
METHADONE SCREEN		Negative			03/26/2014 05:54	F	ARUP
OPIATE SCREEN		Negative			03/26/2014 05:54	F	ARUP
OXYCODONE SCREEN		Negative			03/26/2014 05:54	F	ARUP
PCP SCREEN		Negative			03/26/2014 05:54	F	ARUP
PROPOXYPHENE SCREEN		Negative			03/26/2014 05:54	F	ARUP
DRUG SCREEN COMMENT		See Note			03/26/2014 05:54	F	ARUP
INTERPRETIVE INFORMATION: Drug Screen 9 Panel, Serum or Plasma - Immunoassay Screen with Reflex to Mass Spectrometry Confirmation/Quantitation 1. Methodology: Qualitative Immunoassay Screen 2. Drugs Covered and Cutoff Concentrations Drugs/Drug Classes Screen Cutoff Amphetamines 30 ng/mL Methamphetamine 30 ng/mL Barbiturates 75 ng/mL Benzodiazepines 75 ng/mL							

Cannabinoids	30 ng/mL
Cocaine	30 ng/mL
Methadone	40 ng/mL
Opiates	30 ng/mL
Oxycodone	30 ng/mL
Phencyclidine	15 ng/mL
Propoxyphene	75 ng/mL

3. Drugs/Drug classes reported as "Positive" are automatically reflexed to mass spectrometry confirmation/quantitation testing. An immunoassay unconfirmed positive screen result may be useful for medical purposes but does not meet forensic standards.

4. The absence of expected drug(s) and/or drug metabolite(s) may indicate non-compliance, inappropriate timing of specimen collection relative to drug administration, poor drug absorption, or limitations of testing. The concentration at which the screening test can detect a drug or metabolite varies within a drug class. Specimens for which drugs or drug classes are detected by the screen are automatically reflexed to a second, more specific technology (mass spectrometry). The concentration value must be greater than or equal to the cutoff to be reported as positive. Interpretive questions should be directed to the laboratory.

5. For medical purposes only; not valid for forensic use. Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement B: aruplab.com/CS

TROP2 CALLED TO TABITH MARTEMUS----RB 13:44 03/22/2014.



## UH Physician Portal



NICHOLE PAUL

LAKISHA L WILSON

Gender: F

DOB: 1991-05-06

Age: 22y

Phone: (614)570-1189

Address: 1811 PENNFIELD RD COLUMBUS OH 43227

## Result Detail

## ELECTROLYTE, URINE SPOT

Specimen Collected Date: 03/25/2014 11:24:00 Specimen Received Date: 03/25/2014 13:56:00  
 Order Number: P5253199 Ordering Provider: JOY NORRIS  
 Medical Record Number: 07172608 Facility: UHMC  
 Status: F

Test Name	Flags	Result	Units	Ref.Range	Result Date	Status [Key]	Test Site [Key]
OSMOLALITY, URINE SPOT	L	121	mOsm/kg	200-1200	03/25/2014 14:18	F	UH
CREATININE, URINE		11	mg/dL		03/25/2014 14:29	F	UH
SODIUM, URINE SPOT		40	mmol/L		03/25/2014 14:21	F	UH
SODIUM/CREAT RATIO		364	mmol/g Creat		03/25/2014 14:29	F	UH
POTASSIUM, URINE SPOT		2	mmol/L		03/25/2014 14:21	F	UH
POT/CREAT RATIO		18	mmol/g Creat		03/25/2014 14:29	F	UH
UREA NITROGEN, URINE		84	mg/dL		03/25/2014 14:25	F	UH
UREA NITROGEN/CREAT RATIO		7.6	g/g Creat		03/25/2014 14:29	F	UH

## UH Physician Portal



NICHOLE PAUL

LAKISHA L WILSON

Gender: F

DOB: 1991-05-06

Age: 22y

Phone: (614)570-1189

Address: 1811 PENNFIELD RD COLUMBUS OH 43227

Result Detail							
FIBRINOGEN							
Specimen Collected Date: 03/23/2014 05:51:00				Specimen Received Date: 03/23/2014 06:39:00			
Order Number: P5231116				Ordering Provider: JOY NORRIS			
Medical Record Number: 07172608				Facility: UHCMC			
Status: F							
Test Name	Flags	Result	Units	Ref.Range	Result Date	Status [Key]	Test Site [Key]
FIBRINOGEN	H	589	mg/dL	200-400	03/23/2014 07:01	F	UH

## UH Physician Portal



NICHOLE PAUL

LAKISHA L WILSON

Gender: F

DOB: 1991-05-06

Age: 22y

Phone: (614)570-1189

Address: 1811 PENNFIELD RD COLUMBUS OH 43227

## Result Detail

## FUNGAL CULTURE/SM, MISC

Specimen Collected Date: 03/27/2014 16:42:00 Specimen Received Date: 03/27/2014 18:07:00  
 Order Number: P5275341 Ordering Provider: MARIANA PETROZZI  
 Medical Record Number: 07172608 Facility: UHCMC  
 Status: F

Comments associated with tests will be listed below and must be reviewed.

Test Name	Flags	Result	Units	Ref.Range	Result Date	Status [Key]	Test Site [Key]
FUNGAL CULTURE/SM, MISC					03/31/2014 14:02	F	
Source: BRONC Collected: 03/27/14 16:42 Site: WASHING Received : 03/27/14 18:07 Order#: P5275341 FUNGAL SMEAR FINAL 03/28/14 08:20 UH 03/28/14 FLUORESCENT FUNGAL STAIN: NEGATIVE FUNGAL CULTURE/SM, MISC PENDING UH							
Source: BRONC Collected: 03/27/14 16:42 Site: WASHING Received : 03/27/14 18:07 Order#: P5275341 FUNGAL SMEAR FINAL 03/28/14 08:20 UH 03/28/14 FLUORESCENT FUNGAL STAIN: NEGATIVE FUNGAL CULTURE/SM, MISC PRELIM 03/28/14 08:31 UH 03/28/14 CULTURE IS IN PROGRESS A REPORT WILL BE ISSUED EITHER WHEN POSITIVE OR AFTER TWO WEEKS INCUBATION.							
Source: BRONC Collected: 03/27/14 16:42 Site: WASHING Received : 03/27/14 18:07 Order#: P5275341 FUNGAL SMEAR FINAL 03/28/14 08:20 UH 03/28/14 FLUORESCENT FUNGAL STAIN: NEGATIVE FUNGAL CULTURE/SM, MISC PRELIM 03/31/14 11:29 UH 03/28/14 CULTURE IS IN PROGRESS A REPORT WILL BE ISSUED EITHER WHEN POSITIVE OR AFTER TWO WEEKS INCUBATION.							
Source: BRONC Collected: 03/27/14 16:42 Site: WASHING Received : 03/27/14 18:07 Order#: P5275341 FUNGAL SMEAR FINAL 03/28/14 08:20 UH 03/28/14 FLUORESCENT FUNGAL STAIN: NEGATIVE FUNGAL CULTURE/SM, MISC FINAL 03/31/14 14:02 UH 01 Candida albicans 1+							

## UH Physician Portal



NICHOLE PAUL

LAKISHA L WILSON

Gender: F

DOB: 1991-05-06

Age: 22y

Phone: (614)570-1189

Address: 1811 PENNFIELD RD COLUMBUS OH 43227

## Result Detail

## GGT

Specimen Collected Date: 03/26/2014  
21:55:00Specimen Received Date: 03/26/2014  
22:49:00

Order Number: P5266677

Ordering Provider: MARIANA  
PETROZZI

Medical Record Number: 07172608

Facility: UHCMC

Status: F

Test Name	Flags	Result	Units	Ref.Range	Result Date	Status [Key]	Test Site [Key]
GGT		31	U/L	5-55	03/26/2014 23:44	F	UH

## UH Physician Portal



NICHOLE PAUL

LAKISHA L WILSON

Gender: F

DOB: 1991-05-06

Age: 22y

Phone: (614)570-1189

Address: 1811 PENNFIELD RD COLUMBUS OH 43227

## Result Detail

## GLOMERULAR FILTRATION RATE

Specimen Collected Date: 03/28/2014 06:05:00 Specimen Received Date: 03/28/2014 07:43:00  
Order Number: P5281297 Ordering Provider: MARIANA PETROZZI  
Medical Record Number: 07172608 Facility: UHCMC  
Status: F

Comments associated with tests will be listed below and must be reviewed.

Test Name	Flags	Result	Units	Ref.Range	Result Date	Status [Key]	Test Site [Key]
GLOM.FILTRATION RATE		>60		>60 mL/min/1.73m2	03/28/2014 08:37	F	UH
IF PATIENT IS AFRICAN AMERICAN, MULTIPLY RESULT BY 1.210. CALCULATIONS OF ESTIMATED GFR ARE PERFORMED USING THE MDRD STUDY EQUATION FOR THE IDMS-TRACEABLE CREATININE METHODS. CLIN CHEM 2007;53:766-72							



## CUYAHOGA COUNTY MEDICAL EXAMINER'S OFFICE

Thomas P. Gilson, M.D.  
11001 Cedar Avenue  
Cleveland, Ohio 44106



## FACSIMILE TRANSMITTAL COVER SHEET

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY

TRANSMITTAL DATE: June 4, 2014

NUMBER OF PAGES: 9

TO: NAME: Wanda Iacovetta, RN

AGENCY: Ohio Department of Health

TELEPHONE#: 614-387-0801 FACSIMILE#: 614-564-2416

RE: Lakisha Wilson

FROM: NAME: Melanie

DEPARTMENT: General Office

TELEPHONE#: 216-721-5610 FACSIMILE#: 216-721-2559

COMMENTS: Medical Examiner's Report per your request.

Certified copy will be put in the mail tomorrow

**PRIVACY NOTICE**

*The information contained in this facsimile transmission is privileged and confidential. It is intended solely for the person or agency named above. If you are not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this transmission is strictly prohibited. If you have received this communication in error, please contact this office immediately by telephone, and return the original transmission to us at the address provided above by way of the U.S. Postal Service. Your cooperation will be appreciated.*

Phone: (216) 721-5610 • Fax: (216) 721-2559 • Ohio Relay Service (TTY) 1-800-750-0750

OHIO DEPT OF HEALTH  
DQA-BCHCFS

2014 JUN -4 PM 2:55



Thomas P. Gilson, M.D.  
Medical Examiner

## CUYAHOGA COUNTY MEDICAL EXAMINER

11001 Cedar Avenue  
Cleveland, OH 44106  
(216) 721-5610

### Official Receipt from the Office of the Medical Examiner of Cuyahoga County

Issue Date: 6/5/2014  
Case Number: IN2014-00559  
In Reference: Lakisha Lashawn Wilson  
Requestor Name: Wanda L. Iacovetta  
Agency Requestor: Ohio Department of Health  
Address: 246 North High Street, Columbus, Ohio 43215  
Comment:

Issued By: Treece, Melanie  
Receipt Number: RC2014-02474

Code	Report Name	Sub Fund	Amount	Quantity	Pages	Total Amount
APRO	Autopsy Protocol	01A001	\$0.00	1	4	\$0.00
VERD	Verdict Report	01A001	\$0.00	1	1	\$0.00
LABR	Laboratory Report	20A312	\$0.00	1	3	\$0.00
	<b>TOTAL</b>		<b>\$0.00</b>	<b>3</b>	<b>8</b>	<b>\$0.00</b>

The attached documents are a true and certified copy of the original documents on file in the Cuyahoga County Medical Examiner's Office, 11001 Cedar Avenue, Cleveland, Ohio 44106.

Thomas P. Gilson, M.D., Medical Examiner

OHIO DEPT OF HEALTH  
DOA-BCHCFS  
2014 JUN -9 AM 11:03



**Cuyahoga County  
Medical Examiner's Office**  
11001 Cedar Avenue, Cleveland, Ohio 44106  
**MEDICAL EXAMINER'S VERDICT**

**FAXED**

Thomas P. Gilson, M.D.  
Medical Examiner

**THE STATE OF OHIO,  
SS.**

**CUYAHOGA COUNTY**

**CASE NUMBER: IN2014-00559**

**Be it Remembered**, That on the 28th day of March, 2014 information was given to me, **Thomas P. Gilson, M.D.**, Medical Examiner of said County, that the dead body of a woman supposed to have come to her death as the result of criminal or other violent means, or by casualty, or by suicide, or suddenly when in apparent health, or in any suspicious or unusual manner, (Sec. 313-11, 313-12 R.C. Ohio) had been found in University Hospitals Case Medical Center in Cleveland of Cuyahoga County, on the 28th day of March, 2014.

I viewed or caused to be viewed the said body at the Medical Examiner's Office. After the viewing and making inquiry into the circumstances that caused the death of the said person, I obtained further information, to-wit: (PAC #181005) (UHCMC #07172608). I also carefully examined or caused to be examined the said dead body at 7:32AM on the 29th day of March, 2014 and I find as follows: to wit:

I, **Thomas P. Gilson, M.D.**, Medical Examiner of said county, having diligently inquired, do true presentment make in what manner Lakisha Lashawn Wilson, whose body was at the Medical Examiner's Office on the 29th day of March, 2014 came to her death. The said Lakisha Lashawn Wilson was single, 22 years of age, a resident of Canal Winchester, Fairfield County, Ohio, and a native of Akron, Ohio; was of the Black race, and had brown eyes, black hair, = beard, = mustache, was 65 inches in height, and weighed 131 pounds.

Upon full inquiry based on all the known facts, I find that the said Lakisha Lashawn Wilson came to her death officially on the 28th day of March, 2014 in University Hospitals Case Medical Center and was officially pronounced dead at 2:12 P.M., by Dr. Estebanez. There is information that the said Lakisha Lashawn Wilson, 7346 Melynn Terrace, Canal Winchester, Fairfield County, Ohio, was pregnant and, on March 21st, 2014, was admitted to Preterm Abortion Clinic, 12000 Shaker Boulevard for a scheduled elective operative procedure. During this procedure, this woman apparently became ill and collapsed. Resuscitative measures were instituted and the Cleveland Paramedics were called. On arrival, treatment was continued and the said Lakisha Lashawn Wilson was then transported to University Hospitals Case Medical Center where she was admitted. Examination revealed a diagnosis of cardiopulmonary arrest and treatment and drug therapy were administered and ventilator support was applied. Supportive care was maintained, however, this woman failed to respond and was pronounced dead at the aforementioned time and date. The County Medical Examiner's Office was notified and Esposito Mortuary Services was dispatched. The said Lakisha Lashawn Wilson was then transported to the Medical Examiner's Office where an autopsy was performed. That death in this case was the end result of cerebellar and medullary necrosis due to diffuse anoxic encephalopathy and cerebral edema due to cardiopulmonary arrest with cardiopulmonary resuscitation due to hypotension, bradycardia, and cardiopulmonary arrest immediately following elective abortion of intrauterine pregnancy, and was a therapeutic complication.

**Cause of Death:**

Due To: Cerebellar and medullary necrosis.  
Due To: Diffuse anoxic encephalopathy and cerebral edema.  
Due To: Cardiopulmonary arrest with cardiopulmonary resuscitation.  
Due To: Hypotension, bradycardia, and cardiopulmonary arrest immediately following .  
elective abortion of intrauterine pregnancy.  
**THERAPEUTIC COMPLICATION.**

Lakisha Lashawn Wilson  
(Name of Deceased)

*Thomas P. Gilson*

Cuyahoga County Medical Examiner

,M.D.

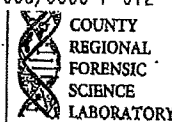




06-04-'14 14:44 FROM- General Office

216-721-2559

T-415 P0003/0009 F-012

**Cuyahoga County Regional Forensic Science Laboratory**  
11001 Cedar Avenue, Cleveland, Ohio 44106**FAXED**

Page 1 of 3

**Case Number :** IN2014-00559  
**Name :** Lakisha Wilson  
**Agency :** Cuyahoga County (CCMEO)**Report Date :** Tuesday, April 22, 2014  
**Receipt Date :** Saturday, March 29, 2014  
**Pathologist :** JFEL - J. A. Fejo, DO**Specimen Received**A1 - Cavity Blood  
R1 - Longterm Storage  
V1 - Vitreous HumorF1 - Femoral Blood  
R2 - Longterm Storage  
Y1 - Hospital BloodF2 - Femoral Blood  
S1 - SpleenO1 - Other  
U1 - Urine

COMMENT : A1, R1 and R2 = thoracic cavity blood; F1 and U1 = lifeblood draw; O1 = subcutaneous fat; Y1 = 3/21/14 @ 1148

**A1: Thoracic Cavity Fluid Analysis**

Drug Group/Class	Result	Quantitation	Analyte(s)
No Test Performed	---		

**F1: Femoral Blood Analysis**

Drug Group/Class	Result	Quantitation	Analyte(s)
No Test Performed	---		

**F2: Femoral Blood Analysis**

Drug Group/Class	Result	Quantitation	Analyte(s)
No Test Performed	---		

**O 1: Other Analysis**

Drug Group/Class	Result	Quantitation	Analyte(s)
No Test Performed	---		

**R 1: Long Term Storage Red Top**

Drug Group/Class	Result	Quantitation	Analyte(s)
No Test Performed	---		

**R 2: Long Term Storage Purple Top**

Drug Group/Class	Result	Quantitation	Analyte(s)
No Test Performed	---		

**S 1: Spleen Analysis**

Drug Group/Class	Result	Quantitation	Analyte(s)
No Test Performed	---		

**U 1: Urine Analysis**

Drug Group/Class	Result	Quantitation	Analyte(s)
No Test Performed	---		

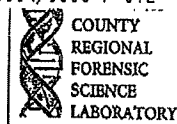


06-04-'14 14:44 FROM- General Office

216-721-2559

T-415 P0004/0009 F-012

**Cuyahoga County Regional Forensic Science Laboratory**  
11001 Cedar Avenue, Cleveland, Ohio 44106

**FAXED**

Page 2 of 3

**Case Number :** IN2014-00559  
**Name :** Lakisha Wilson  
**Agency :** Cuyahoga County (CCMEO)

**Report Date :** Tuesday, April 22, 2014  
**Receipt Date :** Saturday, March 29, 2014  
**Pathologist :** JFEL - J. A. Felo, DO

V 1: Vitreous Humor Analysis Red Top			
Drug Group/Class	Result	Quantitation	Analyte(s)
No Test Performed	---		

Y 1: Hospital Blood Purple Top Analysis			
Drug Group/Class	Result	Quantitation	Analyte(s)
Opiate ELISA Screen	None Detected	Positive	See Page 3, Group 7
Benzo. Confirmation GC/MS	Positive		See Page 3, Group 15
Midazolam			
Amphetamine ELISA	None Detected		See Page 3, Group 7
Barbiturates ELISA Screen	None Detected		See Page 3, Group 7
Benzodiazepines ELISA Screen	Positive		See Page 3, Group 7
Cannabinoids ELISA Screen	None Detected		See Page 3, Group 7
Carisoprodol ELISA Screen	None Detected		See Page 3, Group 7
Cocaine Mtb. ELISA Screen	None Detected		See Page 3, Group 7
Fentanyl ELISA Screen	None Detected		See Page 3, Group 7
Methamphetamine ELISA Screen	None Detected		See Page 3, Group 7
Oxycodone ELISA Screen	None Detected		See Page 3, Group 7
Phencyclidine ELISA Screen	None Detected		See Page 3, Group 7
Tricyclic Antidepressants ELISA Screen	None Detected		See Page 3, Group 7
Methadone ELISA Screen	None Detected		See Page 3, Group 7

**Cuyahoga County Regional Forensic Science Laboratory**  
11001 Cedar Avenue, Cleveland, Ohio 44106

**FAXED**

Page 3 of 3

### Analytes included in Drug Groups / Class

DRUGS ANALYZED/QUANTIFIED BY CCRFSL/CCMEO TOXICOLOGY:

- [illegible]

I certify that the specimen identified by this case, number IN2014-00559 have been handled and analyzed in accordance with all applicable requirements. The result in this report relate to the items tested. For purposes of identification and case tracking the Toxicology Lab uses case numbers exclusively. Name is subject to change based on receipt of information. This report shall not be reproduced except in full, without the written approval of the Cuyahoga County Regional Forensic Science Laboratory.

**Chief Forensic Toxicologist**

John F. Wyman, PhD



**Cuyahoga County  
Medical Examiner's Office**  
11001 Cedar Avenue, Cleveland, Ohio 44106  
**REPORT OF AUTOPSY**

**FAXED**

Thomas P. Gilson, M.D.  
Medical Examiner

**THE STATE OF OHIO,  
SS.  
CUYAHOGA COUNTY**

CASE NUMBER: IN2014-00559

**REPORT OF AUTOPSY OF: Lakisha Lashawn Wilson**  
**ADDRESS: 7346 Melynn Terrace, Canal Winchester, Ohio**

I, **Thomas P. Gilson, M.D.**, Medical Examiner of Cuyahoga County, Ohio, Certify that on the **29th** day of **March, 2014** at **8:45 AM** in accordance with Section 313.13 of the Revised Code, of the State of Ohio, an autopsy was performed on the body of **Lakisha Lashawn Wilson**.

The following is the report of autopsy to the best of my knowledge and belief: This person was a **female, single**, aged **22 years**, of the **Black** race; had **brown** eyes, **black** hair, **good** teeth, was **65 inches** in height, weighing **131 pounds**; a native of **Akron, Ohio**.

**ANATOMIC DIAGNOSES:**

- I. Intrauterine pregnancy
  - A. Hemoglobin = 11.5 g/dL (March 7, 2014)
  - B. Elective abortion (March 21, 2014)
    1. Sedation with fentanyl and midazolam
    2. Uterine evacuation of 19.4 weeks gestation fetus and placental tissues
    3. Post procedure uterine atony
    4. Administration of methergine and misoprostol
    5. Post procedure hypotension, bradycardia, and cardiopulmonary arrest
    6. Cardiopulmonary resuscitation
      - a. Post procedure hemoglobin = 8.9 g/dL (March 21, 2014)
      - b. Diffuse cerebral edema
      - c. Uncal and cerebellar tonsillar herniation
      - d. Diffuse anoxic encephalopathy
      - e. Cerebellar and medullary necrosis
- II. Therapeutic procedures
  - A. Indwelling orogastric catheter, oroesophageal catheter, urinary bladder catheter, and three intravascular catheters
  - B. Puncture wounds of left subclavian thorax and both upper extremities
  - C. Patient and fall risk identification bracelets
- III. Postmortem organ donations of heart, lungs, liver, and kidneys

**Cause of Death:** Cerebellar and medullary necrosis.  
Due To: Diffuse anoxic encephalopathy and cerebral edema.  
Due To: Cardiopulmonary arrest with cardiopulmonary resuscitation.  
Due To: Hypotension, bradycardia, and cardiopulmonary arrest immediately following elective abortion of Intrauterine pregnancy.  
**THERAPEUTIC COMPLICATION.**

Joseph A. Felo, D.O.  
(Name of Pathologist)

Lakisha Lashawn Wilson  
(Name of Deceased)

\_\_\_\_\_  
Pathologist Signature  
  
\_\_\_\_\_  
Cuyahoga County Medical Examiner  
M.D.

Case: IN2014-00333  
Name: Lakisha Lashawn Wilson

FAXED

GROSS ANATOMIC DESCRIPTION

**EXTERNAL EXAMINATION:** The body is that of a normally developed and adequately nourished black female, whose appearance is consistent with the reported age of 22 years. The body weighs 131 pounds and is 65 inches in length. The body is in moderate rigor mortis. Faint lividity is dorsal and fixed. The skin temperature is cold.

The scalp hair is black, of long length, of normal distribution, is gathered within an elastic band at the vertex, and has grey-white adhesive material in the hairs over both temporal, both parietal, and the occipital scalp regions. The conjunctivae are clear, the corneas are clear, and the irides are brown. The pupils are unremarkable. Both earlobes have single pierced holes, and the ears are otherwise unremarkable. The nose shows no abnormalities. The lips are edematous and a 1 1/4" x 1/2" pink and grey ulcer is in the right paramedian lower lip mucosa and skin. The teeth are natural and in good condition. The neck is of normal configuration, and there are no palpable masses. The thorax is symmetrical and normal in configuration. The breasts are of normal adult female configuration, there are no palpable masses, and incisions into the breast tissues reveal tan-pink lobular parenchyma that exude copious thin white secretions. The abdomen is soft and flat. The external genitalia are of normal adult female conformation, and there are no external lesions. The extremities appear normal, and the joints are not deformed. There is mild subcutaneous edema of both lower extremities. All digits are present. Pink nail polish is applied to all nails with the exception of the right thumbnail. The skin is of normal pliability and texture and presents no significant lesions.

**SCARS AND IDENTIFYING MARKS:**

1. A 4" x 1" black and red tattoo of "Me Amo" and two hearts is over the posterior and superior left thorax.
2. A 6" x 3 1/2" black tattoo of seven stars is over the posterior right upper and lateral thorax.
3. Longitudinal striae are in the skin over the lateral and anterior surfaces of the abdomen.
4. A 5 1/2" x 3" black tattoo of "Lavish" is over the medial left upper arm.
5. A 4 1/2" x 1 1/2" black tattoo of "To protect my honor, defend my pride" and curved lines is over the radial distal left lower arm.
6. A 3 1/2" x 3 1/2" black tattoo of a bow and "Pretty MoNeY" is over the anterior proximal left upper leg.
7. A 1 1/4" x 7/8" oval scar is over the dorsal and lateral left foot.
8. A 1 1/4" x 1" irregular scar is over the dorsal left second and left third toes.

**EXTERNAL AND INTERNAL EVIDENCE OF RECENT THERAPY:**

1. Translucent tape is over the closed eyelids.
2. An orogastric catheter and a translucent catheter with white wires within the lumen are in the mouth and are secured with a plastic clamp and a cloth strap wrapped around the neck. The orogastric catheter ends within the esophagus and the translucent catheter with intraluminal wires is bent within the mouth and ends within the right buccal region.
3. An intravascular catheter punctures the skin of the left lateral neck and is secured with tape.
4. A grey ecchymosis with a central puncture wound are in the skin of the left subclavian thorax.
5. A urinary bladder catheter is in proper position and pink-red mucosal hemorrhages are in the dome and posterior surface of the urinary bladder.
6. A grey ecchymosis with a central dried puncture wound are in the skin of the right antecubital fossa with grey-tan adhesive material on the adjacent skin.
7. A patient identification bracelet and a yellow and white bracelet with black ink "FALL RISK" are around the right lower arm.
8. A grey ecchymosis is in the skin of the volar distal right lower arm.
9. Multiple puncture wounds and purple-grey ecchymoses are in the skin of the right index finger, right middle finger, and right little finger.
10. A grey ecchymosis with at least three central dried puncture wounds are in the skin of the left antecubital fossa.
11. A grey-tan ecchymosis with a central puncture wound are in the skin of the volar distal left lower arm.

Case: INZU14-00559

County: Cuyahoga

Name: Lakisha Lashawn Wilson

FAXED

12. A three-lumen intravascular catheter punctures the skin of the anteromedial proximal right upper leg and is secured with sutures.
13. An intravascular catheter punctures the skin of the anteromedial proximal left upper leg and is secured with sutures

**EXTERNAL AND INTERNAL EVIDENCE OF RECENT INJURY:** None noted.

**EVIDENCE OF ORGAN DONATION:**

1. A 21" longitudinal, sutured incised wound is through the skin and subcutaneous soft tissues of the anterior trunk midline and is covered by wound dressing. A longitudinal incised wound is through the midline of the sternum. The heart, lungs, liver, gallbladder, abdominal aorta, inferior vena cava, kidneys, ureters, and adrenal glands, and their adjacent vascular connective tissues are absent. Metallic clips close the trachea. Thin watery blood is in the thoracic and abdominal cavities.
2. A collection tube with urine and multiple collection tubes with blood are submitted with the body, and each collection tube is labeled with the patient's name and dated 3/28/14. The specimens are submitted to the Cuyahoga County Medical Examiner's Office Toxicology department following the autopsy.

**INTERNAL EXAMINATION:** The body is opened by means of the usual "Y" and biparietal incisions. The organs of the gastrointestinal system, the gynecological system, and the urinary bladder occupy their normal sites. Most of the diaphragm is present.

**NECK:** The neck organs are excised en bloc and examined separately. The surface of the tongue and serial cross sections through the tongue show no gross abnormalities. The larynx and trachea have a normal caliber and are free of obstruction. The laryngeal and tracheal mucosa is soft and tan. The paravertebral musculature is unremarkable. The cervical spine, hyoid bone, and proximal tracheal cartilage are intact.

**CARDIOVASCULAR:** A 15 cm segment of the distal aortic arch and the thoracic aorta has no atheromatous plaques on the luminal surface.

**RETICULOENDOTHELIAL:** The spleen weighs 140 grams and has a normal configuration with a sharp defect at the inferior edge. The capsule is purple-brown and smooth, without areas of thickening. On section, the splenic pulp is dark red and solid. No abnormal lymph nodes are encountered.

**DIGESTIVE:** The esophagus is free of lesions. The stomach has a normal configuration. The serosa is smooth and glistening. The wall is of normal thickness and the mucosa is thrown into rugal folds. There are no areas of ulceration. The stomach is empty. The duodenum is free of ulceration and other intrinsic lesions. The remainder of the small bowel, the colon, and the rectum are normal in appearance. The appendix is present and is unremarkable.

**PANCREAS:** The pancreas is firm and normally lobulated. Multiple cross sections through the pancreas reveal normal tan parenchyma without intrinsic lesions.

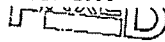
**GENITOURINARY SYSTEM:**

**Bladder:** The bladder is of normal configuration. The mucosa is intact and free of ulcerations or other lesions. It contains no urine.

**Gynecological system:** The vaginal mucosa is wrinkled, tan, and free of lesions. The cervical os has an oval and patent configuration. The cervical mucosa is tan-pink and glistening with a faint 2 cm submucosal purple hemorrhage at the anterior region and a 0.4 cm dark purple submucosal hemorrhage at the inferior region. The endocervical mucosa is smooth and tan. The endometrial cavity is of normal configuration and the anterior endometrium is tan, red, soft, and slightly nodular. An 8.5 x 6 cm and 1 cm thick soft tissue mass on the posterior surface of the endometrium. The soft tissue mass is mostly dark red and glistening with scattered areas of tan discoloration. Sections through the soft tissue mass reveal mostly solid configuration with no definitive villi formations. The underlying myometrium adjacent to the soft tissue mass is pink-grey and solid. No membranes or fetal parts are present in the endometrial cavity. The myometrium has a 1.1 cm maximal thickness and is pink-tan with scattered open vascular channels. There are scattered dark red thrombi within the vascular channels that are most prominent within the anterior and lower regions. A diffuse dark red-purple subserosal hemorrhage is on the anterior

Case: IN2014-00559

Name: Lakisha Lashawn Wilson



and lower region of the uterus. There are no parametrial lesions. The fallopian tubes are thin-walled, pliable, and free of lesions. The ovaries are symmetrical and unremarkable.

**ENDOCRINE SYSTEM:** The pituitary gland is soft, solid, and brown. The thyroid gland is solid and tan.

**MUSCULOSKELETAL:** The axial and appendicular skeleton show no abnormalities. The exposed musculature is unremarkable.

**HEAD/BRAIN:** The scalp shows no evidence of contusions or galeal hemorrhages. The skull is intact. The dura is smooth and glistening and a dull dark red and tan branched and tubular thrombus is in the right sigmoid sinus. The convexities of the cerebral hemispheres are symmetrical. The leptomeninges are thin and transparent. The subarachnoid space does not contain any hemorrhage. The blood vessels on the cerebral convexities are prominently congested. The cerebrum presents normal convolutions, with diffuse flattening of the gyri and diffuse narrowing of the sulci. The inferior surfaces of the cerebral hemispheres, the cerebellum, and the brainstem are soft with apparent tonsillar and uncus herniations. The major cerebral arteries show no atherosclerosis and no apparent congenital anomalies. The roots of the cranial nerves are soft and necrotic. The brain weighs 1230 grams and is fixed in formalin prior to further sectioning. After removal of the brain, the base of the skull does not demonstrate any fractures.

**SPINAL CORD:** The thoracic and lumbar spinal cord is soft, and mottled tan and brown. The thoracic, lumbar, and sacral spinal cord and dura are fixed in formalin prior to further sectioning. Due to the soft nature of the spinal cord, the cervical spinal cord is unable to be dissected from the spinal canal.

**BRAIN AFTER FIXATION:** Serial coronal sections through the cerebral hemispheres show soft parenchyma with hazy grey-white demarcations. The basal ganglia and diencephalon are soft and pink-grey. Serial cross sections through the brainstem show hazy grey-white demarcations with soft and friable medulla. Serial sagittal sections through the cerebellum shows dusky grey-white demarcations with fragmentation of the vermis and inferior surface of the cerebellum. The ventricular system is symmetrical and severely compressed.

**SPINAL CORD AFTER FIXATION:** Soft and friable grey-tan tissue is in the subdural space on the thoracic and lumbar spinal cord. Serial cross sections through the spinal cord show firm grey-white parenchyma with hazy grey-white demarcations.

#### MICROSCOPIC DESCRIPTION

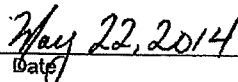
**UTERUS:** Decidualized endometrium  
Hemorrhage, organizing thrombi, and neutrophilia of endometrial surface and stroma  
Acute and organizing thrombi within vascular channels  
Trophoblast invasion of myometrium  
Histologic changes consistent with recent placental implantation site

**THYROID:** No significant pathological changes

**BRAIN:** Diffuse ischemic and necrotic changes of neurons  
Diffuse cerebellar necrosis  
Multifocal and diffuse perivascular cuffing by mononuclear inflammatory cells within cerebrum and medulla  
Focal necrosis with neutrophilic and macrophagic reaction within medulla  
Acute extravasations of blood within medullary neuropil

**SPINAL CORD:** Necrotic cerebellar tissue fragments within leptomeningeal space

  
Joseph A. Felb, D.O.

  
Date

## REPORT OF CONTACT

FACILITY: \_\_\_\_\_ PROVIDER NUMBER: \_\_\_\_\_

COUNTY: \_\_\_\_\_ TYPE ACTION: \_\_\_\_\_

DATE	NAME & TITLE OF CONTACT--SUMMARY OF CONVERSATION	SIGNATURE
6/11/14 915	Called Dr. Felo - stated "Therapeutic Complication" is part of the classification scheme set by the State of Ohio that is a subset of natural causes for known risk factors of a medical procedure, <sup>which</sup> is a therapeutic complication; in this cardiac arrest.	
	This not indicate medical malpractice. Dr. Felo did the autopsy. Dr. Nelson is the Cuyahoga County medical examiner that signed the death.	



# REPORT OF CONTACT

FACILITY: \_\_\_\_\_

PROVIDER NUMBER: \_\_\_\_\_

COUNTY: \_\_\_\_\_

TYPE ACTION: \_\_\_\_\_

DATE	NAME & TITLE OF CONTACT--SUMMARY OF CONVERSATION	SIGNATURE
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9/15	is part of the classification scheme set by the State of Ohio that is a subset of natural causes for known risk factors of a medical procedure which is a therapeutic complication; in this cardiac arrest.	
	This not indicate medical malpractice.	
	Dr. Felo did the autopsy	
	Dr. Nelson is the Cuyahoga County medical examiner that signed the death.	

## REPORT OF CONTACT

FACILITY: \_\_\_\_\_ PROVIDER NUMBER: \_\_\_\_\_

COUNTY: \_\_\_\_\_ TYPE ACTION: \_\_\_\_\_

[illegible]

6/4/14

Karen completed

Melanie - left message to call me re fax the  
report.

WebEx: 1-877-267-1577

2. Follow the instructions you hear on the phone.

Your WebEx Meeting Number: 992 182 569

---

To join from a Cisco VoIP enabled CMS Region or from CMS Central Office

---

1. Dial ext. 63100

2. Enter the Meeting Number: 992 182 569

---

To join this meeting online

---

1. Go to <https://cms.webex.com/cms/j.php?J=992182569>

2. If requested, enter your name and email address.

3. If a password is required, enter the meeting password: This meeting does not require a password.

4. Click "Join".

5. Follow the instructions that appear on your screen.

**McCann, Debra**

---

**Subject:** FW: WebEx Call-In  
**Location:** Web  
  
**Start:** Tue 06/03/2014 1:00 PM  
**End:** Tue 06/03/2014 2:00 PM  
**Show Time As:** Tentative  
  
**Recurrence:** (none)  
  
**Organizer:** Potjeau, Michael (CMS/CQISCO)

*Wanda,  
Missed this one.*

-----Original Appointment-----

**From:** Potjeau, Michael (CMS/CQISCO)  
**Sent:** Monday, June 02, 2014 11:29 AM  
**To:** Potjeau, Michael (CMS/CQISCO); Eddinger, David W. (CMS/CCSQ); Van Wieren, Dale P. (CMS/CQISCO); Thomas, Pam L. (CMS/CQISCO); Swistowicz, Tamra (CMS/CQISCO); Publ, Sylvia (CMS/CQISCO); Yurk, Suzanne (CMS/CQISCO); Arzt, Jerome R. (CMS/CQISCO)  
**Subject:** WebEx Call-In  
**When:** Tuesday, June 03, 2014 12:00 PM-1:00 PM (UTC-06:00) Central Time (US & Canada).  
**Where:** Web

Here is the call-in information.

Thanks!

Michael Potjeau  
Principal Program Representative  
Midwest Division of Survey & Certification  
Centers for Medicare & Medicaid Services  
233 N. Michigan Avenue, Suite 600  
Chicago, IL 60601  
Phone: 312.353.4363  
Fax: 443.380.6721  
[Michael.Potjeau@cms.hhs.gov](mailto:Michael.Potjeau@cms.hhs.gov)

Michael Potjeau invites you to an online meeting using WebEx.

Meeting Number: 992 182 569  
Meeting Password: This meeting does not require a password.

-----  
Audio conference information  
-----

1. Please call the following number:



## OHIO DEPARTMENT OF HEALTH

246 North High Street  
Columbus, Ohio 43215

614/466-3543  
[www.odh.ohio.gov](http://www.odh.ohio.gov)

John R. Kasich / Governor

April 3, 2014

City of Cleveland  
Division of EMS  
1701 Lakeside Avenue  
Cleveland, Ohio 44114

RE: Medical Records

ATTN: Sgt. Valentino

The Ohio Department of Health is requesting the medical records for the EMS report for:

Name: Lakisha Wilson  
DOB: 05/06/91  
Date of transfer to ER: 03/21/14

This is a STAT request.

Please email report to: [Wanda.Iacovetta@odh.ohio.gov](mailto:Wanda.Iacovetta@odh.ohio.gov)

If you have any questions regarding this request, please contact Wanda L. Iacovetta, R.N., Non Long Term Care Unit Supervisor at (614) 387-0801.

Sincerely,

A handwritten signature in black ink that reads 'Wanda L. Iacovetta, RN'.

Wanda L. Iacovetta, RN  
Non Long Term Care Unit Supervisor  
Bureau of Community Health Care Facilities and Services  
Division of Quality Assurance

WI/cc



## OHIO DEPARTMENT OF HEALTH

246 North High Street  
Columbus, Ohio 43215

614/466-3543  
www.odh.ohio.gov

John R. Kasich / Governor

April 2, 2014

University Hospitals Case Medical Center  
11100 Euclid Avenue  
Cleveland, Ohio 44106

RE: Medical Records

Sir/Madame:

The Ohio Department of Health is requesting the medical records for the ER report and records for entire stay that began on March 21, 2014, for the following patient:

Name: Lakisha Wilson

DOB: 05/06/91

Date of transfer to ER: 03/21/14

This is a STAT request.

A representative of the Ohio Department of Health will pick up the records at 12:00 P.M., April 3, 2014.

If you have any questions regarding this request, please contact Wanda L. Iacovetta, R.N., Non Long Term Care Unit Supervisor at (614) 387-0801.

Sincerely,

Wanda L. Iacovetta, RN  
Non Long Term Care Unit Supervisor  
Bureau of Community Health Care Facilities and Services  
Division of Quality Assurance

WI/cc

**Cahill, Cara**

---

**From:** DAS\OIT Exchange Fax Services <FAXAdmin@oit.ohio.gov>  
**Posted At:** Wednesday, April 02, 2014 4:36 PM  
**Conversation:** Your fax has been successfully sent to Audrey at 1-216-844-7493. RE: STAT REQUEST /  
FW: Image from digital device  
**Posted To:** Inbox  
**Subject:** Your fax has been successfully sent to Audrey at 1-216-844-7493. RE: STAT REQUEST /  
FW: Image from digital device

Your fax has been successfully sent to Audrey at 1-216-844-7493. RE: STAT REQUEST /      FW: Image from digital device

---

**From:** Cara.Cahill@odh.ohio.gov

---

Time: 4/2/2014 4:26:29 PM  
Sent to 1-216-844-7493 with remote ID "216 844 5285" "  
Result: (0/339;4/51) Transmission/Reception Error Page record: 1 - 2 Elapsed time: 01:20 on channel 7

---

Time: 4/2/2014 4:32:55 PM  
Sent to 1-216-844-7493 with remote ID "216 844 5285" "  
Result: (0/339;0/0) Successful Send  
Page record: 1 - 3  
Elapsed time: 02:30 on channel 7



0288AS

COPY

## PATIENT TRANSFER AGREEMENT

This patient Transfer Agreement ("Agreement") is made and entered into as of **September 15, 2013** (the "Effective Date"), by and between University Hospitals Cleveland Medical Center ("Hospital"), located at 11100 Euclid Avenue, Cleveland, Ohio 44106, and Preterm-Cleveland, located at located at 12000 Shaker Boulevard, Cleveland, Ohio 44120 ("Transferring Institution").

### RECITALS

**WHEREAS**, Hospital and Transferring Institution operate health care institutions that provide health care services for the patients of their respective facilities;

**WHEREAS**, Transferring Institution operates a health care facility, and desires to have a hospital capable of receiving transfers of patients from Transferring Institution, so as to ensure the quality of care for its patients; and

**WHEREAS**, Hospital is willing to accept transfers of patients from Transferring Institution pursuant to this Agreement;

**NOW, THEREFORE**, in consideration of the mutual covenants and agreements herein contained, and for other valuable consideration, the sufficiency of which is hereby acknowledged, Hospital and Transferring Institution agree as follows:

1. Transferring Institution's Responsibilities. In initiating a transfer, Transferring Institution shall have the following responsibilities:

(a) Choice of Receiving Institution. If a Transferring Institution patient requires transfer, Transferring Institution shall determine to which facility the patient will be transferred. Transferring Institution is under no obligation to transfer a specific number of patients, or any patients, to Hospital. The existence of transfers (or the existence of no transfers) between Transferring Institution and Hospital shall not, and is not intended to, constitute, affect or be the basis of any remuneration between Transferring Institution, Hospital and/or any of their respective affiliates.

(b) Patient Transfer. The patient's attending physician shall determine the need for transfer of a patient. When such a determination has been made, Transferring Institution shall determine the patient's medical status, acuity, and risk assessment and if transferring patient to Hospital, shall immediately notify the Hospital of the impending transfer and provide medical and administrative information necessary to determine the appropriateness of the placement and to enable continuing care of the patient.

