

Survey Findings/Facility Response

Facility : PLANNED PARENTHOOD - GLENDALE

Survey Date - 2/23/2015 - Citation5

Survey Findings

Based on a review of facility policy and procedures, medical records, adverse event/incident logs, and staff interviews, the Department determined the Administrator failed to ensure an adverse reaction to two (2) medications administered as moderate conscious sedation was reported to the medical director and licensee for 1 of 1 patient (patient #2).

Findings include:

Review of facility policy "COMPLICATIONS AND EMERGENCY PROTOCOLS" revealed: "...Affiliates must have written protocols for managing immediate, early, and late complications...."

PATIENT #2

Review of the redacted medical record dated 10/18/14 provided on 2/13/15 revealed:

"...Consent for Moderate Sedation Screening...Pre procedure...

blood pressure (BP) 128/78...

3:19...Versed 1 mg (milligram)...

3:21...Fentanyl 50 mcg (microgram)...

3:24...BP 78/47...pulse 61...

severe hypotension after receiving Versed and Fentanyl...

Atropine 0.4 mg/ml (milligram per milliliter) and normal saline 500 ml administered...

Atropine and fluids given with excellent results...

Start time...3:29...

3:32 BP 94/63...pulse 81...

Stop time...3:35...

3:46...To recovery room...

PROCEDURE NOTE...Patient received uncomplicated sedation...."

Medical record entries are signed by RN #7.

Versed is a medication often used for its sedating properties. Fentanyl is a medication often used for its synthetic narcotic properties. Atropine is a medication used for its central nervous system stimulating and/or depressing properties.

Review of the electronic personnel file nursing license for RN #7 revealed no advanced prescribing privileges have been granted to this licensee.

The Surveyor requested the facility policy and procedure that identifies the blood pressure parameters of severe hypotension, none was provided.

The Surveyor requested the facility policy and procedure delineating the care and treatment of a patient diagnosed with severe hypotension, none was provided.

The Surveyor requested the facility standing orders for care and treatment of a patient having an adverse reaction to a medication/controlled substance, none was provided.

The Surveyor requested documentation to identify physician notification and/or intervention, none was provided.

The Surveyor requested documentation that the medication adverse reaction was reported to the medical director and licensee, none was provided.

Center Manager #11, verified, during an interview conducted on 2/13/15, that there are no established blood pressure parameters for severe hypotension, standing orders, and/or facility policy that identifies the care and treatment of a patient experiencing severe hypotension after adversely reacting to a medication provided for conscious sedation.

Center Manager #11, verified during an interview conducted on 2/13/15, that RN #7 gave the order to administer the Atropine and normal saline solution when patient #2's blood pressure decreased by 50 mmHg (millimeters of mercury), five (5) minutes after receiving the one (1) dose of Versed and three (3) minutes after receiving one (1) dose of Fentanyl.

Rule/Statute

R9-10-1510. Medications and Controlled Substances

A medical director shall ensure that:

7. A medication error or an adverse reaction, including any actions taken in response to the medication error or adverse reaction, is immediately reported to the medical director and licensee, and recorded in the patient's medical record;

Facility Response

The date (03/24/2015) represents when the facility corrected the citation and was confirmed by the Department to be back in compliance. A facility is required to submit a Plan of Correction (POC) for each citation identified during a survey. This Plan of Correction describes how the facility is going to make corrections, the facility representative responsible for making the corrections, and what systems are in place to prevent recurrence. Once the facility has submitted an acceptable Plan of Correction, the Department confirms that the citation is corrected.

For a copy of the Plan of Correction, please contact the facility or the Department of Health Services.