

<u>Please note:</u> 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:

At_

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

SAN ANTONIO REGIONAL HOSPITAL - MEDICAL RECORDS

WE COMMAND YOU to appear before **A NOTARY PUBLIC**

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

On the <u>09th</u> day of <u>February</u>, <u>2023</u>, at <u>9</u>o'clock <u>A</u>. M. to testify in the above-entitled matter and tO bring with you and produce the following described documents:

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

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

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

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

Date 01/25/2023



CC: NATALIA FOLEY ESQ 295923 WORKERS' COMPENSATION APPEALS BOARD OF THE STATE OF CALIFORNIA

ann.

Workers Compensation Judge

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

FOR INJURIES OCCURING 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]

Order Ref #: 1957105

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 <u>SAN ANTONIO REGIONAL HOSPITAL - MEDICAL RECORDS</u> 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 <u>01/25/2023</u> , at	Temecula , California	
- And	ONTELLUS, 27450 Ynez Road, #300	(951) 694-5770
Signature	Address	Telephone
ONTELLUS FOR:	STATE FUND - RIVERSIDE - STATE CONTRAC	CTS
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.

Name of Person Served

<u>Date</u> January, 25 2023 Place

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

Executed on ______at _____, California

Signature

ADEL HANNA, SAN ANTONIO REGIONAL HOSPITAL - MEDICAL RECORDS



Order Ref #: 1957105

SUBP-025

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):	FOR COURT USE ONLY
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	
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	
	CASE NUMBER:
PLAINTIFF/PETITIONER: ADEL HANNA	ADJ15547702
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*):02/09/2023

The records are described in the subpoena directed to (specify name and address of person or entity from whom records are sought): SAN ANTONIO REGIONAL HOSPITAL - MEDICAL RECORDS 999 SAN BERNARDINO RD ATTN: MEDICAL RECORDS UPLAND, CA 91786

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

 a. If you are a party to the above-entitled action, you must file a motion pursuant to Code of Civil Procedure section 1987.1 to quash or modify the subpoena and give notice of that motion to the witness and the deposition officer named in the subpoena at least five days before the date set for production of the records.
 - b. If you are not a party to this action, you must serve on the requesting party and on the witness, before the date set for production of the records, a written objection that states the specific grounds on which production of such records should be prohibited. You may use the form below to object and state the grounds for your objection. You must complete the Proof of Service on the reverse side indicating whether you personally served or mailed the objection. The objection should not be filed with the court. WARNING: IF YOUR OBJECTION IS NOT RECEIVED BEFORE THE DATE SPECIFIED IN ITEM 1, YOUR RECORDS MAY BE PRODUCED AND MAY BE AVAILABLE TO ALL PARTIES.
- YOU OR YOUR ATTORNEY MAY CONTACT THE UNDERSIGNED to determine whether an agreement can be reached in writing to cancel or limit the scope of the subpoena. If no such agreement is reached, and if you are not otherwise represented by an attorney in this action, YOU SHOULD CONSULT AN ATTORNEY TO ADVISE YOU OF YOUR RIGHTS OF PRIVACY.

Date: 01/25/2023

DIANA MUNOZ	•	/S/ DIANA MUNOZ	
(TYPE OR PRINT NAME)	(SIGNATURE OF		

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)

(Proof of service op reverse)

(SIGNATURE)

Page 1 of 2 Code of Civil Procedure,

§§ 1985.3. 1985.6, 2020.010–2020.510 www.courtinfo.ca.gov

Form Adopted for Mandatory Use Judicial Council of California SUBP-025 (Rev. January 1, 2008) NOTICE TO CONSUMER OR EMPLOYEE AND OBJECTION

SUBP-025

	CACTALIANDER
PLAINTIEF/PETITIONER: ADEL HANNA DEFENDANT/RESPONDENT: CALIFORNIA INSTITUTION FOR MEN	CASE NUMBER: ADJ15547702
	SUMER OR EMPLOYEE AND OBJECTION §§ 1985.3,1985.6)
Personal Service	X Mail Order #: 1957105
1. At the time of service I was at least 18 years of age and not a party to t	
 I served a copy of the Notice to Consumer or Employee and Objection as a. Personal service. I personally delivered the Notice to Consumer of 	
(1) Name of person served:(2) Address where served:	(3) Date served:(4) Time served:
 Mail. I deposited the Notice to Consumer or Employee and Object prepaid. The envelope was addressed as follows: 	tion in the United States mail, in a sealed envelope with postage fully
(1) Name of person served : WORKERS DEFENDERS ANAHEIM /C	
{2) Address: NATALIA FOLEY (295923) State Bar 8018 E SANTA ANA CANYON RD STE 100-215 ANAHEIM, CA 928	(4) Place of mailing (city and state): Temecula, CA
 (5) I am a resident of or employed in the county where the Notic c. My residence or business address is (specify): ONTELLUS, 27450 Yne d. My phone number is (specify): (800) 660-1107 I declare under penalty of perjury under the laws of the State of California Date: 01/25/2023 	z Rd, Temcula CA 92591
Jeannie Gosiengfiao	
(TYPE OR PRINT NAME OF PERSON WHO SERVED)	(SIGNATURE OF PERSON WHO SERVED)
 At the time of service I was at least 18 years of age and not a party to this I served a copy of the Objection to Production of Records as follows (comp a. ON THE REQUESTING PARTY Personal service. I personally delivered the Objection to Pro Personal service. 	olete either a or b):
(i) Name of person served: (iii) Date served:	
 (ii) Address where served: (2) Mail. I deposited the Objection to Production of Records in t envelope was addressed as follows: 	(iv) Time served: he United States mail, in a sealed envelope with postage fully prepaid. The
(i) Name of person served: (iii) Date of mailing:	
(ii) Address:(v) I am a resident of or employed in the county where the	(iv) Place of mailing (city and state): Objection to Production of Records was mailed
b. ON THE WITNESS	
(1) Personal service. I personally delivered the Objection to Pro	•
(i) Name of person served: (ii) Address where served:	(iii) Date served: (iv) Time served:
(2) Mail. I deposited the Objection to Production of Records in t envelope was addressed as follows:	he United States mail, in a sealed envelope with postage fully prepaid. The
(i) Name of person served: (ii) Address: (ii) Address: (iv) Place of mailing (city and state):	
 (v) I am a resident of or employed in the county where the 3. My residence or <i>business</i> address is (<i>specify</i>): 4. My phone number is (<i>specify</i>): 	
I declare under penalty of perjury under the laws of the State of California th Date: 01/25/2023	at the foregoing is true and correct.
(TYPE OR PRINT NAME OF PERSON WHO SERVED)	(SIGNATURE OF PERSON WHO SERVED)
SJBP-025 [Rev. January 1, 2008] NOTICE TO CONSUMER OR	EMPLOYEE AND OBJECTION Page 2 of 2

SARH	999 San Bernardino Road Upland, CA 917864920
Patien	t Information ————
Patient Name: HANNA MD, ADEL SHAKER Home Address: 5688 COUSINS PL RANCHO CUCAMONGA, CA 917 Home Phone: (909) 374-7216 Employer Name: DEPARTMENT OF CORRECTION Employer Phone: (909) 597-1821	Sex: Male DOB: 03/29/1946 737 Age: 76 Years Religion: No Preference
Guarantor Name: ADEL HANNA	Sex: Male
Patient's Reltn: Self Billing Address: 5688 COUSINS PL RANCHO CUCAMONGA, CA 9 Billing Phone: (909) 374-7216 Employer Name: DEPARTMENT OF CORRECTION Employer Phone: (909) 597-1821	DOB: 03/29/1946 Age: 76 Years 11737 SSN: 548-67-8932 NS
	ct Information
<i>Emergency Contact</i> Contact Name: WONNA TERZ Patient's Reltn: Other Relationship Sex: Home Phone: (909) 374-7216	<u>Next of Kin</u> Contact Name: IRMA KAWAGUCHI Patient's Reltn: Other Relationship Sex: Home Phone: (909) 374-7216
Prima	ary Insurance
Patient's Reltn: Self Sex: Male DOB: 03/29/1946 Age: 76 Years Employer Name: DEPARTMENT OF CORRECTIO Employer Phone: (909) 597-1821 Financial Class: PPO	Claim Address: P.O. BOX 60007 LOS ANGELES, CA 90060 Insurance Phone: (800) 451-6780 Policy Number: CPR226A67822 NS Group Number: CB010A Authorization Number: Authorization Phone: Authorization Contact:
Secon	dary Insurance ————
Subscriber Name: HANNA MD, ADEL SHAKER Patient's Reltn: Self Sex: Male DOB: 03/29/1946 Age: 76 Years Employer Name: DEPARTMENT OF CORRECTIO Employer Phone: (909) 597-1821 Financial Class: Medicare	Insurance Name: Medicare Part A and B Claim Address: P.O. BOX 669 AUGUSTA, GA 30903 Insurance Phone: Policy Number: 548678932A NS Group Number: AONLY10012011 Authorization Number: Authorization Phone: Authorization Contact:
	nter Information ————————————
Est Dt of Arrival: 08/12/2021 06:12 Medica Inpt Adm Dt/Tm: Locati Disch Dt/Tm: 08/12/2021 16:25 Observation Dt/Tm: Isolatic	It Type: Day PatientAdmit Type: Electiveal Service: Same Day SurgeryAdmit Source: Physician Referralion: ACUAdvance Directive: Does not have/Bed: AC15 / AReg Clerk: Raylene Davidsonon:Admit Physician:se Alert:Attend Physician: M.D. Bryce BestPCP:PCP:
HANNA MD, ADEL SHAKER	
Male / 76 Years	
MRN: 918505	FIN : 5228417

03/16/2023



SAN ANTONIO REGIONAL HOSPITAL

999 San Bernardino Road, Upland, California 91786

Patient:	HANNA MD, ADEL SHAKER				
MRN:	918505	DOB/Age/Sex:	3/29/1946	76 years	Male
FIN:	5228417	Admit/Disch:	8/12/2021	8/12/	2021
Patient Type:	Day Patient	Admitting:			
Attending:	Beseth M.D.,Bryce D				
_					

		Allergies
Substance: REGLAN Recorded Date/Time Recorded By		
6/12/2012 16:06 PDT	CONTRIBUTOR_ SYSTEM	Reaction Status: Active; Data Source: IBEX; Recorded On Behalf Of: CONTRIBUTOR_SYSTEM; Information Source: , Reviewed Date/Time: 7/19/2022 12:23 PDT; Reviewed By: Norris RN,Kevin M

Discharge Documentation

Report ID: 127045219

Print Date/Time: 2/24/2023 16:04 PST Page 2 of 191 * Auth (Verified) *



999 San Bernardino Road, Upland, CA 91786 Phone: (909) 985-2811 ****Signature Page****

Patient Name:

HANNA MD, ADEL SHAKER

DOB: 03/29/1946 MRN: 918505 FIN: 5228417 Visit Date: 08/12/2021

Current Date/Time: 08/12/2021 14:12:49

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- -----

HANNA MD, ADEL SHAKER (or representative) has been given Discharge Instructions with follow-up instructions, medication instructions, patient education materials and has verbalized understanding.

Patient/Representative Name: Inma Kawaguchi
Patient/Representative Signature:
Relationship to Patient: 1 Wife
RN Signature: augula R
Date: 8/12/2021

.

Patient:HANNA MD, ADEL SHAKER MRN:918505 FIN:5228417 Page 12 of 12 Printed on: 8/12/2021 14:12 PDT

Facility: SARH

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Patient:HANNA MD, ADEL SHAKERMRN:918505FIN:5228417Patient Type:Day PatientAttending:Beseth M.D.,Bryce D

DOB/Age/Sex: 3/29/1946 76 years Male Admit/Disch: 8/12/2021 8/12/2021 Admitting:

Discharge Documentation

Document Name: Result Status: Performed By: Authenticated By: Patient Discharge Summary Auth (Verified) Ho RN,Quynh G (8/12/2021 14:12 PDT) Ho RN,Quynh G (8/12/2021 14:12 PDT)



999 San Bernardino Road, Upland, CA 91786 Phone: (909) 985-2811

Patient Name:

HANNA MD, ADEL SHAKER

Current Date/Time: 08/12/2021 14:12:48

MRN: 918505 FIN: 5228417 Visit Date: 08/12/2021

DOB: 03/29/1946

Patient Discharge Instructions

San Antonio Regional Hospital would like to thank you for allowing us to assist you with your healthcare needs. The following includes patient education materials and information regarding your illness/injury.

Please make an appointment with your physician within two weeks and bring all of your medications and prescriptions to the appointment (unless otherwise instructed).

IF YOU RECEIVED SEDATION:

- + Do not drive or operate machinery for 24 hours after receiving sedation or while taking pain medication.
- Do not drink alcoholic beverages for 24 hours after receiving sedation or while taking pain medication.
- · Do not make important decisions or sign legal documents for the next 24 hours after receiving sedation.

My Health Records

Your San Antonio Regional Hospital **lab and radiology results** and **discharge instructions** can be viewed and downloaded on San Antonio Regional Hospital's patient portal. To access this, you need a *My Health Records* account. A registration representative may have sent you an Invitation to your personal email. Follow the instructions in the email to create your account. Or to self-enroll, go to <u>SARH.org</u>. then click on the *My Health Records* button (upper right corner), and follow the prompts. If you already have an account, go to <u>www.SARH.org/4myhealth</u> to log in. Note: Laboratory results are available after 3 days and Radiology results are available after 5 days. If you have questions or need assistance with creating a *My Health Records* account, please call (909) 694-1088 or email <u>MyHealthRecords@sarh.org</u>.

Wellness Tools are Also Available at My Health Records!

My Health Records has a variety of health assessment tools, health trackers, and action plans to help you monitor your health and provide educational information. Tools included are:

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HANNA MD, ADEL SHAKER Patient: MRN: 918505 5228417 FIN: Patient Type: Day Patient Attending: Beseth M.D., Bryce D

DOB/Age/Sex: 3/29/1946 76 years Male Admit/Disch: 8/12/2021 8/12/2021 Admitting:

Discharge Documentation

"Blood Pressure Log " Cholesterol Log " Glucose Log " Food Tracker " Weight Tracker " Steps Log

Your Diagnosis

Your Allergies

REGLAN

Your Care Team

Primary Care Physician: Ali M.D., Mohamed S Admitting Physician: Beseth M.D., Bryce D Attending Physician: Beseth M.D., Bryce D **Consulting Physician:**

What to do next

You Need to Schedule the Following Appointments

Follow Up with Beseth M.D., Bryce D, General Surgery When Within 1 week

Why: Call for followup appointment

Where: 510 N. 13th Ave. Suite #204 Upland, CA 91786-(909) 920-0525

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Patient:HANNA MD, ADEL SHAKERMRN:918505FIN:5228417Patient Type:Day PatientAttending:Beseth M.D.,Bryce D

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

 Admit/Disch:
 8/12/2021
 8/12/2021

 Admitting:
 X
 X
 X

Discharge Documentation

Medications and Prescriptions

San Antonio Regional Hospital Providers have provided you with a list of medications at discharge, if you have been instructed to stop taking a medication please ensure you also follow up with this information to your Primary Care Physician. Any specific questions regarding your ongoing medications and dosages should be discussed with your physician(s) and pharmacist.

Please check the medication list below

If a Pharmacy Name is listed, a prescription has been sent directly to that Pharmacy – Pick up your prescription at the listed pharmacy. If you have been given printed prescriptions, please take to a Pharmacy to be filled.

			When	Instructions	Next Dose
Continue	atenolol (atenolol 50 mg oral tablet)	1 tablet Oral	Every day		

		When	Comments
Stop Taking	aspirin (Aspirin Adult Low Strength)		

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Patient:HANNA MD, ADEL SHAKERMRN:918505FIN:5228417Patient Type:Day PatientAttending:Beseth M.D.,Bryce D

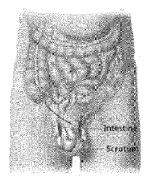
DOB/Age/Sex: 3/29/1946 76 years Male Admit/Disch: 8/12/2021 8/12/2021 Admitting:

Discharge Documentation

Medication Leaflets

Education Materials

Inguinal Hernia, Adult



An inguinal hernia develops when fat or the intestines push through a weak spot in a muscle where your leg meets your lower abdomen (groin). This creates a bulge. This kind of hernia could also be:

- In your scrotum, if you are male.
- In folds of skin around your vagina, if you are female.

There are three types of inguinal hernias:

- · Hernias that can be pushed back into the abdomen (are reducible). This type rarely causes pain.
- Hernias that are not reducible (are incarcerated).
- · Hernias that are not reducible and lose their blood supply (are strangulated). This type of hernia requires emergency surgery.

What are the causes?

This condition is caused by having a weak spot in the muscles or tissues in the groin. This weak spot develops over time. The hernia may poke through the weak spot when you suddenly strain your lower abdominal muscles, such as when you:

- Lift a heavy object.
- Strain to have a bowel movement. Constipation can lead to straining.
- Cough.

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Patient:HANNA MD, ADEL SHAKERMRN:918505FIN:5228417Patient Type:Day PatientAttending:Beseth M.D.,Bryce D

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

 Admit/Disch:
 8/12/2021
 8/12/2021

 Admitting:
 8/12/2021
 8/12/2021

Discharge Documentation

What increases the risk?

This condition is more likely to develop in:

- Men,
- Pregnant women.
- People who:
 - -46 Are overweight.

-46 Work in jobs that require long periods of standing or heavy lifting.

-46 Have had an inguinal hernia before.

-46 Smoke or have lung disease. These factors can lead to long-lasting (chronic) coughing.

What are the signs or symptoms?

Symptoms may depend on the size of the hernia. Often, a small inguinal hernia has no symptoms. Symptoms of a larger hernia may include:

- A lump in the groin area. This is easier to see when standing. It might not be visible when lying down.
- Pain or burning in the groin. This may get worse when lifting, straining, or coughing.
- A dull ache or a feeling of pressure in the groin.
- In men, an unusual lump in the scrotum.

Symptoms of a strangulated inguinal hernia may include:

- A bulge in your groin that is very painful and tender to the touch.
- A bulge that turns red or purple.
- Fever, nausea, and vomiting.
- Inability to have a bowel movement or to pass gas.

How is this diagnosed?

This condition is diagnosed based on your symptoms, your medical history, and a physical exam. Your health care provider may feel your groin area and ask you to cough.

How is this treated?

Treatment depends on the size of your hernia and whether you have symptoms. If you do not have symptoms, your health care provider may have you watch your hernia carefully and have you come in for follow-up visits. If your hernia is large or if you have symptoms, you may need surgery to repair the hernia.

Follow these instructions at home:

Lifestyle

- Avoid lifting heavy objects.
- Avoid standing for long periods of time.

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Patient:HANNA MD, ADEL SHAKERMRN:918505FIN:5228417Patient Type:Day PatientAttending:Beseth M.D.,Bryce D

DOB/Age/Sex: 3/29/1946 76 years Male Admit/Disch: 8/12/2021 8/12/2021 Admitting:

Discharge Documentation

- Do not use any products that contain nicotine or tobacco, such as cigarettes and e-cigarettes. If you need help quitting, ask your health care provider.
- Maintain a healthy weight.

Preventing constipation

- Take actions to prevent constipation. Constipation leads to straining with bowel movements, which can make a hernia worse or cause a hernia repair to break down. Your health care provider may recommend that you:
 - —46 Drink enough fluid to keep your urine pale yellow.
 - -46 Eat foods that are high in fiber, such as fresh fruits and vegetables, whole grains, and beans.

-46 Limit foods that are high in fat and processed sugars, such as fried or sweet foods.

-46 Take an over-the-counter or prescription medicine for constipation.

Inguinal Hernia, Adult Care After

Refer to this sheet in the next few weeks. These discharge instructions provide you with general information on caring for yourself after you leave the hospital. Your caregiver may also give you specific instructions. Your treatment has been planned according to the most current medical practices available, but unavoidable complications sometimes occur. If you have any problems or questions after discharge, please call your caregiver.

HOME CARE INSTRUCTIONS

- Put ice on the operative site.
- -46 Put ice in a plastic bag.
- -46 Place a towel between your skin and the bag.
- -46 Leave the ice on for 15-20 minutes at a time, 03-04 times a day while awake.
- · Keep WOUND CLOSURE STRIPS IN PLACE, DO NOT REMOVE THEM UNTIL THEY FALL OFF ON THEIR OWN.
- Keep the wound dry and clean. The wound may be washed gently with soap and water. Gently blot or dab the wound dry. It is okay to take
- showers 24 to 48 hours after surgery. Do not take baths, use swimming pools, or use hot tubs for 10 days, or as directed by your caregiver.
- Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver.
- Continue your normal diet as directed.
- Do not lift anything more than 10 pounds or play contact sports for 3 weeks, or as directed.

SEEK MEDICAL CARE IF:

- · There is redness, swelling, or increasing pain in the wound.
- There is fluid (pus) coming from the wound.
- There is drainage from a wound lasting longer than 1 day.
- You have an oral temperature above 102° F (38.9° C).
- · You notice a bad smell coming from the wound or dressing.
- The wound breaks open after the stitches (sutures) have been removed.
- You notice increasing pain in the shoulders (shoulder strap areas).
- You develop dizzy episodes or fainting while standing.
- You feel sick to your stomach (nauseous) or throw up (vomit).

SEEK IMMEDIATE MEDICAL CARE IF:

- You develop a rash.
- You have difficulty breathing.
- You develop a reaction or have side effects to medicines you were given.

MAKE SURE YOU:

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Patient:HANNA MD, ADEL SHAKERMRN:918505FIN:5228417Patient Type:Day PatientAttending:Beseth M.D.,Bryce D

DOB/Age/Sex: 3/29/1946 76 years Male Admit/Disch: 8/12/2021 8/12/2021 Admitting:

Discharge Documentation

Understand these instructions.

· Will watch your condition.

• Will get help right away if you are not doing well or get worse.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Released: 01/18/2008 Document Revised: 03/11/2013 Document Reviewed: 11/17/2010 ExitCare® Patient Information ©2015 ExitCare, LLC.

Only for Patients Diagnosed with Coronavirus (COVID-19)

The novel Coronavirus, known as COVID-19. It is a viral illness that can cause fever, cough and trouble breathing. Some people may have chills, muscle aches, runny nose, sneezing, sore throat, upset stomach or loose stool. When leaving the Hospital, you will be asked to wear a mask. You should wear it until you get home.

When do I need to call the doctor?