(b) Medical Screening and Stabilization. Transferring Institution is responsible for ensuring that all transfers are in compliance with the Emergency Treatment and Active Labor Act (commonly referred to as the "COBRA anti-dumping law"), 42 U.S.C. § 1395dd, et seq.

(c) Patient Authorization. The attending physician and Transferring Institution will be responsible for obtaining any necessary patient authorization and consent for transfer prior to the transfer.

(d) Transfer of Information. Transferring Institution shall assure that the Hospital

receives, upon transfer, appropriate information with regard to current medical findings, diagnosis, rehabilitation potential, and a summary of the course of treatment followed in Transferring Institution, nursing and dietary information, ambulation status, pertinent administrative and social information, and documented consent for treatment. In addition, Transferring Institution shall include the name, address and phone number of the individual designated by patient to notify in case of medical emergency, or a statement that there is no known individual to be informed in such case. With the patient's consent, Transferring Institution shall notify that individual of such transfer.

(e) Mode of Transport. Transferring Institution shall have the responsibility for arranging for and effecting the transportation of the patient to the Hospital, including the selection of the mode of transportation and, where indicated, the provision of appropriate health care personnel and equipment to accompany the patient.

(f) Coordination with Hospital. Transferring Institution shall be responsible for contacting and confirming prior to transfer that the Hospital is willing to and can accept the transfer of the patient and provide the appropriate treatment. The attending physician at Transferring Institution shall be responsible for communicating directly with the physician at the Hospital to ensure that adequate space and personnel are available for the patient and to resolve any questions concerning the transfer. If the Hospital has fully committed its resources and is therefore temporarily unable to provide safe, appropriate, and timely medical care to patient; or, if the Hospital cannot provide such care because of a physical breakdown (e.g., fire, bomb threat, power outage, safety concern, etc.), the parties to this Agreement will cooperate to find another medically appropriate facility for the patient.

(g) Personal Effects and Valuables. Transferring Institution will be responsible for the transfer or other appropriate disposition of personal effects, particularly money and valuables, and information relating to these items. The status of such disposition shall be made in writing and forwarded to the Hospital.

(h) Death of Patient after Transfer. In the event a patient dies after transfer, the parties agree to cooperate in determining the patient's next-of-kin or such other persons as may be required to be notified of the patient's death.

5. Hospital's Responsibilities. The Hospital shall have the following responsibilities:

(a) Admission. If the patient transfer is accepted, the Hospital agrees to admit the patient and provide medical care for the patient's condition. The Hospital's responsibility for the patient's care shall begin when the patient arrives at the Hospital.

(b) Consultation. Upon request by Transferring Institution and/or attending physician, the Hospital will provide consultation prior to, during or following transfer.

6. Patient Records. Transferring Institution shall provide all pertinent and necessary medical information and records, which shall accompany the patient, including current medical and social history, diagnosis, treatment summary, prognosis and other pertinent information. Transferring Institution agrees to supplement the above information as necessary for the maintenance of the patient during transport and treatment upon arrival at the Hospital. Once the patient is admitted to the Hospital ongoing oral or written protected health information may be exchanged between Transferring Institution and Hospital for the purpose of providing or coordinating medical care for the patient. Other uses of the patient's medical information may require the patient's authorization to the extent so specified in the Health Insurance

Portability and Accountability Act of 1996 ("HIPAA"), and each party agrees to abide by HIPAA and its regulations to the extent applicable to a given situation.

7. Payment for Services. The patient is primarily responsible for payment for care received at either institution and for payment of transport costs. Each institution shall be responsible for collecting payment for services rendered in accordance with its usual billing practices. Nothing in this Agreement shall be interpreted to authorize either institution to look to the other institution to pay for services rendered to a patient transferred by virtue of this Agreement, except to the extent that such liability may exist separate and apart from this Agreement. Notwithstanding any other provision of this Agreement, in the event the patient fails to accept responsibility for the transfer costs, the parties agree that Hospital shall not be liable for these expenses. Prior to any transfer of a patient, Transferring Institution agrees to provide such treatment as is within Transferring Institution's capabilities, without regard to the patient's ability to pay. Upon receiving a patient transferred from Transferring Institution, Hospital shall provide such treatment as is within Hospital's capabilities, without regard to the patient's ability to pay.

8. Independent Contractor Status. The parties are independent contractors. Neither institution is authorized or permitted to act as an agent or employee of the other. Nothing in this Agreement is intended to or shall be construed to create any relationship between the institutions other than that of independent contractors. Nothing in this Agreement shall be construed as limiting the right of either party to affiliate or contract with any other medical center or extended care facility on any basis whatsoever. Neither party, by virtue of this Agreement, assumes any liability for any debts or obligations of either a financial or a legal nature incurred by the other party to this Agreement.

9. Liability. Each party shall be responsible for any and all damages, claims, liabilities or judgments expenses and costs (including but not limited to, court costs and attorneys' fees) of every kind arising out of or in consequence of the party's breach of this Agreement, and/or of the negligent errors and omissions or willful misconduct of its officers, directors, shareholders, servants, agents, employees, students or independent contractors in the performance of or conduct related to this Agreement.

10. Insurance. Each institution, either through insurance contracts or by self-insurance, shall secure and maintain with respect to itself, its agents and employees, during the term of this Agreement, comprehensive general liability insurance coverage with primary limits of not less than one million dollars per occurrence and two million dollars aggregate, and professional liability insurance with primary aggregate limits of not less than three million dollars. Each party hereto shall provide proof of such insurance and/or on the adequacy of its self-insurance upon request. Each party shall immediately notify the other of any notice from its insurance carrier of intent to modify or cancel such insurance coverage.

11. Term, Modification and Termination.

(a) This agreement shall commence on the day and year first above written and shall continue for a period of two years. Thereafter this agreement shall be renewed automatically for successive periods of one (1) year each, unless superseded or sooner terminated as provided in this Section.

(b) This Agreement may be modified or amended from time to time by a prior written agreement signed by the parties hereto, which shall be effective only upon being approval stamped by counsel for University Hospitals Health System.

(c) Any modification or amendments shall be in writing and shall become a part of this Agreement.

(d) Either party may terminate this Agreement without cause by giving thirty (30) days' notice in writing to the other party of its intent to terminate.

(e) During the 30-day notice period, each of the parties will be required to meet its commitments under this Agreement.

(f) Either party may terminate this Agreement immediately if the other party (1) fails to maintain its state licensure or registration, if any; or (2) is the subject of a permissive or mandatory exclusion from the Medicare or Medicaid programs.

(g) If practical, disputes arising under the Agreement shall first be discussed directly by the designated authorities of the Hospital and the Transferring Institution prior to termination.

12. Notice. Any notice required or permitted by this Agreement shall be sent by certified or registered overnight mail, signature and return receipt required, and shall be deemed given upon receipt thereof.

(a) All notices to Hospital shall be addressed to:

University Hospitals Cleveland Medical Center  
11100 Euclid Avenue  
Cleveland, Ohio 44106  
Attn: President

With a copy to:

General Counsel  
University Hospitals Health System  
3605 Warrensville Center Road  
Shaker Heights, Ohio 44122

(b) All notices to Transferring Institution shall be addressed to:

Preterm-Cleveland  
12000 Shaker Boulevard  
Shaker Heights, Ohio 44120  
Attn: Executive Director

13. Legal Compliance. During the term of this Agreement, the parties shall take such actions and revise this Agreement as is necessary or advisable to comply fully with all federal, state, and local laws, rules and regulations applicable to the performance and discharge of such services, including and without limitation:

(a) Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191) ("HIPAA") and the rules and regulations promulgated thereunder, as well as guidance issued by the United States Department of Health and Human Services (the "HIPAA Regulations");

(b) Emergency Treatment and Active Labor Act ("EMTALA"), commonly referred to as the "COBRA anti-dumping law," 42 U.S.C. § 1395dd, *et seq*;

(c) Section 1861 (1) of Public Law 89-97, commonly referred to as the "Social Security Amendments of 1965".

14. Use of Name. Neither party shall use the name of the other party in any promotional or advertising media without prior written approval of the other party. In the case of Hospital such approval must be issued in writing by the Chief Marketing Officer of University Hospitals Health System.

15. Entire Agreement. This Agreement constitutes the entire agreement between the parties and contains all of the agreements between them with respect to the subject matter hereof and supersedes all other agreements, either oral or in writing, between the parties hereto with respect to the subject matter hereof. This Agreement may not be assigned by a party without the other party's written consent. This Agreement may only be amended by a written instrument signed by both parties. This Agreement is governed by the laws of the State of Ohio, and any venue for any dispute hereunder shall lie only in the courts of Cuyahoga County, Ohio. Any waiver under this Agreement shall apply only to the specific instance to which the waiver applies, and not to subsequent instances of the same nature.

IN WITNESS WHEREOF, the authorized representatives of the parties hereto have caused this Agreement to be executed on the day and year first above written.

**UNIVERSITY CLEVELAND  
MEDICAL CENTER**

By: *Patricia DeTempte*  
Its: President, UH MacDonald Women's

**PRETERM-CLEVELAND**

By: *Chessa L.*  
Its: Executive Director

Approval As To Form:

Attorney Signature: *Ryan Hooper*

Printed Name: Ryan Hooper

Date: August 1, 2013

COPY

## EMERGENCY TRANSFER TO UNIVERSITY HOSPITALS

### The Director of Clinical Services (or charge nurse in her absence) will:

- 1) Inform the MR that there is an emergency and a possible patient transfer.
- 2) Consult the physician and assess the patient's need for immediate care.
- 3) Act as liaison between the MR, physician, patient and Director managing the situation.
- 4) Ensure that the medical record is complete, containing the physician's reason for transfer, patient's status prior to and at the time of transfer, how she is being transported and who is accompanying her, and that a copy of the record is accompanying the patient.
- 5) Direct the MR to call 911. The DCS should be prepared to give information to the 911 dispatcher.
- 6) Direct the MR to notify staff (overhead page: "attention all staff: disposition TR") and initiate transfer checklist.
- 7) Call the emergency room triage nurse of the admitting hospital and give report.
  - a. UH Adult ED Nurses Station: 844-7007
- 8) Control the chart flow to:
  - a. MR for transfer information
  - b. Physician for charting
  - c. Administrator for copying of chart (facesheet, labs, screening, sedation/anesthesia, procedure/recovery are to be copied)
  - d. Nurse for charting (meds, vitals, times, etc.)
- 9) Tell the MR to page "Attention all staff: all clear disposition", and begin procedures again.

### The Emergency Team will:

- 1) Report to the Director of Clinical Services (or charge nurse in her absence) in the room where the event is occurring as soon as possible upon hearing the "disposition TR" page.
- 2) Perform any duties as assigned by the DCS or physician.
- 3) Leave the area and resume her normal duties as soon as directed to do so by the DCS.

### The Medical Receptionist will:

- 1) Inform the Director of Clinical Services, Director of Clinic Operations, Director of Counseling Services, or other Administrator, of the possibility of a patient transfer to the hospital.
- 2) For emergency transfers where the MD or CRNA need to be at bedside continually, stop all procedures and traffic in the procedure area until the DCS says it is okay to start procedures again. For non-emergent transfers, procedures do not need to be suspended, as long the MD or CRNA do not need to be at bedside. This should be determined by the MD/DCS. Stop flow to the third floor until patient has been transferred.
- 3) After the DCS has notified the MR of the transfer, she will call 911 and initiate transfer checklist. Overhead page: "Attention all staff- disposition TR".
- 4) Using the handset, inform each Patient Support staff in other procedure rooms with patients that the physician will be delayed. It is important that the Patient Support staff remain in the room with her patient.
- 5) Facilitate the physician calling the UH transfer center to give report to the attending OB/GYN.
  - a. UH Transfer Center: 844-1111
- 6) Notify all areas when procedures may begin again by paging: "Attention all staff: all clear disposition".

The Director of Clinic Operations (or Director of Counseling Services in her absence) will:

- 1) Be present, convey a sense of calmness and safety throughout the transfer event.
- 2) Use the transfer checklist to manage the overall transfer process.
- 3) Ensure proper charting and documentation in the medical record is complete and accompanies the patient to the hospital in the absence of the Director of Clinical Services.
- 4) Check in/debrief with the staff involved about how they are reacting to the event and for feedback about the process itself.
- 5) Ensure that process is in place for picking up Patient Support staff at hospital.

The Patient Support person will:

- 1) Accompany her patient to the hospital in the ambulance. The purpose of this is to:
  - a. Provide support to her patient.
  - b. Advocate for the patient.
  - c. Represent Preterm in a favorable light to the patient and the hospital.

The Financial Aid Manager (or Hall Receptionist in her absence) will:

- 1) Call MR to determine patient identity.
- 2) Locate the person accompanying the patient and remove that person to a private area.
- 3) Let Appointment Center know that she has the person secluded.
- 4) Inform the person that our physician has decided to transfer the patient to the hospital for further evaluation.
- 5) Remain with the person until the transfer is complete and facilitate him/her getting to the hospital.

The Appointment Center Manager (or senior staff in AC in her absence) will:

- 1) Inform visitors in the 3<sup>rd</sup> floor waiting room that a patient is being transferred to the hospital for further evaluation and that we need them to move to the 4<sup>th</sup> floor waiting area. Do not convey alarm.
- 2) Alert the Patient Advocates that a transfer is taking place and to escort their patients back to the 2<sup>nd</sup> floor waiting area when their sessions are finished.
- 3) Hold completed Day One charts that need consenting until the "clear disposition" is paged, then take them to MR.

The sono-in-the-room staff will:

- 1) Go to the first floor and hold the elevator for EMS.

All staff will:

- 1) Stop the flow of patients and visitors to the 3<sup>rd</sup> floor.
- 2) Convey a sense of calm, safety and confidence.

COPY

## EMERGENCY TRANSFER TO UNIVERSITY HOSPITALS

The Director of Clinical Services (or charge nurse in her absence) will:

- 1) Inform the MR that there is an emergency and a possible patient transfer.
- 2) Consult the physician and assess the patient's need for immediate care.
- 3) Act as liaison between the MR, physician, patient and Director managing the situation.
- 4) Ensure that the medical record is complete, containing the physician's reason for transfer, patient's status prior to and at the time of transfer, how she is being transported and who is accompanying her, and that a copy of the record is accompanying the patient.
- 5) Direct the MR to call 911. The DCS should be prepared to give information to the 911 dispatcher.
- 6) Direct the MR to notify staff (overhead page: "attention all staff: disposition TR") and initiate transfer checklist.
- 7) Call the emergency room triage nurse of the admitting hospital and give report.
  - a. UH Adult ED Nurses Station: 844-7007
- 8) Control the chart flow to:
  - a. MR for transfer information
  - b. Physician for charting
  - c. Administrator for copying of chart (facesheet, labs, screening, sedation/anesthesia, procedure/recovery are to be copied)
  - d. Nurse for charting (meds, vitals, times, etc.)
- 9) Tell the MR to page "Attention all staff: all clear disposition", and begin procedures again.

The Emergency Team will:

- 1) Report to the Director of Clinical Services (or charge nurse in her absence) in the room where the event is occurring as soon as possible upon hearing the "disposition TR" page.
- 2) Perform any duties as assigned by the DCS or physician.
- 3) Leave the area and resume her normal duties as soon as directed to do so by the DCS.

The Medical Receptionist will:

- 1) Inform the Director of Clinical Services, Director of Clinic Operations, Director of Counseling Services, or other Administrator, of the possibility of a patient transfer to the hospital.
- 2) For emergency transfers where the MD or CRNA need to be at bedside continually, stop all procedures and traffic in the procedure area until the DCS says it is okay to start procedures again. For non-emergent transfers, procedures do not need to be suspended, as long as the MD or CRNA do not need to be at bedside. This should be determined by the MD/DCS. Stop flow to the third floor until patient has been transferred.
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- 4) Using the handset, inform each Patient Support staff in other procedure rooms with patients that the physician will be delayed. It is important that the Patient Support staff remain in the room with her patient.
- 5) Facilitate the physician calling the UH transfer center to give report to the attending OB/GYN.
  - a. UH Transfer Center: 844-1111
- 6) Notify all areas when procedures may begin again by paging: "Attention all staff: all clear disposition".



The Director of Clinic Operations (or Director of Counseling Services in her absence) will:

- 1) Be present, convey a sense of calmness and safety throughout the transfer event.
- 2) Use the transfer checklist to manage the overall transfer process.
- 3) Ensure proper charting and documentation in the medical record is complete and accompanies the patient to the hospital in the absence of the Director of Clinical Services.
- 4) Check in/debrief with the staff involved about how they are reacting to the event and for feedback about the process itself.
- 5) Ensure that process is in place for picking up Patient Support staff at hospital.

The Patient Support person will:

- 1) Accompany her patient to the hospital in the ambulance. The purpose of this is to:
  - a. Provide support to her patient.
  - b. Advocate for the patient.
  - c. Represent Preterm in a favorable light to the patient and the hospital.

The Financial Aid Manager (or Hall Receptionist in her absence) will:

- 1) Call MR to determine patient identity.
- 2) Locate the person accompanying the patient and remove that person to a private area.
- 3) Let Appointment Center know that she has the person secluded.
- 4) Inform the person that our physician has decided to transfer the patient to the hospital for further evaluation.
- 5) Remain with the person until the transfer is complete and facilitate him/her getting to the hospital.

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- 2) Alert the Patient Advocates that a transfer is taking place and to escort their patients back to the 2<sup>nd</sup> floor waiting area when their sessions are finished.
- 3) Hold completed Day One charts that need consenting until the "clear disposition" is paged, then take them to MR.

The sono-in-the-room staff will:

- 1) Go to the first floor and hold the elevator for EMS.

All staff will:

- 1) Stop the flow of patients and visitors to the 3<sup>rd</sup> floor.
- 2) Convey a sense of calm, safety and confidence.

**EMERGENCY DRILL MEETING**  
**November 13, 2013**

<b>Staff Present</b>	<b>Title</b>
Angel Rucker	RN Director of Clinical Services
Laura Ackerman	RN Assistant to the Director of Clinical Services
LaDana Jackson	Medical Assistant
AnJanette Lew	LPN
Ebony Minter	Medical Assistant
LaToya Shaw	Medical Assistant
Irina Solomonova	RN
Stephanie Walker	Medical Assistant
Tiara White	Medical Assistant

**Scenario #1**

Vaso-vagal reaction: Patient is at conclusion of a 7-week surgical abortion when she becomes pale, sweaty and states that she feels lightheaded. What's going on? What do you do?

Patient seems to be experiencing a vaso-vagal reaction.

Goal: Assess vital signs and attempt to increase blood flow to the brain.

**Patient Support or RN**

Make sure the patient is lying down, on side

Elevate feet if possible (Trendelenburg Position)

Take blood pressure and secure pulse oximeter

**Demonstrate: Know where blood pressure cuff and pulse oximeter are**  
**Able to take BP, pulse, and use pulse oximeter**

Despite these measures, the patient passes out. Her pulse oximeter shows 98% oxygen saturation, but her pulse rate is only 55. She remains unconscious with a low pulse. What should be done next?

**RN**

Administer atropine 0.6-0.8 mg IV or IM and place ammonia capsule under patient's nose

The patient is revived and her heart rate gradually rises to 80 and remains steady. What should be done next?

Continue to watch patient, allow her to rest quietly.

Once feeling well, explain reaction thoroughly to patient.

Ensure that she is accompanied when she leaves.

## **Scenario #2**

**Anaphylaxis:** A patient has just received a para-cervical block in preparation for a first trimester abortion. She begins to complain that she feels itchy and you see hives developing on her face and hands. She states that her tongue and throat feels tight. What's going on? What needs to be done?

Patient seems to be experience an allergic and possible anaphylactic reaction.

Goal: Attempt to halt reaction as quickly as possible and ensure adequate breathing.

### **Registered Nurse**

Secure pulse oximeter

Stop administering the medication thought to have caused the reaction

Administer: Epinephrine 1:100 0.3-0.5ml SQ and Benadryl 50mg IV or IM

**Demonstrate:**       **Knows where emergency medications are kept.**  
                              **Able to take BP, pulse, and use pulse oximeter**

While the medications are being administered, the patient's breathing becomes wheezy and labored. She seems to be struggling for air. The pulse oximeter shows 89%.

### **RN**

Activate EMS

Insert oral airway and ventilate with ambu-bag or mouth-to-mouth.

Give 4L oxygen via ambu-bag or nasal cannula.

Continue to monitor pulse and blood pressure.

**Demonstrate:**       **Knows where oxygen, ambu-bag and oral airway are kept.**  
                              **Connects O2 tubing to nasal cannula or ambu-bag.**  
                              **Able to ventilate with ambu-bag**

The patient continues to need assistance ventilating but you are able to keep oxygen saturation above 90%. You notice, however, that her heart rate is now 105 and her blood pressure is 80/60. What is going on? What do you do now?

Her blood pressure is dropping as a result of the anaphylactic reaction.

Goal: Increase intravascular volume to maintain blood pressure.

### **RN**

Secure a large-bore IV and begin wide open LR infusion

**Demonstrate:**        **Knows where IV fluid and IV supplies are kept**

**Patient Support or RN**

Continue to support breathing and circulation

Prepare for transfer to hospital

**\*Reviewed Emergency Transfer Protocol with Staff**

**Scenario #3**

Hemorrhagic shock/cardiac arrest: A patient is undergoing a second trimester abortion. At the conclusion of procedure the physician notes the uterus is boggy, and the patient is experiencing heavy vaginal bleeding. What is going on?

The patient is showing signs of uterine atony.

Goal: Increase uterine contractility and stop bleeding

**RN**

Perform uterine massage

Prepare and/or administer uterotonics as directed by MD

Misoprostol, Oxytocin, Methergine, Vasopressin

**Demonstrate:**        **Knows how to perform uterine massage**

Uterotonics are given and the bleeding appears to slow down. The patient has lost a great deal of blood, however, and she now appears pale, her skin is cool and clammy and her pulse rises to the 110s. What is going on?

The patient is exhibiting physical signs of hypovolemia.

Goal: Assess vital signs and stabilize.

**Medical Assistant or RN**

Make sure the patient is lying down.

Elevate feet if possible (Trendelenburg position)

Monitor BP, pulse and oxygen saturation

Goal: Increase intravascular volume to maintain blood pressure and blood flow to the brain.

**RN**

Secure large-bore IV and run LR wide open

Activate EMS

**Demonstrate:**           **Knows where IV fluid and IV supplies are kept.**

As IV fluids are being started, the patient suddenly loses consciousness and her pulse oximeter stops showing a reading. What is going on? What needs to be done?

The patient appears to have gone into cardiac arrest. The pulse oximeter is not working because there is no pulse.

Goal: START CPR!

**Patient Support or RN**

Activate EMR

Get AED (Discussed use of AED and upgrades for current BLS protocol)

Place patient as flat as possible on hard surface

Maintain an open airway: assist breathing if spontaneous respirations cease.

Start CPR according to AHA guidelines.

Use AED as soon as possible

**Demonstrate:**           **Knows where AED**  
                                 **Knows CPR guidelines**

**Scenario #4**

Seizure: A patient is in the recovery room after a first-trimester abortion when she suddenly loses consciousness and becomes stiff. She then slumps down and whole body begins to jerk. She is not conscious, and you notice that she loses control of her bladder. What is going on and what needs to be done?

The patient appears to be having a seizure.

Goal: Secure the patient's safety

**Patient Support or RN**

Try to keep the patient from falling and move any objects that might cause injury.

Do not try to hold down or move the patient.

Do not force anything into the patient's mouth and time the length of the seizure.

The seizure goes on for several minutes and then appears to briefly stop. However, the patient does not become conscious again and within 30 seconds, the jerking movements begin again and continue for another several minutes. What does this mean? What do you do?

The patient seems to be in status epilepticus, a seizure that is not stopping on its own.

Goal: Attempt to stop the seizure

**RN**

Activate EMS

Give Valium IV push 5-10mg. If the seizure is not controlled additional doses may be given every 10-15 minutes, not to exceed a total of 30mg.

Continue to ensure safety of the patient.

**Demonstrate:**        **Knows where emergency medications and cart are kept.**

After being given Valium, the patient's seizure activity seems to stop. She regains consciousness and though she is very confused about what happened, she is responsive. What should be done while awaiting ambulance transfer?

**Medical Assistant or RN**

Place the patient in the recovery position.

Check for injuries.

If the person is having trouble breathing, clear the mouth of any vomit or saliva, and provide oxygen if necessary.

**Scenario #5**

Medication Overdose: A patient is having a second trimester procedure with IV sedation. As the nurse starts the medications, the patient suddenly becomes very quiet. She does not respond to voice and gentle shaking. Her breathing seems to have slowed and her oxygen saturation is dropping. What is going on? What do we do?

She seems to be over reacting to the IV medications.

Goal: Assess and stabilize the patient

**RN**

Start 4L oxygen by nasal

Take vital signs

Position the patient in trendelenburg position

Fully assess the airway and insert airway if necessary

**Demonstrate:**        **Knows where oxygen and other airway supplies are kept.**  
                             **Knows how to connect oxygen tubing to nasal cannula**  
                             **Knows how to insert oral airway appropriately**

The oxygen is secured on the patient and she is properly positioned. Her pulse is 60 and regular, her blood pressure is 90/60 and her oxygen saturation is 89%. (having been 99%)

prior to procedure). Her respiratory rate is 6 breaths per minute. What should be done next?

Goal: Reverse the effects of IV medications

**RN**

Give Narcan

Give Ramazicon

**Demonstrate:**      **Knows where emergency medications are kept**  
                             **Understands the dosage and use of Narcan and Romazicon**

Within a minute the patient's respirations increase and she becomes arousable. Her oxygen saturation increases to 98% and her blood pressure rises to 120/70. What should be done next?

**Medical Assistant or RN**

Observe and Monitor

Monitor vital signs and pulse oximeter frequently

Allow the patient to rest



## Department of Commerce

Division of State Fire Marshal  
John R. Kasich, Governor  
David Goodman, Director

### Inspection

<b>Inspection</b>	<b>Customer</b>
<b>Inspection #</b> INS-468034	PRETERM OF CLEVELAND
<b>Type</b> 30-Freestanding Healthcare Facility	30-18-0288
<b>Reason</b> Annual	12000 Shaker
<b>Scheduled</b> 7/12/13 13:25	Cleveland, OH 44120-1922
<b>Status</b> Inspection Completed	
<b>Completion of Work</b>	<b>Contacts</b> <b>Phone</b>
	DAWN LYNNE DENGLER 2169914577
<b>Inspector</b> DENNIS GOEBELT #41140	
<b>Started On</b> 4/30/13 10:00	<b>Violation Summary</b>
<b>Completed</b> 4/30/13 11:01	<b>Total Violations:</b> 0
<b>Assisting Inspectors</b>	<b>Corrected:</b> 0
	<b>Uncorrected:</b> 0

### Summary

Please Note: This report is subject to change by the State Fire Marshal. If substantive changes are made to this report the owner/representative will receive a copy of the revised document.

#### Summary of Inspection 30-Freestanding Health Care Facilities

As of November 2011 the Ohio Fire Code 2011 shall apply.

(Please contact the Fire Safety Inspector for a reinspection once all violations have been corrected.)

The following areas, including but not limited to, were inspected:

- electrical/mechanical areas
- laundry areas
- storage areas
- office areas
- patient areas

No rooms were entered that were sterile and/or occupied by patients.

The record of maintenance for all installed fire protection systems from the past three (3) years, including but not limited to:

- fire extinguishers

Code Enforcement Bureau  
8895 East Main Street  
Reynoldsburg, OH 43068 U.S.A.

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Fax 614 | 728 5168  
TTY/TDD 800 | 730 0730





## Department of Commerce

Division of State Fire Marshal  
John R. Kasich, Governor  
David Goodman, Director

### Inspection

hood suppression system(s)

fire alarm system(s)

sprinkler system(s)

generator(s) were reviewed and any violations were noted within the inspection.

Installed systems were inspected by a qualified/licensed person and/or company per the Ohio Fire Code requirement(s).

The records of testing for all single station smoke detectors (if applicable) were reviewed.

Inspected and operated all exit doors for correct operation and latching.

Exit/emergency lighting was tested and the record of regular testing was reviewed.

All exit discharges were visually inspected for obstructions.

All violations shall be corrected as listed.

A review of the inspection was made by the inspector to the facility representative and/or owner.

<http://www.com.ohio.gov/fire/LawsRulesGuidelines.aspx>

Dennis Goebelt

04/30/2013

Date

DEBRA BERZINS-TOOMEY

04/30/2013

Date

Code Enforcement Bureau  
8893 East Main Street  
Reynoldsburg, OH 43068 U.S.A.

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Print Date: 4/30/2013

**EMERGENCY DRILL MEETING**  
**November 13, 2013**

**Staff Present**  
**Angel Rucker**  
**Laura Ackerman**  
**LaDana Jackson**  
**AnJanette Lew**  
**Ebony Minter**  
**LaToya Shaw**  
**Irina Solomonova**  
**Stephanie Walker**  
**Tiara White**

**Title**  
**RN Director of Clinical Services**  
**RN Assistant to the Director of Clinical Services**  
**Medical Assistant**  
**LPN**  
**Medical Assistant**  
**Medical Assistant**  
**RN**  
**Medical Assistant**  
**Medical Assistant**

**Scenario #1**

Vaso-vagal reaction: Patient is at conclusion of a 7-week surgical abortion when she becomes pale, sweaty and states that she feels lightheaded. What's going on? What do you do?

Patient seems to be experiencing a vaso-vagal reaction.

Goal: Assess vital signs and attempt to increase blood flow to the brain.

**Patient Support or RN**

Make sure the patient is lying down, on side  
Elevate feet if possible (Trendelenburg Position)  
Take blood pressure and secure pulse oximeter

**Demonstrate: Know where blood pressure cuff and pulse oximeter are**  
**Able to take BP, pulse, and use pulse oximeter**

Despite these measures, the patient passes out. Her pulse oximeter shows 98% oxygen saturation, but her pulse rate is only 55. She remains unconscious with a low pulse. What should be done next?

**RN**

Administer atropine 0.6-0.8 mg IV or IM and place ammonia capsule under patient's nose

The patient is revived and her heart rate gradually rises to 80 and remains steady. What should be done next?

Continue to watch patient, allow her to rest quietly.  
Once feeling well, explain reaction thoroughly to patient.  
Ensure that she is accompanied when she leaves.

## Scenario #2

Anaphylaxis: A patient has just received a para-cervical block in preparation for a first trimester abortion. She begins to complain that she feels itchy and you see hives developing on her face and hands. She states that her tongue and throat feels tight. What's going on? What needs to be done?

Patient seems to be experience an allergic and possible anaphylactic reaction.

Goal: Attempt to halt reaction as quickly as possible and ensure adequate breathing.

### Registered Nurse

Secure pulse oximeter

Stop administering the medication thought to have caused the reaction

Administer: Epinephrine 1:100 0.3-0.5ml SQ and Benadryl 50mg IV or IM

**Demonstrate:**      **Knows where emergency medications are kept.**  
                         **Able to take BP, pulse, and use pulse oximeter**

While the medications are being administered, the patient's breathing becomes wheezy and labored. She seems to be struggling for air. The pulse oximeter shows 89%.

### RN

Activate EMS

Insert oral airway and ventilate with ambu-bag or mouth-to-mouth.

Give 4L oxygen via ambu-bag or nasal cannula.

Continue to monitor pulse and blood pressure.

**Demonstrate:**      **Knows where oxygen, ambu-bag and oral airway are kept.**  
                         **Connects O2 tubing to nasal cannula or ambu-bag.**  
                         **Able to ventilate with ambu-bag**

The patient continues to need assistance ventilating but you are able to keep oxygen saturation above 90%. You notice, however, that her heart rate is now 105 and her blood pressure is 80/60. What is going on? What do you do now?

Her blood pressure is dropping as a result of the anaphylactic reaction.

Goal: Increase intravascular volume to maintain blood pressure.

### RN

Secure a large-bore IV and begin wide open LR infusion

**Demonstrate:** Knows where IV fluid and IV supplies are kept

**Patient Support or RN**

Continue to support breathing and circulation  
Prepare for transfer to hospital

**\*Reviewed Emergency Transfer Protocol with Staff**

**Scenario #3**

Hemorrhagic shock/cardiac arrest: A patient is undergoing a second trimester abortion. At the conclusion of procedure the physician notes the uterus is boggy, and the patient is experiencing heavy vaginal bleeding. What is going on?

The patient is showing signs of uterine atony.

Goal: Increase uterine contractility and stop bleeding

**RN**

Perform uterine massage  
Prepare and/or administer uterotonics as directed by MD  
Misoprostol, Oxytocin, Methergine, Vasopressin

**Demonstrate:** Knows how to perform uterine massage

Uterotonics age given and the bleeding appears to slow down. The patient has lost a great deal of blood, however, and she now appears pale, her skin is cool and clammy and her pulse rises to the 110s. What is going on?

The patient is exhibiting physical signs of hypovolemia.

Goal: Assess vital signs and stabilize.

**Medical Assistant or RN**

Make sure the patient is lying down.  
Elevate feet if possible (Trendelenburg position)  
Monitor BP, pulse and oxygen saturation

Goal: Increase intravascular volume to maintain blood pressure and blood flow to the brain.

**RN**

Secure large-bore IV and run LR wide open  
Activate EMS

**Demonstrate:**                      **Knows where IV fluid and IV supplies are kept.**

As IV fluids are being started, the patient suddenly loses consciousness and her pulse oximeter stops showing a reading. What is going on? What needs to be done?

The patient appears to have gone into cardiac arrest. The pulse oximeter is not working because there is no pulse.

**Goal: START CPR!**

**Patient Support or RN**

Activate EMR

Get AED (Discussed use of AED and upgrades for current BLS protocol)

Place patient as flat as possible on hard surface

Maintain an open airway: assist breathing if spontaneous respirations cease.

Start CPR according to AHA guidelines.

Use AED as soon as possible

**Demonstrate:**                      **Knows where AED**  
   **Knows CPR guidelines**

**Scenario #4**

**Seizure:** A patient is in the recovery room after a first-trimester abortion when she Suddenly loses consciousness and becomes stiff. She then slumps down and Whole body begins to jerk. She is not conscious, and you notice that she loses control of her bladder. What is going on and what needs to be done?

The patient appears to be having a seizure.

**Goal: Secure the patient's safety**

**Patient Support or RN**

Try to keep the patient from falling and move any objects that might cause injury.

Do not try to hold down or move the patient.

Do not force anything into the patient's mouth and time the length of the seizure.

The seizure goes on for several minutes and then appears to briefly stop. However, the patient does not become conscious again and within 30 seconds, the jerking movements begin again and continue for another several minutes. What does this mean? What do you do?

The patient seems to be in status epilepticus, a seizure that is not stopping on its own.

Goal: Attempt to stop the seizure

**RN**

Activate EMS

Give Valium IV push 5-10mg. If the seizure is not controlled additional doses may be given every 10-15 minutes, not to exceed a total of 30mg.

Continue to ensure safety of the patient.

**Demonstrate:**       **Knows where emergency medications and cart are kept.**

After being given Valium, the patient's seizure activity seems to stop. She regains consciousness and though she is very confused about what happened, she is responsive. What should be done while awaiting ambulance transfer?

**Medical Assistant or RN**

Place the patient in the recovery position.

Check for injuries.

If the person is having trouble breathing, clear the mouth of any vomit or saliva, and provide oxygen if necessary.

**Scenario #5**

**Medication Overdose:** A patient is having a second trimester procedure with IV sedation. As the nurse starts the medications, the patient suddenly becomes very quiet. She does not respond to voice and gentle shaking. Her breathing seems to have slowed and her oxygen saturation is dropping. What is going on? What do we do?

She seems to be over reacting to the IV medications.

Goal: Assess and stabilize the patient

**RN**

Start 4L oxygen by nasal

Take vital signs

Position the patient in trendelenburg position

Fully assess the airway and insert airway if necessary

**Demonstrate:**       **Knows where oxygen and other airway supplies are kept.**  
                             **Knows how to connect oxygen tubing to nasal cannula**  
                             **Knows how to insert oral airway appropriately**

The oxygen is secured on the patient and she is properly positioned. Her pulse is 60 and regular, her blood pressure is 90/60 and her oxygen saturation is 89%. (having been 99%)

prior to procedure). Her respiratory rate is 6 breaths per minute. What should be done next?

Goal: Reverse the effects of IV medications

**RN**

Give Narcan  
Give Ramazicon

**Demonstrate:**      **Knows where emergency medications are kept**  
                             **Understands the dosage and use of Narcan and Romazicon**

Within a minute the patient's respirations increase and she becomes arousable. Her oxygen saturation increases to 98% and her blood pressure rises to 120/70. What should be done next?

**Medical Assistant or RN**

Observe and Monitor  
Monitor vital signs and pulse oximeter frequently  
Allow the patient to rest

**STAFF MEETING 9/19/12, EMERGENCY TRAINING**

COPY

**Staff In Attendance:**

Naz Khan	RN
Allegra Pierce	MA
Angie Marchmon	RN
Tina Burdecki	Sono
Liz Conn	RN
Jill Buchanan	MA
Irina Solomonova	RN
Tiara White	MA
Amanda Collins	LPN
Vivian Smith	MA
Dominique Richardson	MA
Laura Ackerman	RN
La'Toya Shaw	MA
Dana Jackson	MA
Stephanie Walker	MA

**Scenario #1**

Vaso-vagal reaction: Patient is at conclusion of a 7-week surgical abortion when she becomes pale, sweaty and states that she feels lightheaded. What's going on? What do you do?

Patient seems to be experiencing a vaso-vagal reaction.

Goal: Assess vital signs and attempt to increase blood flow to the brain.

**Patient Support or RN**

Make sure the patient is lying down, on side  
Elevate feet if possible (Trendelenburg Position)  
Take blood pressure and secure pulse oximeter

**Demonstrate: Know where blood pressure cuff and pulse oximeter are**  
**Able to take BP, pulse, and use pulse oximeter**

Despite these measures, the patient passes out. Her pulse oximeter shows 98% oxygen saturation, but her pulse rate is only 55. She remains unconscious with a low pulse. What should be done next?



RN  
Administer atropine 0.6-0.8 mg IV or IM and place ammonia capsule under patient's nose

The patient is revived and her heart rate gradually rises to 80 and remains steady. What should be done next?

Continue to watch patient, allow her to rest quietly.  
Once feeling well, explain reaction thoroughly to patient.  
Ensure that she is accompanied when she leaves.

**Anaphylaxis:** A patient has just received a para-cervical block in preparation for a first trimester abortion. She begins to complain that she feels itchy and you see hives developing on her face and hands. She states that her tongue and throat feels tight. What's going on? What needs to be done?

Patient seems to be experience an allergic and possible anaphylactic reaction.

Goal: Attempt to halt reaction as quickly as possible and ensure adequate breathing.

Secure pulse oximeter  
Stop administering the medication thought to have caused the reaction  
Administer: Epinephrine 1:100 0.3-0.5ml SQ and Benadryl 50mg IV or IM

**Demonstrate:** Knows where emergency medications are kept.  
Able to take BP, pulse, and use pulse oximeter

While the medications are being administered, the patient's breathing becomes wheezy and labored. She seems to be struggling for air. The pulse oximeter shows 89%.

**Activate EMS**  
Insert oral airway and ventilate with ambu-bag or mouth-to-mouth.  
Give 4L oxygen via ambu-bag or nasal cannula.  
Continue to monitor pulse and blood pressure.

**Demonstrate:** Knows where oxygen, ambu-bag and oral airway are kept.  
Connects O2 tubing to nasal cannula or ambu-bag.  
Able to ventilate with ambu-bag

The patient continues to need assistance ventilating but you are able to keep oxygen saturation above 90%. You notice, however, that her heart rate is now 105 and her blood pressure is 80/60. What is going on? What do you do now?

Her blood pressure is dropping as a result of the anaphylactic reaction.

Goal: Increase intravascular volume to maintain blood pressure.

**RN**

Secure a large-bore IV and begin wide open LR infusion

**Demonstrate:**        **Knows where IV fluid and IV supplies are kept**

**Patient Support or RN**

Continue to support breathing and circulation

Prepare for transfer to hospital

**\*Reviewed Emergency Transfer Protocol with Staff**

**Scenario #3**

Hemorrhagic shock/cardiac arrest: A patient is undergoing a second trimester abortion. At the conclusion of procedure the physician notes the uterus is boggy, and the patient is experiencing heavy vaginal bleeding. What is going on?

The patient is showing signs of uterine atony.

Goal: Increase uterine contractility and stop bleeding

**RN**

Perform uterine massage

Prepare and/or administer uterotonics as directed by MD

Misoprostol, Oxytocin, Methergine, Vasopressin

**Demonstrate:**        **Knows how to perform uterine massage**

Uterotonics are given and the bleeding appears to slow down. The patient has lost a great deal of blood, however, and she now appears pale, her skin is cool and clammy and her pulse rises to the 110s. What is going on?

The patient is exhibiting physical signs of hypovolemia.

Goal: Assess vital signs and stabilize.

**Medical Assistant or RN**

Make sure the patient is lying down.  
Elevate feet if possible (Trendelenburg position)  
Monitor BP, pulse and oxygen saturation

Goal: Increase intravascular volume to maintain blood pressure and blood flow to the brain.

**RN**

Secure large-bore IV and run LR wide open  
Activate EMS

**Demonstrate:**           **Knows where IV fluid and IV supplies are kept.**

As IV fluids are being started, the patient suddenly loses consciousness and her pulse oximeter stops showing a reading. What is going on? What needs to be done?

The patient appears to have gone into cardiac arrest. The pulse oximeter is not working because there is no pulse.

Goal: START CPR!

**Patient Support or RN**

Activate EMR  
Get AED (Discussed use of AED and upgrades for current BLS protocol)  
Place patient as flat as possible on hard surface  
Maintain an open airway: assist breathing if spontaneous respirations cease.  
Start CPR according to AHA guidelines.  
Use AED as soon as possible

**Demonstrate:**           **Knows where AED**  
                                  **Knows CPR guidelines**

**Scenario #4**

**Seizure:** A patient is in the recovery room after a first-trimester abortion when she suddenly loses consciousness and becomes stiff. She then slumps down and whole body begins to jerk. She is not conscious, and you notice that she loses control of her bladder. What is going on and what needs to be done?

The patient appears to be having a seizure.

Goal: Secure the patient's safety

### Patient Support or RN

- Try to keep the patient from falling and move any objects that might cause injury.
- Do not try to hold down or move the patient.
- Do not force anything into the patient's mouth and time the length of the seizure.

The seizure goes on for several minutes and then appears to briefly stop. However, the patient does not become conscious again and within 30 seconds, the jerking movements begin again and continue for another several minutes. What does this mean? What do you do?

The patient seems to be in status epilepticus, a seizure that is not stopping on its own.

Goal: Attempt to stop the seizure

### RN

Activate EMS

Give Valium IV push 5-10mg. If the seizure is not controlled additional doses may be given every 10-15 minutes, not to exceed a total of 30mg.

Continue to ensure safety of the patient.

**Demonstrate:**      **Knows where emergency medications and cart are kept.**

After being given Valium, the patient's seizure activity seems to stop. She regains consciousness and though she is very confused about what happened, she is responsive. What should be done while awaiting ambulance transfer?

### Medical Assistant or RN

Place the patient in the recovery position.

