DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION
Facility Name: Medical Choup Surveyor Name:
Facility Name: Medical Exoup Surveyor Name:
CCN: 29/9/AS 3 Surveyor Number 23/80 Discipline: %
Observation Dates: From 7-23-12. To

## AMBULATORY SURGICAL CENTERS MEDICAL RECORD REVIEW

DATES VERNERAL NAMES	
PATIENT NAME	
HISTORY PHYSICAL	
*pre-op diagnosis	17 yr. ald formal DOB / /g -/1-DOP
	008 - 194 17115
*procedure to be done ADMISSION DATA	17 W/45 Bythdate 92
	DOP-1-7-12 DOP 10.19.11 meta MD
*name, address, date of birth, sex marital status, race	Gest 196 7.WE 103929 11-2-11 9th
*date, time of admission	Dr. R. Roberson HCT . 31.2 HAP 11.5-11
*pre-op diagnosis	pre-about on 5 7" 125# 130#
-previous medical history	consultation US. Shows US. results
allergies	1-6.12-1140 fetal age 16 WK Gest Age 14 WKS
current medications	consultation U.S. Shows U.S. pasulls 1-6.12-1140 fetal age 16 WK Gest Age 14 WKS
past adverse reactions	mandated
family history	uto 1-4-12 1459
physical exam	
TREATMENT DATA	
*MD, podiatrist, dentist orders	H-P-1/1/12 OF P Sedation - 115/57 vacurette
special exams (lab, x-ray, pathology)	NRA 115/57 vacurette
*signed informed consent	128# 1.984
*evidence advance directive	procedure wt 16/# & Reaguer
-MD note	1-7-12 36.
-nurses notes	US 119 Hypotion 1235
-meds	797.8 Desiro - U.S. 12 40
-TPR	1. 10-00/2
-OR record	15 15 Delapus
-anesthesia record	U.S. g 15. Fital insector
-consult record	RH+ 2 mg diag.
surgery site verification	fab - HC 33,7 12 pm
PRIOR DISCHARGE	musent for 1428 10-28-11
-exam by MD eval risk procedure	mest. Signed called No. pun
-exam by anesthesiologist proper	Assorthesia vot Filled vicode
anesthesia recovery, risk anesthesia	by C PNA Compot measures put into long if problem
-discharge in 24 hour or transfer	Plat ento boog of
_discharge to hospital with record	excel stus.
-verbal/written instruction post-op	Goz-mortes
care and procedure for obtaining	pt. accepted pain - pt. pushing
emergency care	State informet 626 - fettus passed
-written acknowledgement of written	parplilate sail attached by
discharge instructions	out docesta.
HCFA 807	702-All was
Revised 02/26/08	intalet now

called antilance to Hosp Trumball Hosp to of dealost

## DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION

SURVEYOR	<b>NOTES</b>	WORKSHE	ET
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Facility Name:	Surveyor Name:			
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## AMBULATORY SURGICAL CENTERS MEDICAL RECORD REVIEW

			-
Notification of malpractice	NA	NA	~~
advance directives	declined.		diclined
Complications or adverse events	pore	Selotes	
written information for obtaining appointment /services after hours	4	A.	
legible and documented in accordance with acceptable standards of practice	11	U	
•	- /	/	
informed consent prior surgery	Consent by	<i>j</i> ,	
	porest Signature	9	14.4
Discharge with responsible adult.	parent.	Sign of	Signed By
Obio 5tate pamplets	at 100	8/9/11/55	11-1-11
5 tale primpuls	accepted	de clined	delline
			g/

10 28-11
4PM\_ Call to
pt's nother.
Pt solvetted to
worp. Felius
parted - placenta
would not come
nut - pt. lost
"alor of blood"
stated pt is
stable now.