



Please note:

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

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

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

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

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

AKA:
DOB:
SSN:

VS.

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

Case No: ADJ15547702

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

SUBPOENA DUCES TECUM

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

NO PERSONAL APPEARANCE NECESSARY

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

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

KECK MEDICAL CENTER AT USC - MEDICAL RECORDS

WE COMMAND YOU to appear before A NOTARY PUBLIC

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

On the 14th day of February, 2023, at 9 o'clock A. M. to testify in the above-entitled matter and to bring with you and
produce the following described documents:

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

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

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

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

Date 01/27/2023



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

Suzanne M. Banks

Workers Compensation Judge

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

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

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

SEE REVERSE SIDE

[SUBPOENA INVALID WITHOUT DECLARATION]

CC: NATALIA FOLEY ESQ
295923

Order Ref #: 1957120

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

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

DECLARATION FOR SUBPOENA DUCES TECUM

Case No.: ADJ15547702

STATE OF CALIFORNIA, County of RIVERSIDE

The undersigned states:

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

That KECK MEDICAL CENTER AT USC - MEDICAL RECORDS has in his / her possession or under his / her control the documents described on the reverse hereof. That said documents are material to the issues involved in the case for the following reason: To determine present and/or past physical condition; nature, extent and duration of sickness; injury, disability and/or necessity of further treatment.

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

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

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

Executed on 01/27/2023, at Temecula, California

<u></u>	<u>ONTELLUS, 27450 Ynez Road, #300</u>	<u>(951) 694-5770</u>
Signature	Address	Telephone

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

DECLARATION OF SERVICE

STATE OF CALIFORNIA, County of: _____

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

<u>Name of Person Served</u>	<u>Date</u>	<u>Place</u>
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I declare under penalty of perjury that the forgoing is true and correct.

Executed on _____ at LOS ANGELES, California

Signature

ADEL HANNA, KECK MEDICAL CENTER AT USC - MEDICAL RECORDS



Order Ref #: **1957120**

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name and Address</i>): DIANA MUNOZ STATE FUND - RIVERSIDE - STATE CONTRACTS PO BOX 65005 ATTN: CLAIMS PROCESSING FRESNO, CA 93650-5005 (888) 782-8338 ATTORNEY FOR (Name): CALIFORNIA INSTITUTION FOR MEN / STATE FUND - RIVERSIDE - STATE CONTRACTS	FOR COURT USE ONLY CASE NUMBER: ADJ15547702
NAME OF COURT: WCAB - SAN BERNARDINO STREET ADDRESS: 464 W 4TH ST STE 239 CITY AND ZIP CODE: SAN BERNARDINO, CA 92401-1411 BRANCH NAME: SAN BERNARDINO DISTRICT OFFICE	
PLAINTIFF/PETITIONER: ADEL HANNA DEFENDANT/RESPONDENT: CALIFORNIA INSTITUTION FOR MEN / STATE FUND - RIVERSIDE - STATE CONTRACTS	
NOTICE TO CONSUMER OR EMPLOYEE AND OBJECTION (Code Civ. Proc., §§ 1985.3, 1985.6)	

NOTICE TO CONSUMER OR EMPLOYEE

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

1. PLEASE TAKE NOTICE THAT **REQUESTING PARTY (name): DIANA MUNOZ, STATE FUND - RIVERSIDE - STATE CONTRACTS** SEEKS YOUR RECORDS FOR EXAMINATION by the parties to this action on (*specify date*):02/14/2023
 The records are described in the subpoena directed to (*specify name and address of person or entity from whom records are sought*): **KECK MEDICAL CENTER AT USC - MEDICAL RECORDS 1500 SAN PABLO ST ROOM 1206 ATTN: MEDICAL RECORDS LOS ANGELES, CA 90033**
 A copy of the subpoena is attached.
2. IF YOU OBJECT to the production of these records, YOU MUST DO ONE OF THE FOLLOWING BEFORE THE DATE SPECIFIED. IN ITEM a. OR b. BELOW:
 - a. If you are a party to the above-entitled action, you must file a motion pursuant to Code of Civil Procedure section 1987.1 to quash or modify the subpoena and give notice of that motion to the **witness** and the **deposition officer** named in the subpoena at least five days before the date set for production of the records.
 - b. If you are not a party to this action, you must serve on the **requesting party** and on the **witness**, before the date set for production of the records, a written objection that states the specific grounds on which production of such records should be prohibited. You may use the form below to object and state the grounds for your objection. You must complete the Proof of Service on the reverse side indicating whether you personally served or mailed the objection. The objection should **not** be filed with the court. **WARNING: IF YOUR OBJECTION IS NOT RECEIVED BEFORE THE DATE SPECIFIED IN ITEM 1, YOUR RECORDS MAY BE PRODUCED AND MAY BE AVAILABLE TO ALL PARTIES.**
3. YOU OR YOUR ATTORNEY MAY CONTACT THE UNDERSIGNED to determine whether an agreement can be reached in writing to cancel or limit the scope of the subpoena. If no such agreement is reached, and if you are not otherwise represented by an attorney in this action, YOU SHOULD CONSULT AN ATTORNEY TO ADVISE YOU OF YOUR RIGHTS OF PRIVACY.

Date: 01/27/2023

DIANA MUNOZ

/s/ DIANA MUNOZ

(TYPE OR PRINT NAME)

(SIGNATURE OF

REQUESTING PARTY

ATTORNEY)

OBJECTION BY NON-PARTY TO PRODUCTION OF RECORDS

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

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

Date:

(TYPE OR PRINT NAME)

(SIGNATURE)

(Proof of service on reverse)

Page 1 of 2

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

CASE NUMBER:
 ADJ15547702

PROOF OF SERVICE OF NOTICE TO CONSUMER OR EMPLOYEE AND OBJECTION

(Code Civ. Proc., §§ 1985.3, 1985.6)

Personal Service Mail Order #: 1957120

1. At the time of service I was at least 18 years of age and not a party to this legal action.
 2. I served a copy of the *Notice to Consumer or Employee and Objection* as follows (check either a or b):
 - a. Personal service. I personally delivered the *Notice to Consumer or Employee and Objection* as follows:

(1) Name of person served:	(3) Date served:
(2) Address where served:	(4) Time served:
 - b. Mail. I deposited the *Notice to Consumer or Employee and Objection* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:

(1) Name of person served : WORKERS DEFENDERS ANAHEIM /Opposing Counsel	(3) Date of mailing: 01/27/2023
(2) Address: NATALIA FOLEY (295923) State Bar 751 S WEIR CANYON RD STE 157-455 ANAHEIM, CA 92808	(4) Place of mailing (city and state): Temecula, CA
- (5) I am a resident of or employed in the county where the *Notice to Consumer or Employee and Objection* was mailed.
- c. My residence or business address is (specify): ONTELLUS, 27450 Ynez Rd, Temecula CA 92591
 - d. My phone number is (specify): (800) 660-1107

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 01/27/2023

Jeannie Gosiengfiao

(TYPE OR PRINT NAME OF PERSON WHO SERVED)

(SIGNATURE OF PERSON WHO SERVED)

PROOF OF SERVICE OF OBJECTION TO PRODUCTION OF RECORDS

(Code Civ. Proc., §§ 1985.3, 1985.6)

Personal Service Mail

1. At the time of service I was at least 18 years of age and not a party to this legal action.
2. I served a copy of the *Objection to Production of Records* as follows (complete either a or b):
 - a. ON THE REQUESTING PARTY
 - (1) Personal service. I personally delivered the *Objection to Production of Records* as follows:

(i) Name of person served:	(iii) Date served:
(ii) Address where served:	(iv) Time served:
 - (2) Mail. I deposited the *Objection to Production of Records* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:

(i) Name of person served:	(iii) Date of mailing:
(ii) Address:	(iv) Place of mailing (city and state):
 - b. ON THE WITNESS
 - (1) Personal service. I personally delivered the *Objection to Production of Records* as follows:

(i) Name of person served:	(iii) Date served:
(ii) Address where served:	(iv) Time served:
 - (2) Mail. I deposited the *Objection to Production of Records* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:

(i) Name of person served:	(iii) Date of mailing:
(ii) Address:	(iv) Place of mailing (city and state):
3. My residence or business address is (specify):
4. My phone number is (specify):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 01/27/2023

(TYPE OR PRINT NAME OF PERSON WHO SERVED)

(SIGNATURE OF PERSON WHO SERVED)

DECLARATION OF CUSTODIAN OF RECORDS

REGARDING: ADEL HANNA

DOB : 3/29/1946

SSN : XXX-XX-XXXX

AKA :

DOB :

SSN :

LOCATION: KECK MEDICAL CENTER AT USC - MEDICAL RECORDS

ORDER REF #:



THIS FORM MUST BE SIGNED
& RETURNED WHETHER OR
NOT YOU HAVE RECORDS.

THANK YOU!

I, the undersigned, being the duly authorized Custodian of Records, or other qualified witness, and having authorization to certify the records declare:

[X] CERTIFICATE OF RECORDS COPIED: All records requested by the attached Subpoena Duces Tecum / Authorization / Notice of Deposition were produced and delivered to ONTELLUS for duplication and conform to the Health Insurance Portability and Accountability Act. No records or documents have been withheld or removed from this file. If items have been omitted, please explain:

[] CERTIFICATE OF NO RECORDS: A thorough search of our files, carried out under my direction and control revealed no documents requested in the attached Subpoena Duces Tecum / Authorization / Notice of Deposition. It is understood that records could exist under another name, spelling or classification but that with the information furnished, no such records could be found. (Please check appropriate box(es) below)

[] Medical Records [] Billing [] X-Rays / Films [] Employment [] Other

Requested documents have been:

[] Lost / Misplaced [] Never Existed [] Destroyed after ___ years

[] Other Comments

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on March 07, 2023 at, (city/state) Los Angeles, CA

Signature [Signature] Print Name Christina Rodriguez

Phone Number 626/293-2400

ONTELLUS, 27450 YNEZ ROAD SUITE 300 TEMECULA, CA 92591-4680
www.ontellus.com lab@ontellus.com
Phone (800) 660-1107 FAX (951) 595-4875
Phone (951) 694-5770

Ref#: 1957120



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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Orders

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

Order: **Esophagogastroduodenoscopy with Dilatation Balloon**
 Order Start Date/Time: 8/14/2012 14:03 PDT
 Order Date/Time: 8/14/2012 14:03 PDT
 Order Status: Ordered
 End-state Date/Time: 8/14/2012 14:03 PDT
 Ordering Physician:
 Entered By: ALVARADO,ESPERANZA on 8/14/2012 14:03 PDT
 Order Details: OH MD, DANIEL, Primary Procedure, ESOPHAGOGASTRODUODENOSCOPY WITH BALLOON DILATATION, None, 45
 Order Comment:

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

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

Report Request ID: 298699281
 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 #: 23635980
 Admit Date: 8/24/2012 Discharge Date: 8/24/2012

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

Procedure History

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

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)

Report Request ID: 298699281

Printed by: Rodriguez,Christina

Printed: 3/7/2023 14:06 PST

Patient Name: **HANNA, ADEL SHAKER**

DOB: 3/29/1946

MRN: 001117569

Financial #: 23635980

Admit Date: 8/24/2012

Age: 76 years

Gender: Male

Discharge Date: 8/24/2012

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

Social History

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: 298699281
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 #: 23635980
Admit Date: 8/24/2012 Discharge Date: 8/24/2012

* 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: 298699281
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 #: 23635980
Admit Date: 8/24/2012 Discharge Date: 8/24/2012

* 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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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)

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: 298699281
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 #: 23635980
Admit Date: 8/24/2012 Discharge Date: 8/24/2012

* Auth (Verified) *

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



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

Physician contact telephone number is: 3238653259

- 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 3

08/24/2012 PT: 0

Bloodless: N

ACCT# 023635980 MR# 001117569

HANNA, ADEL

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

USC NORRIS CANCER CENTER

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

* Auth (Verified) *

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



- 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.
- 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 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.

Alternatives:

- * Watching and waiting with your doctor.
- * X-ray tests such as barium swallow (UGI series) or virtual colonoscopy. These procedures do not involve therapy, such as biopsies or removal of polyps.
- * Imaging methods such as magnetic imaging (MRI) or ultrasound.
- * EGD without moderate sedation.
- * You may choose not to have this procedure.

Potential problems during recuperation: _____

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 3

08/24/2012 PT: 0
Bloodless:
ACCT# 023635980 MR# 001117569
HANNA, ADEL
AT: OH DANIEL DOB: 03/29/1946 66Y M
USC NORRIS CANCER CENTER

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

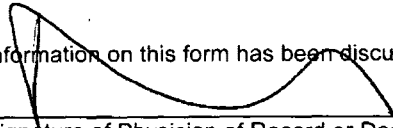
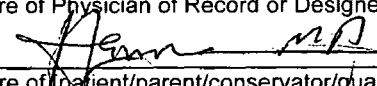
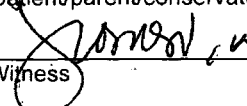
* Auth (Verified) *

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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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.

SIGNATURES FOR CONSENT

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

 Signature of Physician of Record or Designee	8/24/12 1045 Date/Time
<input checked="" type="checkbox"/>  Signature of [patient/parent/conservator/guardian]	8/29/12 1045 Date/Time
 Signature of Witness	8/24/12 1045 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 3 of 3

 08/24/2012 PT: 0 Bloodless: N ACCT# 023635980 MR# 001117569 HANNA, ADEL AT: OH DANIEL DOB: 03/29/1946 66Y M USC NORRIS CANCER CENTER
--

 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
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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: 298699281
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 #: 23635980
Admit Date: 8/24/2012 Discharge Date: 8/24/2012

HANNA, ADEL SHAKER
03/29/1946

* Auth (Verified) *



314/363-1031

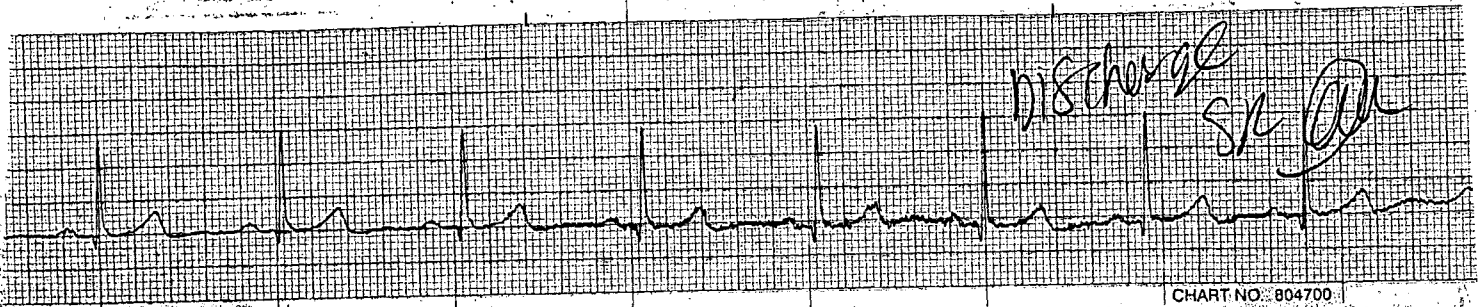
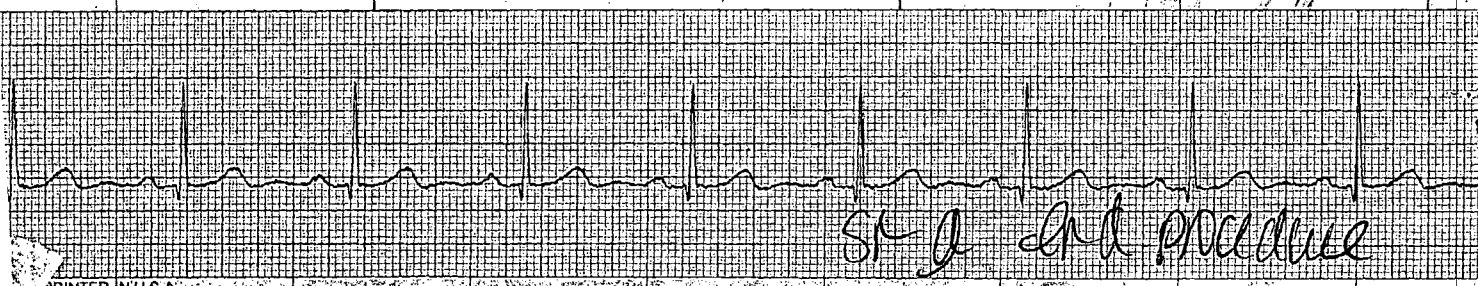


CHART NO. 804700

ATTACH FOURTH HORIZONTAL REPORT TO HERE

POOR ORIGINAL



PRINTED IN U.S.A.

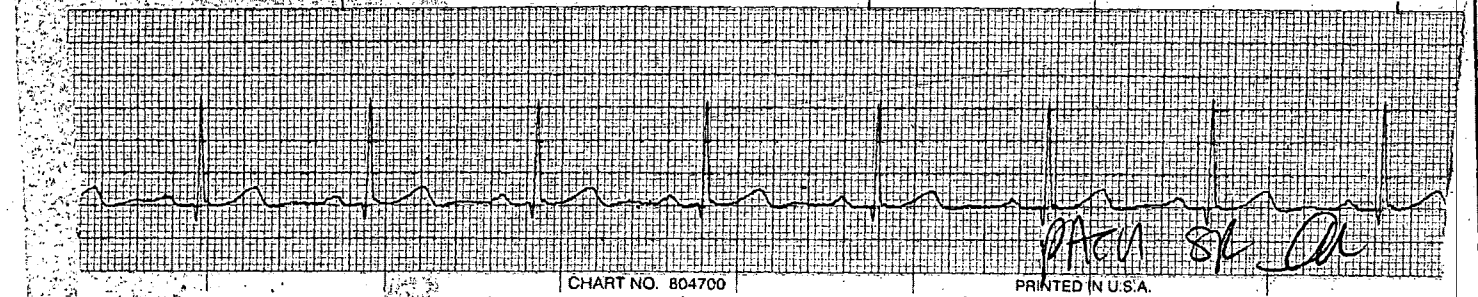


CHART NO. 804700

PRINTED IN U.S.A.

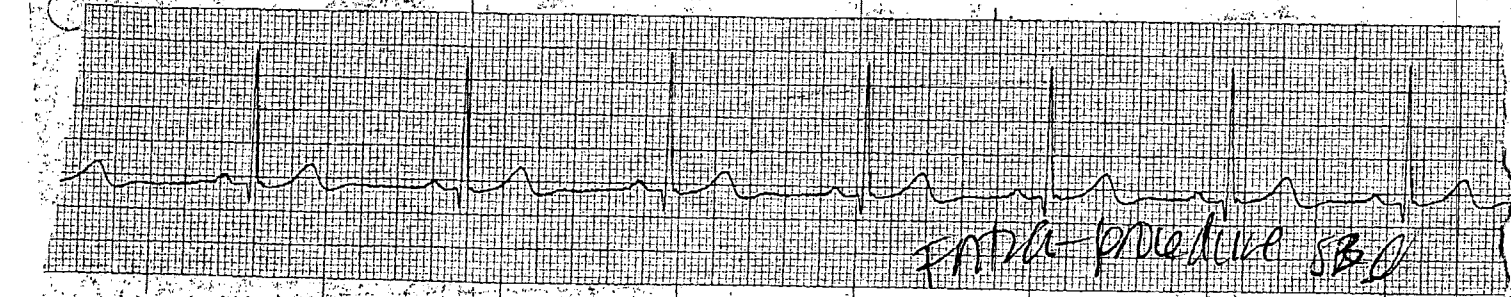


CHART NO. 8

MOUNT SHEET



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



08/24/2012 PT: 0

Bloodless: N

ACCT# 023635980 MR# 001117569

HANNA, ADEL

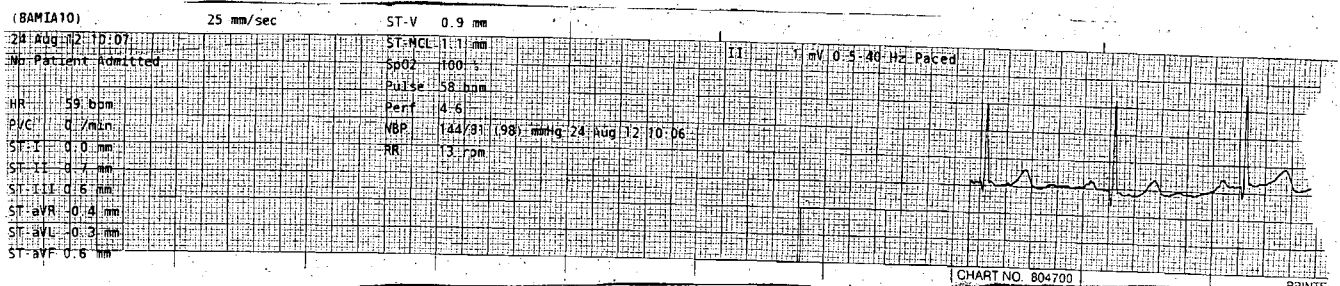
AT: OH DANIEL DOB: 03/29/1946 66Y M
USC NORRIS CANCER CENTER

314/363-1031 (3-12)

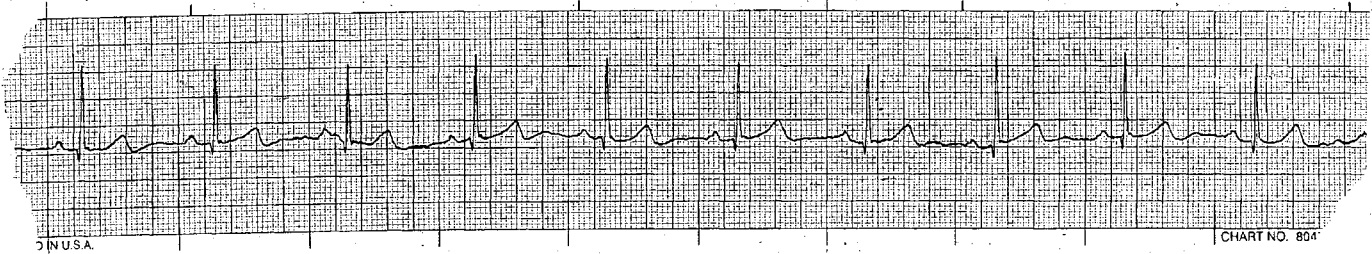
08/24/2012 PT: 2



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



* Auth (Verified) *



POOR ORIGINAL

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: 298699281
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 #: 23635980
Admit Date: 8/24/2012 Discharge Date: 8/24/2012

* Auth (Verified) *



9177

Procedure Performed:

EGD Colonoscopy ERCP Sigmoidoscopy Paracentesis Other

Moderate Sedation Local Anesthesia MAC General Anesthesia No Anesthesia

FOR THE NEXT 24 HOURS

It is necessary for an adult to drive you home. DO NOT drive a car or operate any machinery.
DO NOT sign important papers or make important decisions.
Rest at home. It is recommended to have an adult with you the first few times you get up.
DO NOT drink any alcoholic beverages.

MEDICATIONS

Take medication as prescribed by your doctor.
 You may resume your daily prescription medication schedule.
 Do not take Aspirin/Anti-coagulants/Anti inflammatory (Advil, Motrin, etc.) for _____ days.
 Stop the following medications:

Medications given to patient/New Prescription:

COMMENTS

Passing of flatus (gas), abdominal bloating is expected post endoscopy.
 For upper endoscopy, you may experience a sore throat - Use throat lozenges for relief.

CALL FOR FOLLOW-UP APPOINTMENT

Doctor's office at:
 Results of Procedure/Biopsy call your physician in one week.

Instructions/Comments:

SIGNATURES

I have read the above instructions and understand they are for my benefit.
 Patient's Signature: *Hanna Adel*
 I agree to transport this patient home.
 Driver's Signature: *Daniel Hanna*
 Discharge Instructions given by: *Hanna Adel*
 Nurse's Signature: *[Signature]*
 DATE/TIME: 8/24/12 08:10

ACTIVITY

After 24 hours, resume normal activity unless physician orders otherwise.
 Change position and move slowly to minimize any dizziness, nausea/vomiting after procedure.
 Sitz baths (sit in tub with warm water) 3 times per day and after every bowel movement for 10-15 minutes.

DIET

Begin with light diet then resume to normal diet as tolerated. Drink lots of fluids.
 Eat high fiber foods (vegetables, fruits, bran, etc.) and drink 6-8 glasses of water per day to avoid colon problems in the future.
 Use supplementary fiber (Metamucil, Citrucel, etc.)

CALL YOUR DOCTOR IF ANY OF THE FOLLOWING OCCURS

- ◆ **Bleeding (oral or rectal) you believe to be excessive. (Bloody or black stools).**
- ◆ Increased/unrelieved pain. Experience shoulder pain.
- ◆ New abdominal distention (swelling).
- ◆ Temperature of greater than 100°F or chills.
- ◆ Redness or swelling around IV site.
- ◆ Persistent leak to puncture site.
- ◆ Persistent light headedness or dizziness.
- ◆ New/Persistent nausea or vomiting.
- ◆ Difficulty breathing or swallowing.

If unable to reach your doctor call:
Keck Hospital of USC at (323) 442-8500 and ask to speak to the doctor who is taking calls for your physician.

- ❖ **IF NEEDED GO TO YOUR NEAREST EMERGENCY ROOM.**
- ❖ **CALL 911 - FOR SEVERE SHORTNESS OF BREATH OR CHEST PAINS.** *Severe bleeding*

If you have any questions concerning your care, you may call the **GI LAB nurse at (323) 442-8482** between 8:00 am and 4:00 p.m.
323-865-3259

ENDOSCOPY DI

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

08/24/2012 PT: 8

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

314/363-9177 (10-11)

WHITE - MEDICAL RECORD CANARY - PATIENT

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

History and Physical Reports

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

Report Request ID: 298699281
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 #: 23635980
Admit Date: 8/24/2012 Discharge Date: 8/24/2012

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* Auth (Verified) *



SHORT HISTORY AND PHYSICAL EXAMINATION REPORT

If the patient is admitted and stays more than 48 hours, a dictated H&P Report will be required.

CHIEF COMPLAINT & HISTORY OF PRESENT ILLNESS

Ep Nissen (clb esophageal perforation) 1910 presenting w recurrent dysphagia, heartburn, atypical chest pain

RELEVANT PAST MEDICAL HISTORY/SURGICAL HISTORY:

GERD, myocardial infarction

ALLERGIES: Penicillin

CURRENT MEDICATIONS: Reviewed Medication Reconciliation List

FAMILY HISTORY: CAD

SOCIAL HISTORY: tobacco (quit), occasional alcohol

REVIEW OF SYSTEMS: (Check all that apply)

	NEG	COMMENTS		NEG	COMMENTS		NEG	COMMENTS
Head/Neck/ENT		Migraines	Respiratory	X		Musculoskeletal	X	
Eyes	X		Cardiovascular	X		Skin	X	
GI		GERD, atypical chest pain	Neurologic	X		Genitourinary	X	
Breasts	X		Hem/Lymph	X		GYN		
			Endocrine	X		LMP: <input type="checkbox"/> N/A		

PHYSICAL EXAMINATION:

General Condition: well nourished

Vital Signs: BP 144/92 T 97.2 P 59 R 13 Pain (Level & Location):

Mental Status: A10 x3 Lungs: clear

HEENT: normal Abdomen: soft

Heart: RRR Extremities: ede

OTHER PERTINENT PHYSICAL FINDINGS:

Neurologic: Genitalia/Pelvic:

Breasts: Rectal:

Skin & Lymph Nodes: Other:

IMPRESSION:

GERD following Nissen fundoplication w perforation

TREATMENT PLAN: EGID w dilatation

DATE: 8/24/12 TIME: 10:45 PHYSICIAN SIGNATURE: [Signature] ID # 2582

SHORT HISTORY & PHYSICAL EXAM
267-1705 (9-09)
Page 1 of 1

08/24/2012 PT: 0
Bloodless: N
ACCT# 023635980 MR# 001117569
HANNA/ADEL
AT: OH DANIEL DOB: 03/29/1946 66Y M
USC NORRIS CANCER CENTER

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

Medication/Prescription Records

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

Report Request ID: 298699281
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 #: 23635980
Admit Date: 8/24/2012 Discharge Date: 8/24/2012

DO NOT USE ABBREVIATIONS: U (unit), IU (International unit), QD, QOD, Trailing zero, lack of a leading zero, MS, MSO4, MgSO4

Allergies: (Drug & Reaction)

Regen (EPS)



Page 1 of 1
9908

Name of Medication	Dosage	Frequency/Route	New or Discontinued	Date: Time:	Date: Time:	Date: Time:	Date: Time:	Date: Time:
<input type="checkbox"/> No Medications Prior to Admission								
<i>Atenolol</i>	<i>50mg daily</i>	<i>PO</i>	<input type="checkbox"/> Discontinued <input checked="" type="checkbox"/> New Date: <i>8/24/12</i>	<i>Initial</i>	<i>Initial</i>	<i>Initial</i>	<i>Initial</i>	<i>Initial</i>
<i>Aspirin</i>	<i>81mg daily</i>	<i>PO</i>	<input type="checkbox"/> Discontinued <input checked="" type="checkbox"/> New Date: <i>8/24/12</i>	<i>Initial</i>	<i>Initial</i>	<i>Initial</i>	<i>Initial</i>	<i>Initial</i>
			<input type="checkbox"/> Discontinued <input type="checkbox"/> New Date:	<i>Initial</i>	<i>Initial</i>	<i>Initial</i>	<i>Initial</i>	<i>Initial</i>
			<input type="checkbox"/> Discontinued <input type="checkbox"/> New Date:	<i>Initial</i>	<i>Initial</i>	<i>Initial</i>	<i>Initial</i>	<i>Initial</i>
			<input type="checkbox"/> Discontinued <input type="checkbox"/> New Date:	<i>Initial</i>	<i>Initial</i>	<i>Initial</i>	<i>Initial</i>	<i>Initial</i>
			<input type="checkbox"/> Discontinued <input type="checkbox"/> New Date:	<i>Initial</i>	<i>Initial</i>	<i>Initial</i>	<i>Initial</i>	<i>Initial</i>
			<input type="checkbox"/> Discontinued <input type="checkbox"/> New Date:	<i>Initial</i>	<i>Initial</i>	<i>Initial</i>	<i>Initial</i>	<i>Initial</i>
			<input type="checkbox"/> Discontinued <input type="checkbox"/> New Date:	<i>Initial</i>	<i>Initial</i>	<i>Initial</i>	<i>Initial</i>	<i>Initial</i>
			<input type="checkbox"/> Discontinued <input type="checkbox"/> New Date:	<i>Initial</i>	<i>Initial</i>	<i>Initial</i>	<i>Initial</i>	<i>Initial</i>
Signature indicates the review of medications, provision of patient education materials and a copy to the patient at discharge.				<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>

* Auth (Verified) *

- ADMISSION MEDICATION ASSESSMENT MUST INCLUDE OTC DRUGS, SUPPLEMENTS AND HERBALS
- HEIGHT AND WEIGHT DOCUMENTED ONLY IF REQUIRED FOR DOSING

OUTPATIENT MEDICATION RECONCILIATION

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

08/24/2012 PT: 0
Bloodless: N
ACCT# 023635980 MR# 001117569
HANNA, ADEL
AT: OH DANIEL DOB: 03/29/1946 66Y M
USC NORRIS CANCER CENTER

314/363-9908 (10-11)

HANNA, ADEL SHAKER
3/29/1946

USC NORRIS

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: 298699281
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 #: 23635980
Admit Date: 8/24/2012 Discharge Date: 8/24/2012

* Auth (Verified) *

NURSING ASSESSMENT DATA BASE



220935

Date 8/24/12 Time 10:40
 Mode of Admission ambulatory
 T 97.2 P 59 R 13 BP 110/70
 O₂ Sat 100% Ht 5'8"
 Wt 121 Stated Scale
 Isolation-MDRO type: Standard
 Allergies (if none, state "none") Penicillin Reaction ERS
 Latex Allergy None Yes Reaction
 Protocol initiated
 Environmental Allergies None Yes
 Patient's Name Preference Adel
 Past Surgeries / Hx Anesthesia Reaction / Major Medical Problems / Hospitalizations Mission funduplexentron
cholecystectomy
 Today's procedure as stated by patient

PRE-PROCEDURE/SURGERY CHECKLIST

INITIALS REQUIRED →	UNIT RN	OR/PROC RN	COMMENTS
Patient ID band	AS	AS	
Allergy band	AS	AS	
Admission face sheets	AS	AS	
Conditions of Admission / HIPAA	AS	AS	
Consent(s) signed	AS	AS	
Appropriate sterility consents	AS	AS	Hysterectomy / State Sterilization
Informed consent by physician	AS	AS	
Procedure site confirmed & marked	AS	AS	Right / Left
Anesthesia Questionnaire	AS	AS	
Advance Directive/DNR/DPA on chart	AS	AS	
Transfusion consent/Refusal form	AS	AS	
History & Physical	AS	AS	Date/Time updated within last 24 ^h
CBC / Hemogram	AS	AS	
BMP / CMP / PT / PTT	AS	AS	
Type & Screen / Crossmatch	AS	AS	
PRBCs Autologous Units	AS	AS	
Pregnancy test	AS	AS	Childbearing females, enter pos, neg, or N/A for SP surgery/menopause
Labeled CXR / EKG	AS	AS	Correct images/scans/pathology/biopsy reports
UA	AS	AS	
Medication Patch Present P=Present N=N/A	AS	AS	Location Type
Preop Antibiotics	AS	AS	<input type="checkbox"/> On call to surgery
Beta blocker <u>atenolol</u>	AS	AS	<input checked="" type="checkbox"/> N/A Time last dose
NPO since <u>0800</u>	AS	AS	
Voided/Cath time <u>0800</u>	AS	AS	
Hair removal done <input type="checkbox"/> Clip <input type="checkbox"/> Other	AS	AS	Other Type:
Skin prep done	AS	AS	AS - Antiseptic Shower SS - Surgical Site
Bowel prep done	AS	AS	
Dentures (partials/bridges)	AS	AS	R - Removed P - With Pt F - Family U - Unit
Prosthesis (contact, limbs, hearing aids, eyes, etc)	AS	AS	R - Removed P - With Pt F - Family U - Unit
Glasses, jewelry, hair pins, clips, body piercing	AS	AS	R - Removed P - With Pt F - Family U - Unit
Clothing	AS	AS	R - Removed P - With Pt F - Family U - Unit
Required implants, devices, or special equipment	AS	AS	if applicable <u>100%</u>
Unit RN	AS	AS	Time <u>11:36</u>
OR RN/PROC RN	AS	AS	Time <u>11:36</u>

Insight Regarding Procedure opn - 274 7214
 Patient verbalizes understanding
 Needs additional information Unaware
 Contact Person Herman
 Location WA Phone #
 Responsible adult available upon discharge Yes No (see notes)
 Primary Language English Other
 Translator's Name

I CARDIOVASCULAR Denies Problems Prior EKG _____ Where _____
 Rhythm Regular Irregular Edema General Dependent + _____ pitting
 Hx of CHF Syncope Palpitations CP/Angina Pacemaker AICD
 Murmur HTN MI CAD
 Pacemaker/AICD MVP Other (see notes) Arrhythmia/A-fib
 Last Pacer Interrogation/Cardiac Clearance _____