Check for injuries.

If the person is having trouble breathing, clear the mouth of any vomit or saliva, and provide oxygen if necessary.

### **Scenario #5**

**Medication Overdose:** A patient is having a second trimester procedure with IV sedation. As the nurse starts the medications, the patient suddenly becomes very quiet. She does not respond to voice and gentle shaking. Her breathing seems to have slowed and her oxygen saturation is dropping. What is going on? What do we do?

She seems to be over reacting to the IV medications.

Goal: Assess and stabilize the patient

**RN**

Start 4L oxygen by nasal  
Take vital signs  
Position the patient in trendelenburg position  
Fully assess the airway and insert airway if necessary

**Demonstrate:**

**Knows where oxygen and other airway supplies are kept.  
Knows how to connect oxygen tubing to nasal cannula  
Knows how to insert oral airway appropriately**

The oxygen is secured on the patient and she is properly positioned. Her pulse is 60 and regular, her blood pressure is 90/60 and her oxygen saturation is 89%. (having been 99% prior to procedure). Her respiratory rate is 6 breaths per minute. What should be done next?

Goal: Reverse the effects of IV medications

**RN**

Give Narcan  
Give Ramazicon

**Demonstrate:**

**Knows where emergency medications are kept  
Understands the dosage and use of Narcan and Romazicon**

Within a minute the patient's respirations increase and she becomes arousable. Her oxygen saturation increases to 98% and her blood pressure rises to 120/70. What should be done next?

**Medical Assistant or RN**

Observe and Monitor  
Monitor vital signs and pulse oximeter frequently  
Allow the patient to rest

**Open Floor For Discussion**

**Clarification of Screening Criteria:**

**Conscious Sedation:**

- Patients over 350lbs are not eligible for conscious sedation
- Patients currently taking Methadone or Suboxone are not eligible for conscious sedation

**Patients That Require Letters:**

- Any patients with history of disease/chronic health problems/or recent surgery of vital organs (brain, heart, lungs, kidneys, liver, pancreas)

- Patients with Hepatitis C
- Patients currently taking steroids

**Inhalers:**

- Patients with any history of asthma scheduled for Anesthesia or Conscious Sedation  
MUST have (or buy) inhaler.

**STI's:**

- Gonorrhea & Chlamydia- Require proof of treatment
- Herpes- Must not have current outbreak
- Trichomonas- Will receive Flagyl after AB

**Late Patients**

- Discussed possible reasons patients may have trouble getting here on time, and the importance of showing empathy
- Discussed importance of staff maintaining positive/professional attitude toward seeing as many patients as possible

# EMERGENCY CART

Copy

NOTE: CHECK EXPIRATION DATES ON ALL MEDICATIONS  
USE AN "R" TO INDICATE THAT THE MEDICATION HAS BEEN REORDERED

	DATE	DATE	DATE	DATE	DATE
	3/14/14	3/21/14	3/28/14		
	INITS	INITS	INITS	INITS	INITS
<b>PRESENT AND TESTED</b>					
Defibrillator	am	✓	✓		
Oxygen Tank (Procedure Rooms)	✓	✓	✓		
Suction Machine (Procedure Rooms & Recovery Room)	✓	✓	✓		

## FIRST DRAWER: MEDICATIONS

Check drug closet for replacement of expired drugs

<b>CHECKED &amp; CLEANED</b>					
Diphenhydramine (Benedryl) tablets	✓	✓	✓		
Diphenhydramine (Benadryl) vials	✓	✓	✓		
2 Ephedrine	✓	✓	✓		
2 Narcan	✓	✓	✓		
5 Epinephrine 1:1000	✓	✓	✓		
2 Solu-Medrol	✓	✓	✓		
2 Lasix	✓	✓	✓		
1 Procainamide (Pronestyl)	✓	✓	✓		
1 Droperidol 5mg/2ml	✓	✓	✓		
1 Romazicon (Flumazenil)	✓	✓	✓		
2 Lanoxin	✓	✓	✓		
1 Liquid Glucose	✓	✓	✓		
1 Albuterol Inhaler	✓	✓	✓		
1 Alupent inhalation solution 5%	✓	✓	✓		
1 Sodium Bicarbonate	✓	✓	✓		
3 Atropine	✓	✓	✓		
1 50% Glucose	✓	✓	✓		
4 Lidocaine 2% 5ml syringe amp	✓	✓	✓		
1 Lidocaine 1%	✓	✓	✓		
3 Epinephrine abboject	✓	✓	✓		
Diazepam Carpujets (10)	✓	✓	✓		
2 Nalbuphine (Nubain)	✓	✓	✓		
2 Phenergan	✓	✓	✓		
Aspirin Tablets	✓	✓	✓		
1 Clonidine (1 bottle)	✓	✓	✓		
1 Nitroglycerin tabs (1 bottle)	✓	✓	✓		
Ammonia inhalants	✓	✓	✓		
2 Amiodarone	✓	✓	✓		
2 Vasopressin	✓	✓	✓		
1 Succinylcholine (refrigerator)	✓	✓	✓		
Aminophylline 25mg/ml	✓	✓	✓		
Pitocin 10units/ml	✓	✓	✓		
Labetalol 5mg/ml	✓	✓	✓		
Glycopyrrrolate 0.2mg/ml	✓	✓	✓		

DATE	DATE	DATE	DATE	DATE
3/14/14	3/21/14	3/28/14		
INITS	INITS	INITS	INITS	INITS

um 15 4

## SECOND DRAWER

CHECKED & CLEANED					
Syringes - 1ml, 3ml, 10ml (2 each) 20ml (1)	✓	✓	✓		
Needles - 20g, 22g, filter, butterfly 21g, 22g - 2 each	✓	✓	✓		
Alcohol Wipes	✓	✓	✓		
Ammonia inhalants	✓	✓	✓		
Band-aids	✓	✓	✓		
Vacutainer needles (2) / Vacutainer adapter	✓	✓	✓		
Red & purple top tubes	✓	✓	✓		
Sterile Water	✓	✓	✓		
Sterile Saline	✓	✓	✓		
Tape - 1/2", 1" clear and cloth	✓	✓	✓		
Carproject					

## THIRD DRAWER: AIRWAY MANAGEMENT

CHECKED & CLEANED					
Endotracheal Tubes - 6mm, 6.5mm, 7.0mm (2 each)	✓	✓	✓		
Stylet	✓	✓	✓		
Laryngoscope	✓	✓	✓		
Miller blade	✓	✓	✓		
Macintosh blade	✓	✓	✓		
Laryngoscope bulbs	✓	✓	✓		
Oral airway (2)	✓	✓	✓		
Nasal trumpet (1)	✓	✓	✓		
Batteries C & D	✓	✓	✓		
Bitestick	✓	✓	✓		
CPR shield	✓	✓	✓		
Surgilube	✓	✓	✓		
Tape - 1/2" silk	✓	✓	✓		
Stethoscope	✓	✓	✓		
Oxygen connectors	✓	✓	✓		
Oxygen tubing	✓	✓	✓		
Pen light					

## FOURTH DRAWER

CHECKED & CLEANED					
Latex free gloves (2)	✓	✓	✓		
Sterile gloves 7 1/2, 8, 8 1/2 - 2 pair each	✓	✓	✓		
4x4's	✓	✓	✓		
2x2's	✓	✓	✓		
Suture removal kit	✓	✓	✓		
Resuscitation records	✓	✓	✓		
Cauterizer	✓	✓	✓		
Needle holder	✓	✓	✓		
Scalpels	✓	✓	✓		
Sutures	✓	✓	✓		



DATE	DATE	DATE	DATE	DATE
3/14/14	3/21/14	3/18/14		
INITS	INITS	INITS	INITS	INITS
km	JS	ST		

#### FOURTH DRAWER Continued

##### CHECKED & CLEANED

Betadine swabs	✓	✓	✓		
Scissors	✓	✓	✓		
Tweezers	✓	✓	✓		
Ultrasound Gel	✓	✓	✓		

#### FIFTH DRAWER: IV SUPPLIES

##### CHECKED & CLEANED

Pressure bags	✓	✓	✓		
Angiocaths - 18g, 20g, 22g	✓	✓	✓		
Tape - transpore, cloth 1/2", 1"	✓	✓	✓		
Alcohol wipes	✓	✓	✓		
Tourniquet	✓	✓	✓		
Hespan (2)	✓	✓	✓		
IV bags - NS - 500ml, ns 100ml, LR 1000ml	✓	✓	✓		
Armboard	✓	✓	✓		
IV tubing - mainline and piggyback (1 each)	✓	✓	✓		

#### BOTTOM OF CART

##### CHECKED & CLEANED

Suction kits	✓	✓	✓		
LMA	✓	✓	✓		
Salem Sump tubing	✓	✓	✓		
Yankar suction kit	✓	✓	✓		
Resuscitatin circuit	✓	✓	✓		
Oxygen tubing	✓	✓	✓		
Adult face mask (1)	✓	✓	✓		
Child face mask (1)	✓	✓	✓		
Ambu bag (1)	✓	✓	✓		
Oxygen mask (1)	✓	✓	✓		

# Preterm Screening Criteria

Revised January 4, 2013

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\*Any condition involving the heart, lungs, brain, kidneys, liver, or clotting factors should be evaluated by qualified medical personnel.

## I. General Guidelines:

- If the appointment center advocate through the routine interview technique discovers that the patient has a medical condition that is compatible with outpatient abortion services and is on routine, non-narcotic medication, the patient should **ALWAYS** be advised to take the medication as usual with only a mouthful of water.
- It is strongly advised that the patient bring her medication with her on the day of the procedure.
- A note from her physician outlining her medical problem is **strongly suggested**.
- The patient should also be advised that certain medications contraindicate the use of anesthesia or sedation.

## II. Common Medical Conditions & Guidelines for Their Management:

- An ultrasound will be done on all abortion patients prior to the abortion to determine the gestational age and pelvic pathology.
- The ultrasound will be reviewed by the physician prior to the surgery.
- As an introductory note it should be recognized that, when medical complications are present, it is at the physician's discretion on the day of the procedure as to whether or not the procedure will, in fact, be performed.

### A. Dating of the Pregnancy:

- *Abortions can be done on patients whose ultrasound places them between 4-22 weeks of gestation.*

### B. History of Prior Cesarean Section:

- Previous low transverse cesarean sections do not increase the risks of termination procedures.
- There is no current data available on vertical cesarean sections and risks.
- Since patients generally are unaware of the type of cesarean section they have had and since the majority of cesarean sections being performed are low transverse, it is recommended that cesarean sections or other abdominal surgery are not considered a risk factor for the performance of first trimester abortions after 4 weeks post-surgery.
- Overnight abortions need to be individualized based on obtaining accurate records of the type of cesarean section the patient has had.
- The number of prior cesarean sections should not adversely affect the outcomes of first trimester procedures.

### C. Anemia:

- All abortion patients will have a hemoglobin and Rh done before the abortion is performed.
- The presence of significant anemia will increase the risk of pregnancy termination.
- Iron deficiency anemia generally is not manifest until late second trimester.
- If the hemoglobin is below 8 in a first trimester patient and below 10 in a second trimester patient, physician consultation should be obtained prior to proceeding.
- If a patient is having a medical abortion, hemoglobin must be  $\geq 10$ .
- If a first trimester patient is below 8 and having anesthesia, also notify the nurse anesthetist.

#### D. Sickle Cell Disease:

- The patient should be queried for hereditary conditions, such as sickle cell disease, sickle cell carrier, thalassemia (Mediterranean anemia), G6PD deficiency.
- If a patient has sickle cell disease she is not a candidate for anesthesia. Because of the increased risk of hemorrhage with low hemoglobins, referral should be done.
- If the patient has sickle cell disease and is in crisis she should be referred, however, if she is stable with no history of excessive bleeding and has a HGB within our guidelines, she can be done here if the physician doing the procedure agrees.
- Other blood disorders such as Thalassemia and G6PD deficiency can be done here under the same restrictions.

#### E. Local Anesthesia Allergies:

- If the patient states that she is intolerant of local anesthetics, she can be offered sedation or general anesthesia.
- The patient may be offered Carbocaine or no local anesthetic.

#### F. Asthma:

- If the patient is currently on medication, uses a nebulizer (breathing machine) and/or has been hospitalized for acute asthma within the last month, she will be evaluated by qualified medical health personnel.
- All patients should be told to bring their inhaler with them on the day of their procedure.
- Use of an inhaler is required for anesthesia and conscious sedation patients. If they do not bring their inhaler with them, they will be required to purchase an inhaler from Preterm.
- Local and oral sedation patients who fail to bring their inhaler with them may be required to purchase an inhaler from Preterm upon evaluation by qualified medical health personnel.

#### G. Bronchitis:

- There are no contraindications if there is not an acute exacerbation at the time of the procedure, but CRNA should evaluate the patient before anesthesia is offered.

#### H. Heart Conditions:

##### 1. Heart Disorders Requiring Mandatory Referral:

- ♥ These include significant arrhythmias, congenital heart disease, cyanotic heart disease and coronary artery disease. These patients are obviously to be referred to a tertiary care center for their procedure.

##### 2. American Heart Association Guidelines for Heart Conditions Requiring Antibiotics:

##### ♥ *Endocarditis (Heart Murmur) Prophylaxis (antibiotics) Recommended and Physician Letter Required:*

- 1) Prosthetic cardiac valve or prosthetic material used for cardiac valve repair.
- 2) Previous infective endocarditis.
- 3) Completely repaired congenital heart defect with prosthetic material or device, whether placed by surgery or by catheter, during the first 6 months after the procedure.
- 4) Cardiac transplantation recipients who develop cardiac valvulopathy.

♥ ***Endocarditis (Heart Murmur) Prophylaxis (antibiotics) Not Recommended:***

- 1) Isolated secundum atrial septal defect
- 2) Surgical repair without residua beyond 6 months of secundum atrial septal defect, ventricular septal defect or patent ductus arteriosus
- 3) Previous coronary artery bypass graft surgery
- 4) Mitral valve prolapse with or without valvular regurgitation
- 5) Physiologic functional or innocent heart murmurs
- 6) Previous Kawasaki disease
- 7) Previous rheumatic fever without valvular dysfunction
- 8) Cardiac pacemakers

♥ ***Antibiotic Regimen for Heart Conditions***

- 1) Standard Regimen:  
Ampicillin, 2 gm + Gentamicin, 1.5 mg/kg (not to exceed 80 total mg) intravenously 30 minutes prior to the procedure; then Amoxicillin, 1.5 g orally, 6 hours after the procedure.
- 2) Penicillin Allergic Regimen:  
Vancomycin, 1 g intravenously (to be given over a one hour time interval) + Gentamicin, 1.5 mg/kg (not to exceed 80 mg) intravenously or intramuscularly. This regimen should be given one hour prior to the procedure and may be repeated once 8 hours after the procedure.
- 3) Patients at low risk for bacterial endocarditis:  
i.e., Section B, may be treated with oral Amoxicillin, 2 gm one hour prior to the procedure, then 1.5 gm 6 hours after the procedure. Penicillin allergic patients can be treated with Erythromycin, one gm prior to procedure and 500 mg 6 hours after. This category is at the physician's discretion after discussion with the patient.

**I. History of Previous Cervical Procedures (e.g. laparoscopy):**

- If the patient has undergone cautery, cryosurgery or laser surgery of the cervix, the termination procedure should not be done for at least 4 weeks post-procedure.
- Evaluation by physician performing the termination must be done for clearance.

**J. Diabetes:**

- Diabetic patients are encouraged to consult with their primary care physician for NPO instructions if they are having anesthesia or sedation.
- **Diabetic patients MUST be scheduled as the first patients of the day, and they MUST bring their glucometer and medication (insulin/oral) with them the day of their procedures.** Failure to do so will compromise their appointment.
- Patients will be instructed to do a glucose test on themselves prior to their procedure and the nurse will note the results in the chart.
- A blood glucose level of over 250 or under 70 will need to be referred.

**K. Fever:**

- Most often a febrile patient is suffering from a viral syndrome, which would specifically not contraindicate the procedure. However, some of these patients may have unrecognized infections of other etiology, which may increase their morbidity.
- If the patient has a temperature greater than 100.4° or 38°, physician evaluation be performed prior to proceeding with the procedure.

**L. Infections:****1. Chlamydia:**

- If a patient is diagnosed with Chlamydia and is currently on medications or has completed their course of treatment, they are candidates for abortions at Preterm.
- Patients who are diagnosed with Chlamydia and have not been treated will be given a prescription for treatment from the physician and instructed to see their physician for a follow-up culture.

**2. Gonorrhea:**

- Patients who have had Gonorrhea in the past month must be able to show proof of treatment. A telephone report of the treatment will be acceptable and may be obtained by a nurse, or treatment will be provided by a Preterm physician.

**3. Herpes:**

- Any patient with active herpes should not have surgery performed, until the lesions have crusted over due to infectious risk and to increased pain for the patient.

**4. Condylomas (vaginal warts):**

- These pose no threat to the performance of the termination procedure.

**5. Scabies or Crabs:**

- If the patient currently has scabies or crabs, she must provide proof of adequate treatment prior to performing the procedure.

**6. Urinary Tract Infection:**

- Since the urinary tract is not instrumented, this is not a contraindication for outpatient treatment; however, the patient should maintain her treatment protocol.

**7. History of Tuberculosis:**

- Patients who are being treated for active disease are not candidates for outpatient pregnancy termination.
- A remote history of tuberculosis and patients on prophylactic medications (INH) for exposure or conversion, are candidates for outpatient management.

**M. Hypertension (High Blood Pressure):**

- Patients with a history of high blood pressure should be evaluated at the time of screening and on the day of the procedure.
- They should continue to take their anti-hypertensive medications. If patient is



receiving anesthesia or conscious sedation, she should be told to take medication with a sip of water.

- Patients with systolic blood pressure greater than 160 and diastolic blood pressure greater than 100 should be referred.

#### **N. Negative Pregnancy Test:**

- If the pregnancy is not seen with an ultrasound examination, a urine pregnancy test will be done.
- If the pregnancy test is negative and the patient has no symptoms of pregnancy, she will not be seen at Preterm.
- If the pregnancy test is positive, **ectopic warnings** must be given, this includes verbal and written information. If a patient desires termination she should be encouraged to return to Preterm in 1-2 weeks for a second ultrasound.
- If the second ultrasound is negative and should be visible according to her LMP, the patient can elect to have a beta drawn (at her expense) and be strongly advised to see her primary care physician as soon as possible.

#### **O. History of Phlebitis (Blood Clotting Disorders):**

- Patients with a history of deep vein thrombophlebitis (DVT) of less than one year, septic pelvic thrombophlebitis or pulmonary embolism who require prophylaxes treatment with Heparin or Coumadin for their procedure are not candidates for abortions at Preterm.
- If a patient is on anticoagulant therapy (blood thinners such as Heparin, Coumadin or Lovenox), she may be a candidate for an abortion if a letter from her physician approving temporary discontinuation of the medication and clearance for outpatient gynecological surgery is obtained.

#### **P. History of Seizure Disorder:**

- Patients who have had no seizures within the last 3 months are able to have their abortion at Preterm.
- Patients who have had seizure activity within the last 3 months must have a letter from her private physician stating that the patient's medical condition is stable enough to have an abortion in an outpatient facility.
- Patients requesting anesthesia must be told that the anesthetist will speak with them at the time of their appointment to determine if they are candidates for anesthesia.
- All patients on medication should be told to take their meds with a sip of water the morning of their procedure.

#### **Q. Thyroid Disease:**

- Patients being treated for hyperthyroidism (overactive) **must have a letter from their primary care physician stating that they are candidates for outpatient gynecological surgery.**
- Patients who are taking Propylthiouracil and Propanolol must take those medications as they usually do, with a small amount of water, if they are having sedation or anesthesia.
- If a patient has a history of hypothyroidism (underactive) they are a candidate for abortion at Preterm.

#### R. HIV Positive/AIDS:

- An HIV positive patient can receive services at Preterm if the following conditions are met:
  - ✓ The patient presents a letter from her primary care physician about the current status of her disease and stating that there are no contraindications to the patient having an abortion in an outpatient ambulatory care facility.
  - ✓ Patients who are HIV Positive with AIDS or ARD must be referred to a tertiary care center.

#### S. Steroidal Therapy:

- Patients who are currently on oral or IV steroidal therapy must present a letter from her physician stating the current status of her disease and that there are no contraindications for the patient to have an abortion in an ambulatory surgical facility.

#### T. Psychiatric Screening:

- Patients with psychiatric diagnoses may be cared for at Preterm provided they are competent to give informed consent. Competency can be gauged by inquiring about their legal status (i.e., any legal guardian), recent hospitalization for psychiatric indications, and types of medications currently in use.
- If the patient has been hospitalized within 3 months, then a letter of clearance from a psychiatrist is required.
- Otherwise the patient may be scheduled and evaluated by the staff as any other patients and the final responsibility rests with the physician performing the procedure.
- Early communication with the physician about potential problems is advised.

#### U. Lupus:

- A patient with a diagnosis of Lupus must be asked what is the Lupus affecting?
- If it is affecting the heart, the patient is not a candidate for an abortion at Preterm.
- If it affects only the skin or joints, they will be required to have a letter from their physician. It must address:
  - ✓ Is the patient a candidate for outpatient surgery?
  - ✓ What the Lupus is affecting?
  - ✓ Is the patient currently taking steroids?
  - ✓ Are there any special precautions we must take?

### III. Screening Criteria for Mifeprex

- A. Must be willing to have a surgical abortion if indicated
- B. Must have a pregnancy < or = 49 days (7 weeks) gestation
- C. Must have access to a telephone & emergency medical care
- D. Must be willing to comply with visit schedule
- E. Must be 16 years or over with parental participation
- F. No chronic adrenal failure
- G. No concurrent long-term systemic corticosteroid therapy

- H. Hemoglobin must be  $\geq 10$  gm/dl.
- I. No bleeding disorder
- J. No confirmed or suspected ectopic pregnancy
- K. No inherited porphyries
- L. No presence of IUD unless willing to have it removed before taking Mifeprex
- M. No allergy to mifepristone, misoprostol or other prostaglandin
- N. No undiagnosed adnexal mass
- O. No desire to continue breast feeding—must be willing/able to pump and discard milk for at least 2 days after taking Mifepristone and at least 6 hours after Misoprostol.
- P. No active bowel disease or current significant diarrhea
- Q. No serious systemic illness: liver disease, renal failure, significant cardiac disease/HTN, uncontrolled seizure disorder
- R. No use of:
  - anti-coagulants
  - Rifampin
  - EES, Ketoconazole
  - Anti-inflammatories, excluding analgesics
  - certain anti-convulsants (Dilantin, Tegretol, or Phenobarbital)

**IV. Mandatory Referral to a Tertiary Care Center:**

- A. Patients unable to discontinue anticoagulant medications (blood thinners)
- B. Significant cardiac disease
- C. Acute hepatitis of any type
- D. Active syphilis
- E. History of deep vein thrombophlebitis of less than three months
- F. Pulmonary Embolism (Acute – less than 3 months)
- G. Recent heart attack (less than 6 months)
- H. Active tuberculosis
- I. AIDS or ARD
- J. Untreated hyperthyroidism

**V. Overnite Patient Guidelines**

- A. Patients with no vaginal birth after two (2) or more c-sections must be evaluated by the physician performing the termination.
- B. HGB  $< 10$  must be evaluated by the physician performing the termination.

- C. Any previous surgery on uterus or cervix will be evaluated by the physician.
- D. Using the anesthesia obesity chart as a guide, any patient whose weight is over the guidelines will need to be evaluated by the physician.
- E. Patient will need an outside screening ultrasound if any of the following are applicable:
  - History of endometrial ablation
  - Placenta previa with a history of cesarean section
  - Fibroid in the lower uterine segment (possibly obstructing the cervix)
  - History of uterine anomaly and second trimester procedure
  - Prior cesarean section with an anterior placenta and pregnancy >15 weeks
- F. Patient will need to be referred out if any of the following are present:
  - Placenta accreta
  - Currently on anticoagulation medication (Lovenox, Heparin, Argatroban)
  - Pregnancy in a non-communication uterine horn (specific type of uterine anomaly)
  - Congestive heart failure
  - Severe uncontrolled hypertension
- G. 22 week patients can be done without anesthesia if the following conditions are met:
  - Previous vaginal delivery
  - BMI  $\leq 35$

#### VI. Anesthesia/Sedation Guidelines:

- There must be no marijuana use for at least 48 hours prior to the abortion if the patient is going to have anesthesia, oral sedation or conscious sedation. The patient may have local anesthesia.
- There must be no alcohol use for 24 hours before the surgery if the patient is going to have anesthesia, oral sedation or conscious sedation. The CRNA/RN may evaluate the patient's use on a case by case basis.
- If the smell of alcohol or marijuana from the patient is apparent on the day of the abortion, the patient will not be medicated with anesthesia, oral sedation or conscious sedation. The patient may have local anesthesia only.
- There must be no use of other street drugs (heroin, cocaine, crack, crystal meth, ecstasy) for at least 7 days prior to the administration of any form of sedation.
  - ❖ When asking patients about street drug use, staff should ask not only about history of use but also about frequency of use.
  - ❖ Patients with known chronic street drug use will be evaluated by the CRNA or conscious sedation nurse.
  - ❖ If a staff member has concerns about a patient's ability to abstain from street drug use, she should have a nurse evaluate whether the patient is a candidate for any form of sedation.
  - ❖ If a patient is not a candidate for sedation and sedation is required for the procedure, she may not be seen at Preterm.

- ❖ If requesting sedation, they must be told that the medication is not as effective for chronic drug users and they will only be given the standard dose.
- Using the anesthesia obesity chart as a guide, any patient whose weight is over the guidelines will need to be evaluated by the CRNA.
- Any patient with a weight  $\geq 350$  pounds is not eligible for conscious sedation.
- **Methadone/Suboxone Use**
  - ❖ If a patient is less than 17 weeks:
    - ✓ A patient who is less than 17 weeks and currently taking methadone or suboxone is not a candidate for anesthesia or conscious sedation. They may have local or oral sedation only.
    - ✓ If requesting oral sedation, they must be told that the medication is not as effective for chronic drug users and they will only be given the standard dose, which may not induce sedation.
  - ❖ If a patient is 17 weeks and above:
    - ✓ A patient who is 17 weeks and above and currently taking methadone or suboxone must be evaluated by Amy Marcucci, CRNA, to determine if they are a candidate for anesthesia.
    - ✓ These patients are not candidates for conscious sedation.
- **Discharge of Patient**
  - ❖ Any patient who has received anesthesia, conscious sedation, or oral sedation must be discharged into the care of a responsible adult to see them home safely.
  - ❖ These patients cannot leave by taxicab or public transportation unless accompanied by a responsible adult.
  - ❖ Preterm staff cannot transport a patient off the premises.
  - ❖ If a patient has received anesthesia, conscious sedation, or oral sedation, a nurse must remain with the patient until she is released into the care of a responsible adult.
  - ❖ If a patient states that she will not have a responsible adult available to be released to, she is not a candidate for anesthesia, conscious sedation or oral sedation at Preterm.

## FACT SHEET ABORTION WITH MIFEPRX<sup>TM</sup> (MIFEPRISTONE) AND MISOPROSTOL

### Description

Mifeprex<sup>TM</sup> is a medication used to end an early pregnancy of up to 49 days (7 weeks). It works by blocking the action of progesterone, a hormone needed to continue a pregnancy. This causes an early pregnancy to detach from the wall of the uterus. It is used in combination with misoprostol, a drug that causes the uterus to contract and expel the pregnancy. This method is known as medical abortion because it allows a pregnant woman to have an abortion without surgery, in other words, without putting instruments in her uterus.

Mifeprex<sup>TM</sup> has been approved by the U.S. Food and Drug Administration (FDA) for early abortion when combined with misoprostol. It has been used by millions of women in Asia and Europe, where it is also called RU486 and the "French abortion pill." Misoprostol is used in the United States to prevent stomach irritation and ulcers in people using aspirin or aspirin-like pain medicine. Studies have shown that these two medications, when used together, are approximately 92-95% effective in causing an abortion in early pregnancy.

### Procedure

The following procedure is the FDA approved regimen. It uses a 600 mg dose of Mifeprex<sup>TM</sup> and a 400 mcg dose of oral misoprostol 2 days after taking Mifeprex.

#### On First Visit

A medical history will be taken and an ultrasound exam will also be performed to determine how far along your pregnancy is. The ultrasound may be done by putting an ultrasound probe into your vagina or on your abdomen. A blood sample will be drawn to check blood Rh and to test for anemia.

#### On Second Visit

You will swallow three Mifeprex<sup>TM</sup> tablets. If you are experiencing nausea or vomiting, please be advised that if you vomit within 30 minutes of taking Mifeprex, it is unlikely that the medication will work. If this happens, you can purchase a second dose of Mifeprex for an additional fee or you can choose to have a surgical abortion at no additional charge. You will be given an antibiotic and should begin taking them that day. You will be given prescriptions for a narcotic pain reliever and an anti-nausea drug. We recommend that you have them filled before you return for your third visit.

#### On Third Visit

You will return to the clinic two days after you swallow the Mifeprex<sup>TM</sup> tablets and will swallow 2 misoprostol tablets.

#### After Misoprostol Administration

1. You may experience cramping in as little as 20 minutes. Expect some bleeding and clots. Most women pass the pregnancy in 24 hours, but it could take up to 48 hours.
2. If you have cramping in your lower abdomen, you can take Tylenol (acetaminophen) or Motrin (ibuprofen) as needed every 4-6 hours. You will be given a prescription for Vicodin for pain and Phenergan for nausea, if needed.

**You must contact Preterm at 216/991-4579 if you experience any of the following:**

- You soak 2 or more maxipads per hour for 2 consecutive hours.
- You have a sustained temperature of 100.4°F or higher or you begin to have a fever a few days after misoprostol.
- You have abdominal pain or discomfort, "feeling sick", including weakness, nausea, vomiting, or diarrhea more than 24 hours after taking Misoprostol.
- You have no bleeding within 24 hours after misoprostol. This may indicate that you may need more medication or an evaluation for an ectopic pregnancy.

### **Follow-up Visit (on around Day 14)**

***It is very important that you return to Preterm or your physician on or around day 14 for a follow-up visit.***

During this visit we will examine you to confirm that you are no longer pregnant and that there are no complications. You will have a vaginal ultrasound and possibly a physical examination or another blood test. If your abortion was complete, then you are done. If the pregnancy is still growing, you will need a surgical abortion. If you do *not* return for your follow-up visit as scheduled, or if the follow up letter is not returned from your physician, then Preterm will attempt to contact you at the phone numbers that you gave us to reschedule a follow-up exam. It will be stated that the call is from Preterm. If there is continued non-compliance, a letter in a Preterm envelope will be sent to your home. If the pregnancy is still in your uterus, you may be treated with medication or have a surgical completion of your abortion.

### **Risks of a Medical Abortion**

**Incomplete abortion:** As with a surgical abortion, some pregnancy tissue may remain in the uterus. If this happens, Preterm will discuss your treatment options. These options include waiting one or more weeks to give the medications more time to take effect, using more misoprostol, or having a surgical abortion. If you decide to wait or use more misoprostol and the abortion still is not complete, you will need a surgical abortion. The risks of a surgical abortion include making a hole in the uterus, tearing the cervix, adverse reaction to sedation if used during the procedure, infection, excessive bleeding, and failure to remove all of the tissue from the uterus.

**Vaginal bleeding:** As with a surgical abortion, you may have heavy bleeding and blood clots may come out of your vagina. If you have extremely heavy vaginal bleeding or dizziness, you may need a surgical abortion to stop the bleeding. The risks of a surgical abortion are stated above. The risk of having very heavy vaginal bleeding after using Mifeprex™/misoprostol is about 1 per 100 (1%). The risk of needing a blood transfusion after using Mifeprex™/misoprostol is about 1 per 1000 (0.1%).

**Continued pregnancy and birth defects:** Your pregnancy may not end after receiving the medications. If you continue your pregnancy, it is possible that your child will have birth defects. For this reason, we strongly recommend a surgical abortion to end the pregnancy. The risks of a surgical abortion are stated above.

### **Side Effects**

The following side effects are possible: nausea, vomiting, diarrhea, fever, headaches, and chills. Most of these side effects last less than a day.

### **Drug/Food Interactions**

It is possible that the following medications and food may interfere with the metabolism of Mifeprex and should be avoided: Ketoconazole, Itraconazole, Erythromycin, Rifampin, Dexamethasone, St. John's Wort, certain anticonvulsants such as: Phenytoin, Phenobarbital, Carbamazepine, and grapefruit juice.

### **Ectopic Pregnancy**

Ectopic pregnancy is a pregnancy in the fallopian tube or elsewhere outside of the uterus. It is a rare condition and is a complication of pregnancy rather than of abortion. Neither surgical or nonsurgical abortion will end an ectopic pregnancy. Because of the possible threat of rupturing the fallopian tube, hospitalization and further medical and surgical treatment may be necessary when it is discovered.

### **Fees**

Your fee for a nonsurgical abortion at Preterm includes the cost of a surgical abortion performed at Preterm if needed, and a follow-up ultrasound. If you choose to follow-up elsewhere, there will be an additional fee from your healthcare provider. Please investigate this with your healthcare provider before you make your appointment for a medical abortion. The fee does *not* include any charges incurred for an emergency room visit or for care at another facility.

## **GUIDELINES FOR NURSE ADMINISTERED CONSCIOUS SEDATION**

*Copy*

### **1. Policy for Patient Selection**

#### **A. Patient selection**

The physician is responsible for determining patient appropriateness for nurse monitored sedation. This must be recorded on the conscious sedation page.

#### **B. Patient selection criteria for nurse monitored sedation**

1. Medical history and physical examination must be performed and documented in the medical record.
2. Evidence of documented pre-procedure nursing assessment prior to the administration of conscious sedation medications.
3. No solids eight (8) hours prior to procedure. May have clear liquids four (4) hours prior to appointment time.
4. Established venous access.
5. Oxygen tanks and masks in the procedure room.
6. All patients will be monitored with automatic blood pressure cuff, and pulse oximeter.

#### **C. Pre-procedure Nursing Assessment**

1. Patient's full name
2. Verify signed informed consent.
3. Physical assessment (i.e., skin integrity, auscultation of the heart and lungs, and evaluation of the airway).
4. Current medications.
5. Drug allergies/sensitivities.
6. Concurrent medical problems (e.g., diabetic, hypo/hypertension, asthma, substance abuse),
7. Baseline vital signs, including ht, wt and age.
8. Level of consciousness.
9. Emotional state.



10. Patient's ability to communicate and respond to verbal commands.

11. Perceptions regarding procedure and sedation.

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## **2. IV Conscious Sedation Medication**

The following guidelines will be followed for administration of IV conscious sedation medications by the RN.

### **A. Purpose**

To provide optimal care for the patient receiving IV conscious sedation administered by the RN.

### **B. Policy Statement**

1. Medications ordered by the physician will be documented on the patient record.
2. One nurse will be assigned to monitor and administer medications to the patient. This individual may assist with minor interruptible tasks that do not interfere with monitoring responsibilities.
3. The medications administered by the RN may not be combined or mixed with other medications for the purposes of achieving conscious sedation.
4. The medications are administered under the direction of a physician.
5. The physician must be in the procedure room prior to the administration of medications for IV conscious sedation.
6. The RN is authorized to administer the following medications according to established guidelines.
  - a. Midazolam (Versed)
  - b. Fentanyl Citrate (Sublimaze)
  - c. Naloxone HCL (Narcan)
  - d. Flumazenil (Romazicon)
7. Physician orders exceeding the medication dosage guideline for nurse administration will be administered by anesthesia personnel.
8. The physician will sign all medication orders before the patient leaves the room.

## **3. IV Medication Guidelines**

### **Medications**

#### **A. Midazolam (Versed)**

Initial Dose: 1 - 2 mg (per MD order)

Technique: Titrate slowly over 1 - 2 minutes to patient's response, inject into an

Copy

infusing line.

Maximum Dose: 4 mg

Potential Adverse Reactions: Drowsiness, thrombosis and phlebitis at the site of the injection, slurred speech, nausea, bradycardia, hypotension, respiratory depression, skin rash, blurred vision, nystagmus, fluctuations in vital sign, apnea, hiccup, nausea, vomiting, coughing, over sedation, and headache.

**B. Sublimaze(Fentanyl)**

Initial Dose: 2 mcg/kilogram

Technique: Administer slowly over 1 -2 minutes, inject into an infusing line.

Maximum Dose: 200 mcg

Potential Adverse Reactions: Respiratory depression, apnea, rigidity, bradycardia, hypertension, dizziness, blurred vision, nausea, emesis, laryngospasm, diaphoresis, hypersensitivity, sedation, drowsiness, convulsions, respiratory depression, hypotension, peripheral circulatory collapse, cardiac arrest, allergic reactions, suppression of cough reflexes.

**C. Flumazenil(Romazicon)**

Initial dose: 0.2 mg

Technique: Administration over 15 seconds, inject into infusing line. Wait additional 45 seconds before repeating, if necessary additional doses of 0.2 mg at intervals of 1 minute

Total dose: 1 mg

If desired level of consciousness is not achieved, request assistance.

Potential Adverse Reactions; nausea and vomiting, dizziness, injection site pain, agitation, headache, sweating, flushing, hot flashes, paresthesia, emotional lability, inflammation at injection site, abnormal vision, fatigue, convulsions for patients on benzodiazepines for seizure control.

**D. Naloxone HCL(Narcan)**

Initial dose: 0.1 - 0.2 mg increments

Technique: Dilute 1 ampule (0.4) with normal saline in a 10 ml syringe, Administer .1 to .2 mg increments at 2 to 3 minute intervals, inject into infusing line, titrating to desired effect.

Total dose: .4 mg (10cc): NOTE if .4 mg has been administered with no effects on patient response, the diagnosis of narcotic induced toxicity is questionable.

Potential Adverse Reactions: Excitement, hypotension, hypertension, ventricular tachycardia and fibrillation, pulmonary edema, seizures, nausea, vomiting, sweating, circulatory stress.

**4. Intraoperative**

**A. Minimal monitoring parameters include:**

1. blood pressure
2. mental status
3. respirations
4. oxygen saturation
5. pulse rate

**B. The RN will document every 5 minutes on the nursing procedure record:**

COM

1. blood pressure, respiration
2. pulse oximetry range
3. medications, dosage, time administered, route, and by whom.
4. heart rate
5. complications, interventions, and patient's response.
6. mental status

**C. If a deeper level than intended level of sedation occurs (oxygen saturation <93%), the following steps should take place by RN/LPN, CRNA, and/or physician:**

1. initiate tactile stimuli, including but not limited to sternal chest rub
2. increase oxygen level for desired effect; apply bag mask if needed
3. insure IV access is maintained
4. have reversal agents on hand (Narcan/Romazicon); give if necessary

**5. Nurse's Procedure**

- A. An infusing IV line is started by the RN with a 20 or 22 gauge catheter and 150cc N.S., unless ordered differently by the physician.
- B. Blood pressure cuff and pulse oximeter are applied to the patient. Oxygen by mask is available.
- C. Baseline vital signs are taken and recorded on the nursing care record every 5 minutes.
- D. The physician must be present in the room to order a medication.
- E. The verbal order is recorded on the medication section of the nursing care record. Date, time, medication, dose, route per verbal order physician's name. Orders will be signed by the physician before leaving the room.
- F. The patient is monitored for potential adverse reaction to the medication(s) being administered. Any untoward signs and symptoms are reported immediately to the physician.
- G. Documentation for post procedure includes: vital signs and mental status.

**6. Management of Emergency Complications**

- A. The Physician is responsible for the diagnosis and treatment of complications related to the procedure and/IV conscious sedation.
- B. The physician is responsible for obtaining medical consultation as appropriate.
- C. Nurse Procedure

The nurse is responsible for monitoring and reporting to the physician signs and symptoms related to:

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Possible allergic reactions:

Rash, redness, itching, hives, edema, hypotension, syncope, bronchoconstriction, respiratory distress, apnea.

Possible toxic responses:

Uneasy feeling, tinnitus, numbness of tongue, blurred vision, dizziness, confusion, temporary loss of consciousness, tonic-clonic convulsions, CNS depression, respiratory depression, apnea.

Possible adverse reactions to medications:

Nystagmus, agitation, combativeness, severely slurred speech, unarousable sleep, respiratory depression, apnea, significant tachycardia or bradycardia, significant hypertension, significant hypotension, dizziness, flushing, light headedness, nausea/vomiting, rash, restlessness, sweating.

During an emergency, the nurse will administer medications under the supervision and direction of the physician.

report #42

# State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:	<u>03</u>	<u>27</u>	<u>2013</u>
Month Day Year			
2. Name of medical practice or facility at which RU-486 was provided: <u>Preterm</u>			
3. Address of medical practice or facility at which RU-486 was provided: <u>12000 Shaker Blvd. Cleveland OH 44120</u>			
4. Date post RU-486 complication began: <u>4/19/13</u>			
5. Event(s) (Please check all that apply): <input checked="" type="checkbox"/> Incomplete abortion <input type="checkbox"/> Adverse reaction to RU-486 <input type="checkbox"/> Patient hospitalized <input type="checkbox"/> Patient received a transfusion <input type="checkbox"/> Severe bleeding <input type="checkbox"/> Other serious event (specify) _____			
6. Duration of event: _____ Hours <u>1</u> Days			
7. Remarks: <u>Abortion completed surgically on 4/20/13, no further complication.</u>			
8. a. Name of physician who provided RU-486 <u>Mohammad Rezaei</u>			
8. b. Physician's signature <u>[Signature]</u> <u>MD/DO</u>			
Date <u>4.24.13</u>			

Send completed forms to:

State Medical Board of Ohio

Legal Department

30 E. Broad St., 3<sup>rd</sup> Floor

Columbus, OH 43215-6127

MEDICAL BOARD

APR 29 2013

Report #37

# State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:		
12 Month	11 Day	2012 Year
2. Name of medical practice or facility at which RU-486 was provided: Preterm		
3. Address of medical practice or facility at which RU-486 was provided: 12000 Shaker Blvd. Cleveland OH 44120		
4. Date post RU-486 complication began: 1/2/13		
5. Event(s) (Please check all that apply): <input checked="" type="checkbox"/> Incomplete abortion <input type="checkbox"/> Adverse reaction to RU-486 <input type="checkbox"/> Patient hospitalized <input type="checkbox"/> Patient received a transfusion <input type="checkbox"/> Severe bleeding <input type="checkbox"/> Other serious event (specify) _____		
6. Duration of event: <del>7</del> Hours 7 Days		
7. Remarks: Abortion completed Surgically on 1/9/13, no further complication.		
8. a. Name of physician who provided RU-486 Mohammed Rezaee		
8. b. Physician's signature [Signature] MD/DO Date 1/22/13		

Send completed forms to:

State Medical Board of Ohio

Legal Department

30 E. Broad St., 3<sup>rd</sup> Floor

Columbus, OH 43215-6127

MEDICAL BOARD

JAN 28 2013



NATIONAL  
ABORTION  
FEDERATION

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2011

NATIONAL ABORTION FEDERATION  
PROCEDURES AND QUALITY INDICATORS REPORT  
Preterm Cleveland 2890

All Facilities

	Reported Totals	
Total Abortions	264,955	
Total Patients with Complications	2,895	1.09%

Breakdown of Total Abortions\*

Medical	52,737	19.90%
Surgical	212,218	80.10%
Surgical up to 13.6 Weeks LMP	189,679	71.59%
14-19.6 Weeks LMP	17,164	6.48%
20 Weeks LMP or More	5,375	2.03%

percentages based on total abortions reported

Quality Indicators of Surgical Abortion

Total Surgical Complications	1,519	0.72%
Up to 13.6 Weeks LMP	1,287	0.68%
14-19.6 Weeks LMP	91	0.53%
20 Weeks LMP or More	141	2.62%
Continuing Pregnancy	141	0.07%
RPOC/Hematometra	843	0.40%
Unrecognized Ectopic	13	0.01%
Infection	124	0.06%
Hemorrhage	86	0.04%
Uterine/Cervical Injury	168	0.08%
Embolism	15	0.01%
Anesthesia Related	45	0.02%
Other	84	0.04%

percentages, except LMP breakdown, based on total surgical abortions

Quality Indicators of Medical Abortion

Completion Confirmed (Medical)	36,426	69.07%
Total Medical Complications	1,376	2.61%
Continuing Pregnancy	344	0.65%
RPOC/Hematometra	898	1.70%
Unrecognized Ectopic	5	0.01%
Infection	20	0.04%
Hemorrhage	27	0.05%
Other	82	0.16%

percentages based on total medical abortions

Management of Quality Indicators

Aspiration/D&C	1,844	0.70%
Antibiotics	1,212	0.46%
Other Medications	949	0.36%
Hospital Treatment	261	0.10%
Laparoscopy	15	0.01%
Laparotomy	10	0.00%
Transfusion	31	0.01%
Other	74	0.03%

percentages based on total abortions

Your Facility

	Facility Totals	
Total Abortions	4,213	
Total Patients with Complications*	9	0.21%

Breakdown of Total Abortions\*

Medical	73	1.73%
Surgical	4,140	98.27%
Surgical up to 13.6 Weeks LMP	3,552	84.31%
14-19.6 Weeks LMP	588	13.96%
20 Weeks LMP or More	142	3.37%

Quality Indicators of Surgical Abortion

Total Surgical Complications	6	0.14%
Up to 13.6 Weeks LMP	6	0.17%
14-19.6 Weeks LMP	-	0.00%
20 Weeks LMP or More	-	0.00%
Continuing Pregnancy	-	0.00%
RPOC/Hematometra	6	0.14%
Unrecognized Ectopic	-	0.00%
Infection	-	0.00%
Hemorrhage	-	0.00%
Uterine/Cervical Injury	-	0.00%
Embolism	-	0.00%
Anesthesia Related	-	0.00%
Other	-	0.00%

Quality Indicators of Medical Abortion

Completion Confirmed (Medical)	48	65.75%
Total Medical Complications	3	4.11%
Continuing Pregnancy	-	0.00%
RPOC/Hematometra	3	4.11%
Unrecognized Ectopic	-	0.00%
Infection	-	0.00%
Hemorrhage	-	0.00%
Other	-	0.00%

Management of Quality Indicators

Aspiration/D&C	8	0.19%
Antibiotics	-	0.00%
Other Medications	-	0.00%
Hospital Treatment	-	0.00%
Laparoscopy	-	0.00%
Laparotomy	-	0.00%
Transfusion	-	0.00%
Other	-	0.00%

RECEIVED PAPER

N<sup>o</sup> 133901

Generator's Name PRE TERM - 2524  
 Generator's Address DAWN LYNNE DENGLER  
 12000 SHAKER BLVD.,  
 CLEVELAND, OH 44120

Phone Number 216-991-4000  
 Generator's Registration Certificate Number:

18-G-00343

Description of Waste	Number of Containers	Container type by dimension	(Optional) Total Weight or volume
Incinerate only			
UN 3291 Regulated Medical Waste, n.o.s. 6.2. PG II		17X17X22	
UN 3291 Regulated Medical Waste, n.o.s. 6.2. PG II	8	19X19X23 REDS	176 #
UN 3291 Regulated Medical Waste, n.o.s. 6.2. PG II		12X12X16	

Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

DAWN LYNNE DENGLER Dawn Lynne Dengler 3-6-14  
 Print/Type Name Signature Date

Accu Medical Waste Service, Inc.  
 45 Byers Road  
 Marietta, OH 45750

Phone Number 866-696-8379  
 Transporter's Registration Certificate Number:  
 OH 84-T-00260, PA-HC 0252  
 WV IMW -99-05-T0308  
 USDOT 1791748

Transporter 1 Acknowledgement of Receipt of Materials as Described Above.

C.M. Conklin C.M. Conklin 3-6-14  
 Print/Type Name Signature Date

Phone Number  
 Transporter's Registration Certificate Number:

Transporter 2 Acknowledgement of Receipt of Materials as Described Above.

Print/Type Name	Signature	Date
Generator Designated Waste Treatment Facility and/or Alternate Waste Treatment Facility		
Designated Facility	MEDICAL WASTE DISPOSAL SERVICE INC	Alternate Facility
	12221 Kevin Ave.	Darob Inc.
	Ashland, KY 41102	1801 Research Dr.
Phone Number		Louisville, KY 40269
606-928-0831	Phone Number	502-491-1535

Waste Treatment Facility  
 Treatment Facility Address

Phone

Waste Treatment Facility Acknowledgement of Receipt of Materials as Described Above.

V. Ward V. Ward 3-12-14  
 Print/Type Name Signature Date

Discrepancy Indication

TREATMENT CERTIFICATION: This is to certify that the wastes described above were treated in accordance with all state and federal requirements and guidelines.

V. Ward V. Ward 3-12-14  
 Print/Type Name Signature Date

ORIGINAL



## TREATMENT SHIPPING PAPER

N<sup>o</sup> 135088

Generator's Name PRE TERM - 2524  
Generator's Address DAWN LYNNE DENGLE  
12000 SHAKER BLVD.  
CLEVELAND, OH 44120

Phone Number 216-991-4000  
Generator's Registration Certificate Number:  
18-G-00343

Description of Waste	Number of Containers	Container type by dimension	(Optional) Total Weight or volume
Chemo UN 3291 Regulated Medical Waste, n.o.s. 6.2. PG II		17X17X22	
UN 3291 Regulated Medical Waste, n.o.s. 6.2. PG II	11	19X19X23 REDS	
UN 3291 Regulated Medical Waste, n.o.s. 6.2. PG II		12X12X16	

Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

DAWN LYNNE DENGLE *Dawn Lynne Dengle* 3-20-14  
Print/Type Name Signature Date

Accu Medical Waste Service, Inc.  
45 Byers Road  
Marietta, OH 45750

Phone Number 866-696-8379  
Transporter's Registration Certificate Number:  
OH 84-T-00260, PA-HC 0252  
WV IMW 99-05-T0308  
USDOT 1791748

Transporter 1 Acknowledgement of Receipt of Materials as Described Above.

A.M. Carlin *A.M. Carlin* 3-20-14  
Print/Type Name Signature Date

Phone Number  
Transporter's Registration Certificate Number:

Transporter 2 Acknowledgement of Receipt of Materials as Described Above.

Print/Type Name	Signature	Date
Generator Designated Waste Treatment Facility and/or Alternate Waste Treatment Facility		
Designated Facility MEDICAL WASTE DISPOSAL SERVICE INC 12221 Kevin Ave. Ashland, KY 41102 Phone Number 606-928-0831	Alternate Facility Darob Inc. 1801 Research Dr. Louisville, KY 40269 Phone Number 502-491-1535	

Waste Treatment Facility  
Treatment Facility Address

Phone

Waste Treatment Facility Acknowledgement of Receipt of Materials as Described Above.

Print/Type Name Signature Date

Discrepancy Indication

TREATMENT CERTIFICATION: This is to certify that the wastes described above were treated in accordance with all state and federal requirements and guidelines.

Print/Type Name Signature Date

GENERATOR

Copy

## ULTRASOUND GUIDELINES

An ultrasound will be performed on every patient to determine gestational age. She will have a repeat ultrasound prior to her abortion if: she reports vaginal bleeding since the first ultrasound, or an intrauterine pregnancy with a measurable CRL was not located on her first ultrasound, or it has been more than 28 days since her first ultrasound.

All patients will be given the opportunity to view their ultrasound and receive an ultrasound picture if they so choose. All patients must be informed of the gestational age of their pregnancy.

Sonographers will use best judgment in determining the most appropriate means of measuring gestational age; i.e. abdominal or transvaginal ultrasound, gestational sac, CRL or BPD. When BPD measurement is possible, this is the measurement to be used; CRL measurement is preferable to gestational sac measurement in early pregnancy.

Patients <7.0 weeks gestation, no uterine pregnancy is located by ultrasound, or a gestation of >7.0 weeks with no cardiac motion must have a urine pregnancy test with results documented on patient's chart. Patients with a positive pregnancy test and no intrauterine pregnancy located must be given ectopic warnings and have blood drawn for a possible BHCG test; if, when the patient returns and has a repeat ultrasound, an intrauterine pregnancy is again not located, blood will again be drawn and both samples will be sent for BHCG testing. Ectopic warnings must also be given to all patients with no fetal pole.

Sonographers will note on ultrasound report in patient's chart any abnormal uterine findings (bicornate uterus, presence of fibroid tumors, etc.).

If a physician requests measurement of femur length in addition to BPD for second trimester patients, sonographers will measure and note on ultrasound report.

All second trimester (>12 weeks) abortion procedures will be performed under ultrasonic guidance. Physician may request additional ultrasounds at his/her discretion.

All non-surgical abortion patients returning for Day 14 visit will receive a transvaginal ultrasound.

Any patient returning to Preterm after an abortion with a complaint of excessive cramping, clotting or bleeding will receive a transvaginal ultrasound.

COPY

**Policy: Termination of pregnancy greater than 19.6 weeks gestation**

Pursuant to sections 2305.11, 2307.52, 2919.16, 2919.17, 2919.18, 2919.171 and 4731.22 of the Ohio Revised Code, no abortions shall be performed at Preterm beyond 19.6 weeks gestation, as determined by ultrasound, unless the following conditions are met:

- The gestational age of the pregnancy will not exceed 23.5 weeks gestation when the abortion is performed.
- The estimated fetal weight does not exceed 500 grams when the abortion is performed.

Accurate pregnancy dating by ultrasound and estimation of fetal weight are widely accepted scientific means of determining fetal viability(2,3,4,5). It is the determination of Preterm's physicians, in light of current medical technology and information reasonably available to them, that there is not a realistic possibility of maintaining and nourishing life outside the womb with or without temporary artificial life-sustaining support, prior to 24 weeks gestation and/or fetal weight of less than 500 grams(1,2,3,4).

Pursuant to section 3701.47.03 of the Ohio Revised Code, Preterm will submit the required reporting form to the Ohio Dept. of Health for all abortions performed beyond 19.6 weeks gestation. This form will be submitted within fifteen days after the completion of the abortion.

1. Moore K, Persaud T. The Developing Human, Clinically Oriented Embryology, 7<sup>th</sup> edition. 103-107 (2003)
2. Perinatal Care at the Threshold of Viability. ACOG Practice Bulletin, Clinical Management Guidelines for Obstetrician-Gynecologists, Number 38, September 2002
3. Luke B, Brown M. The Changing Risk of Infant Mortality by Gestation, Plurality and Race: 1989-1991 vs. 1999-2001. Pediatrics. 2006;118;2488
4. Tyson J, Parikh N, Langer J, Green C, Higgins R. Intensive Care for Extreme Prematurity-Moving Beyond Gestational Age. New England Journal of Medicine 358.16, 2008.
5. Hadlock FP, Harrist RD, Sharman RS, Deter RL, Park SK. Estimation of fetal weight with the use of head, body, and femur measurements-a prospective study. AM J Obstet Gyneco. 1985 Feb 1; 151(3):337-7

Policy approved by the Preterm Executive Committee on November 1, 2011



G.T.B. MEDICAL SERVICE INC.

366 PEARL RD.

BRUNSWICK, OHIO 44212

(330) 225-2551 OUT OF AREA 1-800-22DR.FIX (37349)

FAX (330) 220-8965

*Copy*

CUSTOMER PRE-Team Clinic DATE 3-10-14  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
ITEM ULTRASOUND DEPARTMENT 3rd Floor CONTROL # \_\_\_\_\_  
MANUFACTURER SIEMENS MODEL# 4900606LV300 SERIAL# BCA0811  
EQUIPMENT STATUS: PURCHASE \_\_\_\_\_ RENT/LOAN \_\_\_\_\_ TRIAL \_\_\_\_\_

ELECTRICAL /PERFORMANCE:

(1) LEAKAGE CURRENT	13.6 uA	<u>PASS</u>	FAIL	N/A
(2) LEAD LEAKAGE		PASS	FAIL	N/A
(3) GROUND RESISTANCE	0.40 u	<u>PASS</u>	FAIL	N/A
(4) OPERATION:		PASS	FAIL	N/A
(5) OTHER		PASS	FAIL	N/A

EQUIPMENT INFORMATION:

(1) WARRANTY CONDITIONS:	_____		
(2) OPERATOR'S MANUAL:	YES	NO	N/A
(3) SERVICE MANUAL:	YES	NO	N/A
(4) CALIBRATION DATA:	YES	NO	N/A

RECOMMENDATIONS:

ACCEPTABLE \_\_\_\_\_ CONDITIONS ACCEPTABLE \_\_\_\_\_ UNACCEPTABLE \_\_\_\_\_  
(RELEASE PYMT) (HOLD PYMT) (RETURN EQUIPMENT)

COMMENTS/NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TECHNICIAN *[Signature]* TIME(HRS) \_\_\_\_\_

Sales and Service of all Medical Equipment



G.T.B. MEDICAL SERVICE INC.

366 PEARL RD.

BRUNSWICK, OHIO 44212

(330) 225-2551 OUT OF AREA 1-800-22DR.FIX (37349)

FAX (330) 220-8965

*COPY*

CUSTOMER Pre-Term DATE 3-10-14  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
ITEM Sterilizer DEPARTMENT 3rd Floor CONTROL # \_\_\_\_\_  
MANUFACTURER P+C MODEL# MAGNA-1/AVE SERIAL# 8139  
EQUIPMENT STATUS: PURCHASE \_\_\_\_\_ RENT/LOAN \_\_\_\_\_ TRIAL \_\_\_\_\_

ELECTRICAL /PERFORMANCE:

(1) LEAKAGE CURRENT	<u>UA</u>	PASS	FAIL	N/A
(2) LEAD LEAKAGE		PASS	FAIL	N/A
(3) GROUND RESISTANCE	<u>h</u>	PASS	FAIL	N/A
(4) OPERATION:	<u>Temp Set 255</u>	PASS	FAIL	N/A
(5) OTHER	<u>UNIT Reached 258°F/26 PSI</u>	<u>PASS</u>	FAIL	N/A

EQUIPMENT INFORMATION:

(1) WARRANTY CONDITIONS: \_\_\_\_\_  
(2) OPERATOR'S MANUAL: YES NO N/A  
(3) SERVICE MANUAL: YES NO N/A  
(4) CALIBRATION DATA: YES NO N/A

RECOMMENDATIONS:

ACCEPTABLE \_\_\_\_\_ CONDITIONS ACCEPTABLE \_\_\_\_\_ UNACCEPTABLE \_\_\_\_\_  
(RELEASE PYMT) (HOLD PYMT) (RETURN EQUIPMENT)

COMMENTS/NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TECHNICIAN *[Signature]* TIME(HRS) \_\_\_\_\_

Sales and Service of all Medical Equipment



G.T.B. MEDICAL SERVICE INC.

366 PEARL RD.

BRUNSWICK, OHIO 44212

(330) 225-2551 OUT OF AREA 1-800-22DR.FIX (37349)

FAX (330) 220-8965

*COPY*

CUSTOMER Pre-Term DATE 3-10-14  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
ITEM Exam Table DEPARTMENT Rm 3 CONTROL # \_\_\_\_\_  
MANUFACTURER Ritter MODEL# 119-014 SERIAL# 84003839  
EQUIPMENT STATUS: PURCHASE \_\_\_\_\_ RENT/LOAN \_\_\_\_\_ TRIAL \_\_\_\_\_

ELECTRICAL /PERFORMANCE:

(1) LEAKAGE CURRENT <u>60.2 uA</u>	<u>PASS</u>	FAIL	N/A
(2) LEAD LEAKAGE	PASS	FAIL	N/A
(3) GROUND RESISTANCE <u>0.29 u</u>	<u>PASS</u>	FAIL	N/A
(4) OPERATION:	PASS	FAIL	N/A
(5) OTHER	PASS	FAIL	N/A

EQUIPMENT INFORMATION:

(1) WARRANTY CONDITIONS: \_\_\_\_\_

(2) OPERATOR'S MANUAL:	YES	NO	N/A
(3) SERVICE MANUAL:	YES	NO	N/A
(4) CALIBRATION DATA:	YES	NO	N/A

RECOMMENDATIONS:

ACCEPTABLE \_\_\_\_\_ CONDITIONS ACCEPTABLE \_\_\_\_\_ UNACCEPTABLE \_\_\_\_\_  
(RELEASE PYMT) (HOLD PYMT) (RETURN EQUIPMENT)

COMMENTS/NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TECHNICIAN *[Signature]* TIME(HRS) \_\_\_\_\_

Sales and Service of all Medical Equipment



G.T.B. MEDICAL SERVICE INC.

366 PEARL RD.

BRUNSWICK, OHIO 44212

(330) 225-2551 OUT OF AREA 1-800-22DR.FIX (37349)

FAX (330) 220-8965

*COPY*

CUSTOMER Pre-Team DATE 3-10-14  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
ITEM Aspirator DEPARTMENT Rm 3 CONTROL # \_\_\_\_\_  
MANUFACTURER Gen Med MODEL# A SERIAL# AVL 1094884  
EQUIPMENT STATUS: PURCHASE \_\_\_\_\_ RENT/LOAN \_\_\_\_\_ TRIAL \_\_\_\_\_

ELECTRICAL /PERFORMANCE:

(1) LEAKAGE CURRENT 07.1 uA	<u>PASS</u>	FAIL	N/A
(2) LEAD LEAKAGE	PASS	FAIL	N/A
(3) GROUND RESISTANCE 0.22 u	<u>PASS</u>	FAIL	N/A
(4) OPERATION:	PASS	FAIL	N/A
(5) OTHER 23" VAC	<u>PASS</u>	FAIL	N/A

EQUIPMENT INFORMATION:

(1) WARRANTY CONDITIONS: \_\_\_\_\_  
(2) OPERATOR'S MANUAL: YES NO N/A  
(3) SERVICE MANUAL: YES NO N/A  
(4) CALIBRATION DATA: YES NO N/A

RECOMMENDATIONS:

ACCEPTABLE \_\_\_\_\_ CONDITIONS ACCEPTABLE \_\_\_\_\_ UNACCEPTABLE \_\_\_\_\_  
(RELEASE PYMT) (HOLD PYMT) (RETURN EQUIPMENT)

COMMENTS/NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TECHNICIAN *Greg J. [Signature]* TIME(HRS) \_\_\_\_\_

Sales and Service of all Medical Equipment



G.T.B. MEDICAL SERVICE INC.

366 PEARL RD.

BRUNSWICK, OHIO 44212

(330) 225-2551 OUT OF AREA 1-800-22DR.FIX (37349)

FAX (330) 220-8965

*Copy*

CUSTOMER Pre-Term DATE 3-10-14  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
ITEM Exam Light DEPARTMENT Rm 3 CONTROL # \_\_\_\_\_  
MANUFACTURER Brewer MODEL# \_\_\_\_\_ SERIAL# \_\_\_\_\_  
EQUIPMENT STATUS: PURCHASE \_\_\_\_\_ RENT/LOAN \_\_\_\_\_ TRIAL \_\_\_\_\_

ELECTRICAL /PERFORMANCE:

(1) LEAKAGE CURRENT	<u>15.6 uA</u>	<u>PASS</u>	FAIL	N/A
(2) LEAD LEAKAGE		PASS	FAIL	N/A
(3) GROUND RESISTANCE	<u>0.46 h</u>	<u>PASS</u>	FAIL	N/A
(4) OPERATION:		PASS	FAIL	N/A
(5) OTHER		PASS	FAIL	N/A

EQUIPMENT INFORMATION:

(1) WARRANTY CONDITIONS:	_____		
(2) OPERATOR'S MANUAL:	YES	NO	N/A
(3) SERVICE MANUAL:	YES	NO	N/A
(4) CALIBRATION DATA:	YES	NO	N/A

RECOMMENDATIONS:

ACCEPTABLE \_\_\_\_\_ CONDITIONS ACCEPTABLE \_\_\_\_\_ UNACCEPTABLE \_\_\_\_\_  
(RELEASE PYMT) (HOLD PYMT) (RETURN EQUIPMENT)

COMMENTS/NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TECHNICIAN *[Signature]* TIME(HRS) \_\_\_\_\_

Sales and Service of all Medical Equipment





G.T.B. MEDICAL SERVICE INC.

366 PEARL RD.

BRUNSWICK, OHIO 44212

(330) 225-2551 OUT OF AREA 1-800-22DR.FIX (37349)

FAX (330) 220-8965

*Copy*

CUSTOMER Pre-Term Clinic DATE 3-10-14  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
ITEM Suction DEPARTMENT Rm 3 CONTROL # \_\_\_\_\_  
MANUFACTURER Bentley MODEL# SV10 SERIAL# 4046  
EQUIPMENT STATUS: PURCHASE \_\_\_\_\_ RENT/LOAN \_\_\_\_\_ TRIAL \_\_\_\_\_

ELECTRICAL /PERFORMANCE:

(1) LEAKAGE CURRENT <u>69.9 uA</u>	<u>PASS</u>	FAIL	N/A
(2) LEAD LEAKAGE	PASS	FAIL	N/A
(3) GROUND RESISTANCE <u>0.41 h</u>	<u>PASS</u>	FAIL	N/A
(4) OPERATION:	PASS	FAIL	N/A
(5) OTHER <u>60 cm</u>	<u>PASS</u>	FAIL	N/A

EQUIPMENT INFORMATION:

(1) WARRANTY CONDITIONS: \_\_\_\_\_  
(2) OPERATOR'S MANUAL: YES NO N/A  
(3) SERVICE MANUAL: YES NO N/A  
(4) CALIBRATION DATA: YES NO N/A

RECOMMENDATIONS:

ACCEPTABLE \_\_\_\_\_ CONDITIONS ACCEPTABLE \_\_\_\_\_ UNACCEPTABLE \_\_\_\_\_  
(RELEASE PYMT) (HOLD PYMT) (RETURN EQUIPMENT)

COMMENTS/NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TECHNICIAN *[Signature]* TIME(HRS) \_\_\_\_\_

Sales and Service of all Medical Equipment

# WAVE IMAGING

1910 Joseph Lloyd Parkway  
Willoughby, OH 44094  
Ph: 440-975-3316 Fax: 440-269-1332

*COPY*

## Wave Imaging Support Group Performance Assurance Program for Preventative Maintenance Service

### System Check List

- (✓) Replace or clean all filters and sterilize Machine
- (✓) Checked error log contents and print it out
- (✓) Check software revision and record in log
- (✓) Run extended diagnostics tests and record in log
- (✓) Check all system fans for proper air flow

### Transducers

- (✓) Inspect for cracks and swelling
- (✓) Execute testing for dead elements and record
- (✓) Check all transducer cabling for wear and cuts
- (✓) Sterilize transducer and record serial number in log

### Peripherals

- (✓) Inspect cabling
- (✓) Inspect switch settings *BFW*
- (✓) Check printer imaging for ~~color~~ and sharpness
- ( ) Check operation and cleaning video head and tape path *(N/A)*

### Controller

- (✓) Check operation of controls and execute keyboard test
- (✓) Check CRT performance
- (✓) Check cabling and internal battery, if applicable
- (✓) Check scanner fans for excessive noise or vibration

### Final System Tests and Verification

- (✓) Final check of error log and clearing of all errors/resetting service meters
- (✓) Check mechanical operation
- (✓) Final execution of extended basic tests
- (✓) Reviewed applicable service notes and made all exchanges
- (✓) Record all serial numbers on unit

Customer: PRETERM OF CLEVELAND

Preventative Maintenance Service Performance Assurance completed

System SIEMENS SONOLINE G-20

Serial Number JA 00949, Date 10-21-13

Field Engineer Doug Sherman

1910 Joseph Lloyd Parkway  
Willoughby, OH 44094  
Ph: 440-975-3316 Fax: 440-269-1332

Wave Imaging Support Group  
Performance Assurance Program for Preventative Maintenance Service

COPY

System Check List

- (✓) Replace or clean all filters and sterilize Machine
- (✓) Checked error log contents and print it out
- (✓) Check software revision and record in log
- (✓) Run extended diagnostics tests and record in log
- (✓) Check all system fans for proper air flow

Transducers

- (✓) Inspect for cracks and swelling
- (✓) Execute testing for dead elements and record
- (✓) Check all transducer cabling for wear and cuts
- (✓) Sterilize transducer and record serial number in log

Peripherals

- (✓) Inspect cabling
- (✓) Inspect switch settings
- (✓) Check printer imaging for error and sharpness *B&W*
- ( ) Check operation and cleaning video head and tape path *(N/A)*

Controller

- (✓) Check operation of controls and execute keyboard test
- (✓) Check CRT performance
- (✓) Check cabling and internal battery, if applicable
- (✓) Check scanner fans for excessive noise or vibration

Final System Tests and Verification

- (✓) Final check of error log and clearing of all errors/resetting service meters
- (✓) Check mechanical operation
- (✓) Final execution of extended basic tests
- (✓) Reviewed applicable service notes and made all exchanges
- (✓) Record all serial numbers on unit

Customer: PRE TERM OF CLEVELAND.

Preventative Maintenance Service Performance Assurance completed

System SIEMENS SONOLINE PRIMA

Serial Number RCA 0285, Date 10-21-13

Field Engineer Doug Sherman

## TISSUE PROCEDURES

<b>Equipment used:</b>	2 oz. specimen boats	tube gauze
	16 oz. specimen cups	biohazard bags
	32 oz. specimen cups	saline
	scale	Lab Corp. specimen containers
	wire strainer	1 oz. & 4 oz
	plastic colander	specimen biohazard bags
	glass dish	goggles or face mask
	light box	latex and utility gloves
	tissue forceps	gown
	ruler	

### **To Check Tissue:**

#### 4-10 weeks

Empty the contents of the specimen cup and the sock into the wire strainer. Rinse away blood and protein with water, then put remaining tissue into the glass tray. Add enough water for the tissue to float. Put it on the light box and examine tissue. When complete, put contents back in strainer to remove water, then put tissue into a specimen container and weigh. (be sure to adjust scale for weight of container—2 grams for the 2-oz. boat, 15 grams for the 16-oz. cup.) Fill out tissue report form and put tissue into the receptacle on the left-hand side of the freezer.

#### 11-23 weeks

Empty the contents of the specimen cup and the sock into the plastic colander. Rinse away blood and protein with water. Use tissue forceps to go through tissue, removing any fetal tissue and putting it back into the specimen cup. Put all tissue into the specimen container and weigh. (be sure to adjust scale for weight of container—2 grams for the 2-oz. boat, 15 grams for the 16-oz. cup, 30 grams for the 32-oz. cup.) Measure fetal foot length, if possible. Fill out tissue report form and put tissue that is 10-19 weeks in the receptacle on the left-hand side of the freezer. Tissue that is 20-23 weeks goes into the receptacle on the right hand side of the freezer.

### **Observations by Week:**

**4- 8 weeks** - look for sac and villi. Weight must be over 11 grams.

**8- 9 weeks** - look for fetal parts. (parts of the spine; webbed fingers; white, leaf shaped neural tissue)

**9-11 weeks** -look for fingers, toes, and spine. Look for eyes to determine if the capit is there.

**12 weeks** - look for eyes, capit, spine and body parts.

**13-23 weeks** - look for spine, body parts (arms, legs), placental tissue and the sac. It is imperative that the capit be present.

### **Special Circumstances:**

#### Early Abortion (less than 7 weeks by ultrasound)

Sock must be taken off the machine prior to procedure to avoid tissue remaining caught in the sock.

#### Tissue 11 grams or less

See "Small Tissue Guidelines", attached. Put the tissue in a Lab Corp. specimen container with formulin, labeled with the patient's name, LMP and 'Preterm'. Fill out a Lab Corp. requisition form with the patient's name, D.O.B., time of collection and date. Under the 'Clinical Findings' write "TAB for product of conception". Call Lab Corp. at 440-838-0404 and let them know we need a specimen pick up. Be sure to get a confirmation number. Put the specimen in a biohazard specimen bag and send along the first two

sheets of the requisition form. The last sheet should be put into the gray logbook in the tissue room. Take the specimen to the guard for pickup. When Lab Corp.'s exam is complete, they will fax their findings. Note that it was small tissue on the tissue report; also that it was sent out.

### **Decidua only**

If there is decidua only, with no villi or fetal tissue, notify the M.D. and recovery room nurse. The patient will have a vaginal ultrasound to determine if the abortion is complete. If not, she will be re-suctioned, and the tissue obtained will be examined. If no tissue is obtained, she will be given ectopic warnings and decidua only instructions. Fill out a decidua only report and give to the Director of Nursing, or Director of Clinic Operations in her absence. The decidua will be put into tube gauze and placed in a Lab Corp. specimen container filled with formulin. The container will be labeled with the patient's name, LMP, and 'Preterm'. Fill out a Lab Corp. requisition form with the patient's name, D.O.B., time of collection and date. Under the 'clinical findings' write "TAB for product of conception". Call Lab Corp. at 440-838-0404 and let them know we need a specimen pickup. Be sure to get a confirmation number. Put the specimen in a biohazard specimen bag and send along the first two sheets of the requisition form. The last sheet should be put into the gray logbook in the tissue room. Take the specimen to the guard for pickup. When Lab Corp.'s exam is complete, they will fax their findings. Note that it was decidua only on the tissue report under 'gestational age'; also that it was sent out.

### **Possible Molar Pregnancies**

In a molar pregnancy, there will be no fetal tissue, and the villi are very large. The sac has lots of bubbles in it, resembling grapes. Notify the M.D. and recovery room nurse so molar pregnancy instructions can be given to the patient. The tissue will be put into tube gauze and placed in a Lab Corp. specimen container filled with formulin. The container will be labeled with the patient's name, LMP and 'Preterm'. Fill out a Lab Corp. requisition form with the patient's name, D.O.B., time of collection and date. Under 'clinical findings' write "R/O molar pregnancy". Call Lab Corp. at 440-838-0404 and let them know we need a specimen pickup. Be sure to get a confirmation number. Put the specimen in a biohazard specimen bag and send along the first two sheets of the requisition form. The last sheet should be put into the gray logbook in the tissue room. Take the specimen to the guard for pickup. When Lab Corp.'s exam is complete, they will fax their finding. Note on the tissue report that it was possible molar and that it was sent out.

### **No capit/fetal parts**

If the pregnancy was greater than 9 weeks and there was no capit or fetal parts found, inform the M.D., procedure nurse and recovery room nurse. The patient will be resuctioned and any tissue obtained will be examined.

### **Fibroid/unusual situations**

If M.D. requests tissue to be sent out for examination due to fibroid or other unusual situations, follow usual Lab Corp. procedure. Under 'clinical findings' put "Fibroid" if it is a fibroid; put "Removed from uterus" if it is something unusual.

### **Tissue out of range**

Inform the M.D. If it is more than expected, it may be due to a large number of clots or very thick decidua. Note that on the tissue report under 'gestational age -weeks'. If it is less than expected for the number of weeks of pregnancy, it should be acceptable as long as everything is there (sac, villi, body parts). If this is the case, the M.D. must be notified. S/he will also examine the tissue and will make the final determination.

### **Resuction**

In the event that a patient has to be resuctioned, the tissue examiner must confirm directly with the M.D. whether or not to send the tissue out for pathological evaluation and document on the tissue report as per "Small Tissue Guidelines".

### **Twins**

If the patient is far enough along that body parts are able to be seen, there must be double of everything. If not, notify the M.D..

### **Genetic Testing**

Tissue from fetal anomalies is handled the same as any other tissue unless the patient has requested genetic testing. This should have been arranged ahead of time by the patient and her doctor. When the tissue exam is complete, pack the tissue according to the requesting physician's protocol. The physician will usually only want a thigh or an upper arm, not all the tissue. Be certain to label the specimen with the patient's name, LMP and date. If the lab to which the tissue is being sent has sent us a requisition form, complete it and make a copy of it to include in the patient's chart. The original will accompany the tissue to that lab. Place the specimen in a biohazard bag. The requesting physician will arrange for pickup at Preterm. The tissue examiner will notify the medical receptionist that the tissue is ready for pickup. The medical receptionist will then call whoever has been designated to pick up the tissue to let them know the tissue is ready for pickup. The tissue examiner will give the physician (or his/her agent) the specimen personally.

### **Cremation/Burial**

If the patient requests the tissue for cremation or burial, arrangements must be made in advance with a funeral home. After the tissue has been examined, place it in tube gauze, put it in a 32 oz. cup with a lid, place it in a biohazard bag and place it in a box marked as containing biohazardous material. Take this box to the administrative secretary, who will give it to the funeral home representative.

### **DNA Testing:**

When DNA testing is being done for a criminal case, a detective will remain in the procedure room during the procedure and must accompany the tissue to the autoclave room, where s/he will watch the tissue examiner examine the tissue. When the examination is complete, put the tissue in tube gauze and put it in an appropriate sized container with a lid. Place the specimen container in a red biohazard bag and give it to the detective. Mark on the daily log and on the tissue report that it was picked up by a detective, and be certain to include his/her name.

Preterm will not "hold" tissue for future evidence. A detective MUST be present and follow the above procedure, or tissue will be disposed of as usual.

### **Tissue Pickup:**

This is done only for tissue that is 20 weeks or greater (BPD 46mm or greater). The tissue examiner receives the burial transit permits from the City of Cleveland. When she has an adequate number of permits, usually every 2-3 weeks, she notifies the Building Director that she is in need of a pickup. She finds out from the Building Director when the pickup will occur. The tissue examiner will seal the receptacle and place it in 3 red biohazard bags. She will put these bags in a box and tape a manila envelope containing the burial transit permits to the box. It is then given to the Hillcrest Park Crematory representative.

Tissue that is less than 20 weeks does not get picked up. All tissue that is less than 20 weeks is stored in a separate receptacle. When full, this receptacle is sealed, placed in 3 red biohazard bags and placed upright in the bottom of a biohazard box in the biohazard room.

### **Patients wishing to view tissue:**

MR or the PA lets tissue examiner know ahead of time that the patient wishes to view tissue. The tissue examiner will first examine the tissue, then put it in a clear dish with enough water to make the tissue float. If the patient wishes to view the tissue:

- 1) In the room – Tissue examiner will take the dish to the room once the patient is dressed. The tissue examiner will ask the patient if she wants to be shown the tissue (along with explanations of what everything is) or if she just wants to look. The tissue examiner then complies with the patient's request. When the patient is done viewing, the tissue examiner returns to the autoclave room and disposes of the tissue in the appropriate receptacle in the freezer. She/he will then enter the patient's name, chart number, and date in the 'patients viewing tissue' book.
- 2) In recovery – The recovery room personnel inform the tissue examiner that the patient is ready for discharge and will take the patient to the bathroom. The tissue examiner will take the glass dish to the bathroom and ask the patient if she wishes to be shown the tissue (along with explanation of what everything is) or if she just wants to look. The tissue examiner will then comply with the patient's wishes. When the patient is done viewing the tissue, the tissue examiner returns to the autoclave room and disposes of the tissue in the appropriate receptacle in the freezer. She/he will then enter the patient's name, chart number and the date in the 'patient's viewing tissue' book.

The tissue examiner will also enter on page 9 of the patient's chart that the patient did view her tissue and any comments regarding the patient's reaction to viewing the tissue.

### **Freezer Cleaning:**

This will occur every other Tuesday. The tissue examiner will unplug the freezer and remove the tissue. She will fill a dish basin with hot water, place it in the freezer and close the door so it can defrost. Once it is defrosted, she will clean the freezer with Pine-Sol and water and will note it in the cleaning log.

### **Tissue Exam Daily Log:**

The tissue examiner will enter the date at the top of the page. For each patient, she will enter the chart number, name and observations.

### **Tissue Report:**

The tissue examiner will complete a tissue report for each patient. There can be no error on this form; nothing is to be crossed out. If an error is made, the tissue examiner is to tear up the form, throw it away and begin again.

### **Lab Corp.:**

The tissue examiner is to call Lab Corp. both for tissue pickup and to order supplies. The phone number is 440- 838-0404. Our account number with them is 34107470-4. We order 1-oz. specimen containers with formulin and 4 oz. specimen containers with formalin.

## THIS NOTICE DE DISCLOSED AND HO

Patients are entitled and re  
privacy of your personal health  
maintenance of reasonable an  
administrative, and technical i  
information, and to provide y  
and privacy practices with res  
Patients are permitted to use p  
purpose of:

1) Treatment (Example: We r  
subjected provides for treat  
emergency.)

2) Payment (Example: We are  
to your insurance company for

3) Healthcare Operations (How  
information for internal quali  
our quality of medical care.)

4) Public Health, Abuse or Ne  
(Example: We may be require  
about certain infectious disea

5) Other Authorizations Requ  
enforcement, worker's comp  
intelligence activities.

Patients may contact you to g  
or follow-up care.

## Patients Rights & Res

You have the right to receive  
courtesy in a facility that is sa  
or hazardous.

You have the right to be inform  
treatment, including any poten

You have the right to refuse a  
possible consequences of it if

You have the right to appropri  
of pain.

You have the right to know if  
involved in your care.

You have the right to 24-hour

You have the right to involve  
your care.

You have the right to be prov  
care after discharge.

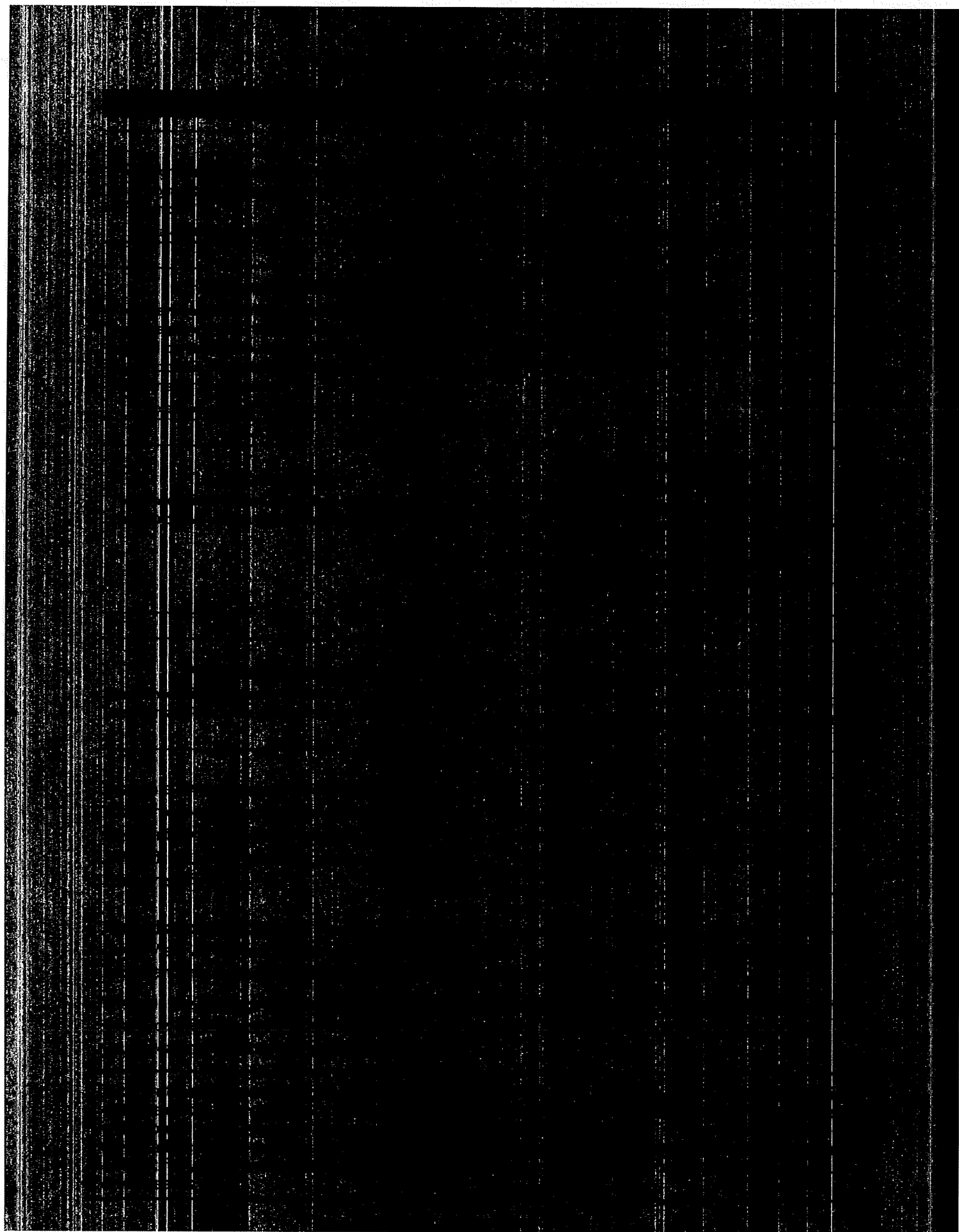
You have the right to express  
your care.

