

Please note:

This file may contain sensitive information that we are not legally authorized to redact per *California Business and Professions Code § 22458*.

Additionally, the copy or copies following this page may be difficult to read.

We have done our best to produce a legible copy of any original documents that were not in good condition.

STATE OF CALIFORNIA  
DEPARTMENT OF INDUSTRIAL RELATIONS  
DIVISION OF WORKERS' COMPENSATION  
**WORKERS' COMPENSATION APPEALS BOARD**

ADEL HANNA  
DOB: 3/29/1946  
SSN: XXX-XX-XXXX

AKA:  
DOB:  
SSN:

VS.

CALIFORNIA INSTITUTION FOR MEN , STATE FUND - RIVERSIDE - STATE  
CONTRACTS

Case No: ADJ15547702

(IF APPLICATION HAS BEEN FILED, CASE NUMBER  
MUST BE INDICATED REGARDLESS OF DATE OF INJURY)

**SUBPOENA DUCES TECUM**

(When records are mailed, identify them by using the  
above Case No. or attaching copy of the subpoena.)

**NO PERSONAL APPEARANCE NECESSARY**

Please refer to the In Bold summary description  
found below to identify the documents requested by  
this Subpoena

*The People of the State of California Sends Greetings to: **Custodian Of Records***

CASA COLINA HOSPITAL - MEDICAL

WE COMMAND YOU to appear before A NOTARY PUBLIC

At ONTELLUS, 27450 Ynez Road, Suite 300, Temecula, CA 92591-4680

On the 27th day of March, 2023, at 9 o'clock A. M. to testify in the above-entitled matter and to bring with you and  
produce the following described documents:

**ANY AND ALL MEDICAL/TREATMENT RECORDS PERTAINING TO THE CARE, TREATMENT AND EXAMINATION OF CLAIMANT/APPLICANT REGARDLESS  
OF TIME PERIOD WHEN SERVICES WERE RENDERED.**

(Do not produce X-rays unless specifically mentioned above.)

For failure to attend as required, you may be deemed guilty of a contempt and liable to pay to the parties aggrieved all losses and amages  
sustained thereby and forfeit one hundred dollars in addition thereto.

This subpoena is issued at the request of the person making the declaration on the reverse hereof, or on the copy which is served herewith.

Date 03/13/2023



**WORKERS' COMPENSATION APPEALS BOARD  
OF THE STATE OF CALIFORNIA**

Workers Compensation Judge

**Records copied and submitted to the designated  
court by ONTELLUS will be deemed as full  
compliance with this Subpoena.**

FOR INJURIES OCCURRING ON OR AFTER JANUARY 1,  
1990 AND BEFORE, JANUARY 1, 1994:

If no Application for Adjudication of Claim has been filed, a declaration  
under penalty of perjury that the Employee's Claim for Workers'  
Compensation Benefits (Form DWC-1) has been filed pursuant to Labor  
Code Section 5401 must be executed properly.

**SEE REVERSE SIDE**

**[SUBPOENA INVALID WITHOUT DECLARATION]**

CC: NATALIA FOLEY ESQ  
295923

Order Ref #: 1968787

You may fully comply with this subpoena by mailing the records described (or authenticated copies, Evid Code 1561) to the person and place stated  
above within ten (10) days of the date of service of this subpoena.

This subpoena does not apply to any member of the Highway Patrol, Sheriff's Office or City Police Department unless accompanied by notice from  
this Board that deposit of witness fee has been made in accordance with Government Code 68097.2 et seq.

DECLARATION FOR SUBPOENA DUCES TECUM

Case No.: ADJ15547702

STATE OF CALIFORNIA, County of RIVERSIDE

The undersigned states:

That he / she is (one of) the representative(s) for the defendant in the action captioned on the reverse hereof.

That CASA COLINA HOSPITAL - MEDICAL has in his / her possession or under his / her control the documents described on the reverse hereof. That said documents are material to the issues involved in the case for the following reason:

To determine present and/or past physical condition; nature, extent and duration of sickness; injury, disability and/or necessity of further treatment.

Declaration for Injuries on or After January 1, 1990 and before January 1, 1994

That an Employee's Claim for Workers' Compensation Benefits (DWC Form 1) has been filed in accordance with Labor Code Section 5401 by the alleged injured worker whose records are sought, or if the worker is deceased, by the dependant(s) of the decedent, and that a true copy of the form filed is attached hereto. (Check Box if applicable and part of declaration below, See instructions on front of subpoena.)

I declare under penalty of perjury that the forgoing is true and correct.

Executed on 03/13/2023 at Temecula, California

[Signature] ONTELLUS, 27450 Ynez Road, #300 (951) 694-5770  
Signature Address Telephone

ONTELLUS FOR: STATE FUND - RIVERSIDE - STATE CONTRACTS  
THE INSURANCE CARRIER: DIANA MUNOZ  
/S/ PO BOX 65005 ATTN: CLAIMS PROCESSING  
FRESNO, CA 93650-5005  
(888) 782-8338

DECLARATION OF SERVICE

STATE OF CALIFORNIA, County of: LOS ANGELES

I, the undersigned, state that I served the forgoing subpoena by showing the original and delivering a true copy thereof, together with a copy of the Declaration in support thereof, to each of the following named persons, personally, at the date and place set forth opposite each name.

Name of Person Served

KATHY. J

Date

March, 15 2023

Place

255 E BONITA AVENUE BLDG 2 ATTN:  
MEDICAL RECORDS, POMONA, CA 91769-  
1933

I declare under penalty of perjury that the forgoing is true and correct.

Executed on 3/15/23 at POMONA, California

[Signature]  
Signature

ADEL HANNA, CASA COLINA HOSPITAL - MEDICAL



Order Ref #: **1968787**

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name and Address</i> ): DIANA MUNOZ STATE FUND - RIVERSIDE - STATE CONTRACTS PO BOX 65005 ATTN: CLAIMS PROCESSING FRESNO CA 93650-5005 (559) 782-8338  ATTORNEY FOR ( <i>Name</i> ): CALIFORNIA INSTITUTION FOR MEN / STATE FUND - RIVERSIDE - STATE CONTRACTS	FOR COURT USE ONLY           CASE NUMBER: ADJ15547702
NAME OF COURT: WCAB - SAN BERNARDINO STREET ADDRESS: 464 W 4TH ST STE 239 CITY AND ZIP CODE: SAN BERNARDINO, CA 92401-1411 BRANCH NAME: SAN BERNARDINO DISTRICT OFFICE	
PLAINTIFF/PETITIONER: ADEL HANNA DEFENDANT/RESPONDENT: CALIFORNIA INSTITUTION FOR MEN / STATE FUND - RIVERSIDE - STATE CONTRACTS	
<b>NOTICE TO CONSUMER OR EMPLOYEE AND OBJECTION</b> (Code Civ. Proc., §§ 1985.3, 1985.6)	

**NOTICE TO CONSUMER OR EMPLOYEE**

**TO (name): ADEL HANNA VIA HIS/HER ATTORNEY OF RECORD**

PLEASE TAKE NOTICE THAT **REQUESTING PARTY (name): DIANA MUNOZ, STATE FUND - RIVERSIDE - STATE CONTRACTS**

SEEKS YOUR RECORDS FOR EXAMINATION by the parties to this action on (specify date):03/27/2023

The records are described in the subpoena directed to (specify name and address of person or entity from whom records are sought): **CASA COLINA HOSPITAL - MEDICAL 255 E BONITA AVENUE BLDG 2 ATTN: MEDICAL RECORDS POMONA, CA 91769-1933**

A copy of the subpoena is attached.

IF YOU OBJECT to the production of these records, YOU MUST DO ONE OF THE FOLLOWING BEFORE THE DATE SPECIFIED. IN ITEM a. OR b. BELOW:

- a. If you are a party to the above-entitled action, you must file a motion pursuant to Code of Civil Procedure section 1987.1 to quash or modify the subpoena and give notice of that motion to the **witness** and the **deposition officer** named in the subpoena at least five days before the date set for production of the records.
- b. If you are not a party to this action, you must serve on the **requesting party** and on the **witness**, before the date set for production of the records, a written objection that states the specific grounds on which production of such records should be prohibited. You may use the form below to object and state the grounds for your objection. You must complete the Proof of Service on the reverse side indicating whether you personally served or mailed the objection. The objection should **not** be filed with the court. **WARNING: IF YOUR OBJECTION IS NOT RECEIVED BEFORE THE DATE SPECIFIED IN ITEM 1, YOUR RECORDS MAY BE PRODUCED AND MAY BE AVAILABLE TO ALL PARTIES.**

YOU OR YOUR ATTORNEY MAY CONTACT THE UNDERSIGNED to determine whether an agreement can be reached in writing to cancel or limit the scope of the subpoena. If no such agreement is reached, and if you are not otherwise represented by an attorney in this action, YOU SHOULD CONSULT AN ATTORNEY TO ADVISE YOU OF YOUR RIGHTS OF PRIVACY.

Date: 03/13/2023

DIANA MUNOZ, EXAMINER

/s/ DIANA MUNOZ

(TYPE OR PRINT NAME)

(SIGNATURE OF

REQUESTING PARTY

ATTORNEY)

**OBJECTION BY NON-PARTY TO PRODUCTION OF RECORDS**

- 1.  I object to the production of all of my records specified in the subpoena.
- 2.  I object only to the production of the following specified records:

3. The specific grounds for my objection are as follows:

Date:

(TYPE OR PRINT NAME)

(SIGNATURE)

(Proof of service on reverse)

Page 1 of 2

PLAINTIFF/PETITIONER: ADEL HANNA  
DEFENDANT/RESPONDENT: CALIFORNIA INSTITUTION FOR MEN

CASE NUMBER:  
ADJ15547702

**PROOF OF SERVICE OF NOTICE TO CONSUMER OR EMPLOYEE AND OBJECTION**  
(Code Civ. Proc., §§ 1985.3, 1985.6)

Personal Service  Mail Order #: 1968787

- 1. At the time of service I was at least 18 years of age and **not a party to this legal action.**
- 2. I served a copy of the *Notice to Consumer or Employee and Objection* as follows (check either a or b):
  - a.  **Personal service.** I personally delivered the *Notice to Consumer or Employee and Objection* as follows:
    - (1) Name of person served: \_\_\_\_\_ (3) Date served: \_\_\_\_\_
    - (2) Address where served: \_\_\_\_\_ (4) Time served: \_\_\_\_\_
  - b.  **Mail.** I deposited the *Notice to Consumer or Employee and Objection* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:
    - (1) Name of person served : WORKERS DEFENDERS ANAHEIM /Oposing Counsel (3) Date of mailing: 03/14/2023
    - (2) Address: NATALIA FOLEY (295923) State Bar (4) Place of mailing (city and state): Temecula, CA
    - 751 S WEIR CANYON RD STE 157-455 ANAHEIM, CA 92808
  - (5) I am a resident of or employed in the county where the *Notice to Consumer or Employee and Objection* was mailed.
  - c. My residence or business address is (specify): ONTELLUS, 27450 Ynez Rd, Temecula CA 92591
  - d. My phone number is (specify): (800) 660-1107

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  
Date: 03/14/2023

Jeannie Gosiengfiao

(TYPE OR PRINT NAME OF PERSON WHO SERVED)



(SIGNATURE OF PERSON WHO SERVED)

**PROOF OF SERVICE OF OBJECTION TO PRODUCTION OF RECORDS**  
(Code Civ. Proc., §§ 1985.3, 1985.6)

Personal Service  Mail

- 1. At the time of service I was at least 18 years of age and **not a party to this legal action.**
- 2. I served a copy of the *Objection to Production of Records* as follows (complete either a or b):
  - a. ON THE REQUESTING PARTY
    - (1)  **Personal service.** I personally delivered the *Objection to Production of Records* as follows:
      - (i) Name of person served: \_\_\_\_\_ (iii) Date served: \_\_\_\_\_
      - (ii) Address where served: \_\_\_\_\_ (iv) Time served: \_\_\_\_\_
    - (2)  **Mail.** I deposited the *Objection to Production of Records* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:
      - (i) Name of person served: \_\_\_\_\_ (iii) Date of mailing: \_\_\_\_\_
      - (ii) Address: \_\_\_\_\_ (iv) Place of mailing (city and state): \_\_\_\_\_
      - (v) I am a resident of or employed in the county where the *Objection to Production of Records* was mailed.
  - b. ON THE WITNESS
    - (1)  **Personal service.** I personally delivered the *Objection to Production of Records* as follows:
      - (i) Name of person served: \_\_\_\_\_ (iii) Date served: \_\_\_\_\_
      - (ii) Address where served: \_\_\_\_\_ (iv) Time served: \_\_\_\_\_
    - (2)  **Mail.** I deposited the *Objection to Production of Records* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:
      - (i) Name of person served: \_\_\_\_\_ (iii) Date of mailing: \_\_\_\_\_
      - (ii) Address: \_\_\_\_\_ (iv) Place of mailing (city and state): \_\_\_\_\_
      - (v) I am a resident of or employed in the county where the *Objection to Production of Records* was mailed.

3. My residence or business address is (specify):  
4. My phone number is (specify):  
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  
Date: 03/13/2023

(TYPE OR PRINT NAME OF PERSON WHO SERVED)

(SIGNATURE OF PERSON WHO SERVED)

**AFFIDAVIT OF CUSTODIAN OF RECORDS  
(California Evidence Code § 1561)**

Records Pertaining To: ADEL HANNA  
Date of Birth: 03/29/1946 Social Security Number: XXX-XX-  
Name of Facility: CASA COLINA HOSPITAL

**1. DECLARATION OF CUSTODIAN OF RECORDS OR QUALIFIED WITNESS**

I being the duly authorized custodian of records or other qualified witness having the authority to certify the records, declare the following:

**a. Description of Records Produced:**

Medical Records  Billing Records  X-Rays  Other: \_\_\_\_\_

The records indicated below were requested, but do not exist:

Medical Records  Billing Records  X-Rays  Other: \_\_\_\_\_

The records were prepared by the personnel of the business in the ordinary course of business at or near the time of the acts, conditions, or events. I certify that I have made a thorough and complete search of all available sources including physical hard bound charts and computer databases containing all requested record types.

**b. In what manner were the records produced:**

Data/Computer Generated  Typed/Handwritten Notes  Summary  Radiological  Audio/Video  
 Pathological  Other: \_\_\_\_\_

**c. Certification of Records Copied or Obtained:**

The copy is a true copy of all the records described in the subpoena duces tecum, authorization, search warrant, or pursuant to subdivision (e) of Section 1560. The records were delivered to the attorney, the attorney's representative, or deposition officer that were copied at the custodian's or witness' place of business, as the case may be.

**2. CERTIFICATION OF NO RECORDS**

- A thorough search of our files, carried out under the supervision of the Custodian of Records revealed no documents, records, or other material being sought in the Subpoena or Authorization searched by Name, Date of Birth, SSN, etc.
- Existing records not within the time limitation set forth in the request
- All records have been destroyed in accordance with our document retention policy which is \_\_\_\_\_ years
- The following information does not match what we have on record  Date of Birth  SSN  Name
- Other: \_\_\_\_\_
- Additional information is needed such as: \_\_\_\_\_

**3. Under penalty of perjury and under the laws of California, I, the Custodian of Records or other Qualified Witness, declare that the foregoing is true and correct.**

Date: 03/21/2023 City Fullerton, CA  
Print Name: ARTURO MARQUEZ  
Signature of Custodian of Records or other Qualified Witness Arturo Marquez

Digitally signed by Arturo Marquez  
Date: 2023.03.21 15:14:28 -0700

**CERTIFICATION OF PROFESSIONAL PHOTOCOPIER REGISTRATION # 274**

(Pursuant to CA Business and Professional Code §22462)

As the chosen representative of the requesting attorney, I state that I made true copies of all the original records made available to me by the custodian of records of the above listed facility. I hereby declare under the penalty of perjury that these copies will be delivered to the persons or entities authorized to receive them.

Executed on 03/21/2023 at Fullerton California

Print Name ARTURO MARQUEZ Signature Arturo Marquez

Digitally signed by Arturo Marquez  
Date: 2023.03.21 15:14:36 -0700

Casa Colina Live  
255 East Bonita Ave  
Pomona, Ca. 91769-6001  
Mon Sep 26, 2022 8:24 AM - SAMANTA,LOLITA

INPATIENT/OUTPATIENT

MRUN: 624-69-30

ACCT: 01016197

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**PATIENT INFORMATION**  
Patient Name: HANNA,ADEL Title: Admit Date/Time: 09/10/2022 11:21 AM  
DOB: 03/29/1946 Age: 76Y Sex: M M/S: M Race: WN Lang: ENGLISH Disch.Date/Time: 09/10/2022 2:30 PM  
School: Religion: NON Room/Bed: / NU:  
**Service: CCH OUTPATIENT SURGERY-103** State/FC: CA Patient SSN: 548-67-8932  
Patient Address: 5688 COUSINS PL County: SAN BERNARDI Home Phone#: 949-244-7759  
City: RANCHO CUCAMONGA Zip Code: 91737 Work Phone#: \_\_\_\_\_  
Emp. Status: Occupation: Employer: Employer Ph: \_\_\_\_\_  
Employer Add: City: St/Zip: \_\_\_\_\_

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**GUARANTOR INFORMATION**  
Guarantor Name: HANNA,ADEL Phone #: 949-244-7759 Rel: P  
Guarantor Address: 5688 COUSINS PL City: RANCHO CUCAMONGA State: CA Zip Code: 91737  
Guarantor's Employer: Occupation: \_\_\_\_\_  
Guar. Employer Address: City: State: Zip Code: \_\_\_\_\_

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**EMERGENCY CONTACT/NEXT OF KIN**  
EC #1: Rel to Pt: Home Phone #: Work Phone #: \_\_\_\_\_  
Pref Method of Contact: Email: Cell Phone #: \_\_\_\_\_  
Address: City: State: Zip Code: \_\_\_\_\_  
NOK #1: HANNA,IRMA Rel to Pt: W Home Phone #: 909-374-7216 Work Phone #: \_\_\_\_\_  
Pref Method of Contact: Email: Cell Phone #: 909-374-7216  
Address: City: State: Zip Code: \_\_\_\_\_

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**FINANCIAL INFORMATION**  
Insurance #1: BLUE CROSS Policy or Cert. #: CPR226A67822 Group #: \_\_\_\_\_  
Billing Insurance: Pro fees: Phone: \_\_\_\_\_  
#1 Addr: , , Ph: Cont: \_\_\_\_\_  
Insured: HANNA,ADEL Rel to Pt: Insured Emp. Status: \_\_\_\_\_  
Insurance #2: Policy or Cert. #: Group #: \_\_\_\_\_  
#2 Address: , , Phone: Insured Emp. Status: \_\_\_\_\_  
Insured: HANNA,ADEL Rel to Pt: Phone: \_\_\_\_\_  
Pro fees: \_\_\_\_\_

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**PHYSICIAN/DIAGNOSIS INFORMATION**  
Admitting Physician: ABDELKARIM,BASIM Phone: 909-920-0444 FAX: 909-920-5044  
Attending Physician: ABDELKARIM,BASIM Phone: 909-920-0444 FAX: 909-920-5044  
Referring Physician: ABDELKARIM,BASIM Upin#: Phone: 909-920-0444 FAX: 909-920-5044  
Ref Phys Add: 1310 SAN BERNARDINO RD STE 103 UPLAND CA 91786  
Primary Care Physician: TO,SEAN S Phone: 909-981-6644 FAX: \_\_\_\_\_  
Admitting Diagnosis: HX OF COLON POLYPS Date of Onset/Injury: \_\_\_\_\_  
Comments: \_\_\_\_\_

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**ADVANCE DIRECTIVES**

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**MISCELLANEOUS**  
Registrar: Signed Release of Info: \_\_\_\_\_  
Signed Conditions of Admission: Privacy Code: \_\_\_\_\_

Accident Type:

Accident Date:

Claim No.

Page 2



GI LAB DISCHARGE INSTRUCTIONS  
COLONOSCOPY

Diet

- Do not drink any alcohol for 24 hours
- Avoid eating any greasy or spicy foods for your first meal
- You may eat and drink as usual - unless otherwise instructed below

Restriction on activity

- Do not drive or operate machinery for 24 hours
- Postpone making any important decisions or signing any legal documents for 24 hours
- Following day Return to usual activity, unless otherwise instructed below

Treatment for common aftereffects

- Mild abdominal pain, bloating or excessive gas Rest and eat lightly

Pain Management:

- Take meds as prescribed by physician
- Call your Doctor for uncontrolled or increased pain
- Continue usual home medications - unless otherwise instructed below

Symptoms to watch for and report your physician

- COLONOSCOPY Call physician if SEVERE abdominal pain/bloating, fever or bleeding
- Rectal bleeding

If a polyp has been removed.

For next 7 days:

- Do not take aspirin, Consult your physician before taking new medications, and if bleeding occurs, call your physician

I certify that I have received a copy of these instructions and understand the information

Signature Hanna Adel  
PATIENT

Signature Ima Hanna  
RESPONSIBLE ADULT

Signature [Signature] Time 1345 Date 9/10/22  
RN SIGNATURE

Resume current medication, except \_\_\_\_\_

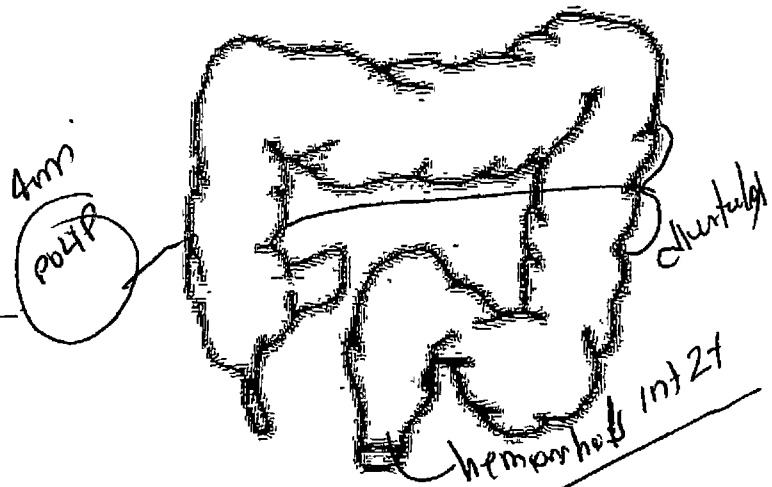
No anticoagulants (Coumadin, Plavix, Aspirin) for 3 days.

Do not drive or operate machinery until the day after the procedure

Diet  Regular Diet  Full liquid diet  Clear liquid diet

No lifting, straining, or running for 3 days

Please call Dr. office for follow up appointment at 2-4 wll



Signature [Signature] MD Time \_\_\_\_\_ Date 9/10/21

AFFIX  
**HANNA, ADEL**  
 Acct 01016197 CCH  
 MR: 624-69-30 Tm 103  
 DOS: 09/10/22 M/76Y DOB 03/29/46  
 Adm Phys: ABDELKARIM, BASIM

GI LAB DISCHARGE INSTRUCTIONS



PRE-OPERATIVE SHORT FORM HISTORY AND PHYSICAL

CHIEF COMPLAINT \_\_\_\_\_

HISTORY OF PRESENT ILLNESS \_\_\_\_\_

RELEVANT PAST MEDICAL HISTORY: \_\_\_\_\_ CRIS h x of colon polyp

PAST SURGICAL HISTORY:  NONE \_\_\_\_\_ from 1960

ALLERGIES:  No Known Allergies \_\_\_\_\_

CURRENT MEDICATIONS:  NONE \_\_\_\_\_

Medications have been reviewed with patient and corrections have been made if applicable (see med rec)

RELEVANT FAMILY HISTORY  NONE \_\_\_\_\_

SOCIAL HISTORY  NONE \_\_\_\_\_

REVIEW OF SYSTEMS

Significant Findings

PHYSICAL EXAM

Abnormal Findings

HEENT	<input checked="" type="checkbox"/> NONE	_____	HEENT	<input checked="" type="checkbox"/> WNL	_____
CARDIAC	<input checked="" type="checkbox"/> NONE	_____	NECK	<input checked="" type="checkbox"/> WNL	_____
RESPIRATORY	<input checked="" type="checkbox"/> NONE	_____	CHEST/BREAST	<input checked="" type="checkbox"/> WNL	_____
III	<input checked="" type="checkbox"/> NONE	_____	HEART	<input checked="" type="checkbox"/> WNL	_____
GU	<input checked="" type="checkbox"/> NONE	_____	LUNGS	<input checked="" type="checkbox"/> WNL	_____
NEURO	<input checked="" type="checkbox"/> NONE	_____	ABDOMEN	<input checked="" type="checkbox"/> WNL	_____
MUSCULOSKELETAL	<input checked="" type="checkbox"/> NONE	_____	EXTREMITIES	<input checked="" type="checkbox"/> WNL	_____
ENDOCRINE	<input checked="" type="checkbox"/> NONE	_____	NEURO	<input checked="" type="checkbox"/> WNL	_____
BLEEDING TENDENCIES	<input checked="" type="checkbox"/> NONE	_____	MENTAL STATUS	<input checked="" type="checkbox"/> WNL	_____
ALCOHOL/SMOKING	<input checked="" type="checkbox"/> NONE	_____	<input type="checkbox"/> Alert & Oriented x4 <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Other _____		

HT \_\_\_\_\_ WT \_\_\_\_\_

VITAL SIGNS B/P \_\_\_\_\_ T \_\_\_\_\_ HR \_\_\_\_\_ RR \_\_\_\_\_ O<sub>2</sub> SAT \_\_\_\_\_

IMPRESSION/ DIAGNOSIS \_\_\_\_\_


TREATMENT PLAN: \_\_\_\_\_ ECD Colomes > P/B done

PHYSICIAN SIGNATURE: \_\_\_\_\_ g/h DATE: 9/10/16 TIME: 1:30

Pre-Operative Short Form History and Physical

HANNA, ADEL  
Acct 01016197 CCH  
MR 624-69-30 Tm 103  
DOS. 09/10/22 M/76Y DOB 03/29/46  
Adm Phys ABDELKARIM, BASIM



		<b>255 East Bonita Avenue Pomona, CA 91767</b> <b>909.596.7733</b>	
<b>Pt Name:</b>	HANNA, ADEL	<b>MRN:</b>	6246930
<b>Pt ID:</b>	0100117706	<b>Acct No:</b>	01016197
<b>DOB:</b>	03/29/1946	<b>Age/Sex:</b>	76Y/M
<b>Adm DTime:</b>	09/10/2022 11:21	<b>Atn Dr:</b>	Abdelkarim, Basim MD
<b>Nurs Sta:</b>	CHPACU	<b>Rm &amp; Bed:</b>	
<b>Dx:</b>			
<b>Alrg:</b>	No Known Food Allergies, Reglan		

Physician Operative Report

<b>Assessment Sts</b>	In progress	<b>Collected DTime</b>	09/10/2022 13:29
<b>Collected By</b>	Elijah Johnson		

Physician Operative Report

**Physician Operative Report** By: Dr. Basim Abdelkarim, M.D. Transcribed by Elijah Johnson, scribe

**Physician Operative Report Note** PROCEDURE/OPERATIVE REPORT

PATIENT'S NAME: Hanna, Adel PATIENT'S MRN: 624-69-30

DATE OF PROCEDURE: 09/10/22

SURGEON: Dr. Basim Abdelkarim, M.D.

REFERRING PROVIDER: Dr. Sean To, M.D.

INDICATIONS FOR PROCEDURE: This 76-year-old male presents for colonoscopy for colon cancer screening. Patient has a personal history of colonic polyps.

PREPROCEDURE DIAGNOSES:

Colon cancer screening  
 Personal history of colonic polyps

POSTPROCEDURE DIAGNOSES:

Colon polyp x1  
 Mild pandiverticulosis  
 Grade II internal hemorrhoids

PROCEDURE PERFORMED:


Colonoscopy with moderate sedation  
 Colonoscopy with biopsy

MEDICATIONS: Please see chart, medications given under direct and complete supervision: 6 mg Versed IV and 50 mg Demerol IV.

DETAILS OF PROCEDURE: Informed consent was obtained after risks, benefits and alternatives were discussed at length with the patient. The patient gave consent to the procedure as well as the medication used for sedation, which was given under direct supervision.

The patient was placed in the left lateral decubitus position. Digital rectal exam showed internal hemorrhoids. An Olympus variable torsion adult colonoscope was inserted into the rectum and advanced to the cecum. The cecum was identified by the ileocecal valve and the appendiceal orifice. The scope was

<b>Pt Name:</b>	HANNA, ADEL	<b>MRN:</b>	6246930	Assessment Report
<b>Rm/ Bed:</b>			Page 1 of 2	ORE_0010_DSCH_NBR.rpt v1.00
				Printed By :Workflow
				Printed On: 14-Sep-22 05:46

		255 East Bonita Avenue Pomona, CA 91767 909.596.7733	
Pt Name:	HANNA, ADEL	MRN:	6246930
Pt ID:	0100117706	Acct No:	01016197
DOB:	03/29/1946	Age/Sex:	76Y/M
Adm DTime:	09/10/2022 11:21	Atn Dr:	Abdelkarim, Basim MD
Nurs Sta:	CHPACU	Rm & Bed:	
Dx:			
Alrg:	No Known Food Allergies, Reglan		

Physician Operative Report

Assessment Sts	In progress	Collected DTime	09/10/2022 13:29
Collected By	Elijah Johnson		

**Physician Operative Report**

then withdrawn. The prep was good with only small amounts of stool. Small or flat lesions could have been missed. A 4 mm ascending colon polyp was visualized, which was removed entirely via biopsy forceps. Mild pandiverticulosis was visualized. There were no masses, strictures, or arteriovenous malformations. More than a six-minute withdrawal time was noted. Retroflexion showed 2+ internal hemorrhoids. The patient tolerated the procedure well.

Start Time: 13:14  
 Cecum Time: 13:18  
 End Time: 13:26

IMPRESSION:  
 Colon polyp x1  
 Mild pandiverticulosis  
 Grade II internal hemorrhoids

RECOMMENDATIONS:  
 Repeat colonoscopy as indicated by symptoms given patient's age  
 Follow up in GI clinic for procedure and pathology results  
 High fiber diet  
 Follow up with Ian Donahue, PA for hemorrhoidal banding procedure in GI clinic if symptomatic  
 Hold anticoagulants for 3 days  
 Follow up with primary doctor; patient was given a copy of the procedure report

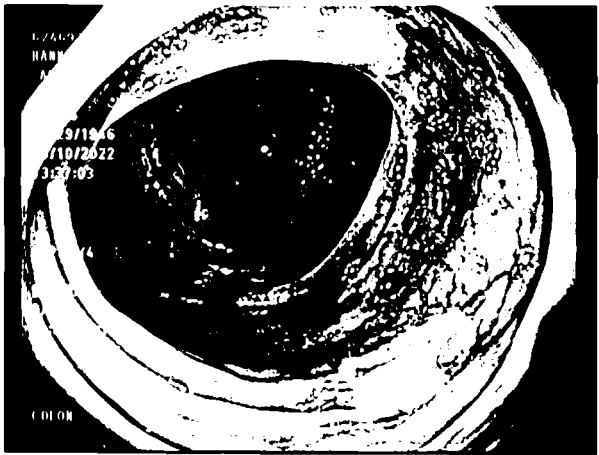
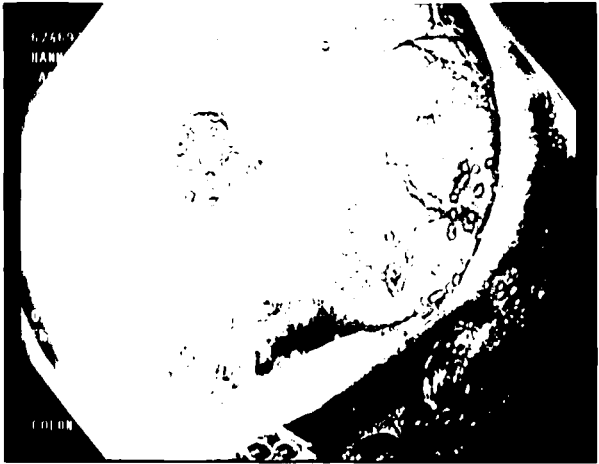
All medical record entries made by the Scribe were at my discretion and personally dictated by me. I have reviewed the chart and agree that the record accurately reflects my personal performance of the history, physical exam and medical decision-making. I have also personally directed, reviewed, and agreed with the discharge instructions and disposition.

I would like to thank Dr. To for the referral.

Dr. Basim Abdelkarim, MD  
 Date: 09/10/22

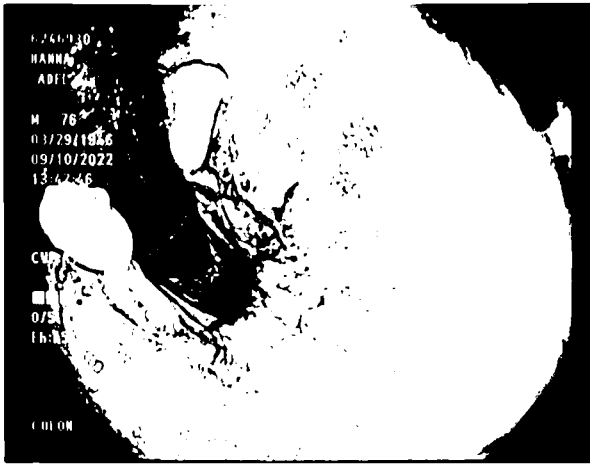
**Clinical Note:**

Pt Name:	HANNA, ADEL	MRN:	6246930	Assessment Report
Rm/ Bed:			Page 2 of 2	ORE_0010_DSCH_NBR.rpt v1.00
				Printed By :Workflow
				Printed On: 14-Sep-22 05:46

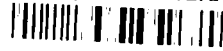


HANNA.ADEL  
Acct: 01016197 CCH  
MR: 624-69-30 Tm: 103  
DOS: 09/10/22 M/76Y DOB: 03/29/46  
Adm Phys: ABDELKARIM.BASIM





HANNA.ADEL  
Acct: 01016197 CCH  
MR: 624-69-30 Tm: 103  
DOS: 09/10/22 M/76Y DOB: 03/29/46  
Adm Phys: ABDELKARIM.BASIM





## VERIFICATION OF CONSENT FOR GASTROINTESTINAL ENDOSCOPY

1 Your doctors have recommended the following procedure.

- Esophagogastroduodenoscopy with possible biopsy, possible polypectomy, and possible dilatation
- Colonoscopy with possible biopsy, possible polypectomy, possible electrocoagulation
- Esophagogastroduodenoscopy with possible biopsy, possible polypectomy, and possible dilation. Colonoscopy with possible biopsy, possible polypectomy, possible electrocoagulation.
- Percutaneous Endoscopic Gastrostomy tube placement
- Percutaneous Endoscopic Jejunostomy tube placement
- Moderate Sedation
- Monitored Anesthesia Care
- Other \_\_\_\_\_

Upon your authorization and consent, this procedure, together with any different or further procedures which, in the opinion of the doctor(s) performing the procedure, may be indicated due to any emergency, will be performed on you. The procedures will be performed by the doctor named below (or in the event the doctor is unable to perform or complete the procedure, a qualified substitute doctor), together with associates and assistants, including anesthesiologists, pathologists, and radiologists from the medical staff of Casa Colina Hospital and Centers for Healthcare to whom the doctor(s) performing the procedure may assign designated responsibilities. The hospital maintains personnel and facilities to assist your doctors in their performance of various surgical operations and other special diagnostic or therapeutic procedures. However, the persons in attendance for the purpose of performing specialized services such as anesthesia, radiology, or pathology are not employees, representatives, or agents of the hospital or of doctor(s) performing the procedure. They are independent medical practitioners.

**CONSENT FOR GASTROINTESTINAL  
ENDOSCOPY**

**HANNA, ADEL**  
Acct 01016197 CCH  
MR 624-69-30 Tm 103  
DOS 09/10/22 M/76Y DOB 03/29/46  
Adm Phys ABDELKARIM, BASIM



Name of the practitioner(s) who is/are performing the procedure or administering the medical treatment

Dr. Abdelkarim

All operations and procedures carry the risk of unsuccessful results, complications, injury, or even death, from both known and unforeseen causes, and no warranty or guarantee is made as to result or cure. You have the right to be informed of

- The nature of the operation or procedure, including other care, treatment or medications,
- Potential benefits, risks or side effects of the operation or procedure, including potential problems that might occur with the anesthesia to be used and during recuperation,
- The likelihood of achieving treatment goals,
- Reasonable alternatives and the relevant risks, benefits and side effects related to such alternatives, including the possible results of not receiving care or treatment; and
- Any independent medical research or significant economic interests your doctor may have related to the performance of the proposed operation or procedure.

Except in cases of emergency, operations or procedures are not performed until you have had the opportunity to receive this information and have given your consent. You have the right to give or refuse consent to any proposed operation or procedure at any time prior to its performance

3 By your signature below, you authorize the pathologist to use his or her discretion in the disposition or use of any member, organ or tissue removed from your person during the operation or procedure set forth above, subject to the following conditions (if any)

\_\_\_\_\_

4 During this procedure an authorized member of the medical staff or any representative thereof, may photograph and/or video you or any part of your body for purposes directly related to the medical care rendered.

5 During this procedure a product representative may be present. The product representative will not assist in the surgery/procedure.

6 Other \_\_\_\_\_

**CONSENT FOR GASTROINTESTINAL  
ENDOSCOPY**

**HANNA, ADEL**  
Acct 01016197 CCH  
MR 624-69-30 Tm 103  
DOS 09/10/22 M/76Y DOB 03/29/46  
Adm Phys ABDELKARIM, BASIM





**PHYSICIAN CERTIFICATION**

The undersigned physician, hereby certify that I have discussed the procedure described in this certification of consent form, with this patient (or the patient's legal representative), including:

- The risks and benefits of this procedure
- Any adverse reactions that may reasonably be expected to occur,
- Any alternative efficacious methods of treatment which may be medically viable,
- The potential problems that may occur during recuperation, and
- Any research or economic interest I may have regarding this treatment

I further certify that the patient was encouraged to ask questions and that all questions were answered.

Date 9/10/22 Time 123

Signature of physician a

Print name of physician: Bandler

**PATIENT SIGNATURE**

Your signature on this form indicates that.

- You have read and understand the information provided in this form,
- Your doctor has adequately explained to you the operation or procedure and the anesthesia set forth above, along with the risks, benefits, and alternatives and the other information described above in this form,
- You have had a chance to ask your doctors questions,
- You have received all of the information you desire concerning the operation or procedure and the anesthesia, and
- You authorize and consent to the performance of the operation or procedure and the anesthesia

Date 9-10-2022 Time 11:42 (AM/PM)

Signature Hanna Adel  
(Patient/Parent/Conservator/Guardian)

**CONSENT FOR GASTROINTESTINAL  
ENDOSCOPY**

HANNA,ADEL  
Acct 01016197 CCH  
MR 624-69-30 Tm 103  
DOS 09/10/22 M/76Y DOB 03/29/46  
Adm Phys. ABDELKARIM,BASIM



If signed by other than the patient, indicate name \_\_\_\_\_

Relationship to patient \_\_\_\_\_

Witness Signature Guadalupe Prieto, RN Date: 09/10/2022 Time 1142

Witness (printed name) Guadalupe Prieto, RN

If applicable:

**INTERPRETER'S STATEMENT**

I have accurately and completely read the foregoing document to (patient or patient's legal representative) \_\_\_\_\_ in the patient's or legal representative's primary language \_\_\_\_\_ (Identify language). He/she understood all of the terms and conditions and acknowledged his/her agreement by signing the document in my presence.


Date \_\_\_\_\_ Time. \_\_\_\_\_ AM/PM

(Signature of Interpreter if present \_\_\_\_\_)

Print name of Interpreter \_\_\_\_\_

Company \_\_\_\_\_

\_\_\_\_ Check here if interpretation is via the internet or other electronic communication media.

<p><b>CONSENT FOR GASTROINTESTINAL ENDOSCOPY</b></p>	<p>Pz <b>HANNA, ADEL</b>          Pz <b>Acct 01016197 CCH</b>          MI <b>MR 624-69-30 Tm 103</b>  <b>DOS 09/10/22 M/76Y DOB 03/29/46</b>          Ac <b>Adm Phys: ABDELKARIM, BASIM</b></p> 
--	--



# MOUNT SHEET FOR MONITOR STRIPS / VITAL SIGNS

9/10/2022 13 31 41 PACU 4 25 0 mm/s HR 56 SV Brady PVC 0 SpO2 96 Pulse (SpO2) 56 Perf 2 7 NBP 112/84 (94) (13 30) Pulse (NBP) 55 (13 30) RR -

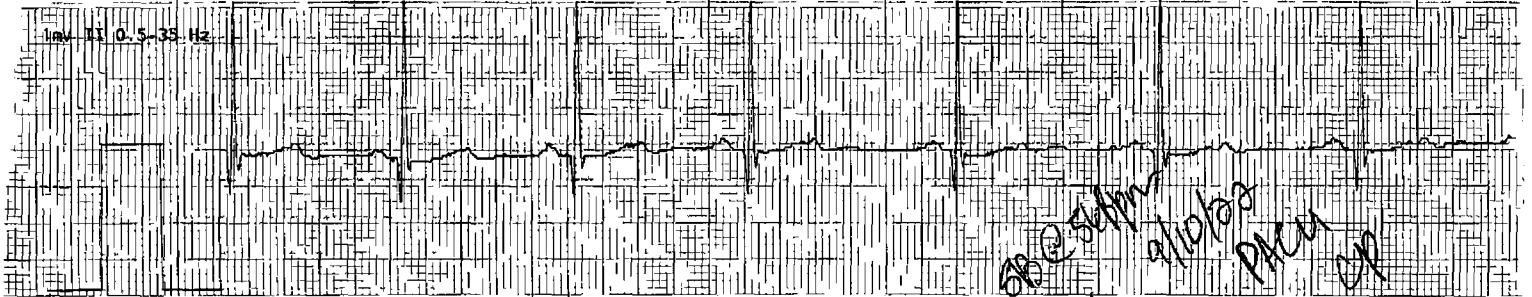


CHART NO. ELD K140

PACU EKG MOUNTING STRIP

PATIENT I D

HANNA, ADEL  
Acct: 01016197 MR: 624-69-30 Tm. 103  
DOB: 03/29/46 Sex/Age: M/76Y DOS: 09/10/22  
Adm Phys: ABDELKARIM, BASIM



**MOUNT SHEET FOR MONITOR STRIPS / VITAL SIGNS**

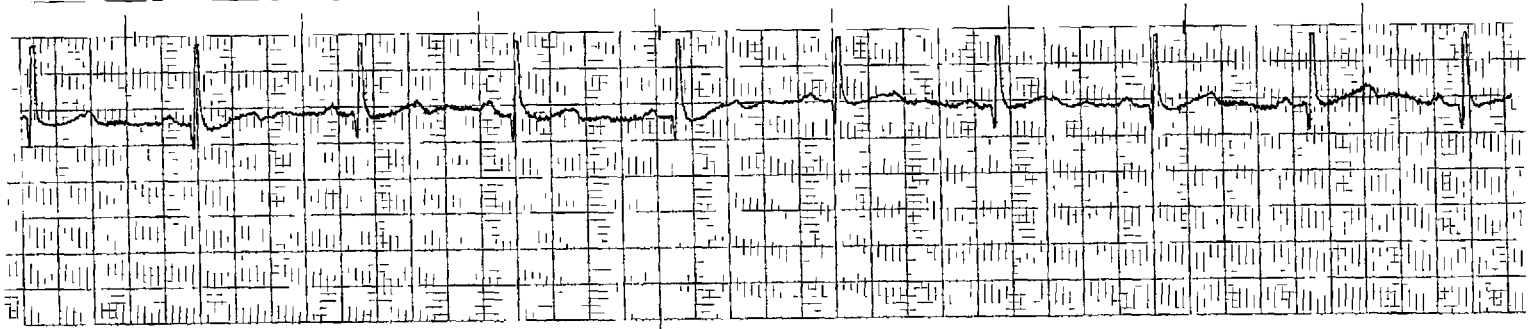
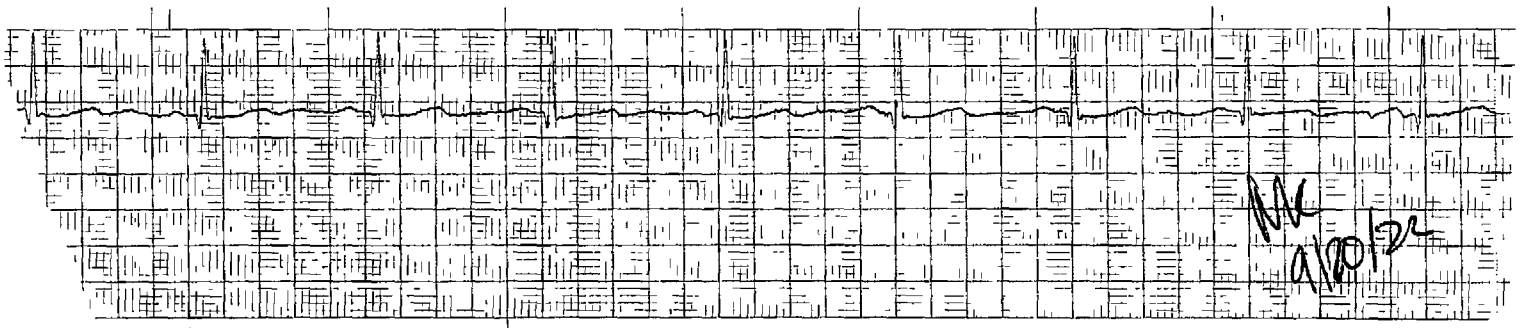


CHART NO. ELD K140



PRINTED IN U.S.A.

MC  
9/10/22

PACU EKG MOUNTING STRIP

PATIENT ID

**HANNA, ADEL**  
Acct 01016197 CCH  
MR 624-69-30 Tm 103  
DOS 09/10/22 M/76Y DOB 03/29/46  
Adm Phys. ABDELKARIM, BASIM





# H&P Interval, Pre-Sedation Assessment and Immediate Post Procedural Note for Moderate Sedation

### History & Physical Interval Note

- I have examined the patient, H & P reassessed. No changes from previous assessment
- Relevant assessment changes
- TNM Staging (if applicable) cT \_\_\_\_\_ N \_\_\_\_\_ M \_\_\_\_\_ Stage \_\_\_\_\_

Date: 9/10/21 Time: 1230 Physician Signature: [Signature]

### Pre-Procedure Assessment for Moderate Sedation: (To be Completed immediately prior to procedure requiring sedation)

#### ASA CLASSIFICATION (check appropriate box)

- Normal Healthy Patient  1
- Patient with mild systemic disease  2
- Patient with severe systemic disease  3
- Patient with severe systemic disease that is a constant threat to life  4

#### MALLAMPATI AIRWAY CLASSIFICATION (check appropriate box)

- Soft Palate, fauces, uvula, pillars visible  1
- Soft Palate, fauces, portion of the uvula visible  2
- Soft Palate, base of uvula visible  3
- Hard palate only visible  4

PATIENT IS CLEARED FOR PROPOSED PROCEDURE AND PLANNED MODERATE SEDATION

Date: 9/10/21 Time: 1230 Physician Signature: [Signature]

### Immediate Postoperative Note:

Date of Surgery: 9/10/21 Time: 1300

Name of Surgeon: \_\_\_\_\_ Name of Assistant(s): \_\_\_\_\_

Anesthesia Type: \_\_\_\_\_ Anesthesiologist: \_\_\_\_\_

Technical Procedure Performed: \_\_\_\_\_

Findings: \_\_\_\_\_

Postoperative Diagnosis: \_\_\_\_\_

Implant: \_\_\_\_\_

Estimated Blood Loss: \_\_\_\_\_

Specimen Removed: \_\_\_\_\_

Drains: \_\_\_\_\_

Dictation #: \_\_\_\_\_ Signature of Surgeon: [Signature]

*(see file)*





**Casa Colina Hospital**

Pt. Name: HANNA, ADEL

CC #: 25699

**Moderate Sedation Record**

**Case Times**

Procedure Date: 09/10/2022		OR #: GI Procedure		
	<u>Start Date/Time</u>	<u>Stop Date/Time</u>	<u>Duration</u>	<u>Comments</u>
Nurse Monitoring Time:	09/10/2022 13:07	09/10/2022 13:26	19 min	

**Procedure Information**

ASA: 2	Anesthesia Type: Moderate Sedation	
Case Service: Gastroenterology	Case Type: Scheduled - Elective	Case Class: Elective
<u>Preop Diagnosis</u>		
POLYP OF COLON		
<u>Procedure</u> : COLONOSCOPY WITH OR WITHOUT BIOPSY		
	<u>Surgeon</u>	Primary
	Abdelkarim, Basim	
Circulator: Knosp, Tamara, RN	Monitor Staff: Renteria, Michelle, RN	

**Physical Exam**

<u>Category</u>	<u>Finding</u>	Last Modified Date: 09/10/2022 13:12	Renteria, Michelle
Mallampati	* Mallampati class II		

**Preoperative Vital Signs**

NIBP (mmHg): 134/84	HR (BPM): 65	RR (BPM): 16
SpO2 (%): 100% ON ROOM AIR.	Temp: 97.4F TEMPORAL	

**Patient Information**

Latex Allergy Precautions: No special precautions necessary	Code Status: Full Code
Isolation Precautions: No Isolation precautions required; COVID Negative	Admission Type: Outpatient
Language: ENG	
NPO - Clear Liquids: 09/09/2022 10:00	Height: 170cm Stated
NPO - Solids: 09/09/2022 12:00	Weight: 73 kg Stated
	BMI: 25.1 Kg/m2

**Verification**

<u>Date/Time</u>	<u>Item</u>
09/09/2022 14:36	Preadmit Verification (2 unique required) -- Pt. identity verified by name; Pt. identity verified by date of birth
09/10/2022 11:36	Preop Checklist -- H&P completed and current; Arm band verified with 2 identifiers: patient name and DOB; Procedure consent verified and signed; Allergies verified; Glasses RX removed; Implants- Cardiac Stent x4

**Patient Assessment**

<u>Date/Time</u>	<u>Item</u>
09/10/2022 11:39	Behavioral -- No abnormal behaviors noted; Calm; Cooperative
09/10/2022 11:39	Cardiovascular Assessment -- Symptom - none; Capillary refill < 2 seconds; Heart rhythm - regular; Skin color - normal for ethnicity; Pulses - normal; Skin temperature - warm; Skin description - dry; Edema - none
09/10/2022 11:39	Gastrointestinal Assessment -- Symptom - none; Bowel sounds all quadrants - present; Abdomen description - soft
09/10/2022 11:39	General Appearance Exam -- Adult
09/10/2022 11:39	Genitourinary Assessment -- Symptom - none; Elimination - no difficulties
09/10/2022 11:39	Integumentary Assessment -- Symptom - none; Skin integrity - intact; Mucous membranes - pink; Skin turgor - elastic; Mucous membranes - moist
09/10/2022 11:39	LOC -- Oriented to person, place and time; Awake, alert and aware of environment
09/10/2022 11:39	Musculoskeletal Assessment -- Symptom - none
09/10/2022 11:39	Neurological Assessment -- Symptom - none; Gait - steady; Level of consciousness - alert; Orientation - oriented to person, place, and time
09/10/2022 11:39	Neurological Assessment, Detailed -- Coordination - normal; PERL (Pupils Equal and Reactive to Light); Pupil - regular shape; Sensation - intact; Speech - normal; Strength - strong to gravity and resistance; Vision - intact

Casa Colina Hospital

Printed: 09/10/2022 - 13:27

Printed By: Renteria, Michelle

Page 1 of 7

Patient Name: <b>HANNA, ADEL</b>	CC#: 25699
MPI: 206414	Admis. Type: Outpatient
Hospital Patient ID: 01016197	Gender: Male
MRN: 6246930	DOB/Age: 03/29/1946 76y

**Moderate Sedation Record**

<u>Patient Assessment</u>	
<u>Date/Time</u>	<u>Item</u>
09/10/2022 11:40	PRN Response -- NA
09/10/2022 11:39	Pain Assessment -- Patient denies pain
09/10/2022 11:40	Psycho/Emotional Assessment -- Safety - vision, hearing, mobility adequate to meet safety; Affect/behavior - calm; Affect/behavior - cooperative; Coping - behaviors indicate use of coping mechanism
09/10/2022 11:40	Respiratory Assessment -- Breath sounds - clear bilateral; Cough - none; Oxygen - no supplemental oxygen; Respirations - unlabored; Shortness of breath - none

**Patient Assessment**

<u>Date/Time</u>	<u>Item</u>
09/10/2022 11:39	Behavioral -- No abnormal behaviors noted; Calm; Cooperative
09/10/2022 11:39	Cardiovascular Assessment -- Symptom - none; Capillary refill < 2 seconds; Heart rhythm - regular; Skin color - normal for ethnicity; Pulses - normal; Skin temperature - warm; Skin description - dry; Edema - none
09/10/2022 11:39	Gastrointestinal Assessment -- Symptom - none; Bowel sounds all quadrants - present; Abdomen description - soft
09/10/2022 11:39	General Appearance Exam -- Adult
09/10/2022 11:39	Genitourinary Assessment -- Symptom - none; Elimination - no difficulties
09/10/2022 11:39	Integumentary Assessment -- Symptom - none; Skin integrity - intact; Mucous membranes - pink; Skin turgor - elastic; Mucous membranes - moist
09/10/2022 11:39	LOC -- Oriented to person, place and time; Awake, alert and aware of environment
09/10/2022 11:39	Musculoskeletal Assessment -- Symptom - none
09/10/2022 11:39	Neurological Assessment -- Symptom - none; Gait - steady; Level of consciousness - alert; Orientation - oriented to person, place, and time
09/10/2022 11:39	Neurological Assessment, Detailed -- Coordination - normal; PERL (Pupils Equal and Reactive to Light); Pupil - regular shape; Sensation - intact; Speech - normal; Strength - strong to gravity and resistance; Vision - intact
09/10/2022 11:40	PRN Response -- NA
09/10/2022 11:39	Pain Assessment -- Patient denies pain
09/10/2022 11:40	Psycho/Emotional Assessment -- Safety - vision, hearing, mobility adequate to meet safety; Affect/behavior - calm; Affect/behavior - cooperative; Coping - behaviors indicate use of coping mechanism
09/10/2022 11:40	Respiratory Assessment -- Breath sounds - clear bilateral; Cough - none; Oxygen - no supplemental oxygen; Respirations - unlabored; Shortness of breath - none

**Preop Assessment Abuse/Self Harm**

<u>Date/Time</u>	<u>Item</u>
09/09/2022 14:36	Abuse/Self Harm Assessment -- Patient Feels Safe in Current Living Environment
09/10/2022 11:39	Abuse/Self Harm Assessment -- Patient Feels Safe in Current Living Environment

**Preop Assessment Advance Directive**

<u>Date/Time</u>	<u>Item</u>
09/09/2022 14:37	Advance Directive Assessment -- Temporary; Full
09/10/2022 11:39	Advance Directive Assessment -- Full; Temporary

**Verification**

<u>Date/Time</u>	<u>Item</u>
09/09/2022 14:36	Preadmit Verification (2 unique required) -- Pt. identity verified by name; Pt. identity verified by date of birth
09/10/2022 11:36	Preop Checklist -- H&P completed and current; Arm band verified with 2 identifiers: patient name and DOB; Procedure consent verified and signed; Allergies verified; Glasses RX removed; Implants- Cardiac Stent x4

**Moderate Sedation Record**

**Allergies/Reactions**

<u>Type/Source</u>	<u>Allergen</u>	<u>Reaction</u>
DA	Reglan	shaking
FA	No Known Food Allergies	

**Surgical History**

<u>Date</u>	<u>Procedure</u>	<u>Surgeon</u>	<u>Anesthesia Type</u>
	4 cardiac stent placement cholecystectomy Inguinal hernia repair; Right		

**Medical History**

<u>Category</u>	<u>Finding</u>	Last Modified Date: 09/09/2022 14:35	Knosp, Tamara
Anesthetic History	Patient Denies		
Anesthetic Family History	Patient Denies		
Cardiovascular	* Hypertensive disorder * Other Cardiovascular History; 4 cardiac stents		
Pulmonary	Patient Denies		
Sleep Apnea	Patient Denies		
Neurologic	Patient Denies		
HEENT	Patient Denies		
Gastrointestinal	Patient Denies		
Endocrine	Patient Denies		
Renal	Patient Denies		
Musculoskeletal	Patient Denies		
Genitourinary	Patient Denies		
Hepatic	Patient Denies		
Hematology	Patient Denies		
Smoking	Patient Denies		
Substance Use	* Alcohol Use; social		
Oncology	Patient Denies		
Infectious Disease	Patient Denies		
Psychiatric	* H/O: depression * H/O: anxiety state		
Gynecology	Deferred		
Obstetrics	Deferred		
Neonatal	Deferred		
Travel History	Patient Denies		
Other	Patient Denies		

**Medications**

<u>Single Dose Drugs</u>						
<u>Date/Time</u>	<u>Generic Name and Strength</u>	<u>Dose</u>	<u>Delivery</u>	<u>Delivery Method</u>	<u>Location</u>	<u>Amount Delivered</u>
09/10/2022 13:11	MIDAZOLAM 5 mg	2 MG	IV	Bolus		2 MG



**Moderate Sedation Record**

Single Dose Drugs						
<u>Date/Time</u>	<u>Generic Name and Strength</u>	<u>Dose</u>	<u>Delivery</u>	<u>Delivery Method</u>	<u>Location</u>	<u>Amount Delivered</u>
Brand Names that May be Associated to this Generic Name: VERSED						
09/10/2022 13:11	fentaNYL	25 MCG	IV	Bolus		25 MCG
Brand Names that May be Associated to this Generic Name: SUBLIMAZE						
09/10/2022 13:13	MIDAZOLAM 5 mg	2 MG	IV	Bolus		2 MG
Brand Names that May be Associated to this Generic Name: VERSED						
09/10/2022 13:13	fentaNYL	25 MCG	IV	Bolus		25 MCG
Brand Names that May be Associated to this Generic Name: SUBLIMAZE						
09/10/2022 13:15	MIDAZOLAM 5 mg	1 MG	IV	Bolus		1 MG
Brand Names that May be Associated to this Generic Name: VERSED						
09/10/2022 13:17	MIDAZOLAM 5 mg	1 MG	IV	Bolus		1 MG
Brand Names that May be Associated to this Generic Name: VERSED						

Single Dose Drug Totals						
MIDAZOLAM	6 MG		fentaNYL		50 MCG	

**Infusions and Titrations**

<u>Start Date/Time</u>	<u>Generic Name and Strength</u>	<u>Dose</u>	<u>Infusion Rate</u>	<u>Route</u>	<u>Location</u>	<u>Amount Infused</u>
09/10/2022 13:19	LACTATED RINGERS 1 BAG	100	ML	IV Infusion		
Brand Names that May be Associated to this Generic Name: LACTATED RINGERS						
09/10/2022 13:26	Continued to next phase of care					100 ML

**Oxygen**

<u>Date/Time</u>	<u>Delivery</u>	<u>Flow Amount</u>	<u>By Whom</u>	<u>Comments</u>
09/10/2022 13:12	Nasal Cannula w/ ETCO2	4 Liters	Renteria, Michelle, RN	Titrated to maintain O2 saturation >92%

**I & O**

<u>Date/Time</u>	<u>Description</u>	<u>Intake (ml)</u>	<u>Output (ml)</u>	<u>Running Balance (ml)</u>
09/10/2022 13:19	LACTATED RINGERS	100		100
09/10/2022 13:19	NACL 0.9%	0		100
Conscious Sedation Record Subtotal:		100		
Conscious Sedation Record Net:				100

This section displays only those infusions with documented stop times

**Observations**

<u>Date-Time</u>	<u>HR-Method</u> bpm	<u>RR</u> per min.	<u>NIBPs</u> mmHg	<u>NIBPd</u> mmHg	<u>SpO2</u> %	<u>EtCO2</u> %	<u>LOC</u> 1 - 5	<u>O2 Flow</u> L/min	<u>Temperature- Method</u> F
09/10/2022 13:08			137	92	98				
09/10/2022 13:11			144	85					
09/10/2022 13:12							1		
09/10/2022 13:13					100				
09/10/2022 13:14			128	79					
09/10/2022 13:16									
09/10/2022 13:17			141	92			2		



Casa Colina Hospital

Pt. Name: HANNA, ADEL

CC #: 25699

Moderate Sedation Record

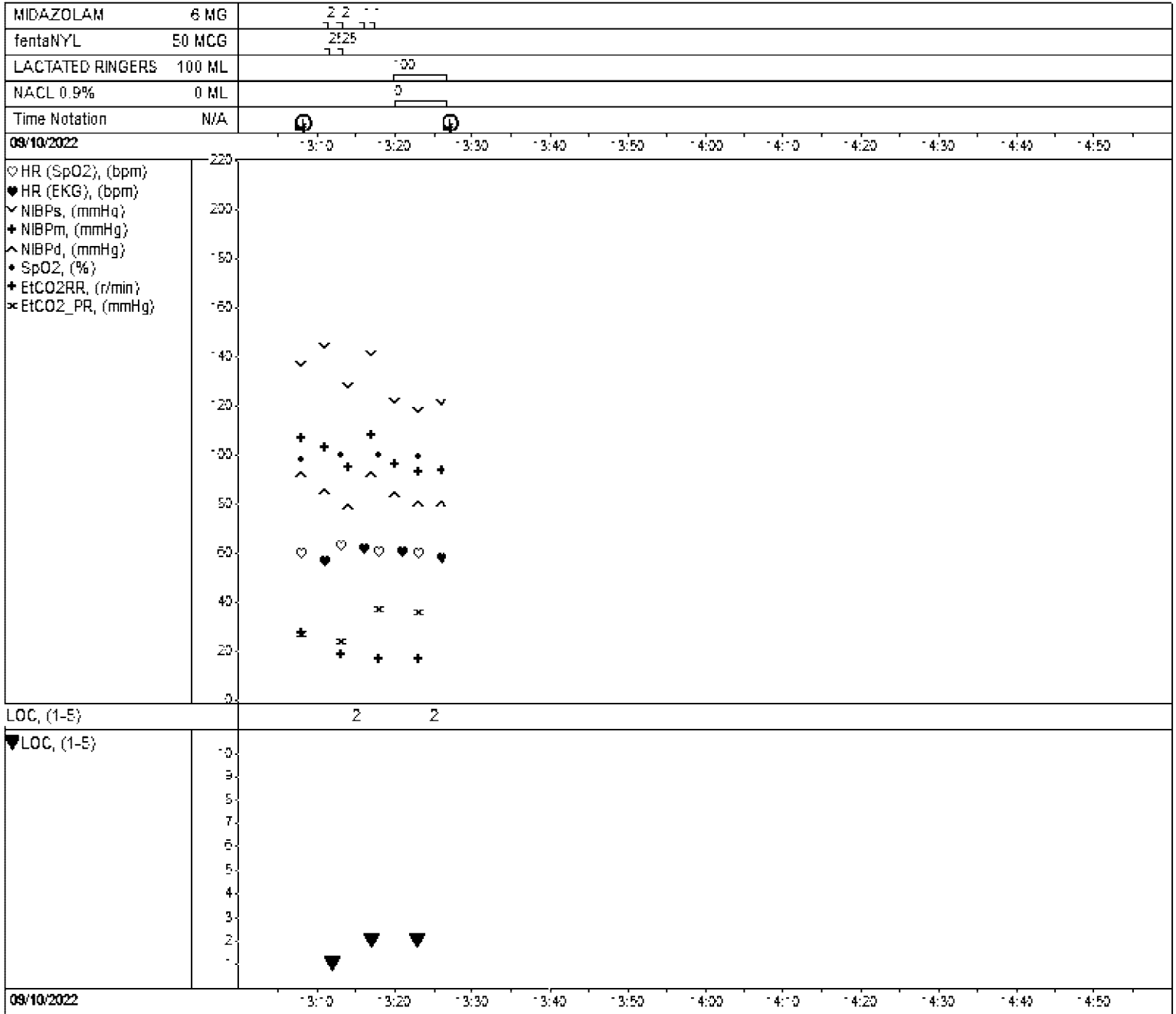
Observations

<u>Date-Time</u>	<u>HR-Method</u> bpm	<u>RR</u> per min.	<u>NIBPs</u> mmHg	<u>NIBPd</u> mmHg	<u>SpO2</u> %	<u>EtCO2</u> %	<u>LOC</u> 1 - 5	<u>O2 Flow</u> L/min	<u>Temperature- Method</u> F
09/10/2022 13:18					100				
09/10/2022 13:20			122	84					
09/10/2022 13:21									
09/10/2022 13:22							2		
09/10/2022 13:23			118	80	100				
09/10/2022 13:26			121	80					

Vitals Graph

Patient Name: HANNA, ADEL
MPI: 206414
Hospital Patient ID: 01016197
MRN: 6246930
CC#: 25699
Admis. Type: Outpatient
Gender: Male
DOB/Age: 03/29/1946 76y

**Moderate Sedation Record**



\* Refer to Events for actual medication dosage and administration time

**Post Case Summary**

Transport By: Circulator; Tammy RN  
 Report Given by: Mod Sed RN

**Personnel**

Personnel Category	Personnel Name	Personnel Category	Personnel Name
Surgeon:	Abdelkarim, Basim, MD		



**Casa Colina Hospital**

Pt. Name: HANNA, ADEL

CC #: 25699

**Moderate Sedation Record**

Module Electronically Signed by:

Renteria, Michelle/RN/Monitor Staff

Date: 09/10/2022 13:26

Patient Name: <b>HANNA, ADEL</b>	CC#: 25699
MPI: 206414	Admis. Type: Outpatient
Hospital Patient ID: 01016197	Gender: Male
MRN: 6246930	DOB/Age: 03/29/1946 76y



**Casa Colina Hospital**

Pt. Name: HANNA, ADEL

CC #: 25699

**Nursing Intraop Minor Procedures Record**

**Case Times**

	<u>Start Date/Time</u>	<u>Stop Date/Time</u>	<u>Duration</u>	<u>Comments</u>
OR Time:	09/10/2022 13:06	09/10/2022 13:28	22 min	
Surgery Time:	09/10/2022 13:08	09/10/2022 13:25	17 min	

**Procedure Information**

<b>Procedure Date:</b> 09/10/2022		<b>Wound Class:</b> 2 - Clean Contaminated	
<b>OR #:</b> GI Procedure		<b>Anesthesia Type:</b> Moderate Sedation	
<b>ASA:</b> 2		<b>Case Type:</b> Scheduled - Elective	<b>Case Class:</b> Elective
<b>Case Service:</b> Gastroenterology			
<b>Preop Diagnosis</b>			
POLYP OF COLON			
<b>Postop Diagnosis</b>			
POLYP OF COLON			
diverticulosis			
internal hemorrhoids			
polyp			
<b>Procedure:</b> COLONOSCOPY WITH POLYPECTOMY			
		<b>Surgeon</b>	
		Abdelkarim, Basim	Primary
<b>Monitor Staff:</b> Renteria, Michelle, RN		<b>Circulator:</b> Knosp, Tamara, RN	

**Patient Information**

<b>Latex Allergy Precautions:</b> No special precautions necessary	<b>Code Status:</b> Full Code
<b>Isolation Precautions:</b> No Isolation precautions required; COVID Negative	
<b>Language:</b> ENG	
<b>Marital Status:</b> S	
<b>NPO - Clear Liquids:</b> 09/09/2022 10:00	<b>Height:</b> 170cm Stated
<b>NPO - Solids:</b> 09/09/2022 12:00	<b>Weight:</b> 73 kg Stated
	<b>BMI:</b> 25.1 Kg/m2
	<b>Religion:</b> NON
	<b>Support Person:</b> Spouse; Irma Hanna (909) 374-7216
<b>Valuables:</b> Clothing; Eye Glasses; Shoes; Belt; All belongings to be taken to PACU.	

<u>Date/Time</u>	<u>Item</u>
09/10/2022 13:06	Preop Checklist -- H&P completed and current; Arm band verified with 2 identifiers: patient name and DOB; Surgical consent verified and signed; Allergies verified; Implants/Prosthesis/Implanted pumps/Stimulators identified; Glasses/Contacts removed; Betablocker N/A

<u>Date/Time</u>	<u>Item</u>
09/10/2022 11:39	Abuse/Self Harm Assessment -- Patient Feels Safe in Current Living Environment
09/09/2022 14:36	Abuse/Self Harm Assessment -- Patient Feels Safe in Current Living Environment

<u>Date/Time</u>	<u>Item</u>
09/10/2022 11:39	Advance Directive Assessment -- Full; Temporary
09/09/2022 14:37	Advance Directive Assessment -- Temporary; Full

<b>Patient Name:</b> HANNA, ADEL	<b>CC#:</b> 25699
<b>MPI:</b> 206414	<b>Admis. Type:</b> Outpatient
<b>Hospital Patient ID:</b> 01016197	<b>Gender:</b> Male
<b>MRN:</b> 6246930	<b>DOB/Age:</b> 03/29/1946 76y

**Nursing Intraop Minor Procedures Record**

<u>Preop Assessment Advance Directive</u>	
<u>Date/Time</u>	<u>Item</u>
<b>Patient Assessment</b>	
<u>Date/Time</u>	<u>Item</u>
09/10/2022 11:39	Behavioral -- No abnormal behaviors noted; Calm; Cooperative
09/10/2022 11:39	Cardiovascular Assessment -- Symptom - none; Capillary refill < 2 seconds; Heart rhythm - regular; Skin color - normal for ethnicity; Pulses - normal; Skin temperature - warm; Skin description - dry; Edema - none
09/10/2022 11:39	Gastrointestinal Assessment -- Symptom - none; Bowel sounds all quadrants - present; Abdomen description - soft
09/10/2022 11:39	General Appearance Exam -- Adult
09/10/2022 11:39	Genitourinary Assessment -- Symptom - none; Elimination - no difficulties
09/10/2022 11:39	Integumentary Assessment -- Symptom - none; Skin integrity - intact; Mucous membranes - pink; Skin turgor - elastic; Mucous membranes - moist
09/10/2022 11:39	LOC -- Oriented to person, place and time; Awake, alert and aware of environment
09/10/2022 11:39	Musculoskeletal Assessment -- Symptom - none
09/10/2022 11:39	Neurological Assessment -- Symptom - none; Gait - steady; Level of consciousness - alert; Orientation - oriented to person, place, and time
09/10/2022 11:39	Neurological Assessment, Detailed -- Coordination - normal; PERL (Pupils Equal and Reactive to Light); Pupil - regular shape; Sensation - intact; Speech - normal; Strength - strong to gravity and resistance; Vision - intact
09/10/2022 11:40	PRN Response -- NA
09/10/2022 11:39	Pain Assessment -- Patient denies pain
09/10/2022 11:40	Psycho/Emotional Assessment -- Safety - vision, hearing, mobility adequate to meet safety; Affect/behavior - calm; Affect/behavior - cooperative; Coping - behaviors indicate use of coping mechanism
09/10/2022 11:40	Respiratory Assessment -- Breath sounds - clear bilateral; Cough - none; Oxygen - no supplemental oxygen; Respirations - unlabored; Shortness of breath - none

<u>Preoperative Vital Signs</u>		
NIBP (mmHg): 134/84	HR (BPM): 65	RR (BPM): 16
SpO2 (%): 100% ON ROOM AIR.	Temp: 97.4F TEMPORAL	

<u>Allergies/Reactions</u>		
<u>Type/Source</u>	<u>Allergen</u>	<u>Reaction</u>
DA	Reglan	shaking
FA	No Known Food Allergies	

<u>Check List</u>		
<u>Briefing_</u>		
09/10/2022 13:07	<b>Participating Personnel:</b> Abdelkarim, Basim - Surgeon, Renteria, Michelle - Monitor Staff, Knosp, Tamara - Circulator	
<u>Item</u>	<u>Description</u>	<u>Status</u>
Briefing completed	Per Universal Protocol Policy	Complete
<b>Comments:</b> Greg Johnson GI tech present		
<u>Time Out</u>		
09/10/2022 13:07	<b>Participating Personnel:</b> Abdelkarim, Basim - Surgeon, Renteria, Michelle - Monitor Staff, Knosp, Tamara - Circulator	
<b>Procedure:</b> Colonoscopy W/Biopsy Single/Multiple		
<u>Item</u>	<u>Description</u>	<u>Status</u>
Time Out completed	Per Universal Protocol Policy	Complete
<b>Comments:</b> Greg Johnson GI tech present		
<u>Debriefing.</u>		
09/10/2022 13:26	<b>Participating Personnel:</b> Abdelkarim, Basim - Surgeon, Renteria, Michelle - Monitor Staff, Knosp, Tamara - Circulator	
<b>Procedure:</b> Colonoscopy W/Biopsy Single/Multiple		



**Casa Colina Hospital**

Pt. Name: HANNA, ADEL

CC #: 25699

**Nursing Intraop Minor Procedures Record**

**Check List**

<u>Item</u>	<u>Description</u>	<u>Status</u>
Sign Out completed	Per Universal Protocol Policy <b>Comments:</b> Greg Johnson GI tech present	Complete

**Fire Risk Protocol**

Low Risk/Routine Protocol Initiated
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**Questionnaires**

Fire Risk Assessment			Date/Time: 09/10/2022 13:08
<u>Question</u>	<u>Response</u>		<u>Value</u>
Is the procedural site above the xyphoid?	No		0
Is an open oxygen or nitrous oxide source used? (nasal cannula, face mask)	Yes		1
Is an alcohol based prep solution used? (Chloraprep, Duraprep)	No		0
Is an ignition source used? (laser, electrocautery)	No		0
<b>Total:</b>			<b>1</b>

**Surgical History**

<u>Date</u>	<u>Procedure</u>	<u>Surgeon</u>	<u>Anesthesia Type</u>
	4 cardiac stent placement cholecystectomy Inguinal hernia repair; Right		

**Medical History**

<u>Category</u>	<u>Finding</u>	Last Modified Date: 09/09/2022 14:35	Knosp, Tamara
Anesthetic History	Patient Denies		
Anesthetic Family History	Patient Denies		
Cardiovascular	* Hypertensive disorder * Other Cardiovascular History; 4 cardiac stents		
Pulmonary	Patient Denies		
Sleep Apnea	Patient Denies		
Neurologic	Patient Denies		
HEENT	Patient Denies		
Gastrointestinal	Patient Denies		
Endocrine	Patient Denies		
Renal	Patient Denies		
Musculoskeletal	Patient Denies		
Genitourinary	Patient Denies		
Hepatic	Patient Denies		
Hematology	Patient Denies		
Smoking	Patient Denies		
Substance Use	* Alcohol Use; social		
Oncology	Patient Denies		
Infectious Disease	Patient Denies		
Psychiatric	* H/O: depression		

**Nursing Intraop Minor Procedures Record**
**Medical History**

<u>Category</u>	<u>Finding</u>	Last Modified Date: 09/09/2022 14:35	Knosp, Tamara
	* H/O: anxiety state		
Gynecology	Deferred		
Obstetrics	Deferred		
Neonatal	Deferred		
Travel History	Patient Denies		
Other	Patient Denies		

**Position and Prep**

09/10/2022 13:08	GI Endoscopy:	Left Lateral; Head supported on pillow and spinal alignment maintained; Arms resting at sides; Warm blanket applied; Dignity and privacy maintained by restricting GI access
09/10/2022 13:08	Warming Devices and Comments:	Warm blankets applied

**Basic Equipment**

Name: *C2 Adult Colonoscope	Ref #: CF-HQ190L	Serial #: 2524394
<u>Start Time</u>	<u>Stop Time</u>	<u>Comments</u>
09/10/2022 13:11	09/10/2022 13:29	

**Specimens**

<u>Date/Time</u>	<u>#</u>	<u>Description</u>	<u>Type</u>	<u>Preservative</u>
09/10/2022 13:19	1	ascending colon polyp bx	Pathology - fresh specimen	Formalin

**PNDS Care Plan**

<b>Domain:</b>	<u>Domain Code</u>	<u>Domain Name</u>	
	D1	Safety	
<b>Diagnosis:</b>	<u>Diagnosis Code</u>	<u>Diagnosis Name</u>	
	X29	Risk for injury (X29)	
<b>Outcome Statement:</b>	<u>Outcome Code</u>	<u>Outcome Name</u>	<u>Status</u>
	O2	EXTRANEIOUS OBJECTS - The patient is free from signs and symptoms of injury caused by extraneous objects.	Met
<b>Interventions:</b>	<u>Intervention Code</u>	<u>Intervention Name</u>	
	I76	Implements protective measures to prevent skin or tissue injury due to thermal sources (I76).	
	I93	Performs required counts (I93).	
	I122	Performs required counts (I93).	
	I11	Uses supplies and equipment within safe parameters (I122).	
	I152	Applies safety devices (I11).	
		Evaluates for signs and symptoms of physical injury to skin and tissue (I152).	
<b>Outcome Indicators:</b>	<u>Outcome Ind. Code</u>	<u>Outcome Indicator Name</u>	<u>Status</u>
	Neuro 1	Neuromuscular status: flexes and extends extremities without assistance; denies numbness or tingling of extremities.	Met
	Skin 7	Skin condition (general): smooth, intact, and free from ecchymosis, cuts, abrasions, shear injury, rash, or blistering.	Met
<b>Domain:</b>	<u>Domain Code</u>	<u>Domain Name</u>	
	D2	Physiological Responses	
<b>Diagnosis:</b>	<u>Diagnosis Code</u>	<u>Diagnosis Name</u>	
	X4	Anxiety (X4)	



**Nursing Intraop Minor Procedures Record**

**PNDS Care Plan**

<b>Outcome Statement:</b>	<u>Outcome Code</u>	<u>Outcome Name</u>	<u>Status</u>
	O31	KNOWLEDGE OF EXPECTED RESPONSES - The patient demonstrates knowledge of the expected responses to the operative or invasive procedure.	Met
<b>Interventions:</b>	<u>Intervention Code</u>	<u>Intervention Name</u>	
	150	Evaluates response to instructions (150).	
	156	Explains expected sequence of events (156).	
	I135	Determines knowledge level (I135).	
	I136	Assesses readiness to learn (I136).	
	I137	Assesses coping mechanisms (I137).	
<b>Outcome Indicators:</b>	<u>Outcome Ind. Code</u>	<u>Outcome Indicator Name</u>	<u>Status</u>
	Aff Resp 2	Affective response: calm; cooperates with plan of care; relaxed facial expression; verbalizes ability to cope.	Met
<b>Domain:</b>	<u>Domain Code</u>	<u>Domain Name</u>	
	D2	Physiological Responses	
<b>Diagnosis:</b>	<u>Diagnosis Code</u>	<u>Diagnosis Name</u>	
	X26	Hypothermia (X26)	
<b>Outcome Statement:</b>	<u>Outcome Code</u>	<u>Outcome Name</u>	<u>Status</u>
	O12	NORMOTHERMIA - The patient is at or returning to normothermia at the conclusion of the immediate postoperative period.	Met
<b>Interventions:</b>	<u>Intervention Code</u>	<u>Intervention Name</u>	
	155	Evaluates response to thermoregulation measures (155).	
	178	Implements thermoregulation measures (178).	
	186	Monitors body temperature (186).	
	I131	Assesses risk for inadvertent hypothermia (I131).	
<b>Outcome Indicators:</b>	<u>Outcome Ind. Code</u>	<u>Outcome Indicator Name</u>	<u>Status</u>
	Skin 4	Skin condition (general): free from shivering; free from cyanosis or pallor.	Met

**Additional Times**

<u>Start Date/Time</u>	<u>Stop Date/Time</u>	<u>Dur.</u> <u>Mins.</u>	<u>Description and Comments</u>	<u>Signed by</u>
09/10/2022 13:06	09/10/2022 13:28	22	Patient In Room	
09/10/2022 13:08	09/10/2022 13:25	17	Surgery Time	
09/10/2022 13:14	NA		Nurse's Note ; NI note: scope in	
09/10/2022 13:18	NA		Nurse's Note ; NI note: cecum reached	
09/10/2022 13:25	NA		Nurse's Note ; NI note: scope out	
09/10/2022 13:26	NA		Complications ; No Complications	

**Post Case Summary**

Transport To: PACU	Transport Via: Stretcher
Transport By: Mod Sed Rn	Report Given To: PACU Nurse
Report Given by: Mod Sed RN	Postop Skin Condition: No deviation from baseline

**Personnel**

<u>Personnel Category</u>	<u>Personnel Name</u>	<u>Personnel Category</u>	<u>Personnel Name</u>
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**Casa Colina Hospital**

Pt. Name: HANNA, ADEL

CC #: 25699

***Nursing Intraop Minor Procedures Record***

<b>Surgeon:</b> Abdelkarim, Basim, MD			
<u>Visitor</u>	<u>Name</u>	<u>Start Date/Time</u>	<u>Out Date/Time</u>
Greg Johnson * GI scrub tech	Greg Johnson	09/10/2022 12:52	09/10/2022 13:29

**Module Electronically Signed by:** Knosp, Tamara/RN/Circulator

**Date:** 09/10/2022 13:29

<b>Patient Name:</b> HANNA, ADEL	<b>CC#:</b> 25699
<b>MPI:</b> 206414	<b>Admis. Type:</b> Outpatient
<b>Hospital Patient ID:</b> 01016197	<b>Gender:</b> Male
<b>MRN:</b> 6246930	<b>DOB/Age:</b> 03/29/1946 76y



# Casa Colina Hospital

Pt. Name: HANNA, ADEL

CC #: 25699

## Nursing Preop Record

### Preop Times

Preop Start Date/Time: 09/10/2022 11:36	Preop Stop Date/Time: 09/10/2022 13:07	Dur: 1 hr 31 min	Procedure Date: 09/10/2022	Preop Nurse: Prieto, Lupe, RN
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### Procedure Information

Case Service: Gastroenterology	Anesthesia Type: Moderate Sedation	Case Type: Scheduled - Elective	Case Class: Elective
Preop Diagnosis POLYP OF COLON			
Procedure: COLONOSCOPY WITH OR WITHOUT BIOPSY	Surgeon Abdelkarim, Basim		Primary

### Patient Information

Isolation Precautions: No Isolation precautions required; COVID Negative	Code Status: Full Code
Language: ENG	
Marital Status: S	
NPO - Clear Liquids: 09/09/2022 10:00	Height: 170cm Stated
NPO - Solids: 09/09/2022 12:00	Weight: 73 kg Stated
	BMI: 25.1 Kg/m2
	Religion: NON
	Support Person: Spouse; Irma Hanna (909) 374-7216
Pre Post Bed: Pre/Post 5	
Admit From: Admission Department	
Admitted Via: Ambulatory	
Valuables: Clothing; Eye Glasses; Shoes; Belt; All belongings to be taken to PACU.	

### Verification

Date/Time	Item
09/09/2022 14:36	Preadmit Verification (2 unique required) -- Pt. identity verified by name; Pt. identity verified by date of birth
09/10/2022 11:36	Preop Checklist -- H&P completed and current; Arm band verified with 2 identifiers: patient name and DOB; Procedure consent verified and signed; Allergies verified; Glasses RX removed; Implants- Cardiac Stent x4

### Preop Assessment Abuse/Self Harm

Date/Time	Item
09/09/2022 14:36	Abuse/Self Harm Assessment -- Patient Feels Safe in Current Living Environment
09/10/2022 11:39	Abuse/Self Harm Assessment -- Patient Feels Safe in Current Living Environment

### Preop Assessment Advance Directive

Date/Time	Item
09/09/2022 14:37	Advance Directive Assessment -- Temporary; Full
09/10/2022 11:39	Advance Directive Assessment -- Full; Temporary

### Patient Assessment

Date/Time	Item
09/10/2022 11:39	Behavioral -- No abnormal behaviors noted; Calm; Cooperative
09/10/2022 11:39	Cardiovascular Assessment -- Symptom - none; Capillary refill < 2 seconds; Heart rhythm - regular; Skin color - normal for ethnicity; Pulses - normal; Skin temperature - warm; Skin description - dry; Edema - none

***Nursing Preop Record***

<u>Patient Assessment</u>	
<u>Date/Time</u>	<u>Item</u>
09/10/2022 11:39	Gastrointestinal Assessment -- Symptom - none; Bowel sounds all quadrants - present; Abdomen description - soft
09/10/2022 11:39	General Appearance Exam -- Adult
09/10/2022 11:39	Genitourinary Assessment -- Symptom - none; Elimination - no difficulties
09/10/2022 11:39	Integumentary Assessment -- Symptom - none; Skin integrity - intact; Mucous membranes - pink; Skin turgor - elastic; Mucous membranes - moist
09/10/2022 11:39	LOC -- Oriented to person, place and time; Awake, alert and aware of environment
09/10/2022 11:39	Musculoskeletal Assessment -- Symptom - none
09/10/2022 11:39	Neurological Assessment -- Symptom - none; Gait - steady; Level of consciousness - alert; Orientation - oriented to person, place, and time
09/10/2022 11:39	Neurological Assessment, Detailed -- Coordination - normal; PERL (Pupils Equal and Reactive to Light); Pupil - regular shape; Sensation - intact; Speech - normal; Strength - strong to gravity and resistance; Vision - intact
09/10/2022 11:40	PRN Response -- NA
09/10/2022 11:39	Pain Assessment -- Patient denies pain
09/10/2022 11:40	Psycho/Emotional Assessment -- Safety - vision, hearing, mobility adequate to meet safety; Affect/behavior - calm; Affect/behavior - cooperative; Coping - behaviors indicate use of coping mechanism
09/10/2022 11:40	Respiratory Assessment -- Breath sounds - clear bilateral; Cough - none; Oxygen - no supplemental oxygen; Respirations - unlabored; Shortness of breath - none

<u>Preoperative Vital Signs</u>			
NIBP (mmHg): 134/84	HR (BPM): 65	RR (BPM): 16	
SpO2 (%): 100% ON ROOM AIR.	Temp: 97.4F TEMPORAL		

**Allergies/Reactions**

<u>Type/Source</u>	<u>Allergen</u>	<u>Reaction</u>
DA	Reglan	shaking
FA	No Known Food Allergies	

**Surgical History**

<u>Date</u>	<u>Procedure</u>	<u>Surgeon</u>	<u>Anesthesia Type</u>
	4 cardiac stent placement cholecystectomy Inguinal hernia repair; Right		

**Medical History**

<u>Category</u>	<u>Finding</u>	Last Modified Date: 09/09/2022 14:35	Knosp, Tamara
Anesthetic History	Patient Denies		
Anesthetic Family History	Patient Denies		
Cardiovascular	* Hypertensive disorder * Other Cardiovascular History; 4 cardiac stents		
Pulmonary	Patient Denies		
Sleep Apnea	Patient Denies		
Neurologic	Patient Denies		
HEENT	Patient Denies		
Gastrointestinal	Patient Denies		

**Nursing Preop Record**

**Medical History**

Category	Finding	Last Modified Date: 09/09/2022 14:35	Knosp, Tamara
Endocrine	Patient Denies		
Renal	Patient Denies		
Musculoskeletal	Patient Denies		
Genitourinary	Patient Denies		
Hepatic	Patient Denies		
Hematology	Patient Denies		
Smoking	Patient Denies		
Substance Use	* Alcohol Use; social		
Oncology	Patient Denies		
Infectious Disease	Patient Denies		
Psychiatric	* H/O: depression * H/O: anxiety state		
Gynecology	Deferred		
Obstetrics	Deferred		
Neonatal	Deferred		
Travel History	Patient Denies		
Other	Patient Denies		

**Questionnaires**

Question	Response	Value
Modified Aldrete Score		Date/Time: 09/10/2022 11:40
Activity	Able to move 4 extremities voluntarily or on command	2
Respiration	Breathes deeply and coughs freely	2
Circulation	BP +/- 20 mmHg of preanesthetic level	2
Consciousness	Fully Awake	2
Oxygen Saturation	Able to maintain O2 saturation >92% on room air	2
<b>Total:</b>		<b>10</b>

**Line Placement**

Site Established: 9/10/2022 12:03:31PM <input type="checkbox"/> Previously established in the care event Line Name: IV 1 Line Type: Peripheral IV Dressing: Tegaderm, Grip Lock Comments: No complications., Started without difficulty	By Whom: Garcia, Angelica, RN <input type="checkbox"/> Pre-existing prior to this care event Location: Antecubital, right Needle Type Size: 22g Skin Prep: Alcohol swab
--	---

**PNDS Care Plan**

Domain:	Domain Code	Domain Name	Status
Diagnosis:	D1	Safety	
Outcome Statement:	X29	Risk for injury (X29)	
	O9	MEDICATION ADMINISTRATION INJURY - The patient receives appropriate medication(s), safely administered during the perioperative period.	Met

***Nursing Preop Record***

**PNDS Care Plan**

<b>Interventions:</b>	<u>Intervention Code</u>	<u>Intervention Name</u>	
	I51	Evaluates response to medications (I51).	
	I123	Verifies allergies (I123).	
	I7	Administers prescribed antibiotic therapy and immunizing agents as ordered (I7).	
	I8	Administers prescribed medications and solutions (I8).	
<b>Outcome Indicators:</b>	<u>Outcome Ind. Code</u>	<u>Outcome Indicator Name</u>	<u>Status</u>
	Clin Doc 1	Clinical documentation: Name, dose, route, time, and effects of medications are administered as ordered and recorded in a manner consistent with the facility's policy.	Met
	Cogn 10	Cognition: The patient states understanding of purpose, effects, and side effects of medications administered.	Met
<b>Domain:</b>	<u>Domain Code</u>	<u>Domain Name</u>	
	D1	Safety	
<b>Diagnosis:</b>	<u>Diagnosis Code</u>	<u>Diagnosis Name</u>	
	X29	Risk for injury (X29)	
<b>Outcome Statement:</b>	<u>Outcome Code</u>	<u>Outcome Name</u>	<u>Status</u>
	O26	COMPETENT CARE - The patient is the recipient of competent and ethical care within legal standards of practice.	Met
<b>Interventions:</b>	<u>Intervention Code</u>	<u>Intervention Name</u>	
	I100	Provides care respecting worth and dignity regardless of diagnosis, disease process, procedure, or projected outcome (I100).	
	I102	Provides care without prejudicial behavior (I102).	
	I116	Shares patient information only with those directly involved in care (I116).	
	I1	Acts as a patient advocate by protecting the patient from incompetent, unethical, or illegal practices (I1).	
<b>Outcome Indicators:</b>	<u>Outcome Ind. Code</u>	<u>Outcome Indicator Name</u>	<u>Status</u>
	Admi Pol 2	Administrative policy: clinicians practice in a manner consistent with credentialing policies; records are maintained and document professional nursing staff competence, licensure, and continuing education; perioperative care plans are based on ethical concepts and principles; variances in care are documented and corrective action taken.	Met
	Pt Sat 4	Patient satisfaction: patients report that care is competent, ethical, and within legal standards.	Met
<b>Domain:</b>	<u>Domain Code</u>	<u>Domain Name</u>	
	D2	Physiological Responses	
<b>Diagnosis:</b>	<u>Diagnosis Code</u>	<u>Diagnosis Name</u>	
	X18	Risk for fluid volume deficit (X18)	
<b>Outcome Statement:</b>	<u>Outcome Code</u>	<u>Outcome Name</u>	<u>Status</u>
	O13	FLUID/ELECTROLYTE/ACID-BASE BALANCES - The patient's fluid, electrolyte, and acid-base balances are consistent with or improved from baseline levels established preoperatively.	Met
<b>Interventions:</b>	<u>Intervention Code</u>	<u>Intervention Name</u>	
	I89	Monitors physiological parameters (I89).	
	I132	Identifies factors associated with an increased risk for hemorrhage or fluid and electrolyte loss (I132).	
	I153	Evaluates response to administration of fluids and electrolytes (I153).	



Casa Colina Hospital

Pt. Name: HANNA, ADEL

CC #: 25699

Nursing Preop Record

PNDS Care Plan

Table with Outcome Indicators: Outcome Ind. Code, Outcome Indicator Name, Status. Includes Lab 1 and Skin 3.

Observations

Table with columns: Date-Time, HR-Method, RR, NIBPs, NIBPd, SpO2, Pain, Temperature- Method.

Additional Times

Table with columns: Start Date/Time, Stop Date/Time, Dur. Mins., Description and Comments, Signed by.

Transport Info

Table with Transport Time, Transport To, Transport Via, Transport By.

Patient Education

Table with Date/Time, Item.

Personnel

Table with Personnel Category, Personnel Name.

Module Electronically Signed by: Prieto, Lupe/RN/Preop Nurse Date: 09/10/2022 13:07



# Casa Colina Hospital

Pt. Name: HANNA, ADEL

CC #: 25699

## Nursing PACU Record

### Post Anesthesia Times

Procedure Date: 09/10/2022	PACU Nurse: Padilla, Cindy, RN, Registry
PACU Start Date/Time: 09/10/2022 13:31	PACU End Date/Time: 09/10/2022 14:30
	Dur: 59 min
PACU Nurse's Note: 9/10/2022 1:46:00PM discharge instructions given to wife (Irma). no questions or concerns.	
PACU Nurse's Note: 9/10/2022 2:30:00PM pt given discharge instructions. no questions or concerns. vital signs stable and WNL. Pt denies pain, SOB or CP. afebrile. Pt passing gas. IV discharged. catheter intact.	

### Procedure Information

ASA: 2	Anesthesia Type: Moderate Sedation
Case Service: Gastroenterology	
<u>Preop Diagnosis</u>	
POLYP OF COLON	
<u>Postop Diagnosis</u>	
POLYP OF COLON	
diverticulosis	
internal hemorrhoids	
polyp	
<u>Procedure</u> : COLONOSCOPY WITH POLYPECTOMY	
<u>Surgeon</u>	Primary
Abdelkarim, Basim	

### Patient Information

Latex Allergy Precautions: No special precautions necessary	Code Status: Full Code
Isolation Precautions: No Isolation precautions required; COVID Negative	
Language: ENG	
NPO - Clear Liquids: 09/09/2022 10:00	Height: 170cm Stated
NPO - Solids: 09/09/2022 12:00	Weight: 73 kg Stated
	BMI: 25.1 Kg/m2
	Religion: NON
	Support Person: Spouse; Irma Hanna (909) 374-7216
PACU Bed: PACU 4	
Valuables: Clothing; Eye Glasses; Shoes; Belt; All belongings/valuables returned to patient; All belongings to be taken to PACU.	

### Preop Assessment Abuse/Self Harm

Date/Time	Item
09/09/2022 14:36	Abuse/Self Harm Assessment -- Patient Feels Safe in Current Living Environment
09/10/2022 11:39	Abuse/Self Harm Assessment -- Patient Feels Safe in Current Living Environment

### Preop Assessment Advance Directive

Date/Time	Item
09/09/2022 14:37	Advance Directive Assessment -- Temporary; Full
09/10/2022 11:39	Advance Directive Assessment -- Full; Temporary

### Patient Assessment

Date/Time	Item
09/10/2022 13:32	Airway Exam -- Airway intact and patent
09/10/2022 13:32	Behavioral -- Drowsy; Calm; Cooperative



**Nursing PACU Record**

<u>Patient Assessment</u>	
<u>Date/Time</u>	<u>Item</u>
09/10/2022 13:32	Cardiovascular Assessment -- Capillary refill < 2 seconds; Edema - none; Heart rhythm - regular; Skin color - normal for ethnicity; Skin temperature - warm; Pulses - normal
09/10/2022 13:32	EKG/Monitored Rhythm -- EKG monitoring strip on paper chart; Sinus bradycardia
09/10/2022 13:33	Gastrointestinal Assessment -- Abdomen description - soft; Bowel sounds all quadrants - present; Flatus - passing
09/10/2022 13:33	Integumentary Assessment -- Skin integrity - intact; Skin turgor - elastic; Mucous membranes - moist
09/10/2022 13:32	Musculoskeletal Assessment -- Able to move all extremities
09/10/2022 13:32	Neurological Assessment, Detailed -- PERL (Pupils Equal and Reactive to Light); Sensation - intact; Coordination - normal; Strength - strong to gravity and resistance
09/10/2022 13:33	PRN Response -- NA
09/10/2022 13:48	PRN Response -- NA
09/10/2022 13:33	Pain Assessment -- Patient denies pain
09/10/2022 13:47	Pain Assessment -- Patient denies pain
09/10/2022 13:33	Patient Interventions -- Bed rails up, locked in place and brakes engaged; Bed in low position; Re-positioned head of bed 20 degrees
09/10/2022 13:53	Patient Interventions -- Re-positioned head of bed 20 degrees
09/10/2022 13:47	Recovery Update Assessment -- Unchanged from previous Assessment
09/10/2022 13:32	Respiratory Assessment -- Breath sounds - clear bilateral; Respirations - unlabored; Respiratory pattern - regular
<u>Verification</u>	
<u>Date/Time</u>	<u>Item</u>
09/10/2022 13:31	Recovery Patient Verification (2 unique required) -- Patient identity confirmed by name and date of birth & MRN#

<u>Preoperative Vital Signs</u>		
NIBP (mmHg): 134/84	HR (BPM): 65	RR (BPM): 16
SpO2 (%): 100% ON ROOM AIR.	Temp: 97.4F TEMPORAL	

**Allergies/Reactions**

<u>Type/Source</u>	<u>Allergen</u>	<u>Reaction</u>
DA	Reglan	shaking
FA	No Known Food Allergies	

**Surgical History**

<u>Date</u>	<u>Procedure</u>	<u>Surgeon</u>	<u>Anesthesia Type</u>
	4 cardiac stent placement cholecystectomy Inguinal hernia repair; Right		

**Medical History**

<u>Category</u>	<u>Finding</u>	Last Modified Date: 09/09/2022 14:35	Knosp, Tamara
Anesthetic History	Patient Denies		
Anesthetic Family History	Patient Denies		
Cardiovascular	* Hypertensive disorder * Other Cardiovascular History; 4 cardiac stents		
Pulmonary	Patient Denies		
Sleep Apnea	Patient Denies		
Neurologic	Patient Denies		
HEENT	Patient Denies		

**Nursing PACU Record**

**Medical History**

<u>Category</u>	<u>Finding</u>	Last Modified Date: 09/09/2022 14:35	Knosp, Tamara
Gastrointestinal	Patient Denies		
Endocrine	Patient Denies		
Renal	Patient Denies		
Musculoskeletal	Patient Denies		
Genitourinary	Patient Denies		
Hepatic	Patient Denies		
Hematology	Patient Denies		
Smoking	Patient Denies		
Substance Use	* Alcohol Use; social		
Oncology	Patient Denies		
Infectious Disease	Patient Denies		
Psychiatric	* H/O: depression * H/O: anxiety state		
Gynecology	Deferred		
Obstetrics	Deferred		
Neonatal	Deferred		
Travel History	Patient Denies		
Other	Patient Denies		

**Questionnaires**

<b>Modified Aldrete Score</b>		<b>Date/Time:</b> 09/10/2022 13:31
<u>Question</u>	<u>Response</u>	<u>Value</u>
Activity	Able to move 4 extremities voluntarily or on command	2
Respiration	Dyspnea or limited breathing	1
Circulation	BP +/- 20 mmHg of preanesthetic level	2
Consciousness	Arousable on calling	1
Oxygen Saturation	Able to maintain O2 saturation >92% on room air	2
		<b>Total: 8</b>
<b>Modified Aldrete Score</b>		<b>Date/Time:</b> 09/10/2022 13:47
<u>Question</u>	<u>Response</u>	<u>Value</u>
Activity	Able to move 4 extremities voluntarily or on command	2
Respiration	Dyspnea or limited breathing	1
Circulation	BP +/- 20 mmHg of preanesthetic level	2
Consciousness	Arousable on calling	1
Oxygen Saturation	Able to maintain O2 saturation >92% on room air	2
		<b>Total: 8</b>
<b>Modified Aldrete Score</b>		<b>Date/Time:</b> 09/10/2022 14:30
<u>Question</u>	<u>Response</u>	<u>Value</u>
Activity	Able to move 4 extremities voluntarily or on command	2
Respiration	Breathes deeply and coughs freely	2
Circulation	BP +/- 20 mmHg of preanesthetic level	2
Consciousness	Fully Awake	2
Oxygen Saturation	Able to maintain O2 saturation >92% on room air	2

**Nursing PACU Record**

**Questionnaires**

	<b>Total: 10</b>
--	------------------

**Line Placement**

<input checked="" type="checkbox"/> Previously established in the care event Line Name: IV 1 Line Type: Peripheral IV Dressing: Tegaderm, Grip Lock Comments: No complications., Started without difficulty <b>Assessment Details</b> Date/Time: 9/10/2022 2:32:00PM Assessments: Cannula intact;Site clear;No hematoma	By Whom: Padilla, Cindy, RN, Registry <input type="checkbox"/> Pre-existing prior to this care event Location: Antecubital, right Needle Type Size: 22g Skin Prep: Alcohol swab
<b>Assessment Details</b> Date/Time: 9/10/2022 1:33:00PM Assessments: Site clear;Patent;No hematoma Dressing: Dry and intact;Tegaderm in place	By Whom: Padilla, Cindy, RN, Registry  By Whom: Padilla, Cindy, RN, Registry

**Oxygen**

Date/Time	Delivery	Flow Amount	By Whom	Comments
09/10/2022 13:32	Room Air		Padilla, Cindy, RN, Registry	
09/10/2022 13:47	Room Air		Padilla, Cindy, RN, Registry	

**I & O**

Date/Time	Description	Intake (ml)	Output (ml)	Running Balance (ml)
09/10/2022 13:53	Sips of water	60		60
09/10/2022 14:32	IV Fluids	300		360
Nursing PACU Record Subtotal:		360		
Nursing PACU Record Net:				360

This section displays only those infusions with documented stop times

**PNDS Care Plan**

<b>Domain:</b>	<u>Domain Code</u>	<u>Domain Name</u>	
	D1	Safety	
<b>Diagnosis:</b>	<u>Diagnosis Code</u>	<u>Diagnosis Name</u>	
	X7	Ineffective breathing pattern (X7)	
<b>Outcome Statement:</b>	<u>Outcome Code</u>	<u>Outcome Name</u>	<u>Status</u>
	O14	RESPIRATORY - The patient?s respiratory function is consistent with or improved from baseline levels established preoperatively.	Met
<b>Interventions:</b>	<u>Intervention Code</u>	<u>Intervention Name</u>	
	I45	Evaluates postoperative respiratory status (I45).	
	I87	Monitors changes in respiratory status (I87).	
	I121	Uses monitoring equipment to assess respiratory status (I121).	
<b>Outcome Indicators:</b>	<u>Outcome Ind. Code</u>	<u>Outcome Indicator Name</u>	<u>Status</u>
	Resp 2	Respiratory status: SaO2 within expected range; rate, depth, and symmetry of respirations unchanged or improved from	Met

**Nursing PACU Record**

**PNDS Care Plan**

	VS 2	preoperative assessment; breath sounds free from adventitious sounds. Vital signs: blood pressure, temperature, and pulse within expected ranges.	Met
<b>Domain:</b>	<u>Domain Code</u>	<u>Domain Name</u>	
	D2	Physiological Responses	
<b>Diagnosis:</b>	<u>Diagnosis Code</u>	<u>Diagnosis Name</u>	
	X18	Risk for fluid volume deficit (X18)	
<b>Outcome Statement:</b>	<u>Outcome Code</u>	<u>Outcome Name</u>	<u>Status</u>
	O13	FLUID/ELECTROLYTE/ACID-BASE BALANCES - The patient's fluid, electrolyte, and acid-base balances are consistent with or improved from baseline levels established preoperatively.	Met
<b>Interventions:</b>	<u>Intervention Code</u>	<u>Intervention Name</u>	
	I111	Recognizes and reports deviation in diagnostic study results (I111).	
	I23	Collaborates in fluid and electrolyte management (I23).	
	I132	Identifies factors associated with an increased risk for hemorrhage or fluid and electrolyte loss (I132).	
	I153	Evaluates response to administration of fluids and electrolytes (I153).	
<b>Outcome Indicators:</b>	<u>Outcome Ind. Code</u>	<u>Outcome Indicator Name</u>	<u>Status</u>
	Renal 1	Renal status: output greater than 30 mL/hr; specific gravity 1.010 to 1.030.	Met
	Skin 3	Skin condition (general): free from new or increasing edema in dependent areas; conjunctiva and/or mucous membranes pink; free from cyanosis or pallor.	Met

**Observations**

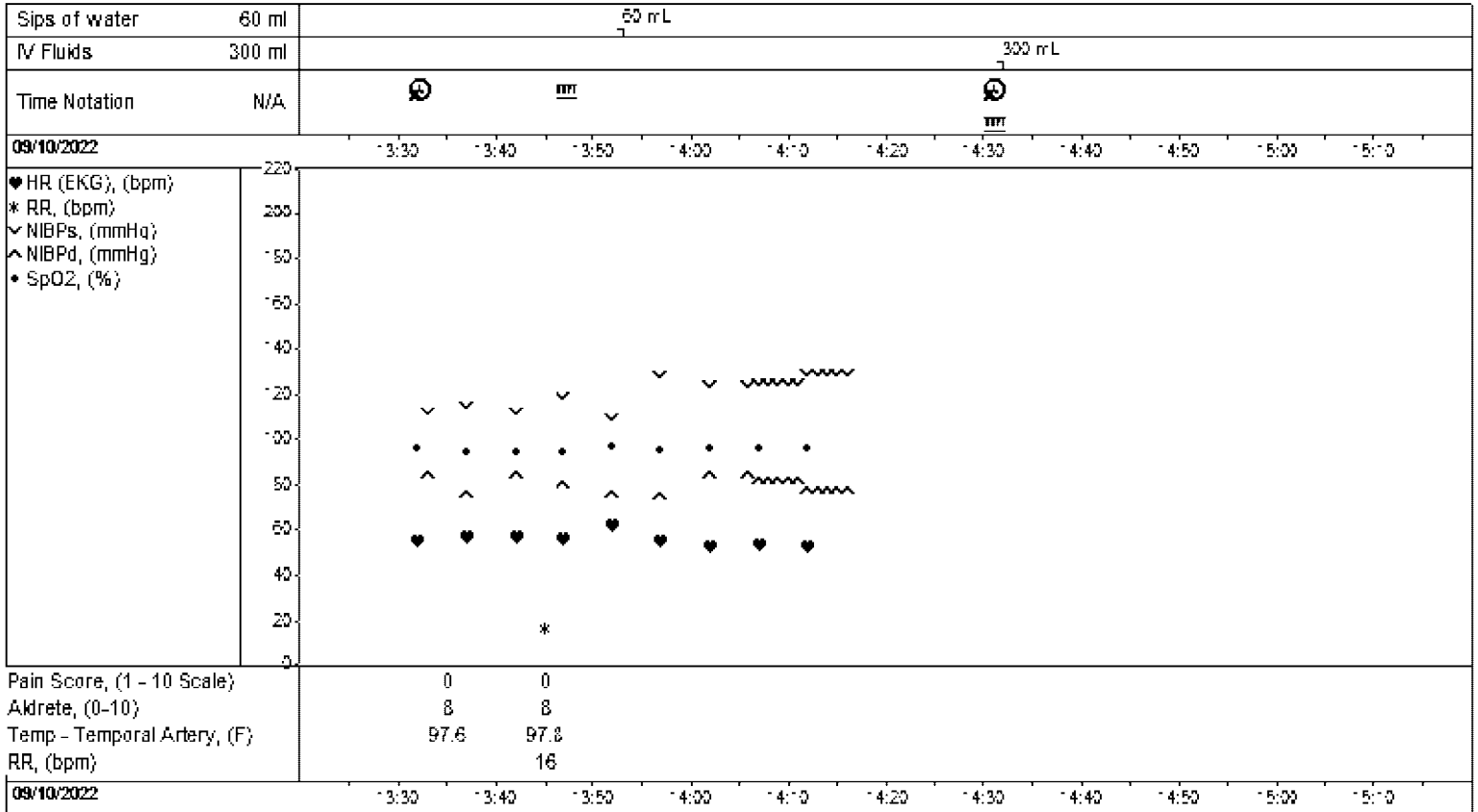
<u>Date-Time</u>	<u>HR-Method</u> bpm	<u>RR</u> per min.	<u>NIBPs</u> mmHg	<u>NIBPd</u> mmHg	<u>SpO2</u> %	<u>EtCO2</u> %	<u>ARTs</u> mmHg	<u>ARTd</u> mmHg	<u>CVPm</u> mmHg	<u>Temperature- Method</u> F
09/10/2022 13:32					96					97.6 - TEMPORAL ARTERY
09/10/2022 13:33			112	84						
09/10/2022 13:37			115	76	95					
09/10/2022 13:42			112	84	94					
09/10/2022 13:45		16								
09/10/2022 13:47			119	80	95					97.8 - TEMPORAL ARTERY
09/10/2022 13:52			110	76	97					
09/10/2022 13:57			128	75	95					
09/10/2022 14:02			124	84	96					
09/10/2022 14:06			124	84						
09/10/2022 14:07			125	82	96					
09/10/2022 14:08			125	82						
09/10/2022 14:09			125	82						
09/10/2022 14:10			125	82						
09/10/2022 14:11			125	82						
09/10/2022 14:12			129	77	96					
09/10/2022 14:13			129	77						

## Nursing PACU Record

### Observations

Date-Time	HR-Method bpm	RR per min.	NIBPs mmHg	NIBPd mmHg	SpO2 %	EtCO2 %	ARTs mmHg	ARTd mmHg	CVPm mmHg	Temperature- Method F
09/10/2022 14:14			129	77						
09/10/2022 14:15			129	77						
09/10/2022 14:16			129	77						

### Vitals Graph



\* Refer to Events for actual medication dosage and administration time

### Transport Info

Transport Via: Wheelchair	Transport To: To vehicle
	Transport By: Orderly /Transporter

### Personnel

Personnel Category	Personnel Name	Personnel Category	Personnel Name
Surgeon:	Abdelkarim, Basim, MD		

Module Electronically Signed by: Padilla, Cindy/RN, Registry/PACU Nurse      Date: 09/10/2022 14:32



**Casa Colina Hospital**

Pt. Name: HANNA, ADEL

CC #: 25699

**Nursing Preadmissions Record**

**Preadmission Times**

Procedure Date: 09/10/2022	Preadmit Nurse: Knosp, Tamara, RN	
Preadmissions Start Date/Time: 09/09/2022 14:24	Preadmissions Stop Date/Time: 09/09/2022 14:42	Dur: 18 min
Phone Call Attempts: Attempted phone call three times		

**Procedure Information**

Case Service: Gastroenterology	Case Type: Scheduled - Elective	Case Class: Elective
<u>Preop Diagnosis</u> POLYP OF COLON		
<u>Procedure</u> : COLONOSCOPY WITH OR WITHOUT BIOPSY		
<u>Surgeon</u> Abdelkarim, Basim		Primary

**Patient Information**

Language: ENG	Code Status: Full Code
Marital Status: S	
	Height: 170cm Stated Weight: 73 kg Stated BMI: 25.1 Kg/m2
	Religion: NON

Verification

<u>Date/Time</u>	<u>Item</u>
09/09/2022 14:36	Preadmit Verification (2 unique required) -- Pt. identity verified by name; Pt. identity verified by date of birth

Preop Assessment Abuse/Self Harm

<u>Date/Time</u>	<u>Item</u>
09/09/2022 14:36	Abuse/Self Harm Assessment -- Patient Feels Safe in Current Living Environment

Preop Assessment Advance Directive

<u>Date/Time</u>	<u>Item</u>
09/09/2022 14:37	Advance Directive Assessment -- Temporary; Full

**Surgical History**

<u>Date</u>	<u>Procedure</u>	<u>Surgeon</u>	<u>Anesthesia Type</u>
	cholecystectomy Inguinal hernia repair; Right 4 cardiac stent placement		

**Medical History**

<u>Category</u>	<u>Finding</u>	Last Modified Date: 09/09/2022 14:35	Knosp, Tamara
Anesthetic History	Patient Denies		
Anesthetic Family History	Patient Denies		
Cardiovascular	* Hypertensive disorder * Other Cardiovascular History; 4 cardiac stents		
Pulmonary	Patient Denies		
Sleep Apnea	Patient Denies		
Neurologic	Patient Denies		
HEENT	Patient Denies		



**Casa Colina Hospital**

Pt. Name: HANNA, ADEL

CC #: 25699

**Nursing Preadmissions Record**

**Medical History**

<u>Category</u>	<u>Finding</u>	Last Modified Date: 09/09/2022 14:35	Knosp, Tamara
Gastrointestinal	Patient Denies		
Endocrine	Patient Denies		
Renal	Patient Denies		
Musculoskeletal	Patient Denies		
Genitourinary	Patient Denies		
Hepatic	Patient Denies		
Hematology	Patient Denies		
Smoking	Patient Denies		
Substance Use	* Alcohol Use; social		
Oncology	Patient Denies		
Infectious Disease	Patient Denies		
Psychiatric	* H/O: depression * H/O: anxiety state		
Gynecology	Deferred		
Obstetrics	Deferred		
Neonatal	Deferred		
Travel History	Patient Denies		
Other	Patient Denies		

**Additional Times**

<u>Start Date/Time</u>	<u>Stop Date/Time</u>	<u>Dur.</u> <u>Mins.</u>	<u>Description and Comments</u>	<u>Signed by</u>
09/09/2022 14:24	09/09/2022 14:42	18	Preadmit Time	
09/09/2022 14:36	NA		Nurse's Note ; Message left for patient identifying Casa Colina Hospital Preadmissions Nurse would like a call back at ###-###-#### prior to their scheduled surgery to provide important information pertaining to their upcoming procedure.	

**Personnel**

<u>Personnel Category</u>	<u>Personnel Name</u>	<u>Personnel Category</u>	<u>Personnel Name</u>
Surgeon:	Abdelkarim, Basim, MD		

**Module Electronically Signed by:** Knosp, Tamara/RN/Preadmit Nurse **Date:** 09/09/2022 14:42

Patient Name: <b>HANNA, ADEL</b>	CC#: 25699
MPI: 206414	Admis. Type: Outpatient
Hospital Patient ID: 01016197	Gender: Male
MRN: 6246930	DOB/Age: 03/29/1946 76y

**Pt Name:** HANNA, ADEL  
**Pt ID:** 0100117706  
**DOB:** 03/29/1946  
**Adm DTime:** 09/10/2022 11:21  
**Nurs Sta:**  
**Dx:** PERSONAL HISTORY OF COLONIC POLYPS  
**Alrg:** No Known Food Allergies, Reglan

**MRN:** 6246930  
**Acct No:** 01016197  
**Age/Sex:** 76Y/M  
**Atn Dr:** Abdelkarim, Basim MD  
**Rm & Bed:**

**Order Type: Admit/Discharge/Transfer**  
**Order Sub Type: Admission**

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
3672422	09/10/22 06:00 09/10/22 06:00	Admit To: Ambulatory Surgery , Level of Care: Ambulatory Surgery , Diagnosis: Hx of colon polyps , ELOS: 0	Discontinue	Tamara E Knosp, RN

**Order Type: Admit/Discharge/Transfer**  
**Order Sub Type: Discharge**

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
3672423	09/10/22 06:00 09/10/22 06:00	Discharge To: (specify) Home, Additional Orders: Refer to Nursing Communication - Discharge Criteria order	Discontinue	Tamara E Knosp, RN

Instructions: Refer to Nursing Communication - Discharge Criteria order

**Order Type: Communication**  
**Order Sub Type: General Communication**

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
3672424	09/10/22 06:00 09/10/22 06:00	Nursing Communication: Discharge Criteria: Min 30min stay; stable VS, hydration adequat swallow/gag reflex present, O2 Sat >95% on RA, modified aldrete score returned to baseline, discharge instructions provided, adult escort home, pain goal met	Discontinue	Tamara E Knosp, RN

Instructions: swallow/gag reflex present, O2 Sat >95% on RA, modified aldrete score returned to baseline, discharge instructions provided, adult escort home, pain goal met

**Order Type: Medication/IV**  
**Order Sub Type:**

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
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**Pt Name:** HANNA, ADEL  
**Rm/ Bed:**

**MRN:** 6246930  
 Page 1 of 5

Orders Report  
 ORE\_0149\_DSCH\_NBR\_TN.rpt v1.00



**Pt Name:** HANNA, ADEL  
**Pt ID:** 0100117706  
**DOB:** 03/29/1946  
**Adm DTime:** 09/10/2022 11:21  
**Nurs Sta:**  
**Dx:** PERSONAL HISTORY OF COLONIC POLYPS  
**Alrg:** No Known Food Allergies, Reglan

**MRN:** 6246930  
**Acct No:** 01016197  
**Age/Sex:** 76Y/M  
**Atn Dr:** Abdelkarim, Basim MD  
**Rm & Bed:**

**Order Type: Medication/IV**  
**Order Sub Type:**

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
3672435	09/10/22 06:00 02/16/23 22:00	SALINE FLUSH 1 SYRINGE = 10 ML Intravenous Q8H for 160 Days	Discontinue	Tamara E Knosp, RN
3672436	09/10/22 06:00 02/17/23 05:59	LACTATED RINGERS (1000 ML bag) Intravenous @40mL/Hour Over 25H conscious sedation for 160 Days, Clinician Dir:TITRATE PER PHYSICIAN INSTRUCTION	Discontinue	Tamara E Knosp, RN
3672437	09/10/22 06:00 09/11/22 05:59	ATROPINE 0.5 MG = 5 ML Intravenous PRN symptomatic bradycardia for 1 Days, Clinician Dir:TITRATE 0.5 TO 1 MG PER PHYSICIAN. MAXIMUM DOSE 3 MG.	Discontinue	Tamara E Knosp, RN
3672438	09/10/22 06:00 09/11/22 05:59	EPINEPHRINE 1 MG = 1 ML Intravenous PRN conscious sedation for 1 Days, Clinician Dir:SURGERY- DILUTE IN 9 ML OF 0.9% NACL FOR CONCENTRATION 1:10,000 INJECT INTO BLEEDING SITE PER PHYSICIAN	Discontinue	Tamara E Knosp, RN
3672439	09/10/22 06:00 09/11/22 05:59	flumazenil 0.1 MG = 1 ML Intravenous PRN Benzodiazepine oversedation for 1 Days, Clinician Dir:TITRATE PER PHYSICIAN. PUSH OVER 15 SECONDS. MAX DOSE 1MG.	Discontinue	Tamara E Knosp, RN

**Pt Name:** HANNA, ADEL  
**Rm/ Bed:**

**MRN:** 6246930  
 Page 2 of 5

Orders Report

ORE\_0149\_DSCH\_NBR\_TN.rpt v1.00

Printed By :Samanta, Lolita

Printed On: 30-Sep-22 15:03

**Pt Name:** HANNA, ADEL  
**Pt ID:** 0100117706  
**DOB:** 03/29/1946  
**Adm DTime:** 09/10/2022 11:21  
**Nurs Sta:**  
**Dx:** PERSONAL HISTORY OF COLONIC POLYPS  
**Alrg:** No Known Food Allergies, Reglan

**MRN:** 6246930  
**Acct No:** 01016197  
**Age/Sex:** 76Y/M  
**Atn Dr:** Abdelkarim, Basim MD  
**Rm & Bed:**

**Order Type: Medication/IV**

**Order Sub Type:**

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
3672440	09/10/22 06:00 02/17/23 05:59	naloxone (NARCAN) 0.1 MG = 0.25 ML Intravenous Q2MIN PRN opioid over sedation for 160 Days, Clinician Dir:NOTIFY PROVIDER IF MEDICATION IS ADMINISTERED	Discontinue	Tamara E Knosp, RN

**Order Type: Nursing**

**Order Sub Type: Activity**

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
3672434	09/10/22 06:00 09/10/22 06:00	NPO after midnight except prescribed medications	Discontinue	Tamara E Knosp, RN

**Order Type: Nursing**

**Order Sub Type: Assessment**

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
3672428	09/10/22 06:00 09/10/22 06:00	Obtain Consent - Colonoscopy with possible biopsy, possible polypectomy, possible electrocoagulation with moderate sedation	Discontinue	Tamara E Knosp, RN

Instructions: - Colonoscopy with possible biopsy, possible polypectomy, possible electrocoagulation with moderate sedation

3672431	09/10/22 06:00 09/10/22 06:00	Order: Remove IV lock when PO tolerated	Discontinue	Tamara E Knosp, RN
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Instructions: Remove IV lock when PO tolerated

**Pt Name:** HANNA, ADEL  
**Rm/ Bed:**

**MRN:** 6246930  
 Page 3 of 5

Orders Report  
 ORE\_0149\_DSCH\_NBR\_TN.rpt v1.00

Pt Name: HANNA, ADEL  
 Pt ID: 0100117706  
 DOB: 03/29/1946  
 Adm DTime: 09/10/2022 11:21  
 Nurs Sta:  
 Dx: PERSONAL HISTORY OF COLONIC POLYPS  
 Alrg: No Known Food Allergies, Reglan

MRN: 6246930  
 Acct No: 01016197  
 Age/Sex: 76Y/M  
 Atn Dr: Abdelkarim, Basim MD  
 Rm & Bed:

**Order Type: Nursing**  
**Order Sub Type: Assessment**

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
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**Order Type: Nursing**  
**Order Sub Type: Clinical Interventions**

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
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3672427	09/10/22 06:00 09/10/22 06:00	Ambulate: Assistance as appropriate	Discontinue	Tamara E Knosp, RN
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Instructions: as appropriate

3672430	09/10/22 06:00 09/10/22 06:00	Insert Saline Lock and Maintain Care	Discontinue	Tamara E Knosp, RN
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**Order Type: Nursing**  
**Order Sub Type: Monitoring**

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
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3672429	09/10/22 06:00 09/10/22 06:00	Bedside Blood Glucose Only if diabetic Stat	Discontinue	Tamara E Knosp, RN
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**Order Type: Nursing**  
**Order Sub Type: Vital Signs**

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
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3672425	09/10/22 06:00 09/10/22 06:00	Post-op Vital Signs 5min x 3 then 15min until discharge criteria are met	Discontinue	Tamara E Knosp, RN
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Instructions: 5min x 3 then 15min until discharge criteria are met

Pt Name: HANNA, ADEL  
 Rm/ Bed:

MRN: 6246930  
 Page 4 of 5

Orders Report  
 ORE\_0149\_DSCH\_NBR\_TN.rpt v1.00

**Pt Name:** HANNA, ADEL  
**Pt ID:** 0100117706  
**DOB:** 03/29/1946  
**Adm DTime:** 09/10/2022 11:21  
**Nurs Sta:**  
**Dx:** PERSONAL HISTORY OF COLONIC POLYPS  
**Alrg:** No Known Food Allergies, Reglan

**MRN:** 6246930  
**Acct No:** 01016197  
**Age/Sex:** 76Y/M  
**Atn Dr:** Abdelkarim, Basim MD  
**Rm & Bed:**

**Order Type: Nursing**

**Order Sub Type: Vital Signs**

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
3672426	09/10/22 06:00 09/10/22 06:00	Pre-op Vital Signs Per Unit Protocol	Discontinue	Tamara E Knosp, RN
Instructions: Per Unit Protocol				

**Order Type: Respiratory**

**Order Sub Type: Oxygen**

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
3672432	09/10/22 06:00 09/10/22 06:00	Oxygen, Nasal Cannula, , Keep O2 Sat equal to or greater than 92%	Discontinue	Tamara E Knosp, RN

**Order Type: Respiratory**

**Order Sub Type: Respiratory General**

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
3672433	09/10/22 06:00 09/10/22 06:00	Patient and Family Education - To include medications, diet, pictures as appropriate	Discontinue	Tamara E Knosp, RN
Instructions: - To include medications, diet, pictures as appropriate				

**Pt Name:** HANNA, ADEL  
**Rm/ Bed:**

**MRN:** 6246930  
 Page 5 of 5

Orders Report

ORE\_0149\_DSCH\_NBR\_TN.rpt v1.00

Printed By :Samanta, Lolita

Printed On: 30-Sep-22 15:03



HANNA, ADEL  
 Acct 01016197 CCH  
 MR 624-69-30 Tm 103  
 DOS 09/10/22 M/76Y DOB 03/29/46  
 Adm Phys ABDELKARIM, BASIM



**GI SCHEDULING REQUESTS AND ORDER FORM**

PATIENT INFORMATION:

PATIENT NAME: Adel Hanna DATE: 9/17/22  
 DOB: 3/29/46 GENDER:  MALE  FEMALE  
 HOME PHONE 949-244-7759 ALTERNATE/CELL PHONE: \_\_\_\_\_  
 PHYSICIAN: Basim Z. Abdelkarim MD PCP: \_\_\_\_\_  
 INSURANCE NAME: BC PPO SUBSCRIBER: \_\_\_\_\_  
 INSURANCE ID NUMBER: CPR226A67822  PPO  HMO  IPA

PROCEDURE DETAILS

PROCEDURE: Colonoscopy DIAGNOSIS: Hx of Colon Polyps  
 PROCEDURE DATE: 9/10/22 ANESTHESIA TYPE:  MODERATE SEDATION  MAC  GENERAL  
 COMMENTS/SPECIAL PATIENT NEEDS (TRANSLATION, HEARING IMPAIRED, VISUALLY IMPAIRED, PACEMAKER, ICD, SLEEP APNEA, ETC):

CODES:

CPT codes: 45380 ICD codes: K63.5

PREOP ORDERS

Patient Label

ADMIT AS:  OUTPATIENT  OBSERVATION (23 HOUR STAY)  
 INSERT IV, NPO AFTER MIDNIGHT, IVF LACTATED RINGERS @ 40ml/hr  
**OBTAIN CONSENT (DO NOT ABBREVIATE):**  
 ESOPHAGOGASTRODUODENOSCOPY WITH POSSIBLE BIOPSY, POSSIBLE POLYPECTOMY, POSSIBLE DILATION, POSSIBLE ELECTROCOAGULATION  
 COLONOSCOPY WITH POSSIBLE BIOPSY, POSSIBLE POLYPECTOMY, POSSIBLE ELECTROCOAGULATION  
 ENDOSCOPIC RETROGRADE CHOLANGIOPACREATOGRAPHY WITH POSSIBLE BIOPSY, POSSIBLE PAPPILLOTOMY, POSSIBLE STONE REMOVAL, POSSIBLE STENT REMOVAL, OR POSSIBLE STENT PLACEMENT (ERCP)  
 OTHER: \_\_\_\_\_

SPECIAL ORDERS

FLUOROSCOPY (C- ARM ORDERS) FOR ERCP  
 OTHER \_\_\_\_\_

25699

PHYSICIAN SIGNATURE: Basim Z. Abdelkarim MD DATE: 9/17/22 TIME: 5pm

FAX/CONTACT INFO: CASA COLINA HOSPITAL AND CENTERS FOR HEALTHCARE  
 255 E. BONITA AVENUE, POMONA, CA 91767  
 SURGERY SCHEDULER: ESMERALDA MAIN FAX: (909) 450-0242 LANDLINE from 9-3pm is (909) 596-7733 ext. 2660

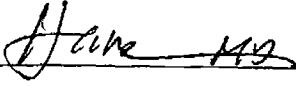


### TEMPORARY ADVANCE DIRECTIVE

The purpose of this Temporary Advance Directive is to communicate your wishes about emergent healthcare treatment to your healthcare team during your stay at Casa Colina Hospital and Centers for Healthcare. Since you have completed an Advance Directive or we do not currently have a copy of your Advance Directive, you may fill out this form. If you have an Advance Directive, this form will temporarily take its place until your family/friend brings your Advance Directive to the hospital. Once a copy of your Advance Directive is provided and placed in your medical record, this document is void.

You may also appoint an alternate decision maker to make healthcare decisions for you if you are unable to or if you do not want to.

1. In the absence of my Advance Directive, or instead of my Advance Directive, these are my wishes while I am an inpatient for this admission only to Casa Colina Hospital and Centers for Healthcare:

Your Signature	<i>Please sign next to the statement that most closely represents your wishes</i>
	<b>FULL CODE STATUS</b> I <u>DO</u> want efforts made to prolong my life and I want life-sustaining treatment to be provided, in the event of cardio respiratory failure.
	<b>DNR STATUS</b> I <u>DO NOT</u> want efforts made to prolong my life and I <u>DO NOT</u> want life-sustaining treatment to be provided nor continued, in the event of cardio respiratory failure.
	<b>LIMITED CODE STATUS</b> I want only the following effort(s) to be performed, in the event of cardio respiratory failure, during my stay at Casa Colina: <input type="checkbox"/> Cardiopulmonary Resuscitation (Pumping on chest and breathing for you) <input type="checkbox"/> Intubation/Mechanical Ventilation (Tube into the throat plus breathing machine) <input type="checkbox"/> Defibrillation/Cardioversion (electric current applied through the chest to the heart to correct a life-threatening heart rhythm) <input type="checkbox"/> Code drugs (per Advance Cardiac Life Support [ACLS] protocol, given into a vein to correct a life-threatening heart rhythm)
	Other, <i>Please specify any other wishes</i>


2. I want the person named below to make decisions for me about my care and treatment

Alternate Decision Maker IRMA HANNA

Phone Number (909) 374-7216 Additional Phone Number \_\_\_\_\_

- If I can no longer make decisions for myself, AND/OR
- If I am capable of making decisions, but do not wish to do so during this hospitalization

- 3.  Patient refuses to complete Temporary Advance Directive at this time
- 4.  Patient does not have the capacity to complete Temporary Advance Directive at this time

RN Signature <u></u>	Date/Time <u>09/10/22 1144</u>
Signature of Interpreter if present _____	
Print name of Interpreter _____	
Interpreter ID Number (if applicable) _____	
Company _____	
<input type="checkbox"/> Check here if interpretation is via the internet or other electronic communication media	

Temporary Advance Directive  
Reviewed 11/2017

**HANNA, ADEL**  
Acct 01016197 CCH  
MR 624-69-30 Tm 103  
DOS 09/10/22 M/76Y DOB 03/29/46  
Adm Phys ABDELKARIM, BASIM





HOME MEDICATION COLLECTION/ MEDICATION RECONCILIATION

Allergies:

No known allergies

ALLERGY (drug/product)	REACTION	ALLERGY (drug/product)	REACTION
<i>Penicillin</i>			

CURRENT MEDICATIONS (PRESCRIPTION AND OVER THE COUNTER) AND SUPPLEMENTS

NAME OF MEDICATION (PRINT)	DOSE	ROUTE	HOW OFTEN	REASON	LAST TAKEN	STOP	HOLD	RESUME ON
<i>Amlodipine</i>	<i>10mg</i>		<i>QHS</i>	<i>HTN</i>	<i>9/9/22</i>	<i>2200</i>		
<i><del>Aspirin</del></i>	<i>81mg</i>		<i>QD</i>	<i>Stroke</i>	<i>9/9/22</i>	<i>1200</i>		
<i>Lipitor</i>					<i>9/9/22</i>	<i>2200</i>		

RESUME ALL MEDICATIONS UPON DISCHARGE UNLESS INSTRUCTED TO STOP OR HOLD (SEE ABOVE)

NEW MEDICATION OR NEW DOSAGES YOU SHOULD TAKE AFTER DISCHARGE

MEDICATION	DOSE	ROUTE	HOW OFTEN	REASON

PHYSICIAN SIGNATURE: *A* DATE: *9/10/22* TIME: *1230*

Keep this form with you at all times. Take it with you to all doctor and hospital visits.  
 Keep it up to date by recording new medications and crossing out those that you no longer take

HANNA, ADEL  
 Acct 01016197 CCH  
 MR 624-69-30 Tm: 103  
 DOS: 09/10/22 M/76Y DOB: 03/29/46  
 Adm Phys ABDELKARIM, BASIM



HANNA, ADEL  
 Acct 01016197 CCH  
 MR 624-69-30 Tm: 103  
 DOS 09/10/22 M/76Y DOB: 03/29/46  
 Adm Phys. ABDELKARIM, BASIM

moderate sedation medication orders & medication administration

Date of procedure 9/10/22

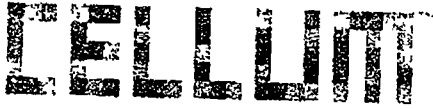
Time medication administered	1311	1313	1315	1317								TOTAL
Medication (include concentration and route administered)	Enter dose administered below											
Fentanyl 100mcg/2ml	25	25										50
Versed 5mg/5ml	2	2	1									5
Versed 2mg/2ml				1								1
Benadryl 50mg/1ml												
Demerol 50 mcg/1ml												

Nurse Administering medication Michelle Penleria Nurse Signature

Physician ordering medication Dr. Abdelkarim Physician signature

Date 9/10/22 Time 1311





Cellum Biomedical Inc.  
44045 Margarita Rd Ste 102, Temecula, CA 92592  
Phone (951) 302-1122 / Fax (951) 338-6085  
CLIA #05D2183167 / Director Robert Veve, MD

### LAB REPORT

Procedure Coronavirus  
Source: NASOPHARYNGEAL  
Accession#: P7930

Collection Date/Time: 09/08/2022  
Accession Date/Time: 09/08/2022 01:10 PM  
Service/Drop Off: DROP OFF

Status: FINAL

#### RESULTS:

Negative 2019-nCoV

*\*Reference Range: Negative*  
2019 Novel Coronavirus RT-PCR

Reported Date/Time: 09/09/2022 12:32 AM

#### Submitter Comments:

Lab Comments:

Approved By: Richard Jin, MD, PhD

Provider Name:  
Submitter: Casa Colina Hospital  
Phone:  
Report Print Date: 09/09/2022

Name: HANNA, ADEL  
MRN:  
DOB/AGE: 03/29/1946  
Sex: M

Results are for the identification of SARS-CoV-2-RNA.  
Positive results are indicative of the presence of SARS-CoV-2 RNA, clinical correlation with patient history and other diagnostic information is necessary to determine patient infection status.  
Positive results do not rule out bacterial infection or co-infection with other viruses. The agent detected may not be the definite cause of disease.  
Negative results do not preclude SARS-CoV-2 infection and should not be used as the sole basis for patient management decisions.

*Disclaimer. This test was performed using the TaqPath RT-PCR COVID-19 Kit for qualitative detection of COVID-19 coronavirus (SARS-CoV2). The performance characteristics of this test were verified by Cellum Biomedical Inc. It has not been cleared or approved by the FDA. This test has been authorized by FDA under the Emergency Use Authorization (EUA) This test is only authorized for the duration of time the declaration of the emergency use of in vitro diagnostic tests for detection of SARS-CoV-2 under section 546 (b) (1) of the Act, 21 U.S.C. 360bbb-3 (b) (1), unless the authorization is terminated or revoked sooner. This test is used for clinical purposes. Performance characteristics refer to the analytical performance of the test. Cellum Biomedical Inc is regulated under CLIA and qualified to perform high complexity clinical testing.*

HANNA, ADEL  
Acct: 01016197 CCH  
MR 624-69-30 Tm: 103  
DOS 09/10/22 M/76Y DOB: 03/29/46  
Adm Phys ABDELKARIM, BASIM



Reviewed by:	<i>[Signature]</i>
Date	<i>9/9/22</i>
Time	<i>8:45</i>

**Pomona Valley Hospital Medical Center**

1798 N. Garey Avenue, Pomona, CA 91767

Tel: (909) 865-9800 Fax: (909) 865-9636

**DEPARTMENT OF PATHOLOGY**

PVCH Clinical Laboratory Medical Group, Inc.

Philip O. Strassle, M.D.,

Catherine Y. Suen, D.O., Victor J. Santiago, M.D.

**SURGICAL PATHOLOGY REPORT**

Patient Name: <b>Hanna, Adel</b>	Acct #: <b>544353394</b>	Pathology #: <b>CC22-1236</b>
Med. Rec. #: <b>854595</b>	Location/Room: <b>LAB/</b>	Collected: <b>9/10/2022</b>
DOB: <b>3/29/1946 (Age: 76)</b>	Client: <b>Pomona Valley Hospital</b>	Received: <b>9/12/2022</b>
Gender: <b>M</b>	Physician(s): <b>LabClient, CasaColina</b>	Reported: <b>9/14/2022</b>
	Copy To: <b>Dr. BASIM ABDELKARIM</b>	

**FINAL PATHOLOGIC DIAGNOSIS:**

**A. ASCENDING COLON BIOPSY POLYP:**

**Tubular adenoma.**

\*\*\*Electronically Signed Out\*\*\*9/14/2022 10:10:39  
Catherine Y. Suen, D.O.

cys/9/14/2022 10:10:39

**SPECIMEN(S) SUBMITTED:**

A:ASCENDING COLON BIOPSY POLYP  
B:CC ACCOUNT NO 1016197

**CLINICAL INFORMATION:**

Colon polyp

**GROSS DESCRIPTION:**

A. ASCENDING COLON BIOPSY POLYP: The specimen is received in a formalin container, labeled with the patient's name and identified as ascending colon polyp biopsy. The specimen consists of fragmented tan tissue measuring 2 mm. The specimen is entirely submitted in one cassette.

B. CC ACCOUNT NO 1016197:

rxo/9/13/2022 14:34:39

VJS

**ICD-10(s):** D12.2

Signed by Abdelkarim, Basim on 28-Sep-2022 08:06:34 -0700

**CPT CODE(s):**

A; 88305

END OF REPORT

Reviewed by:	<i>M</i>
Date:	<i>9/14/22</i>
Time:	<i>12:15</i>

**ALLERGY REPORT**

**Pt Name:** HANNA, ADEL  
**Pt ID:** 0100117706  
**DOB:** 03/29/1946  
**Adm DTime:** 09/10/2022 11:21  
**Nurs Sta:** CHPACU  
**Dx:**  
**Alrg:** No Known Food Allergies, Reglan

**MRN:** 6246930  
**Acct No:** 01016197  
**Age/Sex:** 76Y/M  
**Atn Dr:** Abdelkarim, Basim MD  
**Rm & Bed:**

Alrg Type	Alrg Name	Onset	Reaction	Severity	Comment
Drug	Reglan		shaking	Moderate	
Food	No Known Food Allergies (Indicator)				

**Pt Name:** HANNA, ADEL  
**Rm/ Bed:**

**MRN:** 6246930  
 Page 1 of 1

Allergy Report  
 ORE\_0109\_DSCH\_NBR.rpt v1.00  
 Printed By :Workflow  
 Printed On: 14-Sep-22 05:46

Assessment Report

Generated from 08/27/2022 00:00 to 09/15/2022 23:59



255 East Bonita Avenue Pomona, CA 91767

909.596.7733

Pt Name: HANNA, ADEL  
Pt ID: 0100117706  
DOB: 03/29/1946  
Adm DTime: 09/10/2022 11:21  
Nurs Sta: CHPACU  
Dx:

MRN: 6246930  
Acct No: 01016197  
Age/Sex: 76Y/M  
Atn Dr: Abdelkarim, Basim MD  
Rm & Bed:

Alrg: No Known Food Allergies, Reglan

Vital Signs

09/09/22  
14:40

Collected By Tamara E Knosp,  
RN

Status Complete

Height 5/7 ft,in

How Obtained Stated

Weight 160 lbs,oz

How Obtained Stated

Pt Name: HANNA, ADEL  
Rm/ Bed:

MRN: 6246930  
Page 1 of 1

Assessment Report  
ORE\_0010\_DSCH\_NBR.rpt v1.00  
Printed By :Workflow  
Printed On: 14-Sep-22 05:46

**PATIENT BELONGINGS INVENTORY**

Check Box to Indicate Presence of Belongings at Admissions and/or Discharge

DISCHARGE	ADMISSION
<input type="checkbox"/> No Valuables <input type="checkbox"/> Medication Sent to Pharmacy/Home <input type="checkbox"/> Dentures ( ) Upper ( ) Lower ( ) Partial <input type="checkbox"/> Hearing Aid ( ) Left ( ) Right ( ) Bilateral <input checked="" type="checkbox"/> Glasses ( ) Prescription ( ) Reading ( ) Sunglasses <input type="checkbox"/> Jewellery ( ) Ring Yel/Whit ( ) Earrings Yel/Whit ( ) Watch ( ) Other _____	<input type="checkbox"/> Electronics ( ) Cell Phone Type _____ ( ) Charger ( ) LapTop ( ) Ear P Ear Phones/Buds ( ) Other _____ <input type="checkbox"/> Assistive Equipment ( ) WheelChair ( ) Walker ( ) Cane ( ) Prosthesis _____ <input type="checkbox"/> Clothing <input checked="" type="checkbox"/> Shirt Qty <u>Belt</u> Desc _____ <input checked="" type="checkbox"/> Shoes/Socks (prs) Qty _____ Desc _____ ( ) Sweater/Coat Qty _____ Desc _____ <input checked="" type="checkbox"/> SweatPants/Pants Qty <u>Shorts</u> Desc _____ <input checked="" type="checkbox"/> Undergarments Qty _____ Desc _____

**RELEASE OF RESPONSIBILITY FOR VALUABLES & OTHER BELONGINGS RETAINED BY PATIENT**

It is understood and agreed that the hospital maintains a safe for the safekeeping of money and valuables, and the hospital SHALL NOT be liable for the loss or damage to any money, credit cards, jewelry, documents, garments, dentures, eye glasses, hearing aids, prosthetics, personal electronics, cell phones or other articles of unusual value and small size, unless placed in the safe, and SHALL NOT be liable for the loss or damage to any other personal property deposited with the hospital for safekeeping. The maximum liability of the hospital for loss of any personal property which IS DEPOSITED with the hospital for safekeeping is limited to that amount allowed by the State of California

- Patient declined to send valuables to Hospital Safe for safekeeping
- Patient Sent Valuables to Hospital Safe for Safekeeping Bag# \_\_\_\_\_

Patient Signature: Adel Hanna MD Date: 09/10/22  
 Print Name: \_\_\_\_\_  
 Facility Representative (Print Name/Title): Dr. Prudhvir Kumar  
 Facility Representative Signature: \_\_\_\_\_ Time: 1148

Upon Admissions  
 Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Nurse Signature Completing Inventory List: [Signature] Time: \_\_\_\_\_

Patient Discharged with Belongings  
 Patient Signature: Hanna MD Date: 9/10/22  
 Print Name: \_\_\_\_\_  
 Nurse Signature Completing Inventory List: [Signature] Time: 1400



Patient Belongings Inventory  
 Copy to Patient on Admission, Updates to Form and on Discharge

**HANNA, ADEL**  
 Acct. 01016197 CCH  
 MR 624-69-30 Trm 103  
 DOS. 09/10/22 M/76Y DOB 03/29/46  
 Adm Phys ABDELKARIM, BASIM