II RESPIRATORY Denies Problems
 Breath Sounds 1 Clear 2 - Crackles 3 - Rhonchi 4 - Wheezes Rt _____ Lt _____
 Regular Deep Shallow Cough non-productive
 Tachypnea Bradypnea Dyspnea Cough productive
 Hx of Bronchitis COPD/Asthma Sleep Apnea
 Smoker Amt 0 Pneumonia Other (see notes)

III NEUROLOGICAL Denies Problems
 Hx of LOC Seizures CVA Head Injury Migraines
 Alert Oriented Disoriented Confused Lethargic
 Speech
 Clear Slurred Garbled Aphasia Pre-existing New onset

Pain / Discomfort Denies Pain
 Current pain Potential for pain, (i.e., post procedure) Chronic pain
 1. Complete table for each site of pain

Location	Onset / Pattern	Radiation	Intensity 0-10	Desc/Quality

KEY Pattern Radiation I - Intermittent C - Constant A - Acute CH - Chronic
 N - No Y - Yes, List Site
 Description A - Aching B - Burning C - Cramping D - Dull P - Pulling
 PR - Pressure S - Sharp SH - Shooting T - Throbbing

2. Patient's stated goal for pain relief 0-10 scale 2/10
 3. What causes pain to increase _____
 4. What relieves pain
 Cold Medication Ability to eat Self Image
 Eating Relaxation Technique Activity Sexuality
 Exercise Repositioning Elimination Sleep
 Heat Rest Mood Social Interaction
 Massage Sleep Other
 5. Does your pain affect _____
 6. Is there anything else you want to tell me about the pain? (use patient's own words)

TRC1046 (6-10) prior rev 10/09, 6/09, 1/09, 6/08, 10/07 original 5/05

IMMS # 220935

PRE-PROCEDU
SURGERY AS
CHE



08/24/2012 PT: 2

Bloodless: N
ACCT# 023635980 MR# 001117569
HANNA, ADEL S
AT: OH DANIEL DOB: 03/29/1946 66Y M
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08/24/2012 PT: 0

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AT: OH DANIEL DOB: 03/29/1946 66Y M
USC NORRIS CANCER CENTER

* Auth (Verified) *

Date

Spinal
Haital

IV GASTROINTESTINAL Denies Problems

Hx of GERD Peptic Ulcer Disease IBD / IBS Other (see notes)

Abdomen Soft Firm Flat Distended Other (see notes)

Bowel sounds present Yes No Last BM _____ N/A

Vomiting/Diarrhea greater than 3 days

V GENITOURINARY Denies Problems

Last menstrual period _____ N/A Pregnant No Yes

Urinary Problems No Yes _____ Incontinence

Hx of Prostate Problems Dialysis Renal failure Other (see notes)

VI MUSCULOSKELETAL/FUNCTIONAL Denies Problems

Hx of Weakness / Paralysis

Limited ROM Prosthesis Mobility Assist _____

Arthritis Back Problems Osteoporosis Other (see notes)

VII ENDOCRINE / SYSTEMIC Denies Problems

Thyroid problems Diabetes New onset Other (see notes)

VIII SKIN Denies Problems

Diaphoretic Cyanotic Pale Rash _____

Flushed Jaundiced Poor Turgor Bruises

Dry / Scaly Mottled Lesion _____

Other (see notes) Pressure sore/wound (Initiate wound care per protocol)

IX NUTRITION SCREENING NPO since 2320

• Any dietary restrictions? No Yes

• Any involuntary weight loss > 5 lbs/wk or > 10lbs/mo No Yes (see notes)

Does patient require education on special diet? No Yes (see notes)

Difficulty swallowing/feeding No Yes (see notes)

X H.E.E.N.T. Denies Problems

Cataract R / L Sight Normal R / L Poor R / L Glasses / Contact Lenses

Blind R / L Ear, Nose, Throat problems Hearing loss R / L

XI HEMATOLOGY Denies Problems

Hx of Blood Transfusion Hepatitis Other (see notes)

IV.THERAPY, INTAKE / PREOPERATIVE MEDICATION(S)

Time	Site	Needle Gauge	IV Solution / Rate / Drug / Dose / Route	Signature / Title
11:00	RT	22	0.9% NaCl @ 200mg	<i>[Signature]</i>

IV Start: Site RT Gauge 22 Initial SW

Initial	Name (print)	Signature / Title	Initial	Name (print)	Signature / Title
<i>[Signature]</i>	Dr. Daniel Connor	<i>[Signature]</i>	<i>[Signature]</i>	R. Peate	<i>[Signature]</i>

XII PSYCHOSOCIAL

Coping Effectively Withdrawn Flat Affect Hx Drug Use (see notes)

Anxious/Worried Angry Depressed Hx Alcohol Use (see notes)

Hx of Depression Anxiety ADHD PTSD Other (see notes)

Hx of/at risk for

Child abuse Elder abuse Partner abuse

Describe S/S of suspected abuse/neglect _____

SUICIDE RISK ASSESSMENT

No identified suicide risks (if any checked below refer to social services)

Suicide Attempt or Suspected Suicide Attempt

Suicidal Ideation - Discussing suicide or expressing desire for life to end

Primary Mental Health Diagnosis (Primary problems is mental health-related)

Patient brought to facility on a hold for psychiatric evaluation

Referred to Social Services; Suicide Assessment to be completed

XIII SPIRITUAL / CULTURAL / SOCIAL

Do you have religious requests during your hospitalization? No Yes

Describe _____

If yes, faith / religion Christian

Cultural practices or beliefs that would affect your hospitalization?

No Yes

XIV SAFETY NEEDS / PATIENT NEEDS / DISCHARGE PLANNING

Any Abnormal Assessment finding may indicate need for special discharge instruction, MD, or interdisciplinary referral Assessed - no intervention necessary

Morse Fall Scale / Risk Screening Score 20

Fall risk precautions initiated (per hospital protocol)

Spiritual/Social Services Pain Management Consult

- Spiritual/Cultural needs
- Abuse/neglect suspected
- Dietary/Nutritional Screening
- Vomiting/Diarrhea ≥ 3 days
- New onset Diabetes
- Pressure Wound
- Diet education/Dietary restrictions
- Involuntary wt loss greater than 5 lbs/wk or greater than 10 lbs/mo
- Surgical infection prevention education provided
- Needs addressed in discharge instructions
- Referral to MD
- Interdisciplinary referral/Interdisciplinary Plan of Care initiated

Physical Therapy

- Δ in functional mobility
- Newly identified weakness/paralysis
- Planned orthopedic/neurosurgery
- Occupational Therapy
- May benefit from adaptive equipment
- Speech
- Difficulty during feeding/drinking
- New onset difficulty speaking

Initial	Name (print)	Signature / Title	Initial	Name (print)	Signature / Title
<i>[Signature]</i>	Dr. Daniel Connor	<i>[Signature]</i>	<i>[Signature]</i>	R. Peate	<i>[Signature]</i>

NOTES

TRC1046 (6-10) prior rev 10/09, 6/09, 1/09, 6/08, 10/07 original 5/05 IMMS # 220935

PRE-PROCEDURE/OUT PATIENT SURGERY ASSESSMENT AND CHECKLIST

Page 2 of 2

P
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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

* Auth (Verified) *

Date 8/24/12



228116

REASSESSMENT

PLAN / IMPLEMENTATION

I ANXIETY RELATED TO PERCEIVED THREAT TO BIOLOGIC INTEGRITY SECONDARY TO INVASIVE PROCEDURE																											
IDENTIFICATION / VERIFICATION		COGNITIVE / EMOTIONAL STATUS		SENSORY / COMMUNICATION LIMITATIONS																							
<input checked="" type="checkbox"/> Patient <input checked="" type="checkbox"/> ID Band <input type="checkbox"/> Procedural/Consent/ASA <input type="checkbox"/> Site <input type="checkbox"/> Physician Verified by <input type="checkbox"/> Patient <input type="checkbox"/> Guardian/Parent <input type="checkbox"/> Physician <input type="checkbox"/> Medical Record		<input checked="" type="checkbox"/> Awake <input type="checkbox"/> Lethargic <input type="checkbox"/> Agitated <input type="checkbox"/> Responsive <input type="checkbox"/> Anxious <input checked="" type="checkbox"/> Oriented <input type="checkbox"/> Calm <input type="checkbox"/> Unresponsive <input type="checkbox"/> Confused <input type="checkbox"/> Disoriented <input checked="" type="checkbox"/> Alert <input type="checkbox"/> Sedated <input type="checkbox"/> Drowsy <input checked="" type="checkbox"/> Pain 0-10 <input type="checkbox"/> Hostile		<input checked="" type="checkbox"/> No Limitations noted Limitations <input type="checkbox"/> Hearing Deficit <input type="checkbox"/> Language Deficit <input type="checkbox"/> Limited Mobility <input type="checkbox"/> Visual Deficit <input type="checkbox"/> Memory Deficit Language <input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other _____ Translator's name _____																							
II RISK FOR INFECTION RELATED TO INVASIVE PROCEDURES																											
<input type="checkbox"/> No Factors Identified		<input type="checkbox"/> See Pre-Procedural Assessment		<input type="checkbox"/> Poor Hygiene		<input type="checkbox"/> Concurrent Disease Process																					
				<input type="checkbox"/> Infectious Process		<input type="checkbox"/> Decreased Immune Response																					
III RISK FOR INJURY OR IMPAIRMENT																											
ALLERGIES <input type="checkbox"/> None <input checked="" type="checkbox"/> Yes <u>veglan</u>				NPO Since <u>12:00</u>																							
Presents With <input type="checkbox"/> IV <input type="checkbox"/> EKG		<input checked="" type="checkbox"/> O ₂		<input type="checkbox"/> Traction		<input type="checkbox"/> Foley Catheter																					
Pre-Op Skin Condition <input type="checkbox"/> Warm <input checked="" type="checkbox"/> Dry		<input checked="" type="checkbox"/> Intact		<input type="checkbox"/> Cool <input type="checkbox"/> Pale <input type="checkbox"/> Edema		<input type="checkbox"/> Diaphoretic <input type="checkbox"/> Other																					
Risk Factors <input type="checkbox"/> None <input type="checkbox"/> Cardiac		<input type="checkbox"/> Renal Disease		<input type="checkbox"/> Respiratory		<input type="checkbox"/> Obesity <input type="checkbox"/> Endocrine <input type="checkbox"/> Other																					
Notes _____																											
				RN Signature <u>[Signature]</u>		Time <u>1:30</u>																					
Location <u>2</u>	Time in Room <u>1:30</u>	Sedation Start <u>1:44</u>	Procedure Start <u>1:47</u>	Procedure End <u>1:03</u>	Sedation End <u>1:52</u>	Time out of Room <u>12:08</u>	<input type="checkbox"/> OP <input type="checkbox"/> Scheduled <input type="checkbox"/> IP <input type="checkbox"/> Add on Elective <input type="checkbox"/> AM <input type="checkbox"/> Emer / Trauma																				
Pre-Procedure Diagnosis <u>Recurrent dysphagia, heartburn sup Mssen</u>																											
Procedure <u>Esophago-gastro-duodenoscopy with balloon dilatation</u>																											
Post-Procedure Diagnosis <u>GERD, dysphagia</u>																											
Complications <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes																											
I OUTCOME - PATIENT RELATES AN INCREASE IN PSYCHOLOGICAL AND PHYSIOLOGIC COMFORT																											
<input type="checkbox"/> Procedural protocol explained to patient				<input checked="" type="checkbox"/> Patient encouraged to ask questions & verbalize concerns																							
<input type="checkbox"/> Caring supportive attitude conveyed, initiated comfort measures				<input checked="" type="checkbox"/> Remained with patient during procedure																							
<input type="checkbox"/> Other _____				<input checked="" type="checkbox"/> Patient acknowledged pre-procedure teaching																							
II OUTCOME - PATIENT'S PROCEDURE PERFORMED USING ASEPTIC PRACTICES AND IN A MANNER TO PREVENT CROSS CONTAMINATION																											
Hair Removal <input type="checkbox"/> None <input type="checkbox"/> Clip <input type="checkbox"/> Other _____		By _____		Wound Classification <input checked="" type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV																							
Skin Prep <input type="checkbox"/> None <input type="checkbox"/> Betadine <input type="checkbox"/> Scrub <input type="checkbox"/> Solution		<input type="checkbox"/> Gel		<input type="checkbox"/> Alcohol <input type="checkbox"/> Dry prior to draping <input type="checkbox"/> Other																							
Implants <input type="checkbox"/> None <input type="checkbox"/> Yes, See Implant Tracking Log		Dressing / Drains <input type="checkbox"/> None <input type="checkbox"/> Yes																									
Dilators / Sizes <input checked="" type="checkbox"/> Balloon <u>18-20</u>		<input type="checkbox"/> Maloney _____		<input type="checkbox"/> Savory _____																							
III OUTCOME - PATIENT FREE FROM S&S OF INJURY RELATED TO POSITIONING, EXTRANEOUS OBJECTS AND EQUIPMENT																											
ESU / ARGON		POSITIONING			VISUALS																						
ID # _____ Pad Lot # _____ <input type="checkbox"/> Bipolar <input type="checkbox"/> ABC <input type="checkbox"/> APO <input type="checkbox"/> Gold Probe <input type="checkbox"/> Other <input type="checkbox"/> Monopolar Mode <input type="checkbox"/> Blend <input type="checkbox"/> Pure Coag Setting _____ Cut Setting _____ Pad Applied by _____ Site _____ Post Procedure Skin Condition at Pad Site <input type="checkbox"/> Clear/Intact		<input type="checkbox"/> Supine <input type="checkbox"/> Prone <input checked="" type="checkbox"/> Lateral <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Lithotomy <input type="checkbox"/> Safety Strap/Site <input checked="" type="checkbox"/> Body Alignment Maintained <input checked="" type="checkbox"/> Positioned by <u>Self</u>			<input type="checkbox"/> None <input type="checkbox"/> Photographs <input type="checkbox"/> Video Tape <input type="checkbox"/> CD / DVD Visuals to <input type="checkbox"/> MD <input checked="" type="checkbox"/> Patient <input type="checkbox"/> Chart																						
		OTHER <input type="checkbox"/> Laser <input type="checkbox"/> Argon <input type="checkbox"/> CO ₂ <input type="checkbox"/> Yag <input type="checkbox"/> Laser Safety Protocol Implemented <input type="checkbox"/> X-ray <input type="checkbox"/> Portable <input type="checkbox"/> Fluoro Fluoro Time _____			EQUIPMENT / SUPPLIES <u>GIF H 80J</u> <u># 2000304</u>																						
		SPECIMENS A _____ <input type="checkbox"/> FS <input type="checkbox"/> Perm <input type="checkbox"/> C/S C _____ <input type="checkbox"/> FS <input type="checkbox"/> Perm <input type="checkbox"/> C/S B _____ <input type="checkbox"/> FS <input type="checkbox"/> Perm <input type="checkbox"/> C/S D _____ <input type="checkbox"/> FS <input type="checkbox"/> Perm <input type="checkbox"/> C/S			COUNTS Initial Count Done by _____ <table border="1"> <tr> <th>Type</th> <th>Correct</th> <th>Incorrect</th> <th>Correct</th> <th>Incorrect</th> </tr> <tr> <td>Sponge</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Needle</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Instrument</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			Type	Correct	Incorrect	Correct	Incorrect	Sponge					Needle					Instrument				
Type	Correct	Incorrect	Correct	Incorrect																							
Sponge																											
Needle																											
Instrument																											

TRC1029 (12-07) Revisited 3-11 (Previous 9-06; original 8-04)

IMMS # 228116

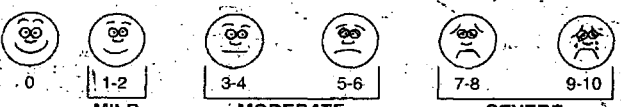
SPEC
NU

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

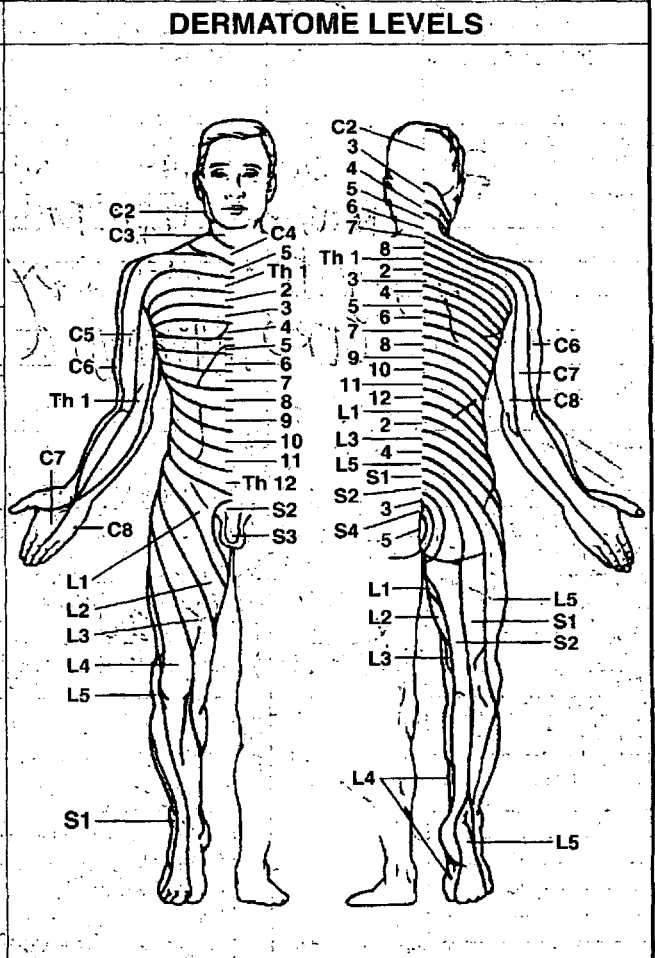
08/24/2012 PT: 0
Bloodless: N
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HANNA, ADEL
AT: 08 DANIEL DOB: 03/29/1946 66Y M
USC NORRIS CANCER CENTER

WHITE - MEDICAL RECORD CANARY - DEPARTMENT

* Auth (Verified) *

IV SITE CODES	IV CATHETER CODES	WONG BAKER / NUMERICAL PAIN SCALE
H - Hand W - Wrist F - Foot UA - Upper Arm LFA - Lower Forearm MFA - Mid Forearm UFA - Upper Forearm ACF - Antecubital S - Scalp J - Jugular SC - Subclavian FEM - Femoral	DL - Double Lumen TL - Triple Lumen ART - Arterial PA - Pulmonary Artery LOC 2 - Fully Awake 1 - Arousable/Drowsy 0 - Unresponsive	H - Hickman IP - Infusion Port B - Butterfly Style C - Catheter Style  0 MILD 3-4 MODERATE 7-8 SEVERE

PULSES	PULSE STRENGTH	CAP REFILL
R - Radial B - Brachial DP - Dorsalis Pedis UE - Upper Extremities PT - Posterior Tibial LE - Lower Extremities	0 - Absent +1 - Faint +2 - Normal +3 - Bounding D - Doppler	B - Brisk < 3 Seconds S - Sluggish > 3 Seconds EXTREMITY NEUROCHECK MOTOR SENSORY S - Strong N - Numbness W - Weakness T - Tingling A - Absent P - Paralyzed C - Contracted



GLASGOW COMA SCALE		FAHRENHEIT AND CELSIUS TEMPERATURE CONVERSIONS	
EYE OPENING 4 SPONTANEOUSLY TO SPEECH 3 TO SPEECH 2 TO PAIN 1 NO RESPONSE BEST MOTOR RESPONSE 6 SPONTANEOUS 5 LOCALIZES PAIN 4 WITHDRAWS FROM PAIN 3 FLEXION 2 EXTENSION 1 NO RESPONSE BEST VERBAL RESPONSE 5 COOS/BABBLES 4 IRRITABLE/CRRIES 3 CRRIES TO PAIN 2 MOANS/GRUNTS 1 NO RESPONSE		°C °F 45 113.0 44 111.2 43 109.4 42 107.6 41 105.8 40 104.0 39 102.2 38 100.4 37 98.6 36 96.8 35 95.0 34 93.2 33 91.4 32 89.6 31 87.8 30 86.0	CHILD / ADULT 6 5 4 3 2 1
1mm 2mm 3mm 4mm 5mm 6mm 7mm 8mm B - Brisk S - Sluggish F - Fixed			

CARDIAC RHYTHMS					
1°B	1°AV Block	PJC	Premature Junctional Contraction	AFI	Atrial Flutter
2°I	Wenckebach	BBB	Bundle Branch Block	AFib	Atrial Fibrillation
2°II	2°AV Block II	NSR	Normal Sinus Rhythm	JR	Junctional Rhythm
3°B	3°AV Block	SA	Sinus Arrhythmia	PR	Paced Rhythm
PVC	Premature Ventricular Contraction	SB	Sinus Bradycardia		
PAC	Premature Atrial Contraction	ST	Sinus Tachycardia		
		AT	Atrial Tachycardia		

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

TRC1029 (12-07) Reviewed 3-11 (Previous 9-06, original 8-04) Page 4 of 5

* Auth (Verified) *

Date

8/24/12

TIME	*MEDICATION (OTHER)	AMOUNT	METHOD	INITIAL	TIME	SITE	IV SOLUTION	TOTAL	CREDIT	INITIAL	
					1130	RL	LRCTPO	100	850	AS	
IRRIGATION										SITE	TOTAL

PLAN / IMPLEMENTATION / REASSESSMENT

	Baseline	Start	1145	1150	1155	1200	1205
TIME	1140	1130	1145	1150	1155	1200	1205
KEY							
V	144	144	139	104	100	15	148
BP	81	87	100	104	96	95	95
Pulse	59	58	52	56	62	67	64
Resp	13	12	10	10	13	15	15
SpO2	100	96	96	95	95	95	95

IV RISK FOR ACUTE/CHRONIC PAIN OUTCOME - PATIENT DEMONSTRATES ADEQUATE PAIN MANAGEMENT AND VERBALIZES RELIEF OF PAIN/DISCOMFORT

TIME	1120	1144	1146	1152	1200	1205
MEDICATIONS* (Sedatives/Reversals)						
Fentanyl		50	50	25		
Verap		2	2	2		
Administered by		AS	AS	AS		
Pain Level 0-10	0/10	0/10	0/10	0/10	0/10	0/10
O2 Sat / LOC	2	2	2	1	1	1
Respiratory Rate	20	20	20	20	20	20
Rhythm / Pulse Rate	SB	SB	SB	SB	SB	SB
NBP						
Temperature						
Peripheral Pulses R/L						

Fentanyl 125 mcg
Verap 6 mg

*MEDICATIONS ORDERED BY *AS* MD Date/Time *8/24/12 @ 1130*

TRC1029 (12-07) Reviewed 3-11 (Pre)

IMMS # 228116

SPEC
NU

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

08/24/2012 PT: 0
Bloodless: N
ACCT# 023635980 MR# 001117569
HANNA, ADEL
AT: OH DANIEL DOB: 03/29/1946 66Y M
USC NORRIS CANCER CENTER

WHITE - MEDICAL RECORD CANARY - DEPARTMENT

* Auth (Verified) *

Date 8/24/12

STAFF PRESENT	IN / OUT	STAFF PRESENT	IN / OUT	PHYSICIAN
C. K. Dango R. Reate	1130 / 1208 1130 / 1208			OH

EVALUATIONS - OUTCOMES

I Patient indicated increase in psychological and physiologic comfort.	Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/>	III Patient's skin remained smooth, intact, non-reddened, non-irritated and free of bruising. Sensation, motion and function maintained/improved from baseline.	Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/>
II Patient's procedure performed using aseptic practices in a manner to prevent cross contamination.	Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/>	IV Patient demonstrated and/or reports adequate pain control throughout the procedural period.	Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/>

POST PROCEDURE / PHASE I

I INEFFECTIVE BREATHING PATTERN/IMPAIRED SPONTANEOUS VENTILATION
OUTCOME - RESPIRATORY FUNCTION IS CONSISTENT WITH OR IMPROVED FROM PREOP BASELINE

Risk Factors None Asthma/COPD Smoker Obesity Other _____
Airway None OPA NPA ETT LMA Out @ _____
O2 None Mask / Other On @ 1130 Off @ 1204 Flow 2L
 Nasal Cannula On @ _____ Off @ _____ Flow _____

Resp Tx _____ Response _____
Breath Sounds
1. Clear 2. Rales 3. Wheezing 4. Rhonchi Bilat 1 Rt 1 Lt 1

II INEFFECTIVE TISSUE PERFUSION CARDIAC/PERIPHERAL
OUTCOME - VITAL SIGNS WITHIN 20% PREOP BASELINE AND TEMP > 96.8°F

Risk Factors None HTN Cardiac Other _____
Skin Warm Dry Cool Moist Peripheral Pulses 3+ 2+ 1+ 0 Irregular
Ext Neuro Chk Site all Sens Mvmt Pulses 3+ 2+ 1+ 0 Cap Refill. <3 Sec >3 Sec

III IMPAIRED SENSORY PERCEPTION
OUTCOME - SENSORY RESPONSES ARE WITHIN EXPECTED RANGES AT DISCHARGE

Pre Existing Factors None Confusion / Disorientation Aphasia / Disabled Hearing Sight
 Language _____ Other _____

IV RISK FOR ANXIETY OUTCOME - PATIENT INDICATES INCREASE IN PSYCHOLOGICAL & PHYSIOLOGIC COMFORT
 Family or significant other with patient Family kept informed of patient condition Gurney / bed locked Side rails up Side rails padded
 Parent with child Comfort measures taken Patient oriented to environment Pressure areas padded Proper body alignment maintained

V RISK FOR INJURY OUTCOME - PATIENT FREE FROM SIGNS AND SYMPTOMS OF INJURY

Oximetry	Adm	Disch
O ₂ SAT > 92% R.A.	2	2
O ₂ SAT > 90% O ₂	1	1
O ₂ SAT < 90% O ₂	0	0
Circulation		
± 20 Baseline SBP	2	3
± 21-50 Baseline SBP	1	1
± 51 Baseline SBP	0	0
Activity Level		
Moves 4 Extremities	2	2
Moves 2 Extremities	1	1
Moves 0 Extremities	0	0
LOC		
Full Awake	2	2
< 12 Mo Strong Cry		
Arousable/Drowsy	1	1
< 12 Mo Weak Cry		
Unresponsive	0	0
Respiratory Function		
Able to Deep Breath/Cough	2	3
Dyspnea/Limited Breathing	1	1
Apnea	0	0
TOTALS	10	9

DISCHARGE SCORE MUST BE ≥ 8

EVALUATIONS - OUTCOMES

I Respiratory function consistent with or improved from preop baseline.	Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/>	IV Patient indicates increase in psychological & physiologic comfort.	Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/>
II Vital signs within 20% of preop baseline and temp > 96.8°F.	Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/>	V Patient free from signs and symptoms of injury.	Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/>
III Sensory perceptions within expected ranges at discharge.	Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/>		

Transport Mode W/C Gurney Bed Crib
To Room _____

Transport Summary Dentures Hearing Aid Glasses Oxygen Monitor Prescription Visuals
 Other _____

NOTES
1130 Anx 2, 3, 4, 5 from PSU. No distress noted. @ 1208 tolerated procedure well, drowsy but arousable and follows commands. VSS, no acute distress noted. Taken to PACU in stable condition.

Initial	Name (print)	Signature / Title	Initial	Name (print)	Signature / Title
	Rochelle Reate	[Signature]		[Signature]	

Side rails up Bed in low position Call light in reach Report given to n/a - reviewed by procedure nurse

TRC1029 (12-07) Reviewed 3-11 (Previous 9-06, original 8-04) IMMS # 228116

SPECI NUF

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

08/24/2012 PT: 0

Bloodless: N

ACCT# 023635980 MR# 001117569

HANNA, ADEL

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

USC NORRIS CANCER CENTER

WHITE - MEDICAL RECORD CANARY - DEPARTMENT

* Auth (Verified) *

NOTES

Empty lined area for notes.

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

* Auth (Verified) *



1087

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.

		8/24/12			Date		
Key ✓ = Present L = Lower P = Patient B = Both S = Safe RT = Right LK = Locker LT = Left F = Family U = Upper		ADMISSION Date Date		Date Date		Date Date	
		Unit/Room	Room	Room	Room	Room	Discharge
ASSISTIVE DEVICES	Dentures						
	Partials						
	Glasses	✓					
	Hearing Aids						
	Clothing / Other	Top, pants					
	Wheelchair/Cane/Walker						
	O ₂ E-Cylinder						
	I pair shoes / sock						
SAFE VALUABLES (INVENTORY ENVELOPE)	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				
	Transfer Initials	Receiving Initials					
Init	Name (print)	Signature/Title	Init	Name (print)	Signature/Title		

BELONGINGS TRACKING

	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		08/24/2012 PT: 0 Bloodless: N ACCT# 023635980 MR# 001117569 HANNA, ADEL S AT: OH DANIEL DOB: 03/29/1946 66Y M USC NORRIS CANCER CENTER
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314/363-1087-D (9-11)

DISCHARGE PINK - PATIENT ON ADMISSION

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: 298699281
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 #: 23635980
Admit Date: 8/24/2012 Discharge Date: 8/24/2012

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: 298699281
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 #: 23635980
Admit Date: 8/24/2012 Discharge Date: 8/24/2012

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

Office/Clinic Notes

J#: 86469641
lc

Report Request ID: 298699281
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 #: 23635980
Admit Date: 8/24/2012 Discharge Date: 8/24/2012

* Auth (Verified) *

**GI LAB
ENDOSCOPY POST-PROCEDURE CALL**

949-244-7759

Date of the procedure	<u>8/21</u>	Contact Phone	<u>949-244-7759</u>
Procedure	<u>EGD</u>	Language:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish Other _____
Physician	<u>OH</u>	Post Procedure Diagnosis	_____

PHONE CALL ATTEMPTS:

date: 8/21 time: 1004 result: see below no answer message left called by OH

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? Yes No
in the GI Lab?
- Physician notified of any of the problems described Yes No

Patient _____
 Comments: _____
 Instructions given to patient: _____

<p>Norris Hospital</p> <p>GI LAB Post-Proc</p> <p>ACCT# 023635980 MR# 001117569</p> <p>HANNA, ADEL S</p> <p>AT: OH DANIEL DOB: 03/29/1946 66Y M</p> <p>USC NORRIS CANCER CENTER</p>	<p>08/24/2012 PT: 2</p> <p>Bloodless: N</p> <p>08/24/2012 PT: 0</p> <p>Bloodless: N</p> <p>ST# 023635980 MR# 001117569</p> <p>HANNA, ADEL</p> <p>OH DANIEL DOB: 03/29/1946 66Y M</p> <p>NORRIS CANCER CENTER</p>
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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: 298699281
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 #: 23635980
Admit Date: 8/24/2012 Discharge Date: 8/24/2012

* Auth (Verified) *

**GI LAB
ENDOSCOPY POST-PROCEDURE CALL**

949-244-7759

Date of the procedure	<u>8/21</u>	Contact Phone	<u>949-244-7759</u>
Procedure	<u>EGD</u>	Language:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish Other _____
Physician	<u>OH</u>	Post Procedure Diagnosis	_____

PHONE CALL ATTEMPTS:

date: 8/21 time: 1004 result: see below no answer message left called by OH

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? Yes No
in the GI Lab?
- Physician notified of any of the problems described Yes No

Patient _____
 Comments: _____
 Instructions given to patient: _____

<p>Norris Hospital</p> <p>GI LAB Post-Proc</p> <p>ACCT# 023635980 MR# 001117569</p> <p>HANNA, ADEL S</p> <p>AT: OH DANIEL DOB: 03/29/1946 66Y M</p> <p>USC NORRIS CANCER CENTER</p>	<p>08/24/2012 PT: 2</p> <p>Bloodless: N</p> <p>ST# 023635980 MR# 001117569</p> <p>HANNA, ADEL</p> <p>OH DANIEL DOB: 03/29/1946 66Y M</p> <p>NORRIS CANCER CENTER</p>
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Norris Cancer Hospital
USC Norris Cancer Hospital
1441 Eastlake Avenue
Los Angeles, CA 90089-0112

Physician Orders

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

Report Request ID: 298699281
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 #: 23635980
Admit Date: 8/24/2012 Discharge Date: 8/24/2012

* Auth (Verified) *



Allergies: <i>Reflux</i>	(V) WHEN SCANNED <input type="checkbox"/>
DIRECTIONS: <ul style="list-style-type: none"> Place a checkmark in the box in front of all orders that pertain to your patient. Once a checkmark has been placed, fill in frequency, dose, or route information not predefined. There should be no unused blanks on orders that have a checkbox marked. Allergies, height and weight must be entered if preoperative medications ordered 	Height: <i>5'8"</i> Weight: <i>172</i>

- Esophagogastroduodenoscopy
 - Biopsy
 - Dilatation
- Colonoscopy
 - Biopsy
- Flexible sigmoidoscopy
 - Biopsy
- Percutaneous liver biopsy
- Endoscopic retrograde cholangio pancreatography (ERCP)
 - Choledochoscopy
- Bronchoscopy
 - Biopsy
- Esophageal Ultrasound
- Bravo pH Study
- Other _____
- Start IV: *UC @mmyo*
- NPO
- Vital Signs
- Other _____

- MEDICATIONS:**
- Piperacillin and Tazobactam (Zosyn) 3.375 grams IVPB once
 - Levofloxacin (Levaquin) 500 milligrams IVPB once
 - Ampicillin 2 grams IVPB once
 - Gentamicin 80 milligrams IVPB once
 - _____
 - _____
 - _____

Date	Time	Physician name giving T.O.	Nurse (Print)	Nurse (Signature)	Signature attests that orders were Read back to the physician/prescriber.
<i>8/24/12</i>	<i>1100</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	
NURSE NOTED	DATE	TIME	DATE	TIME	PHYSICIAN/PRESCRIBER SIGNATURE OR AUTHENTICATION
24/HR CHART CHECK BY NURSE	<i>8/24/12</i>	<i>1100</i>	<i>8/24/12</i>	<i>1100</i>	<i>[Signature]</i>

Physician Orders
ENDOSCOPY
PRE-PROCEDURE
314/363-P0055 (6-11)
Page 1 of 1

08/24/2012 PT: 0
Bloodless: N
ACCT# 023635980 MR# 00117569
HANNA, ADEL
AT: DH DANIEL DOB: 03/29/1946 66Y M
USC NORRIS CANCER CENTER

08/24/2012 PT: 2
Bloodless: N
ACCT# 023635980 MR# 00117569
HANNA, ADEL S
AT: DH DANIEL DOB: 03/29/1946 66Y M
USC NORRIS CANCER CENTER

* Auth (Verified) *



Allergies: <u>Region</u>	(V) WHEN SCANNED <input type="checkbox"/>				
DIRECTIONS: <ul style="list-style-type: none"> Place a checkmark in the box in front of all orders that pertain to your patient. Once a checkmark has been placed, fill in frequency, dose, or route information not predefined. There should be no unused blanks on orders that have a checkbox marked. Allergies, height and weight must be entered if preoperative medications ordered 	Height: <u>5'8 1/2"</u> Weight: <u>172</u> kg				
<ul style="list-style-type: none"> Vital signs every 5 minutes during procedure. Continuous pulse oximetry. Continuous cardiac rhythm monitoring. <input checked="" type="checkbox"/> Oxygen at <u>2</u> liters/minute via nasal cannula. <input checked="" type="checkbox"/> Titrate oxygen to maintain oximeter equal or greater than 90% <input type="checkbox"/> Monitored anesthesia care per Anesthesiologist. <input type="checkbox"/> Other _____ 					
MEDICATIONS: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Fentanyl <u>100</u> MICROgrams IVP <input checked="" type="checkbox"/> Midazolam HCL (Versed) <u>6</u> milligrams IVP. See Special Procedures Nursing Notes for dosing documentation. <input type="checkbox"/> 20% Hurricane spray to throat times _____ sprays <input type="checkbox"/> Glucagon _____ milligrams IVP <input type="checkbox"/> Diphenhydramine (Benadryl) _____ milligrams IVP <input type="checkbox"/> Epinephrine _____ milligrams subcutaneous <input type="checkbox"/> India Ink _____ mL subcutaneous <input type="checkbox"/> Lugol's solution (for physician use) _____ mL <input type="checkbox"/> Other _____ 					
Date	Time	Physician name giving T.O.	Nurse (Print)	Nurse (Signature)	Signature attests that orders were Read back to the physician/prescriber
NURSE NOTED	DATE	TIME	DATE	TIME	PHYSICIAN/PRESCRIBER SIGNATURE OR AUTHENTICATION
24 HR CHART CHECK BY NURSE	<u>8/29/12</u>	<u>1130</u>	<u>8/24/12</u>	<u>1030</u>	

Physician Orders
ENDOSCOPY
INTRA-PROCEDURE
314/363-P4237 (6-11)
Page 1 of 1

08/24/2012 PT: 1

Bloodless: N

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

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

* Auth (Verified) *



P4236

Allergies: <i>None</i>	(V) WHEN SCANNED <input type="checkbox"/>				
DIRECTIONS: <ul style="list-style-type: none"> • Place a checkmark in the box in front of all orders that pertain to your patient. • Once a checkmark has been placed, fill in frequency, dose, or route information not predefined. • There should be no unused blanks on orders that have a checkbox marked. • Allergies, height and weight must be entered if preoperative medications ordered 	Height: <i>5'8"</i> Weight: <i>172#</i>				
<input checked="" type="checkbox"/> Recover in: <input type="checkbox"/> GI Lab <input type="checkbox"/> Esophageal Lab <input type="checkbox"/> Transfer to: <input checked="" type="checkbox"/> PACU <input type="checkbox"/> SDS - Same Day Surgery					
<input checked="" type="checkbox"/> Vital signs per Discharge Criteria Protocol. <input type="checkbox"/> Vital signs every 15 minutes times 4, then every 30 minutes times 2, then every 1 hour times 2. Discharge to home when Discharge Criteria Stage II met. <input type="checkbox"/> Vital signs every 15 minutes times 4, then every 30 minutes times 2, then every 1 hour times 2. Discharge to floor when Discharge Criteria Stage II met. <input type="checkbox"/> Diet: _____ <input type="checkbox"/> Other: _____					
g Outpatient: Discontinue IV and discharge home when Discharge by Criteria Stage II has been met by patient. Discharge Instructions: <input type="checkbox"/> Not necessary to void or take oral fluids prior to discharge. <input checked="" type="checkbox"/> No driving for 24 hours. <input type="checkbox"/> No aspirin, aspirin-containing drugs or non-steroidal medication post procedure times _____ days. <input checked="" type="checkbox"/> Increase activity as tolerated. <input checked="" type="checkbox"/> Diet as tolerated. <input type="checkbox"/> Inpatient: Transfer to floor when Discharge Criteria Stage II met. Contact Primary Service for orders. <input type="checkbox"/> ICU Inpatient: Remain in unit, vital signs every 15 minutes times 4 then per unit protocol. <input type="checkbox"/> Post Transplant patient receiving ERCP: Transfer to floor when Discharge Criteria Stage II met for observation. Contact Primary Service for orders					
Date	Time	Physician name giving T.O.	Nurse (Print)	Nurse (Signature)	Signature attests that orders were Read back to the physician/prescriber.
<i>08/24/12</i>	<i>1208</i>	<i>Repeate</i>	<i>PN</i>	<i>[Signature]</i>	
NURSE NOTED	DATE	TIME	DATE	TIME	PHYSICIAN/PREScriBER SIGNATURE OR AUTHENTICATION
<i>24 HR CHART CHECK BY NURSE</i>	<i>08/24/12</i>	<i>1030</i>	<i>08/24/12</i>	<i>1030</i>	<i>[Signature]</i>

Physician Orders
ENDOSCOPY
POST-PROCEDURE
314/363-P4236 (6-11)
Page 1 of 1

08/24/2012 PT: 0

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

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

Surgical Documentation

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

Report Request ID: 298699281
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 #: 23635980
Admit Date: 8/24/2012 Discharge Date: 8/24/2012

* Auth (Verified) *

OPERATIVE REPORT

NAME: HANNA, ADEL S
MR #: 001-11-75-69
ENCOUNTER #: 023635980

DANIEL OH, MD
PT LOCATION: IR 1007F

DATE OF OPERATION: 08/24/2012

SURGEON: DANIEL OH, MD

PREOPERATIVE DIAGNOSIS:

Hypertensive lower esophageal high-pressure zone.

POSTOPERATIVE DIAGNOSIS:

Hypertensive lower esophageal high-pressure zone.

PROCEDURE:

Esophagogastroduodenoscopy with balloon dilatation of the lower esophageal high-pressure zone to 20 mm.

SURGEON:

Dr. David Oh

ANESTHESIA:

IV conscious sedation.

FINDINGS:

1. Distal tortuous esophagus.
2. No discrete diverticulum identified.
3. Relatively normal-appearing Nissen fundoplication slightly splayed out with no significant reherniation.
4. Normal stomach.

INDICATIONS FOR PROCEDURE:

The patient is a 66-year-old man who underwent laparoscopic Nissen fundoplication several years ago at an outside hospital. This was complicated by esophageal perforation and prolonged hospital stay. He eventually recovered and his preoperative reflux symptoms resolved, but more recently, he has had atypical chest pain. He has been evaluated for cardiac etiology without any significant findings. His esophageal workup indicated that he had a relatively hypertensive lower esophageal high-pressure zone in the area of the Nissen fundoplication. He also was found on the barium esophagram to have a small diverticulum. I discussed with him that his chest pain may be a result of some of this high resting pressure of the lower esophageal high-pressure zone and he may benefit from dilatation. We discussed pros and cons including the risks and benefits as

* Auth (Verified) *

OPERATIVE REPORT

NAME: HANNA, ADEL S
MR #: 001-11-75-69
ENCOUNTER #: 023635980

DANIEL OH, MD

PT LOCATION: IR 1007F

well as the alternatives and the he was motivated to proceed with the understanding that this would be potentially helpful in his symptoms, but we would not know until we had done the procedure how much benefit he would achieve.

DETAILS OF PROCEDURE:

The patient was brought into the GI lab. Procedural safety pause was correctly performed and he underwent intravenous conscious sedation with Versed and fentanyl. The adult flexible endoscope was introduced through the bite block, down the oropharynx into the esophagus without difficulty. The esophagus looked normal until the distal 10 cm where it began to get relatively tortuous appearance to it, very similar to sigmoid colon. There was no discrete diverticulum. If anything, there were just some widened areas of tortuosity that may have resembled the appearance of the diverticulum on barium esophagram. The gastroesophageal junction and squamocolumnar junctions were more or less aligned, although there was a little bit of irregularity to the squamocolumnar junction. Previous biopsies of this area did not reveal any intestinal metaplasia. We were able to easily pass the scope through the area of the Nissen fundoplication. Retroflexed view revealed that the fundoplication was relatively attenuated, but there was no significant herniation. In addition, there was no significant tightness with passage of the scope. Again, if anything, the only abnormality we could really discern was the relative tortuosity of the distal esophagus. At this point, I put in a pneumatic CRE through the scope balloon. We positioned it across the area of the gastroesophageal junction and the area of the Nissen fundoplication. We dilated from 18 mm to 19 to 20 mm. As we did so, I continued to slide the balloon to and fro seeing if there was any catching of the area on the balloon, but in fact the balloon could still easily pass back and forth even up to 20 mm. This indicated that this area was not that tight in actuality. The balloon was deflated. There was no mucosal break indicating again that there was no significant stricture at that location. At the area of the tortuosity above the gastroesophageal junction, we again ballooned up to 19 mm and again moving the balloon back and forth, there was no significant catching of the balloon on the mucosa. Again, there was no mucosal break indicative of any significant stricture at that location. The balloon was then deflated and removed. There was no evidence of esophageal injury or perforation. All insufflated air was suctioned out. Slow withdrawal of the scope revealed no other findings. The patient tolerated the procedure well. There were no complications.

/pre
D: 08/24/2012 12:19 P

* Auth (Verified) *

OPERATIVE REPORT

NAME: HANNA, ADEL S
MR #: 001-11-75-69
ENCOUNTER #: 023635980

DANIEL OH, MD

PT LOCATION: IR 1007F

T: 08/24/2012 12:48 P
J: 000046873 Doc: 459678

DANIEL OH, MD

Page 3 of 3

* Auth (Verified) *



4356

SCHEDULED PROCEDURE

Bo Prognostic Duo Duo Surgery

INSTRUCTIONS:

- Complete sections 1 & 2 prior to admission to procedural area.
- Complete sections 3 prior to commencement of procedure.

SECTION 1 — Check when complete

- Procedural physician has discussed proposed procedure with patient or legal representative before anesthesia or sedation. N/A
- Consent forms, informed consent, physician's orders and other 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.)
- Patient is receiving moderate sedation No Yes
- If YES, Physician Pre-Sedation Assessment form completed, including ASA and Airway Classification

SECTION 2 — Check when complete

- 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
- 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 the procedural site with the word "YES."

Site marked by NO Date _____ Time _____

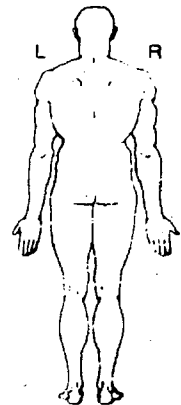
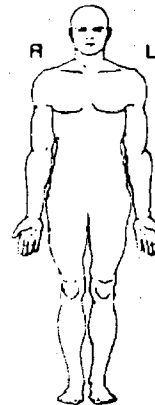
- If patient refuses marking documentation of refusal and reconfirmation of side/site is present in the medical record.

Pre-Procedure Nurse Signature *[Signature]* Date 8/24/12 Time 1040

SECTION 3 — Check when task complete

All activity ceases, a moment will be taken (TIME OUT) and the following verbally verified by each member of the team. (Check each item as it is completed.) (Mark Procedure Side/Site)

- Correct patient identity
- Correct side and site N/A
- Agreement on the procedure to be done
- Correct patient position
- Correct implants present;
- special equipment present N/A
- Imaging studies available N/A
- Antibiotic given/documented N/A



Procedure may **NOT** commence until confirmation of all checklist tasks are completed.

Time Out Completed & Checklist Verified By:

Signature / Title <u><i>[Signature]</i></u>	DATE <u>8/24/12</u>	TIME <u>1040</u>
Name (Print) <u>R. K. [Name]</u>		

UNIVERSAL PROTOCOL CHECKLIST

TE: 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

P
A



08/24/2012 PT: 0
Bloodless: N
ACCT# 023635980 MR# 001117569
HANNA, ADEL
AT: OH DANIEL DOB: 03/29/1946 66Y M
USC NORRIS CANCER CENTER

314/263-4356 (10-11)

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

Surgical Documentation

Document Name: USC KN GI Lab OR Record
 Performed By: AGREDANO, ELIZABETH (8/27/2012 08:16 PDT)
 Signed By: AGREDANO, ELIZABETH (8/27/2012 08:16 PDT)
 Authenticated By:

USC KN GI Lab OR Record Summary

Primary Physician: OH MD, DANIEL
 Case Number: KNGI-2012-2238
 Finalized Date/Time: 08/27/12 08:16:55
 Pt. Name: HANNA, ADEL S
 D.O.B./Sex: 03/29/1946 Male
 Med Rec #: 1117569
 Physician: OH MD, DANIEL
 Financial #: 23635980
 Pt. Type: 2
 Room/Bed: 1007/F
 Admit/Disch: 08/24/12 09:35:00 -
 Institution:

Case Times - KN GI Lab

Entry 1

Patient			
Patient In Room Time	08/24/12 11:36:00	Patient Out Room Time	08/24/12 12:08:00
Anesthesia			
Anesthesia IntraOp Start Time	08/24/12 11:44:00	Anesthesia IntraOp Stop Time	08/24/12 11:52:00
Surgery			
Procedure/Surgery Start Time:	08/24/12 11:47:00	Procedure/Surgery Stop Time:	08/24/12 12:03:00
Closing Time	08/24/12 12:08:00		
Last Modified By:	AGREDANO, ELIZABETH 08/27/12 08:15:33		

Case Attendees - KN GI Lab

Entry 1

Case Attendee: Surginet, N/A
 Role Performed: Anesthesiologist
 Time In: 08/24/12 11:36:00
 Time Out: 08/24/12 12:08:00
 Procedure: Esophagogastroduodenosco

Entry 2

OH MD, DANIEL
 Provider
 08/24/12 11:36:00
 08/24/12 12:08:00
 Esophagogastroduodenosco

Report Request ID: 298699281
 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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 Admit Date: 8/24/2012 Discharge Date: 8/24/2012

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

Surgical Documentation

	py with Dilatati, Esophagogastroduodenosco	py with Dilatati, Esophagogastroduodenosco
Relief	PY	PY
Manufacturer/Vendor	No	No
Manufacturer/Vendor		
Other Name:		
Case Attendee		
Comments		
Last Modified By:	AGREDANO, ELIZABETH 08/27/12 08:16:44	AGREDANO, ELIZABETH 08/27/12 08:16:44

General Case Data - KN GI Lab

Entry 1

Case Information		Case Level - DO NOT CHANGE	None
OR	USC KN GI OR 00	Specialty	SN Thoracic
Wound Class	No Incision	Anesthesia Type	Moderate Sedation
ASA Class	2	Postop Same As Preop	Yes
Diagnosis			
Preop Diagnosis	CHEST PAIN		
Postop Diagnosis	CHEST PAIN		
Last Modified By:	AGREDANO, ELIZABETH 08/27/12 08:15:57		

Surgical Procedures - KN GI Lab

Entry 1

Procedure	Esophagogastroduodenosco py with Dilatation Balloon
Primary Procedure	No
Primary Surgeon	OH MD, DANIEL
Modifiers	
Surgical Procedure Text	ESOPHAGOGASTRODUODENOSCO PY WITH BALLOON DILATATION
Procedure Start	08/24/12 11:47:00
Procedure Stop	08/24/12 12:03:00
Anesthesia Charge (Maj/Min Only) DO NOT CHANGE	None
Surgical Service	SN Thoracic
Last Modified By:	AGREDANO, ELIZABETH 08/27/12 08:16:48

Entry 2

Esophagogastroduodenosco PY
Yes
OH MD, DANIEL
08/24/12 11:47:00
08/24/12 12:03:00
None
SN Thoracic
AGREDANO, ELIZABETH 08/27/12 08:16:48

Report Request ID: 298699281
 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 #: 23635980
 Admit Date: 8/24/2012 Discharge Date: 8/24/2012

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

Surgical Documentation

Chartable Occurrences - KN GI Lab

Entry 1
Occurrence Type: None
Last Modified By: AGREDANO, ELIZABETH
08/27/12 08:15:41

Delays - KN GI Lab

Entry 1
Delay Reason: No Delay
Last Modified By: AGREDANO, ELIZABETH
08/27/12 08:15:45

Transport to Recovery - KN GI Lab

Entry 1
Post-op Destination: PACU
Last Modified By: AGREDANO, ELIZABETH
08/27/12 08:15:48

Case Comments

<None>

Finalized By: AGREDANO, ELIZABETH

Signature

Initials

Document Signatures

Signed By:
AGREDANO, ELIZABETH 08/27/12 08:16

Report Request ID: 298699281
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 #: 23635980
Admit Date: 8/24/2012 Discharge Date: 8/24/2012

* Auth (Verified) *



ARRIVAL IN PAR: 1208 DATE: 8/24/12 PRE-OP VS: RB 13 144/87 110/70/RA
 ALLERGIES: Penicillin SURGEON(S): OH
 ANESTHETIC AGENT: Fentanyl 125 mcg / versed 1 mg / up ANESTHESIOLOGIST: ORSTE 1152 OPERATIVE PROCEDURE: EGD + balloon dilatation 18-20

HOUR →	1208	1220	1235
Temperature	240	230	220
Systolic Pressure	120	115	126
Diastolic Pressure	79	73	80
Black: Cuff	61	54	68
Red: Arterial Line			
PULSE			
RESP.	10	11	19
CVP (RA)	95%	96%	97%
SaO ₂	2L	2L	RA

POST ANESTHESIA RECOVERY SCORE TIME IN: 15 min	
ACTIVITY	Moves 4 extremities on command 2 Moves 2 extremities on command 1 Moves 0 extremities on command 0
RESPIRATION	Spontaneous resp s airway 2 Spontaneous resp c airway 1 Respiratory support needed 0
CIRCULATION	SBP ± 20 mm pre-op 2 SBP ± 20-50 mm pre-op 1 SBP ± 50 mm pre-op 0
CONSCIOUSNESS	Aware of self & surroundings 2 Arousable on calling 1 Unresponsive to mild stimuli 0
COLOR	Pink mucous membranes 2 Pale, dusky, other 1 Cyanotic 0
TOTALS: 9/10/10	

SOLUTION	MEDICATIONS ADDED	TIME STARTED	TIME FINISHED	AMOUNT ABSORBED	CREDIT TO ROOM
IVF	#	8:50/1000	1215	50	750
PO	-	-	-	240	-
TOTAL IV INTAKE					
BLOOD AND BLOOD PRODUCTS					
TOTAL BLOOD INTAKE					
OUTPUT					
URINE					
NG/GT					
HEMOVAC					
JP					
PENROSE					
CT					
EBL					
TOTAL OUTPUT					

ADMISSION SUMMARY:
 Cardiovascular Rhythm: SB 75P
 Vascular Access: Jugular Subclavian
 Hickman Port Cordis Peripheral
 Site/Condition: 2L (RA) (L) (S) Waveform
 Airline location:
Gastrointestinal: NG/GT Colostomy Ileostomy
 Normal Drainage Color: N/V N/A
Genitourinary: Voiding Foley/RR Medica
 CUR Ureteral Stent Ileoconduit Nephrostomy
Skin: W/D Dermal Reddened Ulcerated
OPERATIVE SITE: Location: none
 Incision/Dressing: none
 Tube Drains (Type/Location/Character):
 Chest Drainage: Right Left N/A
 Waterseal to: cm Suction
 Peri Pad On: Yes Changed x Ice Pack On N/A
TEMPERATURE CONTROL: Warm blankets
 Thermal blanket Heat lamp Other:
 Time On: D/C:
SAFETY MEASURES: ID Bracelet
 Monitor Alarms set Safety straps On Off
 Brakes on Wrist restraints On Off
TRANSFER SUMMARY:
 Transferred to: Home stable
 Condition on discharge:
 Mode of transportation: Gurney Bed Wheelchair
 Chart, Kardex, Addressograph with patient
 Prescription on chart
 Discharged per M.D. Criteria
 Transported on: Oxygen Cardiac monitor
 Report given to: Date/Time

NCI0000 R0/00

Post Anesthesia Care Unit
(PACU) Record
Page 1 of 2

DISCHARGE
 DATE: 8/24/12
 TIME: 1310
 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

* Auth (Verified) *



211

TEST	TIME	TIME	TIME	TIME	MEDICATIONS / TREATMENTS	INIT		
Hct/Hgb								
Na/Cl								
K/Co2								
Bub/Creat								
Gluc								
PAIN ASSESSMENT								
				TIME	PAIN SCORE	INTERVENTION	POST SCORE	INIT
				1208	0/10	n/a	0/10	[Signature]
				1310	0/10	n/a	0/10	

PROGRESS NOTES

1208 from procedure driving but unusable and follows commands. VSS, no acute distress noted. ~~1205~~ 1205 AMX4 VSS. Tolerating PO well. No distress noted. ~~1310~~ 1310 AMX4, VSS. no acute distress noted. Herman (nurse) updated and verbalized understanding of discharge instructions. PW removed, catheter intact. Taken to PACU in stable condition.

INIT	RN SIGNATURE
	[Signature]

EKG RHYTHM STRIPS

NCI0000 R0/00

DISCHARGE
Post Anesthesia Care Unit
(PACU) Record
Page 2 of 2

DATE:
TIME:



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

* Auth (Verified) *



9890

PHYSICIAN PRE-SEDATION ASSESSMENT

ASA CLASSIFICATION: I II III IV V

AIRWAY CLASSIFICATION: I II III IV

Anesthetic Plan: IV Moderate Sedation

Anesthetic Plan discussed with Patient/Family.

Anesthetic alternative and risks including loss of protective reflexes, aspiration; pneumonia and life threatening events explained and all questions answered.

Assessment immediately prior to induction

Chart reviewed immediately prior to induction

Allergies: Penicillin

NPO Since: 2/2/20

BP: 144/94 HR: 59 RR: 13 O₂ SAT: 100 SKIN COLOR: _____

LOC: Alert Oriented Confused Responsive to Painful Stimuli Unresponsive

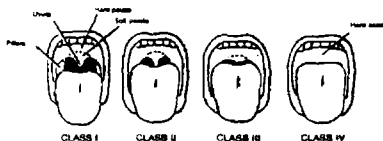
Emotional State: Relaxed Anxious Agitated Motor Function: _____

Breathing Pattern: Unlabored Labored Abdomen: Soft Distended Other: _____

Previous Anesthetic Experience: Yes No Complications to Prior Experience: Yes No NA

PHYSICIAN SIGNATURE: [Signature]

DATE: 8/24/2012 TIME: 11:05



Mallampati Airway Classification

ASA CLASSIFICATION DEFINITIONS

CLASS I: A normal healthy patient. No organic pathology or the pathologic process is localized and does not cause any systemic disturbance or abnormality.

CLASS II: A patient with mild systemic disease. Mild definite systemic disease caused by either the surgical condition or caused by other existing pathological processes.
EXAMPLE: Mild hypertension, mild diabetes.

CLASS III: A patient with severe systemic disease. Severe systemic disease limiting activity, but not incapacitating. Measurement of severity is a matter of clinical judgement.
EXAMPLE: Angina, S/P CVA with resolution, complicated diabetes, hypertension with evidence of end organ dysfunction.

CLASS IV: A patient with severe disease that is a constant threat to life. Severe systemic disease is incapacitating and a constant threat to life regardless of the treatment. There is irreversible and organ damage.
EXAMPLE: Complete bowel obstruction in a debilitated patient, end stage renal disease requiring dialysis, chronic pulmonary disease and patient is steroid dependent.

CLASS V: A moribund patient who is not expected to survive with or without the operation.

PHYSICIAN
PRE-SEDATION
ASSESSMENT



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

314/383-9890 (10-11)

P
A
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08/24/2012 PT: 0

Bloodless: N

ACCT# 023635980 MR# 001117569

HANNA, ADEL
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

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: 298699285
 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 #: 050030444
 Admit Date: 7/10/2012 Discharge Date: 7/10/2012

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: 298699285

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 #: 050030444

Admit Date: 7/10/2012

Discharge Date: 7/10/2012

* Auth (Verified) *

Print Date : Tue Jul 24 16:21:33 2012
001117569 Hanna, Adel 050030444 03/29/1946 an
Gender : Male
Age : 66
Serv Date : 07/10/2012

ASC Bill Type
83X Bill type should be 83X
Group Status
12

Admit Dx
5305 Dyskinesia of esophagus
Primary Diagnosis
5305 Dyskinesia of esophagus
Secondary Diagnoses
53081 Esophageal reflux
78659 Chest pain

* 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 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

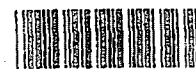
Advance Care Planning

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

Report Request ID: 298699285
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 #: 050030444
Admit Date: 7/10/2012 Discharge Date: 7/10/2012

* 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
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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

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


Report Request ID: 298699285
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 #: 050030444
Admit Date: 7/10/2012 Discharge Date: 7/10/2012

* Auth (Verified) *

97 W

KIRK

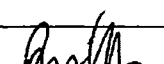
USC DEPARTMENT OF SURGERY THORACIC DIVISION		<input type="checkbox"/> NEW PATIENT (NOT SEEN WITHIN 3 YEARS) <input type="checkbox"/> ESTABLISHED PATIENT	MR #	Auth #
 AC#050030444 MR#001117569 07/10/2012 HANNA, ADEL AT.OH DANIEL DOB 03/29/1946 M 66y 0 80 KECK HOSPITAL OF USC		Physician / Provider <input checked="" type="checkbox"/> JEFFREY HAGEN, MD <input type="checkbox"/> TOM DEMEESTER, MD <input type="checkbox"/> DANIEL OH, MD <input type="checkbox"/> STEVEN DEMEESTER, MD <input type="checkbox"/> _____ MD <input type="checkbox"/> _____ PA <input type="checkbox"/> _____ Nursing Insurance _____		
		Location <input checked="" type="checkbox"/> HCC <input type="checkbox"/> HCT <input type="checkbox"/> UH <input type="checkbox"/> NOR (22) <input type="checkbox"/> HHM <input type="checkbox"/> Other _____		

INPATIENT HOSPITAL NEW AND ESTABLISHED	INPATIENT HOSPITAL CONSULTATION	MEDICARE CONSULT CROSSOVER - INPT VISIT	MODIFIERS
<input type="checkbox"/> 99221 Initial Interm Est 30 min <input type="checkbox"/> 99222 Initial Extended Est 50 min <input type="checkbox"/> 99223 Initial Comp Est 70 min <input type="checkbox"/> 99231 Subseqnt Interm Est 15 min <input type="checkbox"/> 99232 Subseqnt Extend Est 25 min <input type="checkbox"/> 99233 Subseqnt Comp Est 35 min <input type="checkbox"/> Admitting MD _____	<input type="checkbox"/> 99251 Brief Est 20 min <input type="checkbox"/> 99252 Limited Est 40 min <input type="checkbox"/> 99253 Inter Est 55 min <input type="checkbox"/> 99254 Extended Est 80 min <input type="checkbox"/> 99255 Comp Est 110 min <input type="checkbox"/> 99291 Critical Care <input type="checkbox"/> 99292 Critical Care	<input type="checkbox"/> 99221 Interm Est 30min <input type="checkbox"/> 99222 Extended Est 50 min <input type="checkbox"/> 99223 Comp Est 70 min <input type="checkbox"/> _____	<input type="checkbox"/> -28 Prof Component <input type="checkbox"/> -54 Surgical Care Only <input type="checkbox"/> -55 PostOp Mgmt Only <input type="checkbox"/> -56 PreOp Mgmt Only <input type="checkbox"/> -76 Repeat Proc Same MD <input type="checkbox"/> -77 Repeat Proc Diff MD <input type="checkbox"/> -79 Unrelated Proc/Serv Same MD <input type="checkbox"/> -57 Decision for surgery

OFFICE VISIT - NEW PATIENT	OFFICE VISIT ESTABLISHED PATIENT	OFFICE VISIT CONSULTATION	MEDICARE CONSULT CROSSOVER - NEW PATIENT VISIT
<input type="checkbox"/> 99201 Brief Est 10 min <input type="checkbox"/> 99202 Limited Est 20 min <input type="checkbox"/> 99203 Intermediate Est 30 min <input checked="" type="checkbox"/> 99204 Extended Est 45 min <input type="checkbox"/> 99205 Comprehensive Est 60 min	<input type="checkbox"/> 99211 Brief Est 5 min <input type="checkbox"/> 99212 Limited Est 10 min <input type="checkbox"/> 99213 Intermediate Est 30 min <input type="checkbox"/> 99214 Extended Est 45 min <input type="checkbox"/> 99215 Comprehensive Est 60 min <input type="checkbox"/> 99024 Post-Op (NIC) n/a	<input type="checkbox"/> 99241 Brief Est 15 min <input type="checkbox"/> 99242 Limited Est 30 min <input type="checkbox"/> 99243 Intermediate Est 40 min <input type="checkbox"/> 99244 Extended Est 60 min <input type="checkbox"/> 99245 Comprehensive Est 80 min	<input type="checkbox"/> 99201 Brief Est 10 min <input type="checkbox"/> 99202 Limited Est 20 min <input type="checkbox"/> 99203 Intermediate Est 30 min <input type="checkbox"/> 99204 Extended Est 45 min <input type="checkbox"/> 99205 Comprehensive Est 60 min

DIAGNOSIS			
<input type="checkbox"/> 1500 MALIGNANT NEO CERVICAL ESOPHAGUS <input type="checkbox"/> 180.4 MALIGNANT NEO MID THIRD ESOPHAGUS <input type="checkbox"/> 150.5 MALIG NEO LOWER THIRD ESOPHAGUS <input checked="" type="checkbox"/> 180.8 MALIGNANT NEO OTHER PART ESOPHAGUS <input type="checkbox"/> 1509 UNS MALIGNANT NEO ESOPHAGUS <input type="checkbox"/> 181.8 MALIGNANT NEO STOMACH CARDIA <input type="checkbox"/> 151.8 MALIG NEO OTHER SITES STOMACH <input type="checkbox"/> 181.8 MALIGNANT NEO STOMACH UNSPEC <input type="checkbox"/> 182.3 MALIG NEO UPPER LOBE BRONCHUS/LUNG <input type="checkbox"/> 182.3 MALIG NEO MIDDLE LOBE BRONCHUS/LUNG <input type="checkbox"/> 182.5 MALIG NEO LOWER LOBE BRONCHUS/LUNG <input type="checkbox"/> 181.8 MALIG NEO OTH PARTS BRONCHUS/LUNG <input type="checkbox"/> 182.9 UNS MALIGNANT NEO BRONCHUS/LUNG <input type="checkbox"/> 184.0 MALIGNANT NEOPLASM THYMUS <input type="checkbox"/> 193 MALIGNANT NEO THYROID GLAND <input type="checkbox"/> 186.1 SEC MALIG NEO LYMPH INTRATHORACIC <input type="checkbox"/> 197.0 SEC MALIGNANT NEOPLASM LUNG <input checked="" type="checkbox"/> 187.7 SEC MALIGNANT NEOPLASM LIVER <input type="checkbox"/> 2381 UNCERT BEHAVIOR NEO SOFT TISSUE <input type="checkbox"/> 338.12 ACUTE POST THORACOTOMY PAIN <input type="checkbox"/> 338.29 OTHER CHRONIC POSTOPERATIVE PAIN <input type="checkbox"/> 807.0 PNEUMONITIS INHALATION FOOD <input type="checkbox"/> 511.81 MALIGNANT PLEURAL EFFUSION <input type="checkbox"/> 511.89 OTHER EFFUSION NOT TUBERCULOUS <input type="checkbox"/> 511.9 UNSPECIF PLEURAL EFFUSION <input type="checkbox"/> 813.0 ABSCESS LUNG <input type="checkbox"/> 518.89 OTH DISEASES LUNG OTHER <input type="checkbox"/> 819.18 OTH DISEASES TRACHEA/BRONCHUS <input type="checkbox"/> 530.0 ACHALASIA/CARDIOSPASM <input type="checkbox"/> 530.18 UNS ESOPHAGITIS	<input type="checkbox"/> 530.11 REFLUX ESOPHAGITIS <input type="checkbox"/> 530.19 OTH ESOPHAGITIS <input type="checkbox"/> 530.3 STRICTURE/STENOSIS ESOPHAGUS <input type="checkbox"/> 530.4 PERFORATION ESOPHAGUS <input type="checkbox"/> 530.5 DYSKINESIA ESOPHAGUS <input type="checkbox"/> 530.8 DIVERTICULUM ESOPHAGUS ACQUIRED <input checked="" type="checkbox"/> 530.81 ESOPHAGEAL REFLUX <input type="checkbox"/> 530.88 BARRETT'S ESOPHAGUS <input type="checkbox"/> 530.87 MECHAN COMPLICATION ESOPHAGOSTOMY <input type="checkbox"/> 530.89 OTHER DISORDERS THE ESOPHAGUS <input type="checkbox"/> 530.9 UNS DISORDER ESOPHAGUS <input type="checkbox"/> 535.10 ASTROPHIC GASTRITIS WOMEMORRHAGE <input type="checkbox"/> 535.50 UNS GASTRITIS GASTRODUODENITIS <input type="checkbox"/> 536.3 GASTROPARESIS <input type="checkbox"/> 536.3 OTHER FUNCTIONAL STOMACH DISORDERS <input type="checkbox"/> 537.0 ACO HYPERTROPHIC PYLORIC STENOSIS <input type="checkbox"/> 537.89 OTHER DISORDERS STOMACH/DUODENUM OTH <input type="checkbox"/> 553.21 INCISIONAL HERNIA <input type="checkbox"/> 553.3 DIAPHRAGMATIC HERNIA <input type="checkbox"/> 564.2 POSTGASTRIC SURGERY SYNDROMES <input type="checkbox"/> 708.2 1PRIMARY FOCAL HYPERHIDROSIS <input type="checkbox"/> 784.1 THROAT PAIN <input type="checkbox"/> 784.49 OTHER VOICE DISTURBANCE <input type="checkbox"/> 785.8 ENLARGEMENT OF LYMPH NODES <input type="checkbox"/> 788.2 COUGH <input type="checkbox"/> 788.50 UNSPEC CHEST PAIN <input type="checkbox"/> 788.51 PRECORDIAL PAIN <input type="checkbox"/> 788.59 OTHER CHEST PAIN	<input type="checkbox"/> 786.8 SWELLING/MASS/LUMP IN CHEST <input type="checkbox"/> 787.01 NAUSEA WITH VOMITING <input type="checkbox"/> 787.02 NAUSEA ALONE <input type="checkbox"/> 787.03 VOMITING ALONE <input type="checkbox"/> 787.1 HEARTBURN <input type="checkbox"/> 787.20 DYSPHAGIA UNSPECIFIED <input type="checkbox"/> 787.29 OTHER DYSPHAGIA <input type="checkbox"/> 787.3 FLATULENCE ERUTATION/GAS PAIN <input type="checkbox"/> 789.00 ABDOMINAL PAIN UNS SITE <input type="checkbox"/> 789.06 ABDOMINAL PAIN EPIGASTRIC <input type="checkbox"/> 789.07 ABDOMINAL PAIN GENERALIZED <input type="checkbox"/> 789.1 ABNORMAL FINDINGS LUNG FIELD <input type="checkbox"/> 793.2 ABNORMAL FD INTRATHOR ORG OT <input type="checkbox"/> 789.4 ABNORMAL FINDINGS GI TRACT <input type="checkbox"/> 793.8 ABNORMAL FIND ABDOMINAL AREA <input type="checkbox"/> 794.2 ABNORMAL PULMONARY FUNC STUDY <input type="checkbox"/> 997.4 DIGESTIVE SYSTEM COMPLI <input type="checkbox"/> V10.03 HISTORY MALIGNANCY ESOPHAGUS <input type="checkbox"/> V10.04 HISTORY MALIGNANCY STOMACH <input type="checkbox"/> V10.11 HISTORY MALIGNANCY BRONCHUS/LUNG <input type="checkbox"/> V58.42 AFTERCARE SURGERY FOR NEOPLASM <input type="checkbox"/> V68.49 OTHER AFTERCARE FOLLOWING SURGERY <input type="checkbox"/> V68.2 CONVALESCENCE AFTER CHEMOTHERAPY <input type="checkbox"/> V67.09 FOLLOW-UP FOLLOW OTH SURGERY <input type="checkbox"/> V67.59 OTH FOLLOW-UP EXAMINATION <input type="checkbox"/> V72.85 OTHER EXAMINATION <input type="checkbox"/> OTHER	

PROCEDURE	SUPPLIES
<input type="checkbox"/> 43239 UPPER STOMACH-INSTE <input type="checkbox"/> 8786000 <input type="checkbox"/> 43241 UPR GI NDSC TNDC INT <input type="checkbox"/> 8786000	<input type="checkbox"/> 43780 CHANGE GASTROSTOM <input type="checkbox"/> 8786000 <input type="checkbox"/> 96372 THERAPEUTIC PROPHYLA <input type="checkbox"/> 8786000

Referring Physician: _____ Date: _____ Time: _____
 Provider Signature:  Date: 7/10/12 Time: 1:30

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: 298699285
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 #: 050030444
Admit Date: 7/10/2012 Discharge Date: 7/10/2012

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: 298699285
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
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Admit Date: 7/10/2012 Discharge Date: 7/10/2012

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: 298699285
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 #: 050030444
Admit Date: 7/10/2012 Discharge Date: 7/10/2012



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

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

Order: **XR Esophagram/Video**
 Order Start Date/Time: 8/14/2012 09:30 PDT
 Order Date/Time: 7/10/2012 12:30 PDT
 Order Status: Completed
 End-state Date/Time: 8/14/2012 15:00 PDT
 Ordering Physician: OH MD,DANIEL (National Provider Identifier: 1932396611)
 Entered By: Tinson,Nashata K on 7/10/2012 12:30 PDT
 Order Details: Routine, 8/14/12 9:30:00 AM PDT, Reason/Clin Hx: CHEST PAIN, 8/14/12 3:00:11 PM PDT
 Order Comment:

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

Order: **XR Upper GI w/Air Contrast w/KUB**
 Order Start Date/Time: 8/14/2012 10:00 PDT
 Order Date/Time: 7/10/2012 12:30 PDT
 Order Status: Completed
 End-state Date/Time: 8/17/2012 08:44 PDT
 Ordering Physician: OH MD,DANIEL (National Provider Identifier: 1932396611)
 Entered By: Tinson,Nashata K on 7/10/2012 12:30 PDT
 Order Details: Routine, 8/14/12 10:00:00 AM PDT, Reason/Clin Hx: CHEST PAIN, 8/17/12 8:44:01 AM PDT
 Order Comment:

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

Report Request ID: 298699282
 Printed by: Rodriguez,Christina
 Printed: 3/7/2023 14:07 PST

Patient Name: **HANNA, ADEL SHAKER**
 DOB: 3/29/1946 Age: 76 years Gender: Male
 MRN: 001117569
 Financial #: 050067164
 Admit Date: 8/14/2012 Discharge Date: 8/14/2012

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

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: 298699282

Printed by: Rodriguez, Christina

Printed: 3/7/2023 14:07 PST

Patient Name: **HANNA, ADEL SHAKER**

DOB: 3/29/1946

MRN: 001117569

Financial #: 050067164

Admit Date: 8/14/2012

Age: 76 years

Discharge Date: 8/14/2012

Gender: Male

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

Procedure History

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: 298699282
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:07 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 050067164
Admit Date: 8/14/2012 Discharge Date: 8/14/2012

Page 3 of 22

* Auth (Verified) *

Print Date : Wed Aug 22 14:43:10 2012
001117569 Hanna, Adel 050067164 03/29/1946 YAP
Gender : Male
Age : 66
Serv Date : 08/14/2012

ASC Bill Type
83X Bill type should be 83X
Group Status
12

Admit Dx
53081 Esophageal reflux
Primary Diagnosis
53081 Esophageal reflux
Secondary Diagnoses
78720 Dysphagia, unspecified

* 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 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

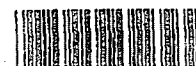
Advance Care Planning

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

Report Request ID: 298699282
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:07 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 050067164
Admit Date: 8/14/2012 Discharge Date: 8/14/2012

* 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
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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

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: 298699282
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:07 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 050067164
Admit Date: 8/14/2012 Discharge Date: 8/14/2012

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: 298699282
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:07 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 050067164
Admit Date: 8/14/2012 Discharge Date: 8/14/2012

Keck Hospital of USC
Keck Hospital of USC
1500 SAN PABLO ST
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Office/Clinic Notes

J#: 86469641
1c

Physician Orders

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

Report Request ID: 298699282
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:07 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 050067164
Admit Date: 8/14/2012 Discharge Date: 8/14/2012

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

Radiology Reports

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

Report Request ID: 298699282
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:07 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 050067164
Admit Date: 8/14/2012 Discharge Date: 8/14/2012

* Auth (Verified) *

KECK HOSPITAL OF USC

Patient: HANNA, ADEL MedRedNo: 001117569
 Account No: 050067164
 Procedure: XR Esophagram/Video
 Perform Date/Time: 08/14/2012 10:27
 Result Date/Time: 08/14/2012 13:10
 Ordering Dr: 01267

Keck Hospital of USC
1500 San Pablo
Los Angeles, CA
90033

Patient Name: HANNA, ADEL
MRN:1117569
Acct #:50067164
DOB:03/29/46 Age:66 years Sex:Male
Patient Loc:USC-RA Radiology,-

Imaging

Procedure	Accession	Ordering	Date of Examination
XR	267-XR-12-	OH MD, DANIEL	08/14/12 10:27:21
Esophagram/Video	076482		PDT

Report

History: Dysphagia.

FINDINGS:

1. Scout AP abdominal radiograph demonstrates: nonspecific postgastric bowel gas pattern with no high-grade large nor small bowel obstruction appreciated; multiple right upper quadrant surgical clips consistent with previous cholecystectomy.
2. Scout chest radiographs (2) demonstrate:
 - A. Calcified aortic arch without significant cardiomegaly; bilateral lung zones with no overt pulmonary edema and no frank pleural-based pneumonic consolidations appreciated.
 - B. Chronic-appearing right-sided lower lung zones pulmonary fibrosis and costophrenic angle pleuroparenchymal adhesive scarring...S/P Nissen fundoplication via laparoscopic approach circa 1998, with subsequent perforation and intrathoracic empyema historically.
 - C. Suggested right superolaterad chest ill-circumscribed parenchymal lesion overlying the first anterior rib on frontal projection view, potentially a focal cicatrix...precautionary comment: we recommend 3-month followup for continued surveillance and exclusion of scar carcinoma.
3. Videoesophagram with air-contrast upper gastrointestinal tract series was performed following oral ingestion of thin barium, thick barium with effervescent granules, solid food bolus consisting of barium coated

HANNA, ADEL
 MRN: 001117569 DOB: 03/29/1946
 Date of Exam: 08/14/2012 10:27
 Acct: 050067164 Pt Type: 02
 Ord Phys: OH

* Auth (Verified) *

KECK HOSPITAL OF USC

Patient: HANNA, ADEL MedRedNo: 001117569
 Account No: 050067164
 Procedure: XR Esophagram/Video
 Perform Date/Time: 08/14/2012 10:27
 Result Date/Time: 08/14/2012 13:10
 Ordering Dr: 01267

hamburger. Multiple video images and digital spot films were obtained, with imaging in upright, supine, and prone positions. Esophageal motility was examined utilizing five 10-cc boluses of thin liquid barium as well as with two solid food boluses consisting of barium coated hamburger.

4. Within normal limits bolus formation and swallowing mechanism with no stigmata of oropharyngeal dysphagia appreciated ...no pooling within valleculae or piriform sinuses, no laryngeal penetration or frank aspiration, and no cervical esophageal cricopharyngeal bar, segmental stricture, or pulsion diverticulum identified.

Admitting Physician: OH MD, DANIEL
Ordering Physician: N/A
Consulting Physician:

Keck Hospital of USC
1500 San Pablo
Los Angeles, CA
90033

Patient Name: HANNA, ADEL
MRN:1117569
Acct #:50067164
DOB:03/29/46 Age:66 years Sex:Male
Patient Loc:USC-RA Radiology,-

Imaging

Procedure	Accession	Ordering	Date of Examination
XR	267-XR-12-	OH MD, DANIEL	08/14/12 10:27:21
Esophagram/Video	076482		PDT

5. Abnormal appearing esophageal motility on 5-out-of-5 swallows of thin liquid barium, as manifested by multiple episodes of contrast stasis and prolonged retention admixed with episodes of upper esophagus cephalic escape and retrograde movement.

6. Within normal limits esophageal motility on 2-out-of-2 swallows of solid food bolus, with no appreciable stasis and prolonged retention of orally ingested particulate matter.

7. EG juncture: moderate-sized epiphrenic wide-mouthed pulsion diverticulum, associated with an apparent smoothly-marginated narrowing of the gastric cardinal region, consistent with prior fundoplication status as discussed above, and with some gastric rugae cephalad to left hemidiaphragmatic hiatus.

HANNA, ADEL
 MRN: 001117569 DOB: 03/29/1946
 Date of Exam: 08/14/2012 10:27
 Acct: 050067164 Pt Type: 02
 Ord Phys: OH

* Auth (Verified) *

KECK HOSPITAL OF USC

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Patient:      HANNA, ADEL                      MedRedNo: 001117569
Account No: 050067164
Procedure:   XR Esophagram/Video
Perform Date/Time: 08/14/2012  10:27
Result Date/Time: 08/14/2012  13:10
Ordering Dr: 01267
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8. Within normal limits subfundal stomach.

IMPRESSION:

1. Within normal limits bolus formation and swallowing mechanism with no stigmata of oropharyngeal dysphagia appreciated.
 2. Abnormal appearing esophageal motility on 5-out-of-5 swallows of thin liquid barium, as manifested by multiple episodes of contrast stasis and prolonged retention admixed with episodes of upper esophagus cephalic escape and retrograde movement.
 3. Within normal limits esophageal motility on 2-out-of-2 swallows of solid food bolus, with no appreciable stasis and prolonged retention of orally ingested particulate matter.
 4. EG juncture: moderate-sized epiphrenic wide-mouthed pulsion diverticulum, associated with an apparent smoothly-marginated narrowing of the gastric cardial region, consistent with prior fundoplication status as discussed above, and with some gastric rugae cephalad to left hemidiaphragmatic hiatus.
 5. Scout chest radiographs reveal:
 - A. Chronic-appearing right-sided lower lung zones pulmonary fibrosis and costophrenic angle pleuroparenchymal adhesive scarring...S/P Nissen fundoplication via laparoscopic approach circa 1998, with subsequent perforation and intrathoracic empyema historically.
- Admitting Physician: OH MD, DANIEL
Ordering Physician: N/A
Consulting Physician:

Keck Hospital of USC
1500 San Pablo
Los Angeles, CA
90033

Patient Name: HANNA, ADEL
MRN:1117569
Acct #:50067164
DOB:03/29/46 Age:66 years Sex:Male
Patient Loc:USC-RA Radiology,-

Imaging

Procedure	Accession	Ordering	Date of Examination
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HANNA, ADEL
MRN: 001117569 DOB: 03/29/1946
Date of Exam: 08/14/2012 10:27
Acct: 050067164 Pt Type: 02
Ord Phys: OH

* Auth (Verified) *

KECK HOSPITAL OF USC

Patient: HANNA, ADEL MedRedNo: 001117569
 Account No: 050067164
 Procedure: XR Esophagram/Video
 Perform Date/Time: 08/14/2012 10:27
 Result Date/Time: 08/14/2012 13:10
 Ordering Dr: 01267

XR 267-XR-12- OH MD, DANIEL 08/14/12 10:27:21
 Esophagram/Video 076482 PDT

B. Suggested right superolaterad chest ill-circumscribed parenchymal lesion overlying the first anterior rib on frontal projection view, potentially a focal cicatrix....precautionary comment: we recommend 3-month followup for continued surveillance and exclusion of scar carcinoma.

C. Discussed with Dr. Oh on the early afternoon of 8/14/2012.

Electronically Signed By: Lacy, George
 ***** Final Report *****

Dictated: 08/14/2012 1:07 pm

Dictated by: LACY MD, GEORGE D

Electronic Signature: 08/14/12 1:10 pm

Signed by: LACY MD, GEORGE D

Admitting Physician: OH MD, DANIEL
 Ordering Physician: N/A

HANNA, ADEL
 MRN: 001117569 DOB: 03/29/1946
 Date of Exam: 08/14/2012 10:27
 Acct: 050067164 Pt Type: 02
 Ord Phys: OH

* Auth (Verified) *

KECK HOSPITAL OF USC

Patient: HANNA, ADEL MedRedNo: 001117569
 Account No: 050067164
 Procedure: XR Upper GI w/ Air Contra
 Perform Date/Time: 08/14/2012 10:27
 Result Date/Time: 08/17/2012 08:42
 Ordering Dr: 01267

Keck Hospital of USC
1500 San Pablo
Los Angeles, CA
90033

Patient Name: HANNA, ADEL
MRN:1117569
Acct #:50067164
DOB:03/29/46 Age:66 years Sex:Male
Patient Loc:USC-RA Radiology,-

Imaging

Procedure	Accession	Ordering	Date of Examination
XR Upper GI w/ Air Contrast w/KUB	267-XR-12- 076483	OH MD, DANIEL	08/14/12 10:27:57 PDT

Report

For full procedural details, please refer to previously signed radiology report on this patient.

***** Final Report *****

Dictated by: WILCOX MD, ALISON

G

Electronic Signature: 08/17/12 8:42 am

Signed by: WILCOX MD, ALISON G

GS Transcribed: 08/15/2012 11:00 am

Admitting Physician: OH MD, DANIEL
Ordering Physician: OH MD, DANIEL
Consulting Physician:

HANNA, ADEL
MRN: 001117569 DOB: 03/29/1946
Date of Exam: 08/14/2012 10:27
Acct: 050067164 Pt Type: 02
Ord Phys: OH

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

Diagnostic Radiology

Procedure	Accession	Ordering	Date of Examination	Status
XR Upper GI w/ Air Contrast w/KUB	267-XR-12-076483	OH MD,DANIEL	8/14/2012 10:27 PDT	Auth (Verified)

Reason For Exam

(XR Upper GI w/ Air Contrast w/KUB) CHEST PAIN

Report

For full procedural details, please refer to previously signed radiology report on this patient.

***** Final Report *****

Dictated by: WILCOX MD, ALISON G

Electronic Signature: 08/17/12 8:42 am Signed by: WILCOX MD, ALISON G

GS Transcribed: 08/15/2012 11:00 am

Procedure	Accession	Ordering	Date of Examination	Status
XR Esophagram/Video	267-XR-12-076482	OH MD,DANIEL	8/14/2012 10:27 PDT	Auth (Verified)

Reason For Exam

(XR Esophagram/Video) CHEST PAIN

Report

History: Dysphagia.

FINDINGS:

1. Scout AP abdominal radiograph demonstrates: nonspecific postgastric bowel gas pattern with no high-grade large nor small bowel obstruction appreciated; multiple right upper quadrant surgical clips consistent with previous cholecystectomy.

2. Scout chest radiographs (2) demonstrate:

A. Calcified aortic arch without significant cardiomegaly; bilateral lung zones with no overt pulmonary edema and no frank pleural-based pneumonic consolidations appreciated.

Report Request ID: 298699282

Printed by: Rodriguez,Christina

Printed: 3/7/2023 14:07 PST

Patient Name: **HANNA, ADEL SHAKER**

DOB: 3/29/1946

Age: 76 years

Gender: Male

MRN: 001117569

Financial #: 050067164

Admit Date: 8/14/2012

Discharge Date: 8/14/2012

Diagnostic Radiology

Report

B. Chronic-appearing right-sided lower lung zones pulmonary fibrosis and costophrenic angle pleuroparenchymal adhesive scarring....S/P Nissen fundoplication via laparoscopic approach circa 1998, with subsequent perforation and intrathoracic empyema historically.

C. Suggested right superolaterad chest ill-circumscribed parenchymal lesion overlying the first anterior rib on frontal projection view, potentially a focal cicatrix....precautionary comment: we recommend 3-month followup for continued surveillance and exclusion of scar carcinoma.

3. Videoesophagram with air-contrast upper gastrointestinal tract series was performed following oral ingestion of thin barium, thick barium with effervescent granules, solid food bolus consisting of barium coated hamburger. Multiple video images and digital spot films were obtained, with imaging in upright, supine, and prone positions. Esophageal motility was examined utilizing five 10-cc boluses of thin liquid barium as well as with two solid food boluses consisting of barium coated hamburger.

4. Within normal limits bolus formation and swallowing mechanism with no stigmata of oropharyngeal dysphagia appreciated ...no pooling within valleculae or piriform sinuses, no laryngeal penetration or frank aspiration, and no cervical esophageal cricopharyngeal bar, segmental stricture, or pulsion diverticulum identified.

5. Abnormal appearing esophageal motility on 5-out-of-5 swallows of thin liquid barium, as manifested by multiple episodes of contrast stasis and prolonged retention admixed with episodes of upper esophagus cephalic escape and retrograde movement.

6. Within normal limits esophageal motility on 2-out-of-2 swallows of solid food bolus, with no appreciable stasis and prolonged retention of orally ingested particulate matter.

7. EG juncture: moderate-sized epiphrenic wide-mouthed pulsion diverticulum, associated with an apparent smoothly-marginated narrowing of the gastric cardiac region, consistent with prior fundoplication status as discussed above, and with some gastric rugae cephalad to left hemidiaphragmatic hiatus.

8. Within normal limits subfundal stomach.

Report Request ID: 298699282

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Patient Name: **HANNA, ADEL SHAKER**

DOB: 3/29/1946

Age: 76 years

Gender: Male

MRN: 001117569

Financial #: 050067164

Admit Date: 8/14/2012

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Diagnostic Radiology

Report

IMPRESSION:

1. Within normal limits bolus formation and swallowing mechanism with no stigmata of oropharyngeal dysphagia appreciated.
2. Abnormal appearing esophageal motility on 5-out-of-5 swallows of thin liquid barium, as manifested by multiple episodes of contrast stasis and prolonged retention admixed with episodes of upper esophagus cephalic escape and retrograde movement.
3. Within normal limits esophageal motility on 2-out-of-2 swallows of solid food bolus, with no appreciable stasis and prolonged retention of orally ingested particulate matter.
4. EG juncture: moderate-sized epiphrenic wide-mouthed pulsion diverticulum, associated with an apparent smoothly-marginated narrowing of the gastric cardinal region, consistent with prior fundoplication status as discussed above, and with some gastric rugae cephalad to left hemidiaphragmatic hiatus.
5. Scout chest radiographs reveal:
 - A. Chronic-appearing right-sided lower lung zones pulmonary fibrosis and costophrenic angle pleuroparenchymal adhesive scarring....S/P Nissen fundoplication via laparoscopic approach circa 1998, with subsequent perforation and intrathoracic empyema historically.
 - B. Suggested right superolaterad chest ill-circumscribed parenchymal lesion overlying the first anterior rib on frontal projection view, potentially a focal cicatrix....precautionary comment: we recommend 3-month followup for continued surveillance and exclusion of scar carcinoma.
 - C. Discussed with Dr. Oh on the early afternoon of 8/14/2012.

Electronically Signed By: Lacy, George

Report Request ID: 298699282
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:07 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 050067164
Admit Date: 8/14/2012 Discharge Date: 8/14/2012

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

Diagnostic Radiology

Report

***** Final Report *****

Dictated: 08/14/2012 1:07 pm

Dictated by: LACY MD, GEORGE D

Electronic Signature: 08/14/12 1:10 pm

Signed by: LACY MD, GEORGE D

Report Request ID: 298699282
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:07 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 050067164
Admit Date: 8/14/2012 Discharge Date: 8/14/2012



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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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: 298699283
 Printed by: Rodriguez,Christina
 Printed: 3/7/2023 14:07 PST

Patient Name: **HANNA, ADEL SHAKER**
 DOB: 3/29/1946 Age: 76 years Gender: Male
 MRN: 001117569
 Financial #: 050082585
 Admit Date: 8/14/2012 Discharge Date: 8/14/2012

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: 298699283

Printed by: Rodriguez,Christina

Printed: 3/7/2023 14:07 PST

Patient Name: **HANNA, ADEL SHAKER**

DOB: 3/29/1946

Age: 76 years

Gender: Male

MRN: 001117569

Financial #: 050082585

Admit Date: 8/14/2012

Discharge Date: 8/14/2012

* Auth (Verified) *

Print Date : Tue Oct 02 18:53:05 2012
001117569 Hanna, Adel 050082585 03/29/1946 cc
Gender : Male
Age : 66
Serv Date : 08/14/2012

ASC Bill Type
83X Bill type should be 83X
Grouper Status
12

Admit Dx
78650 Unspecified chest pain
Primary Diagnosis
78650 Unspecified chest pain

* 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

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: 298699283
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:07 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 050082585
Admit Date: 8/14/2012 Discharge Date: 8/14/2012

* 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
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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
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1500 SAN PABLO ST
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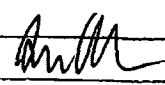
Office/Clinic Notes

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

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Printed: 3/7/2023 14:07 PST

Patient Name: **HANNA, ADEL SHAKER**
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MRN: 001117569
Financial #: 050082585
Admit Date: 8/14/2012 Discharge Date: 8/14/2012

* Auth (Verified) *

USC DEPARTMENT OF SURGERY THORACIC DIVISION		MR #	Auth #	
<input type="checkbox"/> NEW PATIENT (NOT SEEN WITHIN 3 YEARS) <input checked="" type="checkbox"/> ESTABLISHED PATIENT				
Physician / Provider: <input checked="" type="checkbox"/> JEFFREY HAGEN, MD <input type="checkbox"/> TOM DEMEESTER, MD <input checked="" type="checkbox"/> DANIEL OH, MD <input type="checkbox"/> STEVEN DEMEESTER, MD <input type="checkbox"/> _____, PA <input type="checkbox"/> _____, Nursing				
Insurance: _____ Location: <input checked="" type="checkbox"/> HCCI <input type="checkbox"/> HCT <input type="checkbox"/> UH <input type="checkbox"/> NOR (22) <input type="checkbox"/> HHM <input type="checkbox"/> Other				
INPATIENT HOSPITAL NEW AND ESTABLISHED <input type="checkbox"/> 99221 Initial Intermed Est 30 min <input type="checkbox"/> 99222 Initial Extended Est 50 min <input type="checkbox"/> 99223 Initial Comp Est 70 min <input type="checkbox"/> 99231 Subseqnt Intermed Est 15 min <input type="checkbox"/> 99232 Subseqnt Extend Est 25 min <input type="checkbox"/> 99233 Subseqnt Comp Est 35 min <input type="checkbox"/> Admitting MD _____		INPATIENT HOSPITAL ESTABLISHED PATIENT <input type="checkbox"/> 99251 Brief Est 20 min <input type="checkbox"/> 99252 Limited Est 40 min <input type="checkbox"/> 99253 Inter Est 55 min <input type="checkbox"/> 99254 Extended Est 80 min <input type="checkbox"/> 99255 Comp Est 110 min <input type="checkbox"/> 99291 Critical Care <input type="checkbox"/> 99292 Critical Care	MEDICARE CONSULT CROSSOVER - INPT VISIT <input type="checkbox"/> 99221 Intermed Est 30min <input type="checkbox"/> 99222 Extended Est 50 min <input type="checkbox"/> 99223 Comp Est 70 min <input type="checkbox"/> _____	MODIFIERS <input type="checkbox"/> -26 Prof Component <input type="checkbox"/> -54 Surgical Care Only <input type="checkbox"/> -55 PostOp Mgmt Only <input type="checkbox"/> -56 PreOp Mgmt Only <input type="checkbox"/> -76 Repeat Proc Same MD <input type="checkbox"/> -77 Repeat Proc Diff MD <input type="checkbox"/> -78 Unrelated Proc/Serv SameMD <input type="checkbox"/> -57 Decision for surgery
OFFICE VISIT - NEW PATIENT <input type="checkbox"/> 99201 Brief Est 10 min <input type="checkbox"/> 99202 Limited Est 20 min <input type="checkbox"/> 99203 Intermediate Est 30 min <input type="checkbox"/> 99204 Extended Est 45 min <input type="checkbox"/> 99205 Comprehensive Est 60 min		OFFICE VISIT ESTABLISHED PATIENT <input type="checkbox"/> 99211 Brief Est 5 min <input type="checkbox"/> 99212 Limited Est 10 min <input type="checkbox"/> 99213 Intermediate Est 30 min <input checked="" type="checkbox"/> 99214 Extended Est 45 min <input type="checkbox"/> 99215 Comprehensive Est 60 min <input type="checkbox"/> 99024 Post-Op (N/C) n/a	OFFICE VISIT CONSULTATION <input type="checkbox"/> 99241 Brief Est 15 min <input type="checkbox"/> 99242 Limited Est 30 min <input type="checkbox"/> 99243 Intermediate Est 40 min <input type="checkbox"/> 99244 Extended Est 80 min <input type="checkbox"/> 99245 Comprehensive Est 80 min	MEDICARE CONSULT CROSSOVER - NEW PATIENT VISIT <input type="checkbox"/> 99201 Brief Est 10 min <input type="checkbox"/> 99202 Limited Est 20 min <input type="checkbox"/> 99203 Intermediate Est 30 min <input type="checkbox"/> 99204 Extended Est 45 min <input type="checkbox"/> 99205 Comprehensive Est 60 min
DIAGNOSIS				
<input type="checkbox"/> 1500 MALIGNANT NEO CERVICAL ESOPHAGUS <input checked="" type="checkbox"/> 150.4 MALIGNANT NEO MID THIRD ESOPHAGUS <input type="checkbox"/> 150.5 MALIGNANT NEO LOWER THIRD ESOPHAGUS <input type="checkbox"/> 150.8 MALIGNANT NEO OTHER PART ESOPHAGUS <input type="checkbox"/> 1509 UNS MALIGNANT NEO ESOPHAGUS <input type="checkbox"/> 151.0 MALIGNANT NEO STOMACH CARDIA <input type="checkbox"/> 151.8 MALIGNANT NEO OTHER SITES STOMACH <input type="checkbox"/> 151.9 MALIGNANT NEO STOMACH UNSPEC <input type="checkbox"/> 152.3 MALIGNANT NEO UPPER LOBE BRONCHUS/LUNG <input checked="" type="checkbox"/> 152.4 MALIGNANT NEO MIDDLE LOBE BRONCHUS/LUNG <input type="checkbox"/> 152.5 MALIGNANT NEO LOWER LOBE BRONCHUS/LUNG <input type="checkbox"/> 151.5 MALIGNANT NEO OTH PARTS BRONCHUS/LUNG <input type="checkbox"/> 152.9 UNS MALIGNANT NEO BRONCHUS/LUNG <input type="checkbox"/> 154.0 MALIGNANT NEOPLASM THYROID GLAND <input type="checkbox"/> 193 MALIGNANT NEO THYROID GLAND <input type="checkbox"/> 196.1 SEC MALIGNANT NEO LYMPH INTRATHORACIC <input type="checkbox"/> 197.0 SEC MALIGNANT NEOPLASM LUNG <input type="checkbox"/> 197.7 SEC MALIGNANT NEOPLASM LIVER <input type="checkbox"/> 2381 UNCERT BEHAVIOR NEO SOFT TISSUE <input type="checkbox"/> 338.12 ACUTE POST THORACOTOMY PAIN <input type="checkbox"/> 338.26 OTHER CHRONIC POSTOPERATIVE PAIN <input type="checkbox"/> 507.0 PNEUMONITIS INHALATION FOOD <input type="checkbox"/> 511.81 MALIGNANT PLEURAL EFFUSION <input type="checkbox"/> 511.89 OTHER EFFUSION NOT TUBERCULOUS <input type="checkbox"/> 511.9 UNSPECIF PLEURAL EFFUSION <input type="checkbox"/> 513.0 ABSCESS LUNG <input type="checkbox"/> 518.89 OTH DISEASES LUNG OTHER <input type="checkbox"/> 518.19 OTH DISEASES TRACHEA/BRONCHUS <input type="checkbox"/> 530.0 ACHALASIA/CARDIOSPASM <input type="checkbox"/> 530.10 UNS ESOPHAGITIS <input type="checkbox"/> 530.11 REFLUX ESOPHAGITIS <input type="checkbox"/> 530.19 OTH ESOPHAGITIS <input type="checkbox"/> 530.3 STRICTURE/STENOSIS ESOPHAGUS <input type="checkbox"/> 530.4 PERFORATION ESOPHAGUS <input type="checkbox"/> 530.5 DYSKINESIA ESOPHAGUS <input type="checkbox"/> 530.9 DIVERTICULUM ESOPHAGUS ACQUIRED <input type="checkbox"/> 530.81 ESOPHAGEAL REFLUX <input type="checkbox"/> 530.85 BARRETT'S ESOPHAGUS <input type="checkbox"/> 530.87 MECHAN COMPLICATION ESOPHAGOSTOMY <input type="checkbox"/> 530.89 OTHER DISORDERS THE ESOPHAGUS <input type="checkbox"/> 530.9 UNS DISORDER ESOPHAGUS <input type="checkbox"/> 530.10 ASTROPHIC GASTRITIS WOHEMORRHAGE <input type="checkbox"/> 535.50 UNS GASTRITIS GASTRODUODENITIS <input type="checkbox"/> 535.3 GASTROPARESIS <input type="checkbox"/> 538.3 OTHER FUNCTIONAL STOMACH DISORDERS <input type="checkbox"/> 537.0 ACQ HYPERTROPHIC PYLORIC STENOSIS <input type="checkbox"/> 537.89 OTHER DISORDERS STOMACH/DUODENUM OTH <input type="checkbox"/> 553.2 INCISIONAL HERNIA <input type="checkbox"/> 553.3 DIAPHRAGMATIC HERNIA <input type="checkbox"/> 564.2 POSTGASTRIC SURGERY SYNDROMES <input type="checkbox"/> 705.2 PRIMARY FOCAL HYPERHIDROSIS <input type="checkbox"/> 784.1 THROAT PAIN <input type="checkbox"/> 784.49 OTHER VOICE DISTURBANCE <input type="checkbox"/> 785.8 ENLARGEMENT OF LYMPH NODES <input type="checkbox"/> 788.08 SHORTNESS BREATH <input type="checkbox"/> 788.2 COUGH <input checked="" type="checkbox"/> 788.50 UNSPEC CHEST PAIN <input type="checkbox"/> 788.51 PRECORDIAL PAIN <input type="checkbox"/> 788.58 OTHER CHEST PAIN <input type="checkbox"/> 788.8 SWELLING/MASS/LUMP IN CHEST <input type="checkbox"/> 787.01 NAUSEA WITH VOMITING <input type="checkbox"/> 787.02 NAUSEA ALONE <input type="checkbox"/> 787.03 VOMITING ALONE <input type="checkbox"/> 787.1 HEARTBURN <input type="checkbox"/> 787.20 DYSPHAGIA UNSPECIFIED <input type="checkbox"/> 787.29 OTHER DYSPHAGIA <input type="checkbox"/> 787.3 FLATULENCE ERUTATION/GAS PAIN <input type="checkbox"/> 788.00 ABDOMINAL PAIN UNS SITE <input type="checkbox"/> 789.08 ABDOMINAL PAIN EPIGASTRIC <input type="checkbox"/> 789.07 ABDOMINAL PAIN GENERALIZED <input type="checkbox"/> 793.1 ABNORMAL FINDINGS LUNG FIELD <input type="checkbox"/> 793.2 ABNORMAL FD INTRATHOR ORG OT <input type="checkbox"/> 793.4 ABNORMAL FINDINGS GI TRACT <input type="checkbox"/> 793.8 ABNORMAL FIND ABDOMINAL AREA <input type="checkbox"/> 794.2 ABNORMAL PULMONARY FUNC STUDY <input type="checkbox"/> 997.4 DIGESTIVE SYSTEM COMPLI <input type="checkbox"/> V10.03 HISTORY MALIGNANCY ESOPHAGUS <input type="checkbox"/> V10.04 HISTORY MALIGNANCY STOMACH <input type="checkbox"/> V10.11 HISTORY MALIGNANCY BRONCHUS/LUNG <input type="checkbox"/> V58.42 AFTERCARE SURGERY FOR NEOPLASM <input type="checkbox"/> V68.49 OTHER AFTERCARE FOLLOWING SURGERY <input type="checkbox"/> V68.2 CONVALESCENCE AFTER CHEMOTHERAPY <input type="checkbox"/> V67.09 FOLLOW-UP FOLLOW OTH SURGERY <input type="checkbox"/> V67.59 OTH FOLLOW-UP EXAMINATION <input type="checkbox"/> V72.88 OTHER EXAMINATION <input type="checkbox"/> OTHER				
PROCEDURE <input type="checkbox"/> 43239 UPPER STOMACH-INSTE <input type="checkbox"/> 8768000 _____ <input type="checkbox"/> 43241 UPR GI NOSC TNOSC INT <input type="checkbox"/> 8768000 _____		<input type="checkbox"/> 43780 CHANGE GASTROSTOM <input type="checkbox"/> 6766000 _____ <input type="checkbox"/> 96372 THERAPEUTIC PROPHYL <input type="checkbox"/> 8766000 _____	SUPPLIES <input type="checkbox"/> J1020 METHYLPREDNISOLONE <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	
Referring Physician: _____ Provider Signature: 		Date: 8/14/12 Date: _____	Time: 12:45 Time: _____	

FORM USCCTSURG-005 (REV 1/25/11)

DISTRIBUTION WHITE - HOSPITAL COPY YELLOW - DEPARTMENT PINK - RECORDS

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: 298699283
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:07 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 050082585
Admit Date: 8/14/2012 Discharge Date: 8/14/2012

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: 298699283
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:07 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 050082585
Admit Date: 8/14/2012 Discharge Date: 8/14/2012

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: 298699283
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:07 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
 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: 298699284
 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 #: 050095793
 Admit Date: 8/6/2012 Discharge Date: 8/6/2012

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: 298699284

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 #: 050095793

Admit Date: 8/6/2012

Discharge Date: 8/6/2012

* Auth (Verified) *

Print Date : Thu Aug 16 12:13:52 2012
001117569 Hanna, Adel 050095793 03/29/1946 at
Gender : Male
Age : 66
Serv Date : 08/06/2012

ASC Bill Type

83X Bill type should be 83X

Detailed CPT Procedures

43239 Upper gastrointestinal endoscopy including esophagus, stomach, and
either the duodenum and/or jejunum as appropriate; with biopsy,
single or multiple; (ASC Payment Group 2)

Admit Dx

5305 Dyskinesia of esophagus

Primary Diagnosis

5305 Dyskinesia of esophagus

Secondary Diagnoses

53010 Unspecified esophagitis

53081 Esophageal reflux

78650 Unspecified chest pain

ICD-9-CM Procedures

4516 Esophagogastroduodenoscopy (EGD) with closed biopsy

8932 Esophageal manometry

8939 Other nonoperative measurements and examinations

CPT-4 five-digit codes and/or nomenclature are copyright 2011 American Medical Asso

* 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 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

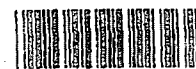
Advance Care Planning

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

Report Request ID: 298699284
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 #: 050095793
Admit Date: 8/6/2012 Discharge Date: 8/6/2012

* 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

Authorizations/Consents

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

Report Request ID: 298699284
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 #: 050095793
Admit Date: 8/6/2012 Discharge Date: 8/6/2012

* Auth (Verified) *



1716IC

CONSENT FOR ANESTHESIA SERVICES

I, Adel Hanna, acknowledge that my doctor has explained to me that I will have an operation, diagnostic, or treatment/procedure. My doctor has explained the risks of the procedure, advised me of alternative treatments and told me about the expected outcome and what could happen if my condition remains untreated. I also understand that anesthesia services are needed so that my doctor can perform the operation or procedure.

It has been explained to me that all forms of anesthesia involve some risks and no guarantee or promises can be made concerning the results on my procedure or treatment. Although rare, unexpected severe complications with anesthesia can occur and include the remote possibility of infection, bleeding, drug reactions, blood clots, loss of sensation, loss of limb function, paralysis, stroke, brain damage, heart attack or death. I understand that these risks apply to all forms of anesthesia and that additional or specific risks have been identified below as they may apply to a specific type of anesthesia. I understand that the type(s) of anesthesia service checked below will be used for my procedure and that the anesthesia technique to be used is determined by many factors including my physical condition, the type of procedure my doctor is to do, his preference, as well as my own desire. It has been explained to me that sometimes an anesthesia technique which involves the use of location anesthetics, with or without sedation, may not succeed completely and therefore another technique may have to be used including general anesthesia.

- | | | |
|--|-----------------|--|
| <input type="checkbox"/> General Anesthesia | Expected Result | Total unconscious state, possible placement of a tube into the windpipe. |
| | Technique | Drug injected into the blood stream, breathed into the lungs, or by other routes |
| | Possible Risks | Mouth or throat pain, hoarseness, injury to mouth or teeth, awareness under anesthesia, injury to blood vessels, aspiration, pneumonia, cardiovascular instability – possible death. |
| | | |
| <input type="checkbox"/> Spinal or Epidural
Analgesic / Anesthesia
With sedation
Without sedation | Expected Result | Temporary decrease or loss of feeling and/or movement to lower part of body. |
| | Technique | Drug injected through a needle/catheter placed either directly into the spinal canal or immediately outside the spinal canal |
| | Possible Risks | Headache, backache, buzzing in the ears, convulsions, infection, persistent weakness, numbness, residual pain, injury to blood vessels, "total spinal," possible spinal cord injury. - possible death. |

VERIFICATION OF INFORMED CONSENT FOR ANESTHESIA / CONSCIOUS SEDATION

Page 1 of 2

314/363-1716-IC (10-11)

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AC#050095793 MR#001117569 08/06/2012
HANNA, ADEL
AT:OH DANIEL DOB:03/29/1946 M 66y 0 80
KECK HOSPITAL OF USC

WHITE - MEDICAL RECORD

CANARY - PATIENT

* Auth (Verified) *

<input type="checkbox"/> Major/Minor Nerve Block With sedation Without sedation	Expected Result Technique Possible Risks	Temporary loss of feeling and/or movement or a specific limb area Drug injected near nerves providing loss of sensation to the area of the operation. Infection, convulsions, weakness, persistent numbness, residual pain, injury to blood vessels - possible death.
<input type="checkbox"/> Intravenous Regional Anesthesia With sedation Without sedation	Expected Result Technique Possible Risks	Temporary loss of feeling and/or movement of limb. Drug injected into veins of arm or leg while using a tournique. Infection, convulsions, persistent numbness, residual pain, injury to blood vessels - possible death.
<input checked="" type="checkbox"/> Monitored Anesthesia Care (with sedation)	Expected Result Technique Possible Risks	Reduced anxiety and pain, partial or total amnesia. Drug injected into bloodstream, breathed into the lungs, or by other routes producing semi-conscious state. An unconscious state, depressed breathing, injury to blood vessels, aspiration - possible death.
<input type="checkbox"/> Monitored Anesthesia Care (without sedation)	Expected Result Technique Possible Risks	Measurement of vital signs, availability of anesthesia provider for further intervention. None Increased awareness, anxiety and/or discomfort.
<input type="checkbox"/> Insertion of Invasive Lines/ Transesophageal Echo	Expected Results Possible Risks	Measurement of vital signs, fluid replacement access. Infection, bleeding, pulmonary artery rupture, esophageal drainage - possible death.

I hereby consent to the anesthesia service checked above and authorize that it be administered by Daniel Oh or his/her associates, all of whom are credentialed to provide anesthesia services at this health facility. I also consent to an alternative type of anesthesia, if necessary, as deemed appropriate by them.

I have explained risks and benefits to patient

<u>[Signature]</u> Anesthesia Care Provider	<input checked="" type="checkbox"/> Physician <input type="checkbox"/> C.R.N.A.	<u>[Signature]</u> Patient's Signature	<u>8/6/12</u> Date/Time
<u>8/6/12 1230</u> Date/Time	<u>[Signature]</u> Witness	<u>[Signature]</u> Legal Guardian Signature	<u>8/6/12 1230</u> Date/Time

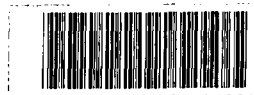
**VERIFICATION OF INFORMED
CONSENT FOR ANESTHESIA /
CONSCIOUS SEDATION**

Page 2 of 2

314/363-1716-IC (10-11)

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AC#050095793 MR#001117569 08/06/2012
HANNA, ADEL
AT:OH DANIEL DOB:03/29/1946 M 66y 0 80
KECK HOSPITAL OF USC

WHITE - MEDICAL RECORD

CANARY - PATIENT

* Auth (Verified) *

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



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)**
- Possible Esophagogastroduodenoscopy (EGD) with Possible Interventions and Wireless pH Monitor (Moderate Sedation)**
- Possible Esophagus - Esophageal Manometry**

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

Description of operation or procedure (lay language):

ESOPHAGOGASTRODUODENOSCOPY (EGD) WITH POSSIBLE INTERVENTIONS (MODERATE SEDATION)
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).

Consent for Procedure(s):

Esophagogastroduodenoscopy (EGD) with Possible Interventions (Moderate Sedation)
Possible Esophagogastroduodenoscopy (EGD) with Possible Interventions and Wireless pH Monitor (Moderate Sedation)
Possible Esophagus - Esophageal Manometry
AUTHORIZATION AND INFORMED CONSENT TO SURGERY OR SPECIAL DIAGNOSTIC OR THERAPEUTIC PROCEDURES

Page 1 of 7



AC#050095793 MR#001117569 08/06/2012
HANNA, ADEL
 AT:OH DANIEL DOB:03/29/1946 M 66y 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**



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

POSSIBLE ESOPHAGOGASTRODUODENOSCOPY (EGD) WITH POSSIBLE INTERVENTIONS AND WIRELESS PH MONITOR (MODERATE SEDATION)

This procedure involves using an endoscope to see inside your digestive tract. The procedure also involves measuring the amount of acid (pH) in your esophagus (food pipe). This is done by placing a small capsule into your esophagus. It transmits data wirelessly to a receiver device that you wear. The endoscope is a thin, flexible tube with a light and camera attached. 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 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 reduces 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 will attach the capsule to the wall of the esophagus. Your doctor may also do any of the following:

- * Remove growths (such as polyps), foreign bodies, or other abnormalities.
- * Stretch narrowed areas with balloons or other tools.
- * 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 receiver device will record acid level for a period of time. This is usually 48 hours. You may be asked to keep a diary of your symptoms during this time. At the end of the test, you will return the receiver. The capsule will not be retrieved. It will fall off and pass through your digestive system.

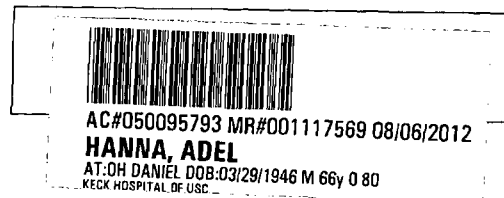
POSSIBLE ESOPHAGUS - ESOPHAGEAL MANOMETRY

You will be asked to avoid food and liquids for eight hours before the test. Your doctor will also ask you to avoid taking certain medications before the test. A numbing medication is sprayed in the nose and throat to avoid gagging. While you are seated or lying on the side, a small tube is passed through the nose or the mouth. The tube is then

Consent for Procedure(s):

**Esophagogastroduodenoscopy (EGD) with Possible Interventions (Moderate Sedation)
Possible Esophagogastroduodenoscopy (EGD) with Possible Interventions and Wireless pH Monitor (Moderate Sedation)
Possible Esophagus - Esophageal Manometry
AUTHORIZATION AND INFORMED CONSENT TO SURGERY OR SPECIAL DIAGNOSTIC OR THERAPEUTIC PROCEDURES**

Page 2 of 7



* 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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passed through the lower esophagus into the stomach.

The tube measures pressure at different levels in the esophagus. Sometimes, special x-rays are needed to place the tube in the esophagus. You will be asked to swallow different liquids, such as salt water. After the test, the tube is gently removed.

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

ESOPHAGOGASTRODUODENOSCOPY (EGD) WITH POSSIBLE INTERVENTIONS (MODERATE SEDATION)
This procedure may help your doctor find out what is wrong. This may allow your doctor to offer appropriate treatment.


POSSIBLE ESOPHAGOGASTRODUODENOSCOPY (EGD) WITH POSSIBLE INTERVENTIONS AND WIRELESS PH MONITOR (MODERATE SEDATION)
This procedure may allow your doctor to make a diagnosis. This may allow your doctor to plan the appropriate treatment.

POSSIBLE ESOPHAGUS - ESOPHAGEAL MANOMETRY
This test helps your doctor find out what is wrong so that you may receive treatment.

- 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.
- 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.
- 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:
ESOPHAGOGASTRODUODENOSCOPY (EGD) WITH POSSIBLE INTERVENTIONS (MODERATE SEDATION)
* 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.

Consent for Procedure(s):
Esophagogastroduodenoscopy (EGD) with Possible Interventions (Moderate Sedation)
Possible Esophagogastroduodenoscopy (EGD) with Possible Interventions and Wireless pH Monitor (Moderate Sedation)
Possible Esophagus - Esophageal Manometry
AUTHORIZATION AND INFORMED CONSENT TO SURGERY OR SPECIAL DIAGNOSTIC OR THERAPEUTIC PROCEDURES

Page 3 of 7


AC#050095793 MR#001117569 08/06/2012 HANNA, ADEL AT:DH DANIEL DOB:03/29/1946 M 66y 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

- * 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 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.

POSSIBLE ESOPHAGOGASTRODUODENOSCOPY (EGD) WITH POSSIBLE INTERVENTIONS AND WIRELESS PH MONITOR (MODERATE SEDATION)

- * Abdominal or stomach pain.
- * Bleeding.
- * Bloating.
- * Damage to the teeth, gums, or nearby structures. This may be discovered during the procedure, or later.
- * Inhaling fluid or other substances into the lung(s).
- * Nausea and/or vomiting.
- * Pain or discomfort.
- * Sore throat.
- * You may have problems, diseases or abnormalities but this test may not find them.
- * 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.
- * Rapid or irregular heartbeat.
- * 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 be discovered during the procedure, or later.

POSSIBLE ESOPHAGUS - ESOPHAGEAL MANOMETRY

- * Tear in the wall of the esophagus, stomach or small intestine. This may require surgery.
- * Pain or discomfort.
- * Inhaling fluid or other substances into the lung(s).

Consent for Procedure(s):


Esophagogastroduodenoscopy (EGD) with Possible Interventions (Moderate Sedation)

Possible Esophagogastroduodenoscopy (EGD) with Possible Interventions and Wireless pH Monitor (Moderate Sedation)

Possible Esophagus - Esophageal Manometry

AUTHORIZATION AND INFORMED CONSENT TO SURGERY OR SPECIAL DIAGNOSTIC OR THERAPEUTIC PROCEDURES

Page 4 of 7



AC#050095793 MR#001117569 08/06/2012
HANNA, ADEL
 AT:OH DANIEL DOB:03/29/1946 M 66y 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**



- * Heart rhythm disturbances. You may need medications, a temporary pacemaker, shock(s) to your heart, or CPR.
- * Bleeding. You may need blood transfusions or other treatments.

Alternatives:

ESOPHAGOGASTRODUODENOSCOPY (EGD) WITH POSSIBLE INTERVENTIONS (MODERATE SEDATION)

- * Watching and waiting with your doctor.
- * X-ray tests such as barium swallow (UGI series) or virtual colonoscopy. These procedures do not involve therapy, such as biopsies or removal of polyps.
- * Imaging methods such as magnetic imaging (MRI) or ultrasound.
- * EGD without moderate sedation.
- * You may choose not to have this procedure.

POSSIBLE ESOPHAGOGASTRODUODENOSCOPY (EGD) WITH POSSIBLE INTERVENTIONS AND WIRELESS PH MONITOR (MODERATE SEDATION)

- * Watching and waiting with your doctor.
- * Other tests to look at the function of the esophagus. These may include manometry (pressure measurement), impedance testing or 24 hour pH monitoring with a nasogastric tube.
- * Upper GI series. This involves using x-rays to evaluate your esophagus and upper stomach.
- * X-ray tests such as barium swallow (UGI series). These procedures do not involve therapy, such as biopsies or removal of polyps. They also do not involve pH monitoring.
- * Imaging methods such as magnetic imaging (MRI) or ultrasound. This does not involve pH monitoring.
- * The same procedure without moderate sedation.
- * Similar procedure using a thin flexible tube left in the esophagus for the duration of the test.
- * You may choose not to have this procedure.

POSSIBLE ESOPHAGUS - ESOPHAGEAL MANOMETRY

- Other medical tests.
- Special x-ray series.
- Medication.
- Watching and waiting with your doctor.
- You may always choose not to have treatment.

Potential problems during recuperation: ESOPHAGOGASTRODUODENOSCOPY (EGD) WITH POSSIBLE INTERVENTIONS (MODERATE SEDATION)

POSSIBLE ESOPHAGOGASTRODUODENOSCOPY (EGD) WITH POSSIBLE INTERVENTIONS AND WIRELESS PH MONITOR (MODERATE SEDATION)

POSSIBLE ESOPHAGUS - ESOPHAGEAL MANOMETRY

Consent for Procedure(s):
 Esophagogastroduodenoscopy (EGD) with Possible Interventions (Moderate Sedation)
 Possible Esophagogastroduodenoscopy (EGD) with Possible Interventions and Wireless pH Monitor (Moderate Sedation)
 Possible Esophagus - Esophageal Manometry
AUTHORIZATION AND INFORMED CONSENT TO SURGERY OR SPECIAL DIAGNOSTIC OR THERAPEUTIC PROCEDURES

Page 5 of 7

AC#050095793 MR#001117569 08/06/2012
HANNA, ADEL
 AT:OH DANIEL DOB:03/29/1946 M 66y 0 80
 KECK HOSPITAL OF USC

* Auth (Verified) *

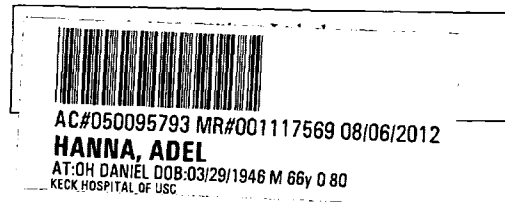
**KECK HOSPITAL OF USC/USC NORRIS CANCER HOSPITAL
AUTHORIZATION AND INFORMED CONSENT TO SURGERY
OR SPECIAL DIAGNOSTIC OR THERAPEUTIC PROCEDURES**



- 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)
 Possible Esophagogastroduodenoscopy (EGD) with Possible Interventions and Wireless pH Monitor (Moderate Sedation)
 Possible Esophagus - Esophageal Manometry
AUTHORIZATION AND INFORMED CONSENT TO SURGERY OR SPECIAL DIAGNOSTIC OR THERAPEUTIC PROCEDURES

Page 6 of 7

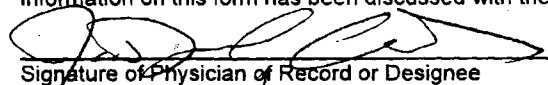


* Auth (Verified) *

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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SIGNATURES FOR CONSENT

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

 Signature of Physician of Record or Designee	8/6/12 1230 Date/Time
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<input checked="" type="checkbox"/> Signature of [patient/parent/conservator/guardian]	8/6/12 1230 Date/Time
--	--------------------------

 Signature of Witness	8/6/12 1230 Date/Time
---	--------------------------

Signature/ [and Interpreter ID # if not Keck Medical Center employee] of Interpreter	Date/Time
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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	8/6/12 1230 Date/Time
--	--------------------------

<input checked="" type="checkbox"/> Signature of [patient/parent/conservator/guardian]	8/6/12 1230 Date/Time
--	--------------------------


 Signature of Witness	8/6/12 1230 Date/Time
---	--------------------------

Signature/ [and Interpreter ID # if not Keck Medical Center employee] of Interpreter	Date/Time
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Consent for Procedure(s):
 Esophagogastroduodenoscopy (EGD) with Possible Interventions (Moderate Sedation)
 Possible Esophagogastroduodenoscopy (EGD) with Possible Interventions and Wireless pH Monitor (Moderate Sedation)
 Possible Esophagus - Esophageal Manometry

AUTHORIZATION AND INFORMED CONSENT TO SURGERY OR SPECIAL DIAGNOSTIC OR THERAPEUTIC PROCEDURES

Page 7 of 7

 AC#050095793 MR#001117569 08/06/2012 HANNA, ADEL AT:OH DANIEL DOB:03/29/1946 M 66y 0 80 KECK HOSPITAL OF USC
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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: 298699284
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 #: 050095793
Admit Date: 8/6/2012 Discharge Date: 8/6/2012

* 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 hours after the 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 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.

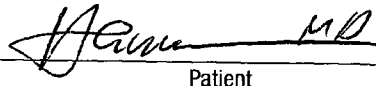
Additional comments: _____

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



 Witness
5/6/12 1200

 Date / Time



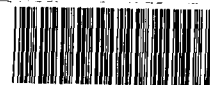
 Patient

**ESOPHAGEAL FUNCTION
 LABORATORY
 ENDOSCOPY DISCHARGE
 INSTRUCTIONS**

363-N59882 (9-11)

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AC#050095793 MR#001117569 08/06/2012
HANNA, ADEL
 AT:DH DANIEL DOB:03/29/1946 M 66y 0 80
 KECK HOSPITAL OF USC

Keck Hospital of USC
Keck Hospital of USC
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LOS ANGELES, CA 90033-5313

History and Physical Reports

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

Report Request ID: 298699284
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 #: 050095793

Admit Date: 8/6/2012

Discharge Date: 8/6/2012

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* Auth (Verified) *

SHORT HISTORY AND PHYSICAL EXAMINATION REPORT

If the patient is admitted and stays more than 48 hours,
a dictated H&P Report will be required.



314/363-1705

CHIEF COMPLAINT & HISTORY OF PRESENT ILLNESS Pt is retrosternal CP x 2 hours not related to food intake but worse at night. GERD unresolved by PPI/anti-acids.
Dx: GERD, Dysphagia; ① occ dysphagia

RELEVANT PAST MEDICAL HISTORY/SURGICAL HISTORY:

PMH: ① GERD ② migraines

PSH: ① paraesophageal hernia Rx
② Nissen fundoplication - 1998 ③ chole ④ —

ALLERGIES: Penicillin - EPS

CURRENT MEDICATIONS: Reviewed Medication Reconciliation List

FAMILY HISTORY: 3 brothers - CAD

SOCIAL HISTORY: quit smoking 20 yrs ago / occ 2nd

REVIEW OF SYSTEMS: (Check all that apply)

	NEG	COMMENTS		NEG	COMMENTS		NEG	COMMENTS
Head/Neck/ ENT	X		Respiratory	X		Musculoskeletal	X	
Eyes	X		Cardiovascular	X		Skin	X	
GI		occ retrosternal pain	Neurologic	X		Genitourinary	X	
Breasts	X		Hem/Lymph	X		GYN	X	NIA
			Endocrine	X		LMP: EN/A		

PHYSICAL EXAMINATION:

General Condition:

Vital Signs: BP 135/76 T 98.2 P 61 R 12 **Pain (Level & Location):** 0 / 10

Mental Status: Appropriate & A&Ox4 **Lungs:** CTA ⊕

HEENT: PERLL / som / RENT **Abdomen:** S/NT/ND (BSF)

Heart: RRR = n/1g **Extremities:** warm, & c/c/l/e

OTHER PERTINENT PHYSICAL FINDINGS:

Neurologic: intact grossly **Genitalia/Pelvic:** def

Breasts: def **Rectal:** def

Skin & Lymph Nodes: clear S-lymphadenopathy **Other:**

IMPRESSION:

leukoplakia w/ Nissen fundoplication + paraesophageal hernia repair here with symptoms suggestive of persistent GERD.

TREATMENT PLAN:

① EGD & manometry + pH monitoring

Physician Signature: *[Signature]* **Date:** 8/6 **Time:** 1230

Teaching Physician Statement (if applicable):

Teaching Physician Signature: _____ **Date:** _____ **Time:** _____

SHORT HISTORY & PHYSICAL EXAM

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AC#050095793 MR#001117569 08/06/2012
HANNA, ADEL
AT:OH DANIEL DOB:03/29/1946 M 66y 0 80
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1500 SAN PABLO ST
LOS ANGELES, CA 90033-5313

Laboratory/Pathology Documents

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

Report Request ID: 298699284
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 #: 050095793
Admit Date: 8/6/2012 Discharge Date: 8/6/2012

* Auth (Verified) *



PARA CHANDRASOMA, M.D.
Professor of Pathology, USC
Chief, Anatomic Pathology, LAC+USC Med
Center
ptchandr@usc.edu

405 Linda Vista
Avenue
Pasadena, CA 91105
(323)409-4600
Fax: (323)441-8183

SURGICAL PATHOLOGY CONSULTATION REPORT

PATIENT NAME: HANNA, ADEL
CONSULTATION NUMBER: PC12-5310
DATE OF BIRTH: 03/29/1946 **SEX:** MALE **AGE:** 66
REFERENCE NUMBER: 1117569
REQUESTING PHYSICIAN: DANIEL OH, M.D.
SPECIMENS: A. ANTRUM/BODY B. SQC JUNCTION C. 34 CM.
CLINICAL HISTORY: ESOPHAGEAL DISMOTOLOTY, GERD
DATE COLLECTED: 08/06/2012
DATE COMPLETED: 08/08/2012

GROSS DESCRIPTION

- A. Specimen consists of multiple irregular tan brown pieces of mucosa, the largest measuring 0.5 cm.
- B. Specimen consists of multiple irregular tan brown pieces of mucosa, the largest measuring 0.3 cm.
- C. Specimen consists of two irregular tan brown pieces of mucosa, the largest measuring 0.5 cm.

MICROSCOPIC DESCRIPTION

- A. Sections show unremarkable body mucosa and antral mucosa with mild reactive changes. There is no significant inflammation, intestinal metaplasia, dysplasia or malignancy. Helicobacter pylori is absent, confirmed with a negative Alcian yellow stain.
- B. Sections show squamous epithelium with basal cell hyperplasia and eosinophils and metaplastic oxyntocardiac and cardiac mucosa with chronic inflammation and foveolar hyperplasia. There is no intestinal metaplasia, dysplasia or malignancy.
- C. Sections show squamous epithelium with basal cell hyperplasia and intraepithelial eosinophils indicative of reflux. There is no significant inflammation, glandular mucosa, dysplasia or malignancy.

DIAGNOSIS:

- A. ANTRUM/BODY, BIOPSY: Reactive gastropathy.
- B. SQC JUNCTION, BIOPSY: Reflux esophagitis; Reflux carditis.
- C. ESOPHAGUS @ 34 CM., BIOPSY: Reflux esophagitis.

Parakrama Chandrasoma

Parakrama Chandrasoma, M.D.
Professor of Pathology

8/8/12

Date
PC12-5310

0500 95793

Keck Hospital of USC
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1500 SAN PABLO ST
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Medication/Prescription Records

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

Report Request ID: 298699284
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 #: 050095793
Admit Date: 8/6/2012 Discharge Date: 8/6/2012

DO NOT USE ABBREVIATIONS: U (unit), IU (International unit), QD, QOD, Trailing zero, lack of a leading zero, MS, MSO4, MgSO4
Allergies: (Drug & Reaction) Penicillin (EPS)



9908

Page 1 of 1

Name of Medication	Dosage	Frequency/ Route	New or		Date:	Date:	Date:	Date:
			Discontinued		Time:	Time:	Time:	Time:
<input type="checkbox"/> No Medications Prior to Admission								
<u>Atenolol</u>	<u>50 mg</u>	<u>PO daily</u>	<input type="checkbox"/> Discontinued <input type="checkbox"/> New		<u>8/5/12</u>			
<u>ASA</u>	<u>81 mg</u>	<u>PO daily</u>	<input type="checkbox"/> Discontinued <input type="checkbox"/> New		<u>8/5/12</u>			
<u>Nexium</u>	<u>40mg</u>	<u>oral 3x daily</u>	<input type="checkbox"/> Discontinued <input type="checkbox"/> New		<u>7/16/12</u>			
<u>Zantac 1</u>	<u>150mg</u>	<u>oral 2x daily</u>	<input type="checkbox"/> Discontinued <input type="checkbox"/> New		<u>7/16/12</u>			
			<input type="checkbox"/> Discontinued <input type="checkbox"/> New					
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			<input type="checkbox"/> Discontinued <input type="checkbox"/> New					
			<input type="checkbox"/> Discontinued <input type="checkbox"/> New					
Signature indicates the review of medications, provision of patient education materials and a copy to the patient at discharge.					<u>[Signature]</u>			
			Signature	Signature	Signature	Signature	Signature	Signature

* Auth (Verified) *

- ADMISSION MEDICATION ASSESSMENT MUST INCLUDE OTC DRUGS, SUPPLEMENTS AND HERBALS
- HEIGHT AND WEIGHT DOCUMENTED ONLY IF REQUIRED FOR DOSING

OUTPATIENT MEDICATION RECONCILIATION

314/363-9908 (10-11)

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AC#050095793 MR#001117569 08/06/2012
HANNA, ADEL
AT:OH DANIEL DOB:03/29/1946 M 66y 0 80
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Nursing Documentation

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

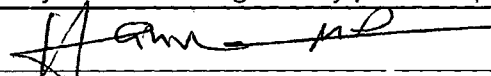
Report Request ID: 298699284
Printed by: Rodriguez,Christina
Printed: 3/7/2023 14:08 PST

Patient Name: **HANNA, ADEL SHAKER**
DOB: 3/29/1946 Age: 76 years Gender: Male
MRN: 001117569
Financial #: 050095793
Admit Date: 8/6/2012 Discharge Date: 8/6/2012

* 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			Date		Patient/Representative Signature on Discharge			Date	
Key ✓ = Present L = Lower P = Patient B = Both S = Safe RT = Right LK = Locker LT = Left F = Family U = Upper	ADMISSION								
		Date	Date	Date	Date	Date	Date	Date	Date
	Unit/Room	Room	Room	Room	Room	Room	Room	Room	Discharge
ASSISTIVE DEVICES	Dentures	<i>B</i>							
	Partials	<i>B</i>							
	Glasses <i>opt</i>	<i>1 pair</i>							
	Hearing Aids	<i>B</i>							
	Clothing / Other	<i>2 waf</i>							
	Wheelchair/Cane/Walker	<i>B</i>							
	O ₂ E-Cylinder	<i>B</i>							
SAFE INVENTORY VALUABLES (INVENTORY ENVELOPE)	Purse/Wallet	<i>B</i>							
	Credit Cards/Cash	<i>B</i>							
	Jewelry (Describe)	<i>B</i>							
	Other								
PHARMACY	Medication (Total # items)	<input checked="" type="checkbox"/> Home <input type="checkbox"/> Pharmacy	Medications must be sent home or to Pharmacy						
	INITIALS	Transfer Initials							
Receiving Initials									
Init	Name (print)	Signature/Title	Init	Name (print)	Signature/Title				
	<i>J. M. ...</i>	<i>[Signature]</i>							

BELONGINGS TRACKING RECORD

PATIENT ID



AC#050095793 MR#001117569 08/06/2012
HANNA, ADEL
 AT:OH DANIEL DOB:03/29/1946 M 66y 0 80
 KECK HOSPITAL OF USC

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

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

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: 298699284
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 #: 050095793
Admit Date: 8/6/2012 Discharge Date: 8/6/2012

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: 298699284
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 #: 050095793
Admit Date: 8/6/2012 Discharge Date: 8/6/2012

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

Office/Clinic Notes

J#: 86469641
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Physician Orders

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

Report Request ID: 298699284
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
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Financial #: 050095793
Admit Date: 8/6/2012 Discharge Date: 8/6/2012

* Auth (Verified) *



Allergies: <u>NKA</u>	<input checked="" type="checkbox"/> WHEN SCANNED				
DIRECTIONS: <ul style="list-style-type: none"> • Place a checkmark in the box in front of all orders that pertain to your patient. • Once a checkmark has been placed, fill in frequency, dose, or route information not predefined. • There should be no unused blanks on orders that have a checkbox marked. • Allergies, height and weight must be entered if preoperative medications ordered 	Height: <u>5'8"</u> Weight: <u>172 lbs</u>				
<input checked="" type="checkbox"/> Esophagogastroduodenoscopy <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Biopsy <input type="checkbox"/> Dilatation <input type="checkbox"/> Colonoscopy <input type="checkbox"/> Biopsy <input type="checkbox"/> Flexible sigmoidoscopy <input type="checkbox"/> Biopsy <input type="checkbox"/> Percutaneous liver biopsy <input type="checkbox"/> Endoscopic retrograde cholangio pancreatography (ERCP) <ul style="list-style-type: none"> <input type="checkbox"/> Choledochoscopy <input type="checkbox"/> Bronchoscopy <ul style="list-style-type: none"> <input type="checkbox"/> Biopsy <input type="checkbox"/> Esophageal Ultrasound <input checked="" type="checkbox"/> Bravo pH Study <input type="checkbox"/> Other _____ 					
<input checked="" type="checkbox"/> Start IV: <u>NS @ TKO</u> <ul style="list-style-type: none"> <input type="checkbox"/> NPO <input type="checkbox"/> Vital Signs <input checked="" type="checkbox"/> Other: <u>MANO SCAN (to be inserted endoscopically)</u> 					
MEDICATIONS: <ul style="list-style-type: none"> <input type="checkbox"/> Piperacillin and Tazobactam (Zosyn) 3.375 grams IVPB once <input type="checkbox"/> Levofloxacin (Levaquin) 500 milligrams IVPB once <input type="checkbox"/> Ampicillin 2 grams IVPB once <input type="checkbox"/> Gentamicin 80 milligrams IVPB once <input checked="" type="checkbox"/> <u>Hydrocodone jelly to both noses (oral each)</u> <input type="checkbox"/> _____ <input type="checkbox"/> _____ 					
Date	Time	Physician name giving T.O.	Nurse (Print)	Nurse (Signature)	Signature attests that orders were Read back to the physician/prescriber.
NURSE NOTED	DATE	TIME	DATE	TIME	PHYSICIAN/PREScriBER SIGNATURE OR AUTHENTICATION
24 HR CHART CHECK BY NURSE	<u>8/6/12</u>	<u>1200</u>	<u>8/6/12</u>	<u>1200</u>	<u>[Signature]</u>

**Physician Orders
ENDOSCOPY
PRE-PROCEDURE**
314/363-P0055 (6-11)
Page 1 of 1



AC#050095793 MR#001117569 08/06/2012
HANNA, ADEL
AT:OH DANIEL DOB:03/29/1946 M 66y 0 80
KECK HOSPITAL OF USC

* Auth (Verified) *



P4237

Allergies: <u>NKA</u>	(V) WHEN SCANNED <input type="checkbox"/>				
DIRECTIONS: <ul style="list-style-type: none"> • Place a checkmark in the box in front of all orders that pertain to your patient. • Once a checkmark has been placed, fill in frequency, dose, or route information not predefined. • There should be no unused blanks on orders that have a checkbox marked. • Allergies, height and weight must be entered if preoperative medications ordered 	Height: <u>5'8"</u> Weight: <u>172</u> kg				
<ul style="list-style-type: none"> • Vital signs every 5 minutes during procedure. • Continuous pulse oximetry. • Continuous cardiac rhythm monitoring. <input checked="" type="checkbox"/> Oxygen at _____ liters/minute via nasal cannula. <input checked="" type="checkbox"/> Titrate oxygen to maintain oximeter equal or greater than 90% <input type="checkbox"/> Monitored anesthesia care per Anesthesiologist. <input type="checkbox"/> Other _____ 					
MEDICATIONS: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Fentanyl <u>50</u> MICROgrams IVP <input checked="" type="checkbox"/> Midazolam HCL (Versed) <u>7</u> milligrams IVP. See Special Procedures Nursing Notes for dosing documentation. <input type="checkbox"/> 20% Hurricane spray to throat times _____ sprays <input type="checkbox"/> Glucagon _____ milligrams IVP <input type="checkbox"/> Diphenhydramine (Benadryl) _____ milligrams IVP <input type="checkbox"/> Epinephrine _____ milligrams subcutaneous <input type="checkbox"/> India Ink _____ mL subcutaneous <input type="checkbox"/> Lugol's solution (for physician use) _____ mL <input type="checkbox"/> Other _____ 					
Date	Time	Physician name giving T.O.	Nurse (Print)	Nurse (Signature)	Signature attests that orders were Read back to the physician/prescriber.
NURSE NOTED	DATE	TIME	DATE	TIME	PHYSICIAN/PREScriBER SIGNATURE OR AUTHENTICATION
24 HR CHART CHECK BY NURSE	DATE	TIME	DATE	TIME	<u>Adel</u>

**Physician Orders
ENDOSCOPY
INTRA-PROCEDURE**
314/363-P4237 (6-11)
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AC#050095793 MR#001117569 08/06/2012
HANNA, ADEL
AT:OH DANIEL DOB:03/29/1946 M 66y 0 80
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Allergies: <u>WKA</u>	(V) WHEN SCANNED <input type="checkbox"/>				
DIRECTIONS: <ul style="list-style-type: none"> • Place a checkmark in the box in front of all orders that pertain to your patient. • Once a checkmark has been placed, fill in frequency, dose, or route information not predefined. • There should be no unused blanks on orders that have a checkbox marked. • Allergies, height and weight must be entered if preoperative medications ordered 	Height: <u>5'8"</u> Weight: <u>172 lbs</u>				
<input type="checkbox"/> Recover in: <input type="checkbox"/> GI Lab <input checked="" type="checkbox"/> Esophageal Lab <input type="checkbox"/> Transfer to: <input type="checkbox"/> PACU <input type="checkbox"/> SDS - Same Day Surgery					
<input checked="" type="checkbox"/> Vital signs per Discharge Criteria Protocol.					
<input type="checkbox"/> Vital signs every 15 minutes times 4, then every 30 minutes times 2, then every 1 hour times 2. Discharge to home when Discharge Criteria Stage II met.					
<input type="checkbox"/> Vital signs every 15 minutes times 4, then every 30 minutes times 2, then every 1 hour times 2. Discharge to floor when Discharge Criteria Stage II met.					
<input type="checkbox"/> Diet: _____					
<input type="checkbox"/> Other: _____					
<input checked="" type="checkbox"/> Outpatient: Discontinue IV and discharge home when Discharge by Criteria Stage II has been met by patient.					
Discharge Instructions:					
<input type="checkbox"/> Not necessary to void or take oral fluids prior to discharge.					
<input checked="" type="checkbox"/> No driving for 24 hours.					
<input type="checkbox"/> No aspirin, aspirin-containing drugs or non-steroidal medication post procedure times _____ days					
<input checked="" type="checkbox"/> Increase activity as tolerated.					
<input checked="" type="checkbox"/> Diet as tolerated.					
<input type="checkbox"/> Inpatient: Transfer to floor when Discharge Criteria Stage II met. Contact Primary Service for orders.					
<input type="checkbox"/> ICU Inpatient: Remain in unit, vital signs every 15 minutes times 4 then per unit protocol.					
<input type="checkbox"/> Post Transplant patient receiving ERCP: Transfer to floor when Discharge Criteria Stage II met for observation. Contact Primary Service for orders					
Date	Time	Physician name giving T.O.	Nurse (Print)	Nurse (Signature)	Signature attests that orders were Read back to the physician/prescriber.
Nurse Noted	DATE	TIME	DATE	TIME	PHYSICIAN/PRESCRIBER SIGNATURE OR AUTHENTICATION
24 HR CHART CHECK BY NURSE	DATE	TIME	DATE	TIME	

**Physician Orders
ENDOSCOPY
POST-PROCEDURE**
314/363-P4236 (6-11)
Page 1 of 1

AC#050095793 MR#001117569 08/06/2012
HANNA, ADEL
AT:OH DANIEL DOB:03/29/1946 M 66y 0 80
KECK HOSPITAL OF USC

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

Progress Notes

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

Report Request ID: 298699284
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 #: 050095793
Admit Date: 8/6/2012 Discharge Date: 8/6/2012

* Auth (Verified) *



4348

PROCEDURE PERFORMED BY: David Oh

PROCEDURE: EGD to biopsy and Manoscan
catheter placement

SCOPE # 3

ESTIMATED BLOOD LOSS: NONE mL

POST-PROCEDURE DIAGNOSIS: GERD / Esophageal Dysmotility

FINDINGS: Normal

Esophagus

Stricture

Esophagitis @ 39 None Grade I Grade II Grade III

Tumor

Top

Bottom

Squamocolumnar Junction/Barrett's 40

GE Junction

Crura

Hernia: None Hiatal Paraesophageal

Valve: Grade I Grade II Grade III Grade IV

Chalasia: Yes No

Wrap Type:

Bottom of Wrap: 42

Top of Wrap: 40

Nissen -> Attenuated but intact

Pylorus

Duodenum

Stomach

Gastritis

Crico 65

Vocal cords move bilaterally Yes No

SPECIMENS/BIOPSIES

(A) Antrum x3 Body x2 (B) SPC x (C) 3cm x 2

Brushings

Comments 39cm Tongue of columnar mucosa.

Versed - long
Fentanyl - 150mcg

DATE: 8/6/18

TIME: 1405

PHYSICIAN SIGNATURE: Dull

ENDOSCOPY PROCEDURE
PROGRESS NOTE

P
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AC#050095793 MR#001117569 08/06/2012
HANNA, ADEL
AT:OH DANIEL DOB:03/29/1946 M 66y 0 80
KECK HOSPITAL OF USC

314/363-4348 (10-11)

WHITE - MEDICAL RECORD

CANARY - DEPARTMENT

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

Surgical Documentation

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

Report Request ID: 298699284
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 #: 050095793
Admit Date: 8/6/2012 Discharge Date: 8/6/2012

* Auth (Verified) *

DATE OF OPERATION: 08/06/2012

SURGEON: Daniel Oh, M.D.

PREOPERATIVE DIAGNOSIS:

Esophageal dysmotility.

POSTOPERATIVE DIAGNOSIS:

Esophageal dysmotility.

PROCEDURE PERFORMED:

Esophagogastroduodenoscopy with biopsies and insertion of motility catheter.

ANESTHESIA: IV conscious sedation.

COMPLICATIONS:

None.

FINDINGS:

1. Mildly tortuous esophagus.
2. Mild linear streak of esophagitis at 39 cm, Los Angeles classification A.
3. Tongue of columnar mucosa from 40-39 cm.
4. Nissen fundoplication from 40-42 cm, attenuated but intact.
5. No recurrent hernia.
6. Normal stomach.
7. Normal duodenum, first and second portion.

INDICATIONS FOR PROCEDURE:

The patient is a 66-year-old man who underwent a laparoscopic Nissen fundoplication in 1998 at an outside hospital. This was complicated by presumably esophageal perforation. He required hospitalization in the intensive care unit for over a month. He had preoperative indications for this operation due to gastroesophageal reflux disease and symptoms of heartburn and regurgitation. Currently, he is plagued by atypical chest pain, which he has every day to every three to four days. He has been evaluated for causes of chest pain, including cardiac and pulmonary etiologies, and all of these evaluations have been normal. We are investigating whether his symptoms could be due to esophageal dysmotility,

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MR# 001-11-75-69
ACCOUNT #: 050095793
585085 Daniel Oh, M.D. 08/06/2012

OPERATIVE REPORT

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* Auth (Verified) *

perhaps in the presence of a spastic or nutcracker esophagus. We also wanted to investigate whether he could have a recurrent hernia, esophageal stricture, or other cause of his symptoms. I discussed with him the indications for EGD with biopsy as well as for placement of a motility catheter. We discussed the risks and benefits and he gave us informed consent to proceed.

DETAILS OF PROCEDURE:

The patient was in the left lateral decubitus with the head elevated. Procedural safety pause was correctly performed. IV conscious sedation was achieved with 7 mg of Versed IV and 150 mcg of fentanyl IV, which were administered throughout the entire procedure.

Through the bite block, the adult flexible endoscope was introduced through the mouth, down the oropharynx, into the esophagus without difficulty. The esophagus appeared normal. There was no retained food after an overnight fast. There was no evidence of diverticulum or stricture. There was mild tortuosity of the esophagus in the distal 1/3. This was not severe. The esophagus was not dilated. At the distal extent of the esophagus, we noted a tongue of columnar mucosa extending 1 cm up from the gastroesophageal junction and squamocolumnar junction, which were at 40 cm. The tongue was at 39 cm at a different location, but at the same level at 39 cm. There was also a streak of esophagitis, LA classification A.

The scope easily passed through the Nissen fundoplication with no resistance at all. There was the top of the wrap at 40 and the bottom of the wrap at 42 cm. Once into the stomach, the stomach was insufflated. There was no retained food after an overnight fast. There were no abnormalities. The pylorus was traversed to enter the duodenum, which was inspected to the first and second portions. These were all normal. The scope was pulled back into the stomach. Retroflexed view revealed an intact, but somewhat attenuated Nissen fundoplication. There was no evidence of twist or reherniation. The squamocolumnar junction could not be visualized from the retroflexed position. The scope was then straightened out. Biopsies were taken of the antrum and body of the stomach. Antegrade biopsies were obtained of the squamocolumnar junction. Finally, 5 cm above this, at 34 cm, esophageal biopsies were obtained to rule out

eosinophilic esophagitis. Slow withdrawal of the scope was done after all insufflated air was suctioned out. No other abnormalities were noted. The cricopharynx was at 15 cm.

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Los Angeles, CA 90033

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MR# 001-11-75-69
ACCOUNT #: 050095793
585085 Daniel Oh, M.D. 08/06/2012

OPERATIVE REPORT

* Auth (Verified) *

Daniel Oh, M.D.

dATE _____ TIME _____

Dictated by: Daniel Oh, M.D.

pre

D: 08/06/2012 2:47 P

T: 08/06/2012 7:31 P

J: 001128206

CC: Daniel Oh, M.D.

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Los Angeles, CA 90033

HANNA, ADEL
MR# 001-11-75-69
ACCOUNT #: 050095793
585085 Daniel Oh, M.D. 08/06/2012

OPERATIVE REPORT

Page 3 of 3

Authenticated by Daniel Oh, M.D. On 8/13/12 3:26:07 PM

* Auth (Verified) *



4356

SCHEDULED PROCEDURE EGD - Biopsy And MAND SCAN

INSTRUCTIONS:

- Complete sections 1 & 2 prior to admission to procedural area.
- Complete sections 3 prior to commencement of procedure.

SECTION 1 — Check when complete

- Procedural physician has discussed proposed procedure with patient or legal representative before anesthesia or sedation. N/A
- Consent forms, informed consent, physician's orders and other 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.)
- Patient is receiving moderate sedation No Yes
- If YES, Physician Pre-Sedation Assessment form completed, including ASA and Airway Classification

SECTION 2 — Check when complete

- 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
- 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 the procedural site with the word "YES."

Site marked by _____ Date _____ Time _____

- If patient refuses marking, documentation of refusal and reconfirmation of side/site is present in the medical record.

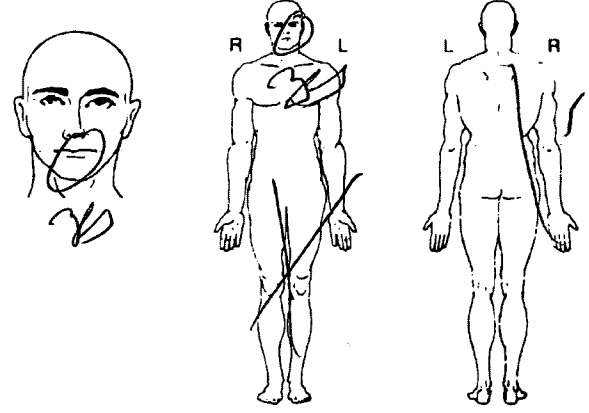
Pre-Procedure Nurse Signature [Signature] Date 8/12 Time 1230

SECTION 3 — Check when task complete

All activity ceases, a moment will be taken (TIME OUT) and the following verbally verified by each member of the team. (Check each item as it is completed.)

- Correct patient identity
- Correct side and site N/A
- Agreement on the procedure to be done
- Correct patient position
- Correct implants present; special equipment present. N/A
- Imaging studies available N/A
- Antibiotic given/documentated N/A

(Mark Procedure Side/Site)



Procedure may **NOT** commence until confirmation of all checklist tasks are completed.

Time Out Completed & Checklist Verified By:

Signature / Title <u>[Signature]</u>		DATE <u>8/12</u>	TIME <u>1302</u>
Name (Print) <u>Soren Johnson</u>			

**UNIVERSAL PROTOCOL CHECKLIST
TEAM TIME-OUT**

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AC#050095793 MR#001117569 08/06/2012
HANNA, ADEL
AT:OH DANIEL DOB:03/29/1946 M 66y 0 80
KECK HOSPITAL OF USC

314/383-4356 (10-11)

* Auth (Verified) *



220935

NURSING ASSESSMENT DATA BASE

Date 8/6/12 Time 1140

Mode of Admission ambulatory

T 98.2° P 61 R 12 BP 100/76

O₂ Sat 93% on Mt 5'8"

Wt 172lbs Stated Scale

Isolation-MDRO type: none

Allergies (If none, state "none") Regular Reaction EPS

Latex Allergy None Yes Reaction EPS
 Protocol initiated

Environmental Allergies None Yes

Patient's Name Preference Adel

Past Surgeries / Hx Anesthesia Reaction / Major Medical Problems / Hospitalizations Chest pain
Cholecystectomy - 86 Hysterectomy

Today's procedure as stated by patient Esoyphage
in section of esophagus

Insight Regarding Procedure
 Patient verbalizes understanding
 Needs additional information Unaware

Contact Person IRMA KAWAGUCI E

Location waiting area Phone # _____

Responsible adult available upon discharge Yes No (see notes)

Primary Language English Other _____

Translator's Name _____

PRE-PROCEDURE/SURGERY CHECKLIST

INITIALS REQUIRED →	Unit RN	OR/Proc RN	COMMENTS
Patient ID band	<u>Y</u>	<u>Y</u>	
Allergy band	<u>Y</u>	<u>Y</u>	
Admission face sheets	<u>Y</u>	<u>Y</u>	
Conditions of Admission / HIPAA	<u>Y</u>	<u>Y</u>	
Consent(s) signed	<u>Y</u>	<u>Y</u>	
Appropriate sterility consents	<u>NA</u>	<u>NA</u>	Hysterectomy / State Sterilization
Informed consent by physician	<u>Y</u>	<u>Y</u>	
Procedure site confirmed & marked	<u>Y</u>	<u>Y</u>	Right / Left
Anesthesia Questionnaire	<u>Y</u>	<u>Y</u>	
Advance Directive/DNR/DPA on chart	<u>Y</u>	<u>Y</u>	
Transfusion consent/Refusal form	<u>N/A</u>	<u>NA</u>	
History & Physical	<u>Y</u>	<u>Y</u>	Date/Time updated within last 24*
CBC / Hemogram	<u>Y</u>	<u>Y</u>	
BMP / CMP / PT / PTT	<u>N/A</u>	<u>NA</u>	
Type & Screen / Crossmatch	<u>N/A</u>	<u>NA</u>	
PRBCs Autologous Units	<u>N/A</u>	<u>NA</u>	
Pregnancy test	<u>N/A</u>	<u>NA</u>	Childbearing females, enter pos, neg, or N/A for SP surgery/menopause
Labeled CXR / EKG	<u>N/A</u>	<u>NA</u>	Correct images/scans/pathology/biopsy reports
UA	<u>N/A</u>	<u>NA</u>	
Medication Patch Present P=Present N=N/A	<u>N/A</u>	<u>NA</u>	Location _____ Type _____
Preop Antibiotics	<u>Y</u>	<u>Y</u>	<input type="checkbox"/> On call to surgery
Beta blocker <u>atenolol</u>	<u>Y</u>	<u>Y</u>	<input type="checkbox"/> N/A Time last dose _____
NPO since <u>mid</u>	<u>Y</u>	<u>Y</u>	
Voided/Cath time <u>skilled nurse</u>	<u>Y</u>	<u>Y</u>	
Hair removal done <input type="checkbox"/> Clip <input type="checkbox"/> Other	<u>N/A</u>	<u>NA</u>	Other Type: _____
Skin prep done <u>N/A</u>	<u>N/A</u>	<u>NA</u>	AS - Antiseptic Shower SS - Surgical Site
Bowel prep done <u>Y</u>	<u>Y</u>	<u>Y</u>	
Dentures (partials/bridges)	<u>N/A</u>	<u>NA</u>	R - Removed P - With Pt F - Family U - Unit
Prosthesis (contact, limbs, hearing aids, eyes, etc)	<u>N/A</u>	<u>NA</u>	R - Removed P - With Pt F - Family U - Unit
Glasses, jewelry, hair pins, clips, body piercing	<u>Y</u>	<u>Y</u>	R - Removed P - With Pt F - Family U - Unit
Clothing	<u>Y</u>	<u>Y</u>	R - Removed P - With Pt F - Family U - Unit
Required implants, devices, or special equipment	<u>Y</u>	<u>Y</u>	If applicable
Unit RN _____			Time <u>1150</u>
OR RN/PROC RN _____			Time <u>1230</u>

I CARDIOVASCULAR Denies Problems Prior EKG YR Where OT

Rhythm Regular Irregular Edema General Dependent + pitting

Hx of CHF Syncope Palpitations CP/Angina Pacemaker AICD

Murmur HTN MI CAD

Pacemaker/AICD MVP Other (see notes) Arrhythmia/A-fib

Last Pacer Interrogation/Cardiac Clearance _____

II RESPIRATORY Denies Problems

Breath Sounds 1 - Clear 2 - Crackles 3 - Rhonchi 4 - Wheezes Rt _____ Lt _____

Regular Deep Shallow Cough non-productive

Tachypnea Bradypnea Dyspnea Cough productive

Hx of Bronchitis COPD/Asthma Sleep Apnea

Smoker Amt _____ Pneumonia Other (see notes)

III NEUROLOGICAL Denies Problems

Hx of LOC Seizures CVA Head Injury Migraines

Alert Oriented Disoriented Confused Lethargic

Speech
 Clear Slurred Garbled Aphasia Pre-existing New onset

To OR Cath Lab X-Ray GI Lab Time _____

Via Gurney, Wheelchair Ambulatory

Pain / Discomfort Denies Pain

Current pain Potential for pain, (i.e., post procedure) Chronic pain

1. Complete table for each site of pain

Location	Onset / Pattern	Radiation	Intensity 0-10	Desc/Quality
<u>No pain</u>				

KEY
 Pattern: I - Intermittent C - Constant A - Acute CH - Chronic
 Radiation: N - No Y - Yes, List Site
 Description: A - Aching B - Burning C - Cramping D - Dull P - Pulling
 PR - Pressure S - Sharp SH - Shooting T - Throbbing

2. Patient's stated goal for pain relief 0-10 scale _____

3. What causes pain to increase _____

4. What relieves pain
 Cold Medication Ability to eat Self Image
 Eating Relaxation Technique Activity Sexuality
 Exercise Repositioning Elimination Sleep
 Heat Rest Mood Social Interaction
 Massage Sleep Other

5. Does your pain affect _____

6. Is there anything else you want to tell me about the pain? (use patient's own words)

TRC1046 (6-10) prior rev 10/09, 6/09, 1/09, 6/08, 10/07 original 5/05

IMMS # 220935

PRE-PROCEDURE/OUT PATIENT SURGERY ASSESSMENT AND CHECKLIST

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AC#050095793 MR#001117569 08/06/2012
HANNA, ADEL
AT:OH DANIEL DOB:03/29/1946 M 66y 0 80
KECK HOSPITAL OF USC

* Auth (Verified) *

Date 8/6/12

IV GASTROINTESTINAL Denies Problems

Hx of GERD Peptic Ulcer Disease IBD / IBS Other (see notes)

Abdomen Soft Firm Flat Distended Other (see notes)

Bowel sounds present Yes No Last BM 8/6/12 N/A

Vomiting/Diarrhea greater than 3 days

V GENITOURINARY Denies Problems

Last menstrual period _____ N/A Pregnant No Yes

Urinary Problems No Yes Incontinence

Hx of Prostate Problems Dialysis Renal failure Other (see notes)

VI MUSCULOSKELETAL/FUNCTIONAL Denies Problems

Hx of Weakness / Paralysis _____

Limited ROM Prosthesis Mobility Assist _____

Arthritis Back Problems Osteoporosis Other (see notes)

VII ENDOCRINE / SYSTEMIC Denies Problems

Thyroid problems Diabetes New onset Other (see notes)

VIII SKIN Denies Problems

Diaphoretic Cyanotic Pale Rash _____

Flushed Jaundiced Poor Turgor Bruises _____

Dry / Scaly Mottled Lesion _____

Other (see notes) Pressure sore/wound (Initiate wound care per protocol)

IX NUTRITION SCREENING NPO since MN

• Any dietary restrictions? No Yes

• Any involuntary weight loss > 5 lbs/wk or > 10lbs/mo No Yes (see notes)

Does patient require education on special diet? No Yes (see notes)

Difficulty swallowing/feeding No Yes (see notes)

X H.E.E.N.T. Denies Problems

Cataract R / L Sight Normal R / L Poor R / L Glasses / Contact Lenses

Blind R / L Ear, Nose, Throat problems Hearing loss R / L

XI HEMATOLOGY Denies Problems

Hx of Blood Transfusion Hepatitis Other (see notes)

IV THERAPY - INTAKE / PREOPERATIVE MEDICATION(S)

Time	Site	Needle Gauge	IV Solution / Rate / Drug / Dose / Route	Signature / Title
1208	RW	22	NS ETKO	[Signature]

IV Start: Site RW Gauge 22 Initial [Signature]

Initial	Name (print)	Signature / Title	Initial	Name (print)	Signature / Title

XII PSYCHOSOCIAL

Coping Effectively Withdrawn Flat Affect Hx Drug Use (see notes)

Anxious/Worried Angry Depressed Hx Alcohol Use (see notes)

Hx of Depression Anxiety ADHD PTSD Other (see notes)

Hx of/at risk for

Child abuse Elder abuse Partner abuse

Describe S/S of suspected abuse/neglect _____

SUICIDE RISK ASSESSMENT

No identified suicide risks (if any checked below refer to social services)

Suicide Attempt or Suspected Suicide Attempt

Suicidal Ideation - Discussing suicide or expressing desire for life to end

Primary Mental Health Diagnosis (Primary problems is mental health-related)

Patient brought to facility on a hold for psychiatric evaluation

Referred to Social Services; Suicide Assessment to be completed

XIII SPIRITUAL / CULTURAL / SOCIAL

Do you have religious requests during your hospitalization? No Yes

Describe _____

If yes, faith / religion _____

Cultural practices or beliefs that would affect your hospitalization? No Yes

XIV SAFETY NEEDS / PATIENT NEEDS / DISCHARGE PLANNING

Any Abnormal Assessment finding may indicate need for special discharge instruction, MD, or interdisciplinary referral Assessed - no intervention necessary

Morse Fall Scale / Risk Screening Score _____

Fall risk precautions initiated (per hospital protocol)

Spiritual/Social Services Pain Management Consult

- Spiritual/Cultural needs Physical Therapy
- Abuse/neglect suspected Δ in functional mobility
- Dietary/Nutritional Screening Newly identified weakness/paralysis
- Vomiting/Diarrhea ≥ 3 days Planned orthopedic/neurosurgery
- New onset Diabetes Occupational Therapy
- Pressure Wound May benefit from adaptive equipment
- Diet education/Dietary restrictions Speech
- Involuntary wt loss greater than 5 lbs/wk or greater than 10 lbs/mo Difficulty during feeding/drinking
- New onset difficulty speaking

Surgical infection prevention education provided

Needs addressed in discharge instructions

Referral to MD _____

Interdisciplinary referral/Interdisciplinary Plan of Care initiated

NOTES

① Food stuck in chest sometimes, esp. liquids.

TRC1046 (6-10) prior rev 10/09, 6/09, 1/09, 6/08, 10/07 original 5/05 IMMS # 220935

PRE-PROCEDURE/OUT PATIENT SURGERY ASSESSMENT AND CHECKLIST

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AC#050095793 MR#001117569 08/06/2012
HANNA, ADEL
AT:OH DANIEL DOB:03/29/1946 M 66y 0 80
KECK HOSPITAL OF USC

* Auth (Verified) *

Date 3/29/2012



REASSESSMENT	I ANXIETY RELATED TO PERCEIVED THREAT TO BIOLOGIC INTEGRITY SECONDARY TO INVASIVE PROCEDURE							
	IDENTIFICATION / VERIFICATION		COGNITIVE / EMOTIONAL STATUS			SENSORY / COMMUNICATION LIMITATIONS		
	<input checked="" type="checkbox"/> Identified <input checked="" type="checkbox"/> Patient <input type="checkbox"/> ID Band <input checked="" type="checkbox"/> Procedural/Consent/ASA <input type="checkbox"/> Site <input type="checkbox"/> Physician Verified by <input checked="" type="checkbox"/> Patient <input type="checkbox"/> Guardian/Parent <input checked="" type="checkbox"/> Physician <input type="checkbox"/> Medical Record		<input type="checkbox"/> Awake <input type="checkbox"/> Lethargic <input type="checkbox"/> Agitated <input type="checkbox"/> Responsive <input type="checkbox"/> Anxious <input type="checkbox"/> Oriented <input type="checkbox"/> Calm <input type="checkbox"/> Unresponsive <input type="checkbox"/> Confused <input type="checkbox"/> Disoriented <input checked="" type="checkbox"/> Alert <input type="checkbox"/> Sedated <input type="checkbox"/> Drowsy <input type="checkbox"/> Pain 0-10 <input type="checkbox"/> Hostile			<input checked="" type="checkbox"/> No Limitations noted Limitations <input type="checkbox"/> Hearing Deficit <input type="checkbox"/> Language Deficit <input type="checkbox"/> Limited Mobility <input type="checkbox"/> Visual Deficit <input type="checkbox"/> Memory Deficit Language <input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other		1029
	II RISK FOR INFECTION RELATED TO INVASIVE PROCEDURES							
	<input type="checkbox"/> No Factors Identified <input checked="" type="checkbox"/> See Pre-Procedural Assessment <input type="checkbox"/> Poor Hygiene <input type="checkbox"/> Concurrent Disease Process <input type="checkbox"/> Infectious Process <input type="checkbox"/> Decreased Immune Response							
	III RISK FOR INJURY OR IMPAIRMENT							
	ALLERGIES <input type="checkbox"/> None <input type="checkbox"/> Yes NPO Since <u>8/6/12 0000</u> Presents With <input type="checkbox"/> IV <input checked="" type="checkbox"/> EKG <input type="checkbox"/> O ₂ <input type="checkbox"/> Traction <input type="checkbox"/> Foley Catheter <input type="checkbox"/> Other Pre-Op Skin Condition <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Dry <input type="checkbox"/> Intact <input type="checkbox"/> Cool <input type="checkbox"/> Pale <input type="checkbox"/> Edema <input type="checkbox"/> Diaphoretic <input type="checkbox"/> Other Risk Factors <input type="checkbox"/> None <input type="checkbox"/> Cardiac <input type="checkbox"/> Renal Disease <input type="checkbox"/> Respiratory <input type="checkbox"/> Obesity <input type="checkbox"/> Endocrine <input type="checkbox"/> Other Notes _____							
	RN Signature <u>[Signature]</u> Time <u>6:37</u>							
	Location <u>ES 606 Room 2</u>		Time in Room <u>11:40</u>	Sedation Start <u>1:324</u>	Procedure Start <u>1:348</u>	Procedure End <u>1:405</u>	Sedation End <u>1:402</u>	Time out of Room <u>1:455</u>
	Pre-Procedure Diagnosis <u>Esophageal Dismotility; GERD</u>							
Procedure <u>EGD + Biopsy and MANOSCAN catheter placement</u>								
Post-Procedure Diagnosis <u>Esophageal Dismotility; GERD</u>								
		Complications <input type="checkbox"/> None <input type="checkbox"/> Yes						
PLAN / IMPLEMENTATION	I OUTCOME - PATIENT RELATES AN INCREASE IN PSYCHOLOGICAL AND PHYSIOLOGIC COMFORT							
	<input checked="" type="checkbox"/> Procedural protocol explained to patient <input checked="" type="checkbox"/> Patient encouraged to ask questions & verbalize concerns <input checked="" type="checkbox"/> Caring supportive attitude conveyed, initiated comfort measures <input checked="" type="checkbox"/> Remained with patient during procedure <input type="checkbox"/> Other <input type="checkbox"/> Patient acknowledged pre-procedure teaching							
	II OUTCOME - PATIENT'S PROCEDURE PERFORMED USING ASEPTIC PRACTICES AND IN A MANNER TO PREVENT CROSS CONTAMINATION							
	Hair Removal <input checked="" type="checkbox"/> None <input type="checkbox"/> Clip <input type="checkbox"/> Other _____ By _____ Wound Classification <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV Skin Prep <input checked="" type="checkbox"/> None <input type="checkbox"/> Betadine <input type="checkbox"/> Scrub <input type="checkbox"/> Solution <input type="checkbox"/> Gel <input type="checkbox"/> Alcohol Dry prior to draping <input type="checkbox"/> Other _____ Implants <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes, See Implant Tracking Log Dressing / Drains <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes Dilators / Sizes <input type="checkbox"/> Balloon <u>NONE</u> <input type="checkbox"/> Maloney _____ <input type="checkbox"/> Savory _____							
	III OUTCOME - PATIENT FREE FROM S&S OF INJURY RELATED TO POSITIONING, EXTRANEUS OBJECTS AND EQUIPMENT							
	ESU / ARGON		POSITIONING			VISUALS		
	ID # _____ Pad Lot # _____ <input type="checkbox"/> Bipolar <input type="checkbox"/> ABC <input type="checkbox"/> APC <input type="checkbox"/> Gold Probe <input type="checkbox"/> Other <input type="checkbox"/> Monopolar Mode <input type="checkbox"/> Blend <input type="checkbox"/> Pure Coag Setting _____ Cut Setting _____ Pad Applied by _____ Site _____ Post Procedure Skin Condition at Pad Site <input type="checkbox"/> Clear/Intact		<input type="checkbox"/> Supine <input type="checkbox"/> Prone <input checked="" type="checkbox"/> Lateral <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Lithotomy <input type="checkbox"/> <input type="checkbox"/> Safety Strap/Site <input checked="" type="checkbox"/> Body Alignment Maintained <input checked="" type="checkbox"/> Positioned by <u>[Signature]</u> OTHER Laser <input type="checkbox"/> Argon <input type="checkbox"/> CO ₂ <input type="checkbox"/> Yag <input type="checkbox"/> <input type="checkbox"/> Laser-Safety Protocol Implemented X-ray <input type="checkbox"/> Portable <input type="checkbox"/> Fluoro Fluoro Time _____			<input type="checkbox"/> None <input checked="" type="checkbox"/> Photographs <input checked="" type="checkbox"/> Video Tape <input type="checkbox"/> CD / DVD Visuals to <input type="checkbox"/> MD <input checked="" type="checkbox"/> Patient <input type="checkbox"/> Chart		
			EQUIPMENT / SUPPLIES			# 3		
			COUNTS			Initial Count Done by _____ / _____		
			Type _____ Sponge _____ Needle _____ Instrument _____			Correct _____ Incorrect _____ Correct _____ Incorrect _____		
		SPECIMENS						
A _____		<input type="checkbox"/> FS <input type="checkbox"/> Perm <input type="checkbox"/> C/S <input type="checkbox"/> FS <input type="checkbox"/> Perm <input type="checkbox"/> C/S			<input type="checkbox"/> FS <input type="checkbox"/> Perm <input type="checkbox"/> C/S <input type="checkbox"/> FS <input type="checkbox"/> Perm <input type="checkbox"/> C/S			

SPECIAL PROCEDURES NURSING RECORD

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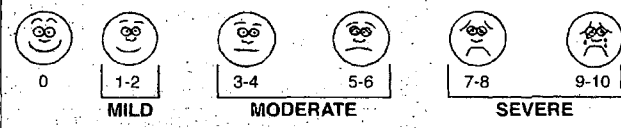
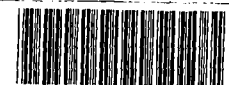


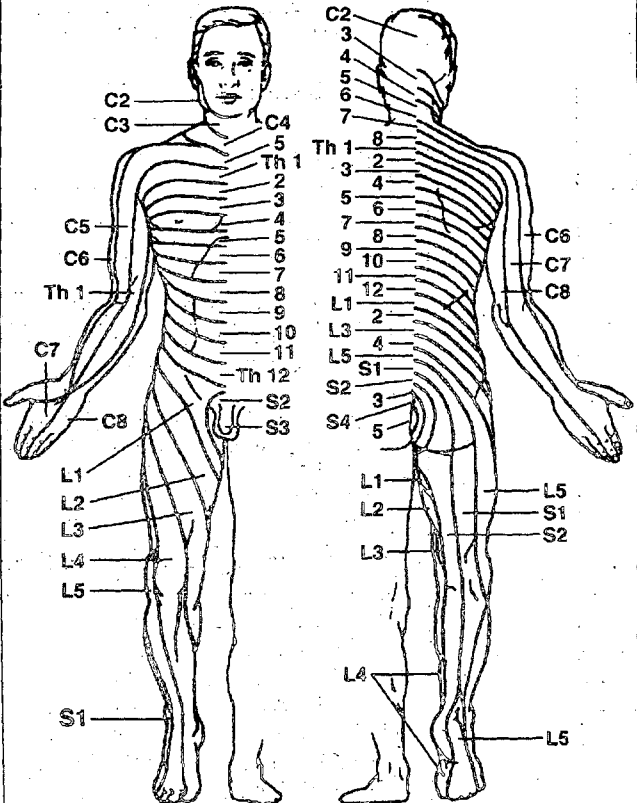
AC#050095793 MR#001117569 08/06/2012
HANNA, ADEL
AT:DH DANIEL DOB:03/29/1946 M 65y 0 80
KECK HOSPITAL OF USC

363-1029 (10-11)

WHITE - MEDICAL RECORD CANARY - DEPARTMENT

* Auth (Verified) *

IV SITE CODES		IV CATHETER CODES		WONG BAKER / NUMERICAL PAIN SCALE																																																													
H - Hand	DL - Double Lumen	H - Hickman	IP - Infusion Port																																																														
W - Wrist	TL - Triple Lumen	B - Butterfly Style	C - Catheter Style																																																														
F - Foot	LOC																																																																
UA - Upper Arm	2 - Fully Awake																																																																
LFA - Lower Forearm	1 - Arousable/Drowsy																																																																
MFA - Mid Forearm	0 - Unresponsive																																																																
UFA - Upper Forearm																																																																	
ACF - Antecubital																																																																	
S - Scalp																																																																	
J - Jugular																																																																	
SC - Subclavian																																																																	
FEM - Femoral																																																																	
PULSES		PULSE STRENGTH	CAP REFILL		 AC#050095793 MR#001117569 08/06/2012 HANNA, ADEL AT:OH DANIEL DOB:03/29/1946 M 66y 0 80 KECK HOSPITAL OF USC																																																												
R - Radial	0 - Absent	B - Brisk < 3 Seconds																																																															
B - Brachial	+1 - Faint	S - Sluggish > 3 Seconds																																																															
DP - Dorsalis Pedis	+2 - Normal	EXTREMITY NEUROCHECK																																																															
UE - Upper Extremities	+3 - Bounding	MOTOR SENSORY																																																															
PT - Posterior Tibial	D - Doppler	S - Strong N - Numbness																																																															
LE - Lower Extremities		W - Weakness T - Tingling																																																															
		A - Absent P - Paralyzed																																																															
		C - Contracted																																																															
GLASGOW COMA SCALE			FAHRENHEIT AND CELSIUS TEMPERATURE CONVERSIONS																																																														
<table border="0" style="width:100%;"> <tr> <th colspan="2">EYE OPENING</th> <th rowspan="2">CHILD/ADULT</th> <th>°C</th> <th>°F</th> </tr> <tr> <td>4 SPONTANEOUSLY</td> <td>SPONTANEOUSLY</td> <td>4</td> <td>45</td> <td>113.0</td> </tr> <tr> <td>3 TO SPEECH</td> <td>TO SPEECH</td> <td>3</td> <td>44</td> <td>111.2</td> </tr> <tr> <td>2 TO PAIN</td> <td>TO PAIN</td> <td>2</td> <td>43</td> <td>109.4</td> </tr> <tr> <td>1 NO RESPONSE</td> <td>NO RESPONSE</td> <td>1</td> <td>42</td> <td>107.6</td> </tr> </table>			EYE OPENING		CHILD/ADULT	°C	°F	4 SPONTANEOUSLY	SPONTANEOUSLY	4	45	113.0	3 TO SPEECH	TO SPEECH	3	44	111.2	2 TO PAIN	TO PAIN	2	43	109.4	1 NO RESPONSE	NO RESPONSE	1	42	107.6	<table border="0" style="width:100%;"> <tr> <th colspan="2">BEST MOTOR RESPONSE</th> <th rowspan="2">CHILD/ADULT</th> <th>°C</th> <th>°F</th> </tr> <tr> <td>6 SPONTANEOUS</td> <td>OBEYS COMMAND</td> <td>6</td> <td>41</td> <td>105.8</td> </tr> <tr> <td>5 LOCALIZES PAIN</td> <td>LOCALIZES PAIN</td> <td>5</td> <td>40</td> <td>104.0</td> </tr> <tr> <td>4 WITHDRAWS FROM PAIN</td> <td>WITHDRAWS FROM PAIN</td> <td>4</td> <td>39</td> <td>102.2</td> </tr> <tr> <td>3 FLEXION</td> <td>FLEXION</td> <td>3</td> <td>38</td> <td>100.4</td> </tr> <tr> <td>2 EXTENSION</td> <td>EXTENSION</td> <td>2</td> <td>37</td> <td>98.6</td> </tr> <tr> <td>1 NO RESPONSE</td> <td>NO RESPONSE</td> <td>1</td> <td>36</td> <td>96.8</td> </tr> </table>			BEST MOTOR RESPONSE		CHILD/ADULT	°C	°F	6 SPONTANEOUS	OBEYS COMMAND	6	41	105.8	5 LOCALIZES PAIN	LOCALIZES PAIN	5	40	104.0	4 WITHDRAWS FROM PAIN	WITHDRAWS FROM PAIN	4	39	102.2	3 FLEXION	FLEXION	3	38	100.4	2 EXTENSION	EXTENSION	2	37	98.6	1 NO RESPONSE	NO RESPONSE	1	36	96.8
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CARDIAC RHYTHMS																																																																	
1°B	1°AV Block	PJC	Premature Junctional Contraction	AFI	Atrial Flutter																																																												
2°I	Wenckebach	BBB	Bundle Branch Block	AFib	Atrial Fibrillation																																																												
2°II	2°AV Block II	NSR	Normal Sinus Rhythm	JR	Junctional Rhythm																																																												
3°B	3°AV Block	SA	Sinus Arrhythmia	PR	Paced Rhythm																																																												
PVC	Premature Ventricular Contraction	SB	Sinus Bradycardia																																																														
PAC	Premature Atrial Contraction	ST	Sinus Tachycardia																																																														
		AT	Atrial Tachycardia																																																														



* Auth (Verified) *

Date 8/6/12

TIME	*MEDICATION (OTHER)	AMOUNT	METHOD	INITIAL	TIME	SITE	IV SOLUTION	TOTAL	CREDIT	INITIAL
	<i>[Signature]</i>			<i>[Signature]</i>	1445	RW	NS	400	100	<i>[Signature]</i>
IRRIGATION								SITE	TOTAL	

TIME	Baseline ↓	Start														
	1322		13:30	13:35	13:40	13:45	13:50	13:55	14:00	14:05						
KEY	240		6 Aug													
V	220		HR	59	58	57	57	56	58	59	59	57				
A	200		SpO2	96	95	95	94	95	96	94	95	96				
BP	180		NBPs	127	116	122	114	103	107	123	95	96				
-	160		NBPd	84	77	74	72	72	81	87	113	111				
.	140		NBPM	91	87	86	83	80	81	87	75	79				
Pulse	120			13:25	13:30	13:35	13:40	13:45	13:50	13:55	14:00	14:05				
-	100		RR	17	14	13	15	15	15	15	8	13				
O	80															
Resp	60															
	40															
	20															
	10															
	0															

TIME	IV RISK FOR ACUTE/CHRONIC PAIN OUTCOME - PATIENT DEMONSTRATES ADEQUATE PAIN MANAGEMENT AND VERBALIZES RELIEF OF PAIN/DISCOMFORT															
	1324	1328	1347	1402												
MEDICATIONS* (Sedatives/Reversals)	Dose	Dose	Dose	Dose	Dose	Dose	Dose	Dose	Dose	Dose	Dose	Dose	Dose	Dose	Dose	Dose
Versed	2	2	2	1												2mg
Fentanyl	50	50	50													150mcg
Administered by	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>												
POC Glucose (ref. value: 74-106 mg/dl)																
ACT (ref. value: 84-139 sec)																
Pain Level 0-10	0	0	0	0												
O2 Sat / LOC	98	95	98	96												
Respiratory Rate	14	14	14	12												
Pulse Rate	14	14	14	12												
Rhythm / NBP																
Temperature																
Peripheral Pulses R/L																

*MEDICATIONS ORDERED BY D. Oh MD Date/Time 8/6/12 13:00

SPECIAL PROCEDURES NURSING RECORD
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PATIENT ID



AC#050095793 MR#001117569 08/06/2012
HANNA, ADEL
AT:OH DANIEL DOB:03/29/1946 M 66y 0 80
KECK HOSPITAL OF USC

* Auth (Verified) *

Date 3/6/19

STAFF PRESENT <i>R. Hargrave RN</i>	IN / OUT	STAFF PRESENT <i>J. Johnson RN</i>	IN / OUT	PHYSICIAN <i>D. Ch</i>
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EVALUATIONS - OUTCOMES

I Patient indicated increase in psychological and physiologic comfort.	Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/>	III Patient's skin remained smooth, intact, non-reddened, non-irritated and free of bruising. Sensation, motion and function maintained/improved from baseline.	Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/>
II Patient's procedure performed using aseptic practices in a manner to prevent cross contamination.	Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/>	IV Patient demonstrated and/or reports adequate pain control throughout the procedural period.	Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/>

POST PROCEDURE / PHASE I

I INEFFECTIVE BREATHING PATTERN/IMPAIRED SPONTANEOUS VENTILATION OUTCOME - RESPIRATORY FUNCTION IS CONSISTENT WITH OR IMPROVED FROM PREOP BASELINE		Oximetry O ₂ SAT > 92% R.A. <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> O ₂ SAT > 90% O ₂ <input checked="" type="checkbox"/> <input type="checkbox"/> O ₂ SAT < 90% O ₂ <input type="checkbox"/> <input type="checkbox"/>
Risk Factors <input checked="" type="checkbox"/> None <input type="checkbox"/> Asthma/COPD <input type="checkbox"/> Smoker <input type="checkbox"/> Obesity <input type="checkbox"/> Other _____ Airway <input checked="" type="checkbox"/> None <input type="checkbox"/> OPA <input type="checkbox"/> NPA <input type="checkbox"/> ETT <input type="checkbox"/> LMA Out @ _____ O ₂ <input type="checkbox"/> None <input type="checkbox"/> Mask / Other _____ On @ _____ Off @ _____ Flow _____ <input checked="" type="checkbox"/> Nasal Cannula On @ <u>1324</u> Off @ <u>1420</u> Flow <u>slpr</u> Resp Tx _____ Response _____ Breath Sounds 1. Clear 2. Rales 3. Wheezing 4. Rhonchi Bilat _____ Rt _____ Lt _____	Circulation ± 20 Baseline SBP <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> ± 21-50 Baseline SBP <input type="checkbox"/> <input type="checkbox"/> ± 51 Baseline SBP <input type="checkbox"/> <input type="checkbox"/>	
II INEFFECTIVE TISSUE PERFUSION CARDIAC/PERIPHERAL OUTCOME - VITAL SIGNS WITHIN 20% PREOP BASELINE AND TEMP > 96.8°F		Activity Level Moves 4 Extremities <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Moves 2 Extremities <input type="checkbox"/> <input type="checkbox"/> Moves 0 Extremities <input type="checkbox"/> <input type="checkbox"/>
Risk Factors <input checked="" type="checkbox"/> None <input type="checkbox"/> HTN <input type="checkbox"/> Cardiac Other _____ Skin <input checked="" type="checkbox"/> Warm <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Cool <input type="checkbox"/> Moist Peripheral Pulses <input checked="" type="checkbox"/> 3+ <input checked="" type="checkbox"/> 2+ <input type="checkbox"/> 1+ <input type="checkbox"/> 0 <input type="checkbox"/> Irregular Ext Neuro Chk Site _____ <input type="checkbox"/> Sens <input checked="" type="checkbox"/> Mvmt _____ Pulses <input type="checkbox"/> 3+ <input checked="" type="checkbox"/> 2+ <input type="checkbox"/> 1+ <input type="checkbox"/> 0 Cap Refill <input checked="" type="checkbox"/> < 3 Sec <input type="checkbox"/> > 3 Sec	LOC Full Awake <input type="checkbox"/> <input checked="" type="checkbox"/> < 12 Mo Strong Cry <input type="checkbox"/> <input checked="" type="checkbox"/> Arousable/Drowsy <input type="checkbox"/> <input type="checkbox"/> < 12 Mo Weak Cry <input type="checkbox"/> <input type="checkbox"/> Unresponsive <input type="checkbox"/> <input type="checkbox"/>	
III IMPAIRED SENSORY PERCEPTION OUTCOME - SENSORY RESPONSES ARE WITHIN EXPECTED RANGES AT DISCHARGE		Respiratory Function Able to Deep Breath/Cough <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Dyspnea/Limited Breathing <input type="checkbox"/> <input type="checkbox"/> Apnea <input type="checkbox"/> <input type="checkbox"/>
Pre Existing Factors <input checked="" type="checkbox"/> None <input type="checkbox"/> Confusion / Disorientation <input type="checkbox"/> Aphasia / Disabled <input type="checkbox"/> Hearing <input type="checkbox"/> Sight <input type="checkbox"/> <input type="checkbox"/> Language _____ <input type="checkbox"/> Other _____		TOTALS <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>

TOTALS
DISCHARGE SCORE MUST BE ≥ 8

IV RISK FOR ANXIETY OUTCOME - PATIENT INDICATES INCREASE IN PSYCHOLOGICAL & PHYSIOLOGIC COMFORT <input type="checkbox"/> Family or significant other with patient <input checked="" type="checkbox"/> Family kept informed of patient condition <input checked="" type="checkbox"/> Gurney / bed locked <input type="checkbox"/> Side rails up <input type="checkbox"/> Side rails padded <input type="checkbox"/> Parent with child <input checked="" type="checkbox"/> Comfort measures taken <input type="checkbox"/> Patient oriented to environment <input type="checkbox"/> Pressure areas padded / Proper body alignment maintained	V RISK FOR INJURY OUTCOME - PATIENT FREE FROM SIGNS AND SYMPTOMS OF INJURY <input checked="" type="checkbox"/> Gurney / bed locked <input type="checkbox"/> Side rails up <input type="checkbox"/> Side rails padded <input type="checkbox"/> Parent with child <input checked="" type="checkbox"/> Comfort measures taken <input type="checkbox"/> Patient oriented to environment <input type="checkbox"/> Pressure areas padded / Proper body alignment maintained
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EVALUATIONS - OUTCOMES

I Respiratory function consistent with or improved from preop baseline.	Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/>	IV Patient indicates increase in psychological & physiologic comfort.	Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/>
II Vital signs within 20% of preop baseline and temp > 96.8°F.	Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/>	V Patient free from signs and symptoms of injury.	Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/>
III Sensory perceptions within expected ranges at discharge.	Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/>		

Transport Mode <input type="checkbox"/> W/C <input checked="" type="checkbox"/> Gurney <input checked="" type="checkbox"/> Bed <input type="checkbox"/> Crib <input type="checkbox"/> To Room <u>W/A</u>	Transport Summary <input type="checkbox"/> Dentures <input checked="" type="checkbox"/> Hearing Aid <input type="checkbox"/> Glasses <input type="checkbox"/> Oxygen <input type="checkbox"/> Monitor <input type="checkbox"/> Prescription <input type="checkbox"/> Visuals <input type="checkbox"/> <input type="checkbox"/> Other _____ <u>W/A</u>
--	---

NOTES

1405 procedure complete. MANA SCAN in @ more. VSS. age
2.6wC above for 1415. All graphic strip for VSS. age
1425 Pt drooping still. VSS.
1435 Pt waking up. No ctg.
1446 Ready for DIC from step I. W/DIC'd with leg intact.

Initial _____ Name (print) _____ Signature / Title _____	Initial _____ Name (print) <u>Jordan Johnson</u> Signature / Title _____
--	--

Side rails up Bed in low position Call light in reach Report given to _____

SPECIAL PROCEDURES
NURSING RECORD

Page 3 of 5

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AC#050095793 MR#001117569 08/06/2012
HANNA, ADEL
AT:OH DANIEL DOB:03/29/1946 M 66y 0 80
KECK HOSPITAL OF USC

* Auth (Verified) *

NOTES

1445 It will stay in room for maintenance and
Brava.

[Handwritten signature]

	5 Aug	14:00	14:10	14:20	14:30	14:40	14:45
HR		57	56	56	54	52	
SpO2		96	96	93	94	93	
NBP _s		120	114	110	110	114	
NBP _d		73	76	74	76	74	
NBP _m		84	85	80	83	82	
RR		14:10^	14:20^	14:30^	14:40^	14:45	
		10	10	11	11	12	

[Handwritten signature]

HANNA, ADEL 08/06/2012
AC#:050095793 DOB: 03/29/1946 M 66y
MR#:001117569 OH DANIEL

* Auth (Verified) *



314/363-1031

ATTACH SIXTH HORIZONTAL REPORT TO HERE

ATTACH FIRST VERTICAL REPORT TO HERE → ATTACH 2ND TO HERE → ATTACH 3RD TO HERE → ATTACH 4TH TO HERE

ATTACH FIFTH HORIZONTAL REPORT TO HERE

II 1 mV 0.5-40 Hz Paced

8/6/12 1440
post procedure JJ

8/6/12 1405 post procedure

8/6/12 1355 intra procedure

8/6/12 pre procedure JJ

DO NOT COMBINE VERTICAL AND HORIZONTAL STRIPS
ON SAME MOUNT SHEET

MOUNT SHEET

P
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AC#050095793 MR#001117569 08/06/2012
HANNA, ADEL
AT-ON DANIEL DOB:03/29/1946 M 66y 0 80
KECK HOSPITAL OF USC

314/363-1031 (3-12)

* Auth (Verified) *



9890

PHYSICIAN PRE-SEDATION ASSESSMENT

ASA CLASSIFICATION: I II III IV V AIRWAY CLASSIFICATION: I II III IV

Anesthetic Plan: IV Moderate Sedation

Anesthetic Plan discussed with Patient/Family.

Anesthetic alternative and risks including loss of protective reflexes, aspiration, pneumonia and life threatening events explained and all questions answered.

Assessment immediately prior to induction

Chart reviewed immediately prior to induction

Allergies: NEGA

NPO Since: 5pm 8/5

BP: 120/86 HR: 60 RR: 15 O₂ SAT: 98 SKIN COLOR: pink

LOC: Alert Oriented Confused Responsive to Painful Stimuli Unresponsive

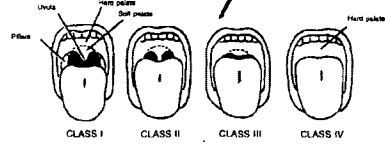
Emotional State: Relaxed Anxious Agitated Motor Function: W/H

Breathing Pattern: Unlabored Labored Abdomen: Soft Distended Other: _____

Previous Anesthetic Experience: Yes No Complications to Prior Experience: Yes No NA

PHYSICIAN SIGNATURE: [Signature]

DATE: 8/6/12 TIME: 1230



Mallampati Airway Classification

ASA CLASSIFICATION DEFINITIONS

CLASS I: A normal healthy patient. No organic pathology or the pathologic process is localized and does not cause any systemic disturbance or abnormality.

CLASS II: A patient with mild systemic disease. Mild definite systemic disease caused by either the surgical condition or caused by other existing pathological processes.
EXAMPLE: Mild hypertension, mild diabetes.

CLASS III: A patient with severe systemic disease. Severe systemic disease limiting activity, but not incapacitating. Measurement of severity is a matter of clinical judgement.
EXAMPLE: Angina, S/P CVA with resolution, complicated diabetes, hypertension with evidence of end organ dysfunction.

CLASS IV: A patient with severe disease that is a constant threat to life. Severe systemic disease is incapacitating and a constant threat to life regardless of the treatment. There is irreversible and organ damage.
EXAMPLE: Complete bowel obstruction in a debilitated patient, end stage renal disease requiring dialysis, chronic pulmonary disease and patient is steroid dependent.

CLASS V: A moribund patient who is not expected to survive with or without the operation.

**PHYSICIAN
PRE-SEDATION
ASSESSMENT**

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AC#050095793 MR#001117569 08/06/2012
HANNA, ADEL
AT:OH DANIEL DOB:03/29/1946 M 66y 0 80
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314/363-9890 (10-11)

* Modified *



N14649

DATE <u>8/6/12</u>		ARRIVAL TIME <u>1140</u>		PERTINENT PAST/CURRENT HISTORY	
<input checked="" type="checkbox"/> Ambulatory		<input type="checkbox"/> Wheelchair		<u>GERD / Esophageal Dysmotility</u>	
INDICATIONS <u>Chest pain</u>					
MEDICATIONS <input type="checkbox"/> See Medication Reconciliation					
NURSING ASSESSMENT	Neurological	<input checked="" type="checkbox"/> normal <input checked="" type="checkbox"/> oriented <input type="checkbox"/> lethargic <input type="checkbox"/> confused <input type="checkbox"/> unable to communicate <input type="checkbox"/> inability to follow commands			
	Respiratory	<input checked="" type="checkbox"/> normal <input type="checkbox"/> shallow <input type="checkbox"/> labored <input type="checkbox"/> dyspnea			
	Gastrointestinal	<input type="checkbox"/> heartburn <input type="checkbox"/> regurgitation <input type="checkbox"/> nausea <input type="checkbox"/> vomiting <input checked="" type="checkbox"/> dysphagia <input type="checkbox"/> odynophagia <input checked="" type="checkbox"/> epigastric pain <input type="checkbox"/> persistent cough			
	Integumentary	<input type="checkbox"/> warm <input type="checkbox"/> flushed <input type="checkbox"/> dry <input type="checkbox"/> cool <input type="checkbox"/> clammy <input type="checkbox"/> pallor <input type="checkbox"/> cyanosis			
	Color	<input type="checkbox"/> pink <input type="checkbox"/> pale <input type="checkbox"/> dusky <input type="checkbox"/> blotchy			
Psychosocial	<input checked="" type="checkbox"/> calm <input type="checkbox"/> anxious withdrawn <input type="checkbox"/> emotional support given				
PATIENT PREPARATION					
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Procedure explained to patient/family		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Patient/Family voice understanding of procedure		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Appropriate medications D/C prior to test		Cocaine 4% used topical to nares before procedure	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			Lidocaine HCl 2% Jelly topical to nares	
PROCEDURE					
1. Esophageal manometry study done and patient tolerates manometry procedure <u>MANOSCAN</u> <input type="checkbox"/> Well <input type="checkbox"/> Fair <input type="checkbox"/> Poor					
2. <u>4</u> hour study <u>BR200</u> pH Ambulatory Motility Other: <u>SN: 1011 PH 70749</u>					
Probe placement:		Esophageal cm		Gastric cm	
				LOT# 189230 ID# 4C85	
Patient tolerates 24 hour study <u>43.3-5 = 38.5 per CG</u> <input checked="" type="checkbox"/> Well <input type="checkbox"/> Fair <input type="checkbox"/> Poor					
YES	NO	N/A	DISCHARGE INSTRUCTIONS		DISCHARGE STATUS
<input checked="" type="checkbox"/>			Written pH/ ambulatory motility instructions given and explained		<input checked="" type="checkbox"/> Well <input type="checkbox"/> Fair <input type="checkbox"/> Poor
<input checked="" type="checkbox"/>			Patient voices understanding		<input checked="" type="checkbox"/> Amb. <input type="checkbox"/> IP Room <input type="checkbox"/> Time
					<input type="checkbox"/> W/C <input checked="" type="checkbox"/> To Home <u>1645</u>
PROGRESS NOTES					
<p><u>1405</u> <u>MANOSCAN</u> placed in @ <u>nasal</u> ^{post EGD} Well wait in room for test 1500 On <u>Gen</u> in <u>table</u> <u>MANOSCAN</u>. 1530 Pt tolerated well. 1540 Received placement #. 1600 Pt's <u>nasal</u> is difficult to pass <u>brass</u>. Place <u>nasal</u> @ <u>nasal</u> 1615 Pt <u>discomfort</u> 1.2. <u>Unroasted</u> <u>BRAND</u> and <u>capsule</u> <u>did</u> <u>follow</u> <u>into</u> <u>stomach</u> 1645 <u>BRAND</u></p>					
RN Name: <u>Jessy Johnson</u>		Signature: <u>[Signature]</u>		Date: <u>8/6/12</u> Time: <u>1645</u>	

Should enclose pt's had minor note
bleed. Stopped to pressure from trachea
pt has pt stomach in hand. Instilled
pt and wife to read again. [Signature]

PATIENT ID



AC#050095793 MR#001117569 08/06/2012
HANNA, ADEL
 AT:OH DANIEL DOB:03/29/1946 M 66y 0 80
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WHITE - MEDICAL RECORD CANARY - ESOPHAGEAL LAB

* Modified *

Keck Medical Center of USC

High-Resolution Esophageal Motility Study

Keck Medical Center of USC
Esophageal Lab
1510 San Pablo Street, Ste. 514
Los Angeles, CA 90033
323.442.5914

(hanna, adel)

Patient: Hanna, Adel 1117569	Gender: Male DOB / Age: 03/2/1946 Height: 5 ft Procedure: Esophageal Manometry	Physician: Dr. Daniel Oh Operator: Referring Physician: Examination Date: 08/06/2012
---	---	---

Lower Esophageal Sphincter Region	Normal	Esophageal Motility	Normal
Landmarks		Number of swallows evaluated	10
LES midpoint (from nares)	44.8 cm	Evaluated @ 5.0 - 15.0 above LES	
Proximal LES (from nares)	43.5 cm	Peristaltic (velocity \leq 6.25 cm/s)	100 %
Distal LES (from nares)	44.8 cm	Simultaneous (vel. \geq 6.25 cm/s)	0 % \leq 10%
LES length	<u>1.3 cm</u>	Failed	0 % 0%
Esophageal length (LES-UES centers)	20.5 cm	Evaluated @ 5.0 & 10.0 above LES	
PIP (from nares)	45.2 cm	Mean wave amplitude	108.2 mmHg 43-152
Intraabdominal LES length	0.0 cm	Mean wave duration	4.4 s 2.7-5.4
Hiatal hernia?	<u>Yes, 0.4 cm</u>	Double-peaked waves	0 % \leq 15%
LES Pressures		Triple-peaked waves	0 % 0%
Basal (respiratory min., eSleeve,IRP)	25.8 mmHg 4.8-32.0	Velocity (15.0-5.0 above LES)	3.2 cm/s 2.8-6.3
Basal (respiratory mean, eSleeve,IRP)	<u>48.4 mmHg</u> 13-43	Wave ampl. @ 10.0 above LES	61.3 mmHg 37-166
Residual (mean, eSleeve,IRP)	<u>28.7 mmHg</u> <15.0	Wave ampl. @ 5.0 above LES	155.1 mmHg 41-168
Residual (highest, eSleeve,IRP)	34.0 mmHg	Distal contractile integral (mean)	4140.7 mmHg-cm-s 500-4300
Percent relaxation (eSleeve,IRP)	56 % >40.0%	Distal contractile integral (highest)	5534.7 mmHg-cm-s
		Contractile front velocity	<u>5.9 cm/s</u> 2.6-5.3
		Intrabolus pressure (@LESR)	7.6 mmHg <8.4
		Intrabolus pressure (avg max)	13.9 mmHg <17.0
Upper Esophageal Sphincter		Pharyngeal / UES Motility	
Location (center, fr. nares)	24.3 cm	No. swallows evaluated	10
Mean basal pressure	<u>11.9 mmHg</u> 34-104	Peak pressure @ N/A above mid UES	N/A
Mean residual pressure	7.4 mmHg <12.0	Peak pressure @ 2.0 above mid UES	202.5 mmHg
Relaxation time-to-nadir	326 ms 74-365	Contr. duration @ 2.0 above mid UES	10913 ms
Relaxation duration	734 ms 480-1020		
Recovery time	408 ms 259-760		

Procedure

A motility catheter with 36 circumferential sensors on 1 cm spacing was inserted transnasally after application of topical anesthesia to the nasal passage during EGD. The patient was recovered from anesthesia. A 5 minute acclimation period was provided followed by 10 wet swallows of 5 cc water.

Indications


Dysphagia and Chest Pain

Interpretation / Findings

Structurally defective LES due to short total length and no intra-abdominal length. Elevated resting pressure and residual pressure. Hiatal hernia seen throughout with classic double hump. Normal intra-bolus pressure. LES relaxes in all swallows.

Esophageal body is peristaltic in 10 of 10 swallows. Normal wave amplitude and DCI. Common cavity seen in all swallows.

UES is hypotensive.



AC#050095793 MR#001117569 08/06/2012
HANNA, ADEL
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Christina L. Greene, M.D.

Daniel Oh, M.D.



* Modified *

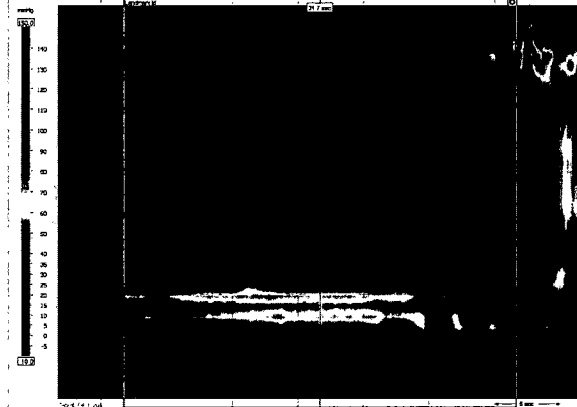
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High-Resolution Esophageal Motility Study

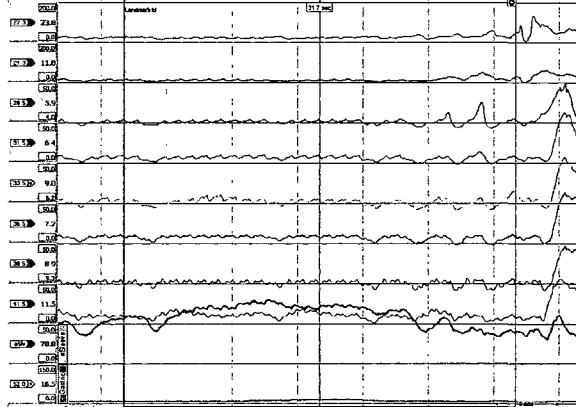
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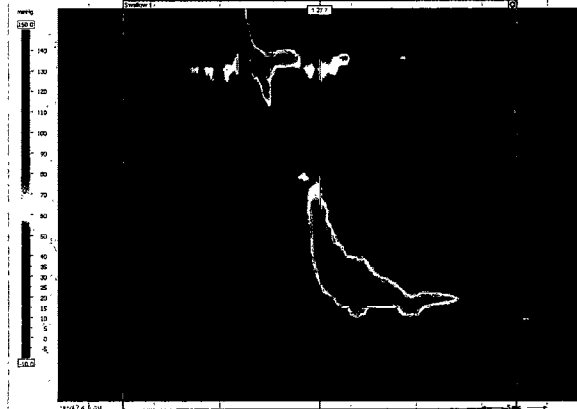
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Landmark Id



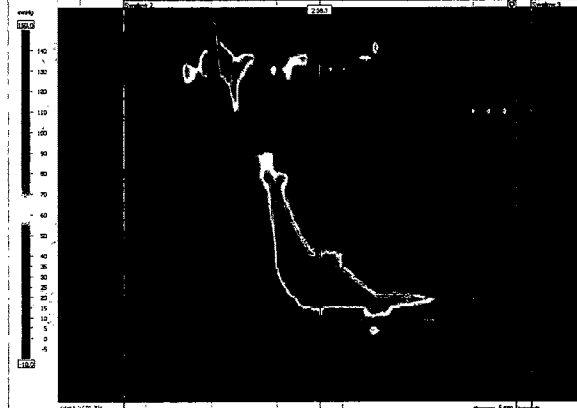
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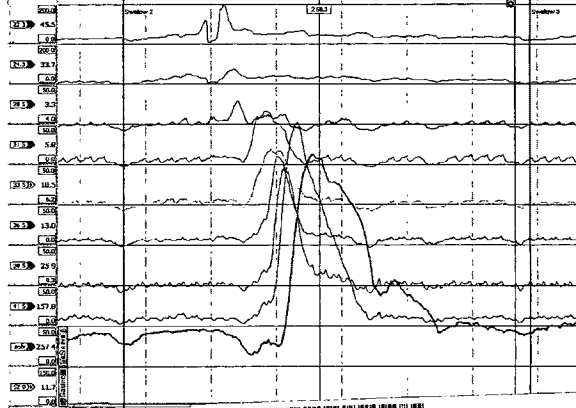
Swallow 1



Swallow 2



Swallow 2



AC#050095793 MR#001117569 08/06/2012

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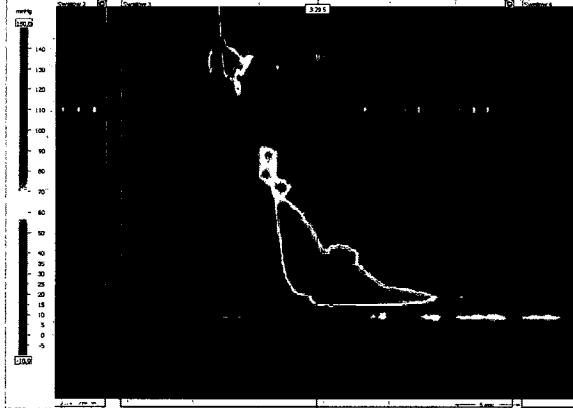
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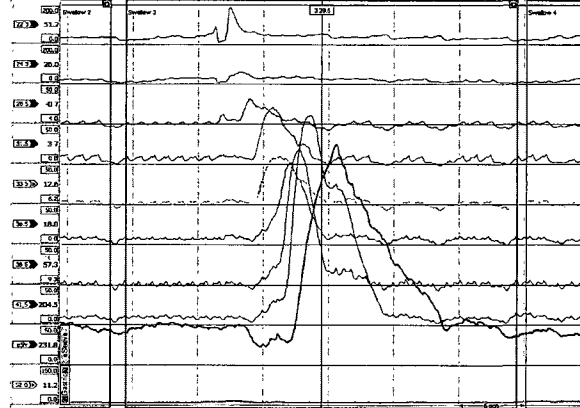
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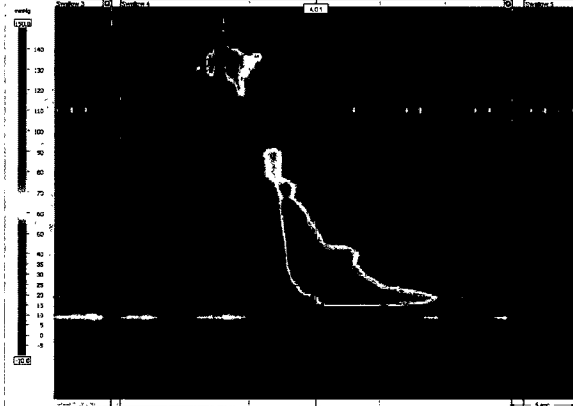
Swallow 3



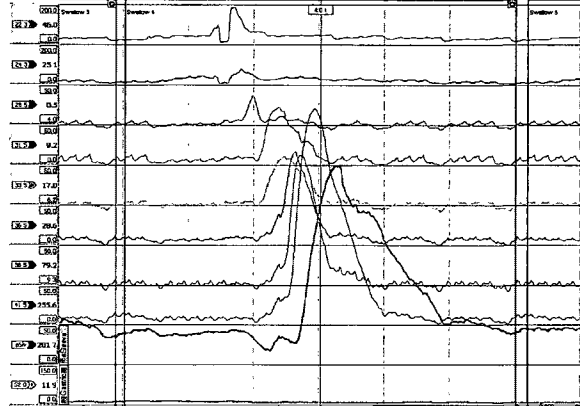
Swallow 3



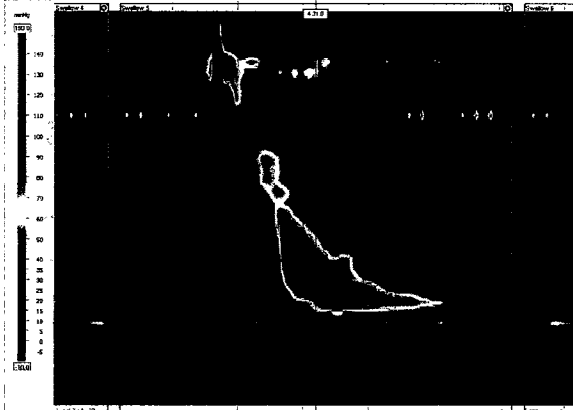
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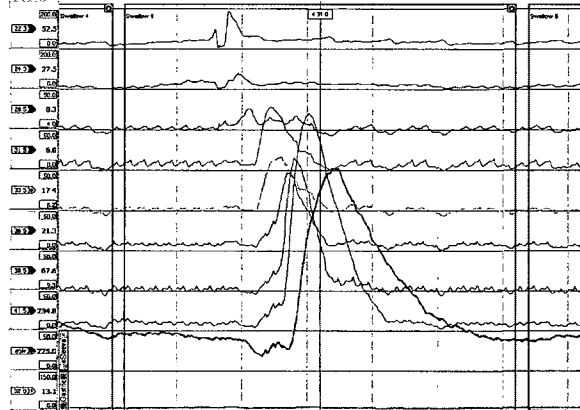
Swallow 4



Swallow 5



Swallow 5



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HANNA, ADEL
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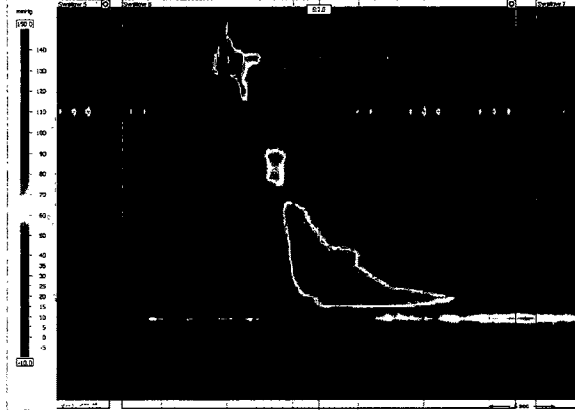
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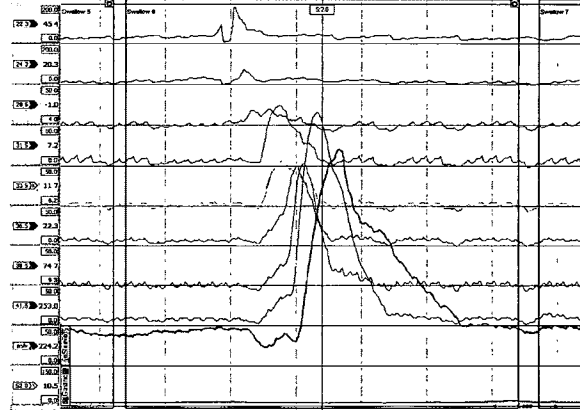
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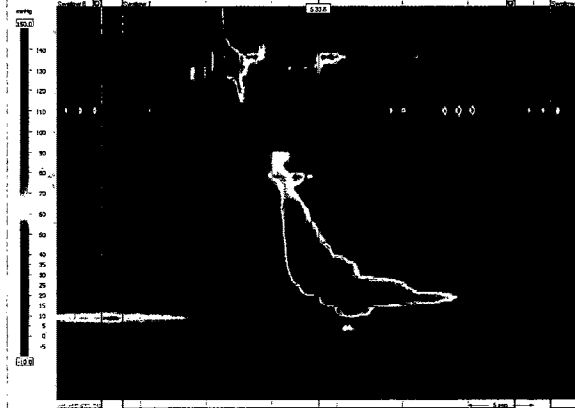
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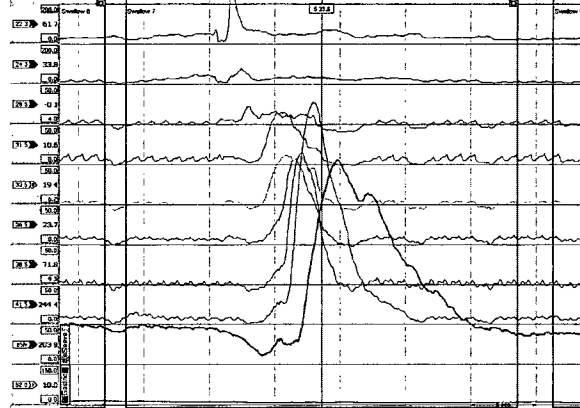
Swallow 6



Swallow 7



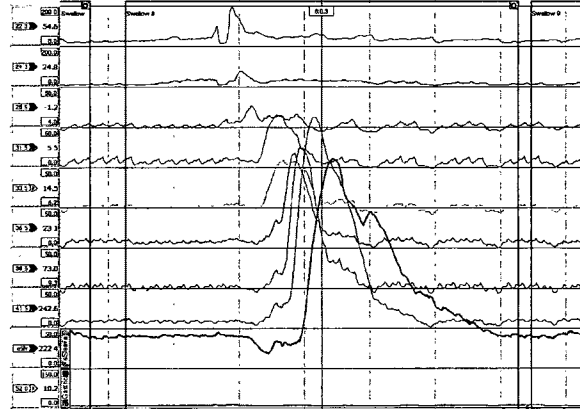
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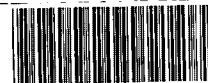
Swallow 8



Swallow 8



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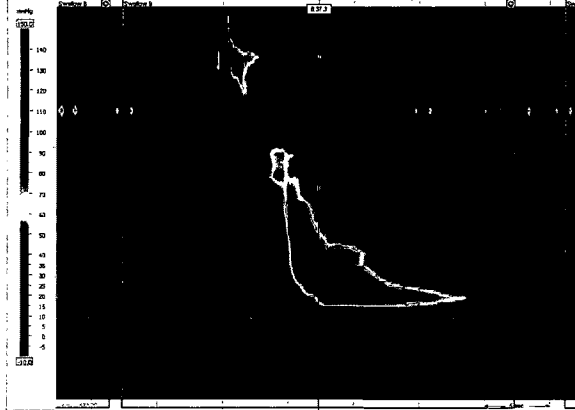
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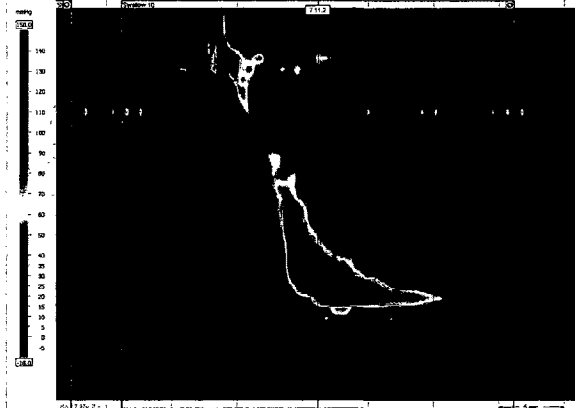
Swallow 9



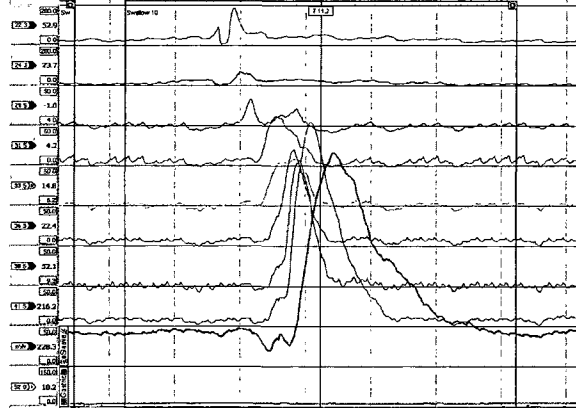
Swallow 9



Swallow 10



Swallow 10



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	Normal	Group / Mean	Swal. #1	Swal. #2	Swal. #3	Swal. #4	Swal. #5	Swal. #6	Swal. #7	Swal. #8	Swal. #9	Swal. #10
ANATOMY / BASAL PRESSURES												
LES mid position from nares (cm)		44.8										
LES proximal margin from nares (cm)		43.5										
LES distal margin from nares (cm)		44.8										
LES length (cm)	2.7-4.8	1.3										
LES intraabdominal segment (cm)		0.0										
PIP position from nares (cm)		45.2										
UES mid position from nares (cm)		24.3										
Esophageal length (cm between sphincter midpoints)		20.5										
LES basal pressure, mean of respiratory minima (mm Hg)	4.8-32.0	25.8										
LES basal pressure, respiratory mean (mm Hg)	13-43	48.4										
UES mean basal Pressure (mm Hg)	34-104	11.9										
Hiatal hernia (no, yes (cm))		Yes, 0.4										
ESOPHAGEAL MOTILITY												
Number of swallows evaluated		10										
LES residual pressure (mm Hg)	<15.0	28.7	27.1	26.4	30.1	31.8	29.5	34.0	25.0	25.8	26.5	31.2
LES residual pressure (highest in group) (mm Hg)		34.0										
LES percent relaxation (%)	>40.0%	56	55	58	53	52	55	49	63	62	61	55
Wave amplitude (mean, 5.0 & 10.0 above LES) (mm Hg)	43-152	108.2	78.0	106.2	112.1	109.7	112.1	104.8	111.9	116.7	123.2	107.4
Wave amplitude (@15.0 above LES) (mm Hg)	36-134	30.0	24.6	35.2	34.9	39.9	28.7	21.6	25.0	27.3	25.4	37.7
Wave amplitude (@10.0 above LES) (mm Hg)	37-166	61.3	52.2	68.7	59.5	59.6	63.3	59.2	63.8	60.8	67.1	58.7
Wave amplitude (@5.0 above LES) (mm Hg)	41-168	155.1	103.8	143.6	164.6	159.8	160.9	150.3	159.9	172.6	179.3	156.2
Wave duration (mean at 5.0 & 10.0 above LES) (sec)	2.7-5.4	4.4	3.8	3.9	4.3	4.4	4.4	4.0	4.4	4.8	5.5	4.1
Wave duration (@15.0 above LES) (sec)	2.8-4.1	3.6	5.3	1.6	3.6	1.5	1.8	4.8	5.9	5.1	4.7	1.5
Wave duration (@10.0 above LES) (sec)	2.7-5.2	4.8	4.3	4.3	4.9	4.8	5.0	4.4	4.8	4.4	6.4	4.7
Wave duration (@5.0 above LES) (sec)	2.4-5.6	3.9	3.4	3.6	3.8	4.0	3.8	3.7	4.1	5.2	4.6	3.5
Onset velocity (between 15.0 & 5.0 above LES) (cm/s)	2.8-6.3	3.2	3.3	3.1	3.5	3.2	3.0	3.1	3.2	3.0	3.3	3.2
Onset velocity (between 15.0 & 10.0 above LES) (cm/s)	2.8-8.4	3.3	3.2	3.0	4.1	3.6	3.0	3.4	2.9	2.8	3.7	3.2
Onset velocity (between 10.0 & 5.0 above LES) (cm/s)	1.8-6.8	3.1	3.4	3.2	3.0	2.9	3.1	2.9	3.4	3.1	3.0	3.2
% peristaltic (between 15.0 & 5.0 above LES)		100	1	1	1	1	1	1	1	1	1	1
% simultaneous (between 15.0 & 5.0 above LES)	≤10%	0	0	0	0	0	0	0	0	0	0	0
% failed (between 15.0 & 5.0 above LES)	0%	0	0	0	0	0	0	0	0	0	0	0
Double peaked swallows (% of Swallows)	≤15%	0	0	0	0	0	0	0	0	0	0	0
Triple peaked swallows (% of Swallows)	0%	0	0	0	0	0	0	0	0	0	0	0
Distal contractile integral (mmHg-cm-s)	500-4300	4140.7	3010.9	3608.3	5534.7	3630.7	4205.2	4104.7	4438.7	4262.3	4705.7	3905.9
Distal contractile integral (highest in group) (mmHg-cm-s)		5534.7										
Contractile front velocity (cm/s)	2.6-5.3	5.9	5.5	6.7	5.8	5.6	4.9	5.3	5.4	5.8	5.4	8.7
Intrabolus pressure (@LES, mmHg)	<8.4	7.6	7.6	2.5	3.9	3.5	11.9	11.5	4.4	11.5	7.2	11.9
Intrabolus pressure (avg max, mmHg)	<17.0	13.9	16.8	13.1	16.3	14.6	14.4	16.5	9.1	14.3	9.3	14.2
UES / PHARYNGEAL MOTILITY												
Number of swallows evaluated		10										
UES residual pressure (mean) (mm Hg)	<12.0	7.4	8.2	12.4	6.3	9.1	5.3	3.1	10.4	11.2	6.2	1.6
UES relaxation time-to-nadir (msec)	74-365	326	190	430	250	500	140	200	440	310	590	210

* Modified *




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High-Resolution Esophageal Motility Study

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Esophageal Lab
1510 San Pablo Street, Ste. 514
Los Angeles, CA 90033
323.442.5914

(hanna, adel)

UES relaxation duration (msec)	480-1020	734	510	860	810	990	610	250	750	930	1210	420
UES recovery time (msec)	259-760	408	320	430	560	490	470	50	310	620	620	210
Peak pharyngeal pressure (@U2 above mid UES) (mmHg)		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Peak pharyngeal pressure (@2.0 above mid UES) (mmHg)		202.5	229.2	198.8	188.9	188.9	192.1	189.0	246.6	197.9	202.5	190.9
Contraction duration (@2.0 above mid UES) (msec)		10913	4120	22920	22160	21890	22340	2720	3620	3580	2660	3120



AC#050095793 MR#001117569 08/06/2012
HANNA, ADEL
 AT:OH DANIEL DOB:03/29/1946 M 66y 0 80
 KECK HOSPITAL OF USC



Sierra Scientific Instruments Inc. Los Angeles, CA Toll-free: 866-641-8493 www.sierrainst.com

* Modified *

* Modified *

Esophageal Function Laboratory

Keck Medical Center of USC

USC Healthcare Consultation Center, Suite #514
1510 San Pablo Street, Los Angeles, CA 90033
Tel: (323) 442-5914
Madeline Filari, R.N., Nurse Coordinator

KECK

SCHOOL OF MEDICINE OF USC
Tom R DeMeester M.D., Director
Peter F. Crookes M.D.
Steven R. DeMeester M.D.
Jeffrey A. Hagen M.D.
John C. Lipham M.D.

Name: Hanna Adel Medical Record # U001117569 DO 8/6/2012

Date of Birth: 3/29/1946 Age: 66 Weight: 172 lbs Height: 5 ft. 8 in Referring Doctor:
Primary Reason for Study: Esophageal Dysmotility Secondary Reason: GERD

BRAVO Esophageal pH Monitoring

DISTAL PROBE (5 cm above LES)

Date of Study 8/6/2012

Probe position: 38.5 cm from nares Post calibration pH 1 Post calibration pH 7 Gastric pH: 2.7

1st 24-Hours

	Total Time	Upright Time	Supine Time	Postprandial Time	Standardized Meal Time
Duration of Study	23 52	13 22	10 3	4	2
% Time pH < 4	0 (5 8)	0 (6 2)	0 (1 6)	0 (8 2)	0
Total # of episodes pH<4	0 (44)	0	0	0	0
# of episodes > 5 min	0 (2)	0	0	0	0
Longest episode (pH <4)	0 (11)	0	0	0	0
DeMeester score:		1.5 (Normal < 14)			

Summary of Distal Esophageal pH exposure Within normal limits

Post/Pre-Prandial Ratio (Challenge Meal) 1 (Normal < 5 39)

2nd 24-Hours

	Total Time	Upright Time	Supine Time	Postprandial Time	Standardized Meal Time
Duration of Study	18 4	8 55	9 45	2	2
% Time pH < 4	8.5 (4 5)	0 (7 1)	16.2 (1 29)	0 (8 2)	0
Total # of episodes pH<4	1 (43)	0	1	0	0
# of episodes > 5 min	1 (2)	0	1	0	0
Longest episode (pH <4)	95 (12)	0	95	0	0
DeMeester score:		32.1 (Normal < 14)			

Summary of Distal Esophageal pH exposure Increased in supine position

Post/Pre-Prandial Ratio (Challenge Meal) 1 (Normal < 5 39)

HANNA, ADEL 08/06/2012
DOB: 03/29/1946 66y M MR# 001117569
AT:OH DANIEL 08/06/2012
ACCT: 050095793
KECK HOSPITAL OF USC

* Modified *

Page 2 of 2

Adel, Hanna. 8/6/2012

Overall Assessment: Day 1 Normal distal esophageal acid exposure. Normal Composite pH score. Normal Post/Pre-Prandial Ratio
Day 2. Detached probe. Day 2 excluded from analysis.

Date : 8/6/2012

DB ID 7651

Christina L. Greene, M.D.

Daniel Oh, M.D.



AC#050095793 MR#001117569 08/06/2012
HANNA, ADEL
AT:OH DANIEL DOB 03/29/1946 M 66y 0 80
KECK HOSPITAL OF USC

* Modified *

Keck Medical Center of USC

High-Resolution Esophageal Motility Study

Keck Medical Center of USC
Esophageal Lab
1510 San Pablo Street, Ste. 514
Los Angeles, CA 90033
323.442.5914

(hanna, adel)

Patient: Hanna, Adel 1117569	Gender: Male DOB / Age: 03/2/1946 Height: 5 ft Procedure: Esophageal Manometry	Physician: Dr. Daniel Oh Operator: Referring Physician: Examination Date: 08/06/2012
---	---	---

Lower Esophageal Sphincter Region		Normal	Esophageal Motility	Normal
Landmarks			Number of swallows evaluated	10
LES midpoint (from nares)	44.8 cm		Evaluated @ 5.0 - 15.0 above LES	
Proximal LES (from nares)	43.5 cm		Peristaltic (velocity \leq 6.25 cm/s)	100 %
Distal LES (from nares)	44.8 cm		Simultaneous (vel. \geq 6.25 cm/s)	0 % \leq 10%
LES length	<u>1.3 cm</u>	2.7-4.8	Failed	0 % 0%
Esophageal length (LES-UES centers)	20.5 cm		Evaluated @ 5.0 & 10.0 above LES	
PIP (from nares)	45.2 cm		Mean wave amplitude	108.2 mmHg 43-152
Intraabdominal LES length	0.0 cm		Mean wave duration	4.4 s 2.7-5.4
Hiatal hernia?	<u>Yes, 0.4 cm</u>		Double-peaked waves	0 % \leq 15%
LES Pressures			Triple-peaked waves	0 % 0%
Basal (respiratory min., eSleeve,IRP)	25.8 mmHg	4.8-32.0	Velocity (15.0-5.0 above LES)	3.2 cm/s 2.8-6.3
Basal (respiratory mean, eSleeve,IRP)	<u>48.4 mmHg</u>	13-43	Wave ampli. @ 10.0 above LES	61.3 mmHg 37-166
Residual (mean, eSleeve,IRP)	<u>28.7 mmHg</u>	<15.0	Wave ampli. @ 5.0 above LES	155.1 mmHg 41-168
Residual (highest, eSleeve,IRP)	34.0 mmHg		Distal contractile integral (mean)	4140.7 mmHg-cm-s 500-4300
Percent relaxation (eSleeve,IRP)	56 %	>40.0%	Distal contractile integral (highest)	5534.7 mmHg-cm-s
Upper Esophageal Sphincter			Contractile front velocity	<u>5.9 cm/s</u> 2.6-5.3
Location (center, fr. nares)	24.3 cm		Intrabolus pressure (@LESR)	7.6 mmHg <8.4
Mean basal pressure	<u>11.9 mmHg</u>	34-104	Intrabolus pressure (avg max)	13.9 mmHg <17.0
Mean residual pressure	7.4 mmHg	<12.0	Pharyngeal / UES Motility	
Relaxation time-to-nadir	326 ms	74-365	No. swallows evaluated	10
Relaxation duration	734 ms	480-1020	Peak pressure @ N/A above mid UES	N/A
Recovery time	408 ms	259-760	Peak pressure @ 2.0 above mid UES	202.5 mmHg
			Contr. duration @ 2.0 above mid UES	10913 ms

Procedure

A motility catheter with 36 circumferential sensors on 1 cm spacing was inserted transnasally after application of topical anesthesia to the nasal passage during EGD. The patient was recovered from anesthesia. A 5 minute acclimation period was provided followed by 10 wet swallows of 5 cc water.

Indications


Dysphagia and Chest Pain

Interpretation / Findings


Structurally defective LES due to short total length and no intra-abdominal length. Elevated resting pressure and residual pressure. Hiatal hernia seen throughout with classic double hump. Normal intra-bolus pressure. LES relaxes in all swallows.

Esophageal body is peristaltic in 10 of 10 swallows. Normal wave amplitude and DCI. Common cavity seen in all swallows.

UES is hypotensive.


Christina L. Greene, M.D.

HANNA, ADEL 08/06/2012
AC#:050095793 DOB: 03/29/1946 M 66y
MR#:001117569 OH DANIEL


Daniel Oh, M.D.



* Modified *

Esophageal Function Laboratory

Keck Medical Center of USC

USC Healthcare Consultation Center, Suite #514
1510 San Pablo Street, Los Angeles, CA 90033
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Madeline Filart, R.N., Nurse Coordinator



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John C. Lipham M.D.

Name: Hanna Adel Medical Record # U001117569 DO 8/6/2012

Date of Birth: 3/29/1946 Age: 66 Weight: 172 lbs Height: 5 ft. 8 in Referring Doctor:
Primary Reason for Study: Esophageal Dysmotility Secondary Reason: GERD

BRAVO Esophageal pH Monitoring

DISTAL PROBE (5 cm above LES)

Date of Study: 8/6/2012

Probe position: 38.5 cm from nares Post calibration pH 1 Post calibration pH 7 Gastric pH: 2.7

1st 24-Hours

	Total Time	Upright Time	Supine Time	Postprandial Time	Standardized Meal Time
Duration of Study	23.52	13.22	10.3	4	2
% Time pH < 4	0 (5.8)	0 (6.2)	0 (1.6)	0 (8.2)	0
Total # of episodes pH<4	0 (44)	0	0	0	0
# of epsodes > 5 min	0 (2)	0	0	0	0
Longest episode (pH <4)	0 (11)	0	0	0	0
DeMeester score:		1.5 (Normal < 14)			

Summary of Distal Esophageal pH exposure Within normal limits

Post/Pre-Prandial Ratio (Challenge Meal): 1 (Normal < 5.39)

2nd 24-Hours

	Total Time	Upright Time	Supine Time	Postprandial Time	Standardized Meal Time
Duration of Study	18.4	8.55	9.45	2	2
% Time pH < 4	8.5 (4.5)	0 (7.1)	16.2 (1.29)	0 (8.2)	0
Total # of episodes pH<4	1 (43)	0	1	0	0
# of epsodes > 5 min	1 (2)	0	1	0	0
Longest episode (pH <4)	95 (12)	0	95	0	0
DeMeester score:		32.1 (Normal < 14)			

Summary of Distal Esophageal pH exposure Increased in supine position

Post/Pre-Prandial Ratio (Challenge Meal): 1 (Normal < 5.39)

HANNA, ADEL 08/06/2012

DOB: 03/29/1946 66y M MR# 001117569

AT:OH DANIEL 08/06/2012



ACCT: 050095793

KECK HOSPITAL OF USC

* Modified *

Adel, Hanna: 8/6/2012

Overall Assessment: Day 1: Normal diatal esophageal acid exposure. Normal Composite pH score. Normal Post/Pre-Prandial Ratio.
Day 2: Detached probe, Day 2 excluded from analysis.

Date : 8/6/2012

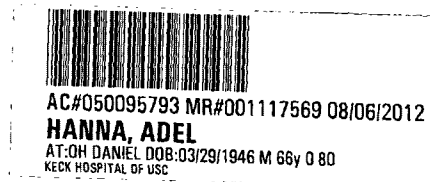


Christina L. Greene, M.D.



Daniel Oh, M.D.

DB ID 7651





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 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: 298699280
 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 #: 050610153
 Admit Date: 10/9/2012 Discharge Date: 10/9/2012

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: 298699280

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 #: 050610153

Admit Date: 10/9/2012

Discharge Date: 10/9/2012

* 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: 298699280
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 #: 050610153
Admit Date: 10/9/2012 Discharge Date: 10/9/2012

* 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
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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

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: 298699280
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 #: 050610153
Admit Date: 10/9/2012 Discharge Date: 10/9/2012

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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: 298699280
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 #: 050610153
Admit Date: 10/9/2012 Discharge Date: 10/9/2012

Keck Hospital of USC
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LOS ANGELES, CA 90033-5313

Office/Clinic Notes

J#: 86469641
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Report Request ID: 298699280
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 #: 050610153
Admit Date: 10/9/2012 Discharge Date: 10/9/2012



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 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: 298699279
 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 #: 050996438
 Admit Date: 10/30/2012 Discharge Date: 10/30/2012

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: 298699279

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 #: 050996438

Admit Date: 10/30/2012

Discharge Date: 10/30/2012

* Auth (Verified) *

Print Date : Wed Nov 07 14:22:04 2012
001117569 Hanna, Adel 050996438 03/29/1946 ds
Gender : Male
Age : 66
Serv Date : 10/30/2012

ASC Bill Type
83X Bill type should be 83X
Grouper Status
12

Admit Dx
78659 Chest pain
Primary Diagnosis
78659 Chest pain

* 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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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

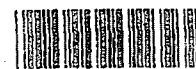
Advance Care Planning

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

Report Request ID: 298699279
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 #: 050996438
Admit Date: 10/30/2012 Discharge Date: 10/30/2012

* 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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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

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

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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 #: 050996438
Admit Date: 10/30/2012 Discharge Date: 10/30/2012

* Auth (Verified) *

USC DEPARTMENT OF SURGERY
THORACIC DIVISION

Patient Name (Last, First, Middle Initial): **HANNA, ADEL S**
AT: DOB: 03/29/1946 M 66y 0 37

MR# _____ Auth # _____

NEW PATIENT (NOT SEEN WITHIN 3 YEARS)
 ESTABLISHED PATIENT

Physician / Provider: JEFFREY HAGEN, MD TOM DEMEESTER, MD DANIEL OH, MD

STEVEN DEMEESTER, MD _____ MD

_____ PA _____ Nursing

Insurance: _____

Location: HCC I HCT UH NOR (22) HHM Other _____

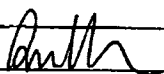
INPATIENT HOSPITAL NEW AND ESTABLISHED	INPATIENT HOSPITAL CONSULTATION	MEDICARE CONSULT CROSSOVER - INPT VISIT	MODIFIERS
<input type="checkbox"/> 99221 Initial Interm... Est 30 min	<input type="checkbox"/> 99251 Brief ... Est 20 min	<input type="checkbox"/> 99221 Interm... Est 30 min	<input type="checkbox"/> -26 Prof Component
<input type="checkbox"/> 99222 Initial Extended.. Est 50 min	<input type="checkbox"/> 99252 Limited ... Est 40 min	<input type="checkbox"/> 99222 Extended ... Est 50 min	<input type="checkbox"/> -54 Surgical Care Only
<input type="checkbox"/> 99223 Initial Comp Est... 70 min	<input type="checkbox"/> 99253 Inter ... Est 55 min	<input type="checkbox"/> 99223 Comp ... Est 70 min	<input type="checkbox"/> -55 PostOp Mgmt Only
<input type="checkbox"/> 99231 Subseqnt IntermEst 15 min	<input type="checkbox"/> 99254 Extended ... Est 80 min		<input type="checkbox"/> -56 PreOp Mgmt Only
<input type="checkbox"/> 99232 Subseqnt Extend Est 25 min	<input type="checkbox"/> 99255 Comp Est ... 11 0 min		<input type="checkbox"/> -76 Repeat Proc Same MD
<input type="checkbox"/> 99233 Subseqnt Comp Est 35 min	<input type="checkbox"/> 99291 Critical Care		<input type="checkbox"/> -77 Repeat Proc Diff MD
<input type="checkbox"/> Admitting MD _____	<input type="checkbox"/> 99292 Critical Care		

OFFICE VISIT - NEW PATIENT	OFFICE VISIT ESTABLISHED PATIENT	OFFICE VISIT CONSULTATION	MEDICARE CONSULT CROSSOVER - NEW PATIENT VISIT
<input type="checkbox"/> 99201 Brief Est 10 min	<input type="checkbox"/> 99211 Brief Est 5 min	<input type="checkbox"/> 99241 Brief Est 15 min	<input type="checkbox"/> 99201 Brief Est 10 min
<input type="checkbox"/> 99202 Limited Est 20 min	<input type="checkbox"/> 99212 Limited Est 10 min	<input type="checkbox"/> 99242 Limited Est 30 min	<input type="checkbox"/> 99202 Limited Est 20 min
<input type="checkbox"/> 99203 Intermediate Est 30 min	<input type="checkbox"/> 99213 Intermediate Est 30 min	<input type="checkbox"/> 99243 Intermediate Est 40 min	<input type="checkbox"/> 99203 Intermediate Est 30 min
<input type="checkbox"/> 99204 Extended Est 45 min	<input type="checkbox"/> 99214 Extended Est 45 min	<input type="checkbox"/> 99244 Extended Est 60 min	<input type="checkbox"/> 99204 Extended Est 45 min
<input type="checkbox"/> 99205 Comprehensive Est 60 min	<input type="checkbox"/> 99215 Comprehensive Est 80 min	<input type="checkbox"/> 99245 Comprehensive Est 80 min	<input type="checkbox"/> 99205 Comprehensive Est 60 min
<input type="checkbox"/>	<input type="checkbox"/> 99024 Post-Op (N/C) n/a	<input type="checkbox"/>	<input type="checkbox"/>

DIAGNOSIS		
<input type="checkbox"/> 1500 MALIGNANT NEO CERVICAL ESOPHAGUS	<input type="checkbox"/> 530.11 REFLUX ESOPHAGITIS	<input type="checkbox"/> 786.6 SWELLING/MASS/LUMP IN CHEST
<input checked="" type="checkbox"/> 155.4 MALIGNANT NEO MID THIRD ESOPHAGUS	<input type="checkbox"/> 530.18 OTH ESOPHAGITIS	<input type="checkbox"/> 787.01 NAUSEA WITH VOMITING
<input type="checkbox"/> 150.5 MALIG NEO LOWER THIRD ESOPHAGUS	<input type="checkbox"/> 530.3 STRICTURE/STENOSIS ESOPHAGUS	<input type="checkbox"/> 787.02 NAUSEA ALONE
<input checked="" type="checkbox"/> 155.8 MALIGNANT NEO OTHER PART ESOPHAGUS	<input type="checkbox"/> 530.4 PERFORATION ESOPHAGUS	<input type="checkbox"/> 787.03 VOMITING ALONE
<input type="checkbox"/> 1509 UNS MALIGNANT NEO ESOPHAGUS	<input type="checkbox"/> 530.5 DYSKINESIA ESOPHAGUS	<input type="checkbox"/> 787.1 HEARTBURN
<input checked="" type="checkbox"/> 161.8 MALIGNANT NEO STOMACH CARDIA	<input type="checkbox"/> 530.6 DIVERTICULUM ESOPHAGUS ACQUIRED	<input type="checkbox"/> 787.20 DYSPHAGIA UNSPECIFIED
<input type="checkbox"/> 151.8 MALIG NEO OTHER SITES STOMACH	<input type="checkbox"/> 530.81 ESOPHAGEAL REFLUX	<input type="checkbox"/> 787.29 OTHER DYSPHAGIA
<input checked="" type="checkbox"/> 161.9 MALIGNANT NEO STOMACH UNSPEC	<input type="checkbox"/> 530.86 BARRETT'S ESOPHAGUS	<input type="checkbox"/> 787.3 FLATULENCE ERUTATION/GAS PAIN
<input type="checkbox"/> 162.3 MALIG NEO UPPER LOBE BRONCHUS/LUNG	<input type="checkbox"/> 530.87 MECHAN COMPLICATION ESOPHAGOSTOMY	<input type="checkbox"/> 789.00 ABDOMINAL PAIN UNS SITE
<input checked="" type="checkbox"/> 162.4 MALIG NEO MIDDLE LOBE BRONCHUS/LUNG	<input type="checkbox"/> 530.88 OTHER DISORDERS THE ESOPHAGUS	<input type="checkbox"/> 789.08 ABDOMINAL PAIN EPIGASTRIC
<input type="checkbox"/> 162.5 MALIG NEO LOWER LOBE BRONCHUS/LUNG	<input type="checkbox"/> 530.9 UNS DISORDER ESOPHAGUS	<input type="checkbox"/> 789.07 ABDOMINAL PAIN GENERALIZED
<input checked="" type="checkbox"/> 161.8 MALIG NEO OTH PARTS BRONCHUS/LUNG	<input type="checkbox"/> 536.10 ATROPHIC GASTRITIS W/HEMORRHAGE	<input type="checkbox"/> 792.1 ABNORMAL FINDINGS LUNG FIELD
<input type="checkbox"/> 162.9 UNS MALIGNANT NEO BRONCHUS/LUNG	<input type="checkbox"/> 535.50 UNS GASTRITIS GASTRODUODENITIS	<input type="checkbox"/> 793.2 ABNORMAL FD INTRATHOR ORG OT
<input type="checkbox"/> 164.0 MALIGNANT NEOPLASM THYMUS	<input type="checkbox"/> 536.3 GASTROPARESIS	<input type="checkbox"/> 793.4 ABNORMAL FINDINGS GI TRACT
<input type="checkbox"/> 193 MALIGNANT NEO THYROID GLAND	<input type="checkbox"/> 536.3 OTHER FUNCTIONAL STOMACH DISORDERS	<input type="checkbox"/> 793.6 ABNORMAL FIND ABDOMINAL AREA
<input checked="" type="checkbox"/> 186.1 SEC MALIG NEO LYMPH INTRATHORACIC	<input type="checkbox"/> 537.0 ACQ HYPERTROPHIC PYLORIC STENOSIS	<input type="checkbox"/> 794.2 ABNORMAL PULMONARY FUNC STUDY
<input type="checkbox"/> 197.0 SEC MALIGNANT NEOPLASM LUNG	<input type="checkbox"/> 537.89 OTHER DISORDERS STOMACH/DUODENUM OTH	<input type="checkbox"/> 997.4 DIGESTIVE SYSTEM COMPLI
<input checked="" type="checkbox"/> 187.7 SEC MALIGNANT NEOPLASM LIVER	<input type="checkbox"/> 553.21 INCISIONAL HERNIA	<input type="checkbox"/> V10.03 HISTORY MALIGNANCY ESOPHAGUS
<input type="checkbox"/> 2381 UNCERT BEHAVIOR NEO SOFT TISSUE	<input type="checkbox"/> 563.2 DIAPHRAGMATIC HERNIA	<input type="checkbox"/> V10.04 HISTORY MALIGNANCY STOMACH
<input checked="" type="checkbox"/> 338.12 ACUTE POST THORACOTOMY PAIN	<input type="checkbox"/> 564.2 POSTGASTRIC SURGERY SYNDROMES	<input type="checkbox"/> V10.11 HISTORY MALIGNANCY BRONCHUS/LUNG
<input type="checkbox"/> 338.28 OTHER CHRONIC POSTOPERATIVE PAIN	<input type="checkbox"/> 708.2 1PRIMARY FOCAL HYPERHIDROSIS	<input type="checkbox"/> V58.42 AFTERCARE SURGERY FOR NEOPLASM
<input checked="" type="checkbox"/> 507.0 PNEUMONITIS INHALATION FOOD	<input type="checkbox"/> 784.1 THROAT PAIN	<input type="checkbox"/> V68.48 OTHER AFTERCARE FOLLOWING SURGERY
<input type="checkbox"/> 511.81 MALIGNANT PLEURAL EFFUSION	<input type="checkbox"/> 784.48 OTHER VOICE DISTURBANCE	<input type="checkbox"/> V68.2 CONVALESCENCE AFTER CHEMOTHERAPY
<input type="checkbox"/> 511.88 OTHER EFFUSION NOT TUBERCULOUS	<input type="checkbox"/> 785.6 ENLARGEMENT OF LYMPH NODES	<input type="checkbox"/> V67.09 FOLLOW-UP FOLLOW OTH SURGERY
<input type="checkbox"/> 511.9 UNSPECIF PLEURAL EFFUSION	<input type="checkbox"/> 788.08 SHORTNESS BREATH	<input type="checkbox"/> V67.59 OTH FOLLOW-UP EXAMINATION
<input checked="" type="checkbox"/> 813.0 ABSCESS LUNG	<input type="checkbox"/> 788.2 COUGH	<input type="checkbox"/> V72.85 OTHER EXAMINATION
<input type="checkbox"/> 516.89 OTH DISEASES LUNG OTHER	<input type="checkbox"/> 788.50 UNSPEC CHEST PAIN	<input type="checkbox"/> OTHER
<input checked="" type="checkbox"/> 818.18 OTH DISEASES TRACHEA/BRONCHUS	<input type="checkbox"/> 788.51 PRECORDIAL PAIN	
<input type="checkbox"/> 530.0 ACHALASIA/CARDIOSPASM	<input type="checkbox"/> 788.58 OTHER CHEST PAIN	
<input checked="" type="checkbox"/> 530.18 UNS ESOPHAGITIS		

PROCEDURE	SUPPLIES
<input type="checkbox"/> 43239 UPPER STOMACH-INSTE	<input type="checkbox"/> J1020 METHYLPREDNISOLONE
<input type="checkbox"/> 6786000	
<input type="checkbox"/>	
<input type="checkbox"/> 43241 UPR GI NDSC TNDSC INT	
<input type="checkbox"/> 6786000	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Referring Physician: _____ Date: _____ Time: _____

Provider Signature:  Date: 10/30/12 Time: 1630

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: 298699279
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 #: 050996438
Admit Date: 10/30/2012 Discharge Date: 10/30/2012

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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: 298699279
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 #: 050996438
Admit Date: 10/30/2012 Discharge Date: 10/30/2012

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

Office/Clinic Notes

J#: 86469641
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Report Request ID: 298699279
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 #: 050996438
Admit Date: 10/30/2012 Discharge Date: 10/30/2012



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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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: 298699278
 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 #: 051047306
 Admit Date: 5/28/2013 Discharge Date: 5/28/2013

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: 298699278

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 #: 051047306

Admit Date: 5/28/2013

Discharge Date: 5/28/2013


* 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*

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Further Information: Complaints

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USC Office of Compliance

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

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

Print Name (Last, First, Middle Initial)

Adel 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

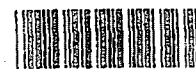
Advance Care Planning

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

Report Request ID: 298699278
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 #: 051047306
Admit Date: 5/28/2013 Discharge Date: 5/28/2013

* 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

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.

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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

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J#: 86469641
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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

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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

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

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Gender: Male

MRN: 001117569

Financial #: 052594595

Admit Date: 6/4/2013

Discharge Date: 6/4/2013

* 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 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

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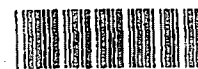
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