Pursuant to GRC 1701-83-0

If you believe that any perso  
violated, please contact our  
against for filing a complain  
800-342-0553. You may al

Effective 5/1/13





Staffing 3-20-14 & 3-21-14

COPY

March		20	21
tag name	LastName	Thursday	Friday
Angie	Marchmon <i>RN</i>	X	Sono 2 8:45
Irina	Solomonova <i>RN</i>	X	CH 8:15
Laura	Ackerman <i>RN</i>	MG 10:00/Sono 12	V
Naz	Khan <i>NP RN</i>	RR 1:00	Fup 8/RR
Ebony	Minter <i>RN</i>	X	X
Rachel	McDade <i>LPN</i>	X	Fup 1R 8:00/RR
Patrice	Sirmons <i>RN</i>	X	CS 8:30/RR
Allegra	Pierce <i>MA</i>	X	Sono 1 8:30
Vivian	Smith <i>MA</i>	X	Tissue 9:00
Dana	Jackson <i>MA</i>	Rec 9-12:30/MR 1	Sono Rm 9:00
La'Toya	Shaw <i>MA</i>	Sec 8:30/PS 1:30	PS 3 9:30
Tiara	White <i>MA</i>	AC 9-5	PS 9:15
Stephanie	Walker <i>MA</i>	Rec 10/PS 1:30	PS 1 8:45
Jill	Buchanon <i>MA</i>	X	X
Denise	Hill <i>MA</i>	RR 1:00	RR Liason 9:30
Chanel	Rodgers	X	X
Terri	Thompson <i>LSW</i>	X	X
Marveta	Hall <i>Records</i>	REC 8:30/IC 2 10:30	REC 8:30-2
Rosa	Braden <i>Intake</i>	X	IC 1 8:15
Sally	Tatnall <i>Intake</i>	V	V
Bashira	Haqq <i>Hall</i>	HALL 11:45	AC 1R 9
Jessie	Haas <i>Intake</i>	X	X
Katie	Herowitz	X	X
volunteer		Karen 11-5 // Carl	
J.R.	Clark	X	X
Nadia	Robinson <i>PA</i>	AC 9-5	AC 9 LATE 1R
Aimee	Maple <i>PA</i>	X	IC 2 8:15
Josetta	Harris <i>PA</i>	AC 1-6	AC 7:30
Grace	Klein <i>PA</i>	X	PA 9:15
Elizabeth	Zunica <i>PA</i>	X	MR 8
Leah	Pusateri <i>PA</i>	AC 8-1/RMS	PA 9:15
Sara	de Felice <i>PA</i>	X	PA 9 FA
Bridie	Wyrock <i>PA</i>	AC 9-5	AC 8-4
Riki	Hanley <i>PA</i>	X	PA 9:30
Anne	Tyler <i>PA</i>	X	AC 9-12/PA
Shaina	Munoz <i>PA</i>	X	X
Rona	Huckabee <i>Hall</i>	X	HALL 7:45
Chioke	Barkari	6-Oct	6-Oct
Debbie	Berzins-Loomey	in @ 9	in @ 10
Dawn Lynne	Dengler	9:00	X
Chrisse	France	V	V
Heather	Harrington	7:30-off site 11-4	7:30
Samara	Knox	9:30-off site 11-4	11:15/AC 12-5
Nancy	Pitts	945-545	945-545
Angel	Rucker	9:30-off site 11-4	9:30
Cynthia	Szatraniec	9:00 - 12:00	9:00
Elaine	Weiner	X	
staff needed			
extern			
security			SafeChoice
nurse on call		Irina	Irina
kitchen		cindy	dbt

PA = Patient Advocate

administrators

## GUIDELINES FOR MIFEPRISTONE AND MISOPROSTOL IN EARLY ABORTION

### ELIGIBILITY:

1. Women considering medical abortion with Mifepristone and Misoprostol:
  - a. should not have any of the following:
    - 1) hemorrhagic disorder, or concurrent anticoagulant therapy
    - 2) chronic adrenal failure
    - 3) concurrent long-term systemic corticosteroid therapy
    - 4) confirmed or suspected ectopic pregnancy or undiagnosed adnexal mass
    - 5) inherited porphyries
    - 6) IUD in place (must remove before treatment)
    - 7) history of allergy to Mifepristone, Misoprostol or other prostaglandin
    - 8) unwillingness to undergo a surgical abortion (if indicated);
    - 9) use of: anti-coagulants, Rifampin, EES, Ketoconazole, Dilantin, Tegretol, Phenobarbital, anti-inflammatories (excluding analgesics)
  - b. should have gestation no more than 49 days LMP, to be determined by ultrasound exam.
  - c. should be able to give informed consent, comply with treatment requirements, receive the Mifepristone/Mifeprex™ Medication Guide, and sign the Mifepristone/Mifeprex™ patient agreement; and
  - d. should have access to a telephone and transportation to a medical facility equipped to provide emergency treatment of incomplete abortion, blood transfusions and emergency resuscitation.
  - e. must be 18 years of age, or 16-17 years of age with parental involvement in abortion; parent must participate in education session at Preterm.
  - f. Must provide 2 telephone numbers at which we can say "Preterm".
2. Special considerations:
  - a. There are limited data available on the effects of Mifepristone or Misoprostol while breast-feeding. Clinicians may choose to advise patients to refrain from breastfeeding (i.e. pump and discard breast milk) after taking Mifepristone and up to 72 hours after Misoprostol use.
  - b. Current severe anemia should be considered when assessing eligibility due to the bleeding involved in the process. Notify the physician for patients with a Hemoglobin under 10g/dL before procedure. Most research studies do not include women with a hemoglobin <10gm/dl.
  - c. Concurrent illness with significant diarrhea should be considered when assessing eligibility because of the diarrhea associated with Misoprostol use.
  - d. Any patient with serious systemic illness (e.g. severe liver disease, significant cardiac disease, renal failure, uncontrolled seizure disorder) should be evaluated individually to determine the safest method of pregnancy termination.

### COUNSELING, EDUCATION and INFORMED CONSENT should include:

1. discussion of the decision to have an abortion and assurance that the decision is patient's own;
2. discussion of abortion methods (e.g. medical abortion, vacuum aspiration) and the risks and benefits of each in relation to alternative options (continuing pregnancy), including the risk of death for all options;
3. discussion of known side effects and possible complications of Mifepristone and Misoprostol. This discussion should include:
  - a. information about what symptoms warrant contacting the on-call provider, for example:
    - 1) soaking 2 or more maxipads in 1 hour, or 1 pad per hour for 3 hours;
    - 2) sustained fever or onset of fever days after Misoprostol;
    - 3) abdominal pain or discomfort, or "feeling sick" including weakness, nausea, vomiting, or diarrhea more than 24 hours after taking Misoprostol;
    - 4) no bleeding within 24 hours after using Misoprostol.
  - b. explanation that although ectopic pregnancy is not a result of medical abortion, and that neither the medications nor the route of their administration has been found to be the cause of infection

- or toxic shock, it is important to contact a provider who will be familiar with any signs and symptoms of ruptured ectopic pregnancy or atypical infection following medical abortion;
- c. explanation of the importance of a follow-up visit to confirm complete abortion;
- d. explanation that Mifepristone is not known to increase the risk of teratogenesis in humans, but that fetal malformations have been reported after first trimester use of Misoprostol. Therefore, *women must be strongly advised to complete the abortion, either medically or with vacuum aspiration, once the medications have been administered;*
- 4. discussion of the length of time involved in the medical abortion process and the need for multiple visits. The FDA-approved regimen calls for 3 visits; use of alternative evidence-based regimens can result in fewer visits. In regimens using Mifepristone 600 mg and Misoprostol 400 µg orally up to 49 days' gestation, approximately two-thirds of all women will abort within 4 hours of taking Misoprostol, and about 90% of women will abort within 24 hours.
- 5. discussion of usual range in the amount of pain experienced by women and the use of pain medications. The patient should have an appropriate supply and instructions for use of oral pain medications once treatment is initiated. Pain is typically described as cramping and is most intense during expulsion, most commonly over a 2-4 hour period, after which the pain usually subsides;
- 6. discussion of the amount and quality of bleeding associated with the abortion process, including:
  - a. bleeding is typically heavier than menses and may depend on the length of the pregnancy;
  - b. likelihood of the passage of clots;
  - c. an embryo is approximately the size of a grain of rice at the time when medical abortion is most commonly provided, and is typically not seen.
  - d. while many women may start bleeding prior to using Misoprostol, Misoprostol is typically needed to complete the process;
  - e. using maxi-pads allows the clinician to assess the amount of bleeding;
  - f. some women may experience an episode of heavy bleeding 3-5 weeks after initiating a medical abortion with Mifepristone/Misoprostol.
- 7. a review of the Medication Guide given to the patient, the signed Patient Agreement, and consent form.
- 8. compliance with additional applicable state and local laws, ordinances, regulations, and common law governing the consent process and standard of care for abortion procedures;
- 9. discussion of issues of confidentiality;
- 10. review of aftercare instructions, including 24-hour emergency contact information; and
- 11. availability of contraception and contraceptive counseling, with initiation of contraception, if desired by the patient, as soon as possible. Clinicians' individual practices in the timing of initiation of contraceptive methods following abortion with Mifepristone/Misoprostol vary.

**MEDICAL HISTORY and PHYSICAL EXAMINATION should include:**

- 1. pertinent medical and obstetrical history, including history of allergies and all current patient medications;
- 2. pertinent physical examination, including vital signs;
- 3. determination of gestational age by ultrasonography;

**ULTRASOUND EXAMINATION:**

- 1. All medical abortion patients receive an ultrasound.
- 2. Transvaginal probe or abdominal probe ultrasound may be used routinely to confirm gestational age and intrauterine gestation. When ultrasound examination is performed, document findings (gestational sac, yolk sac, embryonic pole, presence of cardiac activity) for the medical record before administering Mifepristone.
- 3. If an embryonic pole is visible, this measurement will be used instead of gestational sac measurement because it is more accurate for dating.
- 4. If an intrauterine sac is not present, this could indicate early intrauterine pregnancy, ectopic pregnancy, or an abnormal intrauterine pregnancy. After clinical assessment, further evaluation may be warranted. Mifepristone will not be administered if an intrauterine pregnancy is not located. Patient must be given ectopic warnings and referred to a tertiary care facility if necessary.

**LABORATORY EVALUATION:**

1. Documentation of Rh factor.
2. Hemoglobin.
3. B-hCG level is not required unless it is being used to monitor the completeness of the abortion or ectopic pregnancy is suspected.
4. Other tests as medically indicated.

**MEDICATION and FOLLOW-UP:**

Mifepristone 600mg followed in 2 days by 400ug Misoprostol administered orally.

**DAY 1:**

- a. Mifepristone 600mg taken orally.
- b. Rhogam administered to Rh-negative patients.

**DAY 3:**

- a. Misoprostol 400mcg taken orally.

**DAY 14:**

Patient returns for a follow-up visit on approximately day 14 to be assessed for completion of abortion by ultrasonography. Surgical abortion is necessary if a viable pregnancy is detected at this time, because the pregnancy may continue and there is a risk of fetal malformation. If a viable pregnancy is not located, but uterus does not appear to be completely evacuated, patient will either be dispensed repeat Misoprostol and follow-up ultrasound scheduled, or may opt for surgical evacuation. If a patient returns for follow-up ultrasound after repeat Misoprostol, and her uterus is still not completely empty, surgical completion will be performed at that time.

If patient fails to keep follow-up appointment, Preterm will attempt to contact patient twice by telephone. It will be stated that the call is from Preterm. If patient is not reached by telephone, Preterm will mail a letter in a Preterm envelope stressing the importance of follow-up for patient.

Facility  
Checks of Emerg *Cart*

# **EMERGENCY CART**

*Copy*

NOTE: CHECK EXPIRATION DATES ON ALL MEDICATIONS

*Log* USE AN "R" TO INDICATE THAT THE MEDICATION HAS BEEN REORDERED

	DATE	DATE	DATE	DATE	DATE
	3/14/14	3/21/14	3/28/14		
	INITS	INITS	INITS	INITS	INITS
<b>PRESENT AND TESTED</b>	<i>am</i>	<i>LS</i>	<i>LA</i>		
Defibrillator	✓	✓	✓		
Oxygen Tank (Procedure Rooms)	✓	✓	✓		
Suction Machine (Procedure Rooms & Recovery Room)	✓	✓	✓		

## **FIRST DRAWER: MEDICATIONS** Check drug closet for replacement of expired drugs

<b>CHECKED &amp; CLEANED</b>					
Diphenhydramine (Benedryl) tablets	✓	✓	✓		
Diphenhydramine (Benadryl) vials	✓	✓	✓		
2 Ephedrine	✓	✓	✓		
2 Narcan	✓	✓	✓		
5 Epinephrine 1:1000	✓	✓	✓		
2 Solu-Medrol	✓	✓	✓		
2 Lasix	✓	✓	✓		
1 Procainamide (Pronestyl)	✓	✓	✓		
1 Droperidol 5mg/2ml	✓	✓	✓		
1 Romazicon (Flumazenil)	✓	✓	✓		
2 Lanoxin	✓	✓	✓		
1 Liquid Glucose	✓	✓	✓		
1 Albuterol Inhaler	✓	✓	✓		
1 Alupent inhalation solution 5%	✓	✓	✓		
1 Sodium Bicarbonate	✓	✓	✓		
3 Atropine	✓	✓	✓		
1 50% Glucose	✓	✓	✓		
4 Lidocaine 2% 5ml syringe amp	✓	✓	✓		
1 Lidocaine 1%	✓	✓	✓		
3 Epinephrine abboject	✓	✓	✓		
Diazepam Carpujets (10)	✓	✓	✓		
2 Nalbuphine (Nubain)	✓	✓	✓		
2 Phenergan	✓	✓	✓		
Aspirin Tablets	✓	✓	✓		
1 Clonidine (1 bottle)	✓	✓	✓		
1 Nitroglycerin tabs (1 bottle)	✓	✓	✓		
Ammonia inhalants	✓	✓	✓		
2 Amiodarone	✓	✓	✓		
2 Vasopressin	✓	✓	✓		
1 Succinylcholine (refrigerator)	✓	✓	✓		
Aminophylline 25mg/ml	✓	✓	✓		
Pitocin 10units/ml	✓	✓	✓		
Labetalol 5mg/ml	✓	✓	✓		
Glycopyrrolate 0.2mg/ml	✓	✓	✓		

DATE	DATE	DATE	DATE	DATE
3/14/14	3/21/14	3/28/14		
INITS	INITS	INITS	INITS	INITS

## SECOND DRAWER

CHECKED & CLEANED					
Syringes – 1ml, 3ml, 10ml (2 each) 20ml (1)	✓	✓	✓		
Needles – 20g, 22g, filter, butterfly 21g, 22g – 2 each	✓	✓	✓		
Alcohol Wipes	✓	✓	✓		
Ammonia inhalants	✓	✓	✓		
Band-aids	✓	✓	✓		
Vacutainer needles (2) / Vacutainer adapter	✓	✓	✓		
Red & purple top tubes	✓	✓	✓		
Sterile Water	✓	✓	✓		
Sterile Saline	✓	✓	✓		
Tape – ½", 1" clear and cloth	✓	✓	✓		
Carproct	✓	✓	✓		

## THIRD DRAWER: AIRWAY MANAGEMENT

CHECKED & CLEANED					
Endotracheal Tubes – 6mm, 6.5mm, 7.0mm (2 each)	✓	✓	✓		
Stylet	✓	✓	✓		
Laryngoscope	✓	✓	✓		
Miller blade	✓	✓	✓		
Macintosh blade	✓	✓	✓		
Laryngoscope bulbs	✓	✓	✓		
Oral airway (2)	✓	✓	✓		
Nasal trumpet (1)	✓	✓	✓		
Batteries C & D	✓	✓	✓		
Bite stick	✓	✓	✓		
CPR shield	✓	✓	✓		
Surgilube	✓	✓	✓		
Tape – ½" silk	✓	✓	✓		
Stethoscope	✓	✓	✓		
Oxygen connectors	✓	✓	✓		
Oxygen tubing	✓	✓	✓		
Pen light	✓	✓	✓		

## FOURTH DRAWER

CHECKED & CLEANED					
Latex free gloves (2)	✓	✓	✓		
Sterile gloves 71/2, 8, 8 1/2 – 2 pair each	✓	✓	✓		
4x4's	✓	✓	✓		
2x2's	✓	✓	✓		
Suture removal kit	✓	✓	✓		
Resuscitation records	✓	✓	✓		
Cauterizer	✓	✓	✓		
Needle holder	✓	✓	✓		
Scalpels	✓	✓	✓		
Sutures	✓	✓	✓		

DATE	DATE	DATE	DATE	DATE
3/14/14	3/21/14	3/28/14		
INITS	INITS	INITS	INITS	INITS
km	JS	ST		

#### FOURTH DRAWER Continued

CHECKED & CLEANED					
Betadine swabs	✓	✓	✓		
Scissors	✓	✓	✓		
Tweezers	✓	✓	✓		
Ultrasound Gel	✓	✓	✓		

#### FIFTH DRAWER: IV SUPPLIES

CHECKED & CLEANED					
Pressure bags	✓	✓	✓		
Angiocaths – 18g, 20g, 22g	✓	✓	✓		
Tape – transpore, cloth ½", 1"	✓	✓	✓		
Alcohol wipes	✓	✓	✓		
Tourniquet	✓	✓	✓		
Hespan (2)	✓	✓	✓		
IV bags – NS – 500ml, ns 100ml, LR 1000ml	✓	✓	✓		
Armboard	✓	✓	✓		
IV tubing – mainline and piggyback (1 each)	✓	✓	✓		

#### BOTTOM OF CART

CHECKED & CLEANED					
Suction kits	✓	✓	✓		
LMA	✓	✓	✓		
Salem Sump tubing	✓	✓	✓		
Yankar suction kit	✓	✓	✓		
Resuscitatin circuit	✓	✓	✓		
Oxygen tubing	✓	✓	✓		
Adult face mask (1)	✓	✓	✓		
Child face mask (1)	✓	✓	✓		
Ambu bag (1)	✓	✓	✓		
Oxygen mask (1)	✓	✓	✓		



**STAFF MEETING 9/19/12, EMERGENCY TRAINING**

COPY

**Staff In Attendance:**

Naz Khan	RN
Allegra Pierce	MA
Angie Marchmon	RN
Tina Burdecki	Sono
Liz Conn	RN
Jill Buchanan	MA
Irina Solomonova	RN
Tiara White	MA
Amanda Collins	LPN
Vivian Smith	MA
Dominique Richardson	MA
Laura Ackerman	RN
La'Toya Shaw	MA
Dana Jackson	MA
Stephanie Walker	MA

**Scenario #1**

Vaso-vagal reaction: Patient is at conclusion of a 7-week surgical abortion when she becomes pale, sweaty and states that she feels lightheaded. What's going on? What do you do?

Patient seems to be experiencing a vaso-vagal reaction.

Goal: Assess vital signs and attempt to increase blood flow to the brain.

**Patient Support or RN**

Make sure the patient is lying down, on side

Elevate feet if possible (Trendelenburg Position)

Take blood pressure and secure pulse oximeter

**Demonstrate: Know where blood pressure cuff and pulse oximeter are**

**Able to take BP, pulse, and use pulse oximeter**

Despite these measures, the patient passes out. Her pulse oximeter shows 98% oxygen saturation, but her pulse rate is only 55. She remains unconscious with a low pulse. What should be done next?

Administer atropine 0.6-0.8 mg IV or IM and place ammonia capsule under patient's nose

Continue to watch patient, allow her to rest quietly.  
Once feeling well, explain reaction thoroughly to patient.  
Ensure that she is accompanied when she leaves.

**Anaphylaxis:** A patient has just received a para-cervical block in preparation for a first trimester abortion. She begins to complain that she feels itchy and you see hives developing on her face and hands. She states that her tongue and throat feels tight. What's going on? What needs to be done?

Goal: Attempt to halt reaction as quickly as possible and ensure adequate breathing.

Secure pulse oximeter  
Stop administering the medication thought to have caused the reaction  
Administer: Epinephrine 1:100 0.3-0.5ml SQ and Benadryl 50mg IV or IM

While the medications are being administered, the patient's breathing becomes wheezy and labored. She seems to be struggling for air. The pulse oximeter shows 89%.

Activate EMS  
Insert oral airway and ventilate with ambu-bag or mouth-to-mouth.  
Give 4L oxygen via ambu-bag or nasal cannula.  
Continue to monitor pulse and blood pressure.

**Demonstrate:** Knows where oxygen, ambu-bag and oral airway are kept.  
Connects O2 tubing to nasal cannula or ambu-bag.  
Able to ventilate with ambu-bag

The patient continues to need assistance ventilating but you are able to keep oxygen saturation above 90%. You notice, however, that her heart rate is now 105 and her blood pressure is 80/60. What is going on? What do you do now?

Her blood pressure is dropping as a result of the anaphylactic reaction.

Goal: Increase intravascular volume to maintain blood pressure.

**RN**

Secure a large-bore IV and begin wide open LR infusion

**Demonstrate:**        **Knows where IV fluid and IV supplies are kept**

**Patient Support or RN**

Continue to support breathing and circulation

Prepare for transfer to hospital

**\*Reviewed Emergency Transfer Protocol with Staff**

**Scenario #3**

Hemorrhagic shock/cardiac arrest: A patient is undergoing a second trimester abortion. At the conclusion of procedure the physician notes the uterus is boggy, and the patient is experiencing heavy vaginal bleeding. What is going on?

The patient is showing signs of uterine atony.

Goal: Increase uterine contractility and stop bleeding

**RN**

Perform uterine massage

Prepare and/or administer uterotonics as directed by MD

Misoprostol, Oxytocin, Methergine, Vasopressin

**Demonstrate:**        **Knows how to perform uterine massage**

Uterotonics are given and the bleeding appears to slow down. The patient has lost a great deal of blood, however, and she now appears pale, her skin is cool and clammy and her pulse rises to the 110s. What is going on?

The patient is exhibiting physical signs of hypovolemia.

Goal: Assess vital signs and stabilize.

**Medical Assistant or RN**

Make sure the patient is lying down.  
Elevate feet if possible (Trendelenburg position)  
Monitor BP, pulse and oxygen saturation

Goal: Increase intravascular volume to maintain blood pressure and blood flow to the brain.

**RN**

Secure large-bore IV and run LR wide open  
Activate EMS

**Demonstrate:**           **Knows where IV fluid and IV supplies are kept.**

As IV fluids are being started, the patient suddenly loses consciousness and her pulse oximeter stops showing a reading. What is going on? What needs to be done?

The patient appears to have gone into cardiac arrest. The pulse oximeter is not working because there is no pulse.

Goal: START CPR!

**Patient Support or RN**

Activate EMR  
Get AED (Discussed use of AED and upgrades for current BLS protocol)  
Place patient as flat as possible on hard surface  
Maintain an open airway: assist breathing if spontaneous respirations cease.  
Start CPR according to AHA guidelines.  
Use AED as soon as possible

**Demonstrate:**           **Knows where AED**  
                                  **Knows CPR guidelines**

**Scenario #4**

Seizure: A patient is in the recovery room after a first-trimester abortion when she Suddenly loses consciousness and becomes stiff. She then slumps down and Whole body begins to jerk. She is not conscious, and you notice that she loses control of her bladder. What is going on and what needs to be done?

The patient appears to be having a seizure.

Goal: Secure the patient's safety

**Patient Support or RN**

Try to keep the patient from falling and move any objects that might cause injury.

Do not try to hold down or move the patient.

Do not force anything into the patient's mouth and time the length of the seizure.

The seizure goes on for several minutes and then appears to briefly stop. However, the patient does not become conscious again and within 30 seconds, the jerking movements begin again and continue for another several minutes. What does this mean? What do you do?

The patient seems to be in status epilepticus, a seizure that is not stopping on its own.

Goal: Attempt to stop the seizure

**RN**

Activate EMS

Give Valium IV push 5-10mg. If the seizure is not controlled additional doses may be given every 10 -15 minutes, not to exceed a total of 30mg.

Continue to ensure safety of the patient.

**Demonstrate:**        **Knows where emergency medications and cart are kept.**

After being given Valium, the patient's seizure activity seems to stop. She regains consciousness and though she is very confused about what happened, she is responsive. What should be done while awaiting ambulance transfer?

**Medical Assistant or RN**

Place the patient in the recovery position.

Check for injuries.

If the person is having trouble breathing, clear the mouth of any vomit or saliva, and provide oxygen if necessary.

**Scenario #5**

**Medication Overdose:** A patient is having a second trimester procedure with IV sedation. As the nurse starts the medications, the patient suddenly becomes very quiet. She does not respond to voice and gentle shaking. Her breathing seems to have slowed and her oxygen saturation is dropping. What is going on? What do we do?

She seems to be over reacting to the IV medications.

Goal: Assess and stabilize the patient

**RN**

Start 4L oxygen by nasal  
Take vital signs  
Position the patient in trendelenburg position  
Fully assess the airway and insert airway if necessary

**Demonstrate:**       **Knows where oxygen and other airway supplies are kept.**  
                             **Knows how to connect oxygen tubing to nasal cannula**  
                             **Knows how to insert oral airway appropriately**

The oxygen is secured on the patient and she is properly positioned. Her pulse is 60 and regular, her blood pressure is 90/60 and her oxygen saturation is 89%. (having been 99% prior to procedure). Her respiratory rate is 6 breaths per minute. What should be done next?

Goal: Reverse the effects of IV medications

**RN**

Give Narcan  
Give Ramazicon

**Demonstrate:**       **Knows where emergency medications are kept**  
                             **Understands the dosage and use of Narcan and Romazicon**

Within a minute the patient's respirations increase and she becomes arousable. Her oxygen saturation increases to 98% and her blood pressure rises to 120/70. What should be done next?

**Medical Assistant or RN**

Observe and Monitor  
Monitor vital signs and pulse oximeter frequently  
Allow the patient to rest

**Open Floor For Discussion**

**Clarification of Screening Criteria:**

Conscious Sedation:

- Patients over 350lbs are not eligible for conscious sedation
- Patients currently taking Methadone or Suboxone are not eligible for conscious sedation

Patients That Require Letters:

- Any patients with history of disease/chronic health problems/or recent surgery of vital organs (brain, heart, lungs, kidneys, liver, pancreas)

- Patients with Hepatitis C
- Patients currently taking steroids

Inhalers:

- Patients with any history of asthma scheduled for Anesthesia or Conscious Sedation MUST have (or buy) inhaler.

STI's:

Gonorrhea & Chlamydia- Require proof of treatment

Herpes- Must not have current outbreak

Trichomonas- Will receive Flagyl after AB

Late Patients

- Discussed possible reasons patients may have trouble getting here on time, and the importance of showing empathy
- Discussed importance of staff maintaining positive/professional attitude toward seeing as many patients as possible

SURVEYOR NOTES WORKSHEET

Facility Name: Pre term Surveyor Name: B. Slaggy  
CCN: 0288 AS Surveyor Number: 01913 Discipline: RN  
Observation Dates: From 4-3-14 To \_\_\_\_\_

TOUR

1. No smoking sign in conspicuous place	✓
2. Privacy, dignity	✓
3. Call system --OR, RR, toilet facilities	✓
4. Storage/Chemicals, hazardous, wastes and flammable materials	✓
5. Medical Records store confidentially six years or according to facility policy fire and water safe	✓
6. ASC complaint hotline number posted	✓
7. MD present in ASC at all times when patients are receiving treatment until they are discharged from post anesthesia care	✓
8. 2 nurses present in facility, one with ACLS in recovery room	✓
9. RN on call	✓
10. Drug storage adequate space, equipment narcotic count, and double lock No expired drugs	✓
11. Equipment accessible to OR/RR airways, cardiac monitoring, ventilator breathing bag, laryngoscopes, ET tubes CPR drugs, Suction equipment, Tracheostomy, Emergency medical equipment & supplies specified by the medical staff	✓
12. Space not mixed with other functions and operations in a common space during concurrent or overlapping hours	✓
13. Access to OR and RR limited	✓
14. Conform to aseptic technique	✓
15. Cleaning between cases	✓
16. OR dress-hair protection	✓
17. Equipment for rapid and routine sterilization	✓
18. Sterile packs labeled stored marked with expiration date	✓
19. Facility is safe/sanitary/properly constructed/equipped and maintained to protect health and safety of patients - space, lighting, furniture	✓
20. OR—designed and equipped to protect lives and assures the physical safety of individuals	✓
21. Suction equipment	in place - PM CURRENT
22. Evacuation routes posted	✓

All stat  
have Bas  
Life Supp  
CPR.

Rm 3 - Spec Pt  
PROC done in #3



### SURVEYOR NOTES WORKSHEET

Facility Name: \_\_\_\_\_ Surveyor Name: \_\_\_\_\_  
CCN: \_\_\_\_\_ Surveyor Number: \_\_\_\_\_ Discipline: \_\_\_\_\_  
Observation Dates: From \_\_\_\_\_ To \_\_\_\_\_

#### TOUR

23. Emergency lighting, exit signs, fire extinguishers	✓
24. Generator	✓
25. Medical gases secured, even empty canisters sign ventilated to outside receptacles over 5 foot floor manned enunciator panel identify shut off, designate gas line type label empty tanks	✓
26. Malignant hyperthermia equipment procedure	No gen anesthesia
27. Staff working within scope of job	✓
28. Closed off and separate waiting room procedure room restrooms storage areas treatment rooms recovery rooms	✓ ✓ ✓ ✓ ✓
29. Preventive maintenance equipment calibrated cleaning adjusted	All Current
30. Temperature and humidity in OR	✓
31. Laser (hot) signs goggles	X

In autoclave rm. POC storage - Communal receptical  
Log of pick-up by Waste Management (POC) last date of pick up = 3-20-14.  
Obs of Rm where products of conception

Stored in 3 gal. recepticals in chest freezer  
POC are added to the recepticals post procedure and kept in freezer until pick up by waste management. - waste management picks up. and leaves a manifest. Then after the remainder are disposed of incinerated - a copy of the manifest is returned to preterm.



**Menu**

Facility Search  
Demographics  
Applications  
Survey Tracking  
Invoices  
Incidents

**Administration  
Reports**

2567/POC List

**Main Enforcement List**

Surveyor Scheduling  
List  
Surveyor Calendar

**Application  
Dashboard**

NATCEP Personnel  
NATCEP Dashboard

**Self Reported Incident  
Dashboard**

**C.O.N. Dashboard**

## Renewal Application

Facility Name: PRETERM      Type: LICENSED HCF  
Legal Name: PRETERM      AMBULATORY SURGICAL FACILITY

Status: ACTIVE

Office: NLTC

Facility ID: OHL00535    Medicare ID:    Medicaid ID:

State ID: 0288AS



\*\*UNDER LICENSE WATCH

Workflow

Payments

Check List

Notes

Documents

Survey Bureau Workflow

Application Status:	<input type="text" value="PENDING"/>	
Assigned Specialist:	<input type="text" value="SMITH BRIDGETTE"/>	
Date Received: *	<input type="text" value="01/10/2014"/>	
Legal Action:	<input type="text" value="No"/>	
Application Fee Required:	<input type="text" value="Yes"/>	
Application Fee:	<input type="text" value="300"/>	[\$000.00]
Late Fee Required:	<input type="text" value="No"/>	
Late Fee:	<input type="text" value="0"/>	[\$000.00]
Application Form Complete:	<input type="text" value="No"/>	
Request For Information Date:	<input type="text"/>	
License Type:	<input type="text" value="ACTIVE"/>	
Date Sent to Survey Bureau:	<input type="text" value="02/04/2014"/>	
Date Received from Survey Bureau:	<input type="text"/>	
Date Sent to BRC:	<input type="text"/>	
Effective Date:	<input type="text"/>	
Approval Date:	<input type="text"/>	

\* Indicates a required field

CV

# Health Care Facility Renewal Application

As defined in section 3701-83-04 of the Ohio Administrative Code

3/31

Facility ID # 028845

Please print legibly in ink or type

1. Facility Name Preterm		
2. Address 12000 Shaker Blvd.		Suite —
3. City Cleveland	4. Zip 44120	5. County Cuyahoga
6. Phone Number (216) 991-4000		7. Fax Number (216) 991-4571
8. E-mail Address info @ preterm.org		

Mailing address, if different from above

9. Name		
10. Address		Suite
11. City	12. State	13. Zip


14. Renewal application type	
<input checked="" type="checkbox"/> Ambulatory surgical facility	<input type="checkbox"/> Freestanding birthing center
<input type="checkbox"/> Freestanding dialysis center	<input type="checkbox"/> Freestanding inpatient rehabilitation facility

15. Has there been a change in this facility's capacity? If yes, explain	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
16. Has there been a change or update to this facility's most recent accreditation status report or findings? If yes, explain and provide a copy of the most recent accreditation inspection report and findings, unless the department has been previously notified. Explanation:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
17. Has there been a change in ownership?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
18. Has there been a change of onsite administrator? If yes, name	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
19. Has there been a change of medical director or individual responsible for the provision of health care services? If yes, name	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
License/certification #	

JAN 10 14

3100 914

<p>20. If the owner(s), administrator or medical director has changed, has the new individual(s) been convicted of any criminal activity or been involved in a civil judgment or administrative adjudication for an offense related to the provision of care or bearing a direct or substantial relationship to the job responsibilities?</p> <p>If yes, provide the individual's name and give a full explanation stating the charge(s), date(s) and disposition on a separate page.</p>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<p>21. Has the owner(s), administrator or medical director been affiliated through ownership or employment with any of the facilities listed in rule 3701-83-04 (A)(1)(c) of the OAC within five years prior to the date of this application?</p> <p>If yes, provide the individual's name and list the name(s) and address(es) of the facilities on a separate page.</p>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

<p>I affirm that to the best of my knowledge and belief, the answers provided herein and all accompanying materials are true and correct. I understand that section 3702.30 of the Ohio Revised Code and paragraph (E) of rule 3701-83-04 of the Ohio Administrative Code require the owner to inform the Director, in writing, of any changes in the information contained in the statement of ownership set forth in the initial application and any change in accreditation status, no later than 30 days after the change occurs.</p> <p>I certify that I am an owner of the facility or the authorized representative of the owner.</p>	
<p>Print/type owner's or representative's name</p> <p><i>Heather Harrington</i></p>	<p>Title</p> <p><i>Director of Clinic Operations</i></p>
<p>Signature</p> 	<p>Date</p> <p><i>1/8/14</i></p>



Thomas P. Gilson, M.D.  
Medical Examiner

**Office of the Cuyahoga County Medical Examiner**

11001 Cedar Avenue  
Cleveland, OH 44106  
(216) 721-5610

Phone #: 216-721-5610  
Facsimile #: 216-707-3188  
Ohio Relay Service (TTY) #: 800-750-0750

**Medical Records Request Fax Transmittal Form**  
**Attention: Medical Records**

**Transmittal Date:** 3/26/2014  
**Facility:** Preterm  
**Phone:** 216-991-4000 **Fax:** 216-991-4571  
**Medical Examiner's Case #:** XX2014-01188 **Date of Death:** 3/26/2014  
**Re:** Lakisha Wilson  
**Social Security #:** 302-92-2009 **Date of Birth:** 5/6/1991  
**Date of treatment:** 3/21/14

**Please provide the following information:**

**Operative Reports**

*Pursuant to sections (313.091, 313.11 and 313.12) of the Ohio Revised Code, State of Ohio, this office is requesting copies of the records indicated for the above named decedent. Please forward copies of the records to the representative listed above.*

**IF THERE WILL BE A DELAY IN SENDING THE REQUESTED RECORDS, PLEASE NOTIFY THE  
GENERAL OFFICE AT 216-721-5610, prompt #3.**

Thank you, Cindie

**Privacy Notice**

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COPY

# ACTIVITY REPORT (SEND)

MAR/27/2014/THU 01:10 PM

FAX

#	DATE	START T.	RECEIVER	COM.TIME	PAGE	TYPE/NOTE	FILE
101		11:00AM	718886743691	0:01:13	2	OK	ECM 2364
102		11:18AM	718662660178	0:01:37	5	OK	SG3 2365
103		03:33PM	719044704770	0:04:14	9	OK	G3 2366
104		03:41PM	719044704770	0:04:15	9	OK	G3 2367
105		03:52PM	713308492033	0:00:52	3	* OK	SG3 2368
106	MAR/20	10:57AM	713183224675	0:02:28	13	OK	SG3 2371
107	MAR/21	11:25AM	714409885645	0:00:32	2	* OK	SG3 2372
108		02:16PM	714408785450	0:02:08	1	OK	SG3 2373
109	MAR/22	11:40AM	713304529520	0:00:25	2	* OK	SG3 2376
110		02:25PM	713306724014	0:03:30	14	OK	SG3 2378
111		03:30PM	78448900	0:00:46	2	* OK	ECM 2379
112	MAR/24	00:44PM	72317920	0:00:18	1	* OK	SG3 2384
113		00:46PM	78448900	0:00:45	2	OK	ECM 2385
114		05:46PM	77521064	0:07:44	22	OK	SG3 2386
115	MAR/25	07:56AM	719044704770			NO RESPONSE	2387
116		07:58AM	719044704770	0:04:26	10	OK	G3 2388
117		10:51AM	714404460303	0:00:51	4	OK	SG3 2389
118		02:11PM	714404460303	0:00:35	2	OK	SG3 2392
119		02:50PM	79914571	0:00:49	2	* OK	ECM 2393
120	MAR/26	02:02PM	717037424238	0:01:12		FAIL01(0000)	2405
121		02:22PM	716142369355	0:00:35	1	OK	ECM 2406
122		04:01PM	74517303	0:00:38	1	OK	ECM 2408
123	MAR/27	11:00AM	77528116	0:01:57	8	OK	SG3 2412
124		11:02AM	718777930005	0:02:55	7	OK	G3 2413
125		11:12AM	718777930005	0:05:47	12	OK	G3 2414
126		11:21AM	713304529520	0:02:06	11	OK	SG3 2415
127		11:55AM	74208122	0:00:37	2	OK	SG3 2416
128		05:03PM	77075188	0:04:16	27	OK	SG3 2417
TOTAL				2:28:34	395		
GRAND TOTAL				42:04:27	8696		



Faxed 3/27/14 @ 1:03 pm.  
Status: *gkml*

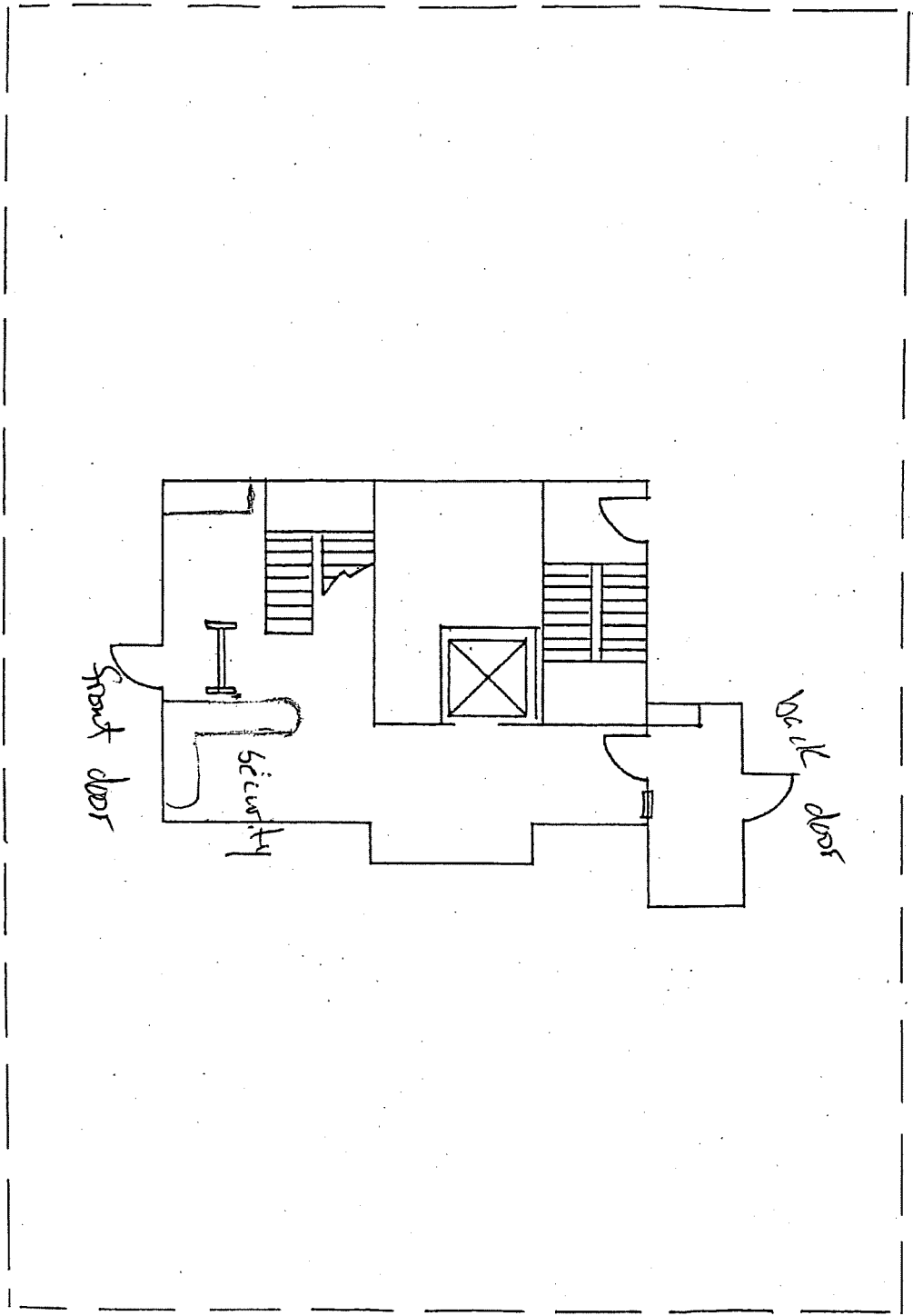
cont
orga
from
date
fax i
# of

contact: Cindie  
organization: office of the Cayahaga Co  
from: S. Knox Me  
date: 3/27/14  
fax #: (246) 707-3188  
# of pages (including cover) 27  
re: Case# XX2014-01188  
comments:

The information contained in this facsimile message is privileged and confidential, and intended for the use of the addressee listed above. If there are any problems with this transmission, please call 216-991-4577 immediately. Thank you for your attention and cooperation.

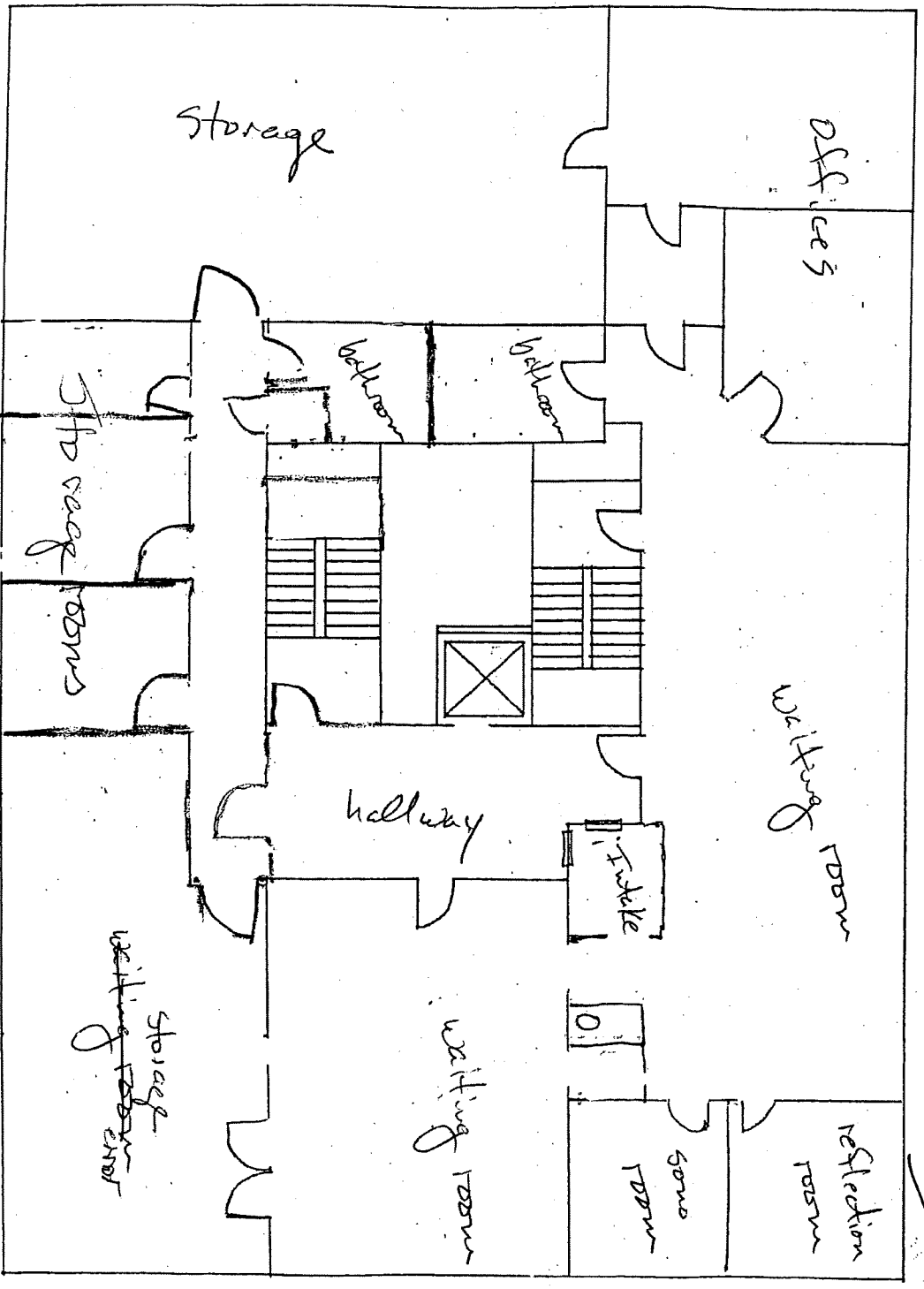
phone . 216.991.4577  
med. services . 216.991.4000  
fax . 216.991.4571  
email . [info@preterm.org](mailto:info@preterm.org)  
[www.preterm.org](http://www.preterm.org)

Copy



FIRST FLOOR

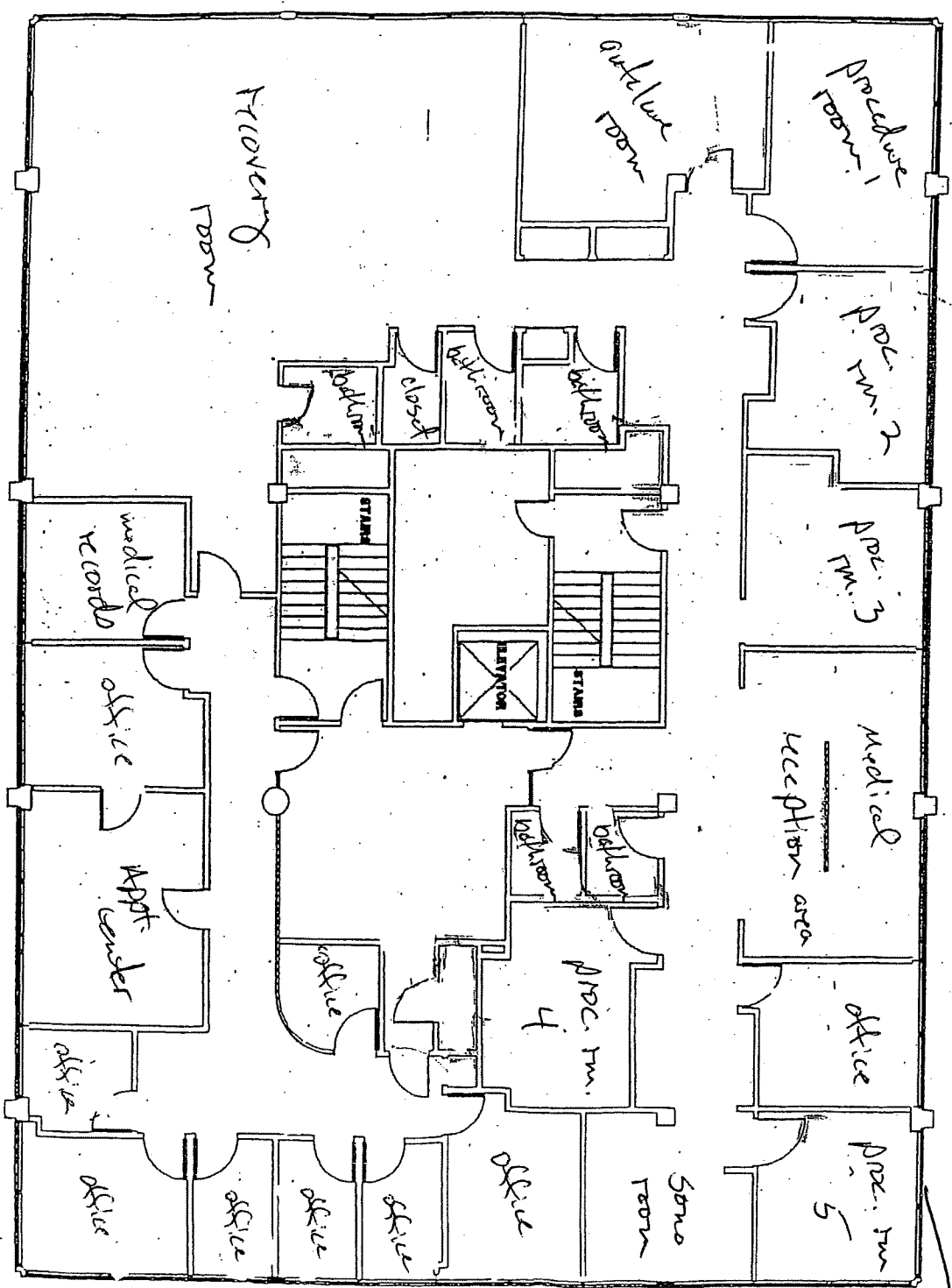




SECOND FLOOR

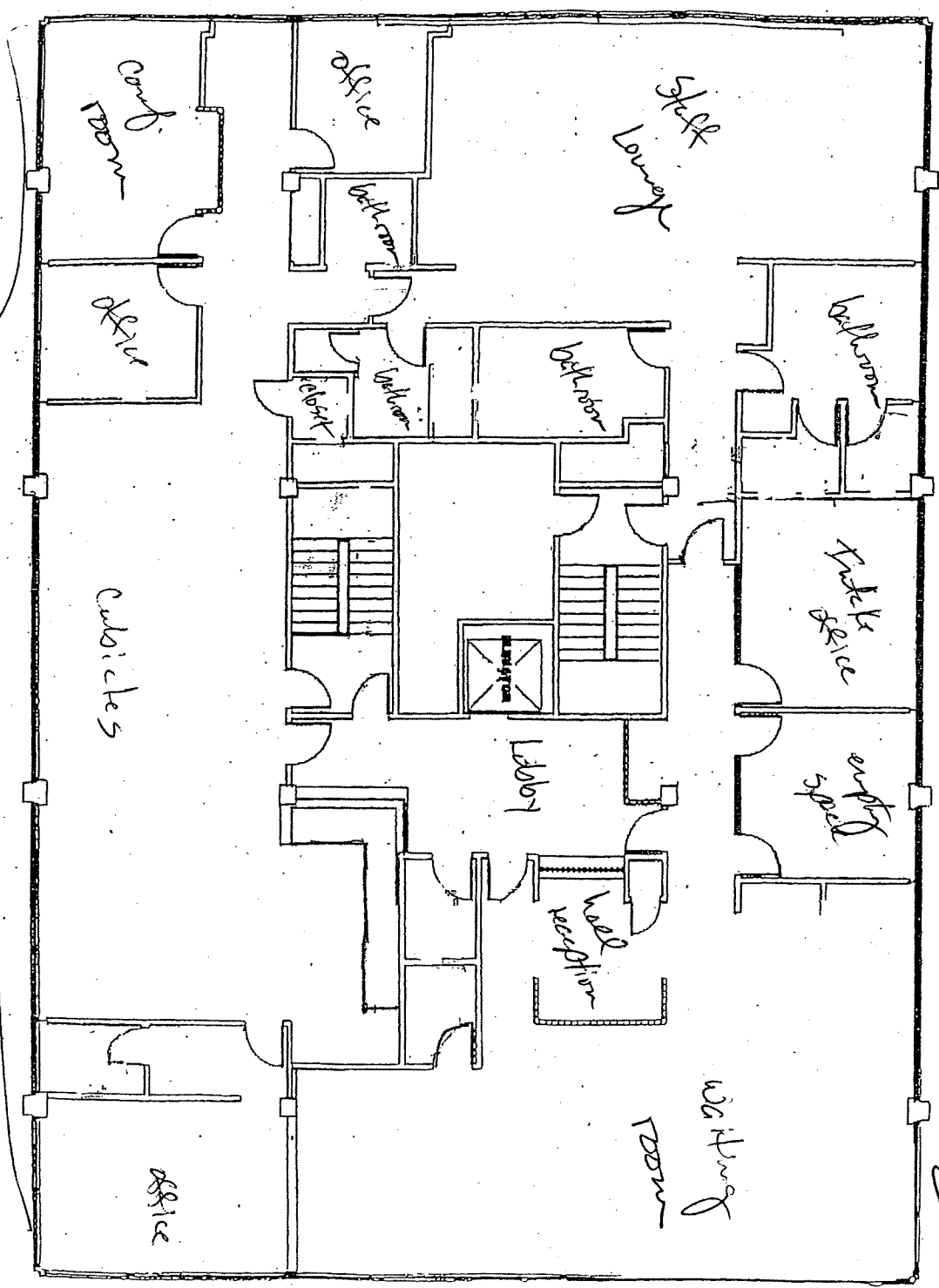
Copy

Copy



THIRD FLOOR

Copy



Administration

FOURTH FLOOR

## SURVEYOR NOTES WORKSHEET

Facility Name: Pre term Surveyor Name: B Slaggy  
 Provider Number: 028845 Surveyor Number: 07973 Discipline: RN  
 Observation Dates: From 4-2-14 To \_\_\_\_\_

TAG/CONCERNS	COMPLAINTS	DOCUMENTATION
1)	DH00074116	
2)	DH00074144	
3)	DH00074148	
1)	1. Facility failed to provide the necessary care & services to prevent death of a patient	
	2. Facility failed to call 911 in a timely manner which delayed appropriate life saving measures, which may have resulted in the death of the pt.	
2)	3. Facility failed to provide the necessary care & services to prevent death of a patient.	
	4. Facility failed to train staff in standard emergency protocol.	
	5. Facility failed to train staff in emergency transfer procedures.	
	6. Facility failed to ensure that the staff members who made the 911 call had access to all relevant facts about the emergency situation, in order to expedite the emergency call.	
	7. Facility failed to have emergency policies & procedures.	
3)	8. Facility failed to provide the necessary care & services to prevent the death of the Specified patient.	
	9. The Spec Pt. died as a result of the late term abortion. 19 wks 4 days	

## SURVEYOR NOTES WORKSHEET

Facility Name: \_\_\_\_\_ Surveyor Name: \_\_\_\_\_  
Provider Number: \_\_\_\_\_ Surveyor Number: \_\_\_\_\_ Discipline: \_\_\_\_\_  
Observation Dates: From \_\_\_\_\_ To \_\_\_\_\_

**TAG/CONCERNS**

**DOCUMENTATION**



ACCREDITATION ASSOCIATION  
for AMBULATORY HEALTH CARE, INC.

June 27, 2011

Organization #: 65315

Accreditation Expires: July 20, 2014

Organization: Preterm Cleveland, Inc.  
Address: 12000 Shaker Boulevard  
City, State, Zip: Cleveland, OH 44120

Decision Recipient: Chrissie France  
Survey Contact: Heather Harrington

Survey Chair: Steven Lacher, MD

Survey Dates: June 16-17, 2011

It is a pleasure to inform you that the Accreditation Association for Ambulatory Health Care, Inc. (AAAHC) Accreditation Committee has awarded Preterm Cleveland, Inc., a three-year term of accreditation.

Granting accreditation reflects confidence, based on evidence from this recent survey that you meet, and will continue to demonstrate throughout the accreditation term, the attributes of an accreditable organization as reflected in the standards found in the *Accreditation Handbook for Ambulatory Health Care*. The dedication and effort necessary for an organization to be accredited is substantial and the compliance with those standards implies a commitment to continual self-evaluation and continuous improvement.

Members of your organization should take time to review your Survey Report, which may arrive separately:

- Any standard marked "PC" (Partially Compliant) or "NC" (Non-Compliant) must be corrected promptly. Subsequent surveys by the AAAHC will seek evidence that deficiencies from this survey were addressed without delay.
- The Summary Table provides an overview of compliance for each chapter applicable to the organization. Emphasis for attention should be given to chapters marked "PC" (Partially Compliant) or "NC" (Non-Compliant).
- As a guide to the ongoing process of self-evaluation, periodically review the Survey Report to ensure the organization's ongoing compliance with the standards throughout the term of accreditation.
- Statements in the "Consultative Comments" sections of the report represent the educational component of the survey. Such comments may provide suggested approaches for correcting identified deficiencies.

AAAHC policies and procedures and standards are revised on an annual basis, such revisions become effective March 1 each year. Accredited organizations are required to maintain their operations in compliance with the current AAAHC standards and policies. Therefore, the organization is encouraged to visit the AAAHC website, [www.aaahc.org](http://www.aaahc.org), for information pertaining to any revisions to AAAHC policies and procedures and standards.

We hope the survey has been beneficial to your organization in identifying its strengths and opportunities to improve. AAAHC trusts that you will continue to find the accreditation experience meaningful, not only from the benefit of having carefully reviewed your own operation, but also from the recognition brought forth by your participation in this survey process.

If you have any questions or comments about any portion of the accreditation process, please contact the AAAHC Accreditation Services department at (847) 853-6060.

## SURVEYOR NOTES WORKSHEET

Facility Name: PRE-TERM

Surveyor Name: \_\_\_\_\_

Provider Number: \_\_\_\_\_

Surveyor Number: \_\_\_\_\_

Discipline: \_\_\_\_\_

Observation Dates: From 4/2/14 To 4/3/14

TAG/CONCERNS

DOCUMENTATION

9:35A

INTERVIEW E HEATHEN - Director of Clinical Operations

22yr APPARENTLY HEALTHY

UH PHY TR MEN

NO PERFORATION, BLEEDING DURING OR P ABORTION  
4 ADS

TOX SCREENED - NO ADULTS AALK

SHE HAD CONSCIOUS SEDATION

STAFF TRAINITION + THERAPIST BROUGHT IN FROM STAFF

CITY REPORT DOCUMENTED ON 4/1/14 AS STATED BY HEATHEN.  
LUCINDA FARINA N.P. SURVEYOR FOR CLIN. DEPT. OF HEALTH  
REPORT STATES:

LUCINDA MET E HEATHEN, DIR. OF OPERATIONS + ANGELA  
RUCKER, DIR. OF CLINICAL SERVICES @ 10:40 AM. ON 4/1/14  
TO REVIEW THE MED. RECORD of LAKISHA WILSON, 22 yr  
OLD AFRICAN-AM. WOMAN TRANSPORTED BY EMS FROM  
PRE-TERM TO UNIHOSPITAL OH. 3/21/14 UNDER THE DIRECTION  
OF LISA PERLIERA, MD, THE PHYSICIAN PERFORMING THE AB.  
PROCEDURE. LW WAS A GRAVIDA 4 & 1 TERM, 0 PRE-TERM  
3 ABs + 1 LIVING CHILD. ALL 4 PREGNANCIES OCCURRED  
FROM 2010-2014. CONDOMS WERE THE METHOD OF CONTRACEP-  
TION LW REPORTED USING PRIOR TO CONCEPTION OF THE  
PREGNANCY FOR WHICH THE PROCEDURE TOOK PLACE. LW  
WAS 19 WEEKS 4 DAYS PREG. BY ULTRASOUND DATING AT  
THE TIME OF THE PROCEDURE ON 3/21/14. LW WAS ANNOUNCED  
DEAD AT UHHS ON 3/28/14. (REPORT ~~HAS WRONG~~ DATE + SHOULD BE  
3/31/14 AS REPORTED BY HEATHEN; LW ON LIFE SUPPORT UNTIL 3/31/14) [11:15AM 4/2/14]

ALL CONSENTS REQUIRED BY THE STATE OF OHIO WERE SIGNED,  
WITNESSED, DATED + IN THE MED. RECORD. DATES OF THE CONSENT  
DOCUMENTS WERE COMPLIANT E OHIO REGS. MED. PERSONNEL INVOLVED  
IN THE CARE OF LW ALL HAD CURRENT BASIC CARDIAC LIFE  
SUPPORT CARDS ON FILE. THE RN HAD CURRENT ACLS + A  
COPY OF CURRENT RN LICENSE E THE STATE OF OHIO. DR.  
PERLIERA'S MED LIC. IS CURRENT.

## SURVEYOR NOTES WORKSHEET

TAG/CONCERNS	DOCUMENTATION
	<p>THE MED. RECORD WAS REVIEWED FOR THE EVENTS OF THE MORNING OF 3/21/14. THE EVENT HAPPENED IN A PROCEDURE ROOM FOLLOWING COMPLETION OF THE PROCEDURE + WHILE THE PHYSICIAN + RN WERE PRESENT. VITAL SIGNS + MEDS GIVEN TO THE PT PRIOR TO, DURING, + FOLLOWING THE PROCEDURE WERE RECORDED BY THE RN ON THE PROCEDURE RECORD. MEDS USED ARE CONSISTANT <math>\bar{c}</math> ACLS PROTOCOLS. B/P WAS NOTED TO <math>\downarrow</math> <math>\bar{c}</math> WARNING + MED. EFFORTS TO MANAGE THE PT <math>\bar{c}</math> MEDS, CPR + USE OF AN AED WERE INITIATED IMMEDIATELY. 1 SHOCK WAS GIVEN IN ACCORDANCE <math>\bar{c}</math> INST. ON THE AED. THE PHY. NOTED UTERINE ATONY + PRESCRIBED METHERGINE, A DRUG COMMONLY PRESCRIBED FOR UTERINE ATONY WHICH WAS ADMINISTERED. EST. BLOOD LOSS WAS RECORDED AS 300 ml. ADDITIONAL STAFF WAS SUMMONED + ONE WAS DESIGNATED TO CALL 911. THE PHY. + RN REMAINED <math>\bar{c}</math> THE PT.</p> <p>EMERGENCY MGT. PROCEDURES WERE REVIEWED + I FIND THAT THE EVENTS DESCRIBED ABOVE, COMPLY <math>\bar{c}</math> THE EM. MGT. PROCEDURES ESTABLISHED AT PRETERM. THE DIR. OF CLINICAL SERV. CONDUCTS + DOCUMENTS YEARLY TRAINING IN EMERGENCY PROCEDURES FOR ALL HEARON CARE STAFF. THE EMERGENCY PROCEDURE IS POSTED THROUGHOUT THE CLINIC FOR EASY REFERENCE. I CONCLUDE THAT THE DOCUMENTED RESUSCITATIVE EFFORTS WERE APPROPRIATE + TIMELY. AN AUTOPSY IS PENDING.</p>



## SURVEYOR NOTES WORKSHEET

Facility Name: PRE TERM Surveyor Name: \_\_\_\_\_  
 Provider Number: \_\_\_\_\_ Surveyor Number: \_\_\_\_\_ Discipline: \_\_\_\_\_  
 Observation Dates: From 4/2/14 To 4/3/14

TAG/CONCERNS	DOCUMENTATION
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### TRANSFER CHART

PT #1

AB DATE 12/6/13

M.D. LAPPEN

C/O: HEMORRHAGE

TX: TRANSFER TO UH

RESOLVED: HEMORRHAGE SECONDARY TO UTERINE ATONY  
CERVICAL INJURY

28yr OLD G4P1 VAG. DELIVERY TERMINATION OF 19.4 WEEK  
Pg. LAMINARIA PLACED 12/5/13; OPERATOR NOTED CERVIX  
ONLY ACCOMMODATES 3 DILATORS. PT RETURNED TO CLINIC  
NEXT DAY 12/6/13, 3 DILATORS REMOVED + 5 NEW ONES INSERTED.  
PROCEDURE COMPLETED AT 3:30 "PROCEDURE UNCOMPLICATED - ADDITIONAL  
STITCH PLACED AT TENACULUM SITE POST PROCEDURE - SAME AREA  
AS "YESTERDAY" 5:10p OPERATOR CALLED TO RECOVERY TO ASSESS  
FOR BLEEDING, TOLD PT PASSED ABOUT 200cc BLOOD/CLOT. PT  
TAKEN TO PROCEDURE RM., MD NOTED PT PASSING BLOOD "BRISKLY";  
UTERUS EVALUATED, PT GIVEN METHERGINE, HESPERAN, CYTOTEC; FOLEY  
PLACED; MD DECIDED TO TRANSFER PT @ 6:45p ALTHOUGH BLEEDING  
SLOWED; EBL 800cc. FOLEY DEPLACED AT UH, NO TRANSFUSION  
NEEDED, PT D/C W/O FURTHER TX.

11/22/13 LAB REPORT HGB 11.3 Rho +

12/22/13 PRETERM TISSUE RPT.: 409 gm FOOT MEASUREMENT 30mm  
GEST. AGE 19.6 WKS LMP 7/25

PRETERM MED. HX + SCREENING RPT. (AS STATED ABOVE) + AT 1900  
EMS ARRIVED → RPT GIVEN → PT TO CANT + RPT GIVEN BY DR. LAPPEN.  
CHART COPIED + JIMMY (MA) ACCOMPANIED PT TO UH + COPY OF CHART  
GIVEN TO UH STAFF.

INITIAL HX 11/27/13 NOTHING REMARKABLE OR OUTSTANDING NOTED  
GESTATIONAL ULTRASOUND RPT. 11/22/13 BPD 44mm 19.3 WKS

ABDOMINAL SONOGRAM

INTRAMUTERINE PROB. - YES

SINGLE

FEMUR LENGTH 27mm 18.2 WKS

HEART ACTION - YES MATHMAT - YES

PLACENTA LOCALIZED - ANTERIOR

## SURVEYOR NOTES WORKSHEET

Facility Name: \_\_\_\_\_ Surveyor Name: \_\_\_\_\_  
 Provider Number: \_\_\_\_\_ Surveyor Number: \_\_\_\_\_ Discipline: \_\_\_\_\_  
 Observation Dates: From \_\_\_\_\_ To \_\_\_\_\_

TAG/CONCERNS	DOCUMENTATION
	RESCAN DATE 12/5/13 12:22 PM BPD 46 MM 19.6 WKS FEMUR LENGTH 30 MM 19.3 WKS
	FETAL H.B./PREGNANCY 11/27/13 GEST. AGE 19.3 FETAL H.B. DETECTED YES PT ACCEPTED TO VIEW FETAL H.B. PT SIGNED @ 3:53 PM
	REPRODUCTIVE HEALTH HX 11-27-13 7-16-10 VAG. DELIVERY 2006/2011 2 AB 3/23/11 AB VITALS TAKEN
	PT ADVISES NOTES - PT STATE'S CLEAR ABOUT DECISION TO HAVE AB. ↓ → - UNDERSTANDS RISKS & COMPLICATIONS 11/27/13 4:58 PM PT SIGNED 11/27/13
	INFORMED CONSENT 19.3 WKS PG. SIGNED @ 5:05 PM 11-27-13
	CONSENT & CERTIFICATION SIGNED BY PT + WITNESS 12/5/13 @ 12:40P " FOR CERVICAL DILATOR INSERTION SIGNED BY PT + WITNESS 12/5/13
	LAMINARA PROCEDURE RPT. REVEALS HGB 11.3 SONOGRAM DATE 11/27/13 WKS. 19.3 G/P 4/1 RE-SONOGRAM DATE 12/5/13 WKS 19.4 SIGNED BY MD. ON 12/5/13
12/6/13	OP REPORT: VITALS + O <sub>2</sub> SAT 99% ST 3:00 END 3:25 POST-PROCEDURE STATUS 3:27 VITALS STABLE
12/6/13	OP REPORT: O <sub>2</sub> SAT 98% E MAX ST 5:13 END 6:29
	UH REPORT ADMIT DATE 12-6-13 19:28 MONITOR ON L&O, KEEP VAG. PACK & Foley for 12" D/C 12/7/13 AFTER REMOVAL OF PACKING.

HEA 1802 RPT FILLED OUT + SIGNED BY DR. 12/6/13

GEST. AGE 19w 6d  
ULTRASOUND

FOLLOW-UP SCHEDULED FOR 12/20/13 8AM

# SURVEYOR NOTES WORKSHEET

TAG/CONCERNS	DOCUMENTATION
3)	<p>M.A., SONOGRAPHER, SP (SUPPORT STAFF)  D.O.H.  ANNUAL REVIEW 1/25/14 SIGNED OFF 1/25/14  BLS EXP 12/2015  JOB DESCRIPTION: TITLE: PROCEDURE SUPPORT STAFF 11/23/11  : ULTRASOUND TECHNICIAN 11/23/11  PERFORMANCE EVALUATION: 12/31/13 EXCEEDS EXPECTATIONS  SIGNED OFF 1/2/14  HEATHER STATES LATOYA DOES NOT FUNCTION AS AN MA, THAT IS JUST  WHAT SHE WENT TO SCHOOL FOR.</p>
4/3/14 10:32 A	<p>4) LA DANA JACKSON MA, ULTRASOUND TECH., PT ADVOCATE, PROCEDURE  D.O.H. 2/1/03 SUPPORT STAFF, MED. RECORDS CLERK.  BLS EXP 12/2015  ANNUAL REVIEW 12/31/13  JOB DESCRIPTION: ULTRASOUND TECHNICIAN 11/22/11  MEDICAL RECEPTIONIST 11/22/11  PT ADVOCATE 11/22/11  PROCEDURE SUPPORT STAFF 11/22/11  SONO ANNUAL REVIEW CHECKLIST 7/31/12 (ADDED IN ANNUAL PER. EVAL)  IN OR  INTERVIEW → LA DANA IS TRAINED TO PERFORM SONOGRAMS WHILE PT IS PRESENT  HEATHER 10:50 A TO SIMPLY TAKE A PICTURE (BEFORE + AFTER). SHE DOES NOT DO  4/3/14 MEASUREMENTS.</p>

## SURVEYOR NOTES WORKSHEET

Facility Name: PRE TEAM

Surveyor Name: \_\_\_\_\_

Provider Number: \_\_\_\_\_

Surveyor Number: \_\_\_\_\_

Discipline: \_\_\_\_\_

Observation Dates: From 4/2/14 To 4/3/14

TAG/CONCERNS	DOCUMENTATION
	<del>TRANSFER CHECK</del>
	<del>PERSONNEL RECORD</del>
1) (ANGEL)	ANGALESA RUCKER D.O.N. / Dir. of CLINICAL SERVICES D.O.H. 11/2005
	ANNUAL EVALUATION 3/11/14
	EDUCATION: MSN CNP 2012
	JOB DESCRIPTION for D.O.N.
9:21 AM - 11:41 AM	TITLE Δ TO MAKE IT MORE GLOBAL
2)	PATRICE SIMMONS
	APPLICATION FOR EMPLOYMENT REVEALS HK of EXPERIENCE LEVEL II
	for TRAUMA NRS. HIRE DATE 1/17/11 AT HIGHEST HOSPITAL
	ACLS CRP 5/2014
	RN EXP 8/31/15
	GRADUATED FROM NME SCHOOL IN 2009
	PERFORMANCE REPORT
	ORIENTATION CHECKLIST
	ANNUAL EVALUATION 10/25/13 "MEETS EXPECTATIONS"
	CONSCIOUS SEDATION NRS. EVAL. 10/22/13

### SURVEYOR NOTES WORKSHEET

Facility Name: Pre term

Surveyor Name: Beverly Slaggs

Provider Number: \_\_\_\_\_

Surveyor Number: 07978 Discipline: RN

Observation Dates: From \_\_\_\_\_ To \_\_\_\_\_

TAG/CONCERNS	DOCUMENTATION
4-4-14	
4:26 pm	Return phone call from Angel Rucker RN, Director of Clinical Services Preterm concerning use of the pediatric mask on Lakisha Wilson during code 3-21-14. Angel stated she spoke to Lisa Perreira, MD (the physician participating in the code) and Dr. Perreira stated she (Dr. Perreira) was the person that placed the mask on the pt, and the mask fit appropriately for proper <del>oxygenation</del> oxygenation.

## SURVEYOR NOTES WORKSHEET

Facility Name: \_\_\_\_\_ Surveyor Name: \_\_\_\_\_

Provider Number: \_\_\_\_\_ Surveyor Name: \_\_\_\_\_  
 Observation Date: \_\_\_\_\_ Surveyor Number: \_\_\_\_\_ Discipline: \_\_\_\_\_

Observation Dates: From \_\_\_\_\_ To \_\_\_\_\_

[illegible]

# SURVEYOR NOTES WORKSHEET

Facility Name: Pre term

Surveyor Name: B. Slattery

Provider Number: 0288 AS

Surveyor Number: 07913 Discipline: RN

(Observation Dates: From 4-2-14 To 4-3-14)

TAG/CONCERNS

DOCUMENTATION

# 3

Record Review

Abortion Phone Report

chart #

Appt made 9-19-13

Age 18 Birthday

Preg test (+)

LMP 4-20-13

HB (here before) ✓ No

Yellow Review pg

AB date: 9-27-13

MD: Lappen

Complaint: persistent bleeding

Tx: Transfer to UH, transfusion

Resolved: Hemorrhage, DIC

1840 G1 P0, termination of 21.5 wk pregnancy  
7 Dilapan inserted on 9/26/13 without incident. Procedure  
completed 9/27/13 without incident; 695 grams of tissue  
recovered. Approx 90 min after procedure, increased vaginal  
bleeding noted in Recovery Rm. Uterololone, uterine  
massage administered, compression sutures placed  
bilaterally, Foley placed & inflated for tamponade; bleeding  
decreased but persisted. Total EBL 700 cc. Transferred  
to UH for observation. Operator reports patient  
developed DIC, was given 2 units plasma, stabilized  
& was discharged without further complications

9-24-13 Hgb 10.5 Rho POS

Tissue report

Gestational Age 20-0 weeks

observed:

fetal tissue yes

placental tissue yes

gestational sac yes

Wille yes

decidua

decidua only no

small tissue (<11 gm) no

molar preg no

Tissue not viewed

Dr. Lappen

9-27-13

Observation Dates: From \_\_\_\_\_ To \_\_\_\_\_



## SURVEYOR NOTES WORKSHEET

Facility Name: Preterm Surveyor Name: B. Slaggy  
 Provider Number: 0288 AS Surveyor Number: 07973 Discipline: RN  
 Observation Dates: From 4-2-14 To \_\_\_\_\_

TAG/CONCERNS	DOCUMENTATION
	Personnel File Review
	1. <u>Patrice Sirmone RN exp 8-31-15</u>
	* <u>Pres employer - Clive Clinic Hillcrest Hospital</u>
	<u>BLS - exp date 5-14</u>
	<u>ACLS - " 2-15</u>
	* <u>currently (6-26-13) employed as a nurse in a Level 2 Trauma/Emergency Dept</u>
<div style="position: relative; height: 40px;"> <span style="position: absolute; left: -40px; top: 0; font-size: 2em;">///</span> </div>	
	Physician notes 4-27-13
Pt #3 continued	<p>12:15pm Called to assess pt for increased vag. bleeding in bathroom ERL 150 cc on pads/in toilet. Transported to procedure room. Vitals Stable BP 120/70 HR 90 Epm ultrasound-mild along 9mm cannula used to evacuate blood clot. Methergine 200 mcg IM, cytotec 1000 mcg PO and oxytocin 10 u IM adm. Uterine/bimanual massage performed. Tone improved &amp; vaginal bleeding resolved. Total ERL (including procedure) = 250cc. To recovery in stable condition Monitor vag bleeding in Recovery J. Lappen MD.</p> <p>1<sup>00</sup> PM VS stable. Methergine 0.2mg IM up to bathroom to check pad - 2 pads soaked Dr. Lappen in.</p> <p style="text-align: right;">N. Khan RN</p> <p>1<sup>05</sup> PM to procedure rm. IV in progress. N. Khan RN</p> <p>Pt. reassessed in Recovery - On going vaginal bleeding not as brisk as previously. Vital signs stable BP <u>110/120</u> 110-120/60-70 HR 80-90's Hemovac 8.9 Ultrasound - endometrial echo thin/appropriate; no</p>

## SURVEYOR NOTES WORKSHEET

Facility Name: \_\_\_\_\_ Surveyor Name: \_\_\_\_\_  
 Provider Number: \_\_\_\_\_ Surveyor Number: \_\_\_\_\_ Discipline: \_\_\_\_\_  
 Observation Dates: From \_\_\_\_\_ To \_\_\_\_\_

TAG/CONCERNS	DOCUMENTATION
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	<p>collections in uterus/cervix. Exam - uterine tone appropriate, cervix intact, still bleeding from cervical canal. Compression sutures placed. Iulid - some decrease in vaginal bleeding. Foley placed in cervical canal - 40cc saline. No bleeding above foley by ultrasound. No bleeding around foley. Plan to observe in procedure rm. Balloon in place over night hour. Continue IV fluids - heparin. Total FBL 450cc</p>
--	---

	<p>2:00 - 2:20 pm Balloon, 250cc slow blood loss. Uterine tone appropriate, no vaginal bleeding above or around balloon. VS stable + repeat hemacue 8.5. Given total app</p>
--	--



*Copy*  
2011

NATIONAL ABORTION FEDERATION  
PROCEDURES AND QUALITY INDICATORS REPORT  
Preterm Cleveland 2890

All Facilities

Total Abortions	264,955	
Total Patients with Complications	2,895	1.09%

Breakdown of Total Abortions\*

Medical	52,737	19.90%
Surgical	212,218	80.10%
Surgical up to 13.6 Weeks LMP	189,679	71.59%
14-19.6 Weeks LMP	17,164	6.48%
20 Weeks LMP or More	5,375	2.03%

percentages based on total abortions reported

Quality Indicators of Surgical Abortion

Total Surgical Complications	1,519	0.72%
Up to 13.6 Weeks LMP	1,287	0.68%
14-19.6 Weeks LMP	91	0.53%
20 Weeks LMP or More	141	2.62%
Continuing Pregnancy	141	0.07%
RPOC/Hematometra	843	0.40%
Unrecognized Ectopic	13	0.01%
Infection	124	0.06%
Hemorrhage	86	0.04%
Uterine/Cervical Injury	168	0.08%
Embolism	15	0.01%
Anesthesia Related	45	0.02%
Other	84	0.04%

percentages, except LMP breakdown, based on total surgical abortions

Quality Indicators of Medical Abortion

Completion Confirmed (Medical)	36,426	69.07%
Total Medical Complications	1,376	2.61%
Continuing Pregnancy	344	0.65%
RPOC/Hematometra	898	1.70%
Unrecognized Ectopic	5	0.01%
Infection	20	0.04%
Hemorrhage	27	0.05%
Other	82	0.16%

percentages based on total medical abortions

Management of Quality Indicators

Aspiration/D&C	1,844	0.70%
Antibiotics	1,212	0.46%
Other Medications	949	0.36%
Hospital Treatment	261	0.10%
Laparoscopy	15	0.01%
Laparotomy	10	0.00%
Transfusion	31	0.01%
Other	74	0.03%

percentages based on total abortions

Your Facility

Total Abortions	4,213	
Total Patients with Complications*	9	0.21%

Breakdown of Total Abortions\*

Medical	73	1.73%
Surgical	4,140	98.27%
Surgical up to 13.6 Weeks LMP	3,552	84.31%
14-19.6 Weeks LMP	588	13.96%
20 Weeks LMP or More	142	3.37%

Quality Indicators of Surgical Abortion

Total Surgical Complications	6	0.14%
Up to 13.6 Weeks LMP	6	0.17%
14-19.6 Weeks LMP	-	0.00%
20 Weeks LMP or More	-	0.00%
Continuing Pregnancy	-	0.00%
RPOC/Hematometra	6	0.14%
Unrecognized Ectopic	-	0.00%
Infection	-	0.00%
Hemorrhage	-	0.00%
Uterine/Cervical Injury	-	0.00%
Embolism	-	0.00%
Anesthesia Related	-	0.00%
Other	-	0.00%

Quality Indicators of Medical Abortion

Completion Confirmed (Medical)	48	65.75%
Total Medical Complications	3	4.11%
Continuing Pregnancy	-	0.00%
RPOC/Hematometra	3	4.11%
Unrecognized Ectopic	-	0.00%
Infection	-	0.00%
Hemorrhage	-	0.00%
Other	-	0.00%

Management of Quality Indicators

Aspiration/D&C	8	0.19%
Antibiotics	-	0.00%
Other Medications	-	0.00%
Hospital Treatment	-	0.00%
Laparoscopy	-	0.00%
Laparotomy	-	0.00%
Transfusion	-	0.00%
Other	-	0.00%

## Event Chronology -- E14022619

☒ System Comments

Time	Date	Terminal	Operator	Action
10:59:14 AM	3/21/2014	emsb24	5400	EVENT CREATED: Location=12000 SHAKER BLVD CLEV, Cross Streets=E 121ST ST/E 156TH ST, Name=PRETERM, Address=12000 SHAKER BLVD CLEVELAND, Call Source=ANI/ALP, Phone Number=(216) 9914000, Operator=KIMBERLY DENNIS
				Agency=CEMS, Group=CEMS, Beat=16, Status=A, Priority=1, Hold Type=0, Primary Unit=MED41, Primary Member=195747, Current=F, Open/Current=F, Type Code=9-CARDIAC ON REAR, ARREST/DEATH Subtype Code=9-EIT NOT BREATHING AT, Operator=KIMBERLY DENNIS
				EVENT COMMENT: Number of Patients: 1, Operator=KIMBERLY DENNIS
				Age: 22 Years
				Gender: Female
				Conscious: No
				Breathing: No
				PreO2 chief complaint code: 9
				Responder script: 22 year old, female, unconscious, not breathing, cardiac arrest
				Responder script: 22 year old, female, unconscious, not breathing, cardiac arrest
				PreO2 dispatch code: 09501
				Responder script: Not breathing, cardiac arrest
				ANI PR: 21000 SHAKER BLVD
10:59:20 AM	3/21/2014	emsb24	5400	Unit=MED41, Status=BS, Location=12000 SHAKER BLVD CLEV, Employee=195747
				Unit=MED41, Status=BS, Location=12000 SHAKER BLVD CLEV, Employee=195747
				EVENT COMMENT: Recommendation for MED41 from dispatch: AMBUVANCE (09501) Operator=JAWA SMITH
10:59:26 AM	3/21/2014	emsb24	5400	EVENT COMMENT: 105747 completed EMS 21000 SHAKER BLVD, Operator=KIMBERLY DENNIS
10:59:32 AM	3/21/2014	emsb24	5400	EVENT COMMENT: Responder code: 105747, Operator=KIMBERLY DENNIS
10:59:48 AM	3/21/2014	emsb24	5400	EVENT COMMENT: MED41 Operator=JEFFREY LASH
10:59:58 AM	3/21/2014	emsb24	5400	EVENT COMMENT: DO NOT REMOVE AND NURSES ARE PREPARED FOR INC, Operator=KIMBERLY DENNIS
11:00:02 AM	3/21/2014	MED41	195747	Unit=MED41, Status=EN, Location=12000 SHAKER BLVD CLEV, Employee=195747
				Unit=MED41, Status=EN, Location=12000 SHAKER BLVD CLEV, Employee=195747
11:02:45 AM	3/21/2014	MED41	195747	Unit=MED41, Status=W, Location=12000 SHAKER BLVD CLEV, Employee=195747
				Unit=MED41, Status=W, Location=12000 SHAKER BLVD CLEV, Employee=195747
11:07:58 AM	3/21/2014	CAPT2	90067	Unit=CAPT2, Status=DS, Location=12000 SHAKER BLVD CLEV, Employee=90067

I/NetViewer -- Event Chronology

11:08:02 AM	3/21/2014	\$CAPT2	90067	Unit=CAPT2, Status=EN, Location=12000 SHAKER BLVD CLEV Employee=90067
11:12:00 AM	3/21/2014	emstx28	5077	Unit=CAPT2, Status=W, Location=12000 SHAKER BLVD CLEV Employee=90067
11:21:02 AM	3/21/2014	emsch1	3770	EVENT COMMENT=RELAYED PT INFO TO UHA 424 Operator=JEWEL SMITH
11:21:36 AM	3/21/2014	emsch1	3770	Unit=MED41, Status=TH, Location=@UHA-2051 CORNELL RD CLEV Employee=195747
				Unit=MED41, Status=TH, Location=@UHA-2051 CORNELL RD CLEV Employee=195747
11:21:43 AM	3/21/2014	emsch1	3770	EVENT COMMENT=CED DRIVING 424 Operator=JEWEL SMITH
11:26:20 AM	3/21/2014	emsch1	3770	Unit=MED41, Status=AH, Location=@UHA-2051 CORNELL RD CLEV Employee=195747
				Unit=MED41, Status=AH, Location=@UHA-2051 CORNELL RD CLEV Employee=195747
11:27:15 AM	3/21/2014	emsch1	3770	Unit=MED41, Status=CI, Comment=Alarm timer extended 2 Location=@UHA-2051 CORNELL RD CLEV, Employee=195747
				Unit=MED41, Status=CI, Comment=Alarm timer extended 2 Location=@UHA-2051 CORNELL RD CLEV, Employee=195747
11:27:41 AM	3/21/2014	emsch1	3770	Unit=CAPT2, Status=TH, Location=@UHA-2051 CORNELL RD CLEV Employee=90067
11:37:12 AM	3/21/2014	\$CAPT2	90067	Unit=CAPT2, Status=AM, Location=@UHA-2051 CORNELL RD CLEV Employee=90067
12:21:20 PM	3/21/2014	emstx28	5077	Unit=MED41, Status=, Location=@UHA-2051 CORNELL RD CLEV Employee=195747
				Unit=MED41, Status=, Location=@UHA-2051 CORNELL RD CLEV Employee=195747
12:27:09 PM	3/21/2014	emsch1	3770	Unit=MED41, Status=CI, Comment=Alarm timer extended 2 Location=@UHA-2051 CORNELL RD CLEV, Employee=195747
				Unit=MED41, Status=CI, Comment=Alarm timer extended 2 Location=@UHA-2051 CORNELL RD CLEV, Employee=195747
12:38:20 PM	3/21/2014	MED41	195747	Unit=MED41, Status=AM, Location=@UHA-2051 CORNELL RD CLEV Employee=195747
				Unit=MED41, Status=AM, Location=@UHA-2051 CORNELL RD CLEV Employee=195747
12:49:21 PM	3/21/2014	MED41	195747	Agents=CELE, Group=CAMS, Periodic Status=, Priority=, H.O. Type=0, Primary Unit=MED41, Primary Member=195747, Current 1, Open Current 1, Work Code=9, ARREST/DEATH, Sub type code=0, NOT BREATHING, 1, 2, Operator=BRENDAN MACOON
				EVENT CLOSED
12:56:22 PM	3/21/2014	emstx28	5077	Unit=MED41, Status=, Location=@UHA-2051 CORNELL RD CLEV Employee=195747
				Unit=MED41, Status=, Location=@UHA-2051 CORNELL RD CLEV Employee=195747



New Search

Displaying 1 through 8 (out of 8) matching your search criteria:

Name	Address	Role	Case Number	Case Caption
REZAEE MIH	38420 LAKESHORE BLVD	DEFENDANT	CV-20-00225	KATHLEEN CAROLAY PAULI BOYD ET AL
REZAEE MIH	18580 PARKLAND DRIVE	DEFENDANT	CV-20-08890	PAUL ANORIS ET AL V HIREZAE MI ET AL
REZAEE MOHAMMAD H	%ERIESIDE QUNO	DEFENDANT	CV-20-02063	PATTI TURCHIK RYAN ERIESIDE QUNO ET AL
REZAEE MOHAMMAD H	%ERIESIDE QUNO	DEFENDANT	CV-20-01185	PATTI TURCHIK RYAN ERIESIDE QUNO ET AL
REZAEE MOHAMMAD H	%MOHAMMAD H REZAEE STAGI	DEFENDANT	CV-20-01213	HENRIETTA GREEN ET AL MOHAMMAD H REZAEE MI ET AL
REZAEE MOHAMMAD H	3335 LEE ROAD	DEFENDANT	CV-20-05830	BILLY MARLOW ADMINISTRATOR OF THE STATE ET AL V CLEVELAND
REZAEE MOHAMMAD H	50 MENTOR AVENUE	DEFENDANT	CV-20-08892	CHARLES SAUNDY LAKE HOSPITAL SYSTEMS INC JE
REZAEE MOHAMMAD H	9870 METCALFE ROAD	DEFENDANT	CV-20-01750	JAMES TIMMIGAN ET AL MUHAMMAD H REZAEE

Only the official court records available from the Cuyahoga County Clerk of Courts, available in person, should be relied upon as accurate and current.  
For questions/comments please click here.  
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OK Phone 11  
Pamela \_\_\_\_\_

ABORTION PHONE REPORT

Appt Made 4/27/11

Name Lakisha Wilson Chart # 181005

Age 22 Birthdate 05/06/91

Pregnancy Test + LMP 10-10 HB ✓ morph

Home Phone (614) 390 5061 Alternate ( )

Referred to Preterm by internet

Pelvic/Sono Exam on 2/27 at Columbus Size 18.4

- 1) Taking Medicine yes ☐ no ☒  
2) Heart Conditions yes ☐ no ☒  
3) Asthma yes ☐ no ☒  
4) SD yes ☐ no ☒  
5) STI yes ☐ no ☒  
6) Are you Rh negative? yes ☐ no ☒ ? ☐ if yes or unknown, \$ \_\_\_\_\_  
7) Medical or emotional conditions? yes ☐ no ☒  
8) Have you ever been hospitalized? yes ☐ no ☒  
a) Any NVD yes ☒ no ☐ if yes, # 1  
b) Any C-Sections yes ☐ no ☒ if yes, # \_\_\_\_\_  
c) Date of last delivery 8-26-12

9) Letter needed yes ☐ no ☐ Letter received yes ☐ no ☐ Letter approved yes ☐ no ☐  
date \_\_\_\_\_ initials \_\_\_\_\_ date \_\_\_\_\_ initials \_\_\_\_\_ date \_\_\_\_\_ initials \_\_\_\_\_

Phone Advocate Sara TE X  
# Hrs 2-4 ID ☒ No Kids ☒ One Adult SO ☒ Protestors ☒ Total \$200 (1,180)  
No Checks ☒ M.O. ☒ MC/Visa/Disc ☒ Ins. Card ☒ Insurance Mizz type Molina JF \_\_\_\_\_  
Notified Parent \_\_\_\_\_ BC \_\_\_\_\_ ID \_\_\_\_\_ Translator Name \_\_\_\_\_

FINANCIAL INFORMATION

Date: 03/07/14 3:20:14  
Charge: 200+Z 885  
Payments: 200mc+Z 43056 + 800rt + 75rt + 50c + 25one  
IC Staff: alm MP

Notary \_\_\_\_\_ ECP \_\_\_\_\_  
Rh \_\_\_\_\_ ID alm  
Depo \_\_\_\_\_ Ins alm  
IV \_\_\_\_\_ Beta \_\_\_\_\_  
V \_\_\_\_\_ IBU \_\_\_\_\_

REFERRAL

Reason \_\_\_\_\_  
Referred To \_\_\_\_\_ And/Or \_\_\_\_\_ Referral Advocate \_\_\_\_\_

REFUND

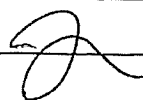
Date	Amount/Form	Reason	IC
Signature receiving refund:			Date:

Medical Alert

NAME Lakisha Wilson CHART # 181005 DAY 1 APPT 3/7 2:30 DAY 2 APPT 3:20:14 @ 12:00 RS \_\_\_\_\_ SEXUAL HEALTH \_\_\_\_\_ CO \_\_\_\_\_ SO \_\_\_\_\_

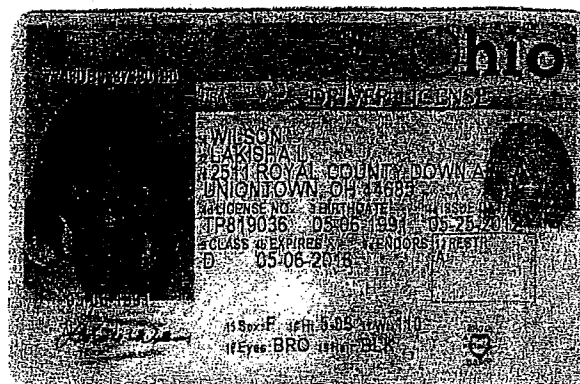
Name/Title	Date	Description of Service
am 07h	3-7-14	Materials offered <input checked="" type="checkbox"/> Materials taken <input type="checkbox"/> Materials refused <input checked="" type="checkbox"/>
AM	3-7	(19-3) Date 3-20-14 Time 1230 Fee 455 MD name <input checked="" type="checkbox"/> J. J. J.
		RS Date _____ Time _____ Fee _____ MD name <input type="checkbox"/> _____
		RS Date _____ Time _____ Fee _____ MD name <input type="checkbox"/> _____
		RS Date _____ Time _____ Fee _____ MD name <input type="checkbox"/> _____
		RS Date _____ Time _____ Fee _____ MD name <input type="checkbox"/> _____
		RS Date _____ Time _____ Fee _____ MD name <input type="checkbox"/> _____
		RS Date _____ Time _____ Fee _____ MD name <input type="checkbox"/> _____
AM	3-7	Procedure: Give Ride <input checked="" type="checkbox"/> (ride present end of day <input type="checkbox"/> ) NPO Instructions <input checked="" type="checkbox"/> No M/A <input checked="" type="checkbox"/> TP <input type="checkbox"/> H/W <input type="checkbox"/> Miso <input type="checkbox"/>
AM	3-7	Lams: Optional OS / IV Sed fee given <input checked="" type="checkbox"/> Give Ride <input type="checkbox"/> NPO Instructions <input type="checkbox"/> No M/A <input type="checkbox"/> TP <input type="checkbox"/>
AM	3-7	Counseling
AM	3-7	Consents signed
AM	3-7	Home Going Instructions
AM	3-7	View Tissue yes <input type="checkbox"/> no <input checked="" type="checkbox"/> View Pictures yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
AM	3-7	Offered to include significant other N/A

## Chart Check

Date	Initials
1. 3/7/14	
2.	
3.	
4.	
5.	
6.	



## IDENTIFICATION AND INSURANCE



Molina Medicaid

Member:  
LAKISHA WILSON

Identification #:  
102882962899

Date of Birth:  
05/06/1991

Effective Date:  
03/01/2014

Primary Care Provider: JEFFREY M AYERS

Primary Care Provider Phone: (740) 689-6758

BIN# 004336  
PCN# ADV  
GRP# RX0714

MMIS# 102882962899

Issue Date: 02/2\*

## DEMOGRAPHICS

1. Patient Name Lakisha Wilson County Summit  
Home Address ~~2311~~ 359 Noble Ave City Akron State OH Zip 44320
2. Social Security Number 302 - 92 - 2009
3. Marital Status: Never Married ☒ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Other ☐
4. Highest grade completed in school 12 Race African American Religion Christian
5. Sex: Female ☒ Male ☐
6. Gender \_\_\_\_\_
7. Name of person to contact in case of emergency:  
First Name Deshawn Last Name Wilson Relationship Mother  
Daytime Phone number (614) 570-1189 Does this person know you are here? Yes ☐ No ☒

### SURVEYOR NOTES WORKSHEET

Facility Name: \_\_\_\_\_ Surveyor Name: \_\_\_\_\_  
Provider Number: \_\_\_\_\_ Surveyor Number: \_\_\_\_\_ Discipline: \_\_\_\_\_  
Observation Dates: From \_\_\_\_\_ To \_\_\_\_\_

TAG/CONCERNS

DOCUMENTATION

PERSONNEL RECORD REVIEW OF ELIZABETH ZUNIGA  
D.O.H. 8/29/11

CALL CENTER REPRESENTATIVE

JOB DESCRIPTION: MEDICAL RECEPTIONIST

: PT ADVOCATE

: PROGRESS SUPPORT STAFF

PERFORMANCE EVAL: 7/17/13 EXCEEDS EXPECTATIONS

ON APPLICATION DATED 8/13/11 UNDER SPECIAL STUDIES ON  
OTHER WORK IS LISTED: EMT-B TRAINING + EXPERIENCE 3 1/2 YRS.

**Surveyor Name:** \_\_\_\_\_

**Surveyor Number:**\_\_\_\_\_ **Discipline:**\_\_\_\_\_

TAG/CONCERNS	DOCUMENTATION

## DOCUMENTATION

CERTIFICATE OF LIABILITY INSURANCE (2/7/15 EXP.)

TAG/CONCERNS	DOCUMENTATION
	QA PT SATISFACTION FROM 2007 - PRESENT ALL IN THE 90% - 100% SATISFACTION
	PT C/O + GRIEVANCE
	C/O LOG REVIEW LAST DATE OF INCIDENT REPORTED 4/4/12 RE: POSSIBLE HIPPA VIOLATION BY AM CURRENT EXTERNS SPEAKING TO THE COMPLAINANT ABOUT A PREVIOUS PT. THE EMPLOYEE WAS TERMINATED ON 4/6/12
	9/16/11 NON-RELATED 2 (FELT RUSHED AFTER RESOLVE 5/4/11 NON-RELATED 2 (RUDG TO PT) 4/2/08 NON-RELATED MOTHER UPSET FOR PRE-TERM COUNSELLED DASH. 5 MIN PRG
	ACCU-MEDICAL WASTE SERVICE, INC. SERVICE AGREEMENT CONTRACT SIGNED ON 5-12-11 EXPIRES 5-12-14 REPORT OF P.U. IS Q2W WITH CLEAR IDENTIFICATION OF "INCINERATE ONLY" IN AREA TITLED "DESCRIPTION OF WASTE"

\* THOSE PRESENT DURING INCIDENT ON 3/21/14

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

### SURVEYOR NOTES WORKSHEET

Facility Name: PRE-TERM Surveyor Name: \_\_\_\_\_  
Provider Number: \_\_\_\_\_ Surveyor Number: \_\_\_\_\_ Discipline: \_\_\_\_\_  
Observation Dates: From 4/2/14 To 4/3/14

TAG/CONCERNS	DOCUMENTATION
	LAURA ACKERMAN RN LIC EXP 8/31/15 ACLS EXP 7/2014
	NAZNEEN CHRISTINE KHAN RN EXP. 8/31/15 CERTIFIED NURSE MIDWIFE EXP. 8/31/15 ACLS EXP 4/2014
* LATOYA SHAW MA	BLS EXP 12/2015
SUPPORT PERSON (SP.)	
* LADANA JACKSON M.A.	BLS EXP. 12/2015
* PATRICE NICOLE SIMMONS RN	EXP 8/31/15 ACLS EXP 5/2014
ANGELA MICHELLE MARCHMON RN	EXP 8/31/15 ACLS EXP 4/2014
EBONY VERNEE MINTER LPN	EXP 8/31/14 BLS EXP 7/2014
IRINA UHAJEVNA SOLOMONOVA RN	EXP 8/31/15 ACLS EXP 7/2014
ANGALESIA SAMEERAH RUCKER RN	EXP 8/31/15 ACLS EXP 4/2014
<del>ANGALESIA RUCKER</del>	
TIAA WHITE M.A.	BLS 12/2015 EXP.
STEPHANIE WALKER M.A.	BLS 12/2015 EXP.

# SURVEYOR NOTES WORKSHEET

Facility Name: Pactum

Surveyor Name: B Slaggy

Provider Number: 0288 AS

Surveyor Number: \_\_\_\_\_ Discipline: \_\_\_\_\_

Observation Dates: From 4-2-14 To 4-3-14

TAG/CONCERNS

DOCUMENTATION

Tour of facility - walk thru facility - no problems noted  
Pt. Lakisha Wilson had procedure in OR #3  
Equip recently calibrated March 2014

1. Where are fetal remains stored? - Freezer  
Does facility have bio haz contract? yes  
How often picked up? 2 wks.  
Last pick-up 3-20-14

Ultra Sound Mach - who calibrates when last done.  
See copies of reports

20 wks. or greater neg. fetal death cert. & remains  
are taken to Willbros Crematory

Below 20 wks. - products of conception is stored  
in container in freezer in lab area on 3rd fl.  
comingled unless pt wants remains.

Observation Dates: From \_\_\_\_\_ To \_\_\_\_\_



# SURVEYOR NOTES WORKSHEET

Facility Name: Pre Term

Surveyor Name: R. Slaggy

Provider Number: 0288 AS

Surveyor Number: 02213 Discipline: L

Observation Dates: From 4-2-14 To 4-3-14

TAG/CONCERNS	DOCUMENTATION
	Amnestic emb. <del>★</del> drs <sup>best</sup> guess as to what happened (Dr. P's associate) called Univ Hosp about sending transf called Dr. L by Dr. P. Hosp ready. <sup>pt</sup>
	Hosp. after care
	CT brain lungs. abd/pelvis - No bleed.
	defused cerebral edema. due to lack of O <sub>2</sub>
	adm to ICU
	cooling protocol 3 days
	warmed Sunday - Mon.
stopped breathing diabetic Incephalic	Tue partially herniated brain stem Wed - brain death test
	Mon had family meeting
	when pt left here pt had BP & pulse had been reestablished
ended 140	Tox screen neg from hospital for street drugs

### SURVEYOR NOTES WORKSHEET

Facility Name: \_\_\_\_\_ Surveyor Name: \_\_\_\_\_  
Provider Number: \_\_\_\_\_ Surveyor Number: \_\_\_\_\_ Discipline: \_\_\_\_\_  
Observation Dates: From \_\_\_\_\_ To \_\_\_\_\_

TAG/CONCERNS	DOCUMENTATION
4-3 1:15 pm	<p>Dr. Perreira MD.</p> <p>uneventful procedure</p> <p>3-20 placed dilators - no prob - prophyl - Antib.</p> <p>3-21 no prob</p> <p>IV running</p> <p>Watching sonar</p> <p>Proc 10-15 min as normal</p> <p>myogram given uterus contracts</p> <p>little bleeding</p> <p>bleeding stopped</p> <p>BP</p> <p>V eqnif</p> <p>get new eqnif</p> <p>V pulse - did palpate carotid D<sub>1</sub></p> <p>" fem pulse nerves</p> <p>bagging pt.</p> <p>Chest comp.</p> <p>Procedure completely done - was to get up but because of bleeding decided not to insert</p> <p>Scanning belly cavity + uterus for blood.</p>

## SURVEYOR NOTES WORKSHEET

Facility Name: \_\_\_\_\_ Surveyor Name: \_\_\_\_\_

Provider Number: \_\_\_\_\_ Surveyor Number: \_\_\_\_\_ Discipline: \_\_\_\_\_

Observation Dates: From \_\_\_\_\_ To \_\_\_\_\_

**TAG/CONCERNS**

**DOCUMENTATION**

## SURVEYOR NOTES WORKSHEET

Facility Name: PAE TOWN Surveyor Name: \_\_\_\_\_  
 Provider Number: \_\_\_\_\_ Surveyor Number: \_\_\_\_\_ Discipline: \_\_\_\_\_  
 Observation Dates: From 4/2/14 To 4/3/14

TAG/CONCERNS	DOCUMENTATION
<p>4/3/14 11:5pm</p>	<p>INTERVIEW WITH DR. LISA PERRIERA</p> <p>UNEVENTFUL PROCEDURE</p> <p>1 DAY PRIOR PROC. USING DIAGNOSIS 3/20/13</p> <p>NEXT DAY IV MEDS GIVEN 3/21/13</p> <p>SPEC. INSERTED + CLEANSING AREA</p> <p>NUMBING MED - LIDOCaine + VASIOXOLIN</p> <p>CLEAR SOUND GUIDANCE DURING PROC.</p> <p>PROC. DURE 10-15 MIN</p> <p>END OF PROC. CONVULS HAD S.M. AMOUNT OF BLEEDING DUE TO UTERUS NOT CONTRACTING. A REMOVAL OF SPECULUM B/P &amp; MED GIVEN TO HELP CONTRACT. + MASSAGE GIVEN</p> <p>PILLS GIVEN TO HELP</p> <p>ABOUT THAT TIME B/P NOT NEEDED</p> <p>CHL. EQUIP. + PULSE OX. BROUGHT IN</p> <p>PALPATE CAROTID PULSE (R) + FEMORAL (R)</p> <p>CALL FOR NARCOTIC - MASSAGE</p> <p>NOT RESPONDING SO CPR BEGAN CALL 911 <sup>WENT TRANSFERRED</sup></p> <p>TRANSFER TO UH + CALLED TO DR'S PARTNER (LAPIN) TO HAVE ALL THINGS WERE READY TO RECEIVE.</p> <p>IN MED PT PLACED ON RESPIRATOR <sup>ALTHOUGH SHE BREATHING ON OWN</sup> + CUBED + FOR 3 D.</p> <p>DURING WARMING PROCS IS WHEN PT STOPPED BREATHING + UNABLE TO MAINTAIN SELF. <del>WENT AT BY WED.</del> SHE WAS PROMOTED BLAIN DEED. ORGAN HARVEST OCCURED THE FOLLOWING MORNING 3/31/13.</p>

TESTS RUN AT HOSPITAL + NO DX WAS ~~DETERMINED~~ DETERMINED

# M R SCHEDULE

Appointment Date 3 21 14

A T

Seq	Patient-Name	L	R	Pro	R	Chart	---	A/B	---	Dilator	---	Doctor
		S	I	#	M	Coach	Time	Start	End	Start	End	
1	LAKISHA WILSON	S	5	2	1	STEPH	904	956	1020			PER
2		S	5	3	3	LATOYA	945	1031	1115			PER
3		S	5	5	1	STEPH	954	1217	1236			PER
4		S	5	7	3	LATOYA	956	1246	1257			PER
5		S	5	9	2	TIARA	1223	143	203			PER
6		S	5	10	3	LATOYA	1227	204	224			PER
7		S	5	8	1	STEPH	1212	106	121			PER
8		S	5	13	3	LATOYA	103	258	310			PER
10		L	1	1	2	TIARA	909	945	955			PER
20		S	1	4	2	TIARA	1008	1205	1214			PER

10

1-Exit, 2-Prior, 3-Next, 7-Eoj, 6-Resume, 8-Prev, 9-Proc#, 13-Screen2, 20-DSR, 24-Setup

End time is time  
Room was finished - not  
Procedure End time

Copy

## Initial History

Name Lakisha WilsonDate 02/07/14

A. Review of Systems:				
Yes	No	General		
<input checked="" type="checkbox"/>		1. My health is generally good		
	<input checked="" type="checkbox"/>	2. Tobacco use. Number of years: _____ If yes, how many/day? _____ / day		
	<input checked="" type="checkbox"/>	3. Alcohol use. If yes, how many drinks/week? _____ / week		
	<input checked="" type="checkbox"/>	4. Do you use any drugs recreationally? If so, please describe type and frequency of use.		
	<input checked="" type="checkbox"/>	5. Do you use any drugs intravenously (IV)?		
	<input checked="" type="checkbox"/>	6. Cancer? If yes, where/when? _____		
	<input checked="" type="checkbox"/>	7. Are you being treated for any illness/condition now? If yes, what? _____		
	<input checked="" type="checkbox"/>	8. Do you currently take medicine (prescription, over the counter or herbal)? If yes, name: _____		
		9. Allergic to:	Yes	No
		Penicillin	_____	<input checked="" type="checkbox"/>
		Novocaine	_____	<input checked="" type="checkbox"/>
		Betadine	_____	<input checked="" type="checkbox"/>
		Iodine	_____	<input checked="" type="checkbox"/>
		Shellfish	_____	<input checked="" type="checkbox"/>
		Eggs	_____	<input checked="" type="checkbox"/>
		Soy	_____	<input checked="" type="checkbox"/>
		Peanuts	_____	<input checked="" type="checkbox"/>
		Methergine	_____	<input checked="" type="checkbox"/>
		Prostaglandins	_____	<input checked="" type="checkbox"/>
		Tetracycline	_____	<input checked="" type="checkbox"/>
		Epinephrine	_____	<input checked="" type="checkbox"/>
		Adrenaline	_____	<input checked="" type="checkbox"/>
		Ibuprofen/Tylenol	_____	<input checked="" type="checkbox"/>
		Latex	_____	<input checked="" type="checkbox"/>
		10. Do you have any known drug allergies? If so, please name and describe reaction. <u>No</u>		
Yes	No	Cardiorespiratory		
	<input checked="" type="checkbox"/>	11. Mitral valve prolapsed		
	<input checked="" type="checkbox"/>	12. Heart murmur		
	<input checked="" type="checkbox"/>	13. Heart attack		
	<input checked="" type="checkbox"/>	14. Blood clots (head/leg/lungs)		
	<input checked="" type="checkbox"/>	15. Stroke or stroke-like problem		
	<input checked="" type="checkbox"/>	16. High blood pressure		
	<input checked="" type="checkbox"/>	17. Asthma, chronic cough, or other breathing problem		
	<input checked="" type="checkbox"/>	18. Tuberculosis or exposure to tuberculosis		
Yes	No	Gastrointestinal		
	<input checked="" type="checkbox"/>	19. Stomach or bowel problems		
	<input checked="" type="checkbox"/>	20. Liver problems (hepatitis or tumor)		
Yes	No	Genitourinary		
	<input checked="" type="checkbox"/>	21. Bladder, urine leaks, or kidney problems		
	<input checked="" type="checkbox"/>	22. Uterine fibroids		
	<input checked="" type="checkbox"/>	23. Ovarian cysts		

Yes	No	
<input checked="" type="checkbox"/>		24. Vaginal discharge that itches, burns, or has a bad odor
	<input checked="" type="checkbox"/>	25. Endometriosis
		26. Have you ever had a pap test? If yes, when? <u>2007</u> Previous abnormal pap? <u>low</u>
	<input checked="" type="checkbox"/>	27. Previous LEEP, cone, or cryosurgery to cervix. If yes, when? _____
		28. History of sexually transmitted infection. Check type: <input type="checkbox"/> chlamydia <input type="checkbox"/> gonorrhea <input checked="" type="checkbox"/> herpes <input type="checkbox"/> syphilis <input type="checkbox"/> genital warts <input checked="" type="checkbox"/> hepatitis <input type="checkbox"/> PID <input type="checkbox"/> HIV When? <u>1st outbreak 2 months</u>
Yes	No	Rheumatological
	<input checked="" type="checkbox"/>	29. Lupus
	<input checked="" type="checkbox"/>	30. Rheumatoid arthritis
Yes	No	Neurological
	<input checked="" type="checkbox"/>	31. Migraine headaches/aura (diagnosed by MD, NP, PA)
	<input checked="" type="checkbox"/>	32. Seizures/epilepsy
Yes	No	Psychological
	<input checked="" type="checkbox"/>	33. Depression requiring treatment
	<input checked="" type="checkbox"/>	34. Anxiety
	<input checked="" type="checkbox"/>	35. Bipolar disorder
	<input checked="" type="checkbox"/>	36. Schizophrenia
Yes	No	Endocrine
	<input checked="" type="checkbox"/>	37. Thyroid problems. If yes, <input type="checkbox"/> hypo <input type="checkbox"/> hyper
	<input checked="" type="checkbox"/>	38. Diabetes
Yes	No	Hematological
	<input checked="" type="checkbox"/>	39. Anemia
	<input checked="" type="checkbox"/>	40. Sickle Cell Disease/Trait
	<input checked="" type="checkbox"/>	41. Blood Clotting Disorder

## B. Hospitalization and Surgeries

Year	Reason

## C. Accidents and Injuries

Year	Reason

## Additional Comments/Explanations (by number)


To the best of my knowledge, the information I have provided is correct and complete.

Patient signature Lakisha Wilson Date 02/07/14  
 Staff signature [Signature] Date 3-7-14

# SURVEYOR NOTES WORKSHEET

Facility Name: Preterm Surveyor Name: B. Slaggy  
 Provider Number: 0288 AS Surveyor Number: 07973 Discipline: RN  
 Observation Dates: From 4-2-14 To 4-3-14

TAG/CONCERNS	DOCUMENTATION
4-3-14 9:35 Interview	Patrice RN Removing inst 1044 prob over last BP No prob before or during Angle Don called in to PR Syst.
Interview	Person that called 911 Eliz Zunica Attention staff there will be a TR (transfer) over PR Syst.
11:20 AM	Told to call pt support told Eliz & Angle 1045 - Called 911 asked Cond, Age, meds intervention Eliz asked staff for updates
911 let trans to squad en route	was EMT 4 yrs I know
after 911 ended called loop	ASKING FOR UPDATES DURING & B/T CALLS. ANOTHER SP (NOT ORIGINAL) PROVIDED UP DATES.

TAG/CONCERNS	DOCUMENTATION

Pt 3-21

10<sup>44</sup> 911 called  
10<sup>59</sup> Squad arrived

DR  
Pt. Support  
Strong  
sed nurse



Date	Time	Additional Comments or Second Screening
------	------	---

H:\admin\CHART\Page4.doc=10/08/200

Name LAMSON WILLIAMChart # 181004Date 3.21.14

Procedure Room Anesthesia/Conscious Sedation Record										
Time	1031	1033	1035	1039	1044	1050	1055	1100		
IV Fluid	US	500								
Fentanyl cc	4	2								
Versed mg	4									
Ketamine mg										
Diprivan mg										
EKG										
ETC O <sub>2</sub>										
O <sub>2</sub> Sat	100	100	95	92	85	84	81	71	15L	
Mask O <sub>2</sub>	3	3	4	6	4	18	15	15		
LOC *	0	0	2	4	4	4	4	4		
	220									
	200									
	180									
	160									
	140									
	120									
	100									
	80									
	60									
	40									
	20									
	0									

atropine 0.4 1050 IV  
 Warcan 0.4 1050 IV  
 Warcan 0.4 1055 IV  
 atropine 0.4 1055 IV  
 atropine 1:1000 1100  
 epinephrine 1:1000 1100  
 epinephrine 1:10,000 1110 IV

CPR started @ 1050  
 20 shockable rhythm 1055  
 shock administered 1105  
 360 Joules

11.5 high  
 19.4 low  
 22yo

## \* Level of Consciousness

0=No sedation; 1=Awake, drowsy, responsive; 2=Asleep, easily awakened, responsive;  
 3=Asleep, difficult to awaken; 4=Unable to awaken

## Anesthesia

Weight 134 lbs Height 5'3"

T \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ B/P \_\_\_\_\_

NPO Since \_\_\_\_\_

Have you ever had anesthesia? Yes No

Any problems with anesthesia? Yes No

Any nausea or vomiting? Yes No

ASA \_\_\_\_\_ PLAN \_\_\_\_\_ I.V. \_\_\_\_\_

Pre-op meds:

Zantac 50 mg IVPB

Reglan 10 mg IVPB

Remarks:

Transcribed on pg 4

CRNA \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

## Conscious Sedation

## Pre-Procedure:

Identified ID Band yes no

Questioning yes no

Chart Reviewed/Permit Signed yes no

Is your ride here now? yes no call

Street Drugs or Alcohol denies last use

NPO Since 3/21/14 @ 0010

Pre-sedation state 0 1 2 3 4

B/P 99/64 P 76 R 18 T -

O<sub>2</sub> Saturation 100 %

Initials

105

105

105

105

105

105

105

105

105

## Post-Procedure Status:

Location 1 2 3 4 Time \_\_\_\_\_

B/P \_\_\_\_\_ O<sub>2</sub> Saturation \_\_\_\_\_ %

P \_\_\_\_\_ R \_\_\_\_\_

Sedation Level (Scale: 0-4) 0 1 2 3 4 15

Nasal Oxygen \_\_\_\_\_ Mask Oxygen 15

Remarks:

pt transcribed to CH via Clever Eng  
chart accompanied c pt

Nurse \_\_\_\_\_

Physician \_\_\_\_\_

# LAMINARIA PROCEDURE REPORT

Name Larkisha Wilson Chart # 181005

HGB 11.5  
 Sonogram Date 3.7.14 Wks 17.4 G/P 4/1  
 Re-Sonogram Date \_\_\_\_\_ Wks \_\_\_\_\_  
 Pre-op: T 98.7 P 88 BP 109/70  
INVD 2AB

Allergy Sticker

## Pre-Medication

### Procedure Oral Medication:

Ibuprofen 800 mg, Valium 10 mg, Vicodin (2) 5/500 @ \_\_\_\_\_  
 Tylenol 1,000 mg PRN / Ibuprofen 800 mg PRN @ \_\_\_\_\_  
 Other: \_\_\_\_\_

Initials

### IV Medication:

IVF: 1000cc Lactated Ringers / Normal Saline @ \_\_\_\_\_  
 Doxycycline 100 mg IVPB @ \_\_\_\_\_  
 Ampicillin 2 gm IVPB @ \_\_\_\_\_  
 Gentamycin 80 mg IVPB @ \_\_\_\_\_  
 Other: \_\_\_\_\_

Initials

Procedure under ultrasound \_\_\_\_\_

Comments \_\_\_\_\_

Sonographer \_\_\_\_\_

Procedure Date 3/20/14 Gestational Age 19.3 weeks

Resident Y (N)

Ultrasound reviewed: USA Prince M.D.

Paracervical block with 1% Lidocaine administered 10 cc total

Cervix dilated to 10 mm 0 laminaria inserted 4 dilapan inserted

1 4 x 4 gauze inserted 0 mg Digoxin administered intra-fetally / intra-amniotically

Time out ✓

Comments:

Complications:

Small tissue \_\_\_\_\_

Decidua only \_\_\_\_\_

Cervical laceration \_\_\_\_\_

Hemorrhage \_\_\_\_\_

Perforation \_\_\_\_\_

Other \_\_\_\_\_

Initials

Signature

Signature [Signature] M.D.

Signature \_\_\_\_\_ M.D.

Date 3/20/14

# LAMINARIA RECOVERY ROOM REPORT

Name Lakisha Wilson Date 3/20/14 Chart # 181005 HGB 12.5

## Medication Orders:

Initials

Tylenol 1000mg PRN/Ibuprofen 800 mg PRN: @

Azithromycin 250 mg P.O. x 4 ☒ tablets

Doxycycline 100mg P.O. bid x 14 ☐ tablets

Erythromycin 250 mg P.O. qid x 28 ☐ tablets

Vicodin Rx given 5/500 1-2 tabs q 4hr PRN pain  
dispense 12 given

Ibuprofen 400 mg q 4-6 hrs x 12

Other \_\_\_\_\_

Misoprostol 400mcg dispensed/warnings given by Dr. \_\_\_\_\_

Advised to take as directed

Sedation \_\_\_\_\_ Local \_\_\_\_\_ Oral Sedation \_\_\_\_\_

	Admit Time	Discharge Time
TIME	205	215
B/P and PULSE	101/70 -90	108/67 (92)
ALERT AND ORIENTED	S	S
1 AMBULATORY W/ASSIST 2 WITHOUT ASSIST	1	1
VITALS STABLE	S	S
BLEEDING SM MOD HEAVY	Small	Small
CRAMPING 0-5 PAIN SCALE	2	2
INITIALS:	SW	DH NK

I have received and understand all home going instructions given to me, including: my self-care upon returning home, how and when to seek medical help and how to contact a Preterm on-call nurse if needed. I understand how to use the medications prescribed including dosage and possible side effects. I am aware that medications I receive from Preterm may not be in a child-proof container. If I have had sedation or anesthesia I understand that I may not drive, drink alcohol, operate heavy machinery, or make any important decisions for twenty-four hours.

Instructions given by Denise

\*Discharged to care of Self

Patient Signature Lakisha Wilson Date 3/20/14

MD discharge Signature \_\_\_\_\_

Initials Signature/Title

SW Denise  
DH Dr. H. Williams  
NK Nurse

**17 - 22 WEEK  
ABORTION PROCEDURE REPORT**

Name Lakisha Wilson Chart # 181005  
 Sonogram Date 3-7-14 Wks 17.4 G/P 4/1  
 Re-Sonogram Date \_\_\_\_\_ Wks \_\_\_\_\_  
 Pre-op: time 9:35 time \_\_\_\_\_ time 1:00 time 2:30  
 T 98.4 T \_\_\_\_\_ T \_\_\_\_\_ T \_\_\_\_\_  
 P 103 P \_\_\_\_\_ P \_\_\_\_\_ P \_\_\_\_\_  
 BP 95/64 BP \_\_\_\_\_ BP \_\_\_\_\_ BP \_\_\_\_\_

Allergy Sticker

**Pre-Medication**

Procedure Oral Medication:

Ibuprofen 800 mg, Valium 10 mg, Vicodin (2) 5/500 @ \_\_\_\_\_  
 Tylenol 1,000 mg PRN / Ibuprofen 800 mg PRN @ \_\_\_\_\_  
 Misoprostol 400 mcg dispensed vaginally / buccally / warnings given by Dr. \_\_\_\_\_ @ \_\_\_\_\_  
 Misoprostol 400 mcg dispensed vaginally / buccally by Dr. \_\_\_\_\_ @ \_\_\_\_\_  
 Misoprostol 400 mcg dispensed vaginally / buccally by Dr. \_\_\_\_\_ @ \_\_\_\_\_  
 Misoprostol 400 mcg dispensed vaginally / buccally by Dr. \_\_\_\_\_ @ \_\_\_\_\_  
 Azithromycin 250 mg P.O. x 4 ☐ tablets with dinner the night before procedure  
 Other: \_\_\_\_\_

Initials

IV / IM Medication:

Zantac 50 mg IVPB and Reglan 10 mg IVPB @ 9:40  
 IVF: 1000cc Lactated Ringers / Normal Saline @ 9:40  
 Doxycycline 100 mg IVPB @ \_\_\_\_\_  
 Ampicillin 2 gm IVPB @ \_\_\_\_\_  
 Gentamycin 80 mg IVPB @ \_\_\_\_\_  
 Demerol 50 mg IM and Phenergan 25 mg IM @ \_\_\_\_\_  
 Other: \_\_\_\_\_

Initials

Procedure under ultrasound: uterus empty/adnexa negative 12  
 Comments \_\_\_\_\_ Sonographer \_\_\_\_\_

\*\*\*\*\*

Procedure Date 3-21-14 Gestational Age 19.4 weeks 40 Resident Y N

Fetal demise confirmed: Lisa Periera M.D. 40

4 x 4 gauze removed 0 laminaria removed 4 dilapan removed

Paracervical block with 1% Lidocaine administered 20 cc total Cervix dilated to # 11 Pratt Hern/Bicover

Uterine fluid evacuated with 11 mm cannula Fetal dismemberment / removal performed with \_\_\_\_\_ forceps

Curette was / was not used Uterine evacuation completed with 11 mm cannula

Estimated blood loss: ☒ ≤ 5cc ☐ ≤ 10cc ☐ ≤ 20 cc 200 cc

Other medications administered: ☒ Methergine 0.2 mg IM ☒ Pitocin 30U IV Other \_\_\_\_\_

Misoprostol 400 mcg ☒ vaginally ☐ rectally

Gauze/needle count correct 1000 Time out 1:00

**Comments:**

atony p procedure.  
Muscle / methergine  
given. still minor  
bleeding then 1000  
another given. P. mixed  
to have p repeatable p. + VHR  
Started code

Initials

Signature

RM Kim

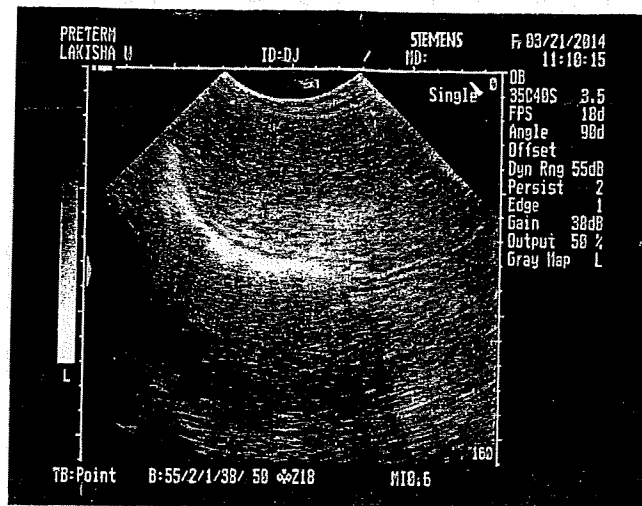
**Complications:**

Small tissue \_\_\_\_\_  
 Decidua only \_\_\_\_\_  
 Cervical laceration \_\_\_\_\_  
 Hemorrhage \_\_\_\_\_  
 Perforation \_\_\_\_\_  
 Other \_\_\_\_\_

Signature \_\_\_\_\_ M.D.

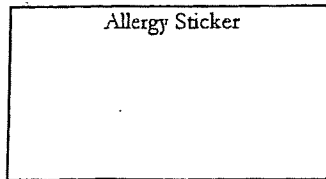
Signature \_\_\_\_\_ M.D.

Date \_\_\_\_\_



# ABORTION RECOVERY REPORT

Name Kajisha Wilson Date 3/21/14 Chart # 181005  
 Rh Pos Neg Decidua only Small tissue Medication Orders:



Rhogam: Given at: \_\_\_\_\_ Full dose \_\_\_\_\_ Micro \_\_\_\_\_  
 Methergine 0.2 mg P.O./IM PRN: Given at: \_\_\_\_\_  
 Tylenol 500mg 1-2 tabs PRN/Ibuprofen 800mg PRN: @ \_\_\_\_\_  
 Contraception: Mirena  
 Rx Plan B PRN x \_\_\_\_\_ given  
 Depo Provera 150 mg IM: Given at: \_\_\_\_\_  
 Methergine 0.2 mg P.O. q 6 hours x 4 ☐ or 8 ☐ tablets  
 Azithromycin 250 mg P.O. x 4 ☒ tablets on 3/20/14  
 Doxycycline 100 mg P.O. bid x 14 ☐ tablets  
 Flagyl 500 mg P.O. bid x 7d

Initials

Sedation ☒ Anesthesia \_\_\_\_\_ Local \_\_\_\_\_ Oral Sedation \_\_\_\_\_  
 \*\*\*\*\*

LEGEND: s = satisfactory (2) u = unsatisfactory (0); - scant/none = 2, mod amt = 1, lg amt = 0  
 BP @ discharge within normal range of admitting BP=2: - Check patient every 15 minutes

Admit Time				Discharge Score=10		
TIME						
BP/P						
Alert & Oriented						
1 Ambulatory/w assist – 2 without assist –	Wheelchair					
Vitals Stable						
Bleeding/Amount						
Color						
Cramping						

INITIALS \_\_\_\_\_ Total: \_\_\_\_\_

I have received and understand all home going instructions given to me, including: my self-care upon returning home, how and when to seek medical help and how to contact a Preterm on-call nurse if needed. I understand how to use the medications prescribed including dosage and possible side effects. I am aware that medications I receive from Preterm may not be in a child-proof container. The form of birth control I have chosen was discussed, including how it works and possible side effects. If I have had sedation or anesthesia I understand that I may not drive, drink alcohol, operate heavy machinery, or make any important decisions for twenty-four hours. Instructions given by \_\_\_\_\_

Patient signature X Date 3 21-14

Follow-up Plans: Preterm \_\_\_\_\_ Clinic or Agency \_\_\_\_\_ PMD ☒  
 Discharged to the care of \_\_\_\_\_

MD discharge signature \_\_\_\_\_

Patient may be discharged when the discharge score is 10 or above.

Init's Signature/Title  
DKH Debra K. H.  
AKC Alicia K. C.  
RS Rachel S.

Emergency Transfer Checklist

COPY

- |   | <u>Completed</u>              |
|---|-------------------------------|
| 1) 911 called                                     | <u>✓</u>                      |
| 2) S.O. Notified                                  | <u>Dr. P doing - not here</u> |
| 3) Chart Copied                                   | <u>✓</u>                      |
| 4) Transfer packet with PS                        | <u>✓</u>                      |
| 5) MD report to attending (844-1111)              | <u>✓</u>                      |
| 6) <sup>ER</sup> RN report to ED Nurse (844-7007) | <u>✓</u>                      |
| 7) Complete feedback loop                         | <u>Dr. P, AR</u>              |

copied chart, gave to EMT  
LeToya went to pt.



# REPRODUCTIVE HEALTH HISTORY

Name Lakisha Wilson

Date 07/09/14

A. Pregnancy History				
Delivered				
Date m/d/y	Vaginal?	C-Section?	Stillbirth?	Premature?
08/26/12	<input checked="" type="checkbox"/>		IND	
Abortion/Miscarriage				
Date m/d/y	Wks Pregnant	Abortion	Miscarriage	Ectopic
06/20/10	5	<input checked="" type="checkbox"/>		
08/20/13	5	<input checked="" type="checkbox"/>	LAB P	
			5w	
B. Menstrual History				
1. Age periods began: <u>14</u>				
2. Number of pads/tampons used on heaviest day:				
3. Length of period: <u>7</u> days				
4. Number of days between periods: <u>30</u> days				
5. Are your periods usually regular? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
6. Last period started on: <u>10/10/13</u> It seemed <input type="checkbox"/> normal <input type="checkbox"/> not normal				
7. Do you have vaginal bleeding after sex? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
8. Do you have vaginal bleeding or spotting between periods? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
C. Social History				
1. Are you physically abused? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
2. Are you sexually abused? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
3. Has anyone forced you to have sex? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
4. Are you afraid of your <input type="checkbox"/> partner? <input type="checkbox"/> family member?				
5. Is your living environment secure and supportive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

Ultrasound	
Would you like to see your ultrasound?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Would you like a copy of your ultrasound?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Vitals			
Do not complete section below. For Preterm staff only.			
Temp	<u>98.8</u>	B/P	<u>117/68</u> P <u>103</u>
Height	<u>5'5</u>	Weight	<u>124</u> BMI

D. Contraceptive History	
What method of birth control were you using at conception? <u>Pill</u>	
How long used: <u>30 days</u>	
Any problems with this method? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, what: _____	
What method do you want to use now? _____	
Which of the following methods have you used in the past? (listed as most effective to least effective)	
Method	Comment/Problem
<input type="checkbox"/> Abstinence	
<input type="checkbox"/> Mirena IUD	
<input type="checkbox"/> Paragard IUD	
<input type="checkbox"/> Implanon	
<input type="checkbox"/> Tubal ligation	
<input type="checkbox"/> Vasectomy	
<input type="checkbox"/> Depo Provera	
<input checked="" type="checkbox"/> Nuvaring	
<input type="checkbox"/> Ortho Evra patch	
<input checked="" type="checkbox"/> Birth Control Pill	
<input checked="" type="checkbox"/> Condoms	
<input type="checkbox"/> Diaphragm	
<input type="checkbox"/> Cervical Cap	
<input type="checkbox"/> Sponge	
<input type="checkbox"/> Spermicide	
<input type="checkbox"/> Rhythm	
<input type="checkbox"/> Natural family planning	
<input type="checkbox"/> Withdrawal	
<input type="checkbox"/> Other	
If you answer "yes" to any of the below, you should not use hormonal contraception. Have you ever had:	
1. Clots in legs or lungs/phlebitis?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Heart attack or stroke?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Cancer?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Kidney or liver disease?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. High blood pressure?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. Low blood pressure?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7. Severe headaches?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. Diagnosed migraines?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9. Smoke over 15 cigarettes per day & over age 35?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
To the best of my knowledge, the information I have provided is correct and complete.	
Patient signature <u>Lakisha Wilson</u>	Date <u>07/09/14</u>
Staff signature <u>Alloga</u>	Date <u>3-7-14</u>

Name Lakisha W. Date 02/07/14

1. What is the name(s) of the person who accompanied you to the clinic today? \_\_\_\_\_  
Relationship Myself
2. If you considered options other than abortion, what were they? No
3. How easy or difficult is this decision? (Circle the number.)  
1 2 3 4 5  
easy difficult
4. Whose decision is it for you to have this abortion? Myself  
Have you discussed your decision with anyone? Yes ☒ No ☐ If yes, with whom? Potential Father
5. Does the man involved know of your decision? Yes ☒ No ☐
6. Are you currently experiencing an abusive relationship? Yes ☐ No ☒
7. Many women have emotions about abortion even if they feel sure about the decision. Please circle *all* the words that express your feelings today:  
sad happy angry confident guilty confused scared relieved numb ashamed  
resolved selfish trapped regretful proud satisfied resentful disappointed  
Other words? \_\_\_\_\_
8. What are your thoughts *today* about ending this pregnancy? last time
9. Please feel free to check the items that concern you the most *today*.
- |  |  |
|--|--|
| <input type="checkbox"/> Not sure whether or not to have an abortion.    | <input type="checkbox"/> My relationship with my family.                 |
| <input type="checkbox"/> Will this affect future pregnancies?            | <input type="checkbox"/> Wondering how I'll feel emotionally afterwards. |
| <input type="checkbox"/> Is this confidential?                           | <input type="checkbox"/> Is this going to hurt?                          |
| <input type="checkbox"/> My religious or spiritual teachings or beliefs. | <input type="checkbox"/> Possible complications during and after.        |
| <input type="checkbox"/> My relationship with my partner.                | <input type="checkbox"/> Picketers.                                      |
| <input type="checkbox"/> Other _____                                     |  |

Name: Lakisha Wilson

PATIENT ADVOCATE NOTES

Patient states she's clear about her decision to have an abortion AT

Patient states she understands the possible risks and complications associated with the procedure she will have AT

Lakisha states she wants to postpone  
increasing her pregnancy size. concerns for  
PC. FGP discussed:

Patient Advocate's Signature One DU Date 3-7-14 Time 3:17

Patient Advocate's Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Patient Advocate's Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Reason patient chose to view tissue: \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. /
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_
16. \_\_\_\_\_
17. \_\_\_\_\_
18. \_\_\_\_\_
19. err AT
20. \_\_\_\_\_
21. \_\_\_\_\_
22. \_\_\_\_\_
23. \_\_\_\_\_
24. \_\_\_\_\_
25. \_\_\_\_\_
26. \_\_\_\_\_
27. \_\_\_\_\_
28. \_\_\_\_\_
29. \_\_\_\_\_
30. \_\_\_\_\_
31. \_\_\_\_\_
32. \_\_\_\_\_

Fetal Heartbeat/Probability

Name: Lakisha Wilson Date: 3/7/14

Findings:

Gestational age: 17.4  
Fetal heartbeat detected: yes

Patient accepted/declined to view fetal heartbeat

Sonographer: Allyson R.

Mitchell Reider  
MD

Mitchell Reider, M.D.

Lisa Perriera  
Lisa Perriera, M.D.

[Signature]

Patient Signature

Justin R. Lappen

Justin Lappen, M.D.

Mohammad Rezaee

Mohammad Rezaee, M.D.

2:47

Time

☐ Because a medical emergency existed, we were unable to comply with this requirement.

Medical emergency means a condition that in the physician's good faith medical judgment, based upon the facts known to the physician at that time, so complicates the woman's pregnancy as to necessitate the immediate performance or inducement of an abortion in order to prevent the death of the pregnant woman or to avoid a serious risk of the substantial and irreversible impairment of a major bodily function of the pregnant woman that delay in the performance or inducement of the abortion would create.

Medical Condition: \_\_\_\_\_

Physician: \_\_\_\_\_

The following chart demonstrates the chance of carrying this pregnancy to term based on the gestational age or range of gestational age that has been determined. This chart is based on low risk pregnancies and may not apply to your individual medical situation.

Best Clinical Gestational Age Estimate

Weeks	Percent Chance of Pregnancy Going to Term	Your gestational age
6	70.0	<input type="checkbox"/>
7	72.0	<input type="checkbox"/>
8	76.0	<input type="checkbox"/>
9	77.0	<input type="checkbox"/>
10	80.0	<input type="checkbox"/>
11	81.0	<input type="checkbox"/>
12	84.0	<input type="checkbox"/>
13	84.5	<input type="checkbox"/>
14	84.9	<input type="checkbox"/>
15	85.5	<input type="checkbox"/>
16	85.7	<input type="checkbox"/>
17	86.0	<input checked="" type="checkbox"/>
18	86.7	<input type="checkbox"/>
19	87.0	<input type="checkbox"/>
20	87.3	<input type="checkbox"/>
21	87.4	<input type="checkbox"/>
22	87.4	<input type="checkbox"/>
23	87.4	<input type="checkbox"/>
24	87.4	<input type="checkbox"/>

Percent chance of carrying pregnancy to term = 100 - risk of miscarriage (%) + risk of preterm delivery (%)

Data used to calculate risk of miscarriage weeks 5-20<sup>1</sup>

Data used to calculate risk of miscarriage weeks 21-24<sup>2</sup>

Risk of preterm birth <37 weeks = 12.0%<sup>3</sup>

\* unadjusted for maternal/paternal age, smoking status, race, history of miscarriage or preterm birth, medical comorbidities, or race



Patient Signature

2:47

Time

<sup>1</sup> Li DK, Odouli R, Wi S et al. A population based prospective cohort study of personal exposure to magnetic fields during pregnancy and risk of miscarriage. Epidemiology 2002;13: 9-20

<sup>2</sup> Westlin M, Kallen K, Saltvedt S, Almstrom H, Grunewald C, Valentin L. Miscarriage after a normal scan at 12-14 gestational weeks in women at low risk of carrying a fetus with chromosomal anomaly according to nuchal translucency screening. J Ultrasound Medicine. 2007; 30 (5): 728-36

<sup>3</sup> March of Dimes Ohio Preterm Birth Rate Statistics from 2011

# GESTATIONAL ULTRASOUND REPORT

Name Lakisha Wilson Date 02/07/14 Time 2:47  
 LMP 10-10

## Findings:

Intrauterine Pregnancy Yes / No Single / Multiple  
 Type of Sonogram Abdominal / Transvaginal  
 CRL \_\_\_\_\_ MM \_\_\_\_\_ wks  
 BPD 38 MM 17.4 wks  
 Femur Length 25 MM 17.3 wks  
 Abdominal Circumference \_\_\_\_\_ MM  
 Heart Motion \_\_\_\_\_ Movement 4  
 Placenta Localized Post  
 Mean Gestational Sac (Height, Width, Depth \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_) / 3 (Round Off): \_\_\_\_\_ MM  
 Gest. Sac \_\_\_\_\_ MM \_\_\_\_\_ wks  
 Fetal Pole \_\_\_\_\_ Heart Motion \_\_\_\_\_

Estimated Fetal Weight: \_\_\_\_\_ gms  
 Composite Gestational Age: \_\_\_\_\_ weeks

## Findings of Sonogram:

<input type="checkbox"/> Ectopic Pregnancy Located	<input type="checkbox"/> Uterus Empty/Adnexa Clear
<input type="checkbox"/> Uterine/Pelvic Mass Indicated	<input type="checkbox"/> First Trimester
<input type="checkbox"/> Congenital Abnormality	<input type="checkbox"/> Second Trimester
<input type="checkbox"/> Incomplete	<input checked="" type="checkbox"/> 2 Day 2 Tri
<input type="checkbox"/> Pregnancy Not Located	<input type="checkbox"/> Referral

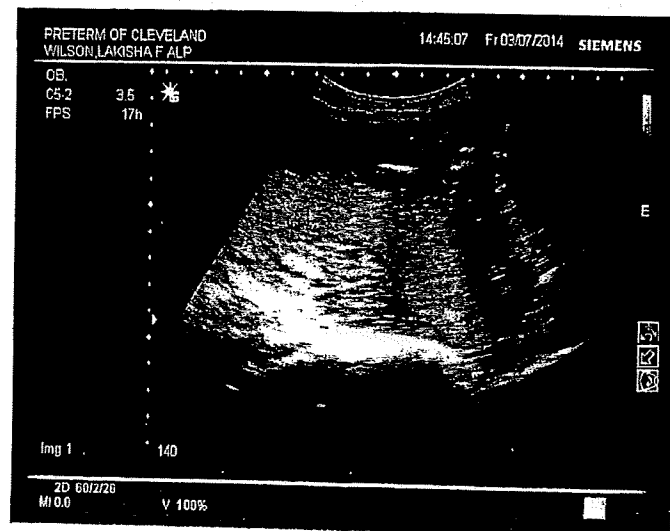
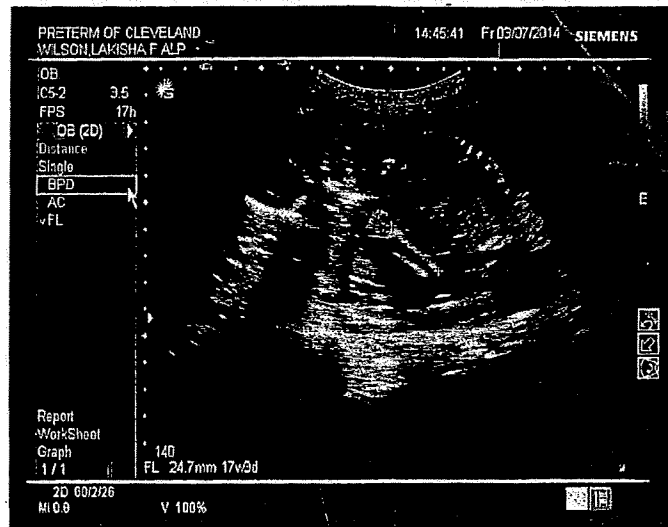
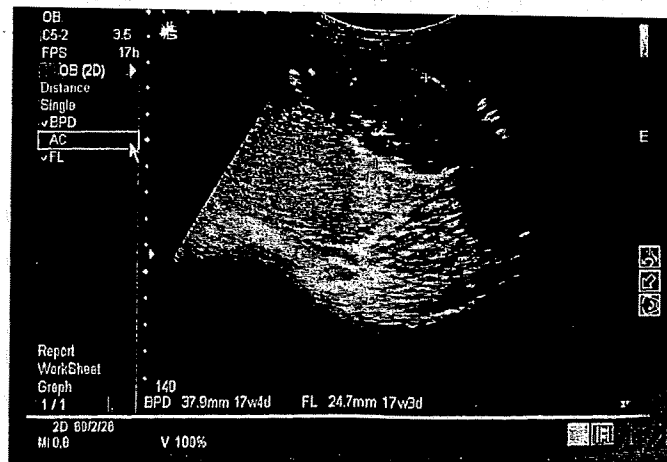
Findings/Comments: low fluid  
 Sonographer: AW Copy given? Yes No

Day Two MR estimation of gestation: Date: 3.21.14 Weeks/days: 19.4

Rescan Date: \_\_\_\_\_ Time: \_\_\_\_\_

CRL \_\_\_\_\_ MM \_\_\_\_\_ wks  
 BPD \_\_\_\_\_ MM \_\_\_\_\_ wks  
 Femur Length \_\_\_\_\_ MM \_\_\_\_\_ wks  
 Heart Motion \_\_\_\_\_ Movement \_\_\_\_\_

Comments: \_\_\_\_\_  
 Sonographer: \_\_\_\_\_ Copy given? Yes No



**PRETERM LABORATORY REPORT**  
12000 Shaker Boulevard, Cleveland, OH 44120

Sequence No. 690 Chart No. 181005

Name Lakisha Wilson

Date <u>3/7/14</u>	HGB <u>11.5</u>	hCG Urine    pos    neg
	Rho <u>pos</u>	

Remarks \_\_\_\_\_

Tech AP

Sequence No. \_\_\_\_\_ Chart No. \_\_\_\_\_

Name \_\_\_\_\_

Date _____	HGB _____	hCG Urine    pos    neg
	Rho _____	

Remarks \_\_\_\_\_

Tech \_\_\_\_\_

**Preterm Tissue Report**

Patient Name Lakisha Wilson

Chart # 181005

LMP 10/10

Gestational Age 19.4 (weeks)

**Observed:**

fetal tissue	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no
placental tissue	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no
gestational sac	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no
villi	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no

total tissue weight 1473 gm  
foot measurement 32 mm

<b>decidua only</b>	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no
<b>small tissue (&lt;11gm)</b>	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no
<b>molar pregnancy</b>	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no
notified: MD _____ Proc. Nurse _____ RR Nurse _____		

**Tissue Sent:**

☐ pathological examination (Lab Corps)  
☐ DNA study (private lab)  
☐ Licensed funeral home  
☐ Hillcrest Crematory

Tissue viewed ☐ Tissue not viewed ☒ Reason not viewed \_\_\_\_\_

Examiner [Signature]

Physician [Signature]

Date 3.7.14

H:\admin\FORMS\tissue report.doc/3/18/2010



## CONSENTS

I have received a copy of Preterm's Statement of Information Practices.

Patient's signature

Lakisha Wilson

Date

3/7/14

I do authorize that medical information be provided on an emergency basis to anyone engaged in treating me at a later date.

Patient's signature

Lakisha Wilson

Date

3/7/14

## REQUEST FOR MEDICAL INFORMATION

If I am treated after this abortion by anyone other than Preterm, I, Lakisha Wilson  
(my date of birth is 05/06/91), authorize such other providers of such other services to release my medical records to Preterm, even though this release is signed prior to my receiving such services. I approve using a photocopy of this release to obtain such records.

Patient's signature

Lakisha Wilson

Date

3/7/14

A photocopy of this authorization shall be as valid as the original.

## PRETERM INFORMED CONSENT

I hereby authorize a physician practicing at Preterm and whomever s/he may designate as his/her assistant to perform an abortion upon me. By signing below, I agree to permit any diagnostic or therapeutic procedures that my treating physician deems necessary for care (for example, medications, injections, drawing blood for tests, ultrasound, laminaria insertion).

If unforeseen conditions arise in the course of the abortion, and it is his/her judgment to undertake procedures in addition to or different from those contemplated, I further authorize him/her to do whatever s/he deems advisable or necessary.

I consent to the administration of such anesthetics or conscious sedation as may be considered necessary. I understand that the use of anesthetics also involves risks and complications.

### The complications include:

Dizziness	Nausea/vomiting
Amnesia	Transient mental impairment
Bruise at IV site, phlebitis	Respiratory arrest
Pulmonary aspiration, cardiac arrest	Hospitalization, brain damage, death

The undersigned hereby permits Preterm authorized personnel to access and/or release all or any part of the patient information to the appropriate health care insurer(s), third party payor(s) and/or consultant(s) for purposes including collecting payment for services, improving patient care, performance improvement initiatives, discharge planning and risk management.

The purpose of an abortion is to end the pregnancy. The nature of the abortion, alternatives to abortion, the risks involved and the possibility of complications have been fully explained to me. I acknowledge that no guarantee or assurance has been made as to the results that may be obtained.

### The possible complications include:

Infection	Cervical Injury
Uterine Rupture	Incomplete abortion
Perforation of the uterus	Accumulation of blood clots in the uterus
Allergic reaction to medication	Death
Hemorrhage	Failed abortion

### These complications may result in:

Hospitalization	Suture repair
Repeat suction	Additional medications/treatments
Removal of the uterus	Loss of child-bearing ability
Transfusion	Death
Continuation of pregnancy, which may be damaged	

OVER →

I authorize the removal, pathological examination and disposal of any tissue removed during the abortion.

I was told that I am 17.4 weeks pregnant. I certify that I have read and fully understand the above information regarding the consent to abortion. I certify that I have been given the opportunity to view my ultrasound image and been offered a picture of my ultrasound. I have had the opportunity to ask questions about any matter which I did not understand. All my questions have been answered to my satisfaction. My signature below authorizes this abortion.

Lakisha Wilson

Print Name

Lakisha Wilson

Patient Signature

[Signature]

Physician/Agent Signature

Lakisha Wilson

Parent/Guardian Signature

03/07/14

Date

3:17 PM

Date

4:30 PM

Time

4:30 PM

Time

Date

If I choose to have a medication/non-surgical abortion, I understand that I will be given Mifeprex™ based on the FDA-approved regimen.

I understand that the side effect of these medications include: fever/chills; nausea/vomiting, diarrhea. I understand the possible complications of a non-surgical abortion include: failed/incomplete abortion, infection, hemorrhage, death.

I understand that fetal defects have been reported after first trimester use of Misoprostol, therefore surgical completion of the abortion is advised if the medications fail to end the pregnancy.

I will be returning to Preterm for my follow up ultrasound.

initials

I agree to have my follow up transvaginal ultrasound on or about 14 days from

with Dr.

today's date

name of physician

initials

I am able to obtain emergency care if needed at

Name of hospital

initials

Patient Signature

Date

Time

Parent/Guardian Signature

Date

## CONSENT AND CERTIFICATION

I, Lekisha Wilson, hereby certify that:

1. At least twenty-four (24) hours before the performance or inducement of the abortion, Dr. P. Frazier (216-991-4000) has met with me in person, in an individual, private setting and given me adequate opportunity to ask questions about the abortion and during this meeting the physician has informed me of the nature and purpose of the particular abortion procedure to be used; the medical risks associated with that procedure; the probable gestational age of the embryo or fetus; and the medical risks associated with carrying the pregnancy to term; and
2. At least twenty-four (24) hours before the performance or inducement of the abortion, the physician who is to perform or induce the abortion or the physician's agent has, in person, informed me of the name of the physician who is scheduled to perform or induce the abortion, offered me a copy of the materials published by the Ohio Department of Health, Fetal Development & Family Planning and directory of services, and informed me that these materials are provided by the state of Ohio and that they describe the embryo or fetus and list the agencies that offer alternatives to abortion. I understand that I may choose to examine the materials or not and that a physician and any agents of a physician may dissociate themselves from the materials and may choose to comment or not comment on the materials.
3. At least twenty-four hours (24) before the performance or inducement of the abortion, I have been informed in writing if the unborn human individual I am carrying has a detectable heartbeat and the statistical probability of carrying the pregnancy to term, and was afforded the opportunity to view the fetal heartbeat if one was detected.
4. Before the performance or inducement of the abortion, all of my questions about the abortion that will be performed or induced have been answered in a satisfactory manner.
5. I consent to the particular abortion voluntarily, knowingly, intelligently, and without coercion by any person and I am not under the influence of any drug of abuse or alcohol.
6. I have signed this consent and certification form prior to the performance or inducement of the abortion.

PATIENT:

Lekisha Wilson  
Signature

3/20/14  
Date

1:00  
Time

WITNESS:

[Signature]  
Signature

Je2  
Title

3-20-14  
Date

1:00  
Time

CONSENT FOR CERVICAL DILATOR INSERTION

I, Lakisha Wilson, date of birth 05/06/91, having previously signed an Informed Consent for abortion, now additionally consent to the insertion of cervical dilators into my cervix for the purpose of dilating my cervix. The nature, operation, function and purpose of cervical dilators have been fully explained to me and all my questions have been answered fully and satisfactorily.

I realize that the insertion of the dilators is the start of the abortion procedure, to which I have knowingly consented and have requested from Preterm, its physicians and staff.

I understand that the purpose of the dilators is to dilate the cervix before the abortion procedure. I understand that once the dilators are inserted the abortion procedure has begun and it is expected that I will complete the abortion. The dilators absorb moisture and gently and slowly open the cervical canal as they get bigger. I understand that the dilators may cause some bleeding, cramping and/or rupture of membranes ("water breaking").

Although the risks are small, I understand that the possible complications associated with cervical dilators include, but are not limited to: infection, tearing of the cervix, perforation of the uterus, bleeding, spontaneous abortion and/or septic abortion. I understand that once the dilators are inserted, I must keep my appointment for completion of the abortion. If the dilators remain in place for longer than the appropriate time period, there is increased risk of infection, spontaneous and/or septic abortion, and death. I understand that any one of the possible complications associated with cervical dilators is potentially fatal if undiagnosed and untreated. I understand that if the dilators are removed but the second step of the procedure is not completed, there is an increased risk of losing the pregnancy, premature delivery, rupture of membrane ("water breaking"). If I fail for any reason to keep my appointment at Preterm for completion of the abortion, I will be responsible for any medical costs or physical damage I incur as a result of my actions. By not keeping my appointment, I have violated the patient/physician contract and Preterm may assume that I no longer need/want it's services. I understand that Preterm will try to locate me out of concern for my well-being.

Knowing all these things, I direct and authorize the use of cervical dilators.

Accordingly, I release Preterm, its physicians and staff from any and all liabilities or claims, now or in the future, arising from the use of cervical dilators.

<u>Lakisha Wilson</u>	<u>03/20/14</u>
Patient Signature	Date
<u>[Signature]</u>	<u>3.20.14</u>
Witness Signature	Date

STATE OF OHIO               }  
COUNTY OF                  } ss.

PRETERM  
PARENTAL CONSENT

I, \_\_\_\_\_, swear under oath as follows:  
(Parent)

I am the Parent/Custodian/Guardian (**circle one**) of \_\_\_\_\_, I reside at \_\_\_\_\_  
(Patient)

\_\_\_\_\_, and my  
( Address ) ( City, State, Zip Code )  
telephone number is \_\_\_\_\_.

I hereby give my consent to Preterm to perform an abortion on my daughter,

( Patient)

I believe my daughter is sufficiently mature and well enough informed to intelligently decide whether to have an abortion, and I have consulted with her on her decision to the extent I think appropriate.

I have read the above and it is true and correct to the best of my knowledge and belief.

(Parent)

SWORN TO BEFORE ME and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

NOTARY PUBLIC

My commission expires \_\_\_\_\_

I authorize Preterm Cleveland to obtain information and records from any physician, hospital, or clinic which may provide treatment for routine follow-up care or complications stemming from the abortion performed.

Signature of Parent or Legal Guardian (if a minor)

Date \_\_\_\_\_

TAG/CONCERNS	DOCUMENTATION
	PERSONNEL FILE FOR DR. LISA K. PERRELLA
	APPLICATION - 11/23/09
	CLINICAL PRACT. @: UNIV. HOSP. 11100 EUCLID AVE CLEV. 44106
	: V/H RICHMOND MED. CTR. 27100 CHAMBERLAIN RD.
	RICHMOND HEB. 44143
	PREVIOUS AD TRAINING/EXP.
	UNIV. OF PITTSBURGH
	APPROX. # of PROCEDURES <u>133</u> 1 <sup>ST</sup> TRIMESTER <u>148</u> 2 <sup>ND</sup> TRIMESTER
	BELLEVUE HOSPITAL
	APPROX # of PROCEDURES <u>32</u> 1 <sup>ST</sup> TRIMESTER <u>54</u> 2 <sup>ND</sup> TRIMESTER
	PLANNED PARENTHOOD of WESTERN PA
	APPROX # of PROCEDURES <u>532</u> 1 <sup>ST</sup> TRIMESTER <u>58</u> 2 <sup>ND</sup> TRIMESTER
	CURRICULUM VITAE LISTS ED. + TRAINING
	STATE of OHIO AUTH. TO PRACTICE 4/3/09 EXP 4/1/16
	DEA EXP 3/31/16
	CERT. OF QUALITY INV: EXP 2/2/15
	REAPPOINTMENT EXP. 11/30/15

## SURVEYOR NOTES WORKSHEET

Facility Name: PAE TERM Surveyor Name: \_\_\_\_\_  
 Provider Number: \_\_\_\_\_ Surveyor Number: \_\_\_\_\_ Discipline: \_\_\_\_\_  
 Observation Dates: From 4/2/14 To 4/3/14

TAG/CONCERNS	DOCUMENTATION
	<p>REVIEW OF THE REPORT SENT TO THE OFFICE OF THE CUYAHOGA Co. MEDICAL EXAMINER.</p> <p>INCLUDES "AB. PIONE REPORT" APPT. MADE <u>2/27/14</u></p> <p>LAKISHA WILSON CHART # 181005</p> <p>22 y.o. BO 5/6/91</p> <p>PREG. TEST (+) LMP 10-10</p> <p>PELVIC/SONO EXAM 2/27 AT COLUMBUS SIZE 18.4</p> <p>HR (HERE BEFORE) <u>✓ NO</u></p> <p>COPY REQUESTED FROM HENRY @ 11:32 AM</p>
	<p>INTERVIEWED E ANGEL ON 4/2/14 @ 11:25A</p> <p>- VERSION / ORIGINAL FOR SIGNATURE</p> <p>- NARRAN (REMARKS AGENT)</p> <p>- ANGEL WAS NOT IN RM. AT TIME PT RECEIVED</p> <p>ANGEL ARRIVED + PT WAS UNRESPONSIVE + PS, DR., SED NRS + SONOGRAM WAS IN THE RM.</p>
	<p>EM. TRANSFER TO UNIV. HOSPITALS</p> <p>PROVIDES PROTOCOL BEFORE THE: DIR. OF CLINICAL SERVICES</p> <p>EMERGENCY TEAM</p> <p>THE MED. RECEPTIONIST</p>
	<p>STAFF HAS EMERGENCY DRILLS/TRAINING ANNUALLY + WAS PERFORMED ON 9/19/12 + 11/13/13. THESE DRILLS INCLUDES SCENARIOS OF WHICH SCENARIO #3 ON 11/13/13 WAS FOR HEMORRHAGIC SHOCK/CARDIAC ARREST.</p> <p>AB. PROCEDURE RPT. E PASC DATE 3/21/14 REVEALS IN COMMENTS SECTION WHAT APPEARS TO BE THE PROTOCOL FOLLOWED IN SCENARIO #3 PASSAGE → CRYOTEC GIVEN → NO REPORTABLE B/P + ↓ HR → STARTED CPE.</p>



APR 02 2014

To: Director



April 2, 2014

The Honorable Governor John Kasich  
77 S. High St  
30<sup>th</sup> Floor  
Columbus, OH 43215

Dear Governor Kasich,

The purpose of this letter is to bring to your attention the recent tragic death of a young woman who was rushed to University Hospital from Preterm, a Cleveland abortion clinic. Ohio Right to Life is learning more and more about this tragedy every day.

According to the 911 transcript (attached), on the morning of March 21, 2014, Preterm called 911 and informed the operator that a patient was "not breathing at all" and was in cardiac arrest. Per a statement from the Cuyahoga County Medical Examiner's Office, the 22-year-old African American female patient, Lakisha Wilson, the "decedent", was treated at the hospital to which she was transferred (University Hospital's Case Medical Center) and "expired" a week later on March 28, 2014. It appears that the hospital kept Lakisha on life support during the last week of her life in order to harvest her organs for donation.

Ohio Right to Life has been advised that Lakisha Wilson traveled to Preterm after being denied a late-term abortion by abortion clinics in both Akron and Columbus. This brings to question why Preterm appears to have proceeded with a procedure after other clinics refused. In June 2013 you signed into law House Bill 59 which requires all abortionists scheduled to perform an abortion to also perform an ultrasound 24 hours before the abortion in order to determine the gestational age of the baby and determine if the baby is viable. Additionally, in the 129<sup>th</sup> General Assembly, you signed into law the late-term abortion ban, banning abortions of any viable baby. Generally, pre-born babies are deemed viable when they are at least 24 weeks old and older. This fact pattern leads us to ask the following questions: Did Preterm perform the required ultrasound to determine if the baby was viable and did Preterm perform an abortion upon a viable baby regardless of state law? Either scenario is, of course, a tragedy as ultimately a woman and a baby lost their lives. Nevertheless, both scenarios warrant an investigation into Preterm and its doctors' practices and standards of care.

**In light of this tragedy, Ohio Right to Life is requesting that the Ohio Department of Health initiate a full investigation of this incident and Preterm's conduct.**

Report # 47

## State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:	15	27	2013
	Month	Day	Year
2. Name of medical practice or facility at which RU-486 was provided: <i>Arden</i>			
3. Address of medical practice or facility at which RU-486 was provided: <i>12000 Chester Blvd. Cleveland OH 44130</i>			
4. Date post RU-486 complication began: <i>2/19/13</i>			
5. Event(s) (Please check all that apply):			
<input checked="" type="checkbox"/> Incomplete abortion <input type="checkbox"/> Adverse reaction to RU-486 <input type="checkbox"/> Patient hospitalized <input type="checkbox"/> Patient received a transfusion <input type="checkbox"/> Severe bleeding <input type="checkbox"/> Other serious event (specify) _____			
6. Duration of event: _____ Hours <i>1</i> Days			
7. Remarks: <i>Abortion completed surgically on 2/19/13, no further complications.</i>			
8. a. Name of physician who provided RU-486 <i>Abdullah Raza</i>			
8. b. Physician's signature <i>[Signature]</i> <span style="float: right;">MD/DO</span>			
Date <i>4/24/13</i>			

Send completed forms to: State Medical Board of Ohio

Legal Department  
30 E. Broad St., 3<sup>rd</sup> Floor  
Columbus OH 43215-6127

MEDICAL BOARD

APR 24 2013

## Event Chronology - E14022619

<input checked="" type="checkbox"/> System Comments				
Time	Date	Terminal	Operator	Action
10:59:14 AM	3/21/2014	emsbc24	5400	<p>EVENT CREATED: Location=12000 SHAKER BLVD CLEV , Cross Streets=E 121ST ST / E 116TH ST , Name=PRETERM , Address=12000 SHAKER BLVD CLEVELAND , Call Source=ANI/ALI , Phone Number=(216) 9914000 , Operator=KIMBERLY DENNIS</p> <p>Agency=CEMS, Group=CEMS, Beat=16, Status=A, Priority=1, ETA=0, Hold Type=0, Primary Unit=MED41, Primary Member=195747, Current=F, Open Current=F, Type Code=9-CARDIAC OR RESPIRATORY ARREST/DEATH, SubType Code=9-E-I-NOT BREATHING AT ALL, Operator=KIMBERLY DENNIS</p> <p>EVENT COMMENT=Number of patients: 1, Operator=KIMBERLY DENNIS</p> <p>Age: 22 Years</p> <p>Gender: Female</p> <p>Conscious: No</p> <p>Breathing: No</p> <p>ProQA chief complaint code: 9</p> <p>Responder script: 22 year old, Female, Unconscious, Not breathing. Cardiac or Respiratory Arrest / Death.</p> <p>ProQA dispatch code: 09E01</p> <p>Responder script: Not breathing at all.</p> <p>APT PRI 12000 SHAKER BLVD</p>
10:59:20 AM	3/21/2014	emscht	3720	<p>Unit=MED41, Status=DS, Location=12000 SHAKER BLVD CLEV, Employee=195747</p> <p>Unit=MED41, Status=DS, Location=12000 SHAKER BLVD CLEV, Employee=195742</p> <p>EVENT COMMENT=** Recommended unit MED41 for requirement AMBULANCE (0.81 mi), Operator=JEWEL SMITH</p>
10:59:26 AM	3/21/2014	pr-komm1	5400	EVENT COMMENT=** LOI search completed at 03/21/14 10:59:26, Operator=KIMBERLY DENNIS
10:59:31 AM	3/21/2014	emsbc24	5400	EVENT COMMENT=Response description: Echo, Operator=KIMBERLY DENNIS
10:59:48 AM	3/21/2014	firepos33	194749	EVENT COMMENT=M41, Operator=JEFFREY LASH
10:59:58 AM	3/21/2014	emsbc24	5400	EVENT COMMENT=DOCTOR AND NURSES ARE PERFORMING CPR, Operator=KIMBERLY DENNIS
11:00:02 AM	3/21/2014	\$MED41	195747	<p>Unit=MED41, Status=EN, Location=12000 SHAKER BLVD CLEV, Employee=195747</p> <p>Unit=MED41, Status=EN, Location=12000 SHAKER BLVD CLEV, Employee=195742</p>
11:02:52 AM	3/21/2014	\$MED41	195747	<p>Unit=MED41, Status=W, Location=12000 SHAKER BLVD CLEV, Employee=195747</p> <p>Unit=MED41, Status=W, Location=12000 SHAKER BLVD CLEV, Employee=195742</p>
11:07:58 AM	3/21/2014	\$CAPT2	90067	Unit=CAPT2, Status=OS, Location=12000 SHAKER BLVD CLEV, Employee=90067

11:08:02 AM	3/21/2014	\$CAPT2	<u>90067</u>	Unit=CAPT2, Status=EN, Location=12000 SHAKER BLVD CLEV, Employee=90067
11:12:00 AM	3/21/2014	emsb28	<u>5077</u>	Unit=CAPT2, Status=W, Location=12000 SHAKER BLVD CLEV, Employee=90067
11:21:02 AM	3/21/2014	emsch1	<u>3770</u>	EVENT COMMENT=RELAYED PT INFO TO UHA 424, Operator=JEWEL SMITH
11:21:36 AM	3/21/2014	emsch1	<u>3770</u>	Unit=MED41, Status=TH, Location=@UHA : 2051 CORNELL RD CLEV, Employee=195747
				Unit=MED41, Status=TH, Location=@UHA : 2051 CORNELL RD CLEV, Employee=195742
11:21:43 AM	3/21/2014	emsch1	<u>3770</u>	EVENT COMMENT=CFD DRIVING 424, Operator=JEWEL SMITH
11:26:20 AM	3/21/2014	emsch1	<u>3770</u>	Unit=MED41, Status=AM, Location=@UHA : 2051 CORNELL RD CLEV, Employee=195747
				Unit=MED41, Status=AM, Location=@UHA : 2051 CORNELL RD CLEV, Employee=195742
11:27:15 AM	3/21/2014	emsch1	<u>3770</u>	Unit=MED41, Status=CU, Comment=Alarm Timer Extended: 55, Location=@UHA : 2051 CORNELL RD CLEV, Employee=195747
				Unit=MED41, Status=CU, Comment=Alarm Timer Extended: 55, Location=@UHA : 2051 CORNELL RD CLEV, Employee=195742
11:27:41 AM	3/21/2014	emsch1	<u>3770</u>	Unit=CAPT2, Status=TH, Location=@UHA : 2051 CORNELL RD CLEV, Employee=90067
11:37:17 AM	3/21/2014	\$CAPT2	<u>90067</u>	Unit=CAPT2, Status=AM, Location=@UHA : 2051 CORNELL RD CLEV, Employee=90067
12:21:20 PM	3/21/2014	pems3-96zth1	<u>6383</u>	Unit=MED41, Status=, Location=@UHA : 2051 CORNELL RD CLEV, Employee=195747
				Unit=MED41, Status=, Location=@UHA : 2051 CORNELL RD CLEV, Employee=195742
12:27:09 PM	3/21/2014	emsch1	<u>3770</u>	Unit=MED41, Status=CU, Comment=Alarm Timer Extended: 25, Location=@UHA : 2051 CORNELL RD CLEV, Employee=195747
				Unit=MED41, Status=CU, Comment=Alarm Timer Extended: 25, Location=@UHA : 2051 CORNELL RD CLEV, Employee=195742
12:49:20 PM	3/21/2014	\$MED41	<u>195747</u>	Unit=MED41, Status=AM, Location=@UHA : 2051 CORNELL RD CLEV, Employee=195747
				Unit=MED41, Status=AM, Location=@UHA : 2051 CORNELL RD CLEV, Employee=195742
12:49:21 PM	3/21/2014	\$MED41	<u>195747</u>	Agency=CEMS, Group=CEMS, Beat=16, Status=A, Priority=1, ETA=0, Hold Type=0, Primary Unit=MED41, Primary Member=195747, Current=T, Open Client=F, Type Code=9-CARDIAC OR RESPIRATORY ARREST/DEATH, SubType Code=9-E-I-NOT BREATHING AT ALL, Operator=BRENDAN MCCOOL
				EVENT CLOSED
12:51:22 PM	3/21/2014	sepc3cbzth1	<u>25812</u>	Unit=MED41, Status=, Location=@UHA : 2051 CORNELL RD CLEV, Employee=195747
				Unit=MED41, Status=, Location=@UHA : 2051 CORNELL RD CLEV, Employee=195742



## PRETERM STATEMENT OF INFORMATION PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

- Preterm is committed, and required by law, to maintain the privacy of your personal health information ("PHI"), including maintenance of reasonable and appropriate physical, administrative, and technical safeguards to protect that information, and to provide you with notice of our legal duties and privacy practices with respect to PHI.
- Preterm is permitted to use protected information only for the purposes of:
  - 1) Treatment (Example: We may provide information to a subsequent provider for treatment in the case of a medical emergency.)
  - 2) Payment (Example: We may provide identifying information to your insurance company for billing purposes.)
  - 3) Healthcare Operations (Example: We may use your information for internal quality assurance assessment to evaluate our quality of medical care.)
  - 4) Public Health, Abuse or Neglect, and Health Oversight (Example: We may be required to alert public health officials about certain infectious diseases)
  - 5) Other Authorizations Required by Law, including: law enforcement, worker's compensation, national security and intelligence activities.
- Preterm may contact you to provide appointment information or follow-up care.
- Any other uses or disclosures will be made only with your written authorization, which you may revoke. The following uses and disclosures will only be made with your authorization: disclosure of psychotherapy notes; use of PHI for marketing purposes, including subsidized treatment communications; disclosures that constitute a sale of PHI; other uses and disclosures not described in this notice.
- Preterm is required to notify you of any breach of your unsecured protected health information.
- Preterm does not routinely send fundraising communications to patients, but, if we were to do so, you have the right to opt out of such communications.
- You have the right to request restrictions on certain uses and disclosures of information, although Preterm is not required to agree to the restriction.
- You have the right to restrict disclosure of PHI to a health plan when you have paid in full out of pocket for the healthcare service.
- You have the right to receive confidential communication of your information.
- You have the right to inspect and obtain a copy of your information. Preterm reserves the right to charge a reasonable, cost-based fee for making copies.
- You have the right to amend your information. Preterm requires a written request, including the reason for amendment, and has the right to deny your request.
- You have the right to receive an accounting of any disclosures of your information.
- You have the right to obtain a copy of this notice upon request.

### Patient Rights & Responsibilities

- You have the right to treatment with respect, dignity, and courtesy in a facility that is safe and free from any type of abuse or harassment.
- You have the right to be informed as to the exact nature of your treatment, including any potential risks or complications.
- You have the right to refuse care and receive information on the possible consequences of refusing care.
- You have the right to appropriate assessment and management of pain.
- You have the right to know the names and roles of persons involved in your care.
- You have the right to 24-hour access to a caregiver.
- You have the right to involve your family in decisions regarding your care.
- You have the right to be provided with information regarding care after discharge.
- You have the right to express concerns or grievances regarding your care.
- You have the right to receive an explanation of your bill.
- You have the right to privacy and to confidentiality of your medical record.
- You are responsible for providing accurate and complete information about all matters pertaining to your health.
- You are responsible for notifying a staff member if you do not fully understand information or instructions.
- You are responsible for following the instructions that we give you.
- You are responsible for any and all consequences that may arise if you refuse recommended treatment or do not follow instructions.
- You are responsible for keeping all follow-up appointments.
- You are responsible for acting in a considerate and courteous manner.
- You are responsible for ensuring that any guests you bring into the facility act in a considerate and courteous manner.
- You are financially responsible for any services you receive.

Pursuant to ORC 3701-83-07 (B) 1, please be advised that Preterm does not honor advance directives.

If you believe that any personal information we have about you is incorrect, or you believe that your privacy rights have been violated, please contact our Director of Clinic Operations at 216.991.4000 or toll free at 1.877.773.8376. You will not be retaliated against for filing a complaint. If your issue is not resolved, you may contact the Ohio Department of Health Complaint Hotline at 1.800.342.0553. You may also contact the Secretary of Health and Human Services.

Effective 9/1/13



## Your Time at Preterm

### Day 1 Visit

#### Check-In

You'll sign in and fill out medical forms. We'll process your payment, identification, and any insurance information.

(Please note: personal information may be discussed.)

#### Ultrasound and Lab

You'll have an ultrasound exam to determine the size of your pregnancy. We'll review your medical history and take a drop of blood to check your Rh and hemoglobin. If your blood is Rh negative, you'll get an injection of Rhogam after your abortion.

(Please note: personal information will be discussed.)

#### Counseling

You'll meet with a patient advocate to sign consent forms and have your questions answered.

#### Physician Consultation

You'll meet with a physician to discuss the procedure and its risks. This consultation ends your Day 1 services.

There are several steps involved in an abortion. You can expect to be here for about 2-4 hours for your Day 1 Visit and 2-4 hours for your Day 2 Visit. If you have questions, please ask any Preterm staff.

**A word about waiting:** For your Day 1 Visit, we'll direct you to our 2nd floor waiting room. For your Day 2 Visit, we'll direct you to our 4th floor waiting room. To make your day go smoothly it's very important that you wait on the designated floor. Thank you for your cooperation.

While you're waiting, feel free to visit our **Reflection Room** on the 2nd floor where you'll find quiet space for spiritual comfort or meditation. If this is your Day 2 Visit, please notify the receptionist if you're leaving the floor to visit the Reflection Room.

In order to ensure your safety, we require that the person who is driving you home stays in the clinic until we discharge you. If your driver has to leave the building before we discharge you, here's what will happen: We'll keep you in recovery until the last patient is discharged. You can wait in our lobby for an additional 30 minutes, after which time our building will close. We understand that it may be difficult for your driver to stay here, so please make other arrangements for a ride home before your driver leaves.

### Day 2 Visit

#### Check-In

You'll sign in and fill out consent forms. We'll finish processing your payment.

(Please note: personal information may be discussed.)

#### Pre-Op

If you're having medication before your abortion, you'll go to our recovery room, where a nurse will administer your medication.

#### Abortion Procedure

A staff member will take you to the procedure room and stay with you during your procedure. If you're having conscious sedation or anesthesia, we'll start an IV. It takes about 3-5 minutes for a 1<sup>st</sup> trimester procedure and 10-20 minutes for a 2<sup>nd</sup> trimester procedure. If you're having a medication abortion, this is when you'll receive your medications.

#### Recovery

We'll take you to the recovery room. If you had a surgical abortion, you'll rest here for 30-60 minutes, depending on the type of procedure and sedation you had and your recovery.

#### Discharge

If you're here with someone, we'll ask them to meet you in the waiting room. Remember, you must have someone waiting to drive you home if you had sedation or anesthesia.