- · Call your doctor if your breathing is getting worse e.g. harder or faster than before, or you feel like you are getting less air.
- Get medical attention right away if you have trouble breathing, chest pain or pressure that does not go away, new confusion or not able to wake up, or bluish lips or face.
- · If you can, put on a facemask before leaving home or before you enter the clinic or hospital.

Precautions at home

The virus is spread easily through tiny droplets when you cough or sneeze. You should take these steps to help prevent the disease from spreading to people in your home and community:

1. Self-isolate at home

Stay in your home, except to go to the doctor, and limit contact with others:

- Do not go to work, school, or public areas, except for getting medical care.
- · Avoid using public transportation such as buses, ride-sharing, or taxis.
- If you have an upcoming doctor appointment, call the office and tell them that you have COVID-19.

Separate yourself from other people and animals in your home:

- · Avoid touching other people, including handshaking.
- As much as you can, stay in a specific room and away from other people in your home. You should also use a separate bathroom, if available.
- Avoid sharing personal household items. You should not share dishes, drinking glasses, cups, eating utensils, towels, toothpaste, or bedding with other people in your home. After using these items, they should be washed well with soap and water.
- · Do not handle pets or other animals while sick.

2. Clean and disinfect

Clean all "high-touch" surfaces every day:

High-touch surfaces include counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables.

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 Patient:
 HANNA MD, ADEL SHAKER

 MRN:
 918505

 FIN:
 5228417

FIN: 5228417 Patient Type: Day Patient Attending: Beseth M.D.,Bryce D DOB/Age/Sex: 3/29/1946 76 years Male Admit/Disch: 8/12/2021 8/12/2021 Admitting:

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- Clean any surfaces that may have blood, stool, or body fluids on them. Use a household cleaning spray or wipe, according to the instructions on the label.
- · Remove and wash clothes or bedding that have blood, stool, or body fluids on them.

3. Help stop the spread

Clean your hands often:

- Wash your hands with soap and water for at least 20 seconds **OR** use an alcohol-based hand sanitizer that contains at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry.
- · Wash your hands after blowing your nose, coughing, sneezing, going to the bathroom, and before eating or preparing food.
- Avoid touching your eyes, nose, and mouth with unwashed hands.

Cover your mouth and nose:

- Cover your mouth and nose with a tissue when you cough or sneeze. Throw used tissues in a lined trash can and clean your hands right away.
- Wear a facemask when you are around other people (e.g. sharing a room or vehicle) or pets, and before you enter a healthcare provider's office.
- Notify your close contacts

Your close contacts should:

- Self-monitor for symptoms by checking their temperature twice a day and watching for fever, cough, or shortness of breath. They should contact their doctor if they develop these symptoms.
- · Clean their hands often and avoid touching eyes, nose, and mouth with unwashed hands.
- Wear a mask if they have to be in the same room as you, if you are not able to wear one.

When can I stop precautions at home?

You can stop isolating yourself when the following things have happened:

You have had no fever for at least 24 hours (that is one full day of no fever without the use of medicine that reduces fevers)

AND

Other symptoms have improved (for example, when your cough or shortness of breath have improved)

AND

At least 10 days have passed since your symptoms first started.

Manage your stress and anxiety

Being ill can be stressful or cause anxiety:

- · Remember that everyone reacts differently to stressful situations.
- COVID-19 might be especially stressful because it is a new disease and there is a lot of news coverage. Take breaks from watching, reading, or listening to news stories, including social media.
- · People with preexisting mental conditions should continue their treatment and be aware of new or worsening symptoms.
- If you, or someone you care about, are feeling overwhelmed with emotions like sadness, depression, or anxiety, call the Substance Abuse and Mental Health Services Administration's (SAMHSA's) Disaster Distress Helpline: 1.800.985.5990 or text TalkWithUs to 66746. (TTY 1.800.846.8517)

For more information:

- CDC Coronavirus Website https://www.cdc.gov/coronavirus/2019-ncov/index.html
- CDC Coronavirus Frequently asked question https://www.cdc.gov/coronavirus/2019-ncov/faq.html

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Living Smoke Free

Smoking Facts

When a cigarette smoker inhales, about 25% of the nicotine in the smoke reaches the brain within six seconds. A "Pack-a-day" smoker gets between 50,000 and 70,000 such nicotine "jolts" a year. Nicotine causes the heart to beat much faster. Blood pressure rises and harmful substances pour into the blood. Combined with the stress caused by carbon monoxide in cigarette smoke, more than 120,000 heart attack deaths occur yearly among U.S. smokers.

Second Hand Smoke

Second hand smoke is the combination of smoke from a burning cigarette and smoke exhaled by a smoker. The smoke that burns off the end of a cigarette or cigar contains more harmful substances than the smoke inhaled by the smoker. If you do not smoke, but are exposed to second-hand smoke on a regular basis, your body is absorbing nicotine and other harmful substances just as the smokers body is doing. In the U.S., 37,000 annual deaths are related to second-hand smoke.

Do Not Smokel!

If you would like more information on avoiding second-hand smoke or if you would like help to quit smoking, please contact the following community resource.

CALIFORNIA SMOKERS HOTLINE: 1-800-NO-BUTTS

(Six languages and hearing impaired)

Narcotics - Safe Use, Storage and Disposal

Safe Use of Narcotics

Follow all directions on your prescription label. Never take this medicine in larger amounts, or for longer than prescribed. Misuse of narcotics can cause addiction, overdose, or death, especially in a child or other person using the medicine without a prescription.

Storage of Narcotics

Remember to keep your narcotics and all other medicines out of reach of children. Never share your medicines with others, and use this medication only for the indication prescribed on the prescription label.

Common Side Effects of Narcotics

Common side effects include dizziness, drowsiness, nausea, or constipation. This is not a complete list of side effects and other symptoms may occur. Call your doctor for medical advice about side effects. Seek medical attention right away if you have life threatening symptoms. **How To Dispose Of Unused Medications**

Now to prepose of onused medications

Caregivers and consumers should remove expired or unused medicines from their home as quickly as possible to help reduce the chance that others may accidentally take or intentionally misuse the unneeded medicine.

*Call 1-800-882-9539 for locations that collect unused medications near you

Disposal of Medications At Home

If no take-back programs or DEA-authorized collectors are available near your area, and there are no specific disposal instructions on the label, you can follow these simple steps below to dispose of most medications in the household:

1. MIX - Mix medicines (do not crush tablets or capsules) with an unpalatable substance such as dirt, litter, or used coffee grounds

2. PLACE - Place the mixture in a container such as a sealed plastic bag

3. THROW - Throw the container in your household trash

4. SCRATCH OUT - Scratch out all personal information on the prescription label of your empty pill bottle or empty medicine packaging to make it unreadable, then dispose of the container.

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*Persons may not dispose of illicit drugs (ex: marijuana, heroin, LSD) through these disposal methods. *Insulin syringes cannot be disposed of through one of the disposal methods stated above.

Important Information To Know About Strokes

What is a Stroke?

A stroke occurs when a blood vessel that carries oxygen and nutrients to the brain is either blocked or bursts. When that happens, part of the brain cannot get the blood and oxygen it needs. Stroke is the No. 4 cause of death in the United States, behind diseases of the heart and cancer and is the leading cause of disability.

WARNING SIGNS OF STROKE

Stroke is a medical emergency. Know these warning signs and teach them to others. Every minute counts.

BE FAST and check for these signs:

BALANCE	Dizziness, sudden trouble walking, or loss of balance?
EYES	Trouble seeing or a sudden change in vision?
FACE	Facial droop; uneven smile?
ARM	Arm numbness; arm weakness especially on one side?
S PEECH	Slurred speech; difficulty speaking or understanding?
TIME	Timing is critical. Call 9-1-1. Have ambulance go to the nearest stroke center immediately.

Risk Factors For Stroke

Factors that cannot be changed: age, heredity (family history) and race, gender, prior stroke, TIA or heart attack. Factors that can be changed, treated or controlled: High blood pressure, high cholesterol, diabetes mellitus, cigarette smoking, carotid or other artery disease, atrial fibrillation, other heart disease, poor diet, physical inactivity, obesity, sickle cell disease, illegal drug use.

Discharge From The Hospital

If you have had a stroke it is important that you take all medications as directed and receive continued medical care with your primary care physician or consulting physician following your discharge.

Important Information About Chest Pain & Acute Coronary Syndrome

What Is Acute Coronary Syndrome (ACS)? Acute Coronary Syndrome is an urgent problem in which the blood supply to the heart muscle is suddenly blocked. Well-known conditions that are acute coronary syndromes are heart attack and unstable angina. Over 800,000 people die in the US every year from a heart attack and on average 50% of these patients displayed, but ignored, the warning signs.

Signs and Symptoms of ACS

Most common presentations:

Chest pain or discomfort, which may involve pressure, tightness, aching, burning, or fullness. Pain or discomfort in one or both arms, the jaw, neck, back, or stomach, shortness of breath.

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Admitting:

Less common presentations:

Feeling dizzy or lightheaded, nausea, sweating, unexplained excessive fatigue, unexplained feeling of anxiety. Atypical symptoms include:

Epigastric pain, indigestion, stabbing pain with coughing and breathing, and increasing difficulty breathing.

Risk Factors

- · Family history of chest pain, heart disease, or stroke.
- · Smoking.
- · High blood pressure.
- · High blood cholesterol.
- Diabetes, history of gestational diabetes.
- Physical inactivity, being overweight or obese.
- · For women: taking birth control pills, history of pre-eclampsia, or having a low birth weight baby.

SEEK IMMEDIATE MEDICAL CARE IF: You are experiencing any of the ACS symptoms, or you have severe chest pain, especially if the pain is crushing or pressure-like and spreads to arms, back, neck or jaw.

THIS IS AN EMERGENCY. Call 9-1-1 and DO NOT drive yourself to the hospital.

Congestive Heart Failure (CHF) Discharge Instructions

If you have Congestive Heart Failure (CHF) or have ever had CHF, these are guidelines that we recommend for better health

CALL YOUR DOCTOR RIGHT AWAY IF THE FOLLOWING OCCURS:

- · More Shortness of Breath than usual, especially when active or when lying flat
- · Weight gain of 2 3+ pounds overnight or 4 pounds or more in a week
- · Dizziness or fainting episodes
- · Extreme tiredness
- · Swollen ankles or feet
- · Lack of appetite, abdominal bloating or pain, nausea or vomiting
- Constant cough
- Chest pain
- Skipped beats or very slow heart rate (50 beats per minute or less)

Activity and Rest

Plan your day to include balanced periods of rest and activity. Put your feet up to reduce ankle swelling. Avoid extreme temperatures.

Medications

Know the purpose and side effects of your medications.

Report any side effects without delay to your doctor.

Your doctor will prescribe medications to improve the way your heart pumps and rids your body of extra water.

Take medication as directed. Never skip a dose or discontinue a medication without letting your doctor know.

Know your medication names, dosage and schedule. Get a refill before you run out.

If you have questions regarding dosages of your medications, contact your doctor.

Always keep an Up - To - Date List of the medications you are taking with you.

Diet

The blanks below with an asterisk (*) will only be completed by your nurse or physician if you actually have a diagnosis of CHF:

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Your Doctor has prescribed * Diet.

Sodium * milligrams day.

Do not add extra salt to your diet. Follow a diet low in cholesterol and fat, particularly saturated fat.

Ask your doctor if limiting your fluids is necessary.

Your doctor has limited your fluids to * ounces / 24 hours.

Ask your doctor if limiting your fluids is necessary.

Rest 1 hour after meals before doing any activity.

Limit foods that have caffeine (e.g. coffee, tea, cola and chocolate) to 1-2 cups per day because of their stimulating effects.

Check with your Doctor about drinking alcohol. If OK, limit to 2 ounces per day.

Weigh Yourself Daily

Weigh yourself daily in the morning and record your weight. Report any sudden weight gain of 2-3 pounds overnight or 4 pounds or more in one week to your doctor.

Your weight when discharged was * pounds.

Exercise

Check with your Doctor before starting any exercise program. Exercise can increase muscle strength, flexibility and improve your ability to do other things. Avoid pushing, pulling, or raising heavy objects above the shoulder.

Walking is one exercise that may be recommended. Start with a 3-5 minute warm-up of light, slow stretching. Walk at a comfortable pace, making sure you can easily carry on a conversation while exercising. Slowly increasing the distance is okay as strength improves. End you walking sessions with a cooling down period by gradually slowing down.

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SAN ANTONIO REGIONAL HOSPITAL

999 San Bernardino Road, Upland, CA 91786 Phone: (909) 985-2811 ****Signature Page****

Patient Name:

HANNA MD, ADEL SHAKER

DOB: 03/29/1946 MRN: 918505 FIN: 5228417 Visit Date: 08/12/2021

Current Date/Time: 08/12/2021 14:12:49

HANNA MD, ADEL SHAKER (or representative) has been given Discharge Instructions with follow-up instructions, medication instructions, patient education materials and has verbalized understanding.

Patient/Representative N	ame:	• •		• •	
Patient/Representative S	ignature:		 		
Relationship to Patient:			 		
RN Signature:			 		
Date:			 		

Document Name: Result Status: Performed By: Authenticated By: Patient Discharge Summary Auth (Verified) Martinez RN,Elizabeth A (8/12/2021 13:11 PDT) Martinez RN,Elizabeth A (8/12/2021 13:11 PDT)



999 San Bernardino Road, Upland, CA 91786 Phone: (909) 985-2811

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Male 8/12/2021

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Patient Name:

HANNA MD, ADEL SHAKER

Current Date/Time: 08/12/2021 13:11:26

DOB: 03/29/1946 MRN: 918505 FIN: 5228417 Visit Date: 08/12/2021

Patient Discharge Instructions

San Antonio Regional Hospital would like to thank you for allowing us to assist you with your healthcare needs. The following includes patient education materials and information regarding your illness/injury.

Please make an appointment with your physician within two weeks and bring all of your medications and prescriptions to the appointment (unless otherwise instructed).

IF YOU RECEIVED SEDATION:

- Do not drive or operate machinery for 24 hours after receiving sedation or while taking pain medication.
- Do not drink alcoholic beverages for 24 hours after receiving sedation or while taking pain medication.
- · Do not make important decisions or sign legal documents for the next 24 hours after receiving sedation.

My Health Records

Your San Antonio Regional Hospital lab and radiology results and discharge instructions can be viewed and downloaded on San Antonio Regional Hospital's patient portal. To access this, you need a My Health Records account. A registration representative may have sent you an Invitation to your personal email. Follow the instructions in the email to create your account. Or to self-enroll, go to SARH.org. then click on the My Health Records button (upper right corner), and follow the prompts. If you already have an account, go to www.SARH.org/4myhealth to log in. Note: Laboratory results are available after 3 days and Radiology results are available after 5 days. If you have guestions or need assistance with creating a My Health Records account, please call (909) 694-1088 or email MyHealthRecords@sarh.org.

Wellness Tools are Also Available at My Health Records!

My Health Records has a variety of health assessment tools, health trackers, and action plans to help you monitor your health and provide educational information. Tools included are:

Blood Pressure Log " Cholesterol Log " Glucose Log " Food Tracker " Weight Tracker " Steps Log

Your Diagnosis

Your Allergies

REGLAN

Your Care Team

Primary Care Physician: Ali M.D., Mohamed S Admitting Physician: Beseth M.D., Bryce D Attending Physician: Beseth M.D., Bryce D **Consulting Physician:**

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 76 years
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 Admitting:
 X
 X
 X

Discharge Documentation

What to do next

You Need to Schedule the Following Appointments

Follow Up with Beseth M.D., Bryce D, General Surgery When Within 1 week Why: Call for followup appointment

Where: 510 N. 13th Ave. Suite #204 Upland, CA 91786-(909) 920-0525

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 X
 X
 X

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Medications and Prescriptions

San Antonio Regional Hospital Providers have provided you with a list of medications at discharge, if you have been instructed to stop taking a medication please ensure you also follow up with this information to your Primary Care Physician. Any specific questions regarding your ongoing medications and dosages should be discussed with your physician(s) and pharmacist.

Please check the medication list below

If a Pharmacy Name is listed, a prescription has been sent directly to that Pharmacy – Pick up your prescription at the listed pharmacy. If you have been given printed prescriptions, please take to a Pharmacy to be filled.

			When	Instructions	Next Dose
Continue	atenolol (atenolol 50 mg oral tablet)	1 tablet Oral	Every day		

	What	When	Comments
Stop Taking	aspirin (Aspirin Adult Low		
	Strength)		

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Medication Leaflets

Education Materials

Laparoscopic Inguinal Hernia Repair, Adult, Care After

This sheet gives you information about how to care for yourself after your procedure. Your health care provider may also give you more specific instructions. If you have problems or questions, contact your health care provider.

What can I expect after the procedure?

After the procedure, it is common to have:

- Pain.
- · Swelling and bruising around the incision area.
- Scrotal swelling, in men.
- Some fluid or blood draining from your incisions.

Follow these instructions at home:

Incision care

- Follow instructions from your health care provider about how to take care of your incisions. Make sure you:
 - -46 Wash your hands with soap and water before you change your bandage (dressing). If soap and water are not available, use hand sanitizer.
 - -46 Change your dressing as told by your health care provider.
 - —46 Leave stitches (sutures), skin glue, or adhesive strips in place. These skin closures may need to stay in place for 2 weeks or longer. If adhesive strip edges start to loosen and curl up, you may trim the loose edges. Do not remove adhesive strips completely unless your health care provider tells you to do that.
 - Check your incision area every day for signs of infection. Check for:
 - —46 More redness, swelling, or pain.
 - -46 More fluid or blood.
 - —46 Warmth.
 - -46 Pus or a bad smell.
- Wear loose, soft clothing while your incisions heal.

Driving

Do not drive or use heavy machinery while taking prescription pain medicine.

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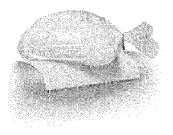
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• Do not drive for 24 hours if you were given a medicine to help you relax (sedative) during your procedure.

Activity

- **Do not** lift anything that is heavier than 10 lb (4.5 kg), or the limit that you are told, until your health care provider says that it is safe.
- Ask your health care provider what activities are safe for you. A lot of activity during the first week after surgery can increase pain and swelling. For 1 week after your procedure:
 - -46 Avoid activities that take a lot of effort, such as exercise or sports.
 - —46 You may walk and climb stairs as needed for daily activity, but avoid long walks or climbing stairs for exercise.

Managing pain and swelling



- Put ice on painful or swollen areas:
 - -46 Put ice in a plastic bag.
 - —46 Place a towel between your skin and the bag.
 - -46 Leave the ice on for 20 minutes, 2-3 times a day.

General instructions

- **Do not** take baths, swim, or use a hot tub until your health care provider approves. Ask your health care provider if you may take showers. You may only be allowed to take sponge baths.
- Take over-the-counter and prescription medicines only as told by your health care provider.
- To prevent or treat constipation while you are taking prescription pain medicine, your health care provider may recommend that you:
 - —46 Drink enough fluid to keep your urine pale yellow.
 - —46 Take over-the-counter or prescription medicines.
 - -46 Eat foods that are high in fiber, such as fresh fruits and vegetables, whole grains, and beans.
 - -46 Limit foods that are high in fat and processed sugars, such as fried and sweet foods.
- **Do not** use any products that contain nicotine or tobacco, such as cigarettes and e-cigarettes. If you need help quitting, ask your health care provider.
- Drink enough fluid to keep your urine pale yellow.
- Keep all follow-up visits as told by your health care provider. This is important.

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Contact a health care provider if:

- · You have more redness, swelling, or pain around your incisions or your groin area.
- You have more swelling in your scrotum.
- · You have more fluid or blood coming from your incisions.
- Your incisions feel warm to the touch.
- You have severe pain and medicines do not help.
- You have abdominal pain or swelling.
- You cannot eat or drink without vomiting.
- You cannot urinate or pass a bowel movement.
- You faint.
- You feel dizzy.
- You have nausea and vomiting.
- You have a fever.

Get help right away if:

- You have pus or a bad smell coming from your incisions.
- You have redness, warmth, or pain in your leg.
- You have chest pain.
- You have problems breathing.

Summary

- · Pain, swelling, and bruising are common after the procedure.
- · Check your incision area every day for signs of infection, such as more redness, swelling, or pain.
- Put ice on painful or swollen areas for 20 minutes, 2–3 times a day.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

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Only for Patients Diagnosed with Coronavirus (COVID-19)

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When do I need to call the doctor?

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- Call your doctor if your breathing is getting worse e.g. harder or faster than before, or you feel like you are getting less air.
- Get medical attention right away if you have trouble breathing, chest pain or pressure that does not go away, new confusion or not able to wake up, or bluish lips or face.
- · If you can, put on a facemask before leaving home or before you enter the clinic or hospital.

Precautions at home

The virus is spread easily through tiny droplets when you cough or sneeze. You should take these steps to help prevent the disease from spreading to people in your home and community:

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- If you have an upcoming doctor appointment, call the office and tell them that you have COVID-19.

Separate yourself from other people and animals in your home:

- · Avoid touching other people, including handshaking.
- As much as you can, stay in a specific room and away from other people in your home. You should also use a separate bathroom, if available.
- Avoid sharing personal household items. You should not share dishes, drinking glasses, cups, eating utensils, towels, toothpaste, or bedding with other people in your home. After using these items, they should be washed well with soap and water.
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2. Clean and disinfect

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- Wash your hands after blowing your nose, coughing, sneezing, going to the bathroom, and before eating or preparing food.
- · Avoid touching your eyes, nose, and mouth with unwashed hands.

Cover your mouth and nose:

- Cover your mouth and nose with a tissue when you cough or sneeze. Throw used tissues in a lined trash can and clean your hands right away.
- Wear a facemask when you are around other people (e.g. sharing a room or vehicle) or pets, and before you enter a healthcare provider's office.
- Notify your close contacts

Your close contacts should:

- Self-monitor for symptoms by checking their temperature twice a day and watching for fever, cough, or shortness of breath. They
 should contact their doctor if they develop these symptoms.
- · Clean their hands often and avoid touching eyes, nose, and mouth with unwashed hands.

Report ID: 127045219

Print Date/Time: 2/24/2023 16:04 PST Page 23 of 191

Patient:HANNA MD, ADEL SHAKERMRN:918505FIN:5228417Patient Type:Day Patient

DOB/Age/Sex: 3/29/1946 76 years Male Admit/Disch: 8/12/2021 8/12/2021 Admitting:

Attending: Beseth M.D.,Bryce D

Discharge Documentation

· Wear a mask if they have to be in the same room as you, if you are not able to wear one.

When can I stop precautions at home?

You can stop isolating yourself when the following things have happened:

You have had no fever for at least 24 hours (that is one full day of no fever without the use of medicine that reduces fevers)

AND Other symptoms have improved (for example, when your cough or shortness of breath have improved)

AND

At least 10 days have passed since your symptoms first started.

Manage your stress and anxiety

Being ill can be stressful or cause anxiety:

- · Remember that everyone reacts differently to stressful situations.
- COVID-19 might be especially stressful because it is a new disease and there is a lot of news coverage. Take breaks from watching, reading, or listening to news stories, including social media.
- · People with preexisting mental conditions should continue their treatment and be aware of new or worsening symptoms.
- If you, or someone you care about, are feeling overwhelmed with emotions like sadness, depression, or anxiety, call the Substance Abuse and Mental Health Services Administration's (SAMHSA's) Disaster Distress Helpline: 1.800.985.5990 or text TalkWithUs to 66746. (TTY 1.800.846.8517)

For more information:

- · CDC Coronavirus Website https://www.cdc.gov/coronavirus/2019-ncov/index.html
- CDC Coronavirus Frequently asked question https://www.cdc.gov/coronavirus/2019-ncov/faq.html

Living Smoke Free

Smoking Facts

When a cigarette smoker inhales, about 25% of the nicotine in the smoke reaches the brain within six seconds. A "Pack-a-day" smoker gets between 50,000 and 70,000 such nicotine "jolts" a year. Nicotine causes the heart to beat much faster. Blood pressure rises and harmful substances pour into the blood. Combined with the stress caused by carbon monoxide in cigarette smoke, more than 120,000 heart attack deaths occur yearly among U.S. smokers.

Second Hand Smoke

Second hand smoke is the combination of smoke from a burning cigarette and smoke exhaled by a smoker. The smoke that burns off the end of a cigarette or cigar contains more harmful substances than the smoke inhaled by the smoker. If you do not smoke, but are exposed to second-hand smoke on a regular basis, your body is absorbing nicotine and other harmful substances just as the smokers body is doing. In the U.S., 37,000 annual deaths are related to second-hand smoke.

Do Not Smoke!!

If you would like more information on avoiding second-hand smoke or if you would like help to quit smoking, please contact the following community resource.

CALIFORNIA SMOKERS HOTLINE: 1-800-NO-BUTTS

(Six languages and hearing impaired)

Report ID: 127045219

Print Date/Time: 2/24/2023 16:04 PST Page 24 of 191

Patient:HANNA MD, ADEL SHAKERMRN:918505FIN:5228417Patient Type:Day PatientAttending:Beseth M.D.,Bryce D

DOB/Age/Sex: 3/29/1946 76 years Male Admit/Disch: 8/12/2021 8/12/2021 Admitting:

Discharge Documentation

Narcotics - Safe Use, Storage and Disposal

Safe Use of Narcotics

Follow all directions on your prescription label. Never take this medicine in larger amounts, or for longer than prescribed. Misuse of narcotics can cause addiction, overdose, or death, especially in a child or other person using the medicine without a prescription.

Storage of Narcotics

Remember to keep your narcotics and all other medicines out of reach of children. Never share your medicines with others, and use this medication only for the indication prescribed on the prescription label.

Common Side Effects of Narcotics

Common side effects include dizziness, drowsiness, nausea, or constipation. This is not a complete list of side effects and other symptoms may occur. Call your doctor for medical advice about side effects. Seek medical attention right away if you have life threatening symptoms. **How To Dispose Of Unused Medications**

Caregivers and consumers should remove expired or unused medicines from their home as quickly as possible to help reduce the chance that others may accidentally take or intentionally misuse the unneeded medicine.

*Call 1-800-882-9539 for locations that collect unused medications near you

Disposal of Medications At Home

If no take-back programs or DEA-authorized collectors are available near your area, and there are no specific disposal instructions on the label, you can follow these simple steps below to dispose of most medications in the household:

1. MIX - Mix medicines (do not crush tablets or capsules) with an unpalatable substance such as dirt, litter, or used coffee grounds

2. PLACE - Place the mixture in a container such as a sealed plastic bag

3. THROW - Throw the container in your household trash

4. SCRATCH OUT - Scratch out all personal information on the prescription label of your empty pill bottle or empty medicine packaging to make it unreadable, then dispose of the container.

*Persons may not dispose of illicit drugs (ex: marijuana, heroin, LSD) through these disposal methods. *Insulin syringes cannot be disposed of through one of the disposal methods stated above.

Important Information To Know About Strokes

What is a Stroke?

A stroke occurs when a blood vessel that carries oxygen and nutrients to the brain is either blocked or bursts. When that happens, part of the brain cannot get the blood and oxygen it needs. Stroke is the No. 4 cause of death in the United States, behind diseases of the heart and cancer and is the leading cause of disability.

WARNING SIGNS OF STROKE

Stroke is a medical emergency. Know these warning signs and teach them to others. Every minute counts.

BE FAST and check for these signs:

BALANCE	Dizziness, sudden trouble walking, or loss of balance?
EYES	Trouble seeing or a sudden change in vision?
FACE	Facial droop; uneven smile?

Report ID: 127045219

Print Date/Time: 2/24/2023 16:04 PST Page 25 of 191

Patient:HANNA MD, ADEL SHAKERMRN:918505FIN:5228417Patient Type:Day PatientAttending:Beseth M.D.,Bryce D

DOB/Age/Sex: 3/29/1946 76 years Male Admit/Disch: 8/12/2021 8/12/2021 Admitting:

Discharge Documentation

ARM Arm numbness; arm weakness especially on one side?

SPEECH Slurred speech; difficulty speaking or understanding?

TIME Timing is critical. Call 9-1-1. Have ambulance go to the nearest stroke center immediately.

Risk Factors For Stroke

Factors that cannot be changed: age, heredity (family history) and race, gender, prior stroke, TIA or heart attack. Factors that can be changed, treated or controlled: High blood pressure, high cholesterol, diabetes mellitus, cigarette smoking, carotid or other artery disease, atrial fibrillation, other heart disease, poor diet, physical inactivity, obesity, sickle cell disease, illegal drug use.

Discharge From The Hospital

If you have had a stroke it is important that you take all medications as directed and receive continued medical care with your primary care physician or consulting physician following your discharge.

Important Information About Chest Pain & Acute Coronary Syndrome

What Is Acute Coronary Syndrome (ACS)? Acute Coronary Syndrome is an urgent problem in which the blood supply to the heart muscle is suddenly blocked. Well-known conditions that are acute coronary syndromes are heart attack and unstable angina. Over 800,000 people die in the US every year from a heart attack and on average 50% of these patients displayed, but ignored, the warning signs.

Signs and Symptoms of ACS

Most common presentations:

Chest pain or discomfort, which may involve pressure, tightness, aching, burning, or fullness. Pain or discomfort in one or both arms, the jaw, neck, back, or stomach, shortness of breath.

Less common presentations:

Feeling dizzy or lightheaded, nausea, sweating, unexplained excessive fatigue, unexplained feeling of anxiety.

Atypical symptoms include:

Epigastric pain, indigestion, stabbing pain with coughing and breathing, and increasing difficulty breathing.

Risk Factors

- Family history of chest pain, heart disease, or stroke.
- Smoking.
- · High blood pressure.
- · High blood cholesterol.
- · Diabetes, history of gestational diabetes.
- · Physical inactivity, being overweight or obese.
- . For women: taking birth control pills, history of pre-eclampsia, or having a low birth weight baby.

SEEK IMMEDIATE MEDICAL CARE IF: You are experiencing any of the ACS symptoms, or you have severe chest pain, especially if the pain is crushing or pressure-like and spreads to arms, back, neck or jaw.

THIS IS AN EMERGENCY. Call 9-1-1 and DO NOT drive yourself to the hospital.

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Patient:HANNA MD, ADEL SHAKERMRN:918505FIN:5228417Patient Type:Day PatientAttending:Beseth M.D.,Bryce D

DOB/Age/Sex: 3/29/1946 76 years Male Admit/Disch: 8/12/2021 8/12/2021 Admitting:

Discharge Documentation

Congestive Heart Failure (CHF) Discharge Instructions

If you have Congestive Heart Failure (CHF) or have ever had CHF, these are guidelines that we recommend for better health

CALL YOUR DOCTOR RIGHT AWAY IF THE FOLLOWING OCCURS:

- · More Shortness of Breath than usual, especially when active or when lying flat
- · Weight gain of 2 3+ pounds overnight or 4 pounds or more in a week
- Dizziness or fainting episodes
- · Extreme tiredness
- · Swollen ankles or feet
- · Lack of appetite, abdominal bloating or pain, nausea or vomiting
- · Constant cough
- Chest pain
- Skipped beats or very slow heart rate (50 beats per minute or less)

Activity and Rest

Plan your day to include balanced periods of rest and activity. Put your feet up to reduce ankle swelling. Avoid extreme temperatures.

Medications

Know the purpose and side effects of your medications.

Report any side effects without delay to your doctor.

Your doctor will prescribe medications to improve the way your heart pumps and rids your body of extra water.

Take medication as directed. Never skip a dose or discontinue a medication without letting your doctor know.

Know your medication names, dosage and schedule. Get a refill before you run out.

If you have questions regarding dosages of your medications, contact your doctor.

Always keep an Up - To - Date List of the medications you are taking with you.

Diet

The blanks below with an asterisk (*) will only be completed by your nurse or physician if you actually have a diagnosis of CHF: Your Doctor has prescribed * Diet.

Sodium * milligrams day.

Do not add extra salt to your diet. Follow a diet low in cholesterol and fat, particularly saturated fat.

Ask your doctor if limiting your fluids is necessary.

Your doctor has limited your fluids to * ounces / 24 hours.

Ask your doctor if limiting your fluids is necessary.

Rest 1 hour after meals before doing any activity.

Limit foods that have caffeine (e.g. coffee, tea, cola and chocolate) to 1-2 cups per day because of their stimulating effects. Check with your Doctor about drinking alcohol. If OK, limit to 2 ounces per day.

Weigh Yourself Daily

Weigh yourself daily in the morning and record your weight. Report any sudden weight gain of 2-3 pounds overnight or 4 pounds or more in one week to your doctor.

Your weight when discharged was * pounds.

Exercise

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Print Date/Time: 2/24/2023 16:04 PST Page 27 of 191

Patient:	HANNA MD, ADEL SHAKER
MRN:	918505
FIN:	5228417
Patient Type:	Day Patient
Attending:	Beseth M.D.,Bryce D

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

 Admit/Disch:
 8/12/2021
 8/12/2021

 Admitting:
 8/12/2021
 8/12/2021

Discharge Documentation

Check with your Doctor before starting any exercise program. Exercise can increase muscle strength, flexibility and improve your ability to do other things. Avoid pushing, pulling, or raising heavy objects above the shoulder.

Walking is one exercise that may be recommended. Start with a 3-5 minute warm-up of light, slow stretching. Walk at a comfortable pace, making sure you can easily carry on a conversation while exercising. Slowly increasing the distance is okay as strength improves. End you walking sessions with a cooling down period by gradually slowing down.

Report ID: 127045219

Print Date/Time: 2/24/2023 16:04 PST Page 28 of 191

Patient:	HANNA MD, ADEL SHAKER
MRN:	918505
FIN:	5228417
Patient Type:	Day Patient
Attending:	Beseth M.D.,Bryce D

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

 Admit/Disch:
 8/12/2021
 8/12/2021

 Admitting:
 8/12/2021
 8/12/2021

Discharge Documentation



SAN ANTONIO REGIONAL HOSPITAL

999 San Bernardino Road, Upland, CA 91786 Phone: (909) 985-2811 ****Signature Page****

Patient Name:

HANNA MD, ADEL SHAKER

DOB: 03/29/1946 MRN: 918505 FIN: 5228417 Visit Date: 08/12/2021

Current Date/Time: 08/12/2021 13:11:26

HANNA MD, ADEL SHAKER (or representative) has been given Discharge Instructions with follow-up instructions, medication instructions, patient education materials and has verbalized understanding.

Patient/Representative Name:		 	
Patient/Representative Signature:	 	 	
Relationship to Patient:	 		
RN Signature:	 	 	
Date:			

Physician Written Orders

Report ID: 127045219

Print Date/Time: 2/24/2023 16:04 PST Page 29 of 191 * Auth (Verified) *

MEDICAL RECORD NUMBER *918505*

VISIT NUMBER *17685778* PATIENT ACCOUNT NUMBER *5228417*

SAN ANTONIO REGIONAL HOSPITAL

PATIENT NAME: HANNA MD, ADEL SHAKER ADMIT DX: RIGHT INGUINAL HERNIA DOB: 03/29/46 AGE: 75 Years

ADMIT DATE: 08/11/23 NURSING UNIT. ACU ROOM/BED: AC16A HGT / WT: / SEX: Male

ALLERGIES: REGLAN

ORDER: PLACE IN AMBULATORY STATUS (CCL, ESU, OPS, SDS)

ORDER DATE/TIME: ORDERING MD: ORDER ENTERED BY: ORDER NUMBER:

Requested Start Date/Time Level of Care 08/12/21 06:59 PDT Beseth M.D., Bryce D Kemp RN, Shannon E 1357276127

08/12/21 06:59 PDT Outpatient/Ambulatory

ORDER PLACE IN AMBULATORY STATUS (CCL, ESU, OPS, SDS)

Page 30 of 191

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Page 31 of 191

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Patient:	HANNA	MD,	ADEL	SHAKER	
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MRN: 918505 5228417 FIN: Patient Type: Day Patient Attending: Beseth M.D., Bryce D DOB/Age/Sex: 3/29/1946 76 years Admit/Disch: 8/12/2021 Admitting:

Male 8/12/2021

Problem List/Past Medical History

Cardiac ejection fraction / Confirmed

COVID-19 Testing Done Prior to Arrival As

Covid Vaccine History: 2nd Dose Moderna

CV-19 Vaccine Rec'd - 2 or MORE wks ago

Covid Vaccine History: 2nd Dose Moderna

CV-19 Vaccine Rec'd - 2 or MORE wks ago

Proof of COVID-19 Vaccine: Vaccine card

Proof of COVID-19 Vaccine: Vaccine card

Proof of COVID-19 Vaccine Verified By:

Proof of COVID-19 Vaccine Verified By:

Andrade-Escarcega RN, Maria (08/06/21

Date Last Covid Vaccine Given: 01/26/21

Date Last Covid Vaccine Given: 01/26/21

COVID-19 Testing Done Prior to Arrival: No

atenolol 50 mg oral tablet, 50 mg= 1 tab,

Andrade-Escarcega RN, Maria (08/06/21

Comments: CARDIAC LV EF 60%

Allergic rhinitis / Confirmed

Stated By Patient (Subjective)

Ongoing/Comorbidities Acid reflux / Confirmed

No qualifying data

(08/06/21 12:04:00)

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Medications Inpatient

PO, Daily

Home

Allergies

REGLAN Lab Results

Procedure/Surgical History

Cholecystectomy

No active inpatient medications

verified (08/06/21 12:04:00)

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History and Physical Reports

Document Name: **Result Status:** Performed By: Authenticated By: History and Physical Auth (Verified) Beseth M.D., Bryce D (8/12/2021 07:37 PDT) Beseth M.D., Bryce D (8/12/2021 07:37 PDT)

Resolved

Chief Complaint Right inguinal hernia

History of Present Illness

Patient is a 75-year-old male with a right inguinal hernia. The hernia is gradually increasing in size and has been bothering the patient increasingly. Hernia is interfering with many of the patient's activities. He strongly wished to proceed with surgical management.

Family History

Migraines: Self. None: Negative: Self. Father: History is unknown Mother: History is unknown

Social History

Alcohol Denies, 08/06/2021 Substance Abuse Denies, 08/06/2021 <u>Tobacco</u> Denies, Tobacco Use: Former smoker, quit more than 30 days ago., 08/06/2021

Review of Systems

As per the above history of present illness and problem list

Physical Exam

General: awake and alert Eve: Extraocular movements intact HENT: Mucous membranes are moist. No epistaxis. Neck: Trachea midline. No lymphadenopathy. Respiratory: Bilateral air entry. Cardiovascular: Normal S1-S2. No murmur. Gastrointestinal: Soft. Nontender. Active bowel sounds. Right inguinal hernia. Lymphatics: No lymphadenopathy. Musculoskeletal: Extremities warm and well-perfused bilaterally. Integumentary: No rashes or ulcerations. Neurologic: No focal neurological deficits. Cognition and Speech: Normal speech.

Orders: Auto Diff, Blood, STAT collect, Collected, 08/12/21 7:06:00 PDT, Stop date 08/12/21 7:06:00 PDT

Basic Metabolic Panel, Blood, STAT collect, 08/12/21 6:59:00 PDT, Stop date 08/12/21 6:59:00 PDT

Confirm Signed Consent On Chart, 08/12/21 6:59:00 PDT, Stop Date/Time: 08/12/21 6:59:00 PDT, 08/12/21 6:59:00 PDT

Report ID: 127045219

Print Date/Time: 2/24/2023 16:04 PST Page 34 of 191

History and Physical Reports

HANNA MD, ADEL SHAKER Patient: MRN: 918505

5228417 FIN: Patient Type: Day Patient Attending: Beseth M.D., Bryce D DOB/Age/Sex: 3/29/1946 76 years Admit/Disch: 8/12/2021 Admitting:

Male 8/12/2021

L 3.8 (AUG 12)

H 16.4 (AUG 12)

50 (AUG 12)

COVID-19/In House, Nasopharyngeal Swab, STAT collect, 08/11/21 10:45:00 PDT, Stop Labs (Last four charted values) date 08/11/21 10:45:00 PDT, Nurse collect, 72HR PRIOR TO SURGERY - COVID, Pre WBC Surgery Screen, Order for future visit Hgb Education Pain, 08/12/21 6:59:00 PDT, Stop Date 08/12/21 6:59:00 PDT, Pain Hct management, pain scale, comfort level goal Plt L 135 (AUG 12) Education Pre-Op, 08/12/21 6:59:00 PDT, Stop Date 08/12/21 6:59:00 PDT, deep breathing and coughing exercises Intermittent Pneumatic Compression Device, Calves, 08/12/21 6:59:00 PDT IV Lock Insert, 08/12/21 6:59:00 PDT, Stop Date/Time: 08/12/21 6:59:00 PDT, 08/12/21 6:59:00 PDT Manual Diff, Blood, STAT collect, Collected, 08/12/21 7:06:00 PDT, Stop date 08/12/21 7:06:00 PDT Misc Nursing Task, 08/12/21 6:59:00 PDT, LABS, Confirm lab results are available, Stop: 08/12/21 6:59:00 PDT Misc Nursing Task, 08/12/21 6:59:00 PDT, BETA BLOCKER, If patient on Beta-Blocker and has NOT taken it within 24 hours prior to planned incision time, verify medication name/dose. Order ONCE NOW dose, Stop: 08/12/21 6:59:00 PDT NPO, 08/12/21 6:59:00 PDT, NPO Obtain consent form, 08/12/21 6:59:00 PDT, Stop Date/Time: 08/12/21 6:59:00 PDT, 08/12/21 6:59:00 PDT Place in Ambulatory Status (CCL, ESU, OPS, SDS), 08/12/21 6:59:00 PDT, Level of Care: Outpatient/Ambulatory Up ad Lib, 08/12/21 6:59:00 PDT Vital Signs Per Standards of Care, 08/12/21 6:59:00 PDT

XR Chest Portable 1 View, 08/12/21 6:59:00 PDT, STAT, 08/12/21 6:59:00 PDT, Reason: Pre-op for Anesthesia Clearance

Plan

The patient is a 75-year-old male with an enlarging right inguinal hernia. The hernia has become increasingly symptomatic. I discussed the options of laparoscopic versus open repair and the patient wished to proceed with an open right inguinal hernia repair. I spoke to the patient length regarding the risks and benefits of surgery. I explained the risks including bleeding requiring transfusion, infection, reoperation, and damage to adjacent structures including arteries nerves, veins, intestines, spermatic cord, testicle and other structures including structures contained in the hernia sac such as large or small intestine. The patient understands that damage to the blood supply to the testicle can result in loss of function of the testicle and testicular loss. The patient understands that in some cases, chronic groin pain can develop after surgery. The patient also understands that we'll use mesh for the repair and that there is a chance that the mesh may become infected. The patient understands that if mesh infection were to occur, then reoperation for removal of mesh may be required. The patient agrees to proceed with open right inguinal hernia repair with mesh.

Signed by: Beseth M.D., Bryce D Signed Date/Time: 08/12/2021 07:37 AM

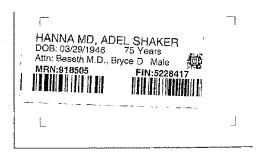
Consents

Report ID: 127045219

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SAN ANTONIO REGIONAL HOSPITAL 999 San Bernardino Road, Upland, California 91786

Anesthesia Consent Information



Operations, tests and treatments that may be painful are often performed under anesthesia. Several types of anesthesia described below are available which can be used alone or in combination to meet your needs. Possible risks and complications will also be discussed.

1. GENERAL ANESTHESIA: General anesthesia causes a

deep sleep state. You are not awake or aware of the surgery.

If general anesthesia is planned for you an intravenous (IV) line is started in a vein. Then a fast- acting sleep inducing medication is usually injected into the vein. Other medications are usually given to maintain this state of deep sleep for the rest of the procedure. You remain unconscious and pain cannot be felt. Anesthetic gases and oxygen may be given through a mask. Often special airways or tubes are inserted into your mouth or trachea to provide these agents. Usually these devices are inserted after you are asleep and you are not aware of their use. Occasionally, in complicated surgeries the airway tube may be left in for a period of time after surgery to allow for breathing help in an intensive care situation. These tubes can irritate the throat when you wake up. During the procedure, the anesthesiologist constantly monitors your vital signs and gives you drugs and IV fluids as needed.

2. MONITORED ANESTHESIA CARE WITH LOCAL OR REGIONAL ANESTHESIA:

Sometimes general anesthesia is not needed. In these cases you will be given an injection of local anesthesia in the area of the surgery and only that area will be numbed. This means you will remain awake and responsive but should not feel any pain. Many times you will also be given some sedative drugs that will make you comfortable and sleepy. They may also cause you to forget parts of the procedure. These drugs usually wear off rapidly.

3. LOCAL ANESTHESIA is used to block pain at the actual surgical site.

4. REGIONAL ANESTHESIA is used to block pain at the surgical site and surrounding area. The most frequently used types are explained below.

a. SPINAL OR EPIDURAL ANESTHESIA: With these types of regional anesthesia, surgery can be performed on the abdomen, the lower back, the genital region and the legs by blocking the nerves leading from the spinal cord to the surgical site. The anesthesia can be given as one injection or a thin flexible tube can be placed if repeated administration is needed.

Spinal anesthesia is given by placing a needle through a numbed area in your lower back. The needle is inserted into the fluid – filled space surrounding the nerves below the spinal cord and local anesthesia is injected through the needle into the space. The anesthesia takes effect within a few minutes and pain below the waist or lower abdomen is blocked.

Epidural anesthesia is performed by inserting a needle into the space just outside the membrane covering the nerves below the spinal cord. A thin flexible tube is then passed through it and local anesthetic is injected through the tube. The anesthesia generally takes in 5-15 minutes. The tube can be left in place so that anesthesia can be given as needed.



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b. MAJOR REGIONAL NERVE BLOCKS:

Major Nerve Blocks are done by injecting local anesthetic is Injected around the various major nerves of the body depending upon the surgery site: Interscalene block – numb the nerves going to the shoulder Supraclavicular block – numb the nerves going to the shoulder Femoral/sciatic block – numb the nerves going to the thigh, knee and leg Fascia Iliaca – numb nerves going to the hip TAP block – numb nerves going to the belly



Most if not all the blocks are done with little to no pain, but some patients do experience discomfort when the local anesthetic is actually injected.

c. INTRAVENOUS REGIONAL BLOCK

This type of regional anesthesia can be used for hand or lower arm surgeries. A tourniquet is placed on the upper arm. Then the blood is squeezed out of the arm by wrapping an elastic bandage around it and the tourniquet is inflated. A local anesthetic solution is injected into a vein and the surgical site usually becomes numb within five minutes. At the end of the surgery the cuff is deflated and normal feeling returns.

5. SPECIAL INVASIVE MONITORING

Your anesthesiologist or surgeon may request an invasive line to provide additional IV access. A central venous pressure line is usually placed in the neck or near the collarbone. This venous line may cause the lung on that side of the chest to partially collapse requiring a chest tube to correct the problem. Infection or thrombosis in the vein may also occur, as well as bleeding into the lung.

An arterial line is needed to provide instant internal blood pressure readings. It is usually placed in the wrist. The artery is punctured and a tiny flexible tube remains in the artery. Infection or thrombosis may occur. There may be a possible decrease of blood flow to part of the hand or arm and this complication is rare. Possible temporary nerve numbness can occur while the arterial line is being placed.

6. GENERAL RISK OF ANESTHESIA INCLUDE:

- Bruises and infections that occur when IV's, needles and catheters are placed.
- Blood clots that may form may block blood vessels and cause injury to organs due to poor blood supply.
- Irritation, swelling and infection of punctured blood vessels.
- · Pins and needles feeling at the puncture site caused by unavoidable injury to skin nerves.
- Difficulty swallowing, hoarseness, an injury to vocal cords that can be caused by placement of the breathing tube. Injuries to teeth and dental work may occur during placement of breathing tube.
- Nausea and vomiting. Food or liquids from the stomach could enter the lungs and cause pneumonia. This risk is increased if the patient has not followed instructions not to eat or drink before the anesthesia.

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• Skin rash itching or other mild allergic reactions

- Skin rash, itching or other mild allergic reactions.
 Severe allergic reactions to the anesthesia or other medications used occur very rarely. Such
- reactions can lead to shock, heart or breathing failure and sudden, very high fever with muscle spasms.
- HANNA MD, ADEL SHAKER DOB: 03/29/1946 75 Years Attn: Beseth M.D., Bryce D Male MRN:918505 FIN:5228417
- Injury to nerves, spinal cord, eyes and other body parts may occur when patient is placed in certain required positions for surgery (i.e. robotic & spine surgery) for prolonged period of time.
- Blindness/ visual disturbances may also occur on extremely rare instances with cardiac and orthopedic surgeries.

7. SPECIFIC RISKS RELATED TO GENERAL ANESTHESIA:

- Heart and breathing failure and loss of blood pressure with subsequent loss of function of vital organs, particularly the brain, occur extremely rarely. These problems can be caused by narcotics or other medications used.
 - Death is a remote risk in these cases.
- Awareness under anesthesia in another extremely uncommon occurrence.
- Possible loss of pregnancy, possible detrimental effects to fetus.

8. SPECIFIC RISKS RELATED TO REGIONAL ANESTHESIA:

a. FOR SPINAL/EPIDURAL:

- Temporary low blood pressure can occur and can last for several days. Sometimes medications and/or fluids are needed to counteract these blood pressure changes.
- Rarely, a specific kind of positional headache can be caused by a spinal or epidural anesthesia.
- In some cases a headache can occur and last several days. If symptoms are severe, medications
 or a small amount of your own blood may be injected into the spinal epidural space to relieve
 this headache, otherwise, it will resolve on its own.
- "Total Spinal" with the anesthetic level going too high is an extremely rare complication.
- Urine retention can occur, as well as temporary problems with impotence.
- · Extremely rare risks include nerve damage and permanent weakness due to injury to the spinal
- cord, and its nerves from bleeding or blood clots.

b. FOR REGIONAL NERVE BLOCKS:

- Feeling of warmth and heavy feeling as well as tingling or dragging feeling may occur in the arms, legs in local and regional anesthesia.
- Nerve damage during regional nerve blocks can occur in rare cases, resulting in loss of function (either temporary or long term), pain upon injection, and loss of muscle strength in the blocked region (usually temporary but can be long term in case of nerve damage).
- These injuries can be caused by the injection needle or be the result of bruising of nerve or from local anesthetic used itself.
- Heart failure, loss of blood pressure, or seizures occur very rarely from injection of local anesthetic into a misplaced blood vessel. Death is a remote risk in such cases.

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* Auth (Verified) *

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HANNA MD, ADEL SHAKER DOB: 03/29/1946 75 Years DOB: 03/29/1946 75 Years Attn: Beseth M.D., Bryce D Male

FIN:522841

MRN:918505

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c. FOR IV REGIONAL ANESTHESIA

- Damage to nerves and soft tissue can occur from the pressure used to stop blood flow in the arm during IV regional anesthesia.
- Heart failure, loss of blood pressure, or seizures • occur if spread of medication is too rapid or extensive after tourniquet release.

PATIENT'S STATEMENT OF ANESTHESIA CONSENT

I have read and understood the Anesthesia Consent information Document. I understand the reason for the anesthesia and the nature and purpose of it. I understand the general benefits and risks of anesthesia. Based on the clinical findings in my case and the information I have provided, the anesthesiologist has described the specific benefits and risks of the anesthesia in my case. His description also included a discussion of any alternatives to the recommended form of anesthesia and the potential benefits and possible risks linked to these options. The anesthesiologist has described to me the probable consequences of refusing the recommended form of anesthesia or any alternatives to it. I am satisfied that the anesthesiologist has answered any questions I had about the anesthesia and that I have been given enough information to make a decision.

I am aware the my anesthesiologist is an independent medical practitioner and not an employee or agent of the hospital. Should litigation arise, I agree to use board-certified expert witnesses from the American Board of Medical Specialties who would follow the guidelines defined for expert witnesses by the American Board of Anesthesiology.

I hereby consent to the recommended form of Anesthesia.
Date 8/12/2 Time 1902 Patient's signature Hanne
If signed by other than patient indicate relationship
Date $5/12/21$ Time 190^{2} Anesthesiologist Signature
Date 14 14 Time 0 10° Anesthesiologist Signature

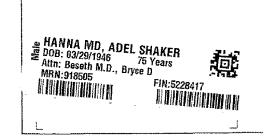
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SAN	ANTONIO	REGIONAL	HOSPITAL
999 San	Bernardino Road	, Upland, CA 917	86

CONSENT TO SURGERY OR SPECIAL PROCEDURE



1. Your doctors have recommended the operation or procedure listed on the signature page (page 3).

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

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

Byce Beseth M.D. (First and Last Name(s))

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

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



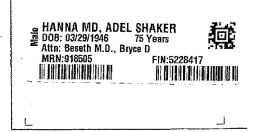
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SAN ANTONIO	REGIONAL HOSPITAL
999 San Bernardino Road	l, Upland, CA 91786

CONSENT TO SURGERY OR SPECIAL PROCEDURE



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

3. If your doctor determines that there is a reasonable possibility that you may need a blood transfusion as a result of the surgery or procedure to which you are consenting, your doctor will inform you of this and will provide you with information concerning the benefits and risks of the various options for blood transfusion, including predonation by yourself or others. You also have the right to have adequate time before your procedure to arrange for predonation, but you can waive this right if you do not wish to wait.

Transfusion of blood or blood products involves certain risks, including the transmission of disease such as hepatitis or Human Immunodeficiency Virus (HIV), and you have a right to consent or refuse consent to any transfusion. You should discuss any questions that you may have about transfusions with your doctor.

- 4. By your signature below, you authorize the pathologist to use his or her discretion in disposition or use of any member, organ or tissue removed from your person during the operation or procedure set forth above, subject to the following conditions (if any):
- 5. During this procedure an authorized member of the medical staff or any representative thereof, may photograph and/or video you or any part of your body for purposes directly related to the medical care rendered.
- 6. During this procedure a product representative may be present. The product representative will not assist in the surgery/procedure.
- If applicable, your initials here indicate that you have received "A Women's Guide to Breast Cancer Diagnosis and Treatment.": INITIALS:
- 8. In accordance with Hospital Policy, any patient on a Do Not Resuscitate Status will have this status suspended during this surgical procedure.



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SAN ANTONIO REGIONAL HOSPITAL 999 San Bernardino Road, Upland, CA 91786	HANNA MD, ADEL SHAKER
CONSENT TO SURGERY OR SPECIAL PROCEDURE	Attn: Beseth M.D., Bryce D MRN:918505 Fin:5228417
9. NAME OF OPERATION OR PROCEDURE Mc pair with mesh.	: Right Inguinal hernion
PATIENT SIGNATURE	
10. Your signature on this form indicates that:	
 you have received all of the information you des the anesthesia; and 	
 you authorize and consent to the performance of anesthesia. 	_
 you authorize and consent to the performance of anesthesia. 	_
 you authorize and consent to the performance of anesthesia. Date: <u>8-12-2-2</u> Tir 	ne: <u>7/37</u> (AM)PM
 you authorize and consent to the performance of anesthesia. Date: <u>8 - 12 - 202</u> Tir Signature: <u>1700</u> (Patient/Parent/Conservator/Guardian) If signed by other than patient, indicate name and relation of the signed by other than patient, indicate name and relation of the signed by other than patient, indicate name and relation of the signed by other than patient, indicate name and relation of the signed by other than patient, indicate name and relation of the signed by other than patient. 	ne: <u>7/37</u> (AM)PM
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 you authorize and consent to the performance of anesthesia. Date: <u>8-12-2-2</u> Tin Signature: <u>4777.</u> (Patient/Parent/Conservator/Guardian) If signed by other than patient, indicate name and relation (Signature) INTERPRETER'S STATEMENT I have accurately and completely read the foregoing doc 	ne: <u>7137</u> onship: ne: <u>hahhan Kemp, EN</u> (Print)
 you authorize and consent to the performance of anesthesia. Date: <u>8-12-2-2</u> Tin Signature: <u>4777.</u> (Patient/Parent/Conservator/Guardian) If signed by other than patient, indicate name and relation (Signature) If signed by other than patient, indicate name and relation (Signature) INTERPRETER'S STATEMENT I have accurately and completely read the foregoing doce representative) legal representative's primary language language). He/she understood all of the terms and conditional 	ne: $7_{13}7_{-}$ (AM)PM posship: ne: <u>hand Kemp, EN</u> (Print) sument to (patient or patient's legal (Print) in the patient's or (identify) tions and acknowledged his/her agreement by
 you authorize and consent to the performance of anesthesia. Date: <u>8-12-2-2</u> Timestimation in the performance of anesthesia. Date: <u>8-12-2-2</u> Timestimation in the performance of anesthesia. Signature: <u>100 (Patient/Parent/Conservator/Guardian)</u> If signed by other than patient, indicate name and relation witness: <u>100 (Patient/Parent/Conservator/Guardian)</u> If signed by other than patient, indicate name and relation witness: <u>100 (Signature)</u> Namestimation (Signature) INTERPRETER'S STATEMENT I have accurately and completely read the foregoing doce representative) legal representative's primary language language). He/she understood all of the terms and conditional signing the document in my presence. 	ne:AM)PM onship: ne:KCMp, EN (Print) nument to (patient or patient's legal (Print) nument to (patient or patient's legal (identify tions and acknowledged his/her agreement by AM/PM

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SAN ANTONIO REGIONAL HOSPITAL

CONDITIONS OF ADMISSION AND SERVICE (INPATIENT, AMBULATORY SERVICES, **OBSERVATION, EMERGENCY)**

8		
HANNA MD, ADEL	SHAKER	10
Altn: Beseth M.D., Bry MRN:918505	75 TEars re D FIN:5228	417

CONSENT TO MEDICAL AND SURGICAL PROCEDURES

I consent to the procedures that may be performed during this hospitalization or while I am an outpatient. These may include, but are not limited to, emergency treatment or services, laboratory procedures, X-ray examinations, medical or surgical treatment or procedures, teleheath services, anesthesia, or hospital services provided to me under the general and special instructions of my physician or surgeon. I understand that the practice of medicine and surgery is not an exact science and that diagnosis and treatment may involve risks of injury or even death. I acknowledge that no guarantees have been made to me regarding the result of examination or treatment in this hospital.

NURSING CARE

This hospital provides only general nursing care and care ordered by the physician(s). If I want a private duty nurse, I agree to make such arrangements. The hospital is not responsible for failure to provide a private duty nurse and is hereby released from any and all liability arising from the fact that the hospital does not provide this additional care,

EDUCATIONAL CONSENT

The hospital is, in part, an educational facility participating in the training of physicians, medical students, student nurses, and other health care personnel. I agree that they may participate in my care to the extent deemed appropriate by the medical staff or hospital personnel, and consent to the demonstration, observation and admission of treatment or procedures by such persons under the supervisor of the members of the medical staff or hospital personnel.

LEGAL RELATIONSHIP BETWEEN HOSPITAL AND PHYSICIANS ALL PHYSICIANS AND SURGEONS PROVIDING SERVICES TO ME, INCLUDING THE RADIOLOGISTS, PATHOLOGISTS, EMERGENCY PHYSICIANS, ANESTHESIOLOGISTS, NURSE PRACTITIONERS, PHYSICIAN'S ASSISTANTS, CONSULTING PHYSICIANS AND OTHERS, ARE NOT EMPLOYEES, REPRESENTATIVES OR AGENTS OF THE HOSPITAL. They have been granted the privilege of using the hospital for the care and treatment of their patients, but they are not employees, representatives or agents of the hospital. They are independent practitioners and WILL BILL SEPARATELY. I understand that I am under the care and supervision of my attending physician. The hospital and its nursing staff are responsible for carrying out my physician's instructions. My physician or surgeon is responsible for obtaining my informed consent, when remuired to medical or surgeon is needed ideopositio or therapeutic procedures, or bospital when required, to medical or surgical treatment, special diagnostic or therapeutic procedures, or hospital services provided to me under my physician's general and special instructions.

Initials:

MATERNITY PATIENTS

If I deliver an infant(s) while a patient of this hospital, I agree that these same Conditions of Admission apply to the infant(s).

Initials:

PERSONAL BELONGINGS

As a patient, I am encouraged to leave personal items at home. The hospital maintains a fireproof safe for the as a patient, rain encounter between the personanterno and the more than the patient and the personal representation of the safekeeping of money and valuables. The hospital is not liable for the loss or damage to any money, jewely, documents, eyeglasses, dentures, hearing aids, cell phones, laptops, or other personal electronic devices, or other articles that are not placed in the safe. Hospital liability for loss of any personal property deposited with the hospital for safékeeping is limited by law to five hundred dollars (\$500) unless I receive a written receipt for a greater amount from the hospital.

Initials:



OFIGINAL CHART CORY

RODOOLO #4008 /Barro o

I agree to promptly pay all hospital bills in accordance with the charges listed in the hospital's charge description master and, if applicable, the hospital's charge description master before (or after) I receive services from the hospital. I understand that I may review the hospital's charge description master before (or after) I receive services from the hospital. I understand that all physicians and surgeons, including the radiologist, pathologist, emergency physician, anesthesiologist, and others, will bill separately for their services. Payment of estimated hospital issistance policy and I understand I may request further assistance to determine if. I may qualify. I authorize the hospital, collection agency or other entity contracted with the hospital, to verify employment and to obtain credit reports about me/legal representative from national credit bureaus in connection with payment of my account, past or present. The patient/legal representative will comply with all authorization and insurance certification requirements. If any account is referred to an attorney or collection agency for collection. I will pay actual attorneys' fees and collection expenses. All delinquent accounts shall be interest at the legal rate, unless prohibited by law.

I/legal representative agree, by providing my phone number(s) including a landline and/or a wireless phone number, consent to receive calls and/or text messages including autoclaided calls and artificial or prerecorded messages from the hospital, physicians, agents and independent contractors (including service agencies and collection agencies) regarding hospital/medical services and any related financial obligations. I acknowledge that text messages may be susceptible to certain privacy and security risks, such as being viewed by others with access to the phone or device on which the text is received or stored. This consent applies to all services and billing associated with the patient account(s).

Initials:

ASSIGNMENT OF ALL RIGHTS AND BENEFITS

Lirrevocably assign and transfer to the hospital all rights, benefits, and any other interests in connection with any insurance plan, health benefit plan, or other source of payment for my care. This assignment shall include assigning and authorization of direct payment to the hospital of all insurance and health plan benefits payable for this hospitalization or for these outpatient services. I agree that the insurer or plan's payment to the hospital pursuant to this authorization shall discharge its obligations to the extent of such payment. I understand that I am financially responsible for charges not paid according to the assignment, to the extent permitted by state and federal law. I agree to cooperate with, and take all steps reasonably requested by, this hospital to perfect, confirm, or validate this assignment.

HEALTH PLAN CONTRACTS

This hospital maintains a list of health plans with which it contracts. A list of such plans is available upon request from the patient financial services office. All physicians and surgeons, including the radiologist, pathologist, emergency physician, anesthesiologist, and others, will bill separately for their services. It is my responsibility to determine if the hospital or the physicians providing services to me contract with my health plan.

RELEASE OF INFORMATION

The hospital may use and disclose patient identifiable health information for purposes of treatment, payment and health care operations and as otherwise required or permitted by law and hospital policy. For example, the hospital may release patient information from records to any person or company which is or may be responsible to pay for the hospital's services, including Medicare, Medi-Cal, insurance companies, health care plans and/or workers' compensation carriers. In addition, State law requires the hospital to report certain cases of infectious disease and cancer to governmental health agencies. For all other purposes, the patient's written authorization permitting release of identifiable health information to others will be obtained. Please see the hospital's Notice of Privacy Practices for details regarding your rights concerning the use and disclosure of patient identifiable health information.

Initials: ____/

NOTICE OF PRIVACY PRACTICES AND PATIENT RIGHTS DOCUMENT

My initial acknowledges my receipt of the Notice of Privacy Practices, and Patient Rights Document.

Initials:

CONSENT TO PHOTOGRAPH

I consent to the taking of photographs, videotapes, digital or other images of my medical or surgical condition or treatment, and the use of the images, for purposes of my diagnosis or treatment or for the hospital's operations, including peer review and education or training programs conducted by the hospital.

ORIGINAL CHART COPY

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of my rigt in order f Directive by law. <i>If</i>	ht to formulate an Ad to receive medical t that I have signed w I have an Advance	dvance Directive. I under reatment at this health rill be followed by the hea e Directive, I will prese	accept or refuse medical treats stand that I am not required to care facility. I understand that alth care facility and my caregiv nt it at each admission.	the terms of any Advance ers to the extent permitted
I CHOOS	E NOT to give a co	py to the hospital	I DO NOT have an Adv	ance Directive
TRANSP I underst	ORTATION ARRAN	IGEMENTS nust be arranged in adv	ance and be available once my hicle until my physician advise	/ treating physician deems
Initials: _				
After revi	ewing this docume	nt, please initial one of th	e options below:	
The unde receive a	ersigned acknowled a signed or unsigned	iges that he/she has re d copy of this document	ad the foregoing and agrees but understand that one is av	that they do not wish to ailable upon request.
Initials:				
copy is a	vailable upon reque		ved an unsigned copy thereof.	I understand that a signed
Initials:	8/12/2			
Date:		Time:	AM/PM	
Signature	e: X A An (patient/legal repres	UN		
e if signed	by someone other t	ban the patient indicate	relationship:	
Print nam	-	index the patient, maioure		
Therefore	(logal rapresentati	•		
Signature	:		_ Print name:(witness)	Kone -
	AL RESPONSIBILI REPRESENTATIVE	TY AGREEMENT BY PE	RSON OTHER THAN THE PAT	TENT OR THE PATIENT'S
			rendered to the patient and to enefits, and Health Plan Contr	
Date:		Time:	AM/PM	
Signature	e: (financial responsib			
Print nam	ne:	/e)		
Address:				
Phone nu	ımber:			
Signature			Print name:	
-	(witness)		(witness)	
				1

Facility: SARH

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SAN ANTONIO REGIONAL HOSPITAL 999 SAN BERNARDING ROAD • UPLAND, CAUFORNIA 91786

CONDITIONS OF SERVICES (OUTPATIENT)

CONSENT TO MEDICAL AND SURGICAL PROCEDURES

The person who signs below as the patient, or the representative

on behalf of the patient, consents to be cared for as an outpatient at San Antonio Regional Hospital. This outpatient care may include, but is not limited to: laboratory procedures, x-ray examination including use of contrast injections, medical or surgical treatment or procedures, telehealth services, local anesthesia, and services provided to the patient under the general and special instructions of the patient's physician or surgeon. I understand that the practice of medicine and surgery is not an exact science and that diagnosis and treatment may involve risks of injury or even death. I acknowledge that no guarantees have been made to me regarding the result of examination or treatment in this hospital. This outpatient condition of services and consent will remain in effect for up to twelve (12) months from date of signature and will apply to all outpatient services provided at San Antonio Regional Hospital during this period of time.

NURSING CARE

This hospital provides only general nursing care and care ordered by the physician(s). If I want a private duty nurse, I agree to make such arrangements. The hospital is not responsible for failure to provide a private duty nurse and is hereby released from any and all liability arising from the fact that the hospital does not provide this additional care.

EDUCATIONAL CONSENT

The hospital is, in part, an educational facility participating in the training of physicians, medical students, student nurses, and other health care personnel. I agree that they may participate in my care to the extent deemed appropriate by the medical staff or hospital personnel, and I consent to the demonstration, observation and admission of treatment or procedures by such persons under the supervisor of the members of the medical staff or hospital personnel.

LEGAL RELATIONSHIP BETWEEN HOSPITAL AND PHYSICIANS

LEGAL RELATIONSHIP BETWEEN MOOPHAL AND PROVIDENCES TO ME, INCLUDING THE RADIOLOGISTS, ALL PHYSICIANS AND SURGEONS PROVIDING SERVICES TO ME, INCLUDING THE RADIOLOGISTS, PATHOLOGISTS, EMERGENCY PHYSICIANS, ANESTHESIOLOGISTS, NURSE PRACTITIONERS, PHYSICIAN'S ASSISTANTS, COUNSULTING PHYSICIANS AND OTHERS. ARE NOT EMPLOYEES, REPRESENTATIVES OR AGENTS OF THE HOSPITAL. They have been granted the privilege of using the hospital for the care and treatment of their patients, but they are not employees, representatives or agents of the nospital. They are independent practitioners and WILL BILL SEPARATELY. I understand that I am under the care and supervision of my attending physician. The hospital and its nursing staff are responsible for carrying out my physician's instructions. My physician or surgeon is responsible for obtaining my informed consent, when required, to medical or surgical treatment, special diagnostic or therapeutic procedures, or hospital services provided to me under my physician's general and special instructions.

Initials:

PERSONAL BELONGINGS

As a patient, I am encouraged to leave personal items at home. The hospital maintains a fireproof safe for the safekeeping of money and valuables. The hospital is not liable for the loss or damage to any money, jewelry, documents, eyeglasses, dentures, hearing aids, cell phones, laptops, or other personal electronic devices, or other articles that are not placed in the safe. Hospital liability for loss of any personal property deposited with the hospital for safekeeping is limited by law to five hundred dollars (\$500) unless I receive a written receipt for a greater amount from the hospital.

Initials:



80000369 (05/19)

Facility: SARH

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FINANCIAL AGREEMENT

Lagree to promptly pay all hospital bills in accordance with the charges listed in the hospital's charge description master and, if applicable, the hospital's charge description master payment policies and state and federal law. I understand that I may review the hospital's charge description master before (or after) I receive services from the hospital. I understand that all physicians and surgeons, including the radiologist, pathologist, emergency physician, anesthesiologist, and others, will bill separately for their services. Payment of estimated hospital liability may be required for non-emergent services. I have received information on the hospitals financial assistance policy and I understand I may request further assistance to determine if I may qualify. I authorize the hospital, collection agency or other entity contracted with the hospital, to verify employment and to obtain credit reports about me/legal representative from national credit bureaus in connection with payment of my account, past or present. The patient/legal representative will comply with all authorization and insurance certification requirements. If any account is referred to an attorney or collection agency for collection, 1 will pay actual attorneys' fees and collection expenses. All delinquent accounts shall bear interest at the legal rate, unless prohibited by law.

I/legal representative agree, by providing my phone number(s) including a landline and/or a wireless phone number, consent to receive calls and/or text messages including autodialed calls and artificial or prerecorded messages from the hospital, physicians, agents and independent contractors (including service agencies and collection agencies) regarding hospital/medical services and any related financial obligations. I acknowledge that text messages may be susceptible to certain privacy and security risks, such as being viewed by others with access to the phone or device on which the text is received or stored. This consent applies to all services and billing associated with the patient account(s).

A-Initials:

ASSIGNMENT OF ALL RIGHTS AND BENEFITS

I irrevocably assign and transfer to the hospital all rights, benefits, and any other interests in connection with any insurance plan, health benefit plan, or other source of payment for my care. This assignment shall include assigning and authorization of direct payment to the hospital of all insurance and health plan benefits payable for this hospitalization or for these outpatient services. I agree that the insurer or plan's payment to the hospital pursuant to this authorization shall discharge its obligations to the extent of such payment. I understand that I am financially responsible for charges not paid according to the assignment, to the extent permitted by state and federal law. I agree to cooperate with, and take all steps reasonably requested by, this hospital to perfect, confirm, or validate this assignment.

HEALTH PLAN CONTRACTS

This hospital maintains a list of health plans with which it contracts. A list of such plans is available upon request from the patient financial services office. All physicians and surgeons, including the radiologist, pathologist, emergency physician, anesthesiologist, and others, will bill separately for their services. It is my responsibility to determine if the hospital or the physicians providing services to me contract with my health plan.

RELEASE OF INFORMATION

The hospital may use and disclose patient identifiable health information for purposes of treatment, payment and health care operations and as otherwise required or permitted by law and hospital policy. For example, the hospital may release patient information from records to any person or company which is or may be responsible to pay for the hospital's services, including Medicare, Medi-Cal, insurance companies, health care plans and/or workers' compensation carriers. In addition, State law requires the hospital to report certain cases of infectious disease and cancer to governmental health agencies. For all other purposes, the patient's written authorization permitting release of identifiable health information to others will be obtained. Please see the hospital's Notice of Privacy Practices for details regarding your rights concerning the use and disclosure of patient identifiable health information.

Initials:

NOTICE OF PRIVACY PRACTICES AND PATIENT RIGHTS DOCUMENT

My initial acknowledges my receipt of the Notice of Privacy Practices, and Patient Rights Document.

Initials:

CONSENT TO PHOTOGRAPH

I consent to the taking of photographs, videotapes, digital or other images of my medical or surgical condition or treatment, and the use of the images, for purposes of my diagnosis or treatment or for the hospital's operations, including peer review and education or training programs conducted by the hospital.

80000369 (05/19)

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ADVANCE DIRECTIVE ACKNOWLEDGEMENT

I have been given written materials about my right to accept or refuse medical treatment. I have been informed of my right to formulate an Advance Directive. I understand that I am not required to have an Advance Directive in order to receive medical treatment at this health care facility. I understand that the terms of any Advance Directive that I have signed will be followed by the health care facility and my caregivers to the extent permitted by law. If I have an Advance Directive, I will present it at each admission.

HAVE signed an Advance Directive ______ I HAVE given a copy to the Hospital _____

I CHOOSE NOT to give a copy to the hospital _____ I DO NOT have an Advance Directive _____

LENGTH OF OUTPATIENT CONDITION OF SERVICES

I understand and agree that this outpatient condition of services and consent will remain in effect for up to twelve (12) months from date of signature and will apply to all outpatient services provided at San Antonio Regional Hospital during this period of time.

Initials:

After reviewing this document, please initial one of the options below:

The undersigned acknowledges that he/she has read the foregoing and agrees that they **do not wish to receive** a signed or unsigned copy of this document but understand that one is available upon request.

Initials:

I certify that I have read the foregoing and have received an unsigned copy thereof. I understand that a signed copy is available upon request.

Initials:	07/09/202	1 15:25:22	
Date:	Time:	AM/PM	
Signature:	ative)	Patient	
If signed by someone other than	the patient, indica	ate relationship:	
Print name:			
F100077		E102977 Print name:	10-10-10-10-10-10-1
(ENTIO
LEGAL REPRESENTATIVE	AGREEMENT BY I	PERSON OTHER THAN THE PATIENT OR THE PATI	ENIS
		es rendered to the patient and to accept the terms nefits, and Health Plan Contracts provisions above. 1 15:25:26	of the
Date:	Time:	AM/PM	
Signature:	party)		
Print name:(legal representative)			
Phone number:	RA-RIS RAFELY AND ARDERA	F102077	
Signature: E102977		E102977 Print name:	
(witness)		(witness)	

	San Antonio	Regional Hospital	
Patient: MRN: FIN: Patient Type: Attending:	HANNA MD, ADEL SHAKER 918505 5228417 Day Patient Beseth M.D.,Bryce D	DOB/Age/Sex: 3/29/1946 76 years Male Admit/Disch: 8/12/2021 8/12/2021 Admitting:	
	Periopera	tive Record	
Document Nar Result Status: Performed By: Authenticated		Preoperative Note Auth (Verified) Yuan D.O.,Adam K.(8/12/2021 09:35 PDT) Yuan D.O.,Adam K.(8/12/2021 09:35 PDT)	
Pre-Anesthes San Antonio I	ia Evaluation Regional Hospital		
Patient: HAN Age: 75 year Associated Dia	NA MD, ADEL SHAKER MRN: 918505	FIN: 5228417	
Sev Current me <u>Docume</u> Doc Previous a Respirator	eactions: <u>Reactions (All)</u> <i>rerity Not Documented</i> REGLAN- No reactions were documented edications: Include medication list (Selected) <u>ented Medications</u> <i>cumented</i> atenolol 50 mg oral tablet: 50 mg, 1 tab, PO, Da	aily. us anesthesia without problem (no previous anesthesia	ı).
Review / Man Medical Inf	agement formation Questionaire: Reviewed.		
	stems onditions: BMI: 08/06/2021 12:04 PDT 25 sular: Hypertension - Systemic.	Body Mass Index .	
087 Airway: Mallamp Distance Nose: W Mouth: V Neck: At Respiratory Respirat	ements: Vital signs from flowsheet : Vital Signs /12/2021 07:05 PDT Diastolic Blo	s ood Pressure 91 mmHg HI l Pressure, Cuff 113 mmHg .	

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Patient:HANNA MD, ADEL SHAKERMRN:918505FIN:5228417Patient Type:Day PatientAttending:Beseth M.D.,Bryce D

DOB/Age/Sex:	3/29/1946	76 years	Male
Admit/Disch:	8/12/2021	8/12/	2021
Admitting:			

Perioperative Record

Class 2 - Mild systemic disease

Plan

Date/ Time Evaluation Completed: 08/12/2021 09:04:00. **Anesthetic Preoperative Plan:**

Anesthesia: General.

Additional info: Patient identified, examined, chart reviewed, risks and benefits discussed, all questions answered. Patient understands plan, consent signed..

Signed by: Yuan D.O., Adam K. Signed Date/Time: 08/12/2021 09:35 AM

Document Name: Result Status: Performed By: Authenticated By:

Main PACU Record

Main OR Postop Record Modified Mexia RN,Deserri C (8/12/2021 15:09 PDT)

Main PACU Record Summary

Primary Physician:	Beseth M.D., Bryce D	
Case Number:	MAIN-2021-5295	
Finalized Date/Time:	08/12/21 15:09:35	
Pt. Name:	HANNA MD, ACEL SHAKER	
D.O.B./Sex:	03/29/1946 Male	
Med Rec #:	918505	
Physician:	Beseth M.D., Bryce D	
Financial #:	5228417	
Pt. Type:	D	
Room/Bed:	AC15/A	
Admit/Disch:	08/12/21 06:12:49 -	
Institution:		

PACU Case Times - Main

	Entry 1		
In PACU	08/12/21 10:47:00	Ready for PACU	08/12/21 12:07:00
		Discharge	
Discharge from PACU	08/12/21 12:45:00		
Last Modified By:	Munoz RN, Lynn 08/12/21		
	13:52:42		

Finalized By: Mexia RN, Deserri C

Document Signatures

Signed By: Munoz RN, Lynn 08/12/21 13:52 Mexia RN, Deserri C 08/12/21 15:09

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Patient:HANNA MD, ADEL SHAKERMRN:918505FIN:5228417Patient Type:Day PatientAttending:Beseth M.D.,Bryce D

DOB/Age/Sex: 3/29/1946 76 years Male Admit/Disch: 8/12/2021 8/12/2021 Admitting:

Perioperative Record

Document Name: Result Status: Performed By: Authenticated By:

Main OR Nursing Record Modified Macchione RN,Christie M (10/5/2021 12:38 PDT)

Main OR Nursing Record

Main OR Nursing Record Summary

Primary Physician:	Beseth M.D., Bryce D	
Case Number:	MAIN-2021-5295	
Finalized Date/Time:	10/05/21 12:38:35	
Pt. Name:	HANNA MD, ADEL SHAKER	
D.O.B./Sex:	03/29/1946 Male	
Med Rec #:	918505	
Physician:	Beseth M.D., Bryce D	
Financial #:	5228417	
Pt. Type:	D	
Room/Bed:	AC15/A	
Admit/Disch:	08/12/21 06:12:49 -	
	08/12/21 16:25:00	

Institution:

Allergies identified in patient's electronic medical record at time of printing on 10/05/21

	Entry 1
Substance	REGLAN
Reaction Type	n/a
Last Modified By:	CONTRIBUTOR_SYSTEM ,
	IBEX 06/12/12 16:06:59

Case Times - Main

Pre-Care Text:

Guidelines: Objective: To perform Time Out Process Who: All procedural team members. Initiated by a designated

member of the procedural team (e.g. RN, Physician, or Technologist). When working alone (e.g. PICC line insertion) perform same verification process during the time out pause. What: Active participation of time

process for verification and confirmation. When: Occurs immediately prior to procedure. Only need one pause when anesthesia occurs in same location where procedure is done or when same team is performing multiple components during a single procedure. A separate time out is needed when anesthesia is done separate from procedure room (e.g.Nerve block in Holding Room) or when there is a separate team performing a secondary procedure. Where: In Procedure Room. How: Other activities are suspended without compromising patient

safety.

OUL

All team members use a brief verbal acknowledgement to concur with information. Any team member may interrupt

and delay procedure to address discrepancy. Time-out Process Addresses: Correct patient and account number, correct consent and surgeon, correct side and site are marked by surgeon, site mark visible after draping, correct patient position, availability of blood, implants, or special equipment when needed, relevant

images

and results are properly labeled and appropriately displayed, need for antibiotic including antibiotic protocol, or fluids for irrigation purposes, safety precautions based on patient history or medication use, sterility indicators confirmed for color changes. Fire Safety Time Out done, Time at end of prep to time of

Report ID: 127045219

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Patient:	HANNA MD, ADEL SHAKER
MRN:	918505
FIN:	5228417
Patient Type:	Day Patient
Attending:	Beseth M.D.,Bryce D

DOB/Age/Sex:	3/29/1946	76 years	Male
Admit/Disch:	8/12/2021	8/12/	2021
Admitting:			

08/12/21 10:58:00

08/12/21 10:48:00 08/12/21 10:48:00

08/12/21 10:43:00

08/12/21 09:56:00

management of the patient if applicable.

Perioperative Record

surgery started is > 3 minutes if using an alcohol based prep.

Entry 1

ROC	B	
st	art	Т
Tm	Dee	

Start Time	08/12/21 06:43:00
In Room Time	08/12/21 09:15:00
Anesthesia	
Anesthesia	08/12/21 09:16:00
Supply/Gas/02 Start	
Surgery	
Start Time	08/12/21 09:56:00
Pause Time Out	Yes
Sign Out	08/12/21 10:37:00
Last Modified By:	Brown RN, Evan M
	08/12/21 10:48:31

Post-Care Text:

and

Sign Out Process includes confirmation with the surgeon: A. The name of the procedure accurately B.Ccunts are correct if applicable C.Specimen Verification if applicable (correct documented label and specimen) D.Address equipment problems if applicable E.Surgeon, anesthesiologist,

Stop Time Out Room Time

Anesthesia Supply/Gas/02 Stop

Stop Time

Pause Time

registered nurse reviewed key concerns for recovery and F.Post-op diagnosis verified with surgeon.

Case Attendance - Main Entry 1 Entry 2 Entry 3 Case Attendee Yuan D.O., Adam K. Beseth M.D., Bryce D Brown RN, Evan M Role Performed Anesthesiologist of Surgeon - Primary Circulator - Primary Record 08/12/21 09:16:00 08/12/21 09:16:00 08/12/21 06:43:00 Time In 08/12/21 10:48:00 Time Out 08/12/21 10:48:00 08/12/21 10:48:00 Procedure Repair Hernia Repair Hernia Repair Hernia Inguinal(Right), c Mesh Inguinal(Right), c Mesh Inguinal(Right), c Mesh Details Last Modified By: Brown RN, Evan M Brown RN, Evan M Brown RN, Evan M 08/12/21 10:48:33 08/12/21 10:48:33 08/12/21 10:51:50 Entry 4 Smith , Amber M Scrub - Primary Case Attendee Role Performed 08/12/21 09:05:00 Time In Time Out 08/12/21 10:48:00 Procedure Repair Hernía Inguinal(Right), c Mesh Details Last Modified By: Brown RN. Evan M 08/12/21 10:48:33

General Comments:

princeton hodge student in the room

Surgical Procedures - Main

Pre-Care Text:

Nursing Diagnosis: 1) Alteration in Comfort related to Pain, Anxiety or Environment. 2) Risk For Infection. 3)Risk of chemical burns related to prep solutions. 4)Risk of injury related to surgical environmnet, extraneous objects and equipment. 5)Risk for injury related to transfer & transport. 6)Risk for impaired

Entry 2

skin

integrity r/t immobilization, pressure, and/or shearing.

	Entry 1	
Procedure		

Description

Report ID: 127045219

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Patient:HANNA MD, ADEL SHAKERMRN:918505FIN:5228417Patient Type:Day PatientAttending:Beseth M.D.,Bryce D

DOB/Age/Sex: 3/29/1946 76 years Male Admit/Disch: 8/12/2021 8/12/2021 Admitting: 8/12/2021 8/12/2021

Perioperative Record

Procedure Modifiers Additional Procedure Detail	Repair Hernia Inguinal Right	c Mesh
Primary Procedure	Yes	No
Primary Surgeon	Beseth M.D., Bryce D	Beseth M.D., Bryce D
Start	08/12/21 09:56:00	08/12/21 09:56:00
Stop	08/12/21 10:43:00	08/12/21 10:43:00
Anesthesia Type	General Anes	None
Surgical Service	Vascular (SS)	Vascular (SS)
Wound Class	I	I
Last Modified By:	Brown RN, Evan M 08/12/21 10:51:52	Macchione RN, Christie M 10/05/21 12:38:29

Post-Care Text:

Goals/Outcomes: 1)Prepare the patient emotionally and physically for surgery and promote a safe comfortable environment. 2)Patient's surgery performed using aseptic technique & in a manner to prevent cross contamination. 3)Patient is free of signs & symptoms of chemical injury. 4)The patient is free from signs

anđ

symptoms of Tasser, Electrical, Radiation injury. 5)Patient is free of signs & symptoms of injury related to transfer & transporting. 6)Patient is free from signs and symptoms of injury r/t positioning.

Wound Assessment

	Entry 1		
Incision?	Yes	Wound Count	Primary Incision
Procedure	Repair Hernia	Wound Class	I
	Inguinal(Right), c Mesh		
Primary Closure	Yes		
Last Modified By:	Brown RN, Evan M		
	08/12/21 10:37:05		
General Case Data -	Main		
	Entry 1		
Case Information			
OR	OR 01	Case Level	OR Level 4
Specialty	Vascular (SS)		
Preop Diagnosis	RT INGUINAL HERNIA	Postop Same As Preop	Yes
Postop Diagnosis	RT INGUINAL HERNIA		
Last Modified By:	Brown RN, Evan M		
	08/12/21 10:31:48		
Allergy Information	- Main		
	Entry 1		
Allergies Reviewed?	Yes	Allergies Reviewed	Patient
		With	1401000
Surgical Team Aware	Yes		
Last Modified By:	Titus RN, Amy K		
······································	08/12/21 09:09:02		
Skin Prep – Main			
	Entry 1		
Procedure	Repair Hernia		
	Inguinal(Right), c Mesh		
Prep			
Agents	Betadine Solution	Ву	Brown RN, Evan M
Hair Removal			
Methods	Clipper	Ву	Brown RN, Evan M
Last Modified By:	Titus RN, Amy K		

Report ID: 127045219

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Patient:	HANNA MD, ADEL SHAKER
MRN:	918505
FIN:	5228417
Patient Type:	Day Patient
Attending:	Beseth M.D.,Bryce D

DOB/Age/Sex:	3/29/1946	76 years
Admit/Disch:	8/12/2021	8/12/20
Admitting:		

Male 021

Perioperative Record

08/12/21 09:50:32

	Specimens Ordered	Yes
Entry 1		
Titus RN, Amy K 08/12/21 09:46:25		
	Number	
Brown RN, Evan M	Grounding Pad Lot	211650260L
Left		
Anterior Thigh		
is and it coag		
	SETTET MUNDEL	73122
Covidien VallavLab FT10	Serial Number	93722
Entry 1		
30/12/21 03.19.3/	00/12/21 0 <i>2.12.31</i>	00/10/01 07.79.91
		Titus RN, Amy K 08/12/21 09:49:37
		Tactile Titus BN Amu K
c170463		
43 c		40 mmhg
and migger maker (1)	And a set of the set o	and the state of a
*	*	Entry 3 LPC Calf
		Entry 3
Titus RN, Amy K 08/12/21 09:50:06		-
	Ву	D.O., Adam K., Beseth M.D., Bryce D
Yes	Positioning Checked	Brown RN, Evan M, Yuar
Bilateral		
Pad Illnar		
Bilateral		
Pad Heel		
Billow Under Mand		
	Checked	
Yes	Pressure Points	Yes
	Right Leg Position	board Extended
Extended on padded arm	Right Arm Position	Extended on padded ar
Inguinal(Right), c Mesh	-	-
Repair Hernia	Body Position	Supine
	Extended on padded arm board Extended Yes Pillow Under Head Nome Pad Heel Bilateral Pad Ulnar Bilateral Yes Titus RN, Amy K 08/12/21 09:50:06 Ces - Main Entry 1 Rair Hugger Model 775 43 c c170463 Tactile Titus RN, Amy K 08/12/21 09:49:37 Entry 1 Covidien ValleyLab FT10 30 cut 30 ccag Anterior Thigh Left Brown RN, Evan M Titus RN, Amy K 08/12/21 09:46:25	Extended on padded arm board Extended Extended Yes Pillow Under Head None Pad Heel Bilateral Pad Ulnar Bilateral Yes Positioning Checked By Titus RN, Amy K 08/12/21 09:50:06 Ces - Main Entry 1 Entry 1 Rair Hugger Model 775 Hair Hugger Model 775 A3 c cl70463 Tactile Titus RN, Amy K 08/12/21 09:49:37 Entry 1 Covidien ValleyLab FT10 30 cut 30 coag Anterior Thigh Left Brown RN, Evan M C0/12/21 09:46:25 imens - Main Entry 1 No Specimens Ordered

Report ID: 127045219

Print Date/Time: 2/24/2023 16:04 PST Page 54 of 191

Patient:	HANNA MD, ADEL SHAKER
MRN:	918505
FIN:	5228417
Patient Type:	Day Patient
Attending:	Beseth M.D.,Bryce D

DOB/Age/Sex: 3/29/1946 76 years Male Admit/Disch: 8/12/2021 8/12/2021 Admitting: X X X

Implant Log Implant/Explant Implant Implant Identification Description Masser Lot Number Size Size Jevice Identifier Usage Data Implant Site Sterilized By Yer Manufacturer Human Readable UDI 407 Surgical Irrigation For Sarahara Bott	301741030864 Romen ze, Type 4 1}00801741030864 7}260428{10_ 4UFS0135 WWF RN, Evan M /12/21 10:03:15	Catalog # Manufacturer Expiration Date Quantity Verified By Sterilized By SPD Machine Readable UDI	0117009 BARD MEDICAL - DIV C R BARD INC 04/28/26 i Brown RN, Evan M, Smith , Amber M, Beseth M.D., Bryce D No 010080174103086417260428 10HUFS0135
End Implant/Explant Img Implant Identification Description MES W3 Lot Number HUI Size 3** Device Identifier 005 Usage Data Implant Site Abc Verified c Surgeon Siz Sterilized By Yes Manufacturer Human Readable UDI {01 {11 Last Modified By: Brr 08 Surgical Irrigation - M Irrigant Sat Bot Additive Sec	Slant SH SURGICAL L6 IN X IN SOFT LATEX PREE RNIA REPAIR [0117009] S0135 S01741C30864 domen ze, Type s 1)00801741030864 r)260428{10_ JUFS0135 Swn RN, Evan M (12/21 10:03:15	Manufacturer Expiration Date Quantity Verified By Sterilized By SPD	BARD MEDICAL - DIV C R BARD INC 04/28/26 i Brown RN, Evan M, Smith , Amber M, Beseth M.D., Bryce D No 010080174103086417260428
Implant/Explant Implant Implant Identification Identification MES Description W3 HEE W3 Lot Number HUI Size 3x4 Device Identifier 006 Usage Data Implant Site Implant Site Abc Verified c Surgeon Siz Sterilized By Yes Manufacturer Human Readable UDI Human Readable UDI {07 Last Modified By: Brd Surgical Irrigation Menufacture Irrigant Sai Additive See	Slant SH SURGICAL L6 IN X IN SOFT LATEX PREE RNIA REPAIR [0117009] S0135 S01741C30864 domen ze, Type s 1)00801741030864 r)260428{10_ JUFS0135 Swn RN, Evan M (12/21 10:03:15	Manufacturer Expiration Date Quantity Verified By Sterilized By SPD	BARD MEDICAL - DIV C R BARD INC 04/28/26 i Brown RN, Evan M, Smith , Amber M, Beseth M.D., Bryce D No 010080174103086417260428
Implant Identification Description MES WB WB Lot Number HUI Size 3* Device Identifier 006 Usage Data Implant Site Implant Site Abc Verified c Surgeon Size Sterilized By Yes Manufacturer HUI Human Readable UDI {07 Last Modified By: Brd Surgical Irrigation Menufaction Irrigant Sai Additive See	SH SURGICAL L6 IN X IN SOFT LATEX PREE ENHA REPAIR [0117009] FS0135 () 301741C30864 domen ze, Type s 1)00801741030864)260428[10_ 4UFS0135 wm RN, Evan M (12/21 10:03:15	Manufacturer Expiration Date Quantity Verified By Sterilized By SPD	BARD MEDICAL - DIV C R BARD INC 04/28/26 i Brown RN, Evan M, Smith , Amber M, Beseth M.D., Bryce D No 010080174103086417260428
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-	tus RN, Amy K /12/21 09:51:19	Titus RN, Amy K 08/12/21 09:51:19	
Medication Administrati	on - Main		
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Counts Performed? Yes Count Number In:		Procedure	Repair Hernia Inguinal(Right), c Mesh Brown DN Brown M Smith
court sumper in:	itial, Closing, Final	Count Performed By	Brown RN, Evan M, Smith , Amber M
Items included in Sha	arps, Sponges,	Count Status	Correct
Count Mis	scellaneous		
-	own RN, Evan M /12/21 10:36:57		

Report ID: 127045219

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atient Type: ttending:	Beseth M.[Admitting:	
		Periop	perative Record	
Skin Integr Skin Condit Post-op Last Modifi	ion	Entry 1 Intact Unchanged Brcwn RN, Evan M	Skin Abnormality	No
	-	08/12/21 10:37:00		
Dressing/	Packing -	- Main		
Type Items Site and De DC'd at End		Entry 1 Dressing Suture Plus abdomen RLÇ	Entry 2 Dressing Mastisol Adhesive abdomen RLQ	
Last Modifi		Brown RN, Evan M 08/12/21 10:35:48	Brown RN, Evan M 08/12/21 10:36:48	
Departure	e from OR	- Main		
		Entry 1		
Destination Airway Main		PACU	Via	Gurney
Skin	ed Bv:	Dry, Warm, Moist Brown RN, Evan M 08/12/21 10:12:37		
-				
Skin Condition Last Modifi General Com	ments:	sses and facemask sent to pac	cu attached to chart	
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D **Result Status:** Performed By: Authenticated By:

Main Preop Record

Main Preop Record Summary

_	-
Primary Physician:	Beseth M.D., Bryce D
Case Number:	MAIN-2021-5296
Finalized Date/Time:	08/13/21 06:05:45
Pt. Name:	HANNA MD, ACEL SHAKER
D.O.B./Sex:	03/29/1946 Male
Med Rec #:	918505

Report ID: 127045219

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Davidson ,Raylene D (8/13/2021 06:06 PDT)

Patient:	HANNA MD, ADEL SHAKER
MRN:	918505
FIN:	5228417
Patient Type:	Day Patient
Attending:	Beseth M.D.,Bryce D

DOB/Age/Sex:	3/29/1946	76 years	Male
Admit/Disch:	8/12/2021	8/12/	2021
Admitting:			

Perioperative Record

Physician:	Beseth M.D., Bryce D		
Financial #:	5228417		
Pt. Type:	D		
Room/Bed:	AC15/A		
Admit/Disch:	08/12/21 06:12:49 -		
Admite/Disen.	08/12/21 16:25:00		
Institution:	00/12/21 10:20:00		
Preop Case Times -	Main		
	Entry 1		
Patient Arrival Time	08/12/21 06:03:00	Patient Ready for	08/12/21 07:41:00
		Surgery	
Transport Time	08/12/21 07:50:00	Side rails up?	Yes
Last Modified By:	Davidson , Raylene D		
	08/13/21 06:05:44		
Finalized By: D	Davidson , Raylene D		
Document Signature	8		
Signed By:			
Davidson , Raylen			

Report ID: 127045219

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SAN ANTONIO REGIONAL HOSPITAL SACH Ane		
	esthésia Record ed: 8/12/2021 10:52 age 3 of 3	HANNA MD, ADEL SHAKER 918505 WAIN-2021-5296 Repair Hernia Inguined (Right) o Mesh
	Actions	
9:16 Anesthesia Start 10: Patient in Room 10: Legal Note Re: 1 min values;: Note - Data inaccuracies may occur due to mechanical, electronic, and human factors. Thé Dr. documenting this record will make reasonable effort to correct this data to reflect the clinical course but 1 min intervals are not 10:	reco Airway: Able to maintain will Vital Signs: Blood Pressure - Vital Signs: Heart Rate - 63 Vital Signs: Coxygen Saturat Vital Signs: Coxygen Saturat Vital Signs: Temperature - 9 Nausea and/or Voniting: No Pain Assessed: yes Dentition unchanged from pir Adsquate Hydration?: Yes Follow up Care or Observati Complications during PACU Full Report given to RN/Staf PQRS Registry Reporting For Advance Care Plan Pt age > Current Meds Reviewed?: Vi Screen for tobacco use, cour Curr Cig smoker- abstan DC CVC insert per protoin: N/A CABG-Blocker = 24 hr pr</th <td>fficulty ity: Yes uncomplicated ity: Yes usable/responsive - Mental status wered, pt. participates in eval hout difficulty 156/89 ion - 100 e - 14 8,2 or reop: Yes on: None Rec: None at this time frives m -==5: Yes-Met, ACP discussed, pt declines (1124E) es-Met, (G68427) resE: Yes-Met, Screened, non-smoker (G9903) (5) M/A-Not & Screened, non-smoker (G9903) (6) M/A-Not & Screened, non-smoker (G9903) (7) M/A-Not & Screened, non-smoker (G9903) (8) M/A-Not & Screened, non-smoker (G9903) (9) M/A-Not & Screened, non-smoker (G9903) (9) M/A-Not & Screened, non-smoker (G9903) (9) M/A-Not & Screened, non-smoker (G9</td>	fficulty ity: Yes uncomplicated ity: Yes usable/responsive - Mental status wered, pt. participates in eval hout difficulty 156/89 ion - 100 e - 14 8,2 or reop: Yes on: None Rec: None at this time frives m -==5: Yes-Met, ACP discussed, pt declines (1124E) es-Met, (G68427) resE: Yes-Met, Screened, non-smoker (G9903) (5) M/A-Not & Screened, non-smoker (G9903) (6) M/A-Not & Screened, non-smoker (G9903) (7) M/A-Not & Screened, non-smoker (G9903) (8) M/A-Not & Screened, non-smoker (G9903) (9) M/A-Not & Screened, non-smoker (G9903) (9) M/A-Not & Screened, non-smoker (G9903) (9) M/A-Not & Screened, non-smoker (G9

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	ardino Road	JOFTIAL		Finalize	sthesia F d: 8/12/2021 ge 2 of 3	10:52	HANNA MD, A 118505 MAIN-2021-5206	
OR:	OR 01		L DOB		3/29/1946		tepar Hemia Inguina	
Surg: Date: Surgeon:	8/12/2021 9:56 Beseth M.D., Br Beseth M.D., Br	yce D	Age Gender Pre-Op Dis	qnosis:	75 years Male RT INGUIN	IAL HERNIA	Height 170 c Weight 72.71 Allergies REG	φ
Anes, Type ASA Class:	General Anes. I 2	None	Reason for FIN NBR:	Admit:	RIGHT ING 5228417	IUINAL HERNI.		
00	10/15	10:3)	10:45	\$/12/2021		Personnel	
		Medications	»			Provider		
	Transition and Arrise Constraints and Arrise Constraints and Arrive Constraints and Arri					Yuan D.O	, Adam K., D.O	9.16- 10:52
<u>Eren</u>				<u> P</u> PD-		Signed By		
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		Output						
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Facility: SARH

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	* Autl	n (Verified) *		
SAN ANTONIO REGIONAL HOSPITAL 999 San Bernarding Road Upland, CA 917864920	Date Finalize	sthesia Record d: 8/12/2021 10:52 ge 1 of 3	918505 MABN-2021-525	ID ADEL SHAKER 16 Inguinal (Right), c Mesh
OR: OR 01 Surg. Date: 8/12/2021 9:56 Surgeon: Beseth M.D., Bryce D, Beseth M.D., Bryce D Anes Type: General Anes, None	DOB Age Gender Pre-Op Diagnosis: Reason for Admit	3/29/1946 75 years Male RT INGUINAL HERNIA RIGHT INGUINAL HERI	Height Weight Allergies	170 cm 72.7 kg
ASA Class: 2 Name	FIN NBR	5228417 otal <mark>\$/12/2021</mark>	9:30	: 9:45 : :
	Me	dications	. 0.00	
Acetaminophen 10mg/mL Inj Sol - 10 ceFAZolin,1gm Inj <u>tveush</u> Dexamethasone 4mg/mL Inj Sol - 5m fentaNYL 0.05mg/mL Inj Sol - 5mL Lidocaine 2% Inj Sol - 20mL <u>tveush</u>	200 L IV Push 8 M IV Push 100	mcg 50 mcg •	2000 mg • 8 mg •	
Proporol 10mg/mL fv Emul- 20mL Glycopyrrolate 0.2mg/mL Inj Sol - 1ml Ondansetron 2mg/mL Inj Sol - 2mL	IV Push 1.50 IV 0.2 IV Push 4.00	q di la constante de	0.2 mg •	
Inspired O2 % Expired OO2 % Oxygen Flow Rafe L/min Air Flow L/min Inspired Sevoflurane % Expired Sevoflurane %		8 4 0 4	5,4 • 0,1 • 7,5 .25 • 4 • 1 .25 • 2.9 • 2.8	56 49 50 46 7.6 7.7 7 6.5 0.73 0.73 0.73 0.73 1.27 1.27 1.27 1.27 2.7 2.8 2.4 2 T.60 1.7 1.5 1.5
Lactated Ringers IV Sol - 1000mL	100	ntake 0 mL = = = = =		
EBL	(2 m	Dutput L		
Oxygen Saturation 2 TV L EKG (Rhythm) Temp 1 degc Bispectral Index		onitors 94 31 S Bradys Bra	98, 99, 98 57, 69, 256 ady \$ Brady \$ Brady 35,7 58	26 254 337 375 NSR NSR NSR 35.2 35.5 35.4 35.3
Legend ~ Systolic Blood Pressure (mmHg)		210 200 190 190		
 Diastolic Blood Pressure (mmHg) 		170 160 150 140		
Heart Rate - EKG (bpm)		130 130 140 140	· · ·	
Respiratory Rate (bi/min)		90 90 70		
▲ Paak Inspiratory Pressure (omH20)	50		
Positive End Expiratory Pressure	(cmH2D)		<u>+</u> ;	

Facility: SARH

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Patient: HANNA MD, ADEL SHAKER

MRN:918505FIN:5228417Patient Type:Day PatientAttending:Beseth M.D.,Bryce D

DOB/Age/Sex: 3/29/1946 76 years Male Admit/Disch: 8/12/2021 8/12/2021 Admitting:

Operative Report

Operative Reports Auth (Verified) Beseth M.D.,Bryce D (8/16/2021 12:39 PDT) Beseth M.D.,Bryce D (8/16/2021 12:39 PDT)

Surgical Packing in Place

[_] Yes [_] No [_] N/A

Document Name: Result Status: Performed By: Authenticated By:

Date and Time of Procedure 8/12/2021

Indication for Surgery Right inguinal hernia

Preoperative Diagnosis Right inguinal hernia

Postoperative Diagnosis

1. Right direct and indirect inguinal hernias

2. Right cord lipoma

Surgeon(s)

Beseth M.D., Bryce D. (Surgeon - primary)

Anesthesia

General

Operation/Procedure

- 1. Right inguinal hernia repair with mesh
- 2. Excision of right cord lipoma

Infectious Disease Findings ALREADY Present at Time of

<u>Surgery</u>

(Document noted infectious findings in Procedure/Technique Description section below)

- [_] Abscess
- [_] Pus/Purulence
- [_] Perforation
- [_] Necrosis

[_] Gangrene

[] Fecal Spillage

[_] Inflammation - Acute

[_] Inflammation - Chronic

- [_] Other Signs of Infection:
- [] No Signs of Infection Present at Time of Surgery

Procedure/Technique Description

The patient was evaluated in the preoperative holding area and the site of the hernia was marked in indelible ink with the aid of the patient. The patient was then taken to the operating room and laid supine on the operating table. After the induction of general anesthesia, the abdomen and groin were prepped and draped in standard surgical fashion. A skin incision was made in the right lower quadrant and deepened down through the subcutaneous tissues using electrocautery. The aponeurosis of the external oblique was incised in a direction parallel to its fibers and a Weitlaner retractor was placed. The spermatic cord and associated

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Patient:	HANNA MD, ADEL SHAKER
MRN:	918505
FIN:	5228417
Patient Type:	Day Patient
Attending:	Beseth M.D.,Bryce D

DOB/Age/Sex: 3/29/1946 76 years Male Admit/Disch: 8/12/2021 8/12/2021 Admitting:

Operative Report

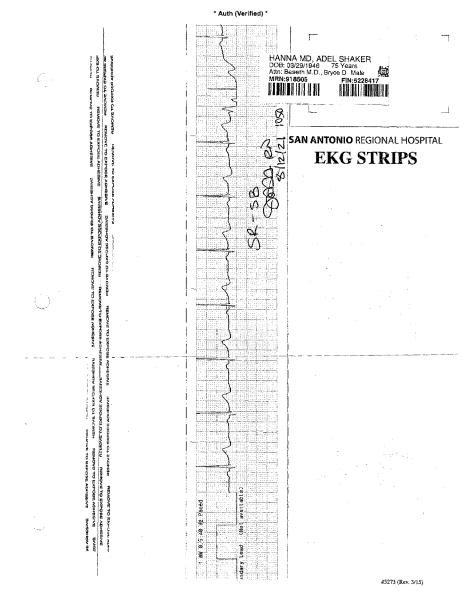
vessels were encircled with a penrose drain. The patient was found to have a direct and an indirect defect. The indirect sac was dissected free of surrounding structures and opened. It did not contain any contents. It was suture-ligated at its base and the distal portion of the sac was amputated and passed off the table as a specimen. The proximal portion of the sac was allowed to retract back up into the abdomen. The patient was also found to have a cord lipoma and this was dissected off of the cord and excised and passed off table as a specimen. The patient had a larger direct defect more medially. This was repaired using mesh. An onlay mesh patch was trimmed to the appropriate shape and then sewn in place. It was first anchored to the fascia overlying the pubic tubercle using Novafil suture. Novafil suture was then used to sew the mesh to the shelving edge of the inguinal ligament inferolaterally and to the conjoint tendon superiorly. The sutures were tied together laterally where they met at the lateral aspect of the patch. Interrupted Novafil suture was then to close the defect in the mesh that had been created for the passage of the spermatic cord. The wound was irrigated with antibiotic irrigation and local anesthetic was injected. The entire operative field was surveyed and everything looked good. Hemostasis was evident. The aponeurosis of the external oblique was then closed using running 0-Vicryl suture and the subcutaneous tissues were reapproximated using interrupted 3-0 Vicryl suture. The skin was then closed using 4-0 Vicryl subcuticular suture followed by Mastisol and Steri-strips. The patient was taken to the recovery room in good condition.

Signed by: Beseth M.D., Bryce D Signed Date/Time: 08/16/2021 12:39 PM

Telemetry Strip

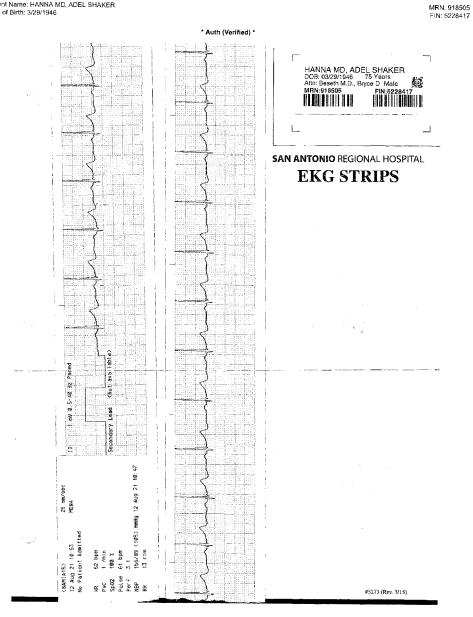
Report ID: 127045219

Print Date/Time: 2/24/2023 16:04 PST Page 62 of 191 Patient Name: HANNA MD, ADEL SHAKER Date of Birth: 3/29/1946



Facility: SARH

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Facility: SARH

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Patient:	HANNA MD, ADEL SHAKER
MRN:	918505
FIN:	5228417
Patient Type:	Day Patient
Attending:	Beseth M.D.,Bryce D

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

 Admit/Disch:
 8/12/2021
 8/12/2021

 Admitting:
 X
 X
 X

Miscellaneous Patient Care

Report ID: 127045219

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* Auth (Verified) *

Medication Reconciliation Report for Admission

Patient:	HANNA MD, ADEL SHAKER	DOB:	03/29/46	Age:	75 Years
Room/Bed:	N/A / N/A	Gender:	Male		
MRN#	918505	Ht:	170 cm	Wt:	72.7 kg
Admitting MD:	Beseth, Bryce D	FIN#:	5228417		
		Date:	08/11/21		

Prescription/Home Medication		Admission Orders			
Drug Details atenolol 50 mg oral tablet (atenolol) 50 mg, 1 tab, PO, Daily	Last Taken	Continue	Continue with changes (Indicate Changes)	Do not continue upon admission	
Indication: <u>Jakes</u> for -	migrain		BP or Vrate	C. C. A. A. A.	

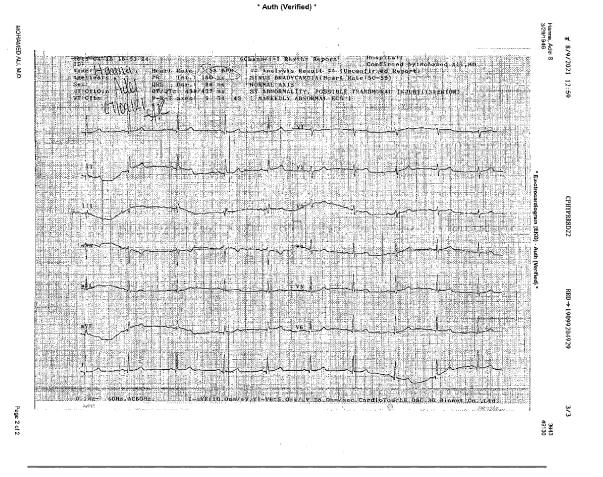
Ordering Physician:	Date	Time	Notes:
Reconciled by (Name and Credentials):	Date	Time	
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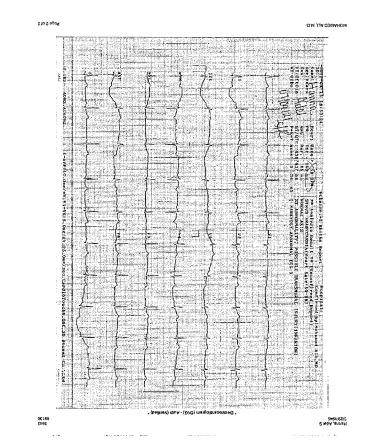
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Facility: SARH

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* Auth (Verified) *



Facility: SARH

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Patient:	HANNA MD, ADEL SHAKER
MRN:	918505
FIN:	5228417
Patient Type:	Day Patient
Attending:	Beseth M.D.,Bryce D

DOB/Age/Sex:	3/29/1946	76 years	Male
Admit/Disch:	8/12/2021	8/12/	2021
Admitting:			

Coding Documentation

Document Name: Result Status: Performed By: Authenticated By: Coding Summary Transcribed

CODING DATE: 08/18/2021 SAN ANTONIO REGIONAL HOSPITAL			FINAL	
	DSCH STATU: 01 Discharg	3: ged to Home or Self Care		
	PAYOR : PPO			
	APC 5341	DESCRIPTION Abdominal/Peritoneal/Biliary Procedures	and Related	
	ADMIT DX:			
	REASON FOR K40.90	VISIT DX: Unilateral inguinal hernia, as recurrent	without obstruction or gan	grene, not specified
	FINAL DX: PRINCIPAL: K40.90	Unilateral inguinal herni specified as recurrent	a, without obstruction or g	gangrene, not
	SECONDARY: D17.6 Z20.822	Benign lipomatous neoplas Contact with and (suspect	+	
	PROC APC 36415	PYMT STAT DESCRIPTION Collection of venous blood by venipuncture	DOCTOR NAME	DATE 08/12/2021
	49505 5341	Repair initial inguina hernia, age 5 years or		08/12/2021
	71045	older; reducible Radiologic examination chest; single view	- 1	08/12/2021

Report ID: 127045219

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Patient:HANNA MD, ADEL SHAKERMRN:918505FIN:5228417Patient Type:Day PatientAttending:Beseth M.D.,Bryce D

DOB/Age/Sex: 3/29/1946 76 years Male Admit/Disch: 8/12/2021 8/12/2021 Admitting: 8/12/2021 8/12/2021

	Coding Documentation				
80048	Basic metabolic panel (Calcium, total) This panel must include the following: Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea nitrogen	08/12/2021			
85025	(BUN) (84520) Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	08/12/2021			
87426	<pre>Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; severe acute respiratory sy</pre>	08/12/2021			
88302	Level II - Surgical pathology, gross and microscopic examination Appendix, incidental Fallopian tube, sterilization Fingers/toes, amputation, traumatic Foreskin, newborn Hernia sac, any location Hydrocele sac Nerve Skin, plastic repair	08/12/2021			

Report ID: 127045219

Print Date/Time: 2/24/2023 16:04 PST Page 70 of 191

Patient:HANNA MD, ADEL SHAKERMRN:918505FIN:5228417Patient Type:Day PatientAttending:Beseth M.D.,Bryce D

DOB/Age/Sex: 3/29/1946 76 years Male Admit/Disch: 8/12/2021 8/12/2021 Admitting: 8/12/2021 8/12/2021

	Coding Documentation	
	Sympathetic ganglio	
88304	Level III - Surgical	08/12/2021
	pathology, gross and	
	microscopic examination	
	Abortion, induced	
	Abscess Aneurysm -	
	arterial/ventricular	
	Anus, tag Appendix,	
	other than incidental	
	Artery, atheromatous	
	plaque Bartholin's gland	
	cyst Bone fragment(s),	
	other than pathologi	
C1781	Mesh (implantable)	08/12/2021
J0131	Injection,	08/12/2021
	acetaminophen, 10 mg	
J0690	Injection, cefazolin	08/12/2021
	sodium, 500 mg	
J1100	Injection, dexamethasone	08/12/2021
	sodium phosphate, 1 mg	. ,
J1170	Injection,	08/12/2021
	hydromorphone, up to 4	
	mg	
J1580	Injection, garamycin,	08/12/2021
70.003	gentamicin, up to 80 mg	00/10/0001
J2001	Injection, lidocaine HCl	08/12/2021
	for intravenous	
70405	infusion, 10 mg	00/10/0001
J2405	Injection, ondansetron hydrochloride, per 1 mg	08/12/2021
70705	Injection, ropivacaine	08/12/2021
J2795	Injection, ropivadalne	08/12/2021
	hydrochloride, 1 mg	
J3010	Injection, fentanyl	08/12/2021
03010	citrate, 0.1 mg	00/12/2021
J7120	Ringers lactate	08/12/2021
07120	infusion, up to 1000 cc	00/12/2021
	incusion, up co ivvo ce	

NOTE: The code number assigned matches the documented diagnosis and / or procedure in the patient's chart. However, the narrative phrase printed from the coding software may appear abbreviated, or result in slightly different

Report ID: 127045219

Print Date/Time: 2/24/2023 16:04 PST Page 71 of 191

Patient:HANNA MD, ADEL SHAKERMRN:918505FIN:5228417Patient Type:Day PatientAttending:Beseth M.D.,Bryce D

DOB/Age/Sex:	3/29/1946	76 years	Male
Admit/Disch:	8/12/2021	8/12/	2021
Admitting:			

Coding Documentation

terminology.

Coded By: Mercado , Jose Rommel L Date Saved: 8/18/2021 08:09

Diagnostic Radiology

Exam XR Chest Portable 1 View

Accession Number v XR-21-0053849 Exam Date/Time 8/12/2021 07:27 PDT Ordering Provider Beseth M.D.,Bryce D

Report

XR Chest Portable 1 View

Clinical History: Pre-op for Anesthesia Clearance Preop evaluation prior to hernia repair surgery

Comparison: None.

Findings:

Single view of chest is provided. Mild elevation of right hemidiaphragm. Linear opacities at lung bases, indicating of mild chronic scarring. No large pleural effusion. No pneumothorax. Heart size is normal. Mediastinal contour is normal.

Impression:

* No radiographic evidence of acute pulmonary process.

dictated by: Reza Pakdaman M.D. on 8/12/2021 7:35 AM

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

Dictated: 08/12/2021 07:35 Pakdaman M.D., Reza

Electronically signed: 08/12/2021 07:45 Provider: Pakdaman M.D., Reza

Report ID: 127045219

Print Date/Time: 2/24/2023 16:04 PST Page 72 of 191

Patient:HANNA MD, ADEL SHAKERMRN:918505FIN:5228417Patient Type:Day PatientAttending:Beseth M.D.,Bryce D

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

 Admit/Disch:
 8/12/2021
 8/12/2021

 Admitting:
 X
 X
 X

Hematology/Coagulation

Legend: c=Corrected, *=Abnormal, C=Critical, L=Low, H=High, f=Footnote, ^=Interp Data, R=Result Comment

Collected Dt/Tm	Procedure	Result	Reference Range	Units	Verified Dt/Tm
8/12/2021 07:06 PDT	Segs Man	56	[45-76]	%	8/12/2021 09:33 PDT
8/12/2021 07:06 PDT	Band Man	1	[0-10]	%	8/12/2021 09:33 PDT
8/12/2021 07:06 PDT	Lymph Man	24	[6-42]	%	8/12/2021 09:33 PDT
8/12/2021 07:06 PDT	Monocyte Man	10 ^H	[3-8]	%	8/12/2021 09:33 PDT
8/12/2021 07:06 PDT	Eos Man	4	[0-8]	%	8/12/2021 09:33 PDT
8/12/2021 07:06 PDT	Basophil Man	1	[0-1]	%	8/12/2021 09:33 PDT
8/12/2021 07:06 PDT	Myelo Man	1 *	[<=0]	%	8/12/2021 09:33 PDT
8/12/2021 07:06 PDT	React Lymph % Man	3 ^H	[<=0]	%	8/12/2021 09:33 PDT
8/12/2021 07:06 PDT	Abs Neutro	2.2	[1.8-7.0]	x10(3)/mcL	8/12/2021 09:33 PDT
8/12/2021 07:06 PDT	Abs Lymph	0.9 ^L	[1.2-4.0]	x10(3)/mcL	8/12/2021 09:33 PDT
8/12/2021 07:06 PDT	Abs Mono	0.4	[0.0-0.8]	x10(3)/mcL	8/12/2021 09:33 PDT
8/12/2021 07:06 PDT	Abs Eos	0.2	[0.0-0.5]	x10(3)/mcL	8/12/2021 09:33 PDT
8/12/2021 07:06 PDT	Abs Baso	0.0	[0.0-0.0]	x10(3)/mcL	8/12/2021 09:33 PDT
8/12/2021 07:06 PDT	Platelet Est	Decreased			8/12/2021 09:33 PDT
8/12/2021 07:06 PDT	Polychrom	Slight			8/12/2021 09:33 PDT
8/12/2021 07:06 PDT	WBC	3.8 ^L	[4.4-9.1]	x10(3)/mcL	8/12/2021 07:30 PDT
8/12/2021 07:06 PDT	RBC	5.49	[4.60-5.40]	x10(6)/mcL	8/12/2021 07:30 PDT
8/12/2021 07:06 PDT	Hgb	16.4	[13.6-16.3]	gm/dL	8/12/2021 07:30 PDT
8/12/2021 07:06 PDT	НСТ	50	[36-55]	%	8/12/2021 07:30 PDT
8/12/2021 07:06 PDT	Platelet	135 ^L	[150-450]	x10(3)/mcL	8/12/2021 07:30 PDT
8/12/2021 07:06 PDT	MCV	91	[80-99]	£	8/12/2021 07:30 PDT

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Patient:HANNA MD, ADEL SHAKERMRN:918505FIN:5228417Patient Type:Day PatientAttending:Beseth M.D.,Bryce D

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

 Admit/Disch:
 8/12/2021
 8/12/2021

 Admitting:
 8/12/2021
 8/12/2021

Hematology/Coagulation

Legend: c=Corrected, *=Abnormal, C=Critical, L=Low, H=High, f=Footnote, ^=Interp Data, R=Result Comment

Collected Dt/Tm	Procedure	Result	Reference Ran	ge Units	Verified Dt/Tm
8/12/2021 07:06 PDT	МСН	29.9	[28.3-31.1]	pg	8/12/2021 07:30 PDT
8/12/2021 07:06 PDT	МСНС	33	[30-36]	gm/dL	8/12/2021 07:30 PDT
8/12/2021 07:06 PDT	RDW	15.2 ^H	[11.1-14.7]	%	8/12/2021 07:30 PDT
8/12/2021 07:06 PDT	MPV	9.8	[7.4-10.4]	fL	8/12/2021 07:30 PDT

Chemistry

Legend: c=Corrected, *=Abnormal, C=Critical, L=Low, H=High, f=Footnote, ^=Interp Data, R=Result Comment

Collected Dt/Tm	Procedure	Result	Reference Range	Units	Verified Dt/Tm
8/12/2021 07:06 PDT	GFR,Estimated	71 ^{^1}	[>=60]	mL/min	8/12/2021 07:50 PDT
8/12/2021 07:06 PDT	Sodium Lvl	141	[134-146]	mmol/L	8/12/2021 07:50 PDT
8/12/2021 07:06 PDT	Potassium Lvl	4.1	[3.3-5.2]	mmol/L	8/12/2021 07:50 PDT
8/12/2021 07:06 PDT	Chloride Lvl	110	[99-113]	mmol/L	8/12/2021 07:50 PDT
8/12/2021 07:06 PDT	CO2	27	[21-32]	mmol/L	8/12/2021 07:50 PDT
8/12/2021 07:06 PDT	AGAP	4 ^L	[5-15]	mmol/L	8/12/2021 07:50 PDT
8/12/2021 07:06 PDT	Glucose Lvl	100 ^2	[60-100]	mg/dL	8/12/2021 07:50 PDT
8/12/2021 07:06 PDT	BUN	14	[6-22]	mg/dL	8/12/2021 07:50 PDT
8/12/2021 07:06 PDT	Creatinine Lvl	1.02^3	[0.70-1.30]	mg/dL	8/12/2021 07:50 PDT
8/12/2021 07:06 PDT	Calcium Lvl	9.5 ^{^4}	[8.0-10.3]	mg/dL	8/12/2021 07:50 PDT

Interpretive Data

^1: GFR, Estimated

eGFR result reported in ml/min/1.73m3. If patient is African-American, please multiply the result by 1.210. Stable creatinine presumed. Ignore eGFR in dialysis patients. Interpret with caution in patients with acute renal failure.

^2: Glucose Lvl

Reference Ranges:

Report ID: 127045219

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Patient: HANNA MD, ADEL SHAKER MRN: 918505 FIN: 5228417 Patient Type: Day Patient Attending: Beseth M.D., Bryce D

^2:

^3:

^4:

DOB/Age/Sex: 3/29/1946 76 years Male Admit/Disch: 8/12/2021 8/12/2021 Admitting:

Chemistry

Legend: c=Corrected, *=Abnormal, C=Critical, L=Low, H=High, f=Footnote, ^=Interp Data, R=Result Comment Interpretive Data Glucose Lvl Fasting Oral GTT (2HR) NORMAL <100 mg/dl<140 mg/dl PREDIABETES >100 to <126 mg/dl >140 to <200 mg/dl DIABETES >126 mg/dl >200 mg/dl American Diabetes Association "Diagnosis and Classification of Diabetes Mellitus" Diabetes Care, Volume 36, Supplement 1, January 2013 All pregnant patients not known to be diabetic should be tested with the 75 gram OGTT between 24 and 28 weeks gestation. Creatinine LvI Falsely depressed results may occur on samples drawn from patients receiving N-Acetylcysteine (NAC) or Metamizole. Calcium Lvl Reference Range: 8.0-10.3 mg/dL **Interpretive Guide** Normal Parathyroid Normal Hypoparathyroidism Low Hyperparathyroidism Primary Hiah Normal or Low Secondary Tertiary High Non-Parathyroid High Hypercalcemia

Pathology

Legend: c=Corrected, *=Abnormal, C=Critical, L=Low, H=High, f=Footnote, ^=Interp Data, R=Result Comment

Collected Dt/Tm	Procedure	Result Ref	erence Range Units	Verified Dt/Tm
8/12/2021 13:49	Pathology	See Below ^{T1}		8/12/2021 13:49 PDT
PDT	Specimen			

Textual Results

8/12/2021 13:49 PDT (Pathology Specimen) T1: Image displayed on subsequent page Please click on link to see image.

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Patient Name: HANNA MD, ADEL SHAKER Date of Birth: 3/29/1946

Image for T1: 8/12/2021 13:49 PDT (Pathology Specimen)



Surgical Final Report

	Patient Name:	HANNA, AI	DEL S. MD	
	DOB:	3/29/1946	Case #:	S21-4920
Beseth M.D., Bryce D	Gender:	М	Date Taken (Coll.):	8/12/2023
510 N. 13th Ave.	Location:	ACU	Received:	8/12/202
Upland, CA 91786	Account #:	5228417	Reported: MRN:	8/13/202: 918505
	Physician(s): Copy To:	Beseth M.D.,	Bryce D	

Final Pathologic Diagnosis

A. Right inguinal hernia sac: Consistent with hernia sac.

B. Right cord lipoma: Consistent with benign lipoma.

Ixc/8/13/2021

Electronically Signed Koo M.D, Choon S.

Specimen(s) Received

A: RIGHT INGUINAL HERNIA SAC **B: RIGHT CORD LIPOMA**

Clinical History

Right inguinal hernia

Gross Description

A. The specimen is submitted in 10% neutral buffered formalin in a properly identified container and labeled right inguinal hernia sac. It consists of a fibromembranous tissue grossly appearing to be hernia sac. It measures 2.7 x 1.5 x 0.4 cm. Representative sections in one cassette.

B. The specimen is submitted in 10% neutral buffered formalin in a properly identified container and labeled cord lipoma. It consists of an elongated piece of fatty tissue measuring 4.5 x 1.7 x 1 cm. Representative sections in one cassette. DDC/sw

sxw/8/12/2021

Microscopic Description

- A. One block, one slide. Microscopic examination performed. B. One block, one slide. Microscopic examination performed. CSK/lic

CPT: A: 88302 B: 88304

HANNA, ADEL S. MD S21-4920

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Facility: SARH

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Image for T1: 8/12/2021 13:49 PDT (Pathology Specimen)

HANNA, ADEL S. MD

Surgical Final Report

S21-4920

HANNA, ADEL S. MD

END OF REPORT

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Facility: SARH

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Patient:	HANNA MD, ADEL SHAKER
MRN:	918505
FIN:	5228417
Patient Type:	Day Patient
Attending:	Beseth M.D.,Bryce D

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

 Admit/Disch:
 8/12/2021
 8/12/2021

 Admitting:
 X
 X
 X

Pathology Report

Report ID: 127045219

Print Date/Time: 2/24/2023 16:04 PST Page 78 of 191 * Auth (Verified) *

San Antonio Regional Hospital Department of Pathology D.B. DeCastro, M.D. Medical Director-C.S. Koo, M.D., Co-Medical Director 999 San Bernardino Road Upland, California 91786 Tel: 909-985-2811 X26014 Fax: 909-920-3827

Surgical Final Report

Beseth M.D., Bryce D
510 N. 13th Ave.
Upland, CA 91786

Patient Name:	HANNA, AI	DEL S. MD
DOB:	3/29/1946	Case #:
Gender:	М	Date Taken
Location:	ACU	Received:
Account #:	5228417	Reported: MRN:
Physician(s):	Beseth M.D.,	Bryce D

S21-4920 Date Taken (Coll.): 8/12/2021 8/12/2021 8/13/2021 918505

Ph Copy To:

Final Pathologic Diagnosis

Α. Right inguinal hernia sac: Consistent with hernia sac.

B. Right cord lipoma: Consistent with benign lipoma.

Ixc/8/13/2021

*Electronically Signed***

Koo M.D, Choon S.

Specimen(s) Received

A: RIGHT INGUINAL HERNIA SAC B: RIGHT CORD LIPOMA

Clinical History

Right inguinal hernia

Gross Description

The specimen is submitted in 10% neutral buffered formalin in a properly identified container and labeled right inguinal hernia A. sac. It consists of a fibromembranous tissue grossly appearing to be hernia sac. It measures 2.7 x 1.5 x 0.4 cm. Representative sections in one cassette.

B. The specimen is submitted in 10% neutral buffered formalin in a property identified container and labeled cord lipoma. It consists of an elongated piece of fatty tissue measuring 4.5 x 1.7 x 1 cm. Representative sections in one cassette. DDC/sw

sxw/8/12/2021

Microscopic Description

- A. One block, one slide. Microscopic examination performed.
 B. One block, one slide. Microscopic examination performed. CSK/Ilc

CPT: A: 88302 B: 88304

HANNA, ADEL S. MD S21-4920

Medical Records

Page 1 of 2

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:20:11

* Auth (Verified) *

HANNA, ADEL S. MD	Surgical Final Report	S21-4920

HANNA, ADEL S. MD

Medical Records END OF REPORT

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Patient:HANNA MD, ADEL SHAKERMRN:918505FIN:5228417Patient Type:Day PatientAttending:Beseth M.D.,Bryce D

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

 Admit/Disch:
 8/12/2021
 8/12/2021

 Admitting:
 8/12/2021
 8/12/2021

Admit/Discharge/Transfer Forms

Preadmission Visit Assessment Entered On: 8/6/2021 12:11 PDT Performed On: 8/12/2021 7:05 PDT by Andrade-Escarcega RN, Maria

General I

COVID-19 Testing Done Prior to Arrival : No (Comment: VACCINATED [Andre RN, Tammy M - 8/9/2021 15:53 PDT]) Andre RN, Tammy M - 8/9/2021 15:53 PDT Primary Care Physician : All M.D., Mohamed S Andrade-Escarcega RN, Maria - 8/6/2021 12:26 PDT Discharge Contact #1 Phone Number : Irma Kawaguchi 909-374-7216 Andrade-Escarcega RN, Maria - 8/6/2021 12:22 PDT Reason for Admission : Surgery Information Given By : Patient Andrade-Escarcega RN, Maria - 8/6/2021 12:04 PDT Discharge Contact #1 Name : Irma Kawaguchi 909-374-7216 Andrade-Escarcega RN, Maria - 8/6/2021 12:22 PDT {[Irma 909-374-7216] - previously charted by Andrade-Escarcega RN, Maria at 8/6/2021 12:04 PDT}; Living Situation : Home independently Pregnancy Status : N/A Andrade-Escarcega RN, Maria - 8/6/2021 12:04 PDT General II Abuse/Neglect Indicators : No domestic concerns Preferred Language : English Ability to Read/Write : Able to read, Able to write Education Level : Doctorate Sensory Deficits : Other: wears glasses Preferred Communication Mode : Verbal Suicidal Ideation : No Mobility Assistance Prior to Admission : Independent Surgery Date/Time/Location Reviewed : Yes Andrade-Escarcega RN, Maria - 8/6/2021 12:04 PDT Allergies (As Of: 8/12/2021 07:30:43 PDT) Allergies (Active) Estimated Onset Date: Unspecified ; Created By: REGLAN CONTRIBUTOR_SYSTEM, IBEX; Reaction Status: Active; Substance: REGLAN ; Updated By: CONTRIBUTOR_SYSTEM, IBEX; Reviewed Date: 8/12/2021 7:22 PDT **Medication History** Medication List (As Of: 8/6/2021 12:11:04 PDT)

Report ID: 127045219

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Patient: MRN: FIN: Patient Type: Attending:	HANNA MD, AD 918505 5228417 Day Patient Beseth M.D.,Bryc	DOB/Age/Sex: 3/29/1946 76 years Male Admit/Disch: 8/12/2021 8/12/2021 Admitting:			
		Admit/Discharge/Transfer Forms			
Home Meds acetaminophe	en	: acetaminophen ; <i>Status:</i> Completed ; <i>Ordered As</i> <i>Mnemonic:</i> acetaminophen 325 mg oral tablet ; <i>Simple Display</i> <i>Line:</i> 2 tab, PO, Q4hr, tab, PRN: pain (mild) ; <i>Ordering</i> <i>Provider:</i> Agarwal M.D., Chandrahas; <i>Catalog Code:</i> acetaminophen ; <i>Order Dt/Tm:</i> 6/14/2012 13:29:15 PDT ; <i>Comment:</i> Total Acetaminophen NOT TO EXCEED 4000mg/24hrs			
clobetasol top	vical	: clobetasol topical ; <i>Status:</i> Completed ; <i>Ordered As</i> <i>Mnemonic:</i> Temovate ; <i>Simple Display Line:</i> 0.4 %, Topical, BID ; <i>Catalog Code:</i> clobetasol topical ; <i>Order Dt/Tm:</i> 6/12/2012 21:37:18 PDT			
atenolol		: atenolol; <i>Status:</i> Documented; <i>Ordered As Mnemonic:</i> atenolol 50 mg oral tablet; <i>Simple Display Line:</i> 50 mg, 1 tab, PO, Daily; <i>Catalog Code:</i> atenolol; <i>Order Dt/Tm:</i> 6/12/2012 21:36:35 PDT			
fluticasone na	isal	: fluticasone nasal ; <i>Status:</i> Completed ; <i>Ordered As</i> <i>Mnemonic:</i> Flonase ; <i>Simple Display Line:</i> 1 puff, Pharynx, BID ; <i>Catalog Code:</i> fluticasone nasal ; <i>Order Dt/Tm:</i> 6/12/2012 21:35:17 PDT			
esomeprazole	•	 esomeprazole ; Status: Completed ; Ordered As Mnemonic: Nexium 40 mg oral delayed release capsule ; Simple Display Line: 40 mg, 1 cap, PO, BID ; Catalog Code: esomeprazole ; Order Dt/Tm: 6/12/2012 21:34:55 PDT 			
aspirin		: aspirin ; <i>Status:</i> Discontinued ; <i>Ordered As Mnemonic:</i> Aspirin Adult Low Strength ; <i>Catalog Code:</i> aspirin ; <i>Order</i> <i>Dt/Tm:</i> 6/12/2012 16:09:51 PDT			
Family Histor Assessment C		by RN : Kemp RN, Shannon E Kemp RN, Shannon E - 8/12/2021 7:05 PDT			
Family History	<u>/</u>				
Self: Hanna, /	Adel	(As Of: 8/12/2021 07:30:43 PDT) Full Name: Hanna, Adel ; Relation: Self ;			
		Nomenclature: Migraines ; Value: Positive			
		Nomenclature: None ; Value: Negative			
Report ID: 12	27045219	Print Date/Time: 2/24/2023 16:04 PST			

Report ID: 127045219

Print Date/Time: 2/24/2023 16:04 PST Page 82 of 191

Patient: MRN: FIN: Patient Type: Attending:	HANNA MD, AE 918505 5228417 Day Patient Beseth M.D.,Bry	DOB/Age/Sex: 3/29/1946 76 years Male Admit/Disch: 8/12/2021 8/12/2021 Admitting:		
		Admit/Discharge/Transfer Forms		
Father:		Relation: Father; Unknown History		
Mother:		Relation: Mother; Gender: Female; Unknown History		
	ory/Comorbidity plogy patient? :	Andrade-Escarcega RN, Maria - 8/6/2021 12:04 PDT		
Problems(Acti Acid reflux (Sf :353140018)		(As Of: 8/12/2021 07:30:43 PDT) Name of Problem: Acid reflux ; Recorder: Caler RN, Tiffany A; Confirmation: Confirmed ; Classification: Nursing ; Code: 353140018 ; Contributor System: PowerChart ; Last Updated: 4/8/2014 14:11 PDT ; Life Cycle Date: 06/13/2012 ; Life Cycle Status: Active ; Vocabulary: SNOMED CT		
Allergic rhinitis :102311013)	s (SNOMED CT	Name of Problem: Allergic rhinitis ; Recorder: Manzano RN, Brenda P; Confirmation: Confirmed ; Classification: Nursing ; Code: 102311013 ; Contributor System: PowerChart ; Last Updated: 4/8/2014 14:11 PDT ; Life Cycle Date: 06/12/2012 ; Life Cycle Status: Active ; Vocabulary: SNOMED CT		
Cardiac ejecti (SNOMED CT :117644011)		Name of Problem: Cardiac ejection fraction; Recorder: Gonzalez RT, Enrique; Confirmation: Confirmed; Classification: Nursing; Code: 117644011; Contributor System: PowerChart; Last Updated: 6/13/2012 11:15 PDT; Life Cycle Date: 06/13/2012; Life Cycle Status: Active; Responsible Provider: Agarwal M.D., Chandrahas; Vocabulary: SNOMED CT ; Comments:		
		6/13/2012 11:14 - Gonzalez RT, Enrique CARDIAC LV EF 60%		
Procedure His	story			
Procedure His	tory_	- (As Of: 8/12/2021 07:30:43 PDT) Anesthesia Minutes: 0 ; Procedure Name: Cholecystectomy ; Procedure Minutes: 0		
Social History Social History		(As Of: 8/12/2021 07:30:43 PDT)		
Report ID: 12	27045219	Print Date/Time: 2/24/2023 16:04 PST Page 83 of 191		

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Patient: MRN: FIN: Patient Type: Attending:	HANNA MD, ADEL S 918505 5228417 Day Patient Beseth M.D.,Bryce D	HAKER	DOB/Age/Sex: Admit/Disch: Admitting:	3/29/1946 8/12/2021	76 years Male 8/12/2021
		Admit/Discharge	e/Transfer Forn	ns	
Tobacco:	ago	nies, Tobacco Use: Former . (Last Updated: 8/6/2021 Irade-Escarcega RN, Maria	12:06:19 PDT by	than 30 days	5
Alcohol:		nies (Last Updated: 8/6/20 Irade-Escarcega RN, Maria		by	
Substance Ab	Den	nies (Last Updated: 8/6/20 Irade-Escarcega RN, Maria		by	
	d Goal(s) : na als : Patient Goals				
				Kemp RN, S	hannon E - 8/12/2021 7:05 PDT { [Patient Goals
Family Anesth		transfusion, Prior anesthes	-	scarcega RN	I, Maria at 8/6/2021-12:04 PDT};
<u>Cardio/Pulmor</u> Chest Pain/SC Chest Pain/SC	nary Risk Factors Grid DB Climbing Stairs : N DB Walking 50 feet : N DB with ADL : No	lo	Andrade	-Escarcega F	RN, Maria - 8/6/2021 12:04 PDT
COVID-19 Vac Covid Vaccine Proof of COVI	c cine History Screeni <i>History</i> : 2nd Dose M D-19 Vaccine : Vaccir	Ioderna CV-19 Vaccine Re	əc'd - 2 or MORE พ RN, Maria	/ks ago	RN, Maria - 8/6/2021 12:04 PDT
Date Last Cov			rted by Andrade-E	-	RN, Maria - 8/6/2021 13:20 PDT I, Maria at 8/6/2021 13:20 PDT};
Last Charted (COVID-19 Vaccine RTF			-Escarcega l	

Report ID: 127045219

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		n Antonio Regional nospital
Patient:	HANNA MD, ADEL SHAKER	
MRN:	918505	DOB/Age/Sex: 3/29/1946 76 years Male
FIN: Batiant Type	5228417 Dev Patient	Admit/Disch: 8/12/2021 8/12/2021
Patient Type:	•	Admitting:
Attending:	Beseth M.D.,Bryce D	
	Admi	t/Discharge/Transfer Forms
		{ [No Vaccine Administration Found
	1	previously charted by Andrade-Escarcega RN, Maria at 8/6/2021 12:04 PDT};
Infectious Dis	sease Screening I	
Patient Has D	iarrhea on Admission : No	
		Kemp RN, Shannon E - 8/12/2021 7:05 PDT
	vsis patient : No	
	story of MRSA : No	
	story of VRE : No ICU/CCU : No	
	erred from Skilled Nursing Facility :	No
	from acute care hospital in last 30	
	ment Surgery is Scheduled : No	
	ery is Scheduled : No	
	ion Precautions in Place No	
Protocol Vacci	ine Screen : Screening will be ord	ered by System if patient is admitted overnight
	A "	Andrade-Escarcega RN, Maria - 8/6/2021 12:04 PDT
TB Symptoms	sease Screen II	
Bloody Sputur		
Fever: No	1. 140	
Night Sweats	. No	
•	igh Greater Than 3 Weeks : No	
	of Associated with Dieting : No	
		Kemp RN, Shannon E - 8/12/2021 7:05 PDT
TB Risk Facto		
	rug Use : No	
	nstitutional Living Environment : N	0
	mployee:Yes osure to TB: No	
	itive Chest X-Ray for TB : No	
	itive TB Skin Test : Yes	
Homeless : N		
	osuppression : No	
Recent Immig	rant : No	
Resident of In	stitutional Living Environment : No	
		Andrade-Escarcega RN, Maria - 8/6/2021 12:04 PDT
	Travel Screening	Levelable 110 in Level 04 days
	ational Travel by Patient : No trave reen : Not applicable	outside US in last 21 days
	d - C auris High Risk Area : Not ap	ndicable
	iological Risk Factors : None	
		Andrade-Escarcega RN, Maria - 8/6/2021 12:04 PDT
Pt Preferred I	Pharmacy Assessment	
	red Pharmacy Assessment : Phari	nacy added
		Andrade-Escarcega RN, Maria - 8/6/2021 12:04 PDT
Admit Belong		
Belongings in	Patient's Possession : Shoes, Shi	rt, Pants, Other Clothing
Donort ID. 41	27045210	Print Date/Time: 2/24/2023 16:04 PST
Report ID: 12	1040213	FILL Date/Time. 2/24/2023 10.04 F31

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Admitting:

DOB/Age/Sex: 3/29/1946

Admit/Disch: 8/12/2021

Patient:	HANNA MD, ADEL SHAKER
MRN:	918505
FIN:	5228417
Patient Type:	Day Patient
Attending:	Beseth M.D.,Bryce D

Admit/Discharge/Transfer Forms

(Comment: socks, underwear [Kemp RN, Shannon E - 8/12/2021 7:05 PDT]) Storage Containers Offered : Eyeglasses

Kemp RN, Shannon E - 8/12/2021 7:05 PDT

Patient Instructions of Belongings : Advised that hospital staff cannot watch belongings Preprocedure Belonging Instructions : Wear loose comfortable clothing, Leave valuables at home, Bring containers for dentures/eyewear

Discharge Information

Post Hospital Caregiver Name : Irma Kawaguchi 909-374-7216 Post Hospital Caregiver Phone Number : Irma Kawaguchi 909-374-7216

Post Hospital Caregiver Contact Info : Obtained

Andrade-Escarcega RN, Maria - 8/6/2021 12:22 PDT

Andrade-Escarcega RN, Maria - 8/6/2021 12:04 PDT

76 years

Male

8/12/2021

Andrade-Escarcega RN, Maria - 8/6/2021 12:04 PDT

*Nursing Discharge/Transfer Summary Outpatient (Required) Entered On: 8/12/2021 16:26 PDT Performed On: 8/12/2021 16:23 PDT by Ho RN, Quynh G

Discharge Information

Post Hospital Caregiver Contact Info: Obtained Post Hospital Caregiver Name: Irma Kawaguchi 909-374-7216 Post Hospital Caregiver Phone Number: Irma Kawaguchi 909-374-7216 Post Hosp Caregiver Contacted RE Disch: Yes

Readiness for Discharge

Discharge Readiness Criteria: Being discharged with someone who will assume responsibility for the safety of the patient Spokesperson Notified of Discharge : Yes

Ho RN, Quynh G - 8/12/2021 16:24 PDT

Ho RN, Quynh G - 8/12/2021 16:24 PDT

Ho RN, Quynh G - 8/12/2021 16:24 PDT

Notification Details

	Spokesperson #1
Relationship to	Spouse
Patient :	
	Ho RN, Quynh G -
	8/12/2021 16:24
	PDT

Post Stent Readiness for Discharge

Post Stent Medication Information Needed : N/A

Discharge Belongings

Previous Belongings Sec Envelope Admit : No Belongings Sent to Security Envelope upon Admit Previous Pt Belongings at Admit : Belongings in Patient's Possession upon Admit: Shoes, Shirt, Pants, Other Clothing, Comments: socks, underwear

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Patient:	HANNA MD, ADEL SHA	KER	
MRN:	918505	DOB/Age/Sex:	: 3/ 8/
FIN:	5228417	Admit/Disch:	
Patient Type:	Day Patient	Admitting:	
Attending:	Beseth M.D.,Bryce D		
	******	Admit/Discharge/Transfer Form	IS
Kemp RN, Sha	annon E-08/12/21 07:05:00	I	

DOB/Age/Sex:	3/29/1946	76 years	Male
Admit/Disch:	8/12/2021	8/12/	2021
Admitting:			

Kemp RN, Shannon E-08/12/21 07:05:00	
Medications Sent to Pharmacy : No Patient Medications Sent To Pharmacy upor	Admit
Belonging Condition Satisfactory Discharge : Yes	
	Ho RN, Quynh G - 8/12/2021 16:24 PDT
Education	
Responsible Learner/s Present : Living Situation: Home independently	
Performed by: Andrade-Escarcega RN, Maria - 08/06/2021 12:04 Discharge To: Home with responsible caregiver	
Performed by: Andrade-Escarcega RN, Maria - 08/06/2021 12:04	
Home Caregiver Present for Session : Yes	
Prefd Language for Education Leaflets : English	
Teaching Method : Explanation, Printed materials	
Prefd Language for Discharge Instruction : English	
Depart Instructions : Yes - patient/family/caregiver verbalizes understanding of in	
	Ho RN, Quynh G - 8/12/2021 16:24 PDT
Post-Hospital Education Adult Grid	
Activity Expectations : Verbalizes understanding	
Bladder Management : Verbalizes understanding Bowel Management : Verbalizes understanding	
Importance of Follow-Up Visits : Verbalizes understanding	
Pain Management : Verbalizes understanding	
Physical Limitations : Verbalizes understanding	
Plan of Care : Verbalizes understanding	
Postoperative Instructions : Verbalizes understanding	
Substance Abuse : Verbalizes understanding	
When to Call Healthcare Provider : Verbalizes understanding	
	Ho RN, Quynh G - 8/12/2021 16:24 PDT
Wound and Pressure Injury Care	
Dressing Types : Verbalizes understanding	
Postoperative Care : Verbalizes understanding	He BN Outrob C - 9/12/2021 16:24 BDT
Health Maintenance Education Adult Grid	Ho RN, Quynh G - 8/12/2021 16:24 PDT
Bathing/Hygiene/CHG Wipes: Verbalizes understanding	
But in gring for or to the state of the stat	Ho RN, Quynh G - 8/12/2021 16:24 PDT
Additional Session Learner/s Present : Spouse	
	Ho RN, Quynh G - 8/12/2021 16:24 PDT
DC Information	·
Discharged to : Home with family care	
Mode of Discharge : Wheelchair	
Discharge Transportation : Private vehicle	
	Ho RN, Quynh G - 8/12/2021 16:24 PDT

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Patient:HANNA MD, ADEL SHAKERMRN:918505FIN:5228417Patient Type:Day PatientAttending:Beseth M.D.,Bryce D

DOB/Age/Sex: 3/29/1946 76 years Male Admit/Disch: 8/12/2021 8/12/2021 Admitting:

Communication Forms

SBAR Note Entered On: 8/11/2021 14:42 PDT Performed On: 8/11/2021 14:41 PDT by Andre RN, Tammy M

SBAR

Situation : 8/11 1441-Kim in Dr Beseth's office made aware that patient has not had his preop testing done and messages have been left for him.

Andre RN, Tammy M - 8/11/2021 14:41 PDT

SBAR Note Entered On: 8/11/2021 10:45 PDT Performed On: 8/11/2021 10:43 PDT by Cavazos, Laura G

SBAR

Situation : left message regarding testing not done yet need to go in and get them done also left message regarding covid test to be done 8-11

Cavazos, Laura G - 8/11/2021 10:43 PDT

SBAR Note Entered On: 8/9/2021 15:54 PDT Performed On: 8/9/2021 15:53 PDT by Andre RN, Tammy M

SBAR

Recommendation : Pt should be okay for planned procedure. If he takes his Atenolol & Nexium in the morning, please have him take both with as sip of water before coming to facility. EKG is fine for his age. Thank you. Mark Chen, DO (8/10/21 1910)

8/11 1039-Pt instructed by Preop center to take Atenolol, however patient does not take nexium.

Andre RN, Tammy M - 8/11/2021 10:38 PDT { [-Pt should be okay for planned procedure. If he takes his Atenolol & Nexium in the morning, please have him take both with as sip of water before coming to facility. EKG is fine for his age. Thank you. Mark Chen, DO (8/10/21 1910)] - previously charted by Andre RN, Tammy M at 8/11/2021 9:01 PDT; Situation a sine size submitted to execute size for evidence of the size of the s

Situation : abn ekg submitted to anesthesia for review

Andre RN, Tammy M - 8/9/2021 15:53 PDT

Report ID: 127045219

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Patient:HANNA MD, ADEL SHAKERMRN:918505FIN:5228417Patient Type:Day PatientAttending:Beseth M.D.,Bryce D

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

 Admit/Disch:
 8/12/2021
 8/12/2021

 Admitting:
 8/12/2021
 8/12/2021

Communication Forms

SBAR Note Entered On: 8/6/2021 13:20 PDT Performed On: 8/6/2021 13:20 PDT by Andrade-Escarcega RN, Maria

SBAR

Situation : Vaccination card received and charted.

Andrade-Escarcega RN, Maria - 8/6/2021 13:20 PDT

SBAR Note Entered On: 8/6/2021 12:26 PDT Performed On: 8/6/2021 12:24 PDT by Andrade-Escarcega RN, Maria

SBAR

Situation : Pre op phone interview completed with patient who verbalized understanding of pre-op instruction.

COVID vaccination done and card to be emailed to POC. Not found in database.Patient to report to RSAMP 8/9/21 for covid 19 testing if card not received.

CXR and lab to be done 8/6/21 at 1100 bldg. EKG done at Dr Ali's office- copy requested.

Andrade-Escarcega RN, Maria - 8/6/2021 12:24 PDT

Pain Management Forms

PRN Response Entered On: 8/12/2021 15:55 PDT Performed On: 8/12/2021 15:14 PDT by Ho RN, Quynh G

Intervention Information: hydromorphone Performed by Ho RN, Quynh G on 08/12/2021 14:59:00 PDT

hydromorphone,0.5mg IV Push,Left Antecubital,pain (moderate)

PRN Medication Response

PRN Medication Effective : Yes PRN Medication Effectiveness Evaluated : Numeric rating scale (0-10)

Ho RN, Quynh G - 8/12/2021 15:53 PDT

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Patient:	HANNA MD, ADEL SHAKER
MRN:	918505
FIN:	5228417
Patient Type:	Day Patient
A 44 m m ml 1 m m r	Density M.D. Davies D

DOB/Age/Sex: 3/29/1946 76 years Male Admit/Disch: 8/12/2021 8/12/2021 Admitting:

Attending: Beseth M.D.,Bryce D

Pain Management Forms

Numeric Pain Scale (0-10)

Numeric Pain Scale: 6 = Moderate pain Pain Functional Limitations Assessment: pt stated that pain is better

Ho RN, Quynh G - 8/12/2021 15:53 PDT

PRN Response Entered On: 8/12/2021 12:58 PDT Performed On: 8/12/2021 11:50 PDT by Munoz RN, Lynn

Intervention Information: hydromorphone Performed by Mexia RN, Deserri C on 08/12/2021 11:35:00 PDT

hydromorphone,0.5mg IV Push,Left Antecubital,pain (severe)

PRN Medication Response

PRN Medication Effective : Yes PRN Medication Effectiveness Evaluated : Numeric rating scale (0-10)

Numeric Pain Scale (0-10)

Primary Pain Location : Abdomen Numeric Pain Scale : 3 = Mild pain Pain Functional Limitations Assessment : na Munoz RN, Lynn - 8/12/2021 12:58 PDT

Munoz RN, Lynn - 8/12/2021 12:58 PDT

PRN Response Entered On: 8/12/2021 12:58 PDT Performed On: 8/12/2021 11:25 PDT by Munoz RN, Lynn

Intervention Information: hydromorphone Performed by Munoz RN, Lynn on 08/12/2021 11:10:00 PDT

hydromorphone,0.5mg IV Push,Left Antecubital,pain (severe)

PRN Medication Response

PRN Medication Effective : No PRN Medication Effectiveness Evaluated : Numeric rating scale (0-10)

Munoz RN, Lynn - 8/12/2021 12:57 PDT

Numeric Pain Scale (0-10)

Primary Pain Location : Abdomen

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Patient: HANNA MD, ADEL SHAKER

MRN: 918505 FIN: 5228417 Patient Type: Day Patient Attending: Beseth M.D., Bryce D DOB/Age/Sex: 3/29/1946 76 years Male Admit/Disch: 8/12/2021 8/12/2021 Admitting:

Pain Management Forms

Numeric Pain Scale : 8 = Severe pain Pain Functional Limitations Assessment : na

Munoz RN, Lynn - 8/12/2021 12:57 PDT

PRN Response Entered On: 8/12/2021 12:57 PDT Performed On: 8/12/2021 11:15 PDT by Munoz RN, Lynn

Intervention Information: hydromorphone Performed by Munoz RN, Lynn on 08/12/2021 11:00:00 PDT

hydromorphone.0.5mg IV Push,Left Antecubital,pain (severe)

PRN Medication Response

PRN Medication Effective : No PRN Medication Effectiveness Evaluated : Numeric rating scale (0-10)

Numeric Pain Scale (0-10)

Primary Pain Location : Abdomen Numeric Pain Scale : 8 = Severe pain Pain Functional Limitations Assessment : na Munoz RN, Lynn - 8/12/2021 12:57 PDT

Munoz RN, Lynn - 8/12/2021 12:57 PDT

Treatments/Procedures Forms

Preprocedure Checklist Entered On: 8/6/2021 12:12 PDT Performed On: 8/12/2021 7:05 PDT by Andrade-Escarcega RN, Maria

COVID-19 Vaccine History Screening Covid Vaccine History : 2nd Dose Moderna CV-19 Vaccine Rec'd - 2 or MORE wks ago Proof of COVID-19 Vaccine : Vaccine card verified Proof of COVID-19 Vaccine Verified By : Andrade-Escarcega RN, Maria Date Last Covid Vaccine Given : 1/26/2021 PST

Andrade-Escarcega RN, Maria - 8/6/2021 13:21 PDT

Last Charted COVID-19 Vaccine RTF : No Vaccine Administration Found

Titus RN, Amy K - 8/12/2021 9:51 PDT [[No Vaccine Administration Found] - previously charted by Kemp RN, Shannon E at 8/12/2021 7:30 PDT];

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Patient:	HANNA MD, ADEL SHAKER	
MRN:	918505	DOB/Age/Sex: 3/29/1946 76 years Male
FIN:	5228417	Admit/Disch: 8/12/2021 8/12/2021
Patient Type:	•	Admitting:
Attending:	Beseth M.D.,Bryce D	
	Trea	atments/Procedures Forms
]	{ [No Vaccine Administration Found] previously charted by Andrade-Escarcega RN, