

Keck Hospital of USC
Keck Hospital of USC
1500 SAN PABLO ST
LOS ANGELES, CA 90033-5313

Office/Clinic Notes

Document Name: Consultation Note - Clinic
Performed By: OH MD,DANIEL (11/19/2013 14:55 PST)
Signed By: OH MD,DANIEL (11/20/2013 09:42 PST)
Authenticated By: [OH MD,DANIEL; OH MD,DANIEL (11/20/2013 09:42 PST)]

DATE OF SERVICE: November 19, 2013

RE: Hanna, Adel
MR#: 0001117569
DOB: 03/29/1946

I would like to take this opportunity to update you on Dr. Adel Hanna. He is a 67-year-old physician who had a Nissen fundoplication at an outside hospital in 1998 which was complicated by a significant perforation and an extensive hospital stay. I evaluated him in 2012 for recurrent chest pain. He was found to have a relatively tight fundoplication with high lower esophageal sphincter resting pressure, with compensatory hypercontractility in his esophageal body with a small epiphrenic diverticulum. He had an endoscopic balloon dilatation to 20 mm on August 24, 2012. He returns today for followup.

The patient states that his chest pain, which he used to get just under the sternal area associated with eating, has increased in frequency. It used to be every day and even several times a day prior to the dilatation. After the dilatation it completely went away. Now for the past month he has had 1 or 2 episodes a week, and he feels it is starting to get worse. Interestingly, it is exacerbated by emotional stress.

He has no dysphagia, no cough, and no aspiration symptoms or regurgitation. He has no heartburn.

He has had no changes to his health since I last saw him.

Report Request ID: 298699277
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:06 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 052594595
Admit Date: 6/4/2013 Discharge Date: 6/4/2013

Keck Hospital of USC
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1500 SAN PABLO ST
LOS ANGELES, CA 90033-5313

Office/Clinic Notes

On physical exam his temperature is 96.7, pulse 63, blood pressure 143/78, and respirations 24. His weight is 177 pounds, up 5 pounds compared to April. HEENT: Normal. No cervical or supraclavicular lymphadenopathy. No thyromegaly. Trachea midline. Chest: Clear to auscultation. No crackles. No wheezing. Good respiratory effort. Heart: Regular rate and rhythm. No rubs, murmurs, or gallops. Abdomen: Soft, nondistended, and nontender. No masses or hernia. Extremities: No clubbing, cyanosis, or edema. Neurologic: Grossly intact. Skin: Normal.

In summary, Dr. Hanna is a 67-year-old man who had a previous Nissen fundoplication at an outside hospital in 1998 complicated by a perforation. He had debilitating chest pain that arose in the setting of elevated LES resting pressure and outflow resistance in the esophagus. He had successful balloon dilatation in August 2012. He is now having slight recurrence of his symptoms. Presumably this is recurrence of the previous problem, so we discussed the indication for redoing an EGD and balloon dilatation to 20 mm. I do not think this will have significant effect on the Nissen fundoplication but should help with the episodic chest pain that he was getting in the past. He prefers to schedule this in early 2014, and so we will keep you updated on his progress.

Thank you for the privilege to participate in the care of Dr. Hanna. If you have any questions regarding this evaluation, or if I can be of assistance in the future, please do not hesitate to contact me.

Daniel S. Oh, M.D.

cc: Umesh C Shah MD, 12540 Tenth St Suite B, Chino, CA 91710

Report Request ID: 298699277
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:06 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 052594595
Admit Date: 6/4/2013 Discharge Date: 6/4/2013

Keck Hospital of USC
Keck Hospital of USC
1500 SAN PABLO ST
LOS ANGELES, CA 90033-5313

Office/Clinic Notes

J#: 86469641
lc

Document Name: Consultation Note - Clinic
Performed By: OH MD,DANIEL (6/4/2013 17:49 PDT)
Signed By: OH MD,DANIEL (6/11/2013 10:47 PDT)
Authenticated By: [OH MD,DANIEL; OH MD,DANIEL (6/11/2013 10:47 PDT)]

DATE OF SERVICE: June 4, 2013

RE: Hanna, Adel
MR#: 0001117569
DOB: 03/29/1946

I would like to take this opportunity to update you on Dr. Adel Hanna. As you know, he is a 67-year-old physician who had a prior Nissen fundoplication at an outside institution in 1998, complicated by perforation. I evaluated him in 2012 for recurrent chest pain and he was found to have a relatively tight fundoplication with a high lower esophageal sphincter resting pressure with compensatory response of his esophageal body and small epiphrenic diverticulum. I performed endoscopic balloon dilatation to 20 mm across the gastroesophageal junction on August 24, 2012. He returns today for followup.

From a symptom standpoint, the patient has had no chest pain since the procedure. He is eating without dysphagia. He has no problems with food except he will occasionally get some heartburn if he eats spicy food or if he eats too quickly and too much. He is able to control these symptoms with his diet, and he is just taking Zantac on a p.r.n. basis. He is overall doing very well and has no complaints.

His physical examination is completely normal.

Report Request ID: 298699277
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:06 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
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In summary, Dr. Hanna is a 67-year-old man who had a previous Nissen fundoplication at an outside hospital in 1998, complicated by perforation of his esophagus. He had debilitating chest pain in the setting of an elevated resting pressure at the gastroesophageal junction. He is now 10 months out from balloon dilatation of the area with complete resolution of his chest pain. He is pleased with his outcome. We will follow him expectantly with his next visit in 6 months.

Thank you for the privilege to participate in the care of Dr. Hanna. If you have any questions regarding this evaluation, or if I can be of assistance in the future, please do not hesitate to contact me.

Daniel S. Oh, M.D.

cc: Umesh C Shah MD, 12540 Tenth St Suite B, Chino, CA 91710

J#: 80039926
lc

Report Request ID: 298699277
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:06 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 052594595
Admit Date: 6/4/2013 Discharge Date: 6/4/2013



Keck Hospital of USC
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 1500 SAN PABLO ST
 LOS ANGELES, CA 90033-5313

Allergies

Severity	Reactions	Type Allergy	Category Drug	Substance Reglan	Reaction Status Active
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Problem List

Problem Name: **Hx of migraine headaches**
 Life Cycle Status: Active
 Last Updated: 11/14/2013 16:08 PST
 Code: AC18567F-A582-468A-8F44-05BED8356CB1; Confirmation Status: Confirmed; Course: ; Persistence: ;
 Prognosis: ; Onset Date:

Procedure History

Procedure: **Dilation of Small Intestine,Via Natural or Artificial Opening Endoscopic**
 Status: Active
 Code: 0D788ZZ (ICD-10-PCS)
 Procedure Date: 11/6/2015 00:00 PST (69 years)
 Last Updated: 8/29/2018

Procedure: **Esophagogastroduodenoscopy,flexible,tr**
 Status: Active
 Code: 43245 (HCPCS)
 Procedure Date: 11/6/2015 00:00 PST (69 years)
 Last Updated: 8/29/2018

Procedure: **Esophagogastroduodenoscopy,flexible,tr**
 Status: Active
 Code: 43239 (HCPCS)
 Procedure Date: 11/6/2015 00:00 PST (69 years)
 Last Updated: 8/29/2018

Procedure: **Esophagogastroduodenoscopy [EGD]with closed biopsy**
 Status: Inactive
 Code: 45.16 (ICD-9-CM)
 Procedure Date: 2/10/2014 00:16 PST (67 years)
 Last Updated: 3/31/2014

Report Request ID: 298699274
 Printed by: Rodriguez,Christina
 Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
 DOB: 3/29/1946 Age: 76 years Gender: Male
 MRN: 001117569
 Financial #: 052951209
 Admit Date: 12/3/2013 Discharge Date: 12/3/2013

Procedure History

Procedure: **Esophagogastroduodenoscopy [EGD]with closed biopsy**

Status: Inactive

Code: 45.16 (ICD-9-CM)

Procedure Date: 2/10/2014 00:16 PST (67 years)

Last Updated: 3/31/2014

Procedure: **Excision of Esophagogastric Junction, Via Natural or Artificial Opening Endoscopic, Diagnostic**

Status: Active

Code: 0DB48ZX (ICD-10-PCS)

Procedure Date: 11/6/2015 00:00 PST (69 years)

Last Updated: 8/29/2018

Social History

Alcohol (Low Risk - Last Update: 11/6/2015 14:30 PST by Williams,Denise)

Detail: Current, Wine, 1-2 times per month (Last Update: 11/6/2015 14:31 PST by Williams,Denise)

Substance Use (Denies Substance Abuse - Last Update: 11/6/2015 14:31 PST by Williams,Denise)

Tobacco (Low Risk - Last Update: 11/6/2015 14:30 PST by Williams,Denise)

Detail: Former smoker, Cigarettes, 20 per day. (Last Update: 11/19/2013 12:52 PST by ROJAS,THERESA)

Administrative Documents

*** Clinical Documentation Content on Following Page ***

Report Request ID: 298699274

Printed by: Rodriguez,Christina

Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**

DOB: 3/29/1946

Age: 76 years

Gender: Male

MRN: 001117569

Financial #: 052951209

Admit Date: 12/3/2013

Discharge Date: 12/3/2013

* Auth (Verified) *


MISSING DOCUMENTATION

PATIENT NAME:

ACCOUNT NUMBER:

RECORD NUMBER:

08/24/2012 PT: 2



Bloodless: N
 ACCT# 023635980 MR# 001117569
HANNA, ADEL S
 AT: OH DANIEL DOB: 03/29/1946 66Y M
 USC NORRIS CANCER CENTER

MISSING DOCUMENTS

DATE RANGE

JNPP

*8-24-12
Pages 1 thru 4*

* Auth (Verified) *

Right to a Paper Copy of this Notice: Upon request, you may obtain a paper copy of this Notice, even if you have agreed to receive such information electronically.

Right to Change Terms of this Notice

We may change the terms of this notice at any time. If we change this notice, we may make the new notice terms effective for all health information that we hold, including any information created or received prior to issuing the new notice. If we change this notice, we will post the revised notice in our practice areas and on our website at www.usc.edu/compliance. You may also obtain any revised notice by contacting the USC Office of Compliance.

Further Information: Complaints

If you would like additional information about your privacy rights, are concerned that we have violated your privacy rights or disagree with a decision that we made about access to health information, you may contact our USC Office of Compliance. You may also file written complaints with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. Upon request, the USC Office of Compliance will provide you with the current address for the Director. We will not retaliate against you if you file a complaint with us or the Director.

USC Office of Compliance

You may contact the USC Office of Compliance at: 3500 Figueroa, #105, Los Angeles, CA 90089-8007, (213) 740-8258 or complan@usc.edu.

**UNIVERSITY OF SOUTHERN CALIFORNIA
NOTICE OF PRIVACY PRACTICES**

Please sign and date below to indicate that you have received a copy of this notice. Your signature simply acknowledges that you received a copy of this notice.

HANNA, ADEL S
DOB: 03/29/1946 MR# 001117569

Print Name (Last, First, Middle Initial)

Adel S Hanna
Signature

8/24/12
Date

08/24/2012 PT: 2

Bloodless: N

ACCT# 023635980 MR# 001117569

HANNA, ADEL S

AT: OH DANIEL DOB: 03/29/1946 66Y M

USC NORRIS CANCER CENTER

Keck Hospital of USC
Keck Hospital of USC
1500 SAN PABLO ST
LOS ANGELES, CA 90033-5313

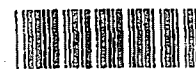
Advance Care Planning

*** Clinical Documentation Content on Following Page ***

Report Request ID: 298699274
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 052951209
Admit Date: 12/3/2013 Discharge Date: 12/3/2013

* Auth (Verified) *



2928

The Patient Self Determination Act (PSDA) became law in 1990. The purpose of this act is to ensure that adult patients participate in health care decision-making to the extent of their ability and to prevent discrimination based on whether a patient has executed an advance directive for health care.

Keck Hospital of USC / USC Norris Cancer Hospital supports and encourages a patient's right to participate in healthcare decision-making. In order to enable our hospital to comply with the provisions of the PSDA and safeguard your wishes we would like to request the following information:

1. Have you prepared an Advance Healthcare Directive/Physician Orders For Life Sustaining Treatment (POLST)

Yes No Unable to assess

Copy provided - Advance Healthcare Directive

Copy provided - POLST

Copy requested - Advance Healthcare Directive

Copy requested - POLST

Document can be obtained from: _____

Home #: _____ Work / Cell #: _____

2. If you do not have an Advance Healthcare Directive, would you like to speak with someone for more information: Yes No

3. Have you received written information pertaining to Advance Healthcare Directives:

Yes Previously Received Declined

4. Are you an organ donor: Yes No

5. In the absence of an Advance Healthcare Directive and if you became unable to make decisions for yourself, please name the person you would want us to talk with regarding healthcare decisions during this hospitalization:

Name: I RMA Kawaguchi

Home #: (909) 342-9908 Work / Cell #: (909) 374-7216

Signature: [Signature] Date: _____

ADVANCE HEALTHCARE
DIRECTIVE DOCUMENTATION

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08/24/2012 PT: 2
Bloodless: N
ACCT# 023635980 MR# 001117569
HANNA, ADEL S
AT: OH DANIEL DOB: 03/29/1946 66Y M
USC NORRIS CANCER CENTER

314/363-2928 (9-11)

Keck Hospital of USC
Keck Hospital of USC
1500 SAN PABLO ST
LOS ANGELES, CA 90033-5313

Office/Clinic Notes

Document Name: Consultation Note - Clinic
Performed By: OH MD,DANIEL (11/19/2013 14:55 PST)
Signed By: OH MD,DANIEL (11/20/2013 09:42 PST)
Authenticated By: [OH MD,DANIEL; OH MD,DANIEL (11/20/2013 09:42 PST)]

DATE OF SERVICE: November 19, 2013

RE: Hanna, Adel
MR#: 0001117569
DOB: 03/29/1946

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The patient states that his chest pain, which he used to get just under the sternal area associated with eating, has increased in frequency. It used to be every day and even several times a day prior to the dilatation. After the dilatation it completely went away. Now for the past month he has had 1 or 2 episodes a week, and he feels it is starting to get worse. Interestingly, it is exacerbated by emotional stress.

He has no dysphagia, no cough, and no aspiration symptoms or regurgitation. He has no heartburn.

He has had no changes to his health since I last saw him.

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Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 052951209
Admit Date: 12/3/2013 Discharge Date: 12/3/2013

Keck Hospital of USC
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1500 SAN PABLO ST
LOS ANGELES, CA 90033-5313

Office/Clinic Notes

On physical exam his temperature is 96.7, pulse 63, blood pressure 143/78, and respirations 24. His weight is 177 pounds, up 5 pounds compared to April. HEENT: Normal. No cervical or supraclavicular lymphadenopathy. No thyromegaly. Trachea midline. Chest: Clear to auscultation. No crackles. No wheezing. Good respiratory effort. Heart: Regular rate and rhythm. No rubs, murmurs, or gallops. Abdomen: Soft, nondistended, and nontender. No masses or hernia. Extremities: No clubbing, cyanosis, or edema. Neurologic: Grossly intact. Skin: Normal.

In summary, Dr. Hanna is a 67-year-old man who had a previous Nissen fundoplication at an outside hospital in 1998 complicated by a perforation. He had debilitating chest pain that arose in the setting of elevated LES resting pressure and outflow resistance in the esophagus. He had successful balloon dilatation in August 2012. He is now having slight recurrence of his symptoms. Presumably this is recurrence of the previous problem, so we discussed the indication for redoing an EGD and balloon dilatation to 20 mm. I do not think this will have significant effect on the Nissen fundoplication but should help with the episodic chest pain that he was getting in the past. He prefers to schedule this in early 2014, and so we will keep you updated on his progress.

Thank you for the privilege to participate in the care of Dr. Hanna. If you have any questions regarding this evaluation, or if I can be of assistance in the future, please do not hesitate to contact me.

Daniel S. Oh, M.D.

cc: Umesh C Shah MD, 12540 Tenth St Suite B, Chino, CA 91710

Report Request ID: 298699274
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 052951209
Admit Date: 12/3/2013 Discharge Date: 12/3/2013

Keck Hospital of USC
Keck Hospital of USC
1500 SAN PABLO ST
LOS ANGELES, CA 90033-5313

Office/Clinic Notes

J#: 86469641
1c

Report Request ID: 298699274
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 052951209
Admit Date: 12/3/2013 Discharge Date: 12/3/2013



Keck Hospital of USC
 Keck Hospital of USC Neurosciences Clinic
 1500 SAN PABLO ST
 LOS ANGELES, CA 90033-5313

Allergies

Severity	Reactions	Type Allergy	Category Drug	Substance Reglan	Reaction Status Active
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Problem List

Problem Name: **Hx of migraine headaches**
 Life Cycle Status: Active
 Last Updated: 11/14/2013 16:08 PST
 Code: AC18567F-A582-468A-8F44-05BED8356CB1; Confirmation Status: Confirmed; Course: ; Persistence: ;
 Prognosis: ; Onset Date:

Procedure History

Procedure: **Dilation of Small Intestine,Via Natural or Artificial Opening Endoscopic**
 Status: Active
 Code: 0D788ZZ (ICD-10-PCS)
 Procedure Date: 11/6/2015 00:00 PST (69 years)
 Last Updated: 8/29/2018

Procedure: **Esophagogastroduodenoscopy,flexible,tr**
 Status: Active
 Code: 43245 (HCPCS)
 Procedure Date: 11/6/2015 00:00 PST (69 years)
 Last Updated: 8/29/2018

Procedure: **Esophagogastroduodenoscopy,flexible,tr**
 Status: Active
 Code: 43239 (HCPCS)
 Procedure Date: 11/6/2015 00:00 PST (69 years)
 Last Updated: 8/29/2018

Procedure: **Esophagogastroduodenoscopy [EGD]with closed biopsy**
 Status: Inactive
 Code: 45.16 (ICD-9-CM)
 Procedure Date: 2/10/2014 00:16 PST (67 years)
 Last Updated: 3/31/2014

Report Request ID: 298699276
 Printed by: Rodriguez,Christina
 Printed: 3/7/2023 14:06 PST

Patient Name: **HANNA, ADEL SHAKER**
 DOB: 3/29/1946 Age: 76 years Gender: Male
 MRN: 001117569
 Financial #: 053414678
 Admit Date: 9/26/2013 Discharge Date: 9/26/2013

Procedure History

Procedure: **Esophagogastroduodenoscopy [EGD]with closed biopsy**

Status: Inactive

Code: 45.16 (ICD-9-CM)

Procedure Date: 2/10/2014 00:16 PST (67 years)

Last Updated: 3/31/2014

Procedure: **Excision of Esophagogastric Junction, Via Natural or Artificial Opening Endoscopic, Diagnostic**

Status: Active

Code: 0DB48ZX (ICD-10-PCS)

Procedure Date: 11/6/2015 00:00 PST (69 years)

Last Updated: 8/29/2018

Social History

Alcohol (Low Risk - Last Update: 11/6/2015 14:30 PST by Williams,Denise)

Detail: Current, Wine, 1-2 times per month (Last Update: 11/6/2015 14:31 PST by Williams,Denise)

Substance Use (Denies Substance Abuse - Last Update: 11/6/2015 14:31 PST by Williams,Denise)

Tobacco (Low Risk - Last Update: 11/6/2015 14:30 PST by Williams,Denise)

Detail: Former smoker, Cigarettes, 20 per day. (Last Update: 11/19/2013 12:52 PST by ROJAS,THERESA)

Administrative Documents

*** Clinical Documentation Content on Following Page ***

Report Request ID: 298699276

Printed by: Rodriguez,Christina

Printed: 3/7/2023 14:06 PST

Patient Name: **HANNA, ADEL SHAKER**

DOB: 3/29/1946

Age: 76 years

Gender: Male

MRN: 001117569

Financial #: 053414678

Admit Date: 9/26/2013

Discharge Date: 9/26/2013

* Auth (Verified) *


MISSING DOCUMENTATION

PATIENT NAME:

ACCOUNT NUMBER:

RECORD NUMBER:

08/24/2012 PT: 2



Bloodless: N
 ACCT# 023635980 MR# 001117569
HANNA, ADEL S
 AT: OH DANIEL DOB: 03/29/1946 66Y M
 USC NORRIS CANCER CENTER

MISSING DOCUMENTS

DATE RANGE

JNPP

*8-24-12
Pages 1 thru 4*

* Auth (Verified) *

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Right to Change Terms of this Notice

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Further Information: Complaints

If you would like additional information about your privacy rights, are concerned that we have violated your privacy rights or disagree with a decision that we made about access to health information, you may contact our USC Office of Compliance. You may also file written complaints with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. Upon request, the USC Office of Compliance will provide you with the current address for the Director. We will not retaliate against you if you file a complaint with us or the Director.

USC Office of Compliance

You may contact the USC Office of Compliance at: 3500 Figueroa, #105, Los Angeles, CA 90089-8007, (213) 740-8258 or complian@usc.edu.

**UNIVERSITY OF SOUTHERN CALIFORNIA
NOTICE OF PRIVACY PRACTICES**

Please sign and date below to indicate that you have received a copy of this notice. Your signature simply acknowledges that you received a copy of this notice.

HANNA, ADEL S
DOB: 03/29/1946 MR# 001117569

Print Name (Last, First, Middle Initial)

Adel S Hanna
Signature

8/24/12
Date

08/24/2012 PT: 2

Bloodless: N

ACCT# 023635980 MR# 001117569

HANNA, ADEL S

AT: OH DANIEL DOB: 03/29/1946 66Y M

USC NORRIS CANCER CENTER

Keck Hospital of USC
Keck Hospital of USC Neurosciences Clinic
1500 SAN PABLO ST
LOS ANGELES, CA 90033-5313

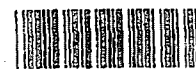
Advance Care Planning

*** Clinical Documentation Content on Following Page ***

Report Request ID: 298699276
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:06 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 053414678
Admit Date: 9/26/2013 Discharge Date: 9/26/2013

* Auth (Verified) *



2928

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Yes No Unable to assess

Copy provided - Advance Healthcare Directive

Copy provided - POLST

Copy requested - Advance Healthcare Directive

Copy requested - POLST

Document can be obtained from: _____

Home #: _____ Work / Cell #: _____

2. If you do not have an Advance Healthcare Directive, would you like to speak with someone for more information: Yes No

3. Have you received written information pertaining to Advance Healthcare Directives:

Yes Previously Received Declined

4. Are you an organ donor: Yes No

5. In the absence of an Advance Healthcare Directive and if you became unable to make decisions for yourself, please name the person you would want us to talk with regarding healthcare decisions during this hospitalization:

Name: I RMA Kawaguchi

Home #: (909) 342-9908 Work / Cell #: (909) 374-7216

Signature: [Signature] Date: _____

ADVANCE HEALTHCARE
DIRECTIVE DOCUMENTATION

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08/24/2012 PT: 2
Bloodless: N
ACCT# 023635980 MR# 001117569
HANNA, ADEL S
AT: OH DANIEL DOB: 03/29/1946 66Y M
USC NORRIS CANCER CENTER

314/363-2928 (9-11)

Keck Hospital of USC
Keck Hospital of USC Neurosciences Clinic
1500 SAN PABLO ST
LOS ANGELES, CA 90033-5313

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Performed By: OH MD,DANIEL (11/19/2013 14:55 PST)
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Authenticated By: [OH MD,DANIEL; OH MD,DANIEL (11/20/2013 09:42 PST)]

DATE OF SERVICE: November 19, 2013

RE: Hanna, Adel
MR#: 0001117569
DOB: 03/29/1946

I would like to take this opportunity to update you on Dr. Adel Hanna. He is a 67-year-old physician who had a Nissen fundoplication at an outside hospital in 1998 which was complicated by a significant perforation and an extensive hospital stay. I evaluated him in 2012 for recurrent chest pain. He was found to have a relatively tight fundoplication with high lower esophageal sphincter resting pressure, with compensatory hypercontractility in his esophageal body with a small epiphrenic diverticulum. He had an endoscopic balloon dilatation to 20 mm on August 24, 2012. He returns today for followup.

The patient states that his chest pain, which he used to get just under the sternal area associated with eating, has increased in frequency. It used to be every day and even several times a day prior to the dilatation. After the dilatation it completely went away. Now for the past month he has had 1 or 2 episodes a week, and he feels it is starting to get worse. Interestingly, it is exacerbated by emotional stress.

He has no dysphagia, no cough, and no aspiration symptoms or regurgitation. He has no heartburn.

He has had no changes to his health since I last saw him.

Report Request ID: 298699276
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:06 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 053414678
Admit Date: 9/26/2013 Discharge Date: 9/26/2013

Keck Hospital of USC
Keck Hospital of USC Neurosciences Clinic
1500 SAN PABLO ST
LOS ANGELES, CA 90033-5313

Office/Clinic Notes

On physical exam his temperature is 96.7, pulse 63, blood pressure 143/78, and respirations 24. His weight is 177 pounds, up 5 pounds compared to April. HEENT: Normal. No cervical or supraclavicular lymphadenopathy. No thyromegaly. Trachea midline. Chest: Clear to auscultation. No crackles. No wheezing. Good respiratory effort. Heart: Regular rate and rhythm. No rubs, murmurs, or gallops. Abdomen: Soft, nondistended, and nontender. No masses or hernia. Extremities: No clubbing, cyanosis, or edema. Neurologic: Grossly intact. Skin: Normal.

In summary, Dr. Hanna is a 67-year-old man who had a previous Nissen fundoplication at an outside hospital in 1998 complicated by a perforation. He had debilitating chest pain that arose in the setting of elevated LES resting pressure and outflow resistance in the esophagus. He had successful balloon dilatation in August 2012. He is now having slight recurrence of his symptoms. Presumably this is recurrence of the previous problem, so we discussed the indication for redoing an EGD and balloon dilatation to 20 mm. I do not think this will have significant effect on the Nissen fundoplication but should help with the episodic chest pain that he was getting in the past. He prefers to schedule this in early 2014, and so we will keep you updated on his progress.

Thank you for the privilege to participate in the care of Dr. Hanna. If you have any questions regarding this evaluation, or if I can be of assistance in the future, please do not hesitate to contact me.

Daniel S. Oh, M.D.

cc: Umesh C Shah MD, 12540 Tenth St Suite B, Chino, CA 91710

Report Request ID: 298699276
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:06 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
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Keck Hospital of USC
Keck Hospital of USC Neurosciences Clinic
1500 SAN PABLO ST
LOS ANGELES, CA 90033-5313

Office/Clinic Notes

J#: 86469641
1c

Report Request ID: 298699276
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:06 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 053414678
Admit Date: 9/26/2013 Discharge Date: 9/26/2013



Keck Hospital of USC
 Keck Hospital of USC
 1500 SAN PABLO ST
 LOS ANGELES, CA 90033-5313

Allergies

Severity	Reactions	Type Allergy	Category Drug	Substance Reglan	Reaction Status Active
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Orders - Medication

Documented Historical Medications

Order: **ranitidine (Zantac 300 oral tablet)**
 Order Start Date/Time: 11/19/2013 13:03 PST
 Order Date/Time: 11/19/2013 13:03 PST
 Order Status: Documented
 Medication Type: Documented
 Ordering Physician:
 Consulting Physician:
 Entered By: KU NP,VICTORIA F on 11/19/2013 13:03 PST
 Order Details: 300 mg = 1 tab(s), Oral, Daily, PRN, # 30 tab(s), 0 Refill(s)
 Order Comment:
 Action Type: Document Action Date/Time: 11/19/2013 13:03 PST Action Personnel: KU NP,VICTORIA F
 Responsible Provider: Communication Type:
 Order Details: 300 mg = 1 tab(s), Oral, Daily, PRN, # 30 tab(s), 0 Refill(s)
 Review Information:
 Doctor Cosign: Not Required

Report Request ID: 298699275
 Printed by: Rodriguez,Christina
 Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
 DOB: 3/29/1946 Age: 76 years Gender: Male
 MRN: 001117569
 Financial #: 054545116
 Admit Date: 11/19/2013 Discharge Date: 11/19/2013

Keck Hospital of USC
Keck Hospital of USC
1500 SAN PABLO ST
LOS ANGELES, CA 90033-5313

Orders - Medication

Documented Historical Medications

Order: **atenolol (atenolol 50 mg oral tablet)**

Order Start Date/Time: 11/19/2013 12:48 PST

Order Date/Time: 11/19/2013 12:48 PST

Order Status: Documented

Medication Type: Documented

Ordering Physician:

Consulting Physician:

Entered By: ROJAS,THERESA on 11/19/2013 12:48 PST

Order Details: 50 mg = 1 tab(s), Oral, Daily, # 30 tab(s), 0 Refill(s)

Order Comment:

Action Type: Compliance

Action Date/Time: 11/19/2013 12:49 PST Action Personnel: ROJAS,THERESA

Compliance Information:

Status: Still taking, as prescribed; **Information source:** Patient

Action Type: Document

Action Date/Time: 11/19/2013 12:49 PST Action Personnel: ROJAS,THERESA

Responsible Provider:

Communication Type:

Order Details: 50 mg = 1 tab(s), Oral, Daily, # 30 tab(s), 0 Refill(s)

Review Information:

Doctor Cosign: Not Required

Order: **aspirin (Aspirin Low Dose 81 mg oral delayed release tablet)**

Order Start Date/Time: 11/19/2013 12:49 PST

Order Date/Time: 11/19/2013 12:49 PST

Order Status: Documented

Medication Type: Documented

Ordering Physician:

Consulting Physician:

Entered By: ROJAS,THERESA on 11/19/2013 12:49 PST

Order Details: 81 mg = 1 tab(s), Oral, Daily, # 30 tab(s), 0 Refill(s)

Order Comment:

Action Type: Compliance

Action Date/Time: 11/19/2013 12:49 PST Action Personnel: ROJAS,THERESA

Compliance Information:

Status: Still taking, as prescribed; **Information source:** Patient

Action Type: Document

Action Date/Time: 11/19/2013 12:49 PST Action Personnel: ROJAS,THERESA

Responsible Provider:

Communication Type:

Order Details: 81 mg = 1 tab(s), Oral, Daily, # 30 tab(s), 0 Refill(s)

Review Information:

Doctor Cosign: Not Required

Report Request ID: 298699275

Patient Name: **HANNA, ADEL SHAKER**

Printed by: Rodriguez,Christina

DOB: 3/29/1946

Age: 76 years

Gender: Male

Printed: 3/7/2023 14:05 PST

MRN: 001117569

Financial #: 054545116

Admit Date: 11/19/2013

Discharge Date: 11/19/2013

Problem List

Problem Name: **Hx of migraine headaches**

Life Cycle Status: Active

Last Updated: 11/14/2013 16:08 PST

Code: AC18567F-A582-468A-8F44-05BED8356CB1; **Confirmation Status:** Confirmed; **Course:** ; **Persistence:** ;

Prognosis: ; **Onset Date:**

Clinical Diagnoses

Diagnosis: **Chest pain**

Diagnosis Date: 11/19/2013

Status: Active

Classification: Medical; **Confirmation:** Confirmed; **Code:** 786.50 (ICD-9-CM); **Type:** Discharge; **Priority:**

Procedure History

Procedure: **Dilation of Small Intestine,Via Natural or Artificial Opening Endoscopic**

Status: Active

Code: 0D788ZZ (ICD-10-PCS)

Procedure Date: 11/6/2015 00:00 PST (69 years)

Last Updated: 8/29/2018

Procedure: **Esophagogastroduodenoscopy,flexible,tr**

Status: Active

Code: 43245 (HCPCS)

Procedure Date: 11/6/2015 00:00 PST (69 years)

Last Updated: 8/29/2018

Procedure: **Esophagogastroduodenoscopy,flexible,tr**

Status: Active

Code: 43239 (HCPCS)

Procedure Date: 11/6/2015 00:00 PST (69 years)

Last Updated: 8/29/2018

Report Request ID: 298699275

Printed by: Rodriguez,Christina

Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**

DOB: 3/29/1946

Age: 76 years

Gender: Male

MRN: 001117569

Financial #: 054545116

Admit Date: 11/19/2013

Discharge Date: 11/19/2013

Procedure History

Procedure: **Esophagogastroduodenoscopy [EGD]with closed biopsy**

Status: Inactive

Code: 45.16 (ICD-9-CM)

Procedure Date: 2/10/2014 00:16 PST (67 years)

Last Updated: 3/31/2014

Procedure: **Esophagogastroduodenoscopy [EGD]with closed biopsy**

Status: Inactive

Code: 45.16 (ICD-9-CM)

Procedure Date: 2/10/2014 00:16 PST (67 years)

Last Updated: 3/31/2014

Procedure: **Excision of Esophagogastric Junction, Via Natural or Artificial Opening Endoscopic, Diagnostic**

Status: Active

Code: 0DB48ZX (ICD-10-PCS)

Procedure Date: 11/6/2015 00:00 PST (69 years)

Last Updated: 8/29/2018

Social History

Alcohol (Low Risk - Last Update: 11/6/2015 14:30 PST by Williams,Denise)

Detail: Current, Wine, 1-2 times per month (Last Update: 11/6/2015 14:31 PST by Williams,Denise)

Substance Use (Denies Substance Abuse - Last Update: 11/6/2015 14:31 PST by Williams,Denise)

Tobacco (Low Risk - Last Update: 11/6/2015 14:30 PST by Williams,Denise)

Detail: Former smoker, Cigarettes, 20 per day. (Last Update: 11/19/2013 12:52 PST by ROJAS,THERESA)

Administrative Documents

*** Clinical Documentation Content on Following Page ***

Report Request ID: 298699275

Printed by: Rodriguez,Christina

Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**

DOB: 3/29/1946

MRN: 001117569

Financial #: 054545116

Admit Date: 11/19/2013

Age: 76 years

Gender: Male

Discharge Date: 11/19/2013


* Auth (Verified) *

MISSING DOCUMENTATION

PATIENT NAME:

ACCOUNT NUMBER:

RECORD NUMBER:

	08/24/2012 PT: 2
Bloodless: N	
ACCT# 023635980 MR# 001117569	
HANNA, ADEL S	
AT: OH DANIEL DOB: 03/29/1946 66Y M	
USC NORRIS CANCER CENTER	

MISSING DOCUMENTS

DATE RANGE

JNPP

*8-24-12
Pages 1 thru 4*

* Auth (Verified) *

Right to a Paper Copy of this Notice: Upon request, you may obtain a paper copy of this Notice, even if you have agreed to receive such information electronically.

Right to Change Terms of this Notice

We may change the terms of this notice at any time. If we change this notice, we may make the new notice terms effective for all health information that we hold, including any information created or received prior to issuing the new notice. If we change this notice, we will post the revised notice in our practice areas and on our website at www.usc.edu/compliance. You may also obtain any revised notice by contacting the USC Office of Compliance.

Further Information: Complaints

If you would like additional information about your privacy rights, are concerned that we have violated your privacy rights or disagree with a decision that we made about access to health information, you may contact our USC Office of Compliance. You may also file written complaints with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. Upon request, the USC Office of Compliance will provide you with the current address for the Director. We will not retaliate against you if you file a complaint with us or the Director.

USC Office of Compliance

You may contact the USC Office of Compliance at: 3500 Figueroa, #105, Los Angeles, CA 90089-8007, (213) 740-8258 or complian@usc.edu.

**UNIVERSITY OF SOUTHERN CALIFORNIA
NOTICE OF PRIVACY PRACTICES**

Please sign and date below to indicate that you have received a copy of this notice. Your signature simply acknowledges that you received a copy of this notice.

HANNA, ADEL S
DOB: 03/29/1946 MR# 001117569

Print Name (Last, First, Middle Initial)

Adel Hanna MS
Signature

8/24/12
Date

08/24/2012 PT: 2

Bloodless: N

ACCT# 023635980 MR# 001117569

HANNA, ADEL S

AT: OH DANIEL DOB: 03/29/1946 66Y M

USC NORRIS CANCER CENTER

Keck Hospital of USC
Keck Hospital of USC
1500 SAN PABLO ST
LOS ANGELES, CA 90033-5313

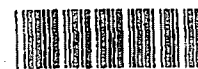
Advance Care Planning

*** Clinical Documentation Content on Following Page ***

Report Request ID: 298699275
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 054545116
Admit Date: 11/19/2013 Discharge Date: 11/19/2013

* Auth (Verified) *



2928

The Patient Self Determination Act (PSDA) became law in 1990. The purpose of this act is to ensure that adult patients participate in health care decision-making to the extent of their ability and to prevent discrimination based on whether a patient has executed an advance directive for health care.

Keck Hospital of USC / USC Norris Cancer Hospital supports and encourages a patient's right to participate in healthcare decision-making. In order to enable our hospital to comply with the provisions of the PSDA and safeguard your wishes we would like to request the following information:

1. Have you prepared an Advance Healthcare Directive/Physician Orders For Life Sustaining Treatment (POLST)

Yes No Unable to assess

Copy provided - Advance Healthcare Directive

Copy provided - POLST

Copy requested - Advance Healthcare Directive

Copy requested - POLST

Document can be obtained from: _____

Home #: _____ Work / Cell #: _____

2. If you do not have an Advance Healthcare Directive, would you like to speak with someone for more information: Yes No

3. Have you received written information pertaining to Advance Healthcare Directives:

Yes Previously Received Declined

4. Are you an organ donor: Yes No

5. In the absence of an Advance Healthcare Directive and if you became unable to make decisions for yourself, please name the person you would want us to talk with regarding healthcare decisions during this hospitalization:

Name: I RMA Kawaguchi

Home #: (909) 342-9908 Work / Cell #: (909) 374-7216

Signature: [Signature] Date: _____

ADVANCE HEALTHCARE
DIRECTIVE DOCUMENTATION

P
A
T
I
E
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T
I
D

08/24/2012 PT: 2
Bloodless: N
ACCT# 023635980 MR# 001117569
HANNA, ADEL S
AT: OH DANIEL DOB: 03/29/1946 66Y M
USC NORRIS CANCER CENTER

314/363-2928 (9-11)

Keck Hospital of USC
Keck Hospital of USC
1500 SAN PABLO ST
LOS ANGELES, CA 90033-5313

Office/Clinic Notes

Document Name: Consultation Note - Clinic
Performed By: OH MD,DANIEL (11/19/2013 14:55 PST)
Signed By: OH MD,DANIEL (11/20/2013 09:42 PST)
Authenticated By: [OH MD,DANIEL; OH MD,DANIEL (11/20/2013 09:42 PST)]

DATE OF SERVICE: November 19, 2013

RE: Hanna, Adel
MR#: 0001117569
DOB: 03/29/1946

I would like to take this opportunity to update you on Dr. Adel Hanna. He is a 67-year-old physician who had a Nissen fundoplication at an outside hospital in 1998 which was complicated by a significant perforation and an extensive hospital stay. I evaluated him in 2012 for recurrent chest pain. He was found to have a relatively tight fundoplication with high lower esophageal sphincter resting pressure, with compensatory hypercontractility in his esophageal body with a small epiphrenic diverticulum. He had an endoscopic balloon dilatation to 20 mm on August 24, 2012. He returns today for followup.

The patient states that his chest pain, which he used to get just under the sternal area associated with eating, has increased in frequency. It used to be every day and even several times a day prior to the dilatation. After the dilatation it completely went away. Now for the past month he has had 1 or 2 episodes a week, and he feels it is starting to get worse. Interestingly, it is exacerbated by emotional stress.

He has no dysphagia, no cough, and no aspiration symptoms or regurgitation. He has no heartburn.

He has had no changes to his health since I last saw him.

Report Request ID: 298699275
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 054545116
Admit Date: 11/19/2013 Discharge Date: 11/19/2013

Keck Hospital of USC
Keck Hospital of USC
1500 SAN PABLO ST
LOS ANGELES, CA 90033-5313

Office/Clinic Notes

On physical exam his temperature is 96.7, pulse 63, blood pressure 143/78, and respirations 24. His weight is 177 pounds, up 5 pounds compared to April. HEENT: Normal. No cervical or supraclavicular lymphadenopathy. No thyromegaly. Trachea midline. Chest: Clear to auscultation. No crackles. No wheezing. Good respiratory effort. Heart: Regular rate and rhythm. No rubs, murmurs, or gallops. Abdomen: Soft, nondistended, and nontender. No masses or hernia. Extremities: No clubbing, cyanosis, or edema. Neurologic: Grossly intact. Skin: Normal.

In summary, Dr. Hanna is a 67-year-old man who had a previous Nissen fundoplication at an outside hospital in 1998 complicated by a perforation. He had debilitating chest pain that arose in the setting of elevated LES resting pressure and outflow resistance in the esophagus. He had successful balloon dilatation in August 2012. He is now having slight recurrence of his symptoms. Presumably this is recurrence of the previous problem, so we discussed the indication for redoing an EGD and balloon dilatation to 20 mm. I do not think this will have significant effect on the Nissen fundoplication but should help with the episodic chest pain that he was getting in the past. He prefers to schedule this in early 2014, and so we will keep you updated on his progress.

Thank you for the privilege to participate in the care of Dr. Hanna. If you have any questions regarding this evaluation, or if I can be of assistance in the future, please do not hesitate to contact me.

Daniel S. Oh, M.D.

cc: Umesh C Shah MD, 12540 Tenth St Suite B, Chino, CA 91710

Report Request ID: 298699275
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 054545116
Admit Date: 11/19/2013 Discharge Date: 11/19/2013

Keck Hospital of USC
Keck Hospital of USC
1500 SAN PABLO ST
LOS ANGELES, CA 90033-5313

Office/Clinic Notes

J#: 86469641
1c

Document Name: Ambulatory Clinical Summary
Performed By: KU NP,VICTORIA F (11/19/2013 13:14 PST)
Signed By: KU NP,VICTORIA F (11/19/2013 13:14 PST)
Authenticated By: KU NP,VICTORIA F (11/19/2013 13:14 PST)

Keck Medical Center of USC
Clinical Discharge Summary

USC-CS

PERSON INFORMATION

Name HANNA, ADEL S **Age** 67 Years **DOB** 3/29/1946 12:00 AM
Visit Reason Follow up **Sex** Male **Acct#** 54545116
MRN 1117569 **PCP**
Phone 949-244-7759 **Referred by** OH MD, DANIEL
Address:
PO BOX 238 CHINO HILLS CA
91709-0008

Comment:

VITALS INFORMATION

Vital Sign	Initial	Latest
Temp Oral		
Temp Tympanic	35.9 degC	35.9 degC
Temp		
Intravascular		
Temp Axillary		

Report Request ID: 298699275
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 054545116
Admit Date: 11/19/2013 Discharge Date: 11/19/2013

Office/Clinic Notes

Temp Rectal
 O2 Sat 95 % 95 %
 Respiratory Rate 24 breaths/min 24 breaths/min
 Peripheral Pulse 63 bpm 63 bpm
 Rate
 Apical Heart Rate
 Blood Pressure 143 mm/Hg / 78 mm/Hg 143 mm/Hg / 78 mm/Hg

Comment:

Orders and In Office Procedures:

Problems List:

Problem	Onset	Comments
Hx of migraine headaches		

Medication Reconciliation:

The following are instructions regarding your medications and are based on the information about your medications and dosages that you provided to USC Keck Medical Center. If you recognize any errors in this list, please direct them to the nurse before you leave the facility. If you have questions about a particular medication, please direct them to the physician who prescribed it.

New Medications

None

Medications That Were Updated - Follow Current Instructions

Report Request ID: 298699275
 Printed by: Rodriguez,Christina
 Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
 DOB: 3/29/1946 Age: 76 years Gender: Male
 MRN: 001117569
 Financial #: 054545116
 Admit Date: 11/19/2013 Discharge Date: 11/19/2013

Office/Clinic Notes

None

Medications that have not changed

None

No Longer Take the Following Medications

None

Additional Medications Reviewed during your visit

aspirin (Aspirin Low Dose 81 mg oral delayed release tablet) 1 tab(s), Oral, Daily, Refills: 0

atenolol (atenolol 50 mg oral tablet) 1 tab(s), Oral, Daily, Refills: 0

ranitidine (Zantac 300 oral tablet) 1 tab(s), Oral, Daily, PRN, Refills: 0

Comment:

MEDICAL INFORMATION

Allergy Info:

Substance	Reaction Symptoms	Type	Comments
Reglan		Drug	

Comment:

DIAGNOSIS

Chest pain

Future Orders

EGD Schedule Request **Requested Start Date\Time** : 11/19/13 13:13:00

Report Request ID: 298699275
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 054545116
Admit Date: 11/19/2013 Discharge Date: 11/19/2013

Keck Hospital of USC
Keck Hospital of USC
1500 SAN PABLO ST
LOS ANGELES, CA 90033-5313

Office/Clinic Notes

Future Appointments

No future appointments scheduled

Comment:

PHYS DOC NOTES

Comment:

Document Name: Ambulatory Patient Summary
Performed By: KU NP,VICTORIA F (11/19/2013 13:14 PST)
Signed By: KU NP,VICTORIA F (11/19/2013 13:14 PST)
Authenticated By: KU NP,VICTORIA F (11/19/2013 13:14 PST)

Keck Medical Center of USC
Patient Visit Summary

KH-USC

Name: HANNA, ADEL S
DOB:3/29/1946 12:00 AM

Visit With: OH MD, DANIEL

Visit Information

Reason for Visit:Follow up

Allergies:

Reglan

Report Request ID: 298699275
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 054545116
Admit Date: 11/19/2013 Discharge Date: 11/19/2013

Office/Clinic Notes

Vital Signs

Temperature:

Heart Rate: 63 bpm

Blood Pressure: 143 mm/Hg/78 mm/Hg

Current Medications

The following are instructions regarding your medications and are based on the information about your medications and dosages that you provided to USC Keck Medical Center. If you recognize any errors in this list, please direct them to the nurse before you leave the facility. If you have questions about a particular medication, please direct them to the physician who prescribed it.

New Medications

None

Medications That Were Updated - Follow Current Instructions

None

Medications that have not changed

None

No Longer Take the Following Medications

None

Additional Medications Reviewed during your visit

aspirin (Aspirin Low Dose 81 mg oral delayed release tablet) 1 tab(s), Oral, Daily, Refills: 0

atenolol (atenolol 50 mg oral tablet) 1 tab(s), Oral, Daily, Refills: 0

ranitidine (Zantac 300 oral tablet) 1 tab(s), Oral, Daily, PRN, Refills: 0

Report Request ID: 298699275

Printed by: Rodriguez,Christina

Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**

DOB: 3/29/1946

Age: 76 years

Gender: Male

MRN: 001117569

Financial #: 054545116

Admit Date: 11/19/2013

Discharge Date: 11/19/2013

Keck Hospital of USC
Keck Hospital of USC
1500 SAN PABLO ST
LOS ANGELES, CA 90033-5313

Office/Clinic Notes

Comment:

Orders and In Office Procedures Performed:

Problems List:

Problem	Onset	Comments
Hx of migraine headaches		

Upcoming Appointments

With:
DANIEL OH

Address:
1510 SAN PABLO STREET
STE#514 LOS ANGELES, CA
90033
323-442-9066 Business (1)

When:

Comments:
FOR EGD with DIL

Future Orders

EGD Schedule Request **Requested Start Date/Time** : 11/19/13 13:13:00

Report Request ID: 298699275
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 054545116
Admit Date: 11/19/2013 Discharge Date: 11/19/2013

Keck Hospital of USC
Keck Hospital of USC
1500 SAN PABLO ST
LOS ANGELES, CA 90033-5313

Office/Clinic Notes

Future Appointments

No future appointments scheduled

Comment:

Patient Education

Medication Leaflets

Comment:

Keck Medical Center of USC
Patient Discharge Instructions
Signature Page
Name: HANNA, ADEL S

Current Date: 11/19/13 13:14:57

MRN: 1117569

FIN: 54545116

I, HANNA, ADEL S, have received and verbalized understanding of the above instructions, list of medications, and/or patient education material(s) and my questions have been answered to my satisfaction.

Patient Date Time

Report Request ID: 298699275
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 054545116
Admit Date: 11/19/2013 Discharge Date: 11/19/2013

Office/Clinic Notes

Family Member (Relationship) Date Time

Multidisciplinary Forms - Textual Rendition

Adult Ambulatory Intake/History Entered On: 11/19/2013 12:53 PST
Performed On: 11/19/2013 12:49 PST by ROJAS, THERESA

General Info

Reason For

Visit : Follow up

ROJAS, THERESA - 11/19/2013 12:49 PST

Vitals/Ht/Wt

Temperature Tympanic : 35.9 degC(Converted to: 96.6 degF) (LOW)

Peripheral Pulse Rate : 63 bpm

Respiratory Rate : 24 breaths/min (HI)

SpO2 : 95 %

Systolic blood pressure : 143 mm/Hg (HI)

Diastolic blood pressure : 78 mm/Hg

Mean Arterial Pressure, Cuff : 100 mm/Hg

BP Location : Right arm

Height : 172.7 cm(Converted to: 5 ft 8 inch(es), 67.99 inch(es))

Weight Dosing : 80.2 kg(Converted to: 176.811 lb)

BSA Dubois Admission : 1.94 m2

Body Mass Index Measured : 26.89 kg/m2

ROJAS, THERESA - 11/19/2013 12:49 PST

Advance Directive

**Advance Directive :* No

ROJAS, THERESA - 11/19/2013 12:49 PST

Social History

Smoking Status Recorded : Yes

ROJAS, THERESA - 11/19/2013 12:49 PST

Social History

(As Of: 11/19/2013 12:53:02 PST)

Tobacco:

Report Request ID: 298699275

Printed by: Rodriguez,Christina

Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**

DOB: 3/29/1946

Age: 76 years

Gender: Male

MRN: 001117569

Financial #: 054545116

Admit Date: 11/19/2013

Discharge Date: 11/19/2013

Multidisciplinary Forms - Textual Rendition

Former smoker, Cigarettes, 20 per day. (Last Updated:
 11/19/2013 12:52:14 PST by ROJAS, THERESA)

Alcohol:

Current, Liquor, 1-2 times per year (Last Updated: 11/19/2013
 12:52:44 PST by ROJAS, THERESA)

Anesthesia/Transfusions

Blood Transfusion Acceptable to Patient : Yes

ROJAS, THERESA - 11/19/2013 12:49 PST

Measurements

Recorded Date 11/19/2013
 Recorded Time 12:49 PST
 Recorded By ROJAS,THERESA

Procedure	Units	Reference Range	
Height	cm		172.7
Weight Dosing	kg		80.2
BSA Dubois Admission	m2		1.94
Body Mass Index Measured	kg/m2		26.89

Vital Signs

Recorded Date 11/19/2013
 Recorded Time 12:49 PST
 Recorded By ROJAS,THERESA

Procedure	Units	Reference Range	
Temperature Tympanic	degC	[36.6-38.1]	35.9^L
Peripheral Pulse Rate	bpm	[60-100]	63
Respiratory Rate	breaths/min	[14-20]	24^H
Systolic Blood Pressure	mm/Hg	[90-140]	143^H
Diastolic Blood Pressure	mm/Hg	[60-90]	78

Report Request ID: 298699275
 Printed by: Rodriguez,Christina
 Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**

DOB: 3/29/1946 Age: 76 years Gender: Male

MRN: 001117569

Financial #: 054545116

Admit Date: 11/19/2013

Discharge Date: 11/19/2013

Keck Hospital of USC
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 1500 SAN PABLO ST
 LOS ANGELES, CA 90033-5313

Vital Signs

Recorded Date 11/19/2013
 Recorded Time 12:49 PST
 Recorded By ROJAS, THERESA

Procedure	Units	Reference Range
Mean Arterial Pressure, Cuff	mm/Hg	100
BP Location		Right arm
SpO2	%	95

Gynecology/Obstetrics

Women's Health Measurements

Recorded Date 11/19/2013
 Recorded Time 12:49 PST
 Recorded By ROJAS, THERESA

Procedure	Units	Reference Range
Height	cm	172.7
Weight Dosing	kg	80.2
Body Mass Index Measured	kg/m2	26.89

Respiratory

Oxygen Therapy & Oxygenation Information

Recorded Date 11/19/2013
 Recorded Time 12:49 PST
 Recorded By ROJAS, THERESA

Procedure	Units	Reference Range
SpO2	%	95

Report Request ID: 298699275
 Printed by: Rodriguez, Christina
 Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
 DOB: 3/29/1946 Age: 76 years Gender: Male
 MRN: 001117569
 Financial #: 054545116
 Admit Date: 11/19/2013 Discharge Date: 11/19/2013



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Allergies

Severity	Reactions	Type Allergy	Category Drug	Substance Reglan	Reaction Status Active
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Orders

The current National Provider Identifier value is displayed with the ordering physician

Order: **88305 Bill Surg Level IV Gross/Micro**
 Order Start Date/Time: 2/10/2014 16:08 PST
 Order Date/Time: 2/10/2014 17:57 PST
 Order Status: Completed
 End-state Date/Time: 3/4/2014 13:04 PST
 Ordering Physician: AGUILERA,ANAYS
 Entered By: AGUILERA,ANAYS on 2/10/2014 17:57 PST
 Order Details: 000000000000000005163181.000000, 00267SP20140001238, RT - Routine, 2/10/14 4:08:00 PM PST
 Order Comment:

Department Status: Completed
 End-state Reason:
 Consulting Physician:

Order: **88305 Bill Surg Level IV Gross/Micro**
 Order Start Date/Time: 2/10/2014 16:08 PST
 Order Date/Time: 2/10/2014 17:57 PST
 Order Status: Completed
 End-state Date/Time: 3/4/2014 13:04 PST
 Ordering Physician: AGUILERA,ANAYS
 Entered By: AGUILERA,ANAYS on 2/10/2014 17:57 PST
 Order Details: 000000000000000005163181.000000, 00267SP20140001238, RT - Routine, 2/10/14 4:08:00 PM PST
 Order Comment:

Department Status: Completed
 End-state Reason:
 Consulting Physician:

Order: **Esophagogastroduodenoscopy with Dilatation**
 Order Start Date/Time: 1/27/2014 10:53 PST
 Order Date/Time: 1/27/2014 10:53 PST
 Order Status: Ordered
 End-state Date/Time: 1/27/2014 10:53 PST
 Ordering Physician:
 Entered By: Ventura ,Bonnie on 1/27/2014 10:53 PST
 Order Details: OH MD, DANIEL, Primary Procedure, ESOPHAGOGASTRODUODENOSCOPY WITH DILATATION, Moderate Sedation, 120, Concurrent
 Order Comment:

Department Status: Ordered
 End-state Reason:
 Consulting Physician:

Report Request ID: 298699273
 Printed by: Rodriguez,Christina
 Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
 DOB: 3/29/1946 Age: 76 years Gender: Male
 MRN: 001117569
 Financial #: 055285027
 Admit Date: 2/10/2014 Discharge Date: 2/10/2014

Keck Hospital of USC
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Orders

Order: **H&E**

Order Start Date/Time: 2/10/2014 16:08 PST

Order Date/Time: 2/10/2014 17:57 PST

Order Status: Completed

Department Status: Completed

End-state Date/Time: 2/11/2014 08:09 PST

End-state Reason:

Ordering Physician: AGUILERA,ANAYS

Consulting Physician:

Entered By: AGUILERA,ANAYS on 2/10/2014 17:57 PST

Order Details: 000000000000000005163181.000000, 00267SP20140001238, RT - Routine, 2/10/14 4:08:00 PM PST

Order Comment:

Order: **H&E**

Order Start Date/Time: 2/10/2014 16:08 PST

Order Date/Time: 2/10/2014 17:57 PST

Order Status: Completed

Department Status: Completed

End-state Date/Time: 2/11/2014 08:09 PST

End-state Reason:

Ordering Physician: AGUILERA,ANAYS

Consulting Physician:

Entered By: AGUILERA,ANAYS on 2/10/2014 17:57 PST

Order Details: 000000000000000005163181.000000, 00267SP20140001238, RT - Routine, 2/10/14 4:08:00 PM PST

Order Comment:

Order: **Pathology Tissue Request**

Order Start Date/Time: 2/10/2014 16:08 PST

Order Date/Time: 2/10/2014 16:38 PST

Order Status: Completed

Department Status: Completed

End-state Date/Time: 2/11/2014 08:09 PST

End-state Reason:

Ordering Physician: OH MD,DANIEL (National Provider

Consulting Physician:

Identifier: 1932396611)

Entered By: Gomez ,Jose on 2/10/2014 16:38 PST

Order Details: A. Antrum x2 body x2, 2/10/14 4:08:00 PM PST, Collected, RT - Routine, 02/10/14 16:38:00 PST, Gomez ,

Jose, AP Specimen, 000000000000000005163181.000000, 00267SP20140001238

Order Comment:

Report Request ID: 298699273

Printed by: Rodriguez,Christina

Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**

DOB: 3/29/1946

Age: 76 years

Gender: Male

MRN: 001117569

Financial #: 055285027

Admit Date: 2/10/2014

Discharge Date: 2/10/2014

Keck Hospital of USC
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Orders

Order: **Pathology Tissue Request**

Order Start Date/Time: 2/10/2014 16:08 PST

Order Date/Time: 2/10/2014 16:38 PST

Order Status: Completed

Department Status: Completed

End-state Date/Time: 2/11/2014 08:09 PST

End-state Reason:

Ordering Physician: OH MD,DANIEL (National Provider

Consulting Physician:

Identifier: 1932396611)

Entered By: Gomez ,Jose on 2/10/2014 16:38 PST

Order Details: B. Antegrade x3, 2/10/14 4:08:00 PM PST, Collected, RT - Routine, 02/10/14 16:38:00 PST, Gomez , Jose, AP

Specimen, 0000000000000000005163181.000000, 00267SP20140001238

Order Comment:

Order: **SURGICAL PATHOLOGY REPORT**

Order Start Date/Time: 2/10/2014 16:39 PST

Order Date/Time: 2/10/2014 16:38 PST

Order Status: Completed

Department Status: Completed

End-state Date/Time: 2/12/2014 15:02 PST

End-state Reason:

Ordering Physician: OH MD,DANIEL (National Provider

Consulting Physician:

Identifier: 1932396611)

Entered By: Gomez ,Jose on 2/10/2014 16:38 PST

Order Details: RT - Routine

Order Comment:

Problem List

Problem Name: **Hx of migraine headaches**

Life Cycle Status: Active

Last Updated: 11/14/2013 16:08 PST

Code: AC18567F-A582-468A-8F44-05BED8356CB1; **Confirmation Status:** Confirmed; **Course:** ; **Persistence:** ;

Prognosis: ; **Onset Date:**

Report Request ID: 298699273

Printed by: Rodriguez,Christina

Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**

DOB: 3/29/1946

Age: 76 years

Gender: Male

MRN: 001117569

Financial #: 055285027

Admit Date: 2/10/2014

Discharge Date: 2/10/2014

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Procedure History

Procedure: **Dilation of Small Intestine, Via Natural or Artificial Opening Endoscopic**

Status: Active

Code: 0D788ZZ (ICD-10-PCS)

Procedure Date: 11/6/2015 00:00 PST (69 years)

Last Updated: 8/29/2018

Procedure: **Esophagogastroduodenoscopy, flexible, tr**

Status: Active

Code: 43245 (HCPCS)

Procedure Date: 11/6/2015 00:00 PST (69 years)

Last Updated: 8/29/2018

Procedure: **Esophagogastroduodenoscopy, flexible, tr**

Status: Active

Code: 43239 (HCPCS)

Procedure Date: 11/6/2015 00:00 PST (69 years)

Last Updated: 8/29/2018

Procedure: **Esophagogastroduodenoscopy [EGD]with closed biopsy**

Status: Inactive

Code: 45.16 (ICD-9-CM)

Procedure Date: 2/10/2014 00:16 PST (67 years)

Last Updated: 3/31/2014

Procedure: **Esophagogastroduodenoscopy [EGD]with closed biopsy**

Status: Inactive

Code: 45.16 (ICD-9-CM)

Procedure Date: 2/10/2014 00:16 PST (67 years)

Last Updated: 3/31/2014

Procedure: **Excision of Esophagogastric Junction, Via Natural or Artificial Opening Endoscopic, Diagnostic**

Status: Active

Code: 0DB48ZX (ICD-10-PCS)

Procedure Date: 11/6/2015 00:00 PST (69 years)

Last Updated: 8/29/2018

Report Request ID: 298699273

Printed by: Rodriguez, Christina

Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**

DOB: 3/29/1946

Age: 76 years

Gender: Male

MRN: 001117569

Financial #: 055285027

Admit Date: 2/10/2014

Discharge Date: 2/10/2014

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1500 SAN PABLO ST
LOS ANGELES, CA 90033-5313

Social History

Alcohol (Low Risk - Last Update: 11/6/2015 14:30 PST by Williams,Denise)

Detail: Current, Wine, 1-2 times per month (Last Update: 11/6/2015 14:31 PST by Williams,Denise)

Substance Use (Denies Substance Abuse - Last Update: 11/6/2015 14:31 PST by Williams,Denise)

Tobacco (Low Risk - Last Update: 11/6/2015 14:30 PST by Williams,Denise)

Detail: Former smoker, Cigarettes, 20 per day. (Last Update: 11/19/2013 12:52 PST by ROJAS,THERESA)

Administrative Documents

*** Clinical Documentation Content on Following Page ***

Report Request ID: 298699273

Printed by: Rodriguez,Christina

Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**

DOB: 3/29/1946

Age: 76 years

Gender: Male

MRN: 001117569

Financial #: 055285027

Admit Date: 2/10/2014

Discharge Date: 2/10/2014

Page 5 of 55

* Auth (Verified) *

KECK HOSPITAL OF USC

Print Date : Mon Mar 31 07:42:42 2014
001117569 Hanna, Adel 055285027 03/29/1946 at
Gender : Male
Age : 67
Birth Date : 03/29/1946
Serv Date : 02/10/2014

ASC Bill Type

83X Bill type should be 83X

Detailed CPT Procedures

43239 Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single
or multiple; (ASC Payment Group 2)
43249 Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic
balloon dilation of esophagus (less than 30 mm diameter); (ASC
Payment Group 2)

Admit Dx

V4589 Postprocedural status

Primary Diagnosis

V4589 Postprocedural status

Secondary Diagnoses

53510 Atrophic gastritis without mention of hemorrhage

ICD-9-CM Procedures

4516 Esophagogastroduodenoscopy (EGD) with closed biopsy
4292 Dilation of esophagus

CPT-4 five-digit codes and/or nomenclature are copyright 2012 American Medical Asso

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MISSING DOCUMENTATION

PATIENT NAME:

ACCOUNT NUMBER:

RECORD NUMBER:

08/24/2012 PT: 2



Bloodless: N
 ACCT# 023635980 MR# 001117569
HANNA, ADEL S
 AT: OH DANIEL DOB: 03/29/1946 66Y M
 USC NORRIS CANCER CENTER

MISSING DOCUMENTS

DATE RANGE

JNPP

*8-24-12
Pages 1 thru 4*

* Auth (Verified) *

Right to a Paper Copy of this Notice: Upon request, you may obtain a paper copy of this Notice, even if you have agreed to receive such information electronically.

Right to Change Terms of this Notice

We may change the terms of this notice at any time. If we change this notice, we may make the new notice terms effective for all health information that we hold, including any information created or received prior to issuing the new notice. If we change this notice, we will post the revised notice in our practice areas and on our website at www.usc.edu/compliance. You may also obtain any revised notice by contacting the USC Office of Compliance.

Further Information: Complaints

If you would like additional information about your privacy rights, are concerned that we have violated your privacy rights or disagree with a decision that we made about access to health information, you may contact our USC Office of Compliance. You may also file written complaints with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. Upon request, the USC Office of Compliance will provide you with the current address for the Director. We will not retaliate against you if you file a complaint with us or the Director.

USC Office of Compliance

You may contact the USC Office of Compliance at: 3500 Figueroa, #105, Los Angeles, CA 90089-8007, (213) 740-8258 or complan@usc.edu.

**UNIVERSITY OF SOUTHERN CALIFORNIA
NOTICE OF PRIVACY PRACTICES**

Please sign and date below to indicate that you have received a copy of this notice. Your signature simply acknowledges that you received a copy of this notice.

HANNA, ADEL S
DOB: 03/29/1946 MR# 001117569

Print Name (Last, First, Middle Initial)

Adel Hanna MS
Signature

8/24/12
Date

08/24/2012 PT: 2

Bloodless: N

ACCT# 023635980 MR# 001117569

HANNA, ADEL S

AT: OH DANIEL DOB: 03/29/1946 66Y M

USC NORRIS CANCER CENTER

Keck Hospital of USC
Keck Hospital of USC
1500 SAN PABLO ST
LOS ANGELES, CA 90033-5313

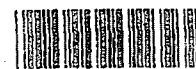
Advance Care Planning

*** Clinical Documentation Content on Following Page ***

Report Request ID: 298699273
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 055285027
Admit Date: 2/10/2014 Discharge Date: 2/10/2014

* Auth (Verified) *



2928

The Patient Self Determination Act (PSDA) became law in 1990. The purpose of this act is to ensure that adult patients participate in health care decision-making to the extent of their ability and to prevent discrimination based on whether a patient has executed an advance directive for health care.

Keck Hospital of USC / USC Norris Cancer Hospital supports and encourages a patient's right to participate in healthcare decision-making. In order to enable our hospital to comply with the provisions of the PSDA and safeguard your wishes we would like to request the following information:

1. Have you prepared an Advance Healthcare Directive/Physician Orders For Life Sustaining Treatment (POLST)

Yes No Unable to assess

Copy provided - Advance Healthcare Directive

Copy provided - POLST

Copy requested - Advance Healthcare Directive

Copy requested - POLST

Document can be obtained from: _____

Home #: _____ Work / Cell #: _____

2. If you do not have an Advance Healthcare Directive, would you like to speak with someone for more information: Yes No

3. Have you received written information pertaining to Advance Healthcare Directives:

Yes Previously Received Declined

4. Are you an organ donor: Yes No

5. In the absence of an Advance Healthcare Directive and if you became unable to make decisions for yourself, please name the person you would want us to talk with regarding healthcare decisions during this hospitalization:

Name: I RMA Kawaguchi

Home #: (909) 342-9908 Work / Cell #: (909) 374-7216

Signature: [Signature] Date: _____

ADVANCE HEALTHCARE
DIRECTIVE DOCUMENTATION

P
A
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E
N
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I
D

08/24/2012 PT: 2
Bloodless: N
ACCT# 023635980 MR# 001117569
HANNA, ADEL S
AT: OH DANIEL DOB: 03/29/1946 66Y M
USC NORRIS CANCER CENTER

314/363-2928 (9-11)

Keck Hospital of USC
Keck Hospital of USC
1500 SAN PABLO ST
LOS ANGELES, CA 90033-5313

Authorizations/Consents

*** Clinical Documentation Content on Following Page ***

Report Request ID: 298699273
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 055285027
Admit Date: 2/10/2014 Discharge Date: 2/10/2014

* Auth (Verified) *

KECK HOSPITAL OF USC/USC NORRIS CANCER HOSPITAL AUTHORIZATION AND INFORMED CONSENT TO SURGERY OR SPECIAL DIAGNOSTIC OR THERAPEUTIC PROCEDURES	 3379
--------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------

My physician(s) of record is/are Dr. Daniel Oh

Physician contact telephone number is 323-442-9066

1. I hereby authorize and direct the physicians named above and/or associates and assistants of his/her choice to perform the following operation(s) or procedure(s)

Esophagogastroduodenoscopy (EGD) with Possible Interventions (Moderate Sedation)

Anatomical Location/Surgical side: See description of treatment/procedure.

Description of operation or procedure (lay language):

This procedure involves using an endoscope to see inside your digestive tract. The endoscope is a thin, flexible tube with a camera on one end. It allows your doctor to see inside your digestive system. The camera will display images on a screen. Your doctor may use air to inflate your organs. This allows your doctor to see better.

This procedure also involves placing you in a state of sedation. Sedation helps you feel relaxed. It may be given together with light anesthesia. Anesthesia causes you to sleep and reduce your response to pain. Your provider will monitor your heart rate, breathing and other vital functions.

You will be given moderate sedation. You will be sedated using medicines. Your healthcare provider may give these by mouth, by inhalation, or by injection. The medicine may be injected into a muscle or into your bloodstream. You will be able to respond and breathe as normal. Your ability to move may be impaired. You will be sleepy and relaxed. Your provider may use a device to help you breathe.

Your doctor will insert the scope through your nose or mouth. Your doctor may spray a numbing medicine into your throat. Your doctor may insert a bite guard to keep you from damaging the scope. An endoscope can be moved through your esophagus (food pipe) and stomach. It can reach as far as the upper part of your small intestine.

Your doctor may do any of the following

- * Remove growths (such as polyps), foreign bodies, or other abnormalities.
- * Stretch narrowed areas with balloons or other tools.
- * Place a hollow tube to keep a narrow area open. The hollow tube is called a stent.
- * Stop and control bleeding. Your doctor may use an electrical current or other heat source, clips, rubber bands, or injection of medicines.
- * Take images of your digestive system.
- * Treat enlarged veins with rubber bands or injection of medicine(s).
- * Drain a build-up of fluid.
- * Mark certain areas to help locate them later. This is done using special clips or dye.
- * Take a tissue sample (biopsy).


When the procedure is complete, your doctor will remove the scope.

The following are the expected benefits or effects of the operation or procedure:

This procedure may help your doctor find out what is wrong. This may allow your doctor to offer appropriate treatment.

Consent for Procedure(s):
Esophagogastroduodenoscopy (EGD) with Possible Interventions (Moderate Sedation)
AUTHORIZATION AND INFORMED CONSENT TO SURGERY OR SPECIAL DIAGNOSTIC OR THERAPEUTIC PROCEDURES

Page 1 of 4

 AC#055285027 MR#001117569 02/10/2014 HANNA, ADEL S AT OH DANIEL DOB 03/29/1946 M 67y 0 80 KECK HOSPITAL OF USC

* Auth (Verified) *

**KECK HOSPITAL OF USC/USC NORRIS CANCER HOSPITAL
AUTHORIZATION AND INFORMED CONSENT TO SURGERY
OR SPECIAL DIAGNOSTIC OR THERAPEUTIC PROCEDURES**




2. I hereby authorize and direct the physician(s) named above and other physicians and/or associates and assistants to provide or arrange for the provision of such additional services or related procedures that are deemed necessary or advisable including, but not limited to, pathology and radiology services. I authorize the pathologists to use his or her discretion in disposition or use of any limb, organ, tissue, or device removed from my person during the operation(s) or procedure(s) identified above
3. All operations and procedures may involve risks of unsuccessful results, complications, and injury, or even death, from both known and unforeseen causes, and no warranty or guarantee is made as to result or cure. I have the right to be informed of such risks as well as the nature of the operation or procedure, the expected benefits or effects of such operations or procedures, and the available alternative methods of treatment and their risks and benefits. I also have the right to be informed whether my physician has any independent medical research or economic interests, related to the performance of the proposed operation or procedure. Except in cases of emergency, operations or procedures are not performed until I have had the opportunity to receive this information and have given my consent. I have the right to consent to or to refuse any proposed operation or procedure at any time prior to its performance.
4. I have discussed the following risks and alternatives (if any) and potential problems during recuperation of the operation or procedure with the physician(s) named above and/or associates and assistants of his/her choice
Risks of operation or procedure:
- * Bleeding
 - * Bloating.
 - * Damage to the teeth, gums, or nearby structures. This may be discovered during the procedure, or later.
 - * Pain or discomfort.
 - * You may need additional tests or treatment.
 - * Your doctor may not be able to make a proper diagnosis
 - * Infection
 - * Lowering of blood pressure. This may lead to decreased blood supply to your body. It may cause dizziness, fainting or heart attack.
 - * Reactions to medicine(s) given or used during or after the procedure
 - * Too little sedation. You may experience awareness, pain or discomfort during the procedure.
 - * Too much sedation. You may become unconscious. You may experience respiratory suppression. You may need additional medication or treatment.
 - * Breakage of teeth or trauma to the gums.
 - * Breathing problems. You may need a breathing tube or other treatment.
 - * Your doctor may not be able to complete the procedure under moderate sedation.
 - * Damage to the esophagus or nearby structures. This may require a thoracotomy. This is a larger incision in the chest. This may be discovered during the procedure, or later.
 - * Damage to the esophagus, stomach, small intestine or nearby structures. This may be discovered during the procedure, or later.
 - * Damage to the intestines or nearby structures. This may be discovered during the procedure, or later. You may need additional treatment, including an ostomy. An ostomy is an opening in the abdominal wall. It allows stool to drain into a bag. This may be temporary or permanent.
 - * Complications from the anesthesia. These may include irregular heartbeat, pneumonia, collapse of part or all of the lung, stroke, and/or heart attack.
 - * Death.

Alternatives:

- * Watching and waiting with your doctor.
- * X-ray test such as barium swallow (UGI series). This procedure does not involve therapy, such as biopsies or

Consent for Procedure(s):
 Esophagogastroduodenoscopy (EGD) with Possible Interventions (Moderate Sedation)
AUTHORIZATION AND INFORMED CONSENT TO SURGERY OR SPECIAL DIAGNOSTIC OR THERAPEUTIC PROCEDURES

Page 2 of 4



AC#055285027 MR#001117569 02/10/2014
HANNA, ADEL S
 AT OH DANIEL DOB 03/29/1946 M 67y 0 80
 KECK HOSPITAL OF USC

* Auth (Verified) *

KECK HOSPITAL OF USC/USC NORRIS CANCER HOSPITAL AUTHORIZATION AND INFORMED CONSENT TO SURGERY OR SPECIAL DIAGNOSTIC OR THERAPEUTIC PROCEDURES	 3379
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- removal of polyps.
- * EGD without moderate sedation.
- * You may choose not to have this procedure

Potential problems during recuperation: _____

5. I understand that an observer may be present during the operation or procedure to provide technical assistance to my physician or surgeon, particularly when certain devices or equipment are used during the operation or procedure, or when a device may need calibration or servicing before it is implanted or used. I consent to this at the discretion and approval of the physician and the hospital
6. My signature on this informed consent form indicates (1) that I have read and understood the information provided in this form, (2) that I have been verbally informed about this operation or procedure, (3) that I have had a chance to ask questions, (4) that I have received all of the information I desire concerning the operation or procedure, and (5) that I authorize consent to the performance of the operation or procedure.

Consent for Procedure(s)
 Esophagogastroduodenoscopy (EGD) with Possible Interventions (Moderate Sedation)
AUTHORIZATION AND INFORMED CONSENT TO SURGERY OR SPECIAL DIAGNOSTIC OR THERAPEUTIC PROCEDURES

Page 3 of 4


AC#055285027 MR#001117569 02/10/2014 HANNA, ADEL S AT OH DANIEL DOB 03/29/1946 M 67y 0 80 <small>KECK HOSPITAL OF USC</small>

* Auth (Verified) *

**KECK HOSPITAL OF USC/USC NORRIS CANCER HOSPITAL
AUTHORIZATION AND INFORMED CONSENT TO SURGERY
OR SPECIAL DIAGNOSTIC OR THERAPEUTIC PROCEDURES**



SIGNATURES FOR CONSENT

Information on this form has been discussed with the patient or legal representative.

Peymen Babikian _____ 02/10/14 8:25 A
Signature of Physician of Record or Designee Date/Time

Hanna _____ 2-10-14 8:25
Signature of [patient/parent/conservator/guardian] Date/Time

DW _____ 02/10/14 08X
Signature of Witness Date/Time

Signature/ [and Interpreter ID # if not Keck Medical Center employee] of Interpreter Date/Time

CONSENT TO BLOOD TRANSFUSION

My signature below indicates that (1) I have received a copy of the brochure, If You Need Blood A Patient's Guide to Blood Transfusions, (2) I have received information concerning the risks and benefits of blood transfusion or of any alternative therapies, and (3) subject to any special instructions listed below, I consent to such blood transfusions as my physician may order.

Special instructions _____
(Describe here any specific instructions for patient's blood transfusion – e.g., denotation, directed donation, etc.)

Peymen Babikian _____ 02/10/14 8:25 A
Signature of Physician of Record or Designee Date/Time

Hanna _____ 2-10-14 8:25 A
Signature of [patient/parent/conservator/guardian] Date/Time

DW _____ 02/10/14 08X
Signature of Witness Date/Time

Signature/ [and Interpreter ID # if not Keck Medical Center employee] of Interpreter Date/Time

Consent for Procedure(s)
Esophagogastroduodenoscopy (EGD) with Possible Interventions (Moderate Sedation)
AUTHORIZATION AND INFORMED CONSENT TO SURGERY OR SPECIAL DIAGNOSTIC OR THERAPEUTIC PROCEDURES

Page 4 of 4



AC#055285027 MR#001117569 02/10/2014
HANNA, ADEL S
AT OH DANIEL DOB 03/29/1946 M 67y 0 80
KECK HOSPITAL OF USC

Keck Hospital of USC
Keck Hospital of USC
1500 SAN PABLO ST
LOS ANGELES, CA 90033-5313

Discharge Documentation

*** Clinical Documentation Content on Following Page ***

Report Request ID: 298699273
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 055285027
Admit Date: 2/10/2014 Discharge Date: 2/10/2014

* Auth (Verified) *



N59882

You have just had an examination of your esophagus (swallowing tube), stomach and duodenum (first portion of the small intestine). It is important that you are aware of the following information.

1. You must be accompanied home by a responsible adult, even if traveling by taxi.
2. Do not operate hazardous machinery or drive an automobile for 24 hours due to the long-lasting effects of the medication given to you for the procedure.
3. Do not take alcohol for 24 hours after the procedure because it will add to the effect of the medication given to you for the procedure.
4. Defer important decisions for 24 hours.
5. We used an anesthetic spray to numb your throat before the procedure, therefore we ask that you do not eat or drink until 2 hrs after procedure.
6. You may experience a sore throat after the procedure. This is normal. You may use throat lozenges or gargle with warm sea salt water to help relieve this discomfort.
7. You may experience some abdominal discomfort following the procedure. This is due to the air that Dr. instilled into your stomach during the procedure. You may pass gas rectally or find yourself belching. This is normal.
8. You may experience soreness in your arm where the IV sedation was given. If this occurs, you may apply a warm moist cloth to the area.
9. If you experience any of the following, please notify Dr. Daniel OH by calling 323 442 9066.

- A. vomiting blood and/or "coffee ground," black tarry stools or red colored stools
- B. worsening of abdominal discomfort
- C. chest pain
- D. temperature elevation greater than 100°F
- E. trouble breathing and/or coughing

10. If you have any questions / problems, you may contact the Esophageal Lab during the hours of 8:00 a.m. – 4:30 p.m. at (323) 442-5914.

Additional comments: _____

I have read and understand these instructions. A copy of these instructions were given to me.

[Signature]

Witness

[Signature]

Patient

02/10/14 0800

Date / Time

**ESOPHAGEAL FUNCTION
LABORATORY
ENDOSCOPY DISCHARGE
INSTRUCTIONS**

P
A
T
I
E
N
T
I
D



AC#055285027 MR#001117569 02/10/2014
HANNA, ADEL S
AT OH DANIEL DOB 03/29/1946 M 67y 0 80
KECK HOSPITAL OF USC

Keck Hospital of USC
Keck Hospital of USC
1500 SAN PABLO ST
LOS ANGELES, CA 90033-5313

Nursing Documentation

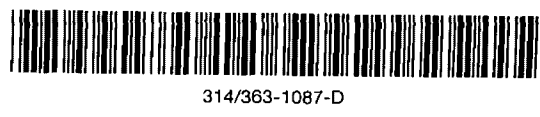
*** Clinical Documentation Content on Following Page ***

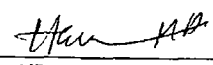

Report Request ID: 298699273
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 055285027
Admit Date: 2/10/2014 Discharge Date: 2/10/2014

* Auth (Verified) *


The hospital has recommended that all personal belongings be sent home. I understand that I am solely responsible for the items listed below which I choose to keep in my possession. I understand that the hospital shall not be liable for any loss or damage to my personal property



 Patient/Representative Signature on Admission		02/10/14 Date		 Patient/Representative Signature on Discharge		02/10/14 Date	
Key ✓ = Present L = Lower P = Patient B = Both S = Safe RT = Right LK = Locker LT = Left F = Family U = Upper	ADMISSION Date 02/10/14		Date	Date	Date	Date	Date
	Unit/Room # 2	Room	Room	Room	Room	Room	Discharge
ASSISTIVE DEVICES	Dentures	⊖					
	Partials	⊖					
	Glasses	✓					
	Hearing Aids	⊖					
	Clothing / Other	in cmt					
	Wheelchair/Cane/Walker	⊖					
	O ₂ E-Cylinder	⊖					
SAFE INVENTORY VALUABLES (INVENTORY ENVELOPE)	Purse/Wallet	2 wife					
	Credit Cards/Cash	2 wife					
	Jewelry (Describe)	⊖					
	Other	⊖					
PHARMACY	Medication (Total # items)	<input type="checkbox"/> Home <input type="checkbox"/> Pharmacy	Medications must be sent home or to Pharmacy				
	Transfer Initials Receiving Initials	[Barcode] R					R
Init R	Name (print) Richelle Luch	Signature/Title MLV RN	Init R	Name (print) Richelle Luch	Signature/Title MLV RN		

Sent Home to Patient

BELONGINGS TRACKING RECORD


 AC#055285027 MR#001117569 02/10/2014
HANNA, ADEL S
 AT OH DANIEL DOB:03/29/1946 M 67y 0 80
 KECK HOSPITAL OF USC

314/363-1087-D (9-11)

WHITE - MEDICAL RECORD CANARY - PATIENT ON DISCHARGE PINK - PATIENT ON ADMISSION

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Keck Hospital of USC
1500 SAN PABLO ST
LOS ANGELES, CA 90033-5313

Office/Clinic Notes

Document Name: Consultation Note - Clinic
Performed By: OH MD,DANIEL (11/19/2013 14:55 PST)
Signed By: OH MD,DANIEL (11/20/2013 09:42 PST)
Authenticated By: [OH MD,DANIEL; OH MD,DANIEL (11/20/2013 09:42 PST)]

DATE OF SERVICE: November 19, 2013

RE: Hanna, Adel
MR#: 0001117569
DOB: 03/29/1946

I would like to take this opportunity to update you on Dr. Adel Hanna. He is a 67-year-old physician who had a Nissen fundoplication at an outside hospital in 1998 which was complicated by a significant perforation and an extensive hospital stay. I evaluated him in 2012 for recurrent chest pain. He was found to have a relatively tight fundoplication with high lower esophageal sphincter resting pressure, with compensatory hypercontractility in his esophageal body with a small epiphrenic diverticulum. He had an endoscopic balloon dilatation to 20 mm on August 24, 2012. He returns today for followup.

The patient states that his chest pain, which he used to get just under the sternal area associated with eating, has increased in frequency. It used to be every day and even several times a day prior to the dilatation. After the dilatation it completely went away. Now for the past month he has had 1 or 2 episodes a week, and he feels it is starting to get worse. Interestingly, it is exacerbated by emotional stress.

He has no dysphagia, no cough, and no aspiration symptoms or regurgitation. He has no heartburn.

He has had no changes to his health since I last saw him.

Report Request ID: 298699273
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 055285027
Admit Date: 2/10/2014 Discharge Date: 2/10/2014

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Office/Clinic Notes

On physical exam his temperature is 96.7, pulse 63, blood pressure 143/78, and respirations 24. His weight is 177 pounds, up 5 pounds compared to April. HEENT: Normal. No cervical or supraclavicular lymphadenopathy. No thyromegaly. Trachea midline. Chest: Clear to auscultation. No crackles. No wheezing. Good respiratory effort. Heart: Regular rate and rhythm. No rubs, murmurs, or gallops. Abdomen: Soft, nondistended, and nontender. No masses or hernia. Extremities: No clubbing, cyanosis, or edema. Neurologic: Grossly intact. Skin: Normal.

In summary, Dr. Hanna is a 67-year-old man who had a previous Nissen fundoplication at an outside hospital in 1998 complicated by a perforation. He had debilitating chest pain that arose in the setting of elevated LES resting pressure and outflow resistance in the esophagus. He had successful balloon dilatation in August 2012. He is now having slight recurrence of his symptoms. Presumably this is recurrence of the previous problem, so we discussed the indication for redoing an EGD and balloon dilatation to 20 mm. I do not think this will have significant effect on the Nissen fundoplication but should help with the episodic chest pain that he was getting in the past. He prefers to schedule this in early 2014, and so we will keep you updated on his progress.

Thank you for the privilege to participate in the care of Dr. Hanna. If you have any questions regarding this evaluation, or if I can be of assistance in the future, please do not hesitate to contact me.

Daniel S. Oh, M.D.

cc: Umesh C Shah MD, 12540 Tenth St Suite B, Chino, CA 91710

Report Request ID: 298699273
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 055285027
Admit Date: 2/10/2014 Discharge Date: 2/10/2014

Office/Clinic Notes

J#: 86469641
1c

Surgical Documentation

Document Name: Operative Report
Performed By: OH MD,DANIEL (2/10/2014 00:00 PST)
Signed By: OH MD,DANIEL (2/19/2014 11:55 PST)
Authenticated By: [OH MD,DANIEL; OH MD,DANIEL (2/19/2014 11:55 PST)]

DATE OF OPERATION: 02/10/2014

SURGEON: Daniel Oh, M.D.

PREOPERATIVE DIAGNOSIS:

Nissen fundoplication with episodic chest pain.

POSTOPERATIVE DIAGNOSIS:

Nissen fundoplication with episodic chest pain.

PROCEDURES PERFORMED:

1. Esophagogastroduodenoscopy with biopsy.
2. Endoscopic CRE balloon dilatation, 18, 19 and 20 mm.

ANESTHESIA: IV conscious sedation.

COMPLICATIONS:

None.

FINDINGS:

Report Request ID: 298699273
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 055285027
Admit Date: 2/10/2014 Discharge Date: 2/10/2014

Surgical Documentation

1. Irregular squamocolumnar junction at 39 cm.
2. Intact Nissen fundoplication, 39 to 40 cm.
3. Antritis or distal stomach gastritis.
4. Otherwise normal esophagus, stomach, and duodenum.

INDICATIONS FOR PROCEDURE:

The patient is a 67-year-old man who had laparoscopic Nissen fundoplication at an outside hospital in 1998, complicated by an esophageal perforation with numerous complications and an extensive hospital stay. He was originally presenting to me in 2012 for episodic chest pain. He was found to have a relatively-tight fundoplication based on manometry with compensatory hypercontractility of the body and small epiphrenic diverticulum on barium swallow. He underwent balloon dilatation to 20 mm on August 24, 2012. He then had absolutely no chest pain for six months. Since that time, he is starting to have more episodes exacerbated by stress. Given these findings, we discussed with him the indications for endoscopy as well as for possible dilatation. He was aware of the risks and benefits and gave us informed consent to proceed.

DETAILS OF THE PROCEDURE:

The patient was brought into the esophageal lab and placed in the left lateral decubitus position with the head elevated. He underwent conscious sedation with intravenous Versed and fentanyl. The adult endoscope was passed through the bite block into the oropharynx and down the esophagus without difficulty. The esophagus appeared normal with no evidence of erosive esophagitis. There was no columnar lining. There was no evidence of stricture. We did not see any evidence of a diverticulum. There was an irregular squamocolumnar junction, however, it appeared to be aligned with the gastroesophageal junction but this was difficult to assess as the Nissen fundoplication was intact. The top of the Nissen was at 39 and the bottom at 40. The stomach appeared unremarkable. There were

Report Request ID: 298699273
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**

DOB: 3/29/1946

Age: 76 years

Gender: Male

MRN: 001117569

Financial #: 055285027

Admit Date: 2/10/2014

Discharge Date: 2/10/2014

Surgical Documentation

some linear erythematous bands consistent with gastritis in the antrum. Otherwise, there were no significant mucosal abnormalities. The pylorus and duodenum were normal to the first and second parts. The scope was pulled back. Retroflexed view revealed an intact Nissen fundoplication with no evidence of herniation.

At that point, biopsies were obtained of the antrum, body and antegrade across the squamocolumnar junction. At this point, we were unsure if the Nissen was relatively tight, possibly due to scar formation related to his previous perforation. We therefore deployed a CRE balloon through the scope and began by inflating to 18 mm. As we did so, we could pass the balloon back and forth from across the gastroesophageal junction and the Nissen fundoplication. This moved rather easily. We then inflated to 19 mm and then to 20 mm. Even at 20 mm, the balloon was able to pass back and forth without any catch or resistance, indicating that the Nissen was not tight. At that point, the balloon was deflated. All insufflated air was suctioned out. Slow withdrawal of the endoscope revealed no other abnormalities. He tolerated the procedure well. Hemostasis was excellent.

Daniel Oh, M.D.

Dictated by: Daniel Oh, M.D.
pre

Report Request ID: 298699273
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 055285027
Admit Date: 2/10/2014 Discharge Date: 2/10/2014

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LOS ANGELES, CA 90033-5313

Surgical Documentation

D: 02/10/2014 5:51 P
T: 02/11/2014 1:49 P
J: 001253744

Electronically Signed On 02/19/14 11:55 AM PST

DANIEL OH, MD

Modified by DANIEL OH, MD On 02/19/14 11:55 AM PST

Document Name: USC Esophageal Lab IntraOp Record
Performed By: Lluch, Richelle T (2/10/2014 10:33 PST)
Signed By: Lluch, Richelle T (2/10/2014 10:33 PST)
Authenticated By:

USC Esophageal Lab IntraOp Record Summary

Primary Physician: OH MD, DANIEL
Case Number: ESOP-2014-67
Finalized Date/Time: 02/10/14 10:33:05
Pt. Name: HANNA, ADEL S
D.O.B./Sex: 03/29/1946 Male
Med Rec #: 1117569
Physician: OH MD, DANIEL
Financial #: 55285027
Pt. Type: 2
Room/Bed: /
Admit/Disch: 02/10/14 00:16:00 -
Institution:

Case Attendance - ESOP

	Entry 1	Entry 2	Entry 3
Case Attendee	OH MD, DANIEL	Lluch, Richelle T	Parrocho, Zenaida
Role Performed	Provider	Circulator	Moderate Sedation Nurse
Time In	02/10/14 08:23:00	02/10/14 08:20:00	02/10/14 08:20:00
Time Out	02/10/14 09:00:00	02/10/14 09:03:00	02/10/14 09:03:00
Relief	No	No	No
Relief Safe Hand-Off	No	No	No

Report Request ID: 298699273
Printed by: Rodriguez, Christina
Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 055285027
Admit Date: 2/10/2014 Discharge Date: 2/10/2014

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LOS ANGELES, CA 90033-5313

Surgical Documentation

Manufacturer/Vendor
Manufacturer/Vendor
Other Name:
Case Attendee
Comments

Last Modified By: Lluch, Richelle T 02/10/14 10:30:24 Lluch, Richelle T 02/10/14 10:30:24 Lluch, Richelle T 02/10/14 10:30:24

Entry 4
Case Attendee KU NP, VICTORIA F
Role Performed First Assistant
Time In 02/10/14 08:20:00
Time Out 02/10/14 09:00:00
Relief No
Relief Safe Hand-Off No

Entry 5
Loague , Christine
Endoscopy Technician
02/10/14 08:20:00
02/10/14 09:03:00
No
No

Entry 6
Surginet , N/A
Vendor
02/10/14 08:20:00
02/10/14 09:03:00
No
No

Manufacturer/Vendor
Manufacturer/Vendor
Other Name:
Case Attendee
Comments

Last Modified By: Lluch, Richelle T 02/10/14 10:30:24 Lluch, Richelle T 02/10/14 10:30:24 Lluch, Richelle T 02/10/14 10:32:35

Michele Shapiro

CDX REP

Case Times - ESOP

Entry 1
Patient
Patient In Room Time 02/10/14 08:20:00
Moderate Sedation
Moderate Sedation Start Time 02/10/14 08:41:00
Case
Procedure/Surgery Start Time: 02/10/14 08:46:00
Last Modified By: Lluch, Richelle T 02/10/14 10:29:39

Patient Out Room Time 02/10/14 09:03:00
Moderate Sedation Stop Time 02/10/14 08:54:00
Procedure/Surgery Stop Time: 02/10/14 08:58:00

Universal Protocol Time-Out - ESOP

Entry 1
Scheduled Procedure Esophagogastroduodenoscopy with Dilatati

Section 1
Procedural physician has discussed proposed procedure with

Yes

Consent forms, informed consent, physician's orders and other

Yes

Report Request ID: 298699273
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 055285027
Admit Date: 2/10/2014 Discharge Date: 2/10/2014

Surgical Documentation

patient or legal representative before anesthesia or sedation.

documentation (including scheduling form) will be verified by the pre-procedure nurse BEFORE the start of the procedure. (The physician will clarify any discrepancies prior to entry to the procedure room.)

Physician Pre-Sedation Assessment form completed, including ASA and Airway Classification. Yes

Section 2 Imaging studies available in procedure room. n/a

Procedural physician and another member of the procedural team check data to confirm side/site. n/a
 Date/Time 02/10/14 08:10:00

If laterality or multiple structures are involved, then procedural physician or a member of the procedural team, in conjunction with the patient or legal representative, has marked procedural site with the word "YES." n/a

If patient refuses marking documentation of refusal and reconfirmation of side/site is n/a

Pre-Procedure Nurse Signature Lluch, Richelle T

Report Request ID: 298699273
 Printed by: Rodriguez,Christina
 Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
 DOB: 3/29/1946 Age: 76 years Gender: Male
 MRN: 001117569
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 LOS ANGELES, CA 90033-5313

Surgical Documentation

present in the
 medical record.

Signature Date/Time 02/10/14 08:10:00
 Section 3

(Check each item as
 it is completed.)

Correct patient
 identity, Correct side
 and site, Agreement on
 procedure to be done,
 Correct Patient Position

Time Out Completed
 & Checklist
 Verified By:

OH MD, DANIEL, Lluch,
 Richelle T, Parrocho,
 Zenaida, KU NP,
 VICTORIA F, Loague ,
 Christine, Surginet ,
 N/A

Date/Time Time-Out 02/10/14 08:40:00
 Completed

Last Modified By: Surginet , N/A 02/10/14
 10:32:31

General Case Data - ESOP

Entry 1

Case Information
 OR

USC EL Endoscopy 2

Case Level - DO NOT
 CHANGE
 ASA Class

None
 1

Specialty
 Anesthesia Type

SN Thoracic
 Moderate Sedation

Wound Class Group

Wound Class (PLEASE
 UPDATE)

No Incision

Diagnosis

Preop Diagnosis
 Postop Diagnosis

RECURRENT CHEST PAIN
 Nissen Fundoplication
 Intact

Postop Same As Preop

No

Last Modified By: Lluch, Richelle T
 02/10/14 09:04:57

General Comments:

Airway Classification II

Surgical Procedures - ESOP

Entry 1

Scheduled
 Procedure/Pref Card
 Primary Surgeon

Esophagogastroduodenosco
 py with Dilatation
 OH MD, DANIEL

Primary Procedure

Yes

Procedure Start
 Anesthesia Charge
 (Maj/Min Only) DO
 NOT CHANGE

02/10/14 08:46:00
 Moderate Sedation

Actual Surgical
 Procedure
 Procedure Stop
 Surgical Service

ESOPHAGOGASTRODUODENOSCO
 PY WITH DILATATION
 02/10/14 08:58:00
 SN Thoracic

Last Modified By: Lluch, Richelle T
 02/10/14 09:07:14

Report Request ID: 298699273

Printed by: Rodriguez,Christina

Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**

DOB: 3/29/1946

MRN: 001117569

Financial #: 055285027

Admit Date: 2/10/2014

Age: 76 years

Gender: Male

Discharge Date: 2/10/2014

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Surgical Documentation

General Comments:

1. Scope No. (6)2000504 2. NS @ 50ml/hr-350ml/intake 3. Dilation-20mm

Delays - ESOP

Entry 1
Delay Reason: No Delay
Last Modified By: Lluch, Richelle T
02/10/14 08:51:08

Patient Positioning - ESOP

Entry 1
Body Position: Lateral Left Decubitus
Body Alignment: n/a
Maintained: Yes
Positioning By: Lluch, Richelle T
Positioning Device: Pillow Support
Time Positioning Evaluated: 02/10/14 08:45:00
Positioning Comments: Head of bed elevated. Pillow support on back.
Patient Positioning
Nursing Care Plan
Last Modified By: Lluch, Richelle T
02/10/14 08:52:01

Medication Administration - ESOP

	Entry 1	Entry 2	Entry 3
Medication Free			
Text Description			
Medication	Hurricane Spray	Fentanyl 50 mcg	Midazolam 2 mg
Route of Admin	Inhalation Oral	IV Push	IV Push
Dose			
Volume			
Time Administered	02/10/14 08:39:00	02/10/14 08:41:00	02/10/14 08:41:00
Medication Given By	Parrocho, Zenaida	Parrocho, Zenaida	Parrocho, Zenaida
Last Modified By:	Parrocho, Zenaida 02/10/14 08:59:45	Parrocho, Zenaida 02/10/14 08:59:45	Parrocho, Zenaida 02/10/14 08:59:45
	Entry 4	Entry 5	Entry 6
Medication Free			
Text Description			
Medication	Fentanyl 50 mcg	Midazolam 2 mg	Fentanyl 25 mcg
Route of Admin	IV Push	IV Push	IV Push
Dose			
Volume			
Time Administered	02/10/14 08:45:00	02/10/14 08:45:00	02/10/14 08:47:00
Medication Given By	Parrocho, Zenaida	Parrocho, Zenaida	Parrocho, Zenaida
Last Modified By:	Parrocho, Zenaida 02/10/14 08:59:45	Parrocho, Zenaida 02/10/14 08:59:45	Parrocho, Zenaida 02/10/14 08:59:45

Report Request ID: 298699273
Printed by: Rodriguez, Christina
Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 055285027
Admit Date: 2/10/2014 Discharge Date: 2/10/2014

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Surgical Documentation

	Entry 7	Entry 8
Medication Free		
Text Description		
Medication	Midazolam 2 mg	Midazolam 1 mg
Route of Admin	IV Push	IV Push
Dose		
Volume		
Time Administered	02/10/14 08:47:00	02/10/14 08:54:00
Medication Given By	Parrocho, Zenaida	Parrocho, Zenaida
Last Modified By:	Parrocho, Zenaida	Lluch, Richelle T
	02/10/14 08:59:45	02/10/14 09:04:02

Cultures and Specimens - ESOP

	Entry 1		
Specimens			
Specimens Ordered	n/a	Total Number of Frozen Sections	0
Total Number of Permanent Sections	0	Total Number of Other Specimens	2
Cultures			
Cultures Ordered	n/a	Total Number of Cultures	0
Last Modified By:	Lluch, Richelle T		
	02/10/14 09:08:57		
General Comments:	1. Antrum x2/ Body x2 2. Antegrade x3		

Visuals - ESOP

	Entry 1		
Visuals	Photographs, Video Tape	Visuals To	MD, Chart
Last Modified By:	Lluch, Richelle T		
	02/10/14 09:09:09		

Chartable Occurrences - ESOP

	Entry 1
Occurrence Type	None
Last Modified By:	Lluch, Richelle T
	02/10/14 09:09:13

Departure from Procedure - ESOP

	Entry 1
Destination	PACU
Last Modified By:	Lluch, Richelle T
	02/10/14 09:09:14

Report Request ID: 298699273
 Printed by: Rodriguez, Christina
 Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
 DOB: 3/29/1946 Age: 76 years Gender: Male
 MRN: 001117569
 Financial #: 055285027
 Admit Date: 2/10/2014 Discharge Date: 2/10/2014

Surgical Documentation

Case Comments

<None>

Finalized By: Lluch, Richelle T

Signature

Initials

Document Signatures

Signed By:

Lluch, Richelle T 02/10/14 10:33

Document Name: USC Esophageal Lab PreOp Record
Performed By: Lluch, Richelle T (2/10/2014 10:33 PST)
Signed By: Lluch, Richelle T (2/10/2014 10:33 PST)
Authenticated By:

USC Esophageal Lab PreOp Record Summary

Primary Physician: OH MD, DANIEL
Case Number: ESOP-2014-67
Finalized Date/Time: 02/10/14 10:33:45
Pt. Name: HANNA, ADEL S
D.O.B./Sex: 03/29/1946 Male
Med Rec #: 1117569
Physician: OH MD, DANIEL
Financial #: 55285027
Pt. Type: 2
Room/Bed: /
Admit/Disch: 02/10/14 00:16:00 -
Institution:

Pre-Op Case Times - ESOP

Entry 1			
Patient Arrival Time	02/10/14 07:40:00	PreOp Bed	2
Delay Reason	No Delay	Transport to OR Time	02/10/14 08:15:00
Last Modified By:	Lluch, Richelle T 02/10/14 09:10:30		

Report Request ID: 298699273
Printed by: Rodriguez, Christina
Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 055285027
Admit Date: 2/10/2014 Discharge Date: 2/10/2014

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Surgical Documentation

Pre-Op Case Attendance - ESOP

	Entry 1	Entry 2
Case Attendee	OH MD, DANIEL	Lluch, Richelle T
Role Performed	Provider	Pre-Op Nurse
Case Attendee		
Comments		
Last Modified By:	Lluch, Richelle T 02/10/14 08:25:58	Lluch, Richelle T 02/10/14 08:25:58

Finalized By: Lluch, Richelle T

Signature

Initials

Document Signatures

Signed By:
Lluch, Richelle T 02/10/14 10:33

Document Name: USC Esophageal Lab PostOp Record
Performed By: Lluch, Richelle T (2/10/2014 10:29 PST)
Signed By: Lluch, Richelle T (2/10/2014 10:29 PST)
Authenticated By:

USC Esophageal Lab PostOp Record Summary

Primary Physician: OH MD, DANIEL
Case Number: ESOP-2014-67
Finalized Date/Time: 02/10/14 10:29:21
Pt. Name: HANNA, ADEL S
D.O.B./Sex: 03/29/1946 Male
Med Rec #: 1117569
Physician: OH MD, DANIEL
Financial #: 55285027
Pt. Type: 2
Room/Bed: /
Admit/Disch: 02/10/14 00:16:00 -
Institution:

Report Request ID: 298699273
Printed by: Rodriguez, Christina
Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 055285027
Admit Date: 2/10/2014 Discharge Date: 2/10/2014

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Surgical Documentation

Post-Op Case Times - ESOP

	Entry 1		
PACU 2 Recovery	02/10/14 09:03:00	PACU 2 Discharge	02/10/14 10:10:00
Last Modified By:	Lluch, Richelle T		
	02/10/14 10:29:00		

General Comments:

0900 Patient in recovery, Patient asleep with rr even and unlabored. 0915 Patient still aslee, easily awakens.
 Kept monitored. 0930 Patient more awake. Patient's wife at the bedside. O2 off patient is saturating 92-93%
 0945 Patient conversant and not in distress. 1000 Patient fully recovered IV removed, IV site benign. Latest VS stable.

Post-Op Case Attendance - ESOP

	Entry 1	Entry 2
Case Attendee	OH MD, DANIEL	Lluch, Richelle T
Role Performed	Provider	Post-op Nurse
Case Attendee		
Comments		
Last Modified By:	Parrocho, Zenaida	Lluch, Richelle T
	02/10/14 08:17:09	02/10/14 09:11:58

Post-Op Destination - ESOP

	Entry 1
Destination	Home
Last Modified By:	Parrocho, Zenaida
	02/10/14 08:17:18

Finalized By: Lluch, Richelle T

 Signature

 Initials

Document Signatures

Signed By:
 Lluch, Richelle T 02/10/14 10:29

Multidisciplinary Forms - Textual Rendition

Preprocedure Checklist Entered On: 02/10/2014 8:16 PST

Report Request ID: 298699273
 Printed by: Rodriguez, Christina
 Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
 DOB: 3/29/1946 Age: 76 years Gender: Male
 MRN: 001117569
 Financial #: 055285027
 Admit Date: 2/10/2014 Discharge Date: 2/10/2014

Multidisciplinary Forms - Textual Rendition

Performed On: 02/10/2014 8:07 PST by Lluch, Richelle T

Patient Safety

Patient Preferred Name : Adel
Today's procedure as stated by patient : Endoscopy and dilation
Insight Regarding Procedure : Patient verbalizes understanding
Procedure Location : Esophageal Lab
NPO Since : 02/10/2014 19:00 PST
Pre-op Antibiotic Ordered and On Call : N/A
Beta Blocker : No
Metal Implants : None
Medication Patch : No
Anuric : No
Foley Catheter : No
Last Void : 02/10/2014 07:00 PST
Isolation Precautions for : Standard
Pregnancy Status : N/A
Was the pt transferred to the PreOp/OR : No

Lluch, Richelle T - 02/10/2014 8:07 PST

Checklist

ID Band on and Verified : PreOp RN, OR/PROC RN
Surgical Prep Verified : PreOp RN, OR/PROC RN
Anesthesia Consent Signed : N/A
Surgical Consent Signed : PreOp RN, OR/PROC RN
Blood Consent Signed : PreOp RN, OR/PROC RN
Physician Sedation Assessment Complete : PreOp RN, OR/PROC RN
Current H&P in Medical Record : PreOp RN, OR/PROC RN
Admit Face Sheets/Cond of Admit/HIPAA Complete : PreOp RN, OR/PROC RN
Jewelry Consents Complete : N/A
Site Verified by Patient/Physician : N/A
Dentures/Partials Removed : N/A
Glasses/Contacts Removed : OR/PROC RN
Hair Accessories Removed : N/A
Hearing Aids Removed : N/A
Jewelry/Piercings Removed : N/A
Prosthetic Devices (Limbs/Eyes) Removed : N/A
Labs and Diagnostic Tests Reviewed : N/A

Report Request ID: 298699273
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 055285027
Admit Date: 2/10/2014 Discharge Date: 2/10/2014

Multidisciplinary Forms - Textual Rendition

Abnormal labs/diagnostic results reported to surgical service/anesthesia : N/A

Lluch, Richelle T - 02/10/2014 8:07 PST

Adult Preprocedure Surgery Assessment Entered On: 02/10/2014 8:13 PST
Performed On: 02/10/2014 8:07 PST by Lluch, Richelle T

General Info

Preferred Name : Adel

Mode of Arrival : Ambulatory

Accompanied By : Spouse

Admitted From : Home

The Language in Which the Patient Prefers to Receive Health Care Information : English

Lluch, Richelle T - 02/10/2014 8:07 PST

Contact / Discharge Information

Emergency Contact Name : Irma

Emergency Contact Relationship : Spouse

Emergency Contact Phone Number : 9093747216

Responsible Adult Available on Discharge : Yes

Discharge Contact Same as Emergency Contact : Yes

Lluch, Richelle T - 02/10/2014 8:07 PST

Height/Weight/Allergies

Height : 172.7 cm

Weight Dosing : 78.7 kg

BSA Dubois Admission : 1.92 m2

Lluch, Richelle T - 02/10/2014 8:07 PST
(As Of: 02/10/2014 08:13:45 PST)

Allergies (Active)

Reglan

Estimated Onset Date: Unspecified ; Created By: Haughian ,
Rita; Reaction Status: Active ; Category: Drug ; Substance:
Reglan ; Type: Allergy ; Updated By: Haughian , Rita;
Reviewed Date: 11/14/2013 16:05 PST

Medication History

Medication List

(As Of: 02/10/2014 08:13:45 PST)

Report Request ID: 298699273

Printed by: Rodriguez,Christina

Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**

DOB: 3/29/1946

Age: 76 years

Gender: Male

MRN: 001117569

Financial #: 055285027

Admit Date: 2/10/2014

Discharge Date: 2/10/2014

Multidisciplinary Forms - Textual Rendition

Home Meds

ranitidine : ranitidine ; *Status:* Documented ; *Ordered As Mnemonic:* Zantac 300 oral tablet ; *Simple Display Line:* 300 mg, 1 tab(s), Oral, Daily, PRN, 30 tab(s) ; *Catalog Code:* ranitidine ; *Order Dt/Tm:* 11/19/2013 13:03:16

aspirin : aspirin ; *Status:* Documented ; *Ordered As Mnemonic:* Aspirin Low Dose 81 mg oral delayed release tablet ; *Simple Display Line:* 81 mg, 1 tab(s), Oral, Daily, 30 tab(s) ; *Catalog Code:* aspirin ; *Order Dt/Tm:* 11/19/2013 12:49:12

atenolol : atenolol ; *Status:* Documented ; *Ordered As Mnemonic:* atenolol 50 mg oral tablet ; *Simple Display Line:* 50 mg, 1 tab(s), Oral, Daily, 30 tab(s) ; *Catalog Code:* atenolol ; *Order Dt/Tm:* 11/19/2013 12:48:58

Anesthesia/Transfusions

Anesthesia History : Prior general anesthesia
Anesthesia Reaction : None
Moderate Sedation History : Prior sedation for procedure
Previous Problems With Sedation : None
Transfusion History : No prior transfusion
If Medically necessary would you consent to the use of Blood and/or Blood Components : Yes
Luch, Richelle T - 02/10/2014 8:07 PST

Assessment

Report Request ID: 298699273 Patient Name: **HANNA, ADEL SHAKER**
Printed by: Rodriguez,Christina DOB: 3/29/1946 Age: 76 years Gender: Male
Printed: 3/7/2023 14:05 PST MRN: 001117569
Financial #: 055285027
Admit Date: 2/10/2014 Discharge Date: 2/10/2014

Multidisciplinary Forms - Textual Rendition

Demonstrates signs, symptoms of Core Measures : None
Patient Can Self Report Pain : Yes
Pain Present : No
Level of Consciousness : Awake, Alert
Neuromuscular Symptoms : Denies
Orientation : Oriented x 4
Heart Rhythm : Regular
Cardiovascular Symptoms : Denies

Lluch, Richelle T - 02/10/2014 8:07 PST

Pulses Detailed Grid

Radial Pulse, Left : 2+ Normal
Radial Pulse, Right : 2+ Normal
Dorsalis Pedis Pulse, Left : 2+ Normal
Dorsalis Pedis Pulse, Right : 2+ Normal
Posttibial Pulse, Left : 2+ Normal
Posttibial Pulse, Right : 2+ Normal

Lluch, Richelle T - 02/10/2014 8:07 PST

Respiratory Patterns : Regular
Cough : None
Sputum Amount : None

Lluch, Richelle T - 02/10/2014 8:07 PST

Breath Sounds Detailed Assessment Grid

Left upper lobe breath sounds : Clear
Left lower lobe breath sounds : Clear
Right upper lobe breath sounds : Clear
Right middle lobe breath sounds : Clear
Right lower lobe breath sounds : Clear

Lluch, Richelle T - 02/10/2014 8:07 PST

Bowel Sounds Grid

LUQ : Present
RUQ : Present
LLQ : Present
RLQ : Present

Lluch, Richelle T - 02/10/2014 8:07 PST

Abdominal Palpation : Non-Tender, Soft
Date of Last
Bowel Movement : 02/10/2014

Report Request ID: 298699273
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 055285027
Admit Date: 2/10/2014 Discharge Date: 2/10/2014

Multidisciplinary Forms - Textual Rendition

Dialysis Patient : No
Urinary Elimination : Voiding, no difficulties
Skin Integrity : Intact, no abnormalities

Lluch, Richelle T - 02/10/2014 8:07 PST

Comprehensive Pain Assessment

General Pain Location

	No Pain reported
<i>Pain Intensity</i> :	0/10 = No pain
	Lluch, Richelle T - 02/10/2014 8:07 PST

Image 4 - Images currently included in the form version of this document have not been included in the text rendition version of the form.

Social History

Did the Patient Smoke Cigarettes Anytime During the Past 12 Months Prior to Hospital Arrival? : No

Lluch, Richelle T - 02/10/2014 8:07 PST

Social History

(As Of: 02/10/2014 08:13:45 PST)

Tobacco:

Former smoker, Cigarettes, 20 per day. (Last Updated: 11/19/2013 12:52:14 PST by ROJAS, THERESA)

Alcohol:

Current, Liquor, 1-2 times per year (Last Updated: 11/19/2013 12:52:44 PST by ROJAS, THERESA)

Social Services Screening

Mandatory Abuse/Neglect Screening : None identified

Lluch, Richelle T - 02/10/2014 8:07 PST

Psychosocial

Patient Coping : Appropriate

Family Coping/Behavior : Coping Appropriately

Stressors : None identified

Lluch, Richelle T - 02/10/2014 8:07 PST

Report Request ID: 298699273

Printed by: Rodriguez,Christina

Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**

DOB: 3/29/1946

MRN: 001117569

Financial #: 055285027

Admit Date: 2/10/2014

Age: 76 years

Gender: Male

Discharge Date: 2/10/2014

Multidisciplinary Forms - Textual Rendition

Functional

Sensory Deficits : None
 History of Falls within Last 30 Days : No
 Mobility Assistance Prior to Admission : Independent
 ADLs : Independent

Lluch, Richelle T - 02/10/2014 8:07 PST

Procedure Education

Patient Learning Preference : Handout, Reading
 Teaching Method : Explanation, Printed materials

Lluch, Richelle T - 02/10/2014 8:07 PST

Advance Directive

*Advance Directive : No

Lluch, Richelle T - 02/10/2014 8:07 PST

Measurements

Recorded Date 2/10/2014
 Recorded Time 08:07 PST
 Recorded By Lluch,Richelle T

Procedure	Units	Reference Range	
Height	cm		172.7
Weight Dosing	kg		78.7
BSA Dubois Admission	m2		1.92

Vital Signs

Recorded Date 2/10/2014 2/10/2014
 Recorded Time 09:25 PST 09:20 PST
 Recorded By Lluch,Richelle T Lluch,Richelle T

Procedure	Units	Reference Range	2/10/2014	2/10/2014
Heart Rate Monitored	bpm	[60-100]	63	69
Respiratory Rate	breaths/min	[14-20]	15	11 ^L
Systolic Blood Pressure	mm/Hg	[90-140]	98	106
Diastolic Blood Pressure	mm/Hg	[60-90]	58 ^L	60
Mean Arterial Pressure,Cuff BMDI	mm/Hg		68	71

Report Request ID: 298699273
 Printed by: Rodriguez,Christina
 Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
 DOB: 3/29/1946 Age: 76 years Gender: Male
 MRN: 001117569
 Financial #: 055285027
 Admit Date: 2/10/2014 Discharge Date: 2/10/2014

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Vital Signs

			Recorded Date	2/10/2014	2/10/2014
			Recorded Time	09:25 PST	09:20 PST
			Recorded By	Lluch,Richelle T	Lluch,Richelle T
Procedure	Units	Reference Range			
Oxygen Therapy				Nasal cannula	Nasal cannula
SpO2	%			93	91

			Recorded Date	2/10/2014	2/10/2014
			Recorded Time	09:15 PST	09:10 PST
			Recorded By	Lluch,Richelle T	Lluch,Richelle T
Procedure	Units	Reference Range			
Heart Rate Monitored	bpm	[60-100]		69	68
Respiratory Rate	breaths/min	[14-20]		11^L	10^L
Systolic Blood Pressure	mm/Hg	[90-140]		106	106
Diastolic Blood Pressure	mm/Hg	[60-90]		60	60
Mean Arterial Pressure,Cuff BMDI	mm/Hg			71	71
Oxygen Therapy				Nasal cannula	Nasal cannula
SpO2	%			91	92

			Recorded Date	2/10/2014	2/10/2014
			Recorded Time	09:05 PST	09:00 PST
			Recorded By	Lluch,Richelle T	Lluch,Richelle T
Procedure	Units	Reference Range			
Heart Rate Monitored	bpm	[60-100]		66	72
Respiratory Rate	breaths/min	[14-20]		10^L	13^L
Systolic Blood Pressure	mm/Hg	[90-140]		106	122
Diastolic Blood Pressure	mm/Hg	[60-90]		60	73
Mean Arterial Pressure,Cuff BMDI	mm/Hg			71	85
Oxygen Therapy				Nasal cannula	Nasal cannula
SpO2	%			92	91

			Recorded Date	2/10/2014	2/10/2014
			Recorded Time	08:55 PST	08:50 PST
			Recorded By	Lluch,Richelle T	Lluch,Richelle T
Procedure	Units	Reference Range			
Heart Rate Monitored	bpm	[60-100]		56^L	62
Respiratory Rate	breaths/min	[14-20]		10^L	15
Systolic Blood Pressure	mm/Hg	[90-140]		132	174^{H/>1}

Report Request ID: 298699273
 Printed by: Rodriguez,Christina
 Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
 DOB: 3/29/1946 Age: 76 years Gender: Male
 MRN: 001117569
 Financial #: 055285027
 Admit Date: 2/10/2014 Discharge Date: 2/10/2014

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Vital Signs

			Recorded Date	2/10/2014	2/10/2014
			Recorded Time	08:55 PST	08:50 PST
			Recorded By	Lluch,Richelle T	Lluch,Richelle T
Procedure	Units	Reference Range			
Diastolic Blood Pressure	mm/Hg	[60-90]	76	114^{H/>2}	
Mean Arterial Pressure,Cuff BMDI	mm/Hg		90	129	
Oxygen Therapy			Nasal cannula	Nasal cannula	
SpO2	%		88	93	

Flag/Unflag Actions

- />1: Systolic Blood Pressure
Flagged for significance by Lluch, Richelle T on 2/10/2014 08:57 PST: Blood Pressure cuff transferred from Right Arm to Left ARm
- />2: Diastolic Blood Pressure
Flagged for significance by Lluch, Richelle T on 2/10/2014 08:57 PST: Blood Pressure cuff transferred from Right Arm to Left ARm

			Recorded Date	2/10/2014	2/10/2014
			Recorded Time	08:45 PST	08:40 PST
			Recorded By	Lluch,Richelle T	Lluch,Richelle T
Procedure	Units	Reference Range			
Heart Rate Monitored	bpm	[60-100]	70	59^L	
Respiratory Rate	breaths/min	[14-20]	20	18	
Systolic Blood Pressure	mm/Hg	[90-140]	139	143^H	
Diastolic Blood Pressure	mm/Hg	[60-90]	82	90	
Mean Arterial Pressure,Cuff BMDI	mm/Hg		96	103	
Oxygen Therapy			Nasal cannula	Nasal cannula	
SpO2	%		98	98	

			Recorded Date	2/10/2014	2/10/2014
			Recorded Time	08:35 PST	08:30 PST
			Recorded By	Lluch,Richelle T	Lluch,Richelle T
Procedure	Units	Reference Range			
Heart Rate Monitored	bpm	[60-100]	64	60	
Respiratory Rate	breaths/min	[14-20]	17	9^L	
Systolic Blood Pressure	mm/Hg	[90-140]	142^H	144^H	
Diastolic Blood Pressure	mm/Hg	[60-90]	94^H	84	
Mean Arterial Pressure,Cuff BMDI	mm/Hg		105	97	

Report Request ID: 298699273
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 055285027
Admit Date: 2/10/2014 Discharge Date: 2/10/2014

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Vital Signs

Procedure	Units	Reference Range	Recorded Date	Recorded Time	Recorded By	2/10/2014	2/10/2014
Oxygen Therapy						08:35 PST	08:30 PST
SpO2	%				Lluch,Richelle T	Lluch,Richelle T	
						Nasal cannula	Nasal cannula
						100	97

Procedure	Units	Reference Range	Recorded Date	Recorded Time	Recorded By	2/10/2014	2/10/2014
Temperature Oral	degC	[35.8-37.3]				-	36.7
Heart Rate Monitored	bpm	[60-100]				-	68
Respiratory Rate	breaths/min	[14-20]				-	18
Systolic Blood Pressure	mm/Hg	[90-140]				-	157^H
Diastolic Blood Pressure	mm/Hg	[60-90]				-	87
Neuromuscular Symptoms						Denies	-
Level of Consciousness						Awake, Alert	-
Oxygen Therapy						-	Room air
SpO2	%					-	99

Pain

Pain Assessment

Procedure	Units	Reference Range	Recorded Date	Recorded Time	Recorded By
Pain Intensity			2/10/2014	08:07 PST	Lluch,Richelle T
Pain Present					

0/10 = No pain
No

Report Request ID: 298699273
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**

DOB: 3/29/1946 Age: 76 years Gender: Male

MRN: 001117569

Financial #: 055285027

Admit Date: 2/10/2014

Discharge Date: 2/10/2014

Gynecology/Obstetrics

Gynecology/Obstetrics

Recorded Date 2/10/2014
 Recorded Time 08:07 PST
 Recorded By Lluch,Richelle T

Procedure	Units	Reference Range
Pregnancy Status		N/A

Women's Health Measurements

Recorded Date 2/10/2014
 Recorded Time 08:07 PST
 Recorded By Lluch,Richelle T

Procedure	Units	Reference Range
Height	cm	172.7
Weight Dosing	kg	78.7

Cardiovascular

Cardiovascular Assessment

Recorded Date 2/10/2014
 Recorded Time 08:07 PST
 Recorded By Lluch,Richelle T

Procedure	Units	Reference Range
Cardiovascular Symptoms		Denies
Heart Rhythm		Regular

Pulses

Recorded Date 2/10/2014
 Recorded Time 08:07 PST
 Recorded By Lluch,Richelle T

Procedure	Units	Reference Range
Radial Pulse,Left		2+ Normal

Report Request ID: 298699273
 Printed by: Rodriguez,Christina
 Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
 DOB: 3/29/1946 Age: 76 years Gender: Male
 MRN: 001117569
 Financial #: 055285027
 Admit Date: 2/10/2014 Discharge Date: 2/10/2014

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Cardiovascular

Pulses

		Recorded Date	2/10/2014
		Recorded Time	08:07 PST
		Recorded By	Lluch,Richelle T
Procedure	Units	Reference Range	
Radial Pulse,Right			2+ Normal
Posttibial Pulse,Left			2+ Normal
Posttibial Pulse,Right			2+ Normal
Dorsalis Pedis Pulse,Left			2+ Normal
Dorsalis Pedis Pulse,Right			2+ Normal

Cardiac Rhythm Analysis

		Recorded Date	2/10/2014	2/10/2014	2/10/2014
		Recorded Time	09:25 PST	09:20 PST	09:15 PST
		Recorded By	Lluch,Richelle T	Lluch,Richelle T	Lluch,Richelle T
Procedure	Units	Reference Range			
Cardiac Rhythm			Normal sinus rhythm	Normal sinus rhythm	Normal sinus rhythm
		Recorded Date	2/10/2014	2/10/2014	2/10/2014
		Recorded Time	09:10 PST	09:05 PST	09:00 PST
		Recorded By	Lluch,Richelle T	Lluch,Richelle T	Lluch,Richelle T
Procedure	Units	Reference Range			
Cardiac Rhythm			Normal sinus rhythm	Normal sinus rhythm	Normal sinus rhythm
		Recorded Date	2/10/2014	2/10/2014	2/10/2014
		Recorded Time	08:55 PST	08:50 PST	08:45 PST
		Recorded By	Lluch,Richelle T	Lluch,Richelle T	Lluch,Richelle T
Procedure	Units	Reference Range			
Cardiac Rhythm			Sinus bradycardia	Normal sinus rhythm	Normal sinus rhythm
		Recorded Date	2/10/2014	2/10/2014	2/10/2014
		Recorded Time	08:40 PST	08:35 PST	08:30 PST
		Recorded By	Lluch,Richelle T	Lluch,Richelle T	Lluch,Richelle T
Procedure	Units	Reference Range			
Cardiac Rhythm			Normal sinus rhythm	Normal sinus rhythm	Normal sinus rhythm

Report Request ID: 298699273
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 055285027
Admit Date: 2/10/2014 Discharge Date: 2/10/2014

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1500 SAN PABLO ST
LOS ANGELES, CA 90033-5313

Cardiovascular

Cardiac Rhythm Analysis

		Recorded Date	2/10/2014
		Recorded Time	08:00 PST
		Recorded By	Lluch, Richelle T
Procedure	Units	Reference Range	
Cardiac Rhythm			Normal sinus rhythm

Respiratory

Respiratory Assessment

		Recorded Date	2/10/2014
		Recorded Time	08:07 PST
		Recorded By	Lluch, Richelle T
Procedure	Units	Reference Range	
Respiratory Pattern			Regular
Left Upper Lobe Breath Sounds			Clear
Left Lower Lobe Breath Sounds			Clear
Right Upper Lobe Breath Sounds			Clear
Right Middle Lobe Breath Sounds			Clear
Right Lower Lobe Breath Sounds			Clear
Cough			None
Sputum Amount			None

Oxygen Therapy & Oxygenation Information

		Recorded Date	2/10/2014	2/10/2014	2/10/2014	2/10/2014
		Recorded Time	09:25 PST	09:20 PST	09:15 PST	09:10 PST
		Recorded By	Lluch, Richelle T	Lluch, Richelle T	Lluch, Richelle T	Lluch, Richelle T
Procedure	Units	Reference Range				
Oxygen Therapy			Nasal cannula	Nasal cannula	Nasal cannula	Nasal cannula
SpO2	%		93	91	91	92

Report Request ID: 298699273
Printed by: Rodriguez, Christina
Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 055285027
Admit Date: 2/10/2014 Discharge Date: 2/10/2014

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1500 SAN PABLO ST
LOS ANGELES, CA 90033-5313

Respiratory

Oxygen Therapy & Oxygenation Information

		Recorded Date	2/10/2014	2/10/2014	2/10/2014	2/10/2014
		Recorded Time	09:05 PST	09:00 PST	08:55 PST	08:50 PST
		Recorded By	Lluch,Richelle T	Lluch,Richelle T	Lluch,Richelle T	Lluch,Richelle T
Procedure	Units	Reference Range				
Oxygen Therapy			Nasal cannula	Nasal cannula	Nasal cannula	Nasal cannula
SpO2	%		92	91	88	93
		Recorded Date	2/10/2014	2/10/2014	2/10/2014	2/10/2014
		Recorded Time	08:45 PST	08:40 PST	08:35 PST	08:30 PST
		Recorded By	Lluch,Richelle T	Lluch,Richelle T	Lluch,Richelle T	Lluch,Richelle T
Procedure	Units	Reference Range				
Oxygen Therapy			Nasal cannula	Nasal cannula	Nasal cannula	Nasal cannula
SpO2	%		98	98	100	97
		Recorded Date	2/10/2014			
		Recorded Time	08:00 PST			
		Recorded By	Lluch,Richelle T			
Procedure	Units	Reference Range				
Oxygen Therapy			Room air			
SpO2	%		99			

Gastrointestinal

Gastrointestinal Assessment

		Recorded Date	2/10/2014
		Recorded Time	08:07 PST
		Recorded By	Lluch,Richelle T
Procedure	Units	Reference Range	
Abdomen Palpation			Non-Tender, Soft
Bowel Movement Last Date			02/10/2014
Bowel Sounds LUQ			Present
Bowel Sounds RUQ			Present
Bowel Sounds LLQ			Present

Report Request ID: 298699273
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 055285027
Admit Date: 2/10/2014 Discharge Date: 2/10/2014

Gastrointestinal

Gastrointestinal Assessment

Recorded Date 2/10/2014
Recorded Time 08:07 PST
Recorded By Lluch,Richelle T

Procedure	Units	Reference Range	
Bowel Sounds RLQ			Present

Genitourinary

Genitourinary Assessment

Recorded Date 2/10/2014
Recorded Time 08:07 PST
Recorded By Lluch,Richelle T

Procedure	Units	Reference Range	
Urinary Elimination			Voiding, no difficulties

Integumentary

Integumentary Assessment

Recorded Date 2/10/2014
Recorded Time 08:07 PST
Recorded By Lluch,Richelle T

Procedure	Units	Reference Range	
Skin Integrity			Intact, no abnormalities

Report Request ID: 298699273
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 055285027
Admit Date: 2/10/2014 Discharge Date: 2/10/2014

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Vascular Access

Peripheral IV

Procedure	Units	Reference Range	Recorded Date	2/10/2014	2/10/2014
AngioCath Right Antecubital	02/10/2014	Not present on admission	Recorded Time	09:45 PST	08:00 PST
Peripheral IV Catheter Size:V2			Recorded By	Lluch,Richelle T	Lluch,Richelle T
Peripheral IV Activity:				22 gauge	22 gauge
Peripheral IV Number of Attempts:				Discontinue	Start
Peripheral IV Site Condition:				1	1
Peripheral IV Drainage Description:				No complications	No complications
Peripheral IV Dressing:				None	-
Peripheral IV Discontinuation Date				Dry, Intact	Dry, Intact
				2/10/2014 09:45 PST	-

Neurological

Neurological Assessment

Procedure	Units	Reference Range	Recorded Date	2/10/2014
Neuromuscular Symptoms			Recorded Time	08:07 PST
Level of Consciousness			Recorded By	Lluch,Richelle T
				Denies
				Awake, Alert

Report Request ID: 298699273
 Printed by: Rodriguez,Christina
 Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
 DOB: 3/29/1946 Age: 76 years Gender: Male
 MRN: 001117569
 Financial #: 055285027
 Admit Date: 2/10/2014 Discharge Date: 2/10/2014

Falls Information

Falls Information

Recorded Date 2/10/2014
 Recorded Time 08:07 PST
 Recorded By Lluch,Richelle T

Procedure	Units	Reference Range
History of Recent Fall		No

Psychosocial

Psychosocial

Recorded Date 2/10/2014
 Recorded Time 08:07 PST
 Recorded By Lluch,Richelle T

Procedure	Units	Reference Range
Stressors		None identified
Coping		Appropriate
Orientation Assessment		Oriented x 4
Family Coping/Behavior		Coping Appropriately

Functional Information

Recorded Date 2/10/2014
 Recorded Time 08:07 PST
 Recorded By Lluch,Richelle T

Procedure	Units	Reference Range
ADLs		Independent
Sensory Deficits		None

Report Request ID: 298699273
 Printed by: Rodriguez,Christina
 Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
 DOB: 3/29/1946 Age: 76 years Gender: Male
 MRN: 001117569
 Financial #: 055285027
 Admit Date: 2/10/2014 Discharge Date: 2/10/2014

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1500 SAN PABLO ST
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Anesthesia and Sedation

Procedure	Units	Reference Range	Recorded Date Recorded Time Recorded By	2/10/2014 10:10 PST Lluch,Richelle T	2/10/2014 09:00 PST Lluch,Richelle T	2/10/2014 08:00 PST Lluch,Richelle T
Activity Aldrete I				See Below ^{T1}	See Below ^{T2}	See Below ^{T3}
Respiratory Aldrete I				See Below ^{T4}	See Below ^{T5}	See Below ^{T6}
Circulation Aldrete I				See Below ^{T7}	See Below ^{T8}	See Below ^{T9}
Consciousness Aldrete I				Fully awake	Arouses on calling	Fully awake
O2 Saturation Aldrete I				See Below ^{T10}	See Below ^{T11}	See Below ^{T12}
Aldrete I Score				10	7	10

Textual Results

- T1: 2/10/2014 10:10 PST (Activity Aldrete I)
Moves 4 extremities voluntarily or on command
- T2: 2/10/2014 09:00 PST (Activity Aldrete I)
Moves 4 extremities voluntarily or on command
- T3: 2/10/2014 08:00 PST (Activity Aldrete I)
Moves 4 extremities voluntarily or on command
- T4: 2/10/2014 10:10 PST (Respiratory Aldrete I)
Able to deep breathe and cough freely
- T5: 2/10/2014 09:00 PST (Respiratory Aldrete I)
Able to deep breathe and cough freely
- T6: 2/10/2014 08:00 PST (Respiratory Aldrete I)
Able to deep breathe and cough freely
- T7: 2/10/2014 10:10 PST (Circulation Aldrete I)
BP +/- 20% of preanesthetic level
- T8: 2/10/2014 09:00 PST (Circulation Aldrete I)
BP +/- 20-49% of preanesthetic level
- T9: 2/10/2014 08:00 PST (Circulation Aldrete I)
BP +/- 20% of preanesthetic level
- T10: 2/10/2014 10:10 PST (O2 Saturation Aldrete I)
Can maintain greater than 92% on room air
- T11: 2/10/2014 09:00 PST (O2 Saturation Aldrete I)
Needs oxygen to maintain greater than 90%
- T12: 2/10/2014 08:00 PST (O2 Saturation Aldrete I)
Can maintain greater than 92% on room air

Report Request ID: 298699273
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 055285027
Admit Date: 2/10/2014 Discharge Date: 2/10/2014

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Procedures

General Procedure Information

		Recorded Date	2/10/2014
		Recorded Time	08:07 PST
		Recorded By	Lluch,Richelle T
Procedure	Units	Reference Range	
H&P (Current) in Medical Record			PreOp RN, OR/PROC RN
Anesthesia Consent Signed			N/A
Blood Consent Signed			PreOp RN, OR/PROC RN
Surgical Consent Signed			PreOp RN, OR/PROC RN
Surgical Prep Verified			PreOp RN, OR/PROC RN
Last Void			2/10/2014 07:00 PST

Transfer Information

		Recorded Date	2/10/2014
		Recorded Time	08:07 PST
		Recorded By	Lluch,Richelle T
Procedure	Units	Reference Range	
Mode of Arrival			Ambulatory

Education

		Recorded Date	2/10/2014
		Recorded Time	08:07 PST
		Recorded By	Lluch,Richelle T
Procedure	Units	Reference Range	
Teaching Method			Explanation, Printed materials

Report Request ID: 298699273
 Printed by: Rodriguez,Christina
 Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
 DOB: 3/29/1946 Age: 76 years Gender: Male
 MRN: 001117569
 Financial #: 055285027
 Admit Date: 2/10/2014 Discharge Date: 2/10/2014

Equipment Safety Checks

Recorded Date 2/10/2014
 Recorded Time 08:00 PST
 Recorded By Lluch, Richelle T

Procedure	Units	Reference Range	
Oxygen Flow Meter Attached to Wall			Yes
Bag Valve Mask At Bedside			Yes
Oxygen Tubing At Bedside			Yes
Oral Airway At Bedside			Yes
Suction Set up At Bedside			Yes

Surgical Pathology Report

Collected Date/Time: 2/10/2014 16:08 PST	Received Date/Time: 2/10/2014 16:38 PST	Accession: 267-SP-14-001238
---------------------------------------------	--------------------------------------------	--------------------------------

**DIAGNOSIS:
 ESOPHAGOGASTRODUODENOSCOPY**

- A GASTRIC ANTRUM AND BODY, BIOPSY:**
- Features of reactive gastropathy including foveolar expansion and intramucosal fibromuscular hyperplasia; and mild chronic gastritis, free of activity
 - Minimal chronic oxyntic gastritis, free of activity
 - Excess "G" cells and parietal cell hyperplasia consistent with proton pump inhibitor effect
 - No Helicobacter organisms, intestinal metaplasia, dysplasia or malignancy identified
- B ANTEGRADE GASTROESOPHAGEAL JUNCTION, BIOPSY:**
- Moderate chronic reflux carditis including mild excess eosinophils and foveolar expansion with mild activity; and focal pancreatic acinar metaplasia
 - Mild chronic reflux oxyntocarditis including mild excess eosinophils and foveolar expansion, free of activity; with focal pancreatic acinar metaplasia
 - Squamous mucosa with reactive changes consistent with reflux
 - No Helicobacter organisms, intestinal metaplasia, dysplasia or malignancy identified

Report Request ID: 298699273
 Printed by: Rodriguez, Christina
 Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
 DOB: 3/29/1946 Age: 76 years Gender: Male
 MRN: 001117569
 Financial #: 055285027
 Admit Date: 2/10/2014 Discharge Date: 2/10/2014

Surgical Pathology Report

Collected Date/Time:
2/10/2014 16:08 PST

Received Date/Time:
2/10/2014 16:38 PST

Accession:
267-SP-14-001238

DIAGNOSIS:

I have personally reviewed the specimen(s) and agree with the above interpretation.

John Vallone, MD
(Electronically signed by)
Verified: 02/12/2014
JV /RDF

SPECIMEN SOURCE:

- A Antrum x2 body x2
- B Antegrade x3

CLINICAL INFORMATION:

Recurrent chest pain

PROCEDURE PERFORMED:

Esophagogastroduodenoscopy

GROSS EXAMINATION:

A. The specimen is received in formalin, labeled with the patient's name and medical record number, and designated as "antrum x2 body x2". It consists of multiple pink-tan soft tissue fragments ranging from 0.4 to 0.5 cm in greatest dimension. The tissue is submitted entirely in cassette A (4).

B. The specimen is received in formalin, labeled with the patient's name and medical record number, and designated as "antegrade x3". It consists of three pink-tan soft tissue fragments ranging from 0.3 to 0.8 cm in greatest dimension. The tissue is entirely submitted in cassette B (3).

Deana Colgan, PA (ASCP)

JV /RDF

MICROSCOPIC EXAMINATION:

Please see the diagnosis above for the microscopic examination.

Pathology Fellow: Michelle Iverson, MD

Report Request ID: 298699273
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**

DOB: 3/29/1946

Age: 76 years

Gender: Male

MRN: 001117569

Financial #: 055285027

Admit Date: 2/10/2014

Discharge Date: 2/10/2014

Pathology Reports

Collected Date/Time:
2/10/2014 16:08 PST

Received Date/Time:
2/10/2014 16:38 PST

Accession:
267-SP-14-001238

**DIAGNOSIS:
ESOPHAGOGASTRODUODENOSCOPY**

A GASTRIC ANTRUM AND BODY, BIOPSY:

- Features of reactive gastropathy including foveolar expansion and intramucosal fibromuscular hyperplasia; and mild chronic gastritis, free of activity
- Minimal chronic oxyntic gastritis, free of activity
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B ANTEGRADE GASTROESOPHAGEAL JUNCTION, BIOPSY:

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- Mild chronic reflux oxyntocarditis including mild excess eosinophils and foveolar expansion, free of activity; with focal pancreatic acinar metaplasia
- Squamous mucosa with reactive changes consistent with reflux
- No Helicobacter organisms, intestinal metaplasia, dysplasia or malignancy identified

I have personally reviewed the specimen(s) and agree with the above interpretation.

John Vallone, MD
(Electronically signed by)
Verified: 02/12/2014
JV /RDF

SPECIMEN SOURCE:

- A Antrum x2 body x2
- B Antegrade x3

CLINICAL INFORMATION:

Recurrent chest pain

Report Request ID: 298699273
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 055285027
Admit Date: 2/10/2014 Discharge Date: 2/10/2014

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Pathology Reports

Collected Date/Time:
2/10/2014 16:08 PST

Received Date/Time:
2/10/2014 16:38 PST

Accession:
267-SP-14-001238

CLINICAL INFORMATION:

PROCEDURE PERFORMED:

Esophagogastroduodenoscopy

GROSS EXAMINATION:

A. The specimen is received in formalin, labeled with the patient's name and medical record number, and designated as "antrum x2 body x2". It consists of multiple pink-tan soft tissue fragments ranging from 0.4 to 0.5 cm in greatest dimension. The tissue is submitted entirely in cassette A (4).

B. The specimen is received in formalin, labeled with the patient's name and medical record number, and designated as "antegrade x3". It consists of three pink-tan soft tissue fragments ranging from 0.3 to 0.8 cm in greatest dimension. The tissue is entirely submitted in cassette B (3).

Deana Colgan, PA (ASCP)

JV /RDF

MICROSCOPIC EXAMINATION:

Please see the diagnosis above for the microscopic examination.

Pathology Fellow: Michelle Iverson, MD

Report Request ID: 298699273

Printed by: Rodriguez,Christina

Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**

DOB: 3/29/1946

Age: 76 years

Gender: Male

MRN: 001117569

Financial #: 055285027

Admit Date: 2/10/2014

Discharge Date: 2/10/2014



Norris Cancer Hospital
 USC Norris Cancer Hospital
 1441 Eastlake Avenue
 Los Angeles, CA 90089-0112

Allergies

Severity	Reactions	Type Allergy	Category Drug	Substance Reglan	Reaction Status Active
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Care Plans

Medical

Plan: GEN IP/OP Endoscopy Post Op KMC
Status: Discontinued
History: Planned at 11/6/2015 15:02 PST electronically signed by MIRZA RES,KASIM
 Initiated at 11/6/2015 16:01 PST electronically signed by Stewart,Lisa
 Discontinued at 11/6/2015 17:24 PST electronically signed by SYSTEM

Plan: GEN IP/OP Endoscopy Intra-Procedure KMC
Status: Discontinued
History: Planned at 11/6/2015 15:02 PST electronically signed by MIRZA RES,KASIM
 Initiated at 11/6/2015 15:41 PST electronically signed by Lagos,Elva
 Discontinued at 11/6/2015 17:24 PST electronically signed by SYSTEM

Plan: GEN IP/OP Endoscopy Pre-Procedure KMC
Status: Discontinued
History: Planned at 11/6/2015 15:02 PST electronically signed by MIRZA RES,KASIM
 Initiated at 11/6/2015 15:12 PST electronically signed by Garcia,Erlinda
 Discontinued at 11/6/2015 17:24 PST electronically signed by SYSTEM

Report Request ID: 298699272
 Printed by: Rodriguez,Christina
 Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
 DOB: 3/29/1946 Age: 76 years Gender: Male
 MRN: 001117569
 Financial #: 666856570
 Admit Date: 11/6/2015 Discharge Date: 11/6/2015

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1441 Eastlake Avenue
Los Angeles, CA 90089-0112

eMAR

Medications

Admin Date/Time: 11/6/2015 15:28 PST **Charted Date/Time:** 11/6/2015 15:43 PST
Medication Name: **fentaNYL (fentanyl 50 mcg/ml injection solution)**
Ingredients: fentaNYL 50 mcg/ml injection solution 100 mcg 2 mL
Admin Details: (Auth) IV Push, Hand Right
Pain Score: 0; Pain Score Method: NRS (0-10)
Action Details: Order: OH MD,DANIEL 11/6/2015 15:40 PST; Perform: Lagos,Elva 11/6/2015 15:43 PST; VERIFY: Lagos, Elva 11/6/2015 15:43 PST

Admin Date/Time: 11/6/2015 15:28 PST **Charted Date/Time:** 11/6/2015 15:43 PST
Medication Name: **midazolam**
Ingredients: midazolam 5 mg
Admin Details: (Auth) IV Push, Hand Right
Action Details: Order: OH MD,DANIEL 11/6/2015 15:40 PST; Perform: Lagos,Elva 11/6/2015 15:43 PST; VERIFY: Lagos, Elva 11/6/2015 15:43 PST

Continuous Infusions

Admin Date/Time: 11/6/2015 15:46 PST **Charted Date/Time:** 11/6/2015 15:53 PST
Medication Name: **LR 1,000 mL**
Ingredients: lr1000 200 mL
Admin Details: (Infuse) (Auth) 200 mL, 30 mL/hr, Hand Right
Action Details: Order: MIRZA RES,KASIM 11/6/2015 15:12 PST; Perform: Lagos,Elva 11/6/2015 15:53 PST; VERIFY: Lagos,Elva 11/6/2015 15:53 PST

Admin Date/Time: 11/6/2015 15:13 PST **Charted Date/Time:** 11/6/2015 15:13 PST
Medication Name: **LR 1,000 mL**
Ingredients: LR 1000 mL
Admin Details: (Begin Bag) (Auth) 1000 mL, 30 mL/hr, Hand Right, 78.9 kg
Action Details: Order: MIRZA RES,KASIM 11/6/2015 15:12 PST; Perform: Garcia,Erlinda 11/6/2015 15:13 PST; VERIFY: Garcia,Erlinda 11/6/2015 15:13 PST

Report Request ID: 298699272
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 666856570
Admit Date: 11/6/2015 Discharge Date: 11/6/2015

Norris Cancer Hospital
USC Norris Cancer Hospital
1441 Eastlake Avenue
Los Angeles, CA 90089-0112

Orders

The current National Provider Identifier value is displayed with the ordering physician

Order: **88305 Bill Surg Level IV Gross/Micro**

Order Start Date/Time: 11/6/2015 15:29 PST

Order Date/Time: 11/9/2015 13:33 PST

Order Status: Completed

Department Status: Completed

End-state Date/Time: 12/17/2015 07:00 PST

End-state Reason:

Ordering Physician: Ramirez,Rocio

Consulting Physician:

Entered By: Ramirez,Rocio on 11/9/2015 13:33 PST

Order Details: 00000000000000000007722277.000000, 00330 S20150003174, RT - Routine, 11/6/15 3:29:00 PM PST

Order Comment:

Order: **Advance Directive Information Request**

Order Start Date/Time: 11/6/2015 13:45 PST

Order Date/Time: 11/6/2015 13:45 PST

Order Status: Discontinued

Department Status: Discontinued

End-state Date/Time: 11/9/2015 18:05 PST

End-state Reason:

Ordering Physician: SYSTEM

Consulting Physician:

Entered By: SYSTEM on 11/6/2015 13:45 PST

Order Details: 11/6/15 1:45:16 PM PST, Routine

Order Comment: Order entered secondary to documenting 'Yes' to patient wishes to receive further information on advance directives.

Order: **Cardiac Monitoring**

Related Diagnosis: GERD (gastroesophageal reflux disease); Code: K21.9

Order Start Date/Time: 11/6/2015 15:40 PST

Order Date/Time: 11/6/2015 15:40 PST

Order Status: Discontinued

Department Status: Discontinued

End-state Date/Time: 11/7/2015 02:05 PST

End-state Reason:

Ordering Physician: OH MD,DANIEL (National Provider

Consulting Physician:

Identifier: 1932396611)

Entered By: MIRZA RES,KASIM on 11/6/2015 15:02 PST

Order Details: 11/6/15 3:40:00 PM PST, Routine, GERD (gastroesophageal reflux disease)

Order Comment:

Report Request ID: 298699272

Printed by: Rodriguez,Christina

Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**

DOB: 3/29/1946

Age: 76 years

Gender: Male

MRN: 001117569

Financial #: 666856570

Admit Date: 11/6/2015

Discharge Date: 11/6/2015

Norris Cancer Hospital
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1441 Eastlake Avenue
Los Angeles, CA 90089-0112

Orders

Order: **Esophagogastroduodenoscopy with Dilatation Balloon**

Order Start Date/Time: 10/30/2015 11:56 PDT
Order Date/Time: 10/30/2015 11:56 PDT
Order Status: Completed
End-state Date/Time: 11/6/2015 15:52 PST
Ordering Physician:
Entered By: Salazar,Francisco J on 10/30/2015 11:56 PDT
Order Details: OH MD, DANIEL, Primary Procedure, ESOPHAGOGASTRODUODENOSCOPY AND BALLOON DILATATION, None, 30
Order Comment:

Department Status: Completed
End-state Reason:
Consulting Physician:

Order: **H&E**

Order Start Date/Time: 11/6/2015 15:29 PST
Order Date/Time: 11/9/2015 13:33 PST
Order Status: Completed
End-state Date/Time: 11/10/2015 07:16 PST
Ordering Physician: Ramirez,Rocio
Entered By: Ramirez,Rocio on 11/9/2015 13:33 PST
Order Details: 0000000000000000007722277.000000, 00330 S20150003174, RT - Routine, 11/6/15 3:29:00 PM PST
Order Comment:

Department Status: Completed
End-state Reason:
Consulting Physician:

Order: **NPO**

Related Diagnosis: GERD (gastroesophageal reflux disease); Code: K21.9
Order Start Date/Time: 11/6/2015 15:12 PST
Order Date/Time: 11/6/2015 15:12 PST
Order Status: Discontinued
End-state Date/Time: 11/7/2015 02:05 PST
Ordering Physician: MIRZA RES,KASIM (National Provider Identifier: 1932549730)
Entered By: MIRZA RES,KASIM on 11/6/2015 15:02 PST
Order Details: 11/6/15 3:12:00 PM PST, Start: Now, Continuous, GERD (gastroesophageal reflux disease)
Order Comment:

Department Status: Discontinued
End-state Reason:
Consulting Physician:

Report Request ID: 298699272
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 666856570
Admit Date: 11/6/2015 Discharge Date: 11/6/2015

Norris Cancer Hospital
USC Norris Cancer Hospital
1441 Eastlake Avenue
Los Angeles, CA 90089-0112

Orders

Order: **Oxygen Monitoring**

Related Diagnosis: GERD (gastroesophageal reflux disease); Code: K21.9

Order Start Date/Time: 11/6/2015 15:40 PST

Order Date/Time: 11/6/2015 15:40 PST

Order Status: Discontinued

Department Status: Discontinued

End-state Date/Time: 11/7/2015 02:05 PST

End-state Reason:

Ordering Physician: OH MD,DANIEL (National Provider Identifier: 1932396611)

Consulting Physician:

Entered By: MIRZA RES,KASIM on 11/6/2015 15:02 PST

Order Details: 11/6/15 3:40:00 PM PST, As Directed, Titrate oxygen to maintain oximeter equal or greater than 90%, GERD (gastroesophageal reflux disease)

Order Comment:

Order: **Pathology Tissue Request**

Order Start Date/Time: 11/6/2015 15:29 PST

Order Date/Time: 11/9/2015 13:32 PST

Order Status: Completed

Department Status: Completed

End-state Date/Time: 11/10/2015 07:16 PST

End-state Reason:

Ordering Physician: OH MD,DANIEL (National Provider Identifier: 1932396611)

Consulting Physician:

Entered By: Ramirez,Rocio on 11/9/2015 13:32 PST

Order Details: A. Squamocolumnar junction bx, 11/6/15 3:29:00 PM PST, Collected, RT - Routine, 11/09/15 13:32:00 PST, Ramirez, Rocio, AP Specimen, 00000000000000000007722277.000000, 00330 S20150003174

Order Comment:

Order: **Peripheral IV Discontinue (Discontinue IV)**

Related Diagnosis: GERD (gastroesophageal reflux disease); Code: K21.9

Order Start Date/Time: 11/6/2015 16:01 PST

Order Date/Time: 11/6/2015 16:01 PST

Order Status: Discontinued

Department Status: Discontinued

End-state Date/Time: 11/7/2015 02:05 PST

End-state Reason:

Ordering Physician: MIRZA RES,KASIM (National Provider Identifier: 1932549730)

Consulting Physician:

Entered By: MIRZA RES,KASIM on 11/6/2015 15:02 PST

Order Details: 11/6/15 4:01:00 PM PST Routine, As Directed, Discharge home when discharge by criteria stage II has been met by patient, GERD (gastroesophageal reflux disease)

Order Comment:

Report Request ID: 298699272

Printed by: Rodriguez,Christina

Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**

DOB: 3/29/1946

Age: 76 years

Gender: Male

MRN: 001117569

Financial #: 666856570

Admit Date: 11/6/2015

Discharge Date: 11/6/2015

Norris Cancer Hospital
USC Norris Cancer Hospital
1441 Eastlake Avenue
Los Angeles, CA 90089-0112

Orders

Order: **Peripheral IV Insertion**

Related Diagnosis: GERD (gastroesophageal reflux disease); Code: K21.9
Order Start Date/Time: 11/6/2015 15:12 PST
Order Date/Time: 11/6/2015 15:12 PST
Order Status: Discontinued
End-state Date/Time: 11/7/2015 02:05 PST
Ordering Physician: MIRZA RES,KASIM (National Provider Identifier: 1932549730)
Entered By: MIRZA RES,KASIM on 11/6/2015 15:02 PST
Order Details: 11/6/15 3:12:00 PM PST Routine, One Time Unscheduled, GERD (gastroesophageal reflux disease)
Order Comment:

Department Status: Discontinued
End-state Reason:
Consulting Physician:

Order: **Pulse Oximetry Continuous (Pulse Ox Continuous)**

Related Diagnosis: GERD (gastroesophageal reflux disease); Code: K21.9
Order Start Date/Time: 11/6/2015 15:40 PST
Order Date/Time: 11/6/2015 15:40 PST
Order Status: Discontinued
End-state Date/Time: 11/7/2015 02:05 PST
Ordering Physician: OH MD,DANIEL (National Provider Identifier: 1932396611)
Entered By: MIRZA RES,KASIM on 11/6/2015 15:02 PST
Order Details: 11/6/15 3:40:00 PM PST, Routine, Continuous, GERD (gastroesophageal reflux disease)
Order Comment:

Department Status: Discontinued
End-state Reason:
Consulting Physician:

Order: **SURGICAL PATHOLOGY REPORT**

Order Start Date/Time: 11/9/2015 13:33 PST
Order Date/Time: 11/9/2015 13:32 PST
Order Status: Completed
End-state Date/Time: 11/10/2015 11:26 PST
Ordering Physician: OH MD,DANIEL (National Provider Identifier: 1932396611)
Entered By: Ramirez,Rocio on 11/9/2015 13:32 PST
Order Details: RT - Routine
Order Comment:

Department Status: Completed
End-state Reason:
Consulting Physician:

Report Request ID: 298699272
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 666856570
Admit Date: 11/6/2015 Discharge Date: 11/6/2015

Norris Cancer Hospital
USC Norris Cancer Hospital
1441 Eastlake Avenue
Los Angeles, CA 90089-0112

Orders

Order: **Vital Signs**

Order Start Date/Time: 11/6/2015 15:12 PST
Order Date/Time: 11/6/2015 15:12 PST
Order Status: Discontinued
End-state Date/Time: 11/7/2015 02:05 PST
Ordering Physician: MIRZA RES,KASIM (National Provider Identifier: 1932549730)
Entered By: MIRZA RES,KASIM on 11/6/2015 15:02 PST
Order Details: 11/6/15 3:12:00 PM PST, As Directed, Per protocol, GERD (gastroesophageal reflux disease)
Order Comment:

Department Status: Discontinued
End-state Reason:
Consulting Physician:

Order: **Vital Signs**

Related Diagnosis: GERD (gastroesophageal reflux disease); Code: K21.9
Order Start Date/Time: 11/6/2015 15:40 PST
Order Date/Time: 11/6/2015 15:40 PST
Order Status: Discontinued
End-state Date/Time: 11/7/2015 02:05 PST
Ordering Physician: OH MD,DANIEL (National Provider Identifier: 1932396611)
Entered By: MIRZA RES,KASIM on 11/6/2015 15:02 PST
Order Details: 11/6/15 3:40:00 PM PST, Q5 Min-int, GERD (gastroesophageal reflux disease)
Order Comment:

Department Status: Discontinued
End-state Reason:
Consulting Physician:

Order: **Vital Signs**

Order Start Date/Time: 11/6/2015 16:01 PST
Order Date/Time: 11/6/2015 16:01 PST
Order Status: Discontinued
End-state Date/Time: 11/7/2015 02:05 PST
Ordering Physician: MIRZA RES,KASIM (National Provider Identifier: 1932549730)
Entered By: MIRZA RES,KASIM on 11/6/2015 15:02 PST
Order Details: 11/6/15 4:01:00 PM PST, As Directed, Per discharge criteria protocol. Discharge to home when discharge criteria stage II met., GERD (gastroesophageal reflux disease)
Order Comment:

Department Status: Discontinued
End-state Reason:
Consulting Physician:

Report Request ID: 298699272
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 666856570
Admit Date: 11/6/2015 Discharge Date: 11/6/2015

Norris Cancer Hospital
USC Norris Cancer Hospital
1441 Eastlake Avenue
Los Angeles, CA 90089-0112

Orders - Medication

Documented Historical Medications

Order: **amLODIPine**

Order Start Date/Time: 11/6/2015 14:25 PST

Order Date/Time: 11/6/2015 14:25 PST

Order Status: Documented

Medication Type: Documented

Ordering Physician:

Consulting Physician:

Entered By: Williams,Denise on 11/6/2015 14:25 PST

Order Details: 5 mg =, Oral, Daily, 0 Refill(s)

Order Comment:

Action Type: Compliance

Action Date/Time: 11/6/2015 14:26 PST Action Personnel: Williams,Denise

Compliance Information:

Status: Still taking, as prescribed; **Information source:** Patient; **Last dose date:** 11/5/2015

Action Type: Document

Action Date/Time: 11/6/2015 14:26 PST Action Personnel: Williams,Denise

Responsible Provider:

Communication Type:

Order Details: 5 mg =, Oral, Daily, 0 Refill(s)

Review Information:

Doctor Cosign: Not Required

Report Request ID: 298699272

Printed by: Rodriguez,Christina

Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**

DOB: 3/29/1946

Age: 76 years

Gender: Male

MRN: 001117569

Financial #: 666856570

Admit Date: 11/6/2015

Discharge Date: 11/6/2015

Norris Cancer Hospital
USC Norris Cancer Hospital
1441 Eastlake Avenue
Los Angeles, CA 90089-0112

Orders - Medication

Inpatient

Order: **midazolam**

Plan Name: GEN IP/OP Endoscopy Intra-Procedure KMC

Order Start Date/Time: 11/6/2015 16:00 PST

Order Date/Time: 11/6/2015 15:40 PST

Order Status: Completed

Medication Type: Inpatient

End-state Date/Time: 11/6/2015 15:43 PST

End-state Reason:

Ordering Physician: OH MD,DANIEL

Consulting Physician:

Entered By: Lagos,Elva on 11/6/2015 15:40 PST

Order Details: 5 mg, IV Push, Once Scheduled, Drug Form: Injection, Routine, Start Date/Time: 11/6/15 4:00:00 PM PST,

Stop Date/Time: 11/6/15 3:43:25 PM PST

Order Comment:

Action Type: Complete

Action Date/Time: 11/6/2015 15:43 PST Action Personnel: Lagos,Elva

Responsible Provider: OH MD,DANIEL

Communication Type:

Order Details: 5 mg, IV Push, Once Scheduled, Drug Form: Injection, Routine, Start Date/Time: 11/06/15 16:00:00 PST, Stop

Date/Time: 11/06/15 16:00:00 PST

Review Information:

Pharmacist Verify: Electronically Signed, Wong Pharm.D.,Dorothy on 11/6/2015 16:10 PST

Doctor Cosign: Not Required

Action Type: Order

Action Date/Time: 11/6/2015 15:41 PST Action Personnel: Lagos,Elva

Responsible Provider: OH MD,DANIEL

Communication Type: Emergency Verbal Read Back

Order Details: 5 mg, IV Push, Once Scheduled, Drug Form: Injection, Routine, Start Date/Time: 11/06/15 16:00:00 PST, Stop

Date/Time: 11/06/15 16:00:00 PST

Review Information:

Doctor Cosign: Electronically Signed, OH MD,DANIEL on 1/29/2016 12:50 PST

Pharmacist Verify: Reviewed, Wong Pharm.D.,Dorothy on 11/6/2015 16:10 PST

Report Request ID: 298699272

Printed by: Rodriguez,Christina

Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**

DOB: 3/29/1946

Age: 76 years

Gender: Male

MRN: 001117569

Financial #: 666856570

Admit Date: 11/6/2015

Discharge Date: 11/6/2015

Norris Cancer Hospital
USC Norris Cancer Hospital
1441 Eastlake Avenue
Los Angeles, CA 90089-0112

Orders - Medication

Inpatient

Order: **LR 1,000 mL**

Plan Name: GEN IP/OP Endoscopy Pre-Procedure KMC

Order Start Date/Time: 11/6/2015 15:12 PST

Order Date/Time: 11/6/2015 15:12 PST

Order Status: Discontinued

Medication Type: Inpatient

End-state Date/Time: 11/7/2015 02:05 PST

End-state Reason:

Ordering Physician: MIRZA RES,KASIM

Consulting Physician:

Entered By: MIRZA RES,KASIM on 11/6/2015 15:02 PST

Order Details: 1,000 mL, IV, Rate = 30 mL/hr, Start date 11/6/15 3:12:00 PM PST, Patient Weight: 78.9 kg

Order Comment:

Action Type: Discontinue Action Date/Time: 11/7/2015 02:05 PST Action Personnel: SYSTEM

Responsible Provider: MIRZA RES,KASIM

Communication Type:

Order Details: 1,000 mL, IV, Rate = 30 mL/hr, Start date 11/06/15 15:12:00 PST, Patient Weight: 78.9 kg

Review Information:

Doctor Cosign: Not Required

Action Type: Order Action Date/Time: 11/6/2015 15:12 PST Action Personnel: Garcia,Erlinda

Responsible Provider: MIRZA RES,KASIM

Communication Type: Electronic/Initiate

Order Details: 1,000 mL, IV, Rate = 30 mL/hr, Start date 11/06/15 15:12:00 PST, Patient Weight: 78.9 kg

Review Information:

Pharmacist Verify: Electronically Signed, Wong Pharm.D.,Dorothy on 11/6/2015 15:20 PST

Doctor Cosign: Not Required

Action Type: Plan

Action Date/Time: 11/6/2015 15:02 PST Action Personnel: MIRZA RES,KASIM

Report Request ID: 298699272

Patient Name: **HANNA, ADEL SHAKER**

Printed by: Rodriguez,Christina

DOB: 3/29/1946

Age: 76 years

Gender: Male

Printed: 3/7/2023 14:05 PST

MRN: 001117569

Financial #: 666856570

Admit Date: 11/6/2015

Discharge Date: 11/6/2015

Norris Cancer Hospital
USC Norris Cancer Hospital
1441 Eastlake Avenue
Los Angeles, CA 90089-0112

Orders - Medication

Inpatient

Order: **fentaNYL (fentanyl 50 mcg/ml injection solution)**

Plan Name: GEN IP/OP Endoscopy Intra-Procedure KMC

Order Start Date/Time: 11/6/2015 16:00 PST

Order Date/Time: 11/6/2015 15:40 PST

Order Status: Completed

Medication Type: Inpatient

End-state Date/Time: 11/6/2015 15:43 PST

End-state Reason:

Ordering Physician: OH MD,DANIEL

Consulting Physician:

Entered By: Lagos,Elva on 11/6/2015 15:40 PST

Order Details: 100 mcg = 2 mL, IV Push, Once Scheduled, Drug Form: Injection, Routine, Start Date/Time: 11/6/15 4:00:00 PM PST, Stop Date/Time: 11/6/15 3:43:10 PM PST

Order Comment:

Action Type: Complete Action Date/Time: 11/6/2015 15:43 PST Action Personnel: Lagos,Elva

Responsible Provider: OH MD,DANIEL

Communication Type:

Order Details: 100 mcg, IV Push, Once Scheduled, Drug Form: Injection, Routine, Start Date/Time: 11/06/15 16:00:00 PST,

Stop Date/Time: 11/06/15 16:00:00 PST

Review Information:

Pharmacist Verify: Electronically Signed, Wong Pharm.D.,Dorothy on 11/6/2015 16:10 PST

Doctor Cosign: Not Required

Action Type: Order Action Date/Time: 11/6/2015 15:41 PST Action Personnel: Lagos,Elva

Responsible Provider: OH MD,DANIEL

Communication Type: Emergency Verbal Read Back

Order Details: 100 mcg, IV Push, Once Scheduled, Drug Form: Injection, Routine, Start Date/Time: 11/06/15 16:00:00 PST,

Stop Date/Time: 11/06/15 16:00:00 PST

Review Information:

Doctor Cosign: Electronically Signed, OH MD,DANIEL on 1/29/2016 12:50 PST

Pharmacist Verify: Reviewed, Wong Pharm.D.,Dorothy on 11/6/2015 16:10 PST

Problem List

Problem Name: **Hx of migraine headaches**

Life Cycle Status: Active

Last Updated: 11/14/2013 16:08 PST

Code: AC18567F-A582-468A-8F44-05BED8356CB1; **Confirmation Status:** Confirmed; **Course:** ; **Persistence:** ;

Prognosis: ; **Onset Date:**

Report Request ID: 298699272

Printed by: Rodriguez,Christina

Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**

DOB: 3/29/1946

Age: 76 years

Gender: Male

MRN: 001117569

Financial #: 666856570

Admit Date: 11/6/2015

Discharge Date: 11/6/2015

Norris Cancer Hospital
 USC Norris Cancer Hospital
 1441 Eastlake Avenue
 Los Angeles, CA 90089-0112

I & O

INTAKE	11/6/2015 - 11/7/2015		
All time in PST	0700 -	1900 -	Total
	1900	0700	
LR 1,000 mL(1000 mL Lactated Ringers Injection)	mL200	-	200
fentanyl	mL2	-	2
12 Hour Total	mL 202	-	
24 Hour Total	mL	202	

OUTPUT	11/6/2015 - 11/7/2015		
All time in PST	0700 -	1900 -	Total
	1900	0700	
12 Hour Total	mL -	-	
24 Hour Total	mL	No documented output results for date range	

Clinical Range Total from 11/6/2015 to 11/7/2015

Total Intake (mL)	Total Output (mL)	Fluid Balance (mL)
202	0	202

Clinical Diagnoses

Diagnosis: **GERD (gastroesophageal reflux disease)**

Diagnosis Date: 11/6/2015

Status: Active

Classification: Medical; **Confirmation:** Confirmed; **Code:** K21.9 (ICD-10-CM); **Type:** Pre-Op Diagnosis; **Priority:**

Diagnosis: **GERD (gastroesophageal reflux disease)**

Diagnosis Date: 11/6/2015

Status: Active

Classification: Medical; **Confirmation:** Confirmed; **Code:** 72350 (IMO); **Type:** Discharge; **Priority:**

Report Request ID: 298699272

Printed by: Rodriguez,Christina

Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**

DOB: 3/29/1946

Age: 76 years

Gender: Male

MRN: 001117569

Financial #: 666856570

Admit Date: 11/6/2015

Discharge Date: 11/6/2015

Norris Cancer Hospital
USC Norris Cancer Hospital
1441 Eastlake Avenue
Los Angeles, CA 90089-0112

Procedure History

Procedure: **Dilation of Small Intestine, Via Natural or Artificial Opening Endoscopic**

Status: Active

Code: 0D788ZZ (ICD-10-PCS)

Procedure Date: 11/6/2015 00:00 PST (69 years)

Last Updated: 8/29/2018

Procedure: **Esophagogastroduodenoscopy, flexible, tr**

Status: Active

Code: 43245 (HCPCS)

Procedure Date: 11/6/2015 00:00 PST (69 years)

Last Updated: 8/29/2018

Procedure: **Esophagogastroduodenoscopy, flexible, tr**

Status: Active

Code: 43239 (HCPCS)

Procedure Date: 11/6/2015 00:00 PST (69 years)

Last Updated: 8/29/2018

Procedure: **Esophagogastroduodenoscopy [EGD]with closed biopsy**

Status: Inactive

Code: 45.16 (ICD-9-CM)

Procedure Date: 2/10/2014 00:16 PST (67 years)

Last Updated: 3/31/2014

Procedure: **Esophagogastroduodenoscopy [EGD]with closed biopsy**

Status: Inactive

Code: 45.16 (ICD-9-CM)

Procedure Date: 2/10/2014 00:16 PST (67 years)

Last Updated: 3/31/2014

Procedure: **Excision of Esophagogastric Junction, Via Natural or Artificial Opening Endoscopic, Diagnostic**

Status: Active

Code: 0DB48ZX (ICD-10-PCS)

Procedure Date: 11/6/2015 00:00 PST (69 years)

Last Updated: 8/29/2018

Report Request ID: 298699272

Printed by: Rodriguez, Christina

Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**

DOB: 3/29/1946

Age: 76 years

Gender: Male

MRN: 001117569

Financial #: 666856570

Admit Date: 11/6/2015

Discharge Date: 11/6/2015

Norris Cancer Hospital
USC Norris Cancer Hospital
1441 Eastlake Avenue
Los Angeles, CA 90089-0112

Social History

Alcohol (Low Risk - Last Update: 11/6/2015 14:30 PST by Williams,Denise)

Detail: Current, Wine, 1-2 times per month (Last Update: 11/6/2015 14:31 PST by Williams,Denise)

Substance Use (Denies Substance Abuse - Last Update: 11/6/2015 14:31 PST by Williams,Denise)

Tobacco (Low Risk - Last Update: 11/6/2015 14:30 PST by Williams,Denise)

Detail: Former smoker, Cigarettes, 20 per day. (Last Update: 11/19/2013 12:52 PST by ROJAS,THERESA)

Administrative Documents

*** Clinical Documentation Content on Following Page ***

Report Request ID: 298699272

Printed by: Rodriguez,Christina

Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**

DOB: 3/29/1946

Age: 76 years

Gender: Male

MRN: 001117569

Financial #: 666856570

Admit Date: 11/6/2015

Discharge Date: 11/6/2015

Page 14 of 85

* Auth (Verified) *

USC KENNETH NORRIS JR COMPREHENSIVE CA CENTER

Print Date : Mon Nov 09 14:36:14 2015
Patient ID : 001117569 Hanna, Adel 666856570 03/29/1946 PLP
Gender : Male
Age : 69
Disposition : Home, Self Care (1)
Serv Date : 11/06/2015

ASC Bill Type

83X Bill type should be 83X

Detailed CPT Procedures

43239 Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single
or multiple

11/06/2015 1267

43245 Esophagogastroduodenoscopy, flexible, transoral; with dilation of
gastric/duodenal stricture(s)

11/06/2015 1267

Admit Dx

R1319 Other dysphagia

Primary Diagnosis

R1319 Other dysphagia

ICD-10-PCS Procedures

0DB48ZX Excision of Esophagogastric Junction, Via Natural or Artificial
Opening Endoscopic, Diagnostic

11/06/2015 1267

0D788ZZ Dilation of Small Intestine, Via Natural or Artificial Opening
Endoscopic

11/06/2015 1267

CPT-4 five-digit codes and/or nomenclature are copyright 2014 American Medical Asso

* Auth (Verified) *

USC KENNETH NORRIS JR COMPREHENSIVE CA CENTER

Print Date : Mon Nov 09 14:36:01 2015
Patient ID : 001117569 Hanna, Adel 666856570 03/29/1946 PLP
Gender : Male
Age : 69
Disposition : Home, Self Care (1)
Serv Date : 11/06/2015

ASC Bill Type

83X Bill type should be 83X

Detailed CPT Procedures

43239 Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single
or multiple

11/06/2015 1267

43245 Esophagogastroduodenoscopy, flexible, transoral; with dilation of
gastric/duodenal stricture(s)

11/06/2015 1267

Admit Dx

R1319 Other dysphagia

Primary Diagnosis

R1319 Other dysphagia

ICD-10-PCS Procedures

0DB48ZX Excision of Esophagogastric Junction, Via Natural or Artificial
Opening Endoscopic, Diagnostic

11/06/2015 1267

0D788ZZ Dilation of Small Intestine, Via Natural or Artificial Opening
Endoscopic

11/06/2015 1267

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* Auth (Verified) *



314/363-1134

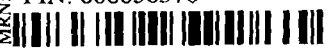
- 1. Consent to Medical and Surgical Procedures.** The patient identified below consents to the procedures which may be performed during this hospitalization or on an outpatient basis, including emergency treatment or services, and which may include but are not limited to laboratory procedures, x-ray examination, medical and surgical treatment or procedures, anesthesia, or hospital services rendered for the patient under the general and special instructions of the patient's physician or surgeon. The patient also consents to the use of removed organs, tissues, and/or fluids for research or educational purposes.
- 2. Nursing Care.** This hospital provides only general duty nursing care unless, upon order of the patient's physician, the patient is provided more intensive nursing care. If the patient's condition is such as to need the service of a special duty nurse, it is agreed that such must be arranged by the patient or his/her legal representative. The hospital shall in no way be responsible for failure to provide the same and is hereby released from any and all liability arising from the fact that said patient is not provided with such additional care.
- 3. Teaching:** Students, residents, other clinicians, post graduate fellows, nursing and other clinical students may participate in the care of the patient as a part of the clinical education program of the institution under appropriate supervision. The patient agrees that unless he/she notifies this hospital to the contrary in writing, he/she agrees to participate in the educational programs at this hospital.
- 4. Physicians Are Independent Medical Practitioners.** All physicians and surgeons furnishing services to the patient, including the Emergency Department physicians, radiologist, pathologist, anesthesiologist and the like, are independent medical practitioners with the patient and are not employees or agents of the hospital. Some of these physicians will bill separately for their services. Patient initials: AS
The patient is under the care and supervision of his/her attending physician and it is the responsibility of the hospital and its nursing staff to carry out the instructions of such physician. It is the responsibility of the patient's physician or surgeon to obtain the patient's informed consent, when required, to medical or surgical treatment, special diagnostic or therapeutic procedures, or hospital services rendered for the patient under the general and special instructions of the physician. I understand and acknowledge that I may receive medical services from visiting faculty members who holds a certificate of registration from the Medical Board of California, not a California physician's and surgeon's certificate. These individuals meet the qualifications set forth in Business and Professions Code Section 2113 and are approved by the Medical Board. Such individuals will be identified as a "visiting professor" or "visiting faculty member." Patient initials: AS
- 5. Personal Belongings.** 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, jewelry, documents, furs, fur coats, fur garments, dentures, eye glasses, hearing aids, prosthetics or other articles of unusual value and small size, unless placed in the safe, and shall not be liable for loss or damage to any other personal property, unless 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 by statute to five hundred dollars (\$500.00) unless a written receipt for a greater amount has been obtained from the hospital by the patient.
- 6. Consent to Photograph/Videotaping.** The hospital is permitted to take pictures of the medical or surgical progress involving the patient and to use same for scientific, educational or research purposes. The patient consents to photography during medical and surgical procedures and the use of same for scientific, educational or medical research purposes. The patient further consents to routine photography related to patient care, including newborns. The term "photograph" as used herein includes video or still photography, in digital or any other format, and any other means of recording or reproducing images.
- 7. Emergency or Laboring Patients.** In accordance with Federal Law, I understand my right to receive an appropriate medical screening examination performed by a doctor, or other qualified medical professional, to determine whether I am suffering from an emergency medical condition and, if such a condition exists, stabilizing treatment within the capabilities of the hospital's staff and facilities, even if I cannot pay for these services, do not have medical insurance or I am not entitled to Medicare or Medicaid.
- 8. Financial Obligations.** Notwithstanding section (7), I further understand that I am responsible to the hospital and physician(s) for all reasonable charges incurred by me and not paid by third party benefits, in accordance with the terms of the hospital, including its charity care and discount payment policies, if applicable. In the event that said bill, or any part thereof, is deemed delinquent by the hospital, I understand that I will be responsible for collection of expenses as well as reasonable attorney's fees and court costs if a suit is instituted. All delinquent accounts shall bear interest at the maximum rate allowed by law.
- 9. Assignment of Insurance or Health Plan Benefits to Hospital.** The undersigned assigns and hereby authorizes, whether he/she signs as agent or as patient, direct payment to the hospital of all insurance and plan benefits otherwise payable to or on behalf of the patient for this hospitalization or for these outpatient services, including emergency services if rendered, at a rate not to exceed the hospital's regular charges. It is agreed that payment to the hospital pursuant to this authorization by an insurance company or health plan shall discharge said insurance company or health plan of any and all obligations under the policy to the extent of such payment. It is understood by the undersigned that he/she is financially responsible for charges not covered by this assignment.
- 10. Assignment of Insurance or Health Plan Benefits to Hospital-Based Physicians.** The undersigned authorizes, whether he/she signs as agent or as patient, direct payment to any hospital-based physician of any insurance or health plan benefits otherwise

CONDITIONS OF SERVICE
Page 1 of 2

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MRN: 00117569
HANNA, ADEL S
DOB: 03/29/1946 69Y M
DOS: 11/06/2015 15:00
ATT: OH MD, DANIEL
FIN: 666856570



* Auth (Verified) *

payable to or on behalf of the patient for professional services rendered during this hospitalization or for outpatient services, including emergency services if rendered, at a rate not to exceed such physician's regular charges. It is agreed that payment to such physician pursuant to this authorization by an insurance company or health plan shall discharge said insurance company or health plan of any and all obligations under the policy to the extent of such payment. It is understood by the undersigned that he/she is financially responsible for charges not covered by this assignment.

11. Medicare Patient's Release of Information. I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I authorize release of any information needed to act on this request. I request that payment of authorized benefits be made in my behalf. I assign payment for the unpaid charges of the physician(s) for whom the hospital is authorized to bill in connection with its services. I understand I am responsible for any remaining balance not covered by other insurance.

12. I Have Received the Additional Facility Specific Addendums:

- Patient Rights and Responsibilities
 - Important Message from Medicare
 - Disclosure Policy
 - Information regarding Advance Directives
 - Not Applicable
 - Patient has executed Advance Directives - Copy obtained YES NO
- Important Message from Champus
- Other Specific Items as listed here: NPP

13. Release of Information. The hospital will obtain the patient's consent and authorization to release medical information, other than basic information, concerning the patient, except in those circumstances when the hospital is permitted or required by law to release information. The undersigned has consented to the release of medical information to entities that provide care in post-acute settings. In accordance with the Safe Medical Device Act of 1990, the undersigned agrees that in the event a permanent medical device is implanted, the hospital is hereby authorized to notify the manufacturer of patient's name, address, telephone number, and social security number (if available) as well as other information about the implantation. The undersigned agrees to the transmission of IRF-PAI data to CMS if they are admitted to the Inpatient Rehabilitation Unit.

The hospital is authorized, without further action by or on behalf of the patient, to disclose all or any part of the patient's record to any entity which is or may be liable to the hospital, patient or any entity affiliated with patient for all or part of the hospital's or hospital-based physicians' charges for the patient's services (including, without limitation, hospital or medical service companies, insurance companies, workers' compensation carriers, welfare funds, patient's employer, or medical utilization review organization designated by of the foregoing).

14. Financial Responsibility Agreement by Person Other than the Patient or the Patient's Legal Representative. I agree to accept financial responsibility for services rendered to the patient and to accept the terms of the Financial Obligations (Paragraph 8) and Assignment of Insurance or Health Plan Benefits (Paragraph 9 and 10) set forth above.

_____	_____	_____
Date	Financially Responsible Party	Witness

Translator: I have accurately and completely read the foregoing document to _____ (name of patient/person legally authorized to give consent) in _____, the patient's or patient's representative's primary language. He/she understood all the terms and conditions and acknowledged his/her agreement thereto by signing this document in my presence.

The undersigned certifies that he/she has read the foregoing, received a copy thereof, and is the patient, the patient's legal representative, or is duly authorized by the patient as the patient's general agent to execute the above and accept its terms.

11.6.15	1:40	am <input checked="" type="radio"/> pm	Signature <u>Hanna</u>
Date	Time		Patient/Parent/Guardian/Conservator/Responsible Party
Date <u>11/6/15</u>	Time <u>1:40</u>	am / pm	Translator signature / Translator print name
Witness signature <u>[Signature]</u>	Witness print name <u>Eraperéz</u>		If signed by other than patient, indicate relationship

A COPY OF THIS DOCUMENT IS TO BE DELIVERED TO THE PATIENT AND ANY OTHER PERSON WHO SIGNS THIS DOCUMENT.

CONDITIONS OF SERVICE
Page 2 of 2

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HANNA, ADEL S
DOB: 03/29/1946 69Y M
DOS: 11/06/2015 15:00
ATT: OH MD, DANIEL
FIN: 666856570



* Auth (Verified) *



314/363-1134

1. **Consent to Medical and Surgical Procedures.** The patient identified below consents to the procedures which may be performed during this hospitalization or on an outpatient basis, including emergency treatment or services, and which may include but are not limited to laboratory procedures, x-ray examination, medical and surgical treatment or procedures, anesthesia, or hospital services rendered for the patient under the general and special instructions of the patient's physician or surgeon. The patient also consents to the use of removed organs, tissues, and/or fluids for research or educational purposes.
2. **Nursing Care.** This hospital provides only general duty nursing care unless, upon order of the patient's physician, the patient is provided more intensive nursing care. If the patient's condition is such as to need the service of a special duty nurse, it is agreed that such must be arranged by the patient or his/her legal representative. The hospital shall in no way be responsible for failure to provide the same and is hereby released from any and all liability arising from the fact that said patient is not provided with such additional care.
3. **Teaching:** Students, residents, other clinicians, post graduate fellows, nursing and other clinical students may participate in the care of the patient as a part of the clinical education program of the institution under appropriate supervision. The patient agrees that unless he/she notifies this hospital to the contrary in writing, he/she agrees to participate in the educational programs at this hospital.
4. **Physicians Are Independent Medical Practitioners.** All physicians and surgeons furnishing services to the patient, including the Emergency Department physicians, radiologist, pathologist, anesthesiologist and the like, are independent medical practitioners with the patient and are not employees or agents of the hospital. Some of these physicians will bill separately for their services. Patient initials: AS
The patient is under the care and supervision of his/her attending physician and it is the responsibility of the hospital and its nursing staff to carry out the instructions of such physician. It is the responsibility of the patient's physician or surgeon to obtain the patient's informed consent, when required, to medical or surgical treatment, special diagnostic or therapeutic procedures, or hospital services rendered for the patient under the general and special instructions of the physician. I understand and acknowledge that I may receive medical services from visiting faculty members who holds a certificate of registration from the Medical Board of California, not a California physician's and surgeon's certificate. These individuals meet the qualifications set forth in Business and Professions Code Section 2113 and are approved by the Medical Board. Such individuals will be identified as a "visiting professor" or "visiting faculty member." Patient initials: AS
5. **Personal Belongings.** 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, jewelry, documents, furs, fur coats, fur garments, dentures, eye glasses, hearing aids, prosthetics or other articles of unusual value and small size, unless placed in the safe, and shall not be liable for loss or damage to any other personal property, unless 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 by statute to five hundred dollars (\$500.00) unless a written receipt for a greater amount has been obtained from the hospital by the patient.
6. **Consent to Photograph/Videotaping.** The hospital is permitted to take pictures of the medical or surgical progress involving the patient and to use same for scientific, educational or research purposes. The patient consents to photography during medical and surgical procedures and the use of same for scientific, educational or medical research purposes. The patient further consents to routine photography related to patient care, including newborns. The term "photograph" as used herein includes video or still photography, in digital or any other format, and any other means of recording or reproducing images.
7. **Emergency or Laboring Patients.** In accordance with Federal Law, I understand my right to receive an appropriate medical screening examination performed by a doctor, or other qualified medical professional, to determine whether I am suffering from an emergency medical condition and, if such a condition exists, stabilizing treatment within the capabilities of the hospital's staff and facilities, even if I cannot pay for these services, do not have medical insurance or I am not entitled to Medicare or Medicaid.
8. **Financial Obligations.** Notwithstanding section (7), I further understand that I am responsible to the hospital and physician(s) for all reasonable charges incurred by me and not paid by third party benefits, in accordance with the terms of the hospital, including its charity care and discount payment policies, if applicable. In the event that said bill, or any part thereof, is deemed delinquent by the hospital, I understand that I will be responsible for collection of expenses as well as reasonable attorney's fees and court costs if a suit is instituted. All delinquent accounts shall bear interest at the maximum rate allowed by law.
9. **Assignment of Insurance or Health Plan Benefits to Hospital.** The undersigned assigns and hereby authorizes, whether he/she signs as agent or as patient, direct payment to the hospital of all insurance and plan benefits otherwise payable to or on behalf of the patient for this hospitalization or for these outpatient services, including emergency services if rendered, at a rate not to exceed the hospital's regular charges. It is agreed that payment to the hospital pursuant to this authorization by an insurance company or health plan shall discharge said insurance company or health plan of any and all obligations under the policy to the extent of such payment. It is understood by the undersigned that he/she is financially responsible for charges not covered by this assignment.
10. **Assignment of Insurance or Health Plan Benefits to Hospital-Based Physicians.** The undersigned authorizes, whether he/she signs as agent or as patient, direct payment to any hospital-based physician of any insurance or health plan benefits otherwise

CONDITIONS OF
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Page 1 of 2

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MRN: 001117569
HANNA, ADEL S
DOB: 03/29/1946 69Y M
DOS: 11/06/2015 15:00
ATT: OH MD, DANIEL
FIN: 666856570



* Auth (Verified) *

payable to or on behalf of the patient for professional services rendered during this hospitalization or for outpatient services, including emergency services if rendered, at a rate not to exceed such physician's regular charges. It is agreed that payment to such physician pursuant to this authorization by an insurance company or health plan shall discharge said insurance company or health plan of any and all obligations under the policy to the extent of such payment. It is understood by the undersigned that he/she is financially responsible for charges not covered by this assignment.

11. Medicare Patient's Release of Information. I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I authorize release of any information needed to act on this request. I request that payment of authorized benefits be made in my behalf. I assign payment for the unpaid charges of the physician(s) for whom the hospital is authorized to bill in connection with its services. I understand I am responsible for any remaining balance not covered by other insurance.

12. I Have Received the Additional Facility Specific Addendums:

- Patient Rights and Responsibilities
 - Important Message from Medicare
 - Disclosure Policy
 - Information regarding Advance Directives
 - Not Applicable
 - Patient has executed Advance Directives - Copy obtained YES NO
- Important Message from Champus
- Other Specific Items as listed here: NPP

13. Release of Information. The hospital will obtain the patient's consent and authorization to release medical information, other than basic information, concerning the patient, except in those circumstances when the hospital is permitted or required by law to release information. The undersigned has consented to the release of medical information to entities that provide care in post-acute settings. In accordance with the Safe Medical Device Act of 1990, the undersigned agrees that in the event a permanent medical device is implanted, the hospital is hereby authorized to notify the manufacturer of patient's name, address, telephone number, and social security number (if available) as well as other information about the implantation. The undersigned agrees to the transmission of IIR-PAI data to CMS if they are admitted to the Inpatient Rehabilitation Unit.

The hospital is authorized, without further action by or on behalf of the patient, to disclose all or any part of the patient's record to any entity which is or may be liable to the hospital, patient or any entity affiliated with patient for all or part of the hospital's or hospital-based physicians' charges for the patient's services (including, without limitation, hospital or medical service companies, insurance companies, workers' compensation carriers, welfare funds, patient's employer, or medical utilization review organization designated by of the foregoing).

14. Financial Responsibility Agreement by Person Other than the Patient or the Patient's Legal Representative. I agree to accept financial responsibility for services rendered to the patient and to accept the terms of the Financial Obligations (Paragraph 8) and Assignment of Insurance or Health Plan Benefits (Paragraph 9 and 10) set forth above.

Date	Financially Responsible Party	Witness
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Translator: I have accurately and completely read the foregoing document to _____ (name of patient/person legally authorized to give consent) in _____, the patient's or patient's representative's primary language. He/she understood all the terms and conditions and acknowledged his/her agreement thereto by signing this document in my presence.

The undersigned certifies that he/she has read the foregoing, received a copy thereof, and is the patient, the patient's legal representative, or is duly authorized by the patient as the patient's general agent to execute the above and accept its terms.

Date <u>11.6.15</u>	Time <u>1:40</u>	am / pm <u>pm</u>	Signature
			Patient/Parent/Guardian/Conservator/Responsible Party

Date 	Time <u>1</u>	am / pm <u>pm</u>	Signature / Translator print name <u>Eraperez</u>
			Translator signature / Translator print name

Witness signature / Witness print name If signed by other than patient, indicate relationship

A COPY OF THIS DOCUMENT IS TO BE DELIVERED TO THE PATIENT AND ANY OTHER PERSON WHO SIGNS THIS DOCUMENT.

CONDITIONS OF SERVICE
Page 2 of 2

PATIENT ID	HANNA, ADEL S DOB: 03/29/1946 69Y M DOS: 11/06/2015 15:00 ATT: OH MD, DANIEL FIN: 666856570
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* Auth (Verified) *

UNIVERSITY OF SOUTHERN CALIFORNIA NOTICE OF PRIVACY PRACTICES

MRN: 001117569
HANNA, ADELS
DOB: 03/29/1946 69Y M
DOS: 11/06/2015 15:00
ATT: OH MD, DANIEL
FIN: 666856570

Indicate that you have received a copy of this notice. Your signature
received a copy of this notice.



(Official)
[Signature]
Signature

11.6.15
Date

NOTICE OF PRIVACY
PRACTICES
Page 6 of 7

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314/363-4298 (9-13)

WHITE - MEDICAL RECORD

* Auth (Verified) *

UNIVERSITY OF SOUTHERN CALIFORNIA NOTICE OF PRIVACY PRACTICES

MRN: 001117569
HANNA, ADEL S
DOB: 03/29/1946 69Y M
DOS: 11/06/2015 15:00
ATT: OH MD. DANIEL
FIN: 666856570

indicate that you have received a copy of this notice. Your signature
received a copy of this notice.



.....(ial)

Signature

[Handwritten Signature]

Date

11.6.15

NOTICE OF PRIVACY
PRACTICES
Page 6 of 7

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314/363-4298 (9-15)

WHITE - MEDICAL RECORD

* Auth (Verified) *


MISSING DOCUMENTATION

PATIENT NAME:

ACCOUNT NUMBER:

RECORD NUMBER:

08/24/2012 PT: 2



Bloodless: N
 ACCT# 023635980 MR# 001117569
HANNA, ADEL S
 AT: OH DANIEL DOB: 03/29/1946 66Y M
 USC NORRIS CANCER CENTER

MISSING DOCUMENTS

DATE RANGE

JNPP

*8-24-12
Pages 1 thru 4*

* Auth (Verified) *

Right to a Paper Copy of this Notice: Upon request, you may obtain a paper copy of this Notice, even if you have agreed to receive such information electronically.

Right to Change Terms of this Notice

We may change the terms of this notice at any time. If we change this notice, we may make the new notice terms effective for all health information that we hold, including any information created or received prior to issuing the new notice. If we change this notice, we will post the revised notice in our practice areas and on our website at www.usc.edu/compliance. You may also obtain any revised notice by contacting the USC Office of Compliance.

Further Information: Complaints

If you would like additional information about your privacy rights, are concerned that we have violated your privacy rights or disagree with a decision that we made about access to health information, you may contact our USC Office of Compliance. You may also file written complaints with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. Upon request, the USC Office of Compliance will provide you with the current address for the Director. We will not retaliate against you if you file a complaint with us or the Director.

USC Office of Compliance

You may contact the USC Office of Compliance at: 3500 Figueroa, #105, Los Angeles, CA 90089-8007, (213) 740-8258 or complian@usc.edu.

**UNIVERSITY OF SOUTHERN CALIFORNIA
NOTICE OF PRIVACY PRACTICES**

Please sign and date below to indicate that you have received a copy of this notice. Your signature simply acknowledges that you received a copy of this notice.

HANNA, ADEL S
DOB: 03/29/1946 MR# 001117569

Print Name (Last, First, Middle Initial)

Adel Hanna MS
Signature

8/24/12
Date

08/24/2012 PT: 2

Bloodless: N

ACCT# 023635980 MR# 001117569

HANNA, ADEL S

AT: OH DANIEL DOB: 03/29/1946 66Y M

USC NORRIS CANCER CENTER

Norris Cancer Hospital
USC Norris Cancer Hospital
1441 Eastlake Avenue
Los Angeles, CA 90089-0112

Advance Care Planning

*** Clinical Documentation Content on Following Page ***

Report Request ID: 298699272
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 666856570
Admit Date: 11/6/2015 Discharge Date: 11/6/2015

* Auth (Verified) *



2928

The Patient Self Determination Act (PSDA) became law in 1990. The purpose of this act is to ensure that adult patients participate in health care decision-making to the extent of their ability and to prevent discrimination based on whether a patient has executed an advance directive for health care.

