

SURVEYOR NOTES WORKSHEET

Facility Name: Alton Womens Surveyor Name: _____
 CCN: 0969 AS medical Surveyor Number: _____ Discipline: 63150
 Observation Dates: From 2/10/11 To _____

**AMBULATORY SURGICAL CENTERS
MEDICAL RECORD REVIEW**

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PATIENT NAME			
HISTORY PHYSICAL *pre-op diagnosis *procedure to be done			21 wks gest Abortion
ADMISSION DATA *name, address, date of birth, sex marital status, race *date, time of admission *pre-op diagnosis -previous medical history allergies current medications past adverse reactions family history physical exam			1st visit - 1-28-11 36 yr old pre-op exam 2/4/11 signed/timed 1-28-11 2:35 p. Dilation 2-3-11 fetal inject Dig into heart
TREATMENT DATA *MD, podiatrist, dentist orders special exams (lab, x-ray, pathology) *signed informed consent *evidence advance directive -MD note -nurses notes -meds -TPR -OR record -anesthesia record -consult record surgery site verification			Pre-abortion HCT - 40.5 10:10A - 400mg ? 12:10 - 400mg captopril 14:00 400mg captopril 10:15A - 100mg Demerol / 25mg 100mg Demerol / 25mg 100mg Demerol / 25mg Abortion 2-4-11 under U.S. Start 2:29
PRIOR DISCHARGE -exam by MD eval risk procedure -exam by anesthesiologist proper anesthesia recovery, risk anesthesia -discharge in 24 hour or transfer _discharge to hospital with record -verbal/written instruction post-op care and procedure for obtaining emergency care -written acknowledgement of written discharge instructions			Stopped 2:50 per Area record IV's x 2 500cc Pt sent by ambulance to hospital 21 wks fetal parts cord amniotic tissue

Physician writing
 mostly illegible -
 to hosp 3 unit EOL
 2/17/11 11pm