Keck Hospital of USC / USC Norris Cancer Hospital supports and encourages a patient's right to participate in healthcare decision-making. In order to enable our hospital to comply with the provisions of the PSDA and safeguard your wishes we would like to request the following information:

1. Have you prepared an Advance Healthcare Directive/Physician Orders For Life Sustaining Treatment (POLST)

Yes No Unable to assess

Copy provided - Advance Healthcare Directive

Copy provided - POLST

Copy requested - Advance Healthcare Directive

Copy requested - POLST

Document can be obtained from: _____

Home #: _____ Work / Cell #: _____

2. If you do not have an Advance Healthcare Directive, would you like to speak with someone for more information: Yes No

3. Have you received written information pertaining to Advance Healthcare Directives:

Yes Previously Received Declined

4. Are you an organ donor: Yes No

5. In the absence of an Advance Healthcare Directive and if you became unable to make decisions for yourself, please name the person you would want us to talk with regarding healthcare decisions during this hospitalization:

Name: I RMA Kawaguchi

Home #: (909) 342-9908 Work / Cell #: (909) 374-7216

Signature: [Signature] Date: _____

ADVANCE HEALTHCARE
DIRECTIVE DOCUMENTATION

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08/24/2012 PT: 2

Bloodless: N

ACCT# 023635980 MR# 001117569

HANNA, ADEL S

AT: OH DANIEL DOB: 03/29/1946 66Y M
USC NORRIS CANCER CENTER

Norris Cancer Hospital
USC Norris Cancer Hospital
1441 Eastlake Avenue
Los Angeles, CA 90089-0112

Authorizations/Consents

*** Clinical Documentation Content on Following Page ***

Report Request ID: 298699272
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 666856570
Admit Date: 11/6/2015 Discharge Date: 11/6/2015

* Auth (Verified) *

KECK HOSPITAL OF USC/USC NORRIS CANCER HOSPITAL AUTHORIZATION AND INFORMED CONSENT TO SURGERY OR SPECIAL DIAGNOSTIC OR THERAPEUTIC PROCEDURES	 3379
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My physician(s) of record is/are Dr. *A.H., D.*

Physician contact telephone number is: _____

1. I hereby authorize and direct the physicians named above and/or associates and assistants of his/her choice to perform the following operation(s) or procedure(s):

**Esophagogastroduodenoscopy (EGD) with Possible Interventions
Moderate Sedation**

Anatomical Location/Surgical side: See description of treatment/procedure.

Description of operation or procedure (lay language):
ESOPHAGOGASTRODUODENOSCOPY (EGD) WITH POSSIBLE INTERVENTIONS
 This procedure involves using an endoscope to see inside your digestive tract. The upper digestive tract will be examined. The endoscope is a thin, flexible tube with a camera on one end. It allows your doctor to see inside your digestive system. The camera will display images on a screen. Your doctor may use air to inflate your organs. This allows your doctor to see better.

Your doctor will insert the scope through your nose or mouth. Your doctor may spray a numbing medicine into your throat. Your doctor may insert a bite guard to keep you from damaging the scope. An endoscope can be moved through your esophagus (food pipe) and stomach. It can reach as far as the upper part of your small intestine

- Your doctor may do any of the following.
- * Remove growths (such as polyps), foreign bodies, or other abnormalities.
 - * Stretch narrowed areas with balloons or other tools
 - * Place a hollow tube to keep a narrow area open. The hollow tube is called a stent.
 - * Stop and control bleeding. Your doctor may use an electrical current or other heat source, clips, rubber bands, or injection of medicines
 - * Take images of your digestive system.
 - * Treat enlarged veins with rubber bands or injection of medicine(s).
 - * Drain a build-up of fluid
 - * Mark certain areas to help locate them later. This is done using special clips or dye
 - * Take a tissue sample (biopsy).

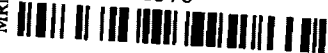
When the procedure is complete, your doctor will remove the scope.

MODERATE SEDATION
 This procedure involves placing you in a state of moderate sedation so that you will feel comfortable during your procedure. Sedation helps you feel relaxed and reduces your response to pain. Your provider will monitor your heart rate, breathing, and other vital functions.

You will be sedated using medicines. Your healthcare provider may give these by mouth, by inhalation, or by injection. The medicine may be injected into a muscle or into your bloodstream

You will be able to respond and breathe as normal. Your ability to move may be impaired. You will be sleepy and relaxed. Your provider may use a device to help your breathe. You will be monitored after the procedure. Depending

Consent for Procedure(s):
 Esophagogastroduodenoscopy (EGD) with Possible Interventions
 Moderate Sedation
AUTHORIZATION AND INFORMED CONSENT TO SURGERY OR SPECIAL DIAGNOSTIC OR THERAPEUTIC PROCEDURES
 Page 1 of 4

MRN 001117569 HANNA, ADEL S DOB: 03/29/1946 69Y M DOS: 11/06/2015 15:00 ATT: OH MD, DANIEL FIN: 666856570 

* Auth (Verified) *

**KECK HOSPITAL OF USC/USC NORRIS CANCER HOSPITAL
AUTHORIZATION AND INFORMED CONSENT TO SURGERY
OR SPECIAL DIAGNOSTIC OR THERAPEUTIC PROCEDURES**



3379

on your responsiveness, this monitoring could last up to a few hours.

The following are the expected benefits or effects of the operation or procedure:

This type of sedation may relieve or control pain. It may also relieve anxiety. It may lower your risks compared to having general anesthesia. This may allow for faster recovery.

This procedure may help your doctor find out what is wrong. This may allow your doctor to offer appropriate treatment.

- 2. I hereby authorize and direct the physician(s) named above and other physicians and/or associates and assistants to provide or arrange for the provision of such additional services or related procedures that are deemed necessary or advisable including, but not limited to, pathology and radiology services. I authorize the pathologists to use his or her discretion in disposition or use of any limb, organ, tissue, or device removed from my person during the operation(s) or procedure(s) identified above.
- 3. All operations and procedures may involve risks of unsuccessful results, complications, and injury, or even death, from both known and unforeseen causes, and no warranty or guarantee is made as to result or cure. I have the right to be informed of such risks as well as the nature of the operation or procedure, the expected benefits or effects of such operations or procedures, and the available alternative methods of treatment and their risks and benefits. I also have the right to be informed whether my physician has any independent medical research or economic interests, related to the performance of the proposed operation or procedure. Except in cases of emergency, operations or procedures are not performed until I have had the opportunity to receive this information and have given my consent. I have the right to consent to or to refuse any proposed operation or procedure at any time prior to its performance.
- 4. I have discussed the following risks and alternatives (if any) and potential problems during recuperation of the operation or procedure with the physician(s) named above and/or associates and assistants of his/her choice. I have also been informed of the reasonable alternatives and the relevant risks, benefits and side effects related to such alternatives, including the possible results of not receiving care or treatments.

Risks of operation or procedure:

- * Confusion, memory loss, or difficulty thinking (impaired cognitive function).
- * Bleeding
- * Bloating.
- * Headaches.
- * Sore throat.
- * Nausea and/or vomiting
- * Sweating.
- * Pain at the administration site
- * Sedation may interfere with your ability to drive or operate machinery, or make important decisions for up to 24 hours.
- * You may have problems, diseases or abnormalities but this test may not find them
- * Allergic reaction. May include itching, hives, swelling, difficulty breathing, drop in blood pressure, possible loss of consciousness
- * You may need additional tests or treatment.
- * Your doctor may not be able to make a proper diagnosis.
- * Breakage of teeth or trauma to the gums.
- * Reactions to drugs. These may include breathing or heart problems, low blood pressure, loss of organ function, paralysis, brain damage, and death.
- * Lowering of blood pressure. This may lead to decreased blood supply to your body. It may cause dizziness, fainting

Consent for Procedure(s):
Esophagogastroduodenoscopy (EGD) with Possible Interventions
Moderate Sedation


**AUTHORIZATION AND INFORMED CONSENT TO
SURGERY OR SPECIAL DIAGNOSTIC OR
THERAPEUTIC PROCEDURES**

Page 2 of 4

HANNA, ADEL S
DOB: 03/29/1946 69Y M
DOS: 11/06/2015 15:00
ATT: OH MD, DANIEL
FIN: 666856570



* Auth (Verified) *

KECK HOSPITAL OF USC/USC NORRIS CANCER HOSPITAL AUTHORIZATION AND INFORMED CONSENT TO SURGERY OR SPECIAL DIAGNOSTIC OR THERAPEUTIC PROCEDURES	 3379
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- or heart attack.
- * Infection including but not limited to endoscopic transmission
- * Too little sedation. You may experience awareness, pain or discomfort during the procedure.
- * Reactions to medicine(s) given or used during or after the procedure.
- * Too much sedation. You may become unconscious. You may experience respiratory suppression. You may need additional medication or treatment.
- * Aspiration of secretions Aspiration is the entry of fluids or material or stomach contents into the trachea and lungs causing pneumonia.
- * You may need another form of anesthesia to complete the procedure
- * Breathing problems. You may need a breathing tube or other treatment
- * Your doctor may not be able to complete the procedure under moderate sedation
- * Damage to the esophagus or nearby structures. This may require a thoracotomy. This is a larger incision in the chest. This may be discovered during the procedure, or later.
- * Damage to the intestines or nearby structures. This may be discovered during the procedure, or later. You may need additional treatment, including an ostomy. An ostomy is an opening in the abdominal wall. It allows stool to drain into a bag This may be temporary or permanent.
- * Death.

Alternatives:

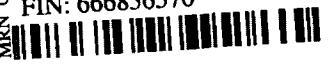
- * The alternatives depend on the procedure that requires you to have sedation Some of the alternatives may not apply for your particular procedure.
- * Regional anesthesia (numbness to the involved region or extremity only) This includes spinal or epidural anesthesia.
- * Minimal sedation.
- * Deep sedation.
- * General anesthesia (unconsciousness caused by drugs).
- * You may choose not to have this type of sedation.
- * Watching and waiting with your doctor.
- * X-ray test such as barium swallow (UGI series). This procedure does not involve therapy, such as biopsies or removal of polyps
- * You may choose not to have this procedure.

Potential problems during recuperation: ESOPHAGOGASTRODUODENOSCOPY (EGD) WITH POSSIBLE INTERVENTIONS

MODERATE SEDATION

5. I understand that an observer may be present during the operation or procedure to provide technical assistance to my physician or surgeon, particularly when certain devices or equipment are used during the operation or procedure, or when a device may need calibration or servicing before it is implanted or used. I consent to this at the discretion and approval of the physician and the hospital.
- 6 My signature on this informed consent form indicates (1) that I have read and understood the information provided in this form, (2) that I have been verbally informed about this operation or procedure, (3) that I have had a chance to ask

Consent for Procedure(s)
 Esophagogastroduodenoscopy (EGD) with Possible Interventions
 Moderate Sedation
AUTHORIZATION AND INFORMED CONSENT TO SURGERY OR SPECIAL DIAGNOSTIC OR THERAPEUTIC PROCEDURES
 Page 3 of 4

HANNA, ADEL S
 DOB: 03/29/1946 69Y M
 DOS: 11/06/2015 15:00
 ATT: OH MD, DANIEL
 FIN: 666856570


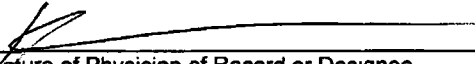
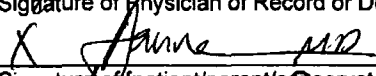
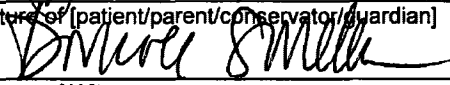
* Auth (Verified) *

KECK HOSPITAL OF USC/USC NORRIS CANCER HOSPITAL AUTHORIZATION AND INFORMED CONSENT TO SURGERY OR SPECIAL DIAGNOSTIC OR THERAPEUTIC PROCEDURES	 3379
--------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------

questions, (4) that I have received all of the information I desire concerning the operation or procedure, and (5) that I authorize consent to the performance of the operation or procedure.

SIGNATURES FOR CONSENT

Information on this form has been discussed with the patient or legal representative.

	11/6/15 1500
Signature of Physician of Record or Designee	Date/Time
	11/1/15 1500
Signature of [patient/parent/conservator/guardian]	Date/Time
	11/6/15 1500 ✓
Signature of Witness	Date/Time
Signature/ [and Interpreter ID # if not Keck Medical Center employee] of Interpreter	Date/Time

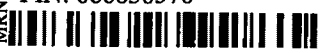
CONSENT TO BLOOD TRANSFUSION

My signature below indicates that: (1) I have received a copy of the brochure, If You Need Blood: A Patient's Guide to Blood Transfusions, (2) I have received information concerning the risks and benefits of blood transfusion or of any alternative therapies, and (3) subject to any special instructions listed below, I consent to such blood transfusions as my physician may order

Special instructions: _____
(Describe here any specific instructions for patient's blood transfusion – e.g., denotation, directed donation, etc.)

Signature of Physician of Record or Designee	Date/Time
Signature of [patient/parent/conservator/guardian]	Date/Time
Signature of Witness	Date/Time
Signature/ [and Interpreter ID # if not Keck Medical Center employee] of Interpreter	Date/Time

Consent for Procedure(s):
Esophagogastroduodenoscopy (EGD) with Possible Interventions
Moderate Sedation
AUTHORIZATION AND INFORMED CONSENT TO SURGERY OR SPECIAL DIAGNOSTIC OR THERAPEUTIC PROCEDURES
Page 4 of 4

MRN: 001117569	HANNA, ADEL S DOB: 03/29/1946 69Y M DOS: 11/06/2015 15:00 ATT: OH MD, DANIEL FIN: 666856570		
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Norris Cancer Hospital
USC Norris Cancer Hospital
1441 Eastlake Avenue
Los Angeles, CA 90089-0112

Cardiovascular Diagnostics

*** Clinical Documentation Content on Following Page ***

Report Request ID: 298699272
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 666856570
Admit Date: 11/6/2015 Discharge Date: 11/6/2015

* Auth (Verified) *

CD-DVD/RHYTHM STRIP

ON FILE IN MEDICAL RECORDS DEPARTMENT

ACCOUNT: _____

MRN: 001117569
HANNA, ADEL S
DOB: 03/29/1946 69Y M
DOS: 11/06/2015 15:00
ATT: OH MD, DANIEL
FIN: 666856570

MEDICAL RECORD: _____

CD/DVD AVAILABLE

of CD's _____

CD-DVD's from: _____

Forwarded to Radiology

Pacemaker Strips Available

Rhythm Strips Available

Date _____

Initial _____

Norris Cancer Hospital
USC Norris Cancer Hospital
1441 Eastlake Avenue
Los Angeles, CA 90089-0112

Discharge Documentation

*** Clinical Documentation Content on Following Page ***

Report Request ID: 298699272
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 666856570
Admit Date: 11/6/2015 Discharge Date: 11/6/2015

* Auth (Verified) *

HANNA, ADEL S
DOB: 03/29/1946 69Y M
DOS: 11/06/2015 15:00
ATT: OH MD, DANIEL
FIN: 666856570



OSCOPY Care After

Chart

Please read the instructions outlined below and refer to this sheet in the next few weeks. These discharge instructions provide you with general information on caring for yourself after you leave the hospital. Your doctor may also give you **specific** instructions. While your treatment has been planned according to the most current medical practices available, unavoidable complications occasionally occur. If you have any problems or questions after discharge, please call your doctor.

ACTIVITY:

DO NOT drive a car or operate any machinery for 24 hours (because of the *anesthesia* medicine) used during the test).

It is necessary for an adult to drive you home.

REST AT HOME. It is recommended to have an adult with the first few times you get up out a chair as well as well as going up or down a flight of stairs.

*You may resume your regular activity but move at a slower pace for the next 24 hours.

*Walking will help **expel** (get rid of) the air and reduce the bloated feeling in your abdomen.

NUTRITION:

*You may resume your normal diet as tolerated. Begin with something light and gradually increase it using your own discretion until you have eventually return to your normal diet

*Drink plenty of fluids.

***Avoid alcoholic beverages** for 24 hours or as instructed by your caregiver.

*Eat high fiber food (vegetables, fruits, bran, ect.) Drink 6-8 glasses of water per day to avoid colon problems in the future.

*Use supplementary fiber (Metamucil, Citrucel, ect.)

MEDICATIONS:

*You may resume your normal medications unless your caregiver tells you otherwise.

*Take medication as prescribed by your doctor.

***DO NOT** take Aspirin/Anti-coagulants/Anti inflammatory (Advil, Motrin etc.) _____ days.

***STOP** the following medications:

*Medications given to patient/New Prescriptions

WHAT YOU CAN EXPECT TODAY:

* You may experience abdominal discomfort such as a feeling of fullness or "gas" pains.

POOR ORIGINAL

* Auth (Verified) *

- * For upper endoscopy, you may experience a sore throat- Use throat lozenges for relief or gargle with warm salt water.

FINDING OUT THE RESULTS OF YOUR TEST:

Not all test results are available during your visit. If your test results are not back during the visit, make an appointment with your caregiver to find out the results within the next week or two. Do not assume everything is normal if you have not heard from your caregiver or the medical facility. It is important for you to follow up on all of your test results.

CALL 911 OR GO TO YOUR NEAREST EMERGENCY ROOM :

- * For severe shortness of breath, chest pains or difficulty swallowing.
- * If you have profuse bleeding via mouth or per rectum.

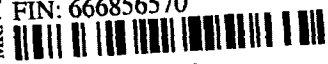
Call : 24 HOUR CALL CENTER: (322) 442-9064

- * New or Excessive nausea (feeling sick to your stomach) and/or vomiting.
- * New or severe abdominal pain or distention (swelling) not able to relieve by belching or passing air.
- * Temperature of greater than 100 degrees or chills.
- * Redness or swelling around IV site.
- * Persistent light headedness or dizziness, normal for today should decrease by following day.

<u>Hanna AD</u>	<u>11-6-15</u>
Patient's signature	Date/Time
<u>Daniel Williams</u>	<u>11/6/15</u>
Driver's Signature	Date/Time
<u>Daniel Williams</u>	<u>11/6/15</u>
RN Signature	Date/Time

Document Released 08/01/2005 Document Re-Released 06/07/2011
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MRN 001117569
HANNA, ADEL S
 DOB: 03/29/1946 69Y M
 DOS: 11/06/2015 15:00
 ATT: OH MD, DANIEL
 FIN: 666856570



POOR ORIGINAL
2 of 2

Norris Cancer Hospital
USC Norris Cancer Hospital
1441 Eastlake Avenue
Los Angeles, CA 90089-0112

Nursing Documentation

*** Clinical Documentation Content on Following Page ***

Report Request ID: 298699272
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 666856570
Admit Date: 11/6/2015 Discharge Date: 11/6/2015

* Auth (Verified) *

The hospital has recommended that all personal belongings be sent home. I understand that I am solely responsible for the items listed below which I choose to keep in my possession. I understand that the hospital shall not be liable for any loss or damage to my personal property



314/363-1087-D

Hanna *MS* *Hanna* *MS* 11/6/15
Patient/Representative Signature on Admission Date Patient/Representative Signature on Discharge Date

Key	ADMISSION						
	✓ = Present	L = Lower	Date	Date	Date	Date	Date
P = Patient	B = Both	Unit/Room	Room	Room	Room	Room	Discharge
S = Safe	RT = Right	<i>prop.</i>					
LK = Locker	LT = Left						
F = Family	U = Upper						
ASSISTIVE DEVICES	Dentures						
	Partials						
	Glasses						
	Hearing Aids						
	Clothing / Other						
	Wheelchair/Cane/Walker						
SAFE (INVENTORY VALUABLES ENVELOPE)	O ₂ E-Cylinder						
	Purse/Wallet						
	Credit Cards/Cash						
	Jewelry (Describe)						
	Other						
PHARMACY	Medication (Total # items)	<input type="checkbox"/> Home <input type="checkbox"/> Pharmacy	Medications must be sent home or to Pharmacy				
INITIALS	Transfer Initials						
	Receiving Initials						

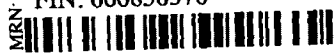
phone
pants
socks
underwear
underwear
socks
shoes
everything
else
signature

Init	Name (print)	Signature/Title	Init	Name (print)	Signature/Title
<i>AS</i>	<i>Hanna MS</i>	<i>[Signature]</i>	<i>LS</i>	<i>Lisa Stewart</i>	<i>[Signature]</i>

BELONGINGS TRACKING RECORD

PATIENT

HANNA, ADEL S
DOB: 03/29/1946 69Y M
DOS: 11/06/2015 15:00
ATT: OH MD, DANIEL
FIN: 666856570



POOR ORIGINAL

Norris Cancer Hospital
USC Norris Cancer Hospital
1441 Eastlake Avenue
Los Angeles, CA 90089-0112

Office/Clinic Notes

Document Name: Consultation Note - Clinic
Performed By: OH MD,DANIEL (11/19/2013 14:55 PST)
Signed By: OH MD,DANIEL (11/20/2013 09:42 PST)
Authenticated By: [OH MD,DANIEL; OH MD,DANIEL (11/20/2013 09:42 PST)]

DATE OF SERVICE: November 19, 2013

RE: Hanna, Adel
MR#: 0001117569
DOB: 03/29/1946

I would like to take this opportunity to update you on Dr. Adel Hanna. He is a 67-year-old physician who had a Nissen fundoplication at an outside hospital in 1998 which was complicated by a significant perforation and an extensive hospital stay. I evaluated him in 2012 for recurrent chest pain. He was found to have a relatively tight fundoplication with high lower esophageal sphincter resting pressure, with compensatory hypercontractility in his esophageal body with a small epiphrenic diverticulum. He had an endoscopic balloon dilatation to 20 mm on August 24, 2012. He returns today for followup.

The patient states that his chest pain, which he used to get just under the sternal area associated with eating, has increased in frequency. It used to be every day and even several times a day prior to the dilatation. After the dilatation it completely went away. Now for the past month he has had 1 or 2 episodes a week, and he feels it is starting to get worse. Interestingly, it is exacerbated by emotional stress.

He has no dysphagia, no cough, and no aspiration symptoms or regurgitation. He has no heartburn.

He has had no changes to his health since I last saw him.

Report Request ID: 298699272
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 666856570
Admit Date: 11/6/2015 Discharge Date: 11/6/2015

Norris Cancer Hospital
USC Norris Cancer Hospital
1441 Eastlake Avenue
Los Angeles, CA 90089-0112

Office/Clinic Notes

On physical exam his temperature is 96.7, pulse 63, blood pressure 143/78, and respirations 24. His weight is 177 pounds, up 5 pounds compared to April. HEENT: Normal. No cervical or supraclavicular lymphadenopathy. No thyromegaly. Trachea midline. Chest: Clear to auscultation. No crackles. No wheezing. Good respiratory effort. Heart: Regular rate and rhythm. No rubs, murmurs, or gallops. Abdomen: Soft, nondistended, and nontender. No masses or hernia. Extremities: No clubbing, cyanosis, or edema. Neurologic: Grossly intact. Skin: Normal.

In summary, Dr. Hanna is a 67-year-old man who had a previous Nissen fundoplication at an outside hospital in 1998 complicated by a perforation. He had debilitating chest pain that arose in the setting of elevated LES resting pressure and outflow resistance in the esophagus. He had successful balloon dilatation in August 2012. He is now having slight recurrence of his symptoms. Presumably this is recurrence of the previous problem, so we discussed the indication for redoing an EGD and balloon dilatation to 20 mm. I do not think this will have significant effect on the Nissen fundoplication but should help with the episodic chest pain that he was getting in the past. He prefers to schedule this in early 2014, and so we will keep you updated on his progress.

Thank you for the privilege to participate in the care of Dr. Hanna. If you have any questions regarding this evaluation, or if I can be of assistance in the future, please do not hesitate to contact me.

Daniel S. Oh, M.D.

cc: Umesh C Shah MD, 12540 Tenth St Suite B, Chino, CA 91710

Report Request ID: 298699272
Printed by: Rodriguez,Christina
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Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
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Norris Cancer Hospital
USC Norris Cancer Hospital
1441 Eastlake Avenue
Los Angeles, CA 90089-0112

Office/Clinic Notes

J#: 86469641
1c

Report Request ID: 298699272
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 666856570
Admit Date: 11/6/2015 Discharge Date: 11/6/2015

* Auth (Verified) *

Keck Medical Center of USC

Ebola Virus Disease (EVD) / MERS - CoV Admitting Screening/Triage
Middle Eastern Respiratory Syndrome - CoV
(Patient to complete this form)

HANNA, ADEL S
DOB: 03/29/1946 69Y M
DOS: 11/06/2015 15:00
ATT: OH MD, DANIEL
FIN: 666856570

MRN: 001117569



Your health and the safety of others is our highest priority. In accordance with CDC guidelines, please complete this Screening Tool. Check all that apply.

Column A

Column B

Ebola Travel History / Symptoms
Have you traveled to West Africa (see below) within the last 21 days (3 weeks)?
<input type="checkbox"/> Guinea <input type="checkbox"/> Sierra Leone <input type="checkbox"/> Liberia <input type="checkbox"/> Other countries where EVD transmission has been reported
Symptoms
Do you have any of the following symptoms?
<input type="checkbox"/> Fever (38.0°C/100.4°F or greater) <input type="checkbox"/> Severe Headache <input type="checkbox"/> Diarrhea <input type="checkbox"/> Vomiting <input type="checkbox"/> Abdominal (Stomach) pain <input type="checkbox"/> Muscle Pain <input type="checkbox"/> Fatigue <input type="checkbox"/> Weakness <input type="checkbox"/> Bleeding inside and outside the body <input type="checkbox"/> Bruising <input type="checkbox"/> None of the above

MERS - CoV Travel History / Symptoms																		
Have you traveled to the Arabian Peninsula, neighboring countries or South Korea within the last 14 days (2 weeks)?																		
<table border="0"> <tr> <td><input type="checkbox"/> Bahrain</td> <td><input type="checkbox"/> Oman</td> </tr> <tr> <td><input type="checkbox"/> Iraq</td> <td><input type="checkbox"/> Qatar</td> </tr> <tr> <td><input type="checkbox"/> Iran</td> <td><input type="checkbox"/> Saudi Arabia</td> </tr> <tr> <td><input type="checkbox"/> Israel</td> <td><input type="checkbox"/> Syria</td> </tr> <tr> <td><input type="checkbox"/> West Bank</td> <td><input type="checkbox"/> United Arab Emirates (UAE)</td> </tr> <tr> <td><input type="checkbox"/> Gaza</td> <td><input type="checkbox"/> Yemen</td> </tr> <tr> <td><input type="checkbox"/> Jordan</td> <td><input type="checkbox"/> South Korea</td> </tr> <tr> <td><input type="checkbox"/> Kuwait</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Lebanon</td> <td></td> </tr> </table>	<input type="checkbox"/> Bahrain	<input type="checkbox"/> Oman	<input type="checkbox"/> Iraq	<input type="checkbox"/> Qatar	<input type="checkbox"/> Iran	<input type="checkbox"/> Saudi Arabia	<input type="checkbox"/> Israel	<input type="checkbox"/> Syria	<input type="checkbox"/> West Bank	<input type="checkbox"/> United Arab Emirates (UAE)	<input type="checkbox"/> Gaza	<input type="checkbox"/> Yemen	<input type="checkbox"/> Jordan	<input type="checkbox"/> South Korea	<input type="checkbox"/> Kuwait		<input type="checkbox"/> Lebanon	
<input type="checkbox"/> Bahrain	<input type="checkbox"/> Oman																	
<input type="checkbox"/> Iraq	<input type="checkbox"/> Qatar																	
<input type="checkbox"/> Iran	<input type="checkbox"/> Saudi Arabia																	
<input type="checkbox"/> Israel	<input type="checkbox"/> Syria																	
<input type="checkbox"/> West Bank	<input type="checkbox"/> United Arab Emirates (UAE)																	
<input type="checkbox"/> Gaza	<input type="checkbox"/> Yemen																	
<input type="checkbox"/> Jordan	<input type="checkbox"/> South Korea																	
<input type="checkbox"/> Kuwait																		
<input type="checkbox"/> Lebanon																		
Symptoms																		
Do you have any of the following symptoms?																		
<input type="checkbox"/> Fever (38.0°C/100.4°F or greater) <input type="checkbox"/> Cough <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Pneumonia (clinical or radiological evidence) <input type="checkbox"/> Acute Respiratory Distress Syndrome (clinical or radiological evidence) <input type="checkbox"/> None of the above																		

OR

OR

Potential Exposure
<input type="checkbox"/> Exposure to a person with symptoms of Ebola infection or the body of a person that died of unknown or suspected Ebola infection.

<input checked="" type="checkbox"/> I have not traveled to West Africa within the last 21 days.
<input checked="" type="checkbox"/> I have not been exposed to anyone with symptoms of an Ebola infection.
<input checked="" type="checkbox"/> I have not traveled to the Arabian Peninsula or South Korea within the last 14 days.
<input checked="" type="checkbox"/> I have not been exposed to anyone with symptoms of MERS - CoV.
<input checked="" type="checkbox"/> I have not been in a healthcare facility as a patient, worker or visitor within 14 days before symptom onset.

- Instructions for admitting personnel:
 - Request the patient to complete the screening/triage tool.
 - Review screening/triage tool and if any boxes in Column A or Column B are checked: Call your Manager, Supervisor or Lead RN immediately.
 - * For Hospital Admitting and Registration, contact ETC immediately.

* Auth (Verified) *

GILAB
ENDOSCOPY POST-PROCEDURE CALL

Date of the procedure	<u>11/10/15</u>	Contact Phone	<u>949 244 7759</u>
Procedure	<u>EGD + balloon dilatation</u>	Language:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish Other _____
Physician	<u>Oh</u>	Post Procedure Diagnosis	_____

PHONE CALL ATTEMPTS:

date: 11/9/15 time: 5:21 result: see below no answer message left called by OBAGE

date: _____ time: _____ result: no answer called by _____

❖ Person answering questions (if other than patient) _____

QUESTIONNAIRE

- Did you experience any discomfort after your procedure?
 - Any sore throat?(EGD) Yes No N/A
 - Abdominal pain/cramping? Yes No (1-2-3-4-5-6-7-8-9-10)
 - Nausea/Vomiting? Yes No
 - Fever? Yes No
 - Bleeding? Yes No
 - Any pain, swelling or redness at IV site? Yes No
- Was it necessary to contact your physician? Yes No
- Did you require medication? Yes No
type: _____

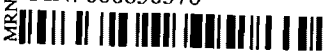
-
- Have you returned to your normal activities? Yes No
 - Was the procedure and preparation for procedure explained adequately to you beforehand? Yes No
 - Did you receive adequate discharge instruction? Yes No
 - Were you satisfied with the care you received in the GI Lab? Yes No

Physician notified of any of the problems described Yes No

Patient _____

Comments: _____

Instructions given to patient: _____

<p>Norris Hospital</p> <p>GI LAB Post-Procedure Call Questionnaire</p> <p>POOR ORIGINAL</p>	<p>HANNA, ADEL S DOB: 03/29/1946 69Y M DOS: 11/06/2015 15.00 ATT: OH MD, DANIEL FIN: 666856570</p> 
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* Auth (Verified) *

Keck Medical Center of USC

Ebola Virus Disease (EVD) / MERS - CoV Admitting Screening/Triage
Middle Eastern Respiratory Syndrome - CoV
(Patient to complete this form)

HANNA, ADEL S
DOB: 03/29/1946 69Y M
DOS: 11/06/2015 15:00
ATT: OH MD, DANIEL
FIN: 666856570



Your health and the safety of others is our highest priority. In accordance with CDC guidelines, please complete this Screening Tool. Check all that apply.

Column A

Column B

Ebola Travel History / Symptoms
Have you traveled to West Africa (see below) within the last 21 days (3 weeks)?
<input type="checkbox"/> Guinea
<input type="checkbox"/> Sierra Leone
<input type="checkbox"/> Liberia
<input type="checkbox"/> Other countries where EVD transmission has been reported
Symptoms
Do you have any of the following symptoms?
<input type="checkbox"/> Fever (38.0°C/100.4°F or greater)
<input type="checkbox"/> Severe Headache
<input type="checkbox"/> Diarrhea
<input type="checkbox"/> Vomiting
<input type="checkbox"/> Abdominal (Stomach) pain
<input type="checkbox"/> Muscle Pain
<input type="checkbox"/> Fatigue
<input type="checkbox"/> Weakness
<input type="checkbox"/> Bleeding inside and outside the body
<input type="checkbox"/> Bruising
<input type="checkbox"/> None of the above

MERS - CoV Travel History / Symptoms	
Have you traveled to the Arabian Peninsula, neighboring countries or South Korea within the last 14 days (2 weeks)?	
<input type="checkbox"/> Bahrain	<input type="checkbox"/> Oman
<input type="checkbox"/> Iraq	<input type="checkbox"/> Qatar
<input type="checkbox"/> Iran	<input type="checkbox"/> Saudi Arabia
<input type="checkbox"/> Israel	<input type="checkbox"/> Syria
<input type="checkbox"/> West Bank	<input type="checkbox"/> United Arab Emirates (UAE)
<input type="checkbox"/> Gaza	<input type="checkbox"/> Yemen
<input type="checkbox"/> Jordan	<input type="checkbox"/> South Korea
<input type="checkbox"/> Kuwait	
<input type="checkbox"/> Lebanon	
Symptoms	
Do you have any of the following symptoms?	
<input type="checkbox"/> Fever (38.0°C/100.4°F or greater)	
<input type="checkbox"/> Cough	
<input type="checkbox"/> Shortness of breath	
<input type="checkbox"/> Pneumonia (clinical or radiological evidence)	
<input type="checkbox"/> Acute Respiratory Distress Syndrome (clinical or radiological evidence)	
<input type="checkbox"/> None of the above	

OR

OR

Potential Exposure
<input type="checkbox"/> Exposure to a person with symptoms of Ebola infection or the body of a person that died of unknown or suspected Ebola infection.

<input checked="" type="checkbox"/> I have not traveled to West Africa within the last 21 days.
<input checked="" type="checkbox"/> I have not been exposed to anyone with symptoms of an Ebola infection.
<input checked="" type="checkbox"/> I have not traveled to the Arabian Peninsula or South Korea within the last 14 days.
<input checked="" type="checkbox"/> I have not been exposed to anyone with symptoms of MERS - CoV.
<input checked="" type="checkbox"/> I have not been in a healthcare facility as a patient, worker or visitor within 14 days before symptom onset.

Instructions for admitting personnel:

- o Request the patient to complete the screening/triage tool.
- o Review screening/triage tool and if any boxes in Column A or Column B are checked: Call your Manager, Supervisor or Lead RN immediately.
 - * For Hospital Admitting and Registration, contact ETC immediately.

Norris Cancer Hospital
USC Norris Cancer Hospital
1441 Eastlake Avenue
Los Angeles, CA 90089-0112

Patient Questionnaires

*** Clinical Documentation Content on Following Page ***

Report Request ID: 298699272
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 666856570
Admit Date: 11/6/2015 Discharge Date: 11/6/2015

* Auth (Verified) *

Keck Medical Center of USC

Ebola Virus Disease (EVD) / MERS - CoV Admitting Screening/Triage
Middle Eastern Respiratory Syndrome - CoV
(Patient to complete this form)

HANNA, ADEL S
DOB: 03/29/1946 69Y M
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ATT: OH MD, DANIEL
FIN: 666856570

MRN: 001117569



Your health and the safety of others is our highest priority. In accordance with CDC guidelines, please complete this Screening Tool. Check all that apply.

Column A

Column B

Ebola Travel History / Symptoms
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<input type="checkbox"/> Guinea
<input type="checkbox"/> Sierra Leone
<input type="checkbox"/> Liberia
<input type="checkbox"/> Other countries where EVD transmission has been reported
Symptoms
Do you have any of the following symptoms?
<input type="checkbox"/> Fever (38.0°C/100.4°F or greater)
<input type="checkbox"/> Severe Headache
<input type="checkbox"/> Diarrhea
<input type="checkbox"/> Vomiting
<input type="checkbox"/> Abdominal (Stomach) pain
<input type="checkbox"/> Muscle Pain
<input type="checkbox"/> Fatigue
<input type="checkbox"/> Weakness
<input type="checkbox"/> Bleeding inside and outside the body
<input type="checkbox"/> Bruising
<input type="checkbox"/> None of the above

MERS - CoV Travel History / Symptoms	
Have you traveled to the Arabian Peninsula, neighboring countries or South Korea within the last 14 days (2 weeks)?	
<input type="checkbox"/> Bahrain	<input type="checkbox"/> Oman
<input type="checkbox"/> Iraq	<input type="checkbox"/> Qatar
<input type="checkbox"/> Iran	<input type="checkbox"/> Saudi Arabia
<input type="checkbox"/> Israel	<input type="checkbox"/> Syria
<input type="checkbox"/> West Bank	<input type="checkbox"/> United Arab Emirates (UAE)
<input type="checkbox"/> Gaza	<input type="checkbox"/> Yemen
<input type="checkbox"/> Jordan	<input type="checkbox"/> South Korea
<input type="checkbox"/> Kuwait	
<input type="checkbox"/> Lebanon	
Symptoms	
Do you have any of the following symptoms?	
<input type="checkbox"/> Fever (38.0°C/100.4°F or greater)	
<input type="checkbox"/> Cough	
<input type="checkbox"/> Shortness of breath	
<input type="checkbox"/> Pneumonia (clinical or radiological evidence)	
<input type="checkbox"/> Acute Respiratory Distress Syndrome (clinical or radiological evidence)	
<input type="checkbox"/> None of the above	

OR

OR

Potential Exposure
<input type="checkbox"/> Exposure to a person with symptoms of Ebola infection or the body of a person that died of unknown or suspected Ebola infection.

<input checked="" type="checkbox"/> I have not traveled to West Africa within the last 21 days.
<input checked="" type="checkbox"/> I have not been exposed to anyone with symptoms of an Ebola infection.
<input checked="" type="checkbox"/> I have not traveled to the Arabian Peninsula or South Korea within the last 14 days.
<input checked="" type="checkbox"/> I have not been exposed to anyone with symptoms of MERS - CoV.
<input checked="" type="checkbox"/> I have not been in a healthcare facility as a patient, worker or visitor within 14 days before symptom onset.

- Instructions for admitting personnel:
 - o Request the patient to complete the screening/triage tool.
 - o Review screening/triage tool and if any boxes in Column A or Column B are checked: Call your Manager, Supervisor or Lead RN immediately.
 - * For Hospital Admitting and Registration, contact ETC immediately.

* Auth (Verified) *

GILAB
ENDOSCOPY POST-PROCEDURE CALL

Date of the procedure	11/10/15	Contact Phone	949 244 7759
Procedure	EGD + balloon dilatation		
Physician	Oh	Language:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish Other _____
Post Procedure Diagnosis			

PHONE CALL ATTEMPTS:

date: 11/9/15 time: 5:21 result: see below no answer message left called by: OBAGE

date: _____ time: _____ result: no answer called by: _____

❖ Person answering questions (if other than patient) _____

QUESTIONNAIRE

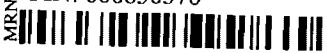
- Did you experience any discomfort after your procedure?

Any sore throat?(EGD)	Yes	No	N/A
Abdominal pain/cramping?	Yes	No	(1-2-3-4-5-6-7-8-9-10)
Nausea/Vomiting?	Yes	No	
Fever?	Yes	No	
Bleeding?	Yes	No	
Any pain, swelling or redness at IV site?	Yes	No	
 - Was it necessary to contact your physician? Yes No
 - Did you require medication? Yes No
type: _____
-
- Have you returned to your normal activities? Yes No
 - Was the procedure and preparation for procedure explained adequately to you beforehand? Yes No
 - Did you receive adequate discharge instruction? Yes No
 - Were you satisfied with the care you received in the GI Lab? Yes No
- Physician notified of any of the problems described Yes No NA

Patient _____

Comments: _____

Instructions given to patient: _____

<p>Norris Hospital</p> <p>GI LAB Post-Procedure Call Questionnaire</p> <p>POOR ORIGINAL</p>	<p>HANNA, ADEL S DOB: 03/29/1946 69Y M DOS: 11/06/2015 15.00 ATT: OH MD, DANIEL FIN: 666856570</p> 
----------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

* Auth (Verified) *

Keck Medical Center of USC

Ebola Virus Disease (EVD) / MERS - CoV Admitting Screening/Triage
Middle Eastern Respiratory Syndrome - CoV
(Patient to complete this form)

HANNA, ADEL S
DOB: 03/29/1946 69Y M
DOS: 11/06/2015 15:00
ATT: OH MD, DANIEL
FIN: 666856570

MRN: 001117569



Your health and the safety of others is our highest priority. In accordance with CDC guidelines, please complete this Screening Tool. Check all that apply.

Column A

Column B

Ebola Travel History / Symptoms
Have you traveled to West Africa (see below) within the last 21 days (3 weeks)?
<input type="checkbox"/> Guinea <input type="checkbox"/> Sierra Leone <input type="checkbox"/> Liberia <input type="checkbox"/> Other countries where EVD transmission has been reported
Symptoms
Do you have any of the following symptoms?
<input type="checkbox"/> Fever (38.0°C/100.4°F or greater) <input type="checkbox"/> Severe Headache <input type="checkbox"/> Diarrhea <input type="checkbox"/> Vomiting <input type="checkbox"/> Abdominal (Stomach) pain <input type="checkbox"/> Muscle Pain <input type="checkbox"/> Fatigue <input type="checkbox"/> Weakness <input type="checkbox"/> Bleeding inside and outside the body <input type="checkbox"/> Bruising <input type="checkbox"/> None of the above

MERS - CoV Travel History / Symptoms																		
Have you traveled to the Arabian Peninsula, neighboring countries or South Korea within the last 14 days (2 weeks)?																		
<table border="0"> <tr> <td><input type="checkbox"/> Bahrain</td> <td><input type="checkbox"/> Oman</td> </tr> <tr> <td><input type="checkbox"/> Iraq</td> <td><input type="checkbox"/> Qatar</td> </tr> <tr> <td><input type="checkbox"/> Iran</td> <td><input type="checkbox"/> Saudi Arabia</td> </tr> <tr> <td><input type="checkbox"/> Israel</td> <td><input type="checkbox"/> Syria</td> </tr> <tr> <td><input type="checkbox"/> West Bank</td> <td><input type="checkbox"/> United Arab Emirates (UAE)</td> </tr> <tr> <td><input type="checkbox"/> Gaza</td> <td><input type="checkbox"/> Yemen</td> </tr> <tr> <td><input type="checkbox"/> Jordan</td> <td><input type="checkbox"/> South Korea</td> </tr> <tr> <td><input type="checkbox"/> Kuwait</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Lebanon</td> <td></td> </tr> </table>	<input type="checkbox"/> Bahrain	<input type="checkbox"/> Oman	<input type="checkbox"/> Iraq	<input type="checkbox"/> Qatar	<input type="checkbox"/> Iran	<input type="checkbox"/> Saudi Arabia	<input type="checkbox"/> Israel	<input type="checkbox"/> Syria	<input type="checkbox"/> West Bank	<input type="checkbox"/> United Arab Emirates (UAE)	<input type="checkbox"/> Gaza	<input type="checkbox"/> Yemen	<input type="checkbox"/> Jordan	<input type="checkbox"/> South Korea	<input type="checkbox"/> Kuwait		<input type="checkbox"/> Lebanon	
<input type="checkbox"/> Bahrain	<input type="checkbox"/> Oman																	
<input type="checkbox"/> Iraq	<input type="checkbox"/> Qatar																	
<input type="checkbox"/> Iran	<input type="checkbox"/> Saudi Arabia																	
<input type="checkbox"/> Israel	<input type="checkbox"/> Syria																	
<input type="checkbox"/> West Bank	<input type="checkbox"/> United Arab Emirates (UAE)																	
<input type="checkbox"/> Gaza	<input type="checkbox"/> Yemen																	
<input type="checkbox"/> Jordan	<input type="checkbox"/> South Korea																	
<input type="checkbox"/> Kuwait																		
<input type="checkbox"/> Lebanon																		
Symptoms																		
Do you have any of the following symptoms?																		
<input type="checkbox"/> Fever (38.0°C/100.4°F or greater) <input type="checkbox"/> Cough <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Pneumonia (clinical or radiological evidence) <input type="checkbox"/> Acute Respiratory Distress Syndrome (clinical or radiological evidence) <input type="checkbox"/> None of the above																		

OR

OR

Potential Exposure
<input type="checkbox"/> Exposure to a person with symptoms of Ebola infection or the body of a person that died of unknown or suspected Ebola infection.

<input checked="" type="checkbox"/> I have not traveled to West Africa within the last 21 days.
<input checked="" type="checkbox"/> I have not been exposed to anyone with symptoms of an Ebola infection.
<input checked="" type="checkbox"/> I have not traveled to the Arabian Peninsula or South Korea within the last 14 days.
<input checked="" type="checkbox"/> I have not been exposed to anyone with symptoms of MERS - CoV.
<input checked="" type="checkbox"/> I have not been in a healthcare facility as a patient, worker or visitor within 14 days before symptom onset.

Instructions for admitting personnel:

- o Request the patient to complete the screening/triage tool.
- o Review screening/triage tool and if any boxes in Column A or Column B are checked: Call your Manager, Supervisor or Lead RN immediately.
 - * For Hospital Admitting and Registration, contact ETC immediately.

Norris Cancer Hospital
USC Norris Cancer Hospital
1441 Eastlake Avenue
Los Angeles, CA 90089-0112

Surgical Documentation

Document Name: Operative Report
Performed By: OH MD,DANIEL (11/6/2015 16:33 PST)
Signed By: OH MD,DANIEL (11/14/2015 07:45 PST)
Authenticated By: OH MD,DANIEL (11/14/2015 07:45 PST)

DATE OF SERVICE: 11/06/2015

Patient Name: HANNA, ADEL
Medical Record #: 1117569
Date of Birth: 03/29/1946

SURGEON:
Daniel Oh, M.D.

PREOPERATIVE DIAGNOSIS:
Dysphagia status post Nissen fundoplication.

POSTOPERATIVE DIAGNOSIS:
Dysphagia status post Nissen fundoplication.

OPERATIVE PROCEDURE:
Esophagogastroduodenoscopy with biopsy and balloon dilatation of gastroesophageal junction.

ANESTHESIA:
Conscious sedation (5 mg Versed, 100 mcg fentanyl).

COMPLICATIONS:
None.

EBL:
Minimal.

FINDINGS:
1. Normal esophagus with no evidence of erosive esophagitis.
2. Irregular squamocolumnar junction aligned with the gastroesophageal junction at 38 cm.

Report Request ID: 298699272
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 666856570
Admit Date: 11/6/2015 Discharge Date: 11/6/2015

Norris Cancer Hospital
USC Norris Cancer Hospital
1441 Eastlake Avenue
Los Angeles, CA 90089-0112

Surgical Documentation

3. Intact Nissen fundoplication from 38-41 cm.
4. Stomach normal.
5. Proximal duodenum normal.

INDICATIONS FOR PROCEDURE:

The patient is a 69-year-old man who underwent Nissen fundoplication at another institution in 1998 complicated by life-threatening esophageal perforation with extensive postoperative complications. Ultimately, he presented to us many years later and had dysphagia and outflow obstruction at the gastroesophageal junction with hypertensive esophageal contractions. He has responded well to balloon dilatation of the gastroesophageal junction. His last balloon dilatation was approximately a year and a half ago. Currently he is having a recurrence of his symptoms and therefore we discussed with him the indications for the procedure as well as the risks, benefits, and alternatives. Informed consent was obtained.

PROCEDURE:

The patient was brought into the procedure room, placed lateral decubitus with the head elevated. He underwent conscious sedation with intravenous Versed and fentanyl. Procedural safety pause was performed. The flexible endoscope was passed through the bite block, down the oropharynx into the esophagus without difficulty. The esophagus was unremarkable. No erosive esophagitis. The squamocolumnar junction was slightly irregular but aligned with the gastroesophageal junction, which demarcated the top of the Nissen fundoplication and that extended down from 38 to 41 cm. The stomach was insufflated. There was no significant resistance passing the scope, although there was some tortuosity getting through the gastroesophageal junction and lower esophagus. There was no evidence of any diverticulum. At that point the scope passed through the pylorus into the proximal duodenum, which appeared normal. The scope was pulled back. Retroflex view within the stomach revealed an intact Nissen fundoplication. We then straightened out the scope, took biopsies along the irregular squamocolumnar junction to rule out

Report Request ID: 298699272
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 666856570
Admit Date: 11/6/2015 Discharge Date: 11/6/2015

Norris Cancer Hospital
USC Norris Cancer Hospital
1441 Eastlake Avenue
Los Angeles, CA 90089-0112

Surgical Documentation

intestinal metaplasia. The CRE balloon was then passed across the gastroesophageal junction under direct visualization and inflated to 18 mm, then 19, then 20 mm. With each staged inflation of the balloon the balloon was passed back and forth within the gastroesophageal junction. There was not any excessive traction on this, however, there was successful dilatation with no complication. At that point the balloon was removed. Endoscopic evaluation revealed no other findings. All insufflated air was suctioned out. Slow withdrawal of the endoscope revealed no other abnormalities. He tolerated the procedure well.

DO/ac
D: 11/06/2015 4:33:57 PM PST
T: 11/08/2015 2:44:31 AM PST
J#: 119550248

Electronically Signed On 11/14/15 07:45 AM PST

DANIEL OH, MD

Document Name: NCI GI Lab PreOp Record
Performed By: Garcia,Erlinda (11/6/2015 15:14 PST)
Signed By: Garcia,Erlinda (11/6/2015 15:14 PST)
Authenticated By:

NCI GI Lab PreOp Record Summary

Primary Physician: OH MD, DANIEL
Case Number: NCIGI-2015-2227
Finalized Date/Time: 11/06/15 15:14:26
Pt. Name: HANNA, ADEL SHAKER
D.O.B./Sex: 03/29/1946 Male
Med Rec #: 1117569
Physician: OH MD, DANIEL
Financial #: 666856570

Report Request ID: 298699272
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 666856570
Admit Date: 11/6/2015 Discharge Date: 11/6/2015

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Surgical Documentation

Pt. Type: 0
 Room/Bed: /
 Admit/Disch: 11/06/15 13:38:00 -
 Institution:

PreOp Case Times - NCI GI

	Entry 1		
Pre-Op In Time	11/06/15 14:00:00	PreOp Bed	2
Delay Reason	No Delay	Pre-Op Out Time	11/06/15 15:13:00
Last Modified By:	Garcia, Erlinda 11/06/15 15:13:49		

PreOp Case Attendance - NCI GI

	Entry 1	Entry 2
Case Attendee	OH MD, DANIEL	Williams, Denise
Role Performed	Provider	Pre-Op Nurse
Case Attendee Comments		
Last Modified By:	Williams, Denise 11/06/15 14:23:23	Williams, Denise 11/06/15 14:23:23

PreOp Safe Hand-Off - NCI GI

	Entry 1
Hand-Off Communication PreOp to Procedure Area	Patient Name & Allergies Reviewed, Language Barriers, Mental Status Reviewed, Code Status Reviewed, Surgical Procedure Verified, Blood Products/Consent Reviewed, Patient's Significant Medical Hx Reviewed, Musculoskeletal/Skin: breakdown, casts, wounds, dressings, POA Adhoc Form Reviewed & Complete, Catheters/Drains, Family Waiting/Contact Information Documented, Surgeon has Spoken with Patient/Family, Belongings Reviewed

Report Request ID: 298699272
 Printed by: Rodriguez,Christina
 Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
 DOB: 3/29/1946 Age: 76 years Gender: Male
 MRN: 001117569
 Financial #: 666856570
 Admit Date: 11/6/2015 Discharge Date: 11/6/2015

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Surgical Documentation

Hand-Off Report

PreOp

Report Given By: Garcia, Erlinda **Report Given To:** Lagos, Elva
Last Modified By: Garcia, Erlinda
11/06/15 15:14:23

Finalized By: Garcia, Erlinda

Signature

Initials

Document Signatures

Signed By:

Garcia, Erlinda 11/06/15 15:14

Document Name: NCI GI Lab IntraOp Record
Performed By: Lagos,Elva (11/6/2015 15:52 PST)
Signed By: Lagos,Elva (11/6/2015 15:52 PST)
Authenticated By:

NCI GI Lab IntraOp Record Summary

Primary Physician: OH MD, DANIEL
Case Number: NCIGI-2015-2227
Finalized Date/Time: 11/06/15 15:52:38
Pt. Name: HANNA, ADEL SHAKER
D.O.B./Sex: 03/29/1946 Male
Med Rec #: 1117569
Physician: OH MD, DANIEL
Financial #: 666856570
Pt. Type: 0
Room/Bed: /
Admit/Disch: 11/06/15 13:38:00 -
Institution:

Case Attendance - NCI GI

	Entry 1	Entry 2	Entry 3
Case Attendee	OH MD, DANIEL	Lagos, Elva	GUEVARA, MARIA
Role Performed	Provider	Moderate Sedation Nurse	Endoscopy Technician

Report Request ID: 298699272

Printed by: Rodriguez,Christina

Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**

DOB: 3/29/1946 Age: 76 years Gender: Male

MRN: 001117569

Financial #: 666856570

Admit Date: 11/6/2015

Discharge Date: 11/6/2015

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Surgical Documentation

Time In (1)	11/06/15 15:16:00	11/06/15 15:16:00	11/06/15 15:16:00
Time Out (1)	11/06/15 15:46:00	11/06/15 15:46:00	11/06/15 15:46:00
Time In (2)			
Time Out (2)			
Time In (3)			
Time Out (3)			
Time In (4)			
Time Out (4)			
Time In (5)			
Time Out (5)			
Relief	No	No	No
Relief Safe Hand-Off	No	No	No
Manufacturer/Vendor			
Manufacturer/Vendor			
Other Name:			
Case Attendee			
Comments			
Last Modified By:	Lagos, Elva 11/06/15 15:51:18	Lagos, Elva 11/06/15 15:51:18	Lagos, Elva 11/06/15 15:51:18

Case Times - NCI GI

Entry 1			
Patient			
Patient In Room Time	11/06/15 15:16:00	Patient Out Room Time	11/06/15 15:46:00
Moderate Sedation			
Moderate Sedation Start Time	11/06/15 15:20:00	Moderate Sedation Stop Time	11/06/15 15:28:00
Anesthesia			
Robot			
Case			
Procedure/Surgery Start Time:	11/06/15 15:24:00	Procedure/Surgery Stop Time:	11/06/15 15:36:00
Last Modified By:	Lagos, Elva 11/06/15 15:44:49		

Universal Protocol Time Out - NCI GI

Entry 1			
Scheduled Procedure			
Esophagogastroduodenoscopy with Dilatati			
Section 1			
Procedural physician has discussed proposed procedure with patient or legal	Yes	Consent forms, informed consent, physician's orders and other documentation	Yes

Report Request ID: 298699272
 Printed by: Rodriguez,Christina
 Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
 DOB: 3/29/1946 Age: 76 years Gender: Male
 MRN: 001117569
 Financial #: 666856570
 Admit Date: 11/6/2015 Discharge Date: 11/6/2015

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Surgical Documentation

representative
 before anesthesia
 or sedation.

(including
 scheduling form)
 will be verified by
 the pre-procedure
 nurse BEFORE the
 start of the
 procedure. (The
 physician will
 clarify any
 discrepancies prior
 to entry to the
 procedure room.)

Physician Pre-Sedation
 Assessment form
 completed,
 including ASA and
 Airway
 Classification. Yes

Section 2
 Imaging studies
 available in
 procedure room. n/a

Procedural
 physician and
 another member of
 the procedural team
 check data to
 confirm side/site.
 If patient refuses
 marking n/a

If laterality or
 multiple structures
 are involved, then
 procedural
 physician or a
 member of the
 procedural team, in
 conjunction with
 the patient or
 legal
 representative, has
 marked procedural
 site with the word
 "YES."

documentation of
 refusal and
 reconfirmation of
 side/site is
 present in the
 medical record.

Pre-Procedure Nurse
 Signature Lagos, Elva

Signature Date/Time 11/06/15 15:18:00

Section 3
 (Check each item as
 it is completed.)

Correct patient
 identity, Correct side
 and site, Agreement on
 procedure to be done,

Time Out Completed
 & Checklist
 Verified By:

OH MD, DANIEL, Lagos,
 Elva, GUEVARA, MARIA

Report Request ID: 298699272
 Printed by: Rodriguez,Christina
 Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
 DOB: 3/29/1946 Age: 76 years Gender: Male
 MRN: 001117569
 Financial #: 666856570
 Admit Date: 11/6/2015 Discharge Date: 11/6/2015

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Surgical Documentation

Correct Patient
 Position, Correct
 implants present;
 special equipment present
Date/Time Time-Out Completed 11/06/15 15:19:00
Last Modified By: Lagos, Elva 11/06/15 15:26:11

General Case Data - NCI GI

Entry 1

Case Information	USC KN GI OR 01	Case Level - DO NOT CHANGE	None
Specialty	SN Thoracic	ASA Class	2
Anesthesia Type	Moderate Sedation		
Surgical Wound Classification Guide			
Wound Class Group			
Wound Class	No Incision		
Diagnosis			
Preop Diagnosis	DYSPHAGIA	Postop Same As Preop	No
Postop Diagnosis	INTACT FUNDOPLICATION.		
Last Modified By:	Lagos, Elva 11/06/15 15:33:32		

General Comments:
 TOLERATED PROC WELL. VSS. NO COMPLICATIONS. ABD=SOFT.

Surgical Procedures - NCI GI

Entry 1

Scheduled Procedure/Pref Card	Esophagogastroduodenoscopy with Dilatation Balloon	Primary Procedure	Yes
Primary Surgeon	OH MD, DANIEL	Actual Surgical Procedure	ESOPHAGOGASTRODUODENOSCOPY AND BALLOON DILATATION -18MM TO 20MM, BX
Procedure Start	11/06/15 15:24:00	Procedure Stop	11/06/15 15:36:00
Anesthesia Charge (Maj/Min Only) DO NOT CHANGE	None	Surgical Service	SN Thoracic
Last Modified By:	Lagos, Elva 11/06/15 15:39:16		

Delays - NCI GI

Report Request ID: 298699272
 Printed by: Rodriguez,Christina
 Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
 DOB: 3/29/1946 Age: 76 years Gender: Male
 MRN: 001117569
 Financial #: 666856570
 Admit Date: 11/6/2015 Discharge Date: 11/6/2015

Norris Cancer Hospital
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Surgical Documentation

Delay Reason Entry 1
 No Delay
Last Modified By: Lagos, Elva 11/06/15
 15:33:45

Patient Positioning - NCI GI

Body Position	Entry 1 Lateral Left Decubitus	Left Arm Position	At Side
Right Arm Position	At Side	Left Leg Position	Flexed
Right Leg Position	Flexed	Positioning Device	Pillow Support
Body Alignment	Yes	Time Positioning	11/06/15 15:19:00
Maintained		Evaluated	
Positioning By	Lagos, Elva, GUEVARA, MARIA		

Patient Positioning
Nursing Care Plan
Patient Outcome: Met
Patient is free
from signs and
symptoms of injury
related to
positioning
Last Modified By: Lagos, Elva 11/06/15
 15:34:32

Medication Administration - NCI GI

	Entry 1	Entry 2	Entry 3
Medication Free			
Text Description			
Medication	Fentanyl 50 mcg	Midazolam 2 mg	Fentanyl 25 mcg
Route of Admin	IV Push	IV Push	IV Push
Dose			
Volume			
Time Administered	11/06/15 15:20:00	11/06/15 15:20:00	11/06/15 15:22:00
Medication Given By	Lagos, Elva	Lagos, Elva	Lagos, Elva
Last Modified By:	Lagos, Elva 11/06/15 15:37:00	Lagos, Elva 11/06/15 15:37:00	Lagos, Elva 11/06/15 15:37:00
	Entry 4	Entry 5	Entry 6
Medication Free			
Text Description			
Medication	Midazolam 1 mg	Midazolam 1 mg	Fentanyl 25 mcg
Route of Admin	IV Push	IV Push	IV Push
Dose			
Volume			
Time Administered	11/06/15 15:22:00	11/06/15 15:24:00	11/06/15 15:28:00

Report Request ID: 298699272
 Printed by: Rodriguez,Christina
 Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
 DOB: 3/29/1946 Age: 76 years Gender: Male
 MRN: 001117569
 Financial #: 666856570
 Admit Date: 11/6/2015 Discharge Date: 11/6/2015

Norris Cancer Hospital
 USC Norris Cancer Hospital
 1441 Eastlake Avenue
 Los Angeles, CA 90089-0112

Surgical Documentation

Medication Given By	Lagos, Elva	Lagos, Elva	Lagos, Elva
Last Modified By:	Lagos, Elva 11/06/15 15:37:00	Lagos, Elva 11/06/15 15:37:00	Lagos, Elva 11/06/15 15:37:00

Entry 7

Medication Free
Text Description
Medication Midazolam 1 mg
Route of Admin IV Push
Dose
Volume
Time Administered 11/06/15 15:28:00
Medication Given By Lagos, Elva
Last Modified By: Lagos, Elva 11/06/15
 15:37:00

Cultures and Specimens - NCI GI

Entry 1

Specimens		Total Number of	
Specimens Ordered	Yes	Permanent Sections	1

Cultures
Cultures Ordered No
Last Modified By: Lagos, Elva 11/06/15
 15:30:55

General Comments:
 PATH FORM COMPLETED- 1=SQUAMOCOLUMNAR JUNCTION BX.

Endoscope - NCI GI

Entry 1

Scope Type	EGD	Scope Identifier	2000337
Last Modified By:	Lagos, Elva 11/06/15 15:31:13		

Chartable Occurrences - NCI GI

Entry 1

Occurrence Type None
Last Modified By: Lagos, Elva 11/06/15
 15:31:16

PNDS Outcomes - NCI GI

Entry 1

Nursing Diagnosis Anxiety 00146
Interventions Evaluates psychosocial
 response to plan of

Entry 2

Risk for infection 00004
 Implements aseptic
 technique 1m.300,

Report Request ID: 298699272
 Printed by: Rodriguez,Christina
 Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
 DOB: 3/29/1946 Age: 76 years Gender: Male
 MRN: 001117569
 Financial #: 666856570
 Admit Date: 11/6/2015 Discharge Date: 11/6/2015

Norris Cancer Hospital
 USC Norris Cancer Hospital
 1441 Eastlake Avenue
 Los Angeles, CA 90089-0112

Surgical Documentation

<p>Outcomes</p> <p>All Patient Goals and Outcomes Met?</p> <p>Last Modified By:</p>	<p>care E.520, Implements measures to provide psychological support Im.510, Elicits perceptions of surgery A.510.3, Identifies individual values and wishes concerning care A.510.1</p> <p>Patient or designated support person participates in decisions affecting his or her perioperative plan of care O.700</p> <p>Yes</p> <p>Lagos, Elva 11/06/15 15:31:22</p>	<p>Monitors for signs and symptoms of infection Im.360, Evaluates factors associated with increased risk for postoperative infection at the completion of the procedure E.320</p> <p>Patient is free from signs and symptoms of infection O.280</p> <p>Yes</p> <p>Lagos, Elva 11/06/15 15:31:22</p>
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Departure from Procedure - NCI GI

<p>Present on Depart</p> <p>Skin DFO</p> <p>Skin Condition on Depart</p> <p>Airway Device</p> <p>Sign Out</p> <p>Checklist III</p> <p>Mode of Transportation</p> <p>Last Modified By:</p>	<p>Entry 1</p> <p>Oxygen</p> <p>Warm/Dry/Intact</p> <p>Nasal Cannula</p> <p>Brief Op Note Completed, Hand Off Communication given to PACU RN/ICU RN, The Specimen is Labeled (including patient name), Specimens taken to Pathology</p> <p>Gurney</p> <p>Lagos, Elva 11/06/15 15:31:40</p>	<p>Post-op Destination</p> <p>PACU</p>
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Debrief - NCI GI

<p>RN Verbally confirms with team</p>	<p>Entry 1</p> <p>Procedure Performed/Verify Wound Class, Specimen(s)</p>
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Report Request ID: 298699272
 Printed by: Rodriguez,Christina
 Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
 DOB: 3/29/1946 Age: 76 years Gender: Male
 MRN: 001117569
 Financial #: 666856570
 Admit Date: 11/6/2015 Discharge Date: 11/6/2015

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Los Angeles, CA 90089-0112

Surgical Documentation

(quantity/labeled), Key concerns/needs for recovery including transfer location
Last Modified By: Lagos, Elva 11/06/15 15:32:08

Case Comments

<None>

Finalized By: Lagos, Elva

Signature

Initials

Document Signatures

Signed By:
Lagos, Elva 11/06/15 15:52

Document Name: NCI GI Lab PostOp Record
Performed By: Stewart,Lisa (11/6/2015 17:24 PST)
Signed By: Stewart,Lisa (11/6/2015 17:24 PST)
Authenticated By:

NCI GI Lab PostOp Record Summary

Primary Physician: OH MD, DANIEL
Case Number: NCIGI-2015-2227
Finalized Date/Time: 11/06/15 17:24:24
Pt. Name: HANNA, ADEL SHAKER
D.O.B./Sex: 03/29/1946 Male
Med Rec #: 1117569
Physician: OH MD, DANIEL
Financial #: 666856570
Pt. Type: 0
Room/Bed: /
Admit/Disch: 11/06/15 13:38:00 -
Institution:

Report Request ID: 298699272
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 666856570
Admit Date: 11/6/2015 Discharge Date: 11/6/2015

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Surgical Documentation

PostOp Case Times - NCI GI

PACU I In Time	Entry 1 11/06/15 15:46:00	Hand-Off Communication OR to PACU	Patient Name & Allergies Reviewed
Report Given By:	Lagos, Elva	Report Given To:	Stewart, Lisa
Will patient be transported to PACU II or Nursing Unit?	No	PACU I Discharge Time	11/06/15 17:15:00
Last Modified By:	Stewart, Lisa 11/06/15 17:23:38		

PostOp Case Attendance - NCI GI

	Entry 1	Entry 2
Case Attendee	OH MD, DANIEL	Stewart, Lisa
Role Performed	Provider	PACU Nurse
Case Attendee Comments		
Last Modified By:	Stewart, Lisa 11/06/15 16:02:39	Stewart, Lisa 11/06/15 16:02:39

PostOp Departure - NCI GI

	Entry 1	Destination	Home
PACU Bed	PACU BED C		
Last Modified By:	Stewart, Lisa 11/06/15 16:02:48		

Finalized By: Stewart, Lisa

Signature

Initials

Document Signatures

Signed By:
Stewart, Lisa 11/06/15 17:24

Multidisciplinary Forms - Textual Rendition

Present on Admission Assessment Entered On: 11/6/2015 14:35 PST
Performed On: 11/6/2015 14:23 PST by Williams, Denise

Report Request ID: 298699272
 Printed by: Rodriguez, Christina
 Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
 DOB: 3/29/1946 Age: 76 years Gender: Male
 MRN: 001117569
 Financial #: 666856570
 Admit Date: 11/6/2015 Discharge Date: 11/6/2015

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Multidisciplinary Forms - Textual Rendition

Lines/Tubes Present on Admission

Lines or Tubes Present on Admission : None

Williams, Denise - 11/6/2015 14:23 PST

Advance Directive Entered On: 11/6/2015 13:45 PST
Performed On: 11/6/2015 13:44 PST by Perez, Eva

Advance Directive

*Advance Directive : No

Does Patient Have a Surrogate : Yes

Surrogate Name : IRMA KAWAGUCHI - SIGNIFICANT OTHER

Surrogate Phone # : 909-374-7216

Patient Wishes to Receive Further Information on Advance Directives : Yes

Organ Donor : No

Perez, Eva - 11/6/2015 13:44 PST

Hospitalization Notification

Would the patient like a family member or representative notified of the patient's hospital stay? : No

Would the patient like his/her primary care provider notified of the hospital stay? : No

Perez, Eva - 11/6/2015 13:44 PST

Adult Preprocedure Surgery Assessment Entered On: 11/6/2015 14:34 PST
Performed On: 11/6/2015 14:23 PST by Williams, Denise

General Info

Preferred Name : Adel

Mode of Arrival : Ambulatory

Accompanied By : Alone

Admitted From : Home

The Language in Which the Patient Prefers to Receive Health Care Information : English

Information Given By : Patient

Translator Used : No

Williams, Denise - 11/6/2015 14:23 PST

Contact / Discharge Information

Report Request ID: 298699272

Printed by: Rodriguez,Christina

Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**

DOB: 3/29/1946 Age: 76 years

Gender: Male

MRN: 001117569

Financial #: 666856570

Admit Date: 11/6/2015

Discharge Date: 11/6/2015

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Multidisciplinary Forms - Textual Rendition

Emergency Contact Name : Irma
Emergency Contact Relationship : Spouse
Emergency Contact Phone Number : 9093747216
Responsible Adult Available on Discharge : Yes
Discharge Contact Same as Emergency Contact : Yes

Williams, Denise - 11/6/2015 14:23 PST

Height/Weight/Allergies

Height : 172.7 cm
Weight Dosing : 78.9 kg
BSA Dubois Admission : 1.93 m2

Williams, Denise - 11/6/2015 14:23 PST
(As Of: 11/6/2015 14:34:12 PST)

Allergies (Active)

Reglan

Estimated Onset Date: Unspecified ; Created By: Haughian ,
Rita ; Reaction Status: Active ; Category: Drug ; Substance:
Reglan ; Type: Allergy ; Updated By: Haughian , Rita ;
Reviewed Date: 2/10/2014 8:24 PST

Medication History

Medication List

(As Of: 11/6/2015 14:34:12 PST)

Home Meds

amLODIPine

: amLODIPine ; Status: Documented ; Ordered As Mnemonic:
amLODIPine ; Simple Display Line: 5 mg, Oral, Daily, 0
Refill(s) ; Catalog Code: amLODIPine ; Order Dt/Tm:
11/6/2015 14:25:31

ranitidine

: ranitidine ; Status: Documented ; Ordered As Mnemonic:
Zantac 300 oral tablet ; Simple Display Line: 300 mg, 1 tab(s),
Oral, Daily, PRN, 30 tab(s) ; Catalog Code: ranitidine ; Order
Dt/Tm: 11/19/2013 13:03:16

Report Request ID: 298699272

Patient Name: **HANNA, ADEL SHAKER**

Printed by: Rodriguez,Christina

DOB: 3/29/1946

Age: 76 years

Gender: Male

Printed: 3/7/2023 14:05 PST

MRN: 001117569

Financial #: 666856570

Admit Date: 11/6/2015

Discharge Date: 11/6/2015

Multidisciplinary Forms - Textual Rendition

aspirin : aspirin ; *Status:* Documented ; *Ordered As Mnemonic:* Aspirin Low Dose 81 mg oral delayed release tablet ; *Simple Display Line:* 81 mg, 1 tab(s), Oral, Daily, 30 tab(s) ; *Catalog Code:* aspirin ; *Order Dt/Tm:* 11/19/2013 12:49:12

atenolol : atenolol ; *Status:* Documented ; *Ordered As Mnemonic:* atenolol 50 mg oral tablet ; *Simple Display Line:* 50 mg, 1 tab(s), Oral, Daily, 30 tab(s) ; *Catalog Code:* atenolol ; *Order Dt/Tm:* 11/19/2013 12:48:58

Anesthesia/Transfusions

Anesthesia History : Prior general anesthesia

Anesthesia Reaction : None

Moderate Sedation History : Prior sedation for procedure

Previous Problems With Sedation : None

Transfusion History : No prior transfusion

If Medically necessary would you consent to the use of Blood and/or Blood Components : Yes

Williams, Denise - 11/6/2015 14:23 PST

Assessment

Demonstrates signs, symptoms of Core Measures : None

Level of Consciousness : Awake

Neuromuscular Symptoms : None

Orientation : Oriented x 4

Heart Rhythm : Regular

Cardiovascular Symptoms : Denies

Respiratory Patterns : Regular

Cough : None

Sputum Amount : None

Williams, Denise - 11/6/2015 14:23 PST

Report Request ID: 298699272

Printed by: Rodriguez,Christina

Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**

DOB: 3/29/1946

Age: 76 years

Gender: Male

MRN: 001117569

Financial #: 666856570

Admit Date: 11/6/2015

Discharge Date: 11/6/2015

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Multidisciplinary Forms - Textual Rendition

Breath Sounds Detailed Assessment Grid

Left upper lobe breath sounds : Clear
 Left lower lobe breath sounds : Clear
 Right upper lobe breath sounds : Clear
 Right middle lobe breath sounds : Clear
 Right lower lobe breath sounds : Clear

Williams, Denise - 11/6/2015 14:23 PST

Bowel Sounds Grid

LUQ : Present
 RUQ : Present
 LLQ : Present
 RLQ : Present

Williams, Denise - 11/6/2015 14:23 PST

Abdominal Palpation : Non-Tender, Soft
 Dialysis Patient : No
 Urinary Elimination : Voiding, no difficulties
 Skin Integrity : Intact, no abnormalities

Williams, Denise - 11/6/2015 14:23 PST

Pain Screening

Ability to Self Report Pain V2 : Yes
 Pain Present : Yes

Williams, Denise - 11/6/2015 14:23 PST

Comprehensive Pain Assessment

Self Reported Pain Tool Used : NRS (0-10)

Williams, Denise - 11/6/2015 14:23 PST

Pain Location

	Primary Pain Location
Pain Location :	Other: Epigastric "reflux pain"
Pain Laterality :	Midline
Pain Quality :	Discomfort
Pain Pattern :	Intermittent
Pain Onset :	Greater than one month
Pain Intensity :	1/10

Report Request ID: 298699272
 Printed by: Rodriguez,Christina
 Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
 DOB: 3/29/1946 Age: 76 years Gender: Male
 MRN: 001117569
 Financial #: 666856570
 Admit Date: 11/6/2015 Discharge Date: 11/6/2015

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Multidisciplinary Forms - Textual Rendition

<i>Patient's stated goal for pain relief</i> :	1
	Williams, Denise - 11/6/2015 14:23 PST

Pain Tool Used : Other: lack of food
Alleviating Factors : Other: medications, food
Associated Symptoms : None
Pain Negatively Impacts : Appetite
Primary Pain Interventions : Medications, Other: eating food

Williams, Denise - 11/6/2015 14:23 PST

Image 4 - Images currently included in the form version of this document have not been included in the text rendition version of the form.

Pneumococcal and Influenza Assessment

Pneumococcal Indications Assessment : Age 65 years or older
Pneumococcal Contraindications Assessment : Vaccine received at age 65 or older
Pneumococcal Administration Year : 2012
Influenza Indications Assessment : Vaccine received current influenza season or patient age less than 6 months

Williams, Denise - 11/6/2015 14:23 PST

Social History

History of Smoking Past 30 Days : No tobacco use of any form
Alcohol & Substance Screen Completion Status : Yes
History of Alcohol or Substance Use in last 12 months : No

Williams, Denise - 11/6/2015 14:23 PST

Social History

(As Of: 11/6/2015 14:34:12 PST)

Tobacco: Low Risk
 Former smoker, Cigarettes, 20 per day. (Last Updated: 11/19/2013 12:52:14 PST by ROJAS, THERESA)

Alcohol: Low Risk
 Current, Wine, 1-2 times per month (Last Updated: 11/6/2015 14:31:20 PST by Williams, Denise)

Substance Abuse: Denies Substance Abuse

Report Request ID: 298699272
 Printed by: Rodriguez,Christina
 Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
 DOB: 3/29/1946 Age: 76 years Gender: Male
 MRN: 001117569
 Financial #: 666856570
 Admit Date: 11/6/2015 Discharge Date: 11/6/2015

Multidisciplinary Forms - Textual Rendition

(Last Updated: 11/6/2015 14:31:24 PST by Williams, Denise)

Social Services Screening

Mandatory Abuse/Neglect Screening : None identified
Social Issues : None identified

Williams, Denise - 11/6/2015 14:23 PST

Psychosocial

Patient Coping : Appropriate

Williams, Denise - 11/6/2015 14:23 PST

Functional

Sensory Deficits : Hearing deficit, right ear
History of Falls within Last 30 Days : No
Mobility Assistance Prior to Admission : Independent
ADLs : Independent

Williams, Denise - 11/6/2015 14:23 PST

Advance Directive

**Advance Directive* : Yes
Type of Advance Directive : Living will
Medical Durable Power of Attorney Name : Irma Kawaguchi
Medical Power of Attorney Phone # : 909374 7216
Location of Advance Directive : Family to bring in copy from home
Organ Donor : No

Williams, Denise - 11/6/2015 14:23 PST

Preprocedure Checklist Entered On: 11/6/2015 14:35 PST
Performed On: 11/6/2015 14:23 PST by Williams, Denise

Patient Safety

Patient Preferred Name : Adel
Today's procedure as stated by patient : dilation of esophagus
Insight Regarding Procedure : Patient verbalizes understanding
NPO Since : 11/5/2015 20:00 PST
Procedure Location : Norris GI Lab

Report Request ID: 298699272
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 666856570
Admit Date: 11/6/2015 Discharge Date: 11/6/2015

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Multidisciplinary Forms - Textual Rendition

Pre-op Antibiotic Ordered and On Call : N/A
Beta Blocker : No
Metal Implants : None
Medication Patch : No
Anuric : No
Foley Catheter : No
Last Void : 11/6/2015 14:00 PST
Isolation Precautions for : Standard
Pregnancy Status : N/A
Was the pt transferred to the PreOp/OR : No

Williams, Denise - 11/6/2015 14:23 PST
Williams, Denise - 11/6/2015 14:23 PST

Checklist

Current H&P in Medical Record : OR/PROC RN

Lagos, Elva - 11/6/2015 15:41 PST

Anesthesia Consent Signed : N/A
Blood Consent Signed : N/A
Jewelry Consents Complete : N/A
Site Verified by Patient/Physician : N/A
Hair Accessories Removed : N/A
Hearing Aids Removed : N/A
Jewelry/Piercings Removed : N/A
Prosthetic Devices (Limbs/Eyes) Removed : N/A
Labs and Diagnostic Tests Reviewed : N/A
Abnormal labs/diagnostic results reported to surgical service/anesthesia : N/A

Williams, Denise - 11/6/2015 14:23 PST

ID Band on and Verified : PreOp RN, OR/PROC RN
Surgical Prep Verified : PreOp RN, OR/PROC RN
Surgical Consent Signed : PreOp RN, OR/PROC RN
Physician Sedation Assessment Complete (For Moderate Sedation only) : PreOp RN, OR/PROC RN
Admit Face Sheets/Cond of Admit/HIPAA Complete : PreOp RN, OR/PROC RN
Dentures/Partials Removed : N/A
Glasses/Contacts Removed : PreOp RN, OR/PROC RN
(Comment: on patient [Williams, Denise - 11/6/2015 15:41 PST])

Lagos, Elva - 11/6/2015 15:41 PST

Report Request ID: 298699272
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 666856570
Admit Date: 11/6/2015 Discharge Date: 11/6/2015

Norris Cancer Hospital
 USC Norris Cancer Hospital

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Measurements

Recorded Date 11/6/2015
 Recorded Time 14:23 PST
 Recorded By Williams,Denise

Procedure	Units	Reference Range	
Height	cm		172.7
Weight Dosing	kg		78.9
BSA Dubois Admission	m2		1.93

Vital Signs

Recorded Date 11/6/2015 11/6/2015 11/6/2015
 Recorded Time 17:00 PST 16:50 PST 16:40 PST
 Recorded By Stewart,Lisa Stewart,Lisa Stewart,Lisa

Procedure	Units	Reference Range			
Heart Rate Monitored	bpm	[60-100]	56 ^L	55 ^L	54 ^L
Respiratory Rate	breaths/min	[14-20]	12 ^L	13 ^L	10 ^L
Systolic Blood Pressure	mm/Hg	[90-140]	116	104	98
Diastolic Blood Pressure	mm/Hg	[60-90]	69	79	75
Mean Arterial Pressure,Cuff BMDI	mm/Hg		78	85	80
Oxygen Therapy			Room air	-	-
SpO2	%	[91-100]	96	95	98

Recorded Date 11/6/2015 11/6/2015 11/6/2015
 Recorded Time 16:30 PST 16:20 PST 16:10 PST
 Recorded By Stewart,Lisa Stewart,Lisa Stewart,Lisa

Procedure	Units	Reference Range			
Heart Rate Monitored	bpm	[60-100]	56 ^L	56 ^L	57 ^L
Respiratory Rate	breaths/min	[14-20]	11 ^L	16	12 ^L
Systolic Blood Pressure	mm/Hg	[90-140]	97	103	110
Diastolic Blood Pressure	mm/Hg	[60-90]	69	70	71
Mean Arterial Pressure,Cuff BMDI	mm/Hg		76	77	80
SpO2	%	[91-100]	97	95	93

Report Request ID: 298699272
 Printed by: Rodriguez,Christina
 Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
 DOB: 3/29/1946 Age: 76 years Gender: Male
 MRN: 001117569
 Financial #: 666856570
 Admit Date: 11/6/2015 Discharge Date: 11/6/2015

Norris Cancer Hospital
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Vital Signs

Procedure	Units	Reference Range	Recorded Date	Recorded Time	Recorded By
Temperature Temporal Artery	degC	[36.3-37.8]	11/6/2015	16:00 PST	Stewart,Lisa
Heart Rate Monitored	bpm	[60-100]	11/6/2015	15:50 PST	Stewart,Lisa
Respiratory Rate	breaths/min	[14-20]	11/6/2015	15:45 PST	Lagos,Elva
Systolic Blood Pressure	mm/Hg	[90-140]			
Diastolic Blood Pressure	mm/Hg	[60-90]			
Mean Arterial Pressure,Cuff BMDI	mm/Hg				
Oxygen Therapy					
SpO2	%	[91-100]			

Procedure	Units	Reference Range	Recorded Date	Recorded Time	Recorded By
Heart Rate Monitored	bpm	[60-100]	11/6/2015	15:40 PST	Lagos,Elva
Respiratory Rate	breaths/min	[14-20]	11/6/2015	15:35 PST	Lagos,Elva
Systolic Blood Pressure	mm/Hg	[90-140]			
Diastolic Blood Pressure	mm/Hg	[60-90]			
Mean Arterial Pressure,Cuff BMDI	mm/Hg				
SpO2	%	[91-100]			

Procedure	Units	Reference Range	Recorded Date	Recorded Time	Recorded By
Heart Rate Monitored	bpm	[60-100]	11/6/2015	15:25 PST	Lagos,Elva
Respiratory Rate	breaths/min	[14-20]	11/6/2015	15:20 PST	Lagos,Elva
Systolic Blood Pressure	mm/Hg	[90-140]			
Diastolic Blood Pressure	mm/Hg	[60-90]			
Mean Arterial Pressure,Cuff BMDI	mm/Hg				
Oxygen Therapy					
SpO2	%	[91-100]			
Oxygen Flow Rate	L/min				

Report Request ID: 298699272
 Printed by: Rodriguez,Christina
 Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
 DOB: 3/29/1946 Age: 76 years Gender: Male
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Vital Signs

Procedure	Units	Reference Range	Recorded Date	Recorded Time	Recorded By	11/6/2015	11/6/2015
Temperature Oral	degC	[35.8-37.3]	11/6/2015	14:56 PST	Williams,Denise	36.9	-
Heart Rate Monitored	bpm	[60-100]				60	-
Respiratory Rate	breaths/min	[14-20]				12 ^L	-
Systolic Blood Pressure	mm/Hg	[90-140]				110	-
Diastolic Blood Pressure	mm/Hg	[60-90]				82	-
BP Location						Left arm	-
Neuromuscular Symptoms						-	None
Level of Consciousness						-	Awake
Oxygen Therapy						Room air	-
SpO2	%	[91-100]				96	-

Pain

Pain Assessment

Procedure	Units	Reference Range	Recorded Date	Recorded Time	Recorded By	11/6/2015	11/6/2015	11/6/2015
Self Reported Pain Tool Used			11/6/2015	17:00 PST	Stewart,Lisa	NRS (0-10)	NRS (0-10)	-
Pain Intensity						0/10 = No pain	0/10 = No pain	-
Ability to Self Report Pain-Universal						Yes	Yes	-
Pain Present						No	No	-
Pain Score Method						-	-	NRS (0-10)
Pain Score						-	-	0

Procedure	Units	Reference Range	Recorded Date	Recorded Time	Recorded By
Pain Location			11/6/2015	14:23 PST	Williams,Denise
Pain Laterality					

Other: Epigastric "reflux pain"
Midline

Report Request ID: 298699272
 Printed by: Rodriguez,Christina
 Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
 DOB: 3/29/1946 Age: 76 years Gender: Male
 MRN: 001117569
 Financial #: 666856570
 Admit Date: 11/6/2015 Discharge Date: 11/6/2015

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Pain

Pain Assessment

		Recorded Date	11/6/2015
		Recorded Time	14:23 PST
		Recorded By	Williams,Denise
Procedure	Units	Reference Range	
Pain Quality			Discomfort
Pain Onset			Greater than one month
Self Reported Pain Tool Used			NRS (0-10)
Pain Negatively Impacts			Appetite
Pain Intensity			1/10
Pain Pattern			Intermittent
Pain Present			Yes
Patient Stated Goal for Pain Relief			1
Pain Aggravating Factors History			Other: lack of food
Pain Alleviating Factors History			Other: medications, food
Pain Associated Symptoms			None
Primary Pain Interventions			Medications, Other: eating food

Gynecology/Obstetrics

Gynecology/Obstetrics

		Recorded Date	11/6/2015
		Recorded Time	14:23 PST
		Recorded By	Williams,Denise
Procedure	Units	Reference Range	
Pregnancy Status			N/A

Report Request ID: 298699272
 Printed by: Rodriguez,Christina
 Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
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Gynecology/Obstetrics

Women's Health Measurements

		Recorded Date	11/6/2015
		Recorded Time	14:23 PST
		Recorded By	Williams,Denise
Procedure	Units	Reference Range	
Height	cm		172.7
Weight Dosing	kg		78.9

Cardiovascular

Cardiovascular Assessment

		Recorded Date	11/6/2015
		Recorded Time	14:23 PST
		Recorded By	Williams,Denise
Procedure	Units	Reference Range	
Cardiovascular Symptoms			Denies
Heart Rhythm			Regular

Cardiac Rhythm Analysis

		Recorded Date	11/6/2015	11/6/2015	11/6/2015
		Recorded Time	17:00 PST	15:50 PST	15:40 PST
		Recorded By	Stewart,Lisa	Stewart,Lisa	Lagos,Elva
Procedure	Units	Reference Range			
Cardiac Rhythm			Sinus bradycardia	Sinus bradycardia	Sinus bradycardia
		Recorded Date	11/6/2015	11/6/2015	11/6/2015
		Recorded Time	15:35 PST	15:30 PST	15:25 PST
		Recorded By	Lagos,Elva	Lagos,Elva	Lagos,Elva
Procedure	Units	Reference Range			
Cardiac Rhythm			Sinus bradycardia	Normal sinus rhythm	Normal sinus rhythm

Report Request ID: 298699272
 Printed by: Rodriguez,Christina
 Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
 DOB: 3/29/1946 Age: 76 years Gender: Male
 MRN: 001117569
 Financial #: 666856570
 Admit Date: 11/6/2015 Discharge Date: 11/6/2015

Norris Cancer Hospital
 USC Norris Cancer Hospital
 1441 Eastlake Avenue
 Los Angeles, CA 90089-0112

Cardiovascular

Cardiac Rhythm Analysis

Procedure	Units	Reference Range	Recorded Date	Recorded Time	Recorded By
Cardiac Rhythm			11/6/2015	15:20 PST	Lagos,Elva
			11/6/2015	15:15 PST	Lagos,Elva
			11/6/2015	14:56 PST	Williams,Denise

Reference Range: Sinus bradycardia Sinus bradycardia Normal sinus rhythm

Respiratory

Respiratory Assessment

Procedure	Units	Reference Range	Recorded Date	Recorded Time	Recorded By
Respiratory Pattern			11/6/2015	14:23 PST	Williams,Denise
Left Upper Lobe Breath Sounds					Regular
Left Lower Lobe Breath Sounds					Clear
Right Upper Lobe Breath Sounds					Clear
Right Middle Lobe Breath Sounds					Clear
Right Lower Lobe Breath Sounds					Clear
Cough					None
Sputum Amount					None

Oxygen Therapy & Oxygenation Information

Procedure	Units	Reference Range	Recorded Date	Recorded Time	Recorded By	Recorded Date	Recorded Time	Recorded By	Recorded Date	Recorded Time	Recorded By
Oxygen Therapy			11/6/2015	17:00 PST	Stewart,Lisa	11/6/2015	16:50 PST	Stewart,Lisa	11/6/2015	16:40 PST	Stewart,Lisa
SpO2	%	[91-100]									

Reference Range: Room air 96 - 95 98 97 95

Report Request ID: 298699272
 Printed by: Rodriguez,Christina
 Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
 DOB: 3/29/1946 Age: 76 years Gender: Male
 MRN: 001117569
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 Admit Date: 11/6/2015 Discharge Date: 11/6/2015

Norris Cancer Hospital
 USC Norris Cancer Hospital
 1441 Eastlake Avenue
 Los Angeles, CA 90089-0112

Respiratory

Oxygen Therapy & Oxygenation Information

		Recorded Date	11/6/2015	11/6/2015	11/6/2015	11/6/2015	11/6/2015
		Recorded Time	16:10 PST	16:00 PST	15:50 PST	15:45 PST	15:40 PST
		Recorded By	Stewart,Lisa	Stewart,Lisa	Stewart,Lisa	Lagos,Elva	Lagos,Elva
Procedure	Units	Reference Range					
Oxygen Therapy			-	-	Room air	-	-
SpO2	%	[91-100]	93	93	94	99	99
		Recorded Date	11/6/2015	11/6/2015	11/6/2015	11/6/2015	11/6/2015
		Recorded Time	15:35 PST	15:30 PST	15:25 PST	15:20 PST	15:15 PST
		Recorded By	Lagos,Elva	Lagos,Elva	Lagos,Elva	Lagos,Elva	Lagos,Elva
Procedure	Units	Reference Range					
Oxygen Therapy			-	-	-	-	Nasal cannula
SpO2	%	[91-100]	99	100	98	100	97
Oxygen Flow Rate	L/min		-	-	-	-	3
		Recorded Date	11/6/2015				
		Recorded Time	14:56 PST				
		Recorded By	Williams,Denise				
Procedure	Units	Reference Range					
Oxygen Therapy			Room air				
SpO2	%	[91-100]	96				

Chest Physiotherapy

		Recorded Date	11/6/2015
		Recorded Time	15:50 PST
		Recorded By	Stewart,Lisa
Procedure	Units	Reference Range	
Patient Position			Lying on left side

Report Request ID: 298699272
 Printed by: Rodriguez,Christina
 Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
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 MRN: 001117569
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 Admit Date: 11/6/2015 Discharge Date: 11/6/2015

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 1441 Eastlake Avenue
 Los Angeles, CA 90089-0112

Gastrointestinal

Gastrointestinal Assessment

Recorded Date 11/6/2015
 Recorded Time 14:23 PST
 Recorded By Williams,Denise

Procedure	Units	Reference Range
Abdomen Palpation		Non-Tender, Soft
Bowel Sounds LUQ		Present
Bowel Sounds RUQ		Present
Bowel Sounds LLQ		Present
Bowel Sounds RLQ		Present

Genitourinary

Genitourinary Assessment

Recorded Date 11/6/2015
 Recorded Time 14:23 PST
 Recorded By Williams,Denise

Procedure	Units	Reference Range
Urinary Elimination		Voiding, no difficulties

Integumentary

Integumentary Assessment

Recorded Date 11/6/2015
 Recorded Time 14:23 PST
 Recorded By Williams,Denise

Procedure	Units	Reference Range
Skin Integrity		Intact, no abnormalities

Report Request ID: 298699272
 Printed by: Rodriguez,Christina
 Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
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 MRN: 001117569
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 Admit Date: 11/6/2015 Discharge Date: 11/6/2015

Norris Cancer Hospital
 USC Norris Cancer Hospital
 1441 Eastlake Avenue
 Los Angeles, CA 90089-0112

Vascular Access

Peripheral IV

	Recorded Date	11/6/2015	11/6/2015
	Recorded Time	17:00 PST	14:56 PST
	Recorded By	Stewart,Lisa	Williams,Denise
Procedure	Units	Reference Range	
AngioCath Right Forearm	11/6/2015	Not present on admission	
Peripheral IV Catheter Size:V2		22 gauge	22 gauge
Peripheral IV Activity:		Discontinue	Start
Peripheral IV Number of Attempts:		-	1
Peripheral IV Site Condition:		No complications	No complications
Peripheral IV Drainage Description:		None	None
Peripheral IV Infiltration Score:		0	0
Peripheral IV Phlebitis Score:		0	0
Peripheral IV Care:		-	Secured with tape
Peripheral IV Dressing:		-	Dry, Intact, Transparent
Peripheral IV Patency:		-	No complications

Neurological

Neurological Assessment

	Recorded Date	11/6/2015
	Recorded Time	14:23 PST
	Recorded By	Williams,Denise
Procedure	Units	Reference Range
Neuromuscular Symptoms		None
Level of Consciousness		Awake

Report Request ID: 298699272
 Printed by: Rodriguez,Christina
 Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
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 MRN: 001117569
 Financial #: 666856570
 Admit Date: 11/6/2015 Discharge Date: 11/6/2015

Norris Cancer Hospital
 USC Norris Cancer Hospital
 1441 Eastlake Avenue
 Los Angeles, CA 90089-0112

Falls Information

Falls Information

Procedure	Units	Reference Range	Recorded Date Recorded Time Recorded By	11/6/2015 15:50 PST Stewart,Lisa	11/6/2015 14:23 PST Williams,Denise
Age				60-69 years old	-
Mental Status				Alert/oriented	-
Length of Stay				0-3 days	-
Elimination				No impairment	-
Impairment				No impairment	-
Vital Signs				No impairment	-
History of Recent Fall				No	No
Gait and Mobility				None of the above	-
Medications (past 48 hours)				See Below ^{T1}	-
AT RISK TO FALL Total SCORE				7	-
AT RISK TO FALL LEVEL Interpreter				Level I: less than 8 points	-

Textual Results

T1: 11/6/2015 15:50 PST (Medications (past 48 hours))
 Post General Anesthesia/Conscious Sedation

Psychosocial

Psychosocial

Procedure	Units	Reference Range	Recorded Date Recorded Time Recorded By	11/6/2015 14:23 PST Williams,Denise
Coping				Appropriate
Orientation Assessment				Oriented x 4

Report Request ID: 298699272
 Printed by: Rodriguez,Christina
 Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
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Norris Cancer Hospital
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 1441 Eastlake Avenue
 Los Angeles, CA 90089-0112

Functional Information

	Recorded Date	11/6/2015
	Recorded Time	14:23 PST
	Recorded By	Williams,Denise
Procedure	Units	Reference Range
ADLs		Independent
Sensory Deficits		Hearing deficit, right ear

Information Proxy

	Recorded Date	11/6/2015
	Recorded Time	14:23 PST
	Recorded By	Williams,Denise
Procedure	Units	Reference Range
Information Given by		Patient

Anesthesia and Sedation

	Recorded Date	11/6/2015	11/6/2015	11/6/2015
	Recorded Time	17:00 PST	15:50 PST	15:15 PST
	Recorded By	Stewart,Lisa	Stewart,Lisa	Lagos,Elva
Procedure	Units	Reference Range		
Anesthesia Type		-	Local, With narcotic	-
Activity Aldrete I		See Below ^{T2}	See Below ^{T3}	See Below ^{T4}
Respiratory Aldrete I		See Below ^{T5}	See Below ^{T6}	See Below ^{T7}
Circulation Aldrete I		See Below ^{T8}	See Below ^{T9}	See Below ^{T10}
Consciousness Aldrete I		Fully awake	Arouses on calling	Fully awake
O2 Saturation Aldrete I		See Below ^{T11}	See Below ^{T12}	See Below ^{T13}
Aldrete I Score		10	9	10

Textual Results

T2: 11/6/2015 17:00 PST (Activity Aldrete 1)
 Moves 4 extremities voluntarily or on command

T3: 11/6/2015 15:50 PST (Activity Aldrete 1)
 Moves 4 extremities voluntarily or on command

T4: 11/6/2015 15:15 PST (Activity Aldrete 1)
 Moves 4 extremities voluntarily or on command

Report Request ID: 298699272
 Printed by: Rodriguez,Christina
 Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
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 Admit Date: 11/6/2015 Discharge Date: 11/6/2015

Norris Cancer Hospital
 USC Norris Cancer Hospital
 1441 Eastlake Avenue
 Los Angeles, CA 90089-0112

Anesthesia and Sedation

Textual Results

- T5: 11/6/2015 17:00 PST (Respiratory Aldrete 1)
Able to deep breathe and cough freely
- T6: 11/6/2015 15:50 PST (Respiratory Aldrete 1)
Able to deep breathe and cough freely
- T7: 11/6/2015 15:15 PST (Respiratory Aldrete 1)
Able to deep breathe and cough freely
- T8: 11/6/2015 17:00 PST (Circulation Aldrete 1)
BP +/- 20% of preanesthetic level
- T9: 11/6/2015 15:50 PST (Circulation Aldrete 1)
BP +/- 20% of preanesthetic level
- T10: 11/6/2015 15:15 PST (Circulation Aldrete 1)
BP +/- 20% of preanesthetic level
- T11: 11/6/2015 17:00 PST (O2 Saturation Aldrete 1)
Can maintain greater than 92% on room air
- T12: 11/6/2015 15:50 PST (O2 Saturation Aldrete 1)
Can maintain greater than 92% on room air
- T13: 11/6/2015 15:15 PST (O2 Saturation Aldrete 1)
Can maintain greater than 92% on room air

Perioperative Documentation

PACU Arrival

	Recorded Date	11/6/2015	
	Recorded Time	15:50 PST	
	Recorded By	Stewart,Lisa	
Procedure	Units	Reference Range	
Patient Identified			Identification band
Anesthesia Summary Review			Yes, Verbal
Surgical Summary Review			Yes, Verbal
Past Medical History Review			Yes, Verbal

Report Request ID: 298699272
 Printed by: Rodriguez,Christina
 Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
 DOB: 3/29/1946 Age: 76 years Gender: Male
 MRN: 001117569
 Financial #: 666856570
 Admit Date: 11/6/2015 Discharge Date: 11/6/2015

Norris Cancer Hospital
 USC Norris Cancer Hospital
 1441 Eastlake Avenue
 Los Angeles, CA 90089-0112

Procedures

General Procedure Information

		Recorded Date	11/6/2015
		Recorded Time	14:23 PST
		Recorded By	Williams,Denise
Procedure	Units	Reference Range	
H&P (Current) in Medical Record			OR/PROC RN
Anesthesia Consent Signed			N/A
Blood Consent Signed			N/A
Surgical Consent Signed			PreOp RN, OR/PROC RN
Surgical Prep Verified			PreOp RN, OR/PROC RN
Last Void			11/6/2015 14:00 PST

Transfer Information

		Recorded Date	11/6/2015	11/6/2015
		Recorded Time	15:50 PST	14:23 PST
		Recorded By	Stewart,Lisa	Williams,Denise
Procedure	Units	Reference Range		
Mode of Arrival			Gurney	Ambulatory

Education

		Recorded Date	11/6/2015
		Recorded Time	14:23 PST
		Recorded By	Williams,Denise
Procedure	Units	Reference Range	
Social Issues			None identified

Report Request ID: 298699272
 Printed by: Rodriguez,Christina
 Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
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 Admit Date: 11/6/2015 Discharge Date: 11/6/2015

Norris Cancer Hospital
USC Norris Cancer Hospital
1441 Eastlake Avenue
Los Angeles, CA 90089-0112

Equipment Safety Checks

Recorded Date 11/6/2015
Recorded Time 15:50 PST
Recorded By Stewart,Lisa

Procedure	Units	Reference Range	
Oxygen Flow Meter Attached to Wall			Yes
Bag Valve Mask At Bedside			Yes
Oxygen Tubing At Bedside			Yes
Oral Airway At Bedside			Yes
Suction Set up At Bedside			Yes

Surgical Pathology Report

Collected Date/Time:
11/6/2015 15:29 PST

Received Date/Time:
11/9/2015 13:32 PST

Accession:
330- S-15-003174

DIAGNOSIS:
ESOPHAGOGASTRODUODENOSCOPY WITH BIOPSY

SQUAMOCOLUMNAR JUNCTION:

- Cardia-type gastric mucosa with mild chronic inflammation, no activity
- No squamous epithelium
- No intestinal metaplasia

I have personally reviewed the specimen(s) and agree with the above interpretation.

Sergei Tatishchev, MD
(Electronically signed by)
Verified: 11/10/2015
ST /LC

COMMENT:

Test performed at:

Keck Hospital of USC
Pathology Laboratory
1500 San Pablo Street

Report Request ID: 298699272
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
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Norris Cancer Hospital
USC Norris Cancer Hospital
1441 Eastlake Avenue
Los Angeles, CA 90089-0112

Surgical Pathology Report

Collected Date/Time:
11/6/2015 15:29 PST

Received Date/Time:
11/9/2015 13:32 PST

Accession:
330- S-15-003174

COMMENT:

Los Angeles, CA 90033
Andy Sherrod, MD, Director of Anatomic Pathology
Sue Ellen Martin, MD, PhD, Director of Cytopathology

SPECIMEN SOURCE:

Squamocolumnar junction bx

CLINICAL INFORMATION:

Pertinent History/Pre-Op Diagnosis: Dysphagia

Post-Op Diagnosis: Intact fundoplication

PROCEDURE PERFORMED:

Esophagogastroduodenoscopy with biopsy

GROSS EXAMINATION:

The specimen is received in formalin, labeled with the patient's name, medical record number, and as "squamous junction." It consists of two pink-tan soft tissue fragments measuring 0.2 cm and 0.3 cm in greatest dimension. The specimen is entirely submitted in cassette A (2).

Krisztina Kellenyi BS, HT (ASCP)

ST /LC

MICROSCOPIC EXAMINATION:

Please see the diagnosis above for the microscopic examination.

Pathology Fellow: Joel Friedman, D.O.

Report Request ID: 298699272

Printed by: Rodriguez, Christina

Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**

DOB: 3/29/1946

Age: 76 years

Gender: Male

MRN: 001117569

Financial #: 666856570

Admit Date: 11/6/2015

Discharge Date: 11/6/2015

Norris Cancer Hospital
USC Norris Cancer Hospital
1441 Eastlake Avenue
Los Angeles, CA 90089-0112

Pathology Reports

Collected Date/Time:
11/6/2015 15:29 PST

Received Date/Time:
11/9/2015 13:32 PST

Accession:
330- S-15-003174

DIAGNOSIS:
ESOPHAGOGASTRODUODENOSCOPY WITH BIOPSY

SQUAMOCOLUMNAR JUNCTION:

- Cardia-type gastric mucosa with mild chronic inflammation, no activity
- No squamous epithelium
- No intestinal metaplasia

I have personally reviewed the specimen(s) and agree with the above interpretation.

Sergei Tatishchev, MD
(Electronically signed by)
Verified: 11/10/2015
ST /LC

COMMENT:

Test performed at:

Keck Hospital of USC
Pathology Laboratory
1500 San Pablo Street
Los Angeles, CA 90033
Andy Sherrod, MD, Director of Anatomic Pathology
Sue Ellen Martin, MD, PhD, Director of Cytopathology

SPECIMEN SOURCE:

Squamocolumnar junction bx

CLINICAL INFORMATION:

Pertinent History/Pre-Op Diagnosis: Dysphagia

Post-Op Diagnosis: Intact fundoplication

PROCEDURE PERFORMED:

Report Request ID: 298699272
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
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USC Norris Cancer Hospital
1441 Eastlake Avenue
Los Angeles, CA 90089-0112

Pathology Reports

Collected Date/Time:
11/6/2015 15:29 PST

Received Date/Time:
11/9/2015 13:32 PST

Accession:
330- S-15-003174

CLINICAL INFORMATION:

Esophagogastroduodenoscopy with biopsy

GROSS EXAMINATION:

The specimen is received in formalin, labeled with the patient's name, medical record number, and as "squamocolumnar junction." It consists of two pink-tan soft tissue fragments measuring 0.2 cm and 0.3 cm in greatest dimension. The specimen is entirely submitted in cassette A (2).

Krisztina Kellenyi BS, HT (ASCP)

ST /LC

MICROSCOPIC EXAMINATION:

Please see the diagnosis above for the microscopic examination.

Pathology Fellow: Joel Friedman, D.O.

Report Request ID: 298699272

Printed by: Rodriguez,Christina

Printed: 3/7/2023 14:05 PST

Patient Name: **HANNA, ADEL SHAKER**

DOB: 3/29/1946

Age: 76 years

Gender: Male

MRN: 001117569

Financial #: 666856570

Admit Date: 11/6/2015

Discharge Date: 11/6/2015



Allergies

Severity	Reactions	Type Allergy	Category Drug	Substance Reglan	Reaction Status Active
----------	-----------	--------------	---------------	------------------	------------------------

Problem List

Problem Name: **Hx of migraine headaches**

Life Cycle Status: Active

Last Updated: 11/14/2013 16:08 PST

Code: AC18567F-A582-468A-8F44-05BED8356CB1; Confirmation Status: Confirmed; Course: ; Persistence: ;

Prognosis: ; Onset Date:

Procedure History

Procedure: **Dilation of Small Intestine,Via Natural or Artificial Opening Endoscopic**

Status: Active

Code: 0D788ZZ (ICD-10-PCS)

Procedure Date: 11/6/2015 00:00 PST (69 years)

Last Updated: 8/29/2018

Procedure: **Esophagogastroduodenoscopy,flexible,tr**

Status: Active

Code: 43245 (HCPCS)

Procedure Date: 11/6/2015 00:00 PST (69 years)

Last Updated: 8/29/2018

Procedure: **Esophagogastroduodenoscopy,flexible,tr**

Status: Active

Code: 43239 (HCPCS)

Procedure Date: 11/6/2015 00:00 PST (69 years)

Last Updated: 8/29/2018

Procedure: **Esophagogastroduodenoscopy [EGD]with closed biopsy**

Status: Inactive

Code: 45.16 (ICD-9-CM)

Procedure Date: 2/10/2014 00:16 PST (67 years)

Last Updated: 3/31/2014

Report Request ID: 298699286

Printed by: Rodriguez,Christina

Printed: 3/7/2023 14:08 PST

Patient Name: **HANNA, ADEL SHAKER**

DOB: 3/29/1946

Age: 76 years

Gender: Male

MRN: 001117569

Financial #:

Admit Date:

Discharge Date: 4/27/2013

USC Care Ambulatory Practices

, CA

Procedure History

Procedure: **Esophagogastroduodenoscopy [EGD]with closed biopsy**

Status: Inactive

Code: 45.16 (ICD-9-CM)

Procedure Date: 2/10/2014 00:16 PST (67 years)

Last Updated: 3/31/2014

Procedure: **Excision of Esophagogastric Junction, Via Natural or Artificial Opening Endoscopic, Diagnostic**

Status: Active

Code: 0DB48ZX (ICD-10-PCS)

Procedure Date: 11/6/2015 00:00 PST (69 years)

Last Updated: 8/29/2018

Social History

Alcohol (Low Risk - Last Update: 11/6/2015 14:30 PST by Williams,Denise)

Detail: Current, Wine, 1-2 times per month (Last Update: 11/6/2015 14:31 PST by Williams,Denise)

Substance Use (Denies Substance Abuse - Last Update: 11/6/2015 14:31 PST by Williams,Denise)

Tobacco (Low Risk - Last Update: 11/6/2015 14:30 PST by Williams,Denise)

Detail: Former smoker, Cigarettes, 20 per day. (Last Update: 11/19/2013 12:52 PST by ROJAS,THERESA)

Administrative Documents

*** Clinical Documentation Content on Following Page ***

Report Request ID: 298699286

Printed by: Rodriguez,Christina

Printed: 3/7/2023 14:08 PST

Patient Name: **HANNA, ADEL SHAKER**

DOB: 3/29/1946

Age: 76 years

Gender: Male

MRN: 001117569

Financial #:

Admit Date:

Discharge Date: 4/27/2013

Page 2 of 9

* Auth (Verified) *

MISSING DOCUMENTATION

PATIENT NAME:

ACCOUNT NUMBER:

RECORD NUMBER:

08/24/2012 PT: 2
 Bloodless: N
 ACCT# 023635980 MR# 001117569
HANNA, ADEL S
 AT: OH DANIEL DOB: 03/29/1946 66Y M
 USC NORRIS CANCER CENTER

MISSING DOCUMENTS

DATE RANGE

JNPP

*8-24-12
Pages 1 thru 4*

Right to a Paper Copy of this Notice: Upon request, you may obtain a paper copy of this Notice, even if you have agreed to receive such information electronically.

Right to Change Terms of this Notice

We may change the terms of this notice at any time. If we change this notice, we may make the new notice terms effective for all health information that we hold, including any information created or received prior to issuing the new notice. If we change this notice, we will post the revised notice in our practice areas and on our website at www.usc.edu/compliance. You may also obtain any revised notice by contacting the USC Office of Compliance.

Further Information: Complaints

If you would like additional information about your privacy rights, are concerned that we have violated your privacy rights or disagree with a decision that we made about access to health information, you may contact our USC Office of Compliance. You may also file written complaints with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. Upon request, the USC Office of Compliance will provide you with the current address for the Director. We will not retaliate against you if you file a complaint with us or the Director.

USC Office of Compliance

You may contact the USC Office of Compliance at: 3500 Figueroa, #105, Los Angeles, CA 90089-8007, (213) 740-8258 or complan@usc.edu.

**UNIVERSITY OF SOUTHERN CALIFORNIA
NOTICE OF PRIVACY PRACTICES**

Please sign and date below to indicate that you have received a copy of this notice. Your signature simply acknowledges that you received a copy of this notice.

HANNA, ADEL S
DOB: 03/29/1946 MR# 001117569

Print Name (Last, First, Middle Initial)

Adel S Hanna
Signature

8/24/12
Date

08/24/2012 PT: 2

Bloodless: N

ACCT# 023635980 MR# 001117569

HANNA, ADEL S

AT: OH DANIEL DOB: 03/29/1946 66Y M

USC NORRIS CANCER CENTER

USC Care Ambulatory Practices

, CA

Advance Care Planning

*** Clinical Documentation Content on Following Page ***

Report Request ID: 298699286
Printed by: Rodriguez, Christina
Printed: 3/7/2023 14:08 PST

Patient Name: **HANNA, ADEL SHAKER**

DOB: 3/29/1946

Age: 76 years

Gender: Male

MRN: 001117569

Financial #:

Admit Date:

Discharge Date: 4/27/2013

Page 5 of 9

* Auth (Verified) *



2928

The Patient Self Determination Act (PSDA) became law in 1990. The purpose of this act is to ensure that adult patients participate in health care decision-making to the extent of their ability and to prevent discrimination based on whether a patient has executed an advance directive for health care.

Keck Hospital of USC / USC Norris Cancer Hospital supports and encourages a patient's right to participate in healthcare decision-making. In order to enable our hospital to comply with the provisions of the PSDA and safeguard your wishes we would like to request the following information:

1. Have you prepared an Advance Healthcare Directive/Physician Orders For Life Sustaining Treatment (POLST)

Yes No Unable to assess

Copy provided - Advance Healthcare Directive

Copy provided - POLST

Copy requested - Advance Healthcare Directive

Copy requested - POLST

Document can be obtained from: _____

Home #: _____ Work / Cell #: _____

2. If you do not have an Advance Healthcare Directive, would you like to speak with someone for more information: Yes No

3. Have you received written information pertaining to Advance Healthcare Directives:

Yes Previously Received Declined

4. Are you an organ donor: Yes No

5. In the absence of an Advance Healthcare Directive and if you became unable to make decisions for yourself, please name the person you would want us to talk with regarding healthcare decisions during this hospitalization:

Name: I RMA Kawaguchi

Home #: (909) 342-9908 Work / Cell #: (909) 374-7216

Signature: [Signature] Date: _____

ADVANCE HEALTHCARE
DIRECTIVE DOCUMENTATION

P
A
T
I
E
N
T
I
D

08/24/2012 PT: 2
Bloodless: N
ACCT# 023635980 MR# 001117569
HANNA, ADEL S
AT: OH DANIEL DOB: 03/29/1946 66Y M
USC NORRIS CANCER CENTER

314/363-2928 (9-11)

USC Care Ambulatory Practices

, CA

Office/Clinic Notes

Document Name: Consultation Note - Clinic
Performed By: OH MD,DANIEL (11/19/2013 14:55 PST)
Signed By: OH MD,DANIEL (11/20/2013 09:42 PST)
Authenticated By: [OH MD,DANIEL; OH MD,DANIEL (11/20/2013 09:42 PST)]

DATE OF SERVICE: November 19, 2013

RE: Hanna, Adel
MR#: 0001117569
DOB: 03/29/1946

I would like to take this opportunity to update you on Dr. Adel Hanna. He is a 67-year-old physician who had a Nissen fundoplication at an outside hospital in 1998 which was complicated by a significant perforation and an extensive hospital stay. I evaluated him in 2012 for recurrent chest pain. He was found to have a relatively tight fundoplication with high lower esophageal sphincter resting pressure, with compensatory hypercontractility in his esophageal body with a small epiphrenic diverticulum. He had an endoscopic balloon dilatation to 20 mm on August 24, 2012. He returns today for followup.

The patient states that his chest pain, which he used to get just under the sternal area associated with eating, has increased in frequency. It used to be every day and even several times a day prior to the dilatation. After the dilatation it completely went away. Now for the past month he has had 1 or 2 episodes a week, and he feels it is starting to get worse. Interestingly, it is exacerbated by emotional stress.

He has no dysphagia, no cough, and no aspiration symptoms or regurgitation. He has no heartburn.

He has had no changes to his health since I last saw him.

Report Request ID: 298699286
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:08 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #:
Admit Date: Discharge Date: 4/27/2013

USC Care Ambulatory Practices

, CA

Office/Clinic Notes

On physical exam his temperature is 96.7, pulse 63, blood pressure 143/78, and respirations 24. His weight is 177 pounds, up 5 pounds compared to April. HEENT: Normal. No cervical or supraclavicular lymphadenopathy. No thyromegaly. Trachea midline. Chest: Clear to auscultation. No crackles. No wheezing. Good respiratory effort. Heart: Regular rate and rhythm. No rubs, murmurs, or gallops. Abdomen: Soft, nondistended, and nontender. No masses or hernia. Extremities: No clubbing, cyanosis, or edema. Neurologic: Grossly intact. Skin: Normal.

In summary, Dr. Hanna is a 67-year-old man who had a previous Nissen fundoplication at an outside hospital in 1998 complicated by a perforation. He had debilitating chest pain that arose in the setting of elevated LES resting pressure and outflow resistance in the esophagus. He had successful balloon dilatation in August 2012. He is now having slight recurrence of his symptoms. Presumably this is recurrence of the previous problem, so we discussed the indication for redoing an EGD and balloon dilatation to 20 mm. I do not think this will have significant effect on the Nissen fundoplication but should help with the episodic chest pain that he was getting in the past. He prefers to schedule this in early 2014, and so we will keep you updated on his progress.

Thank you for the privilege to participate in the care of Dr. Hanna. If you have any questions regarding this evaluation, or if I can be of assistance in the future, please do not hesitate to contact me.

Daniel S. Oh, M.D.

cc: Umesh C Shah MD, 12540 Tenth St Suite B, Chino, CA 91710

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J#: 86469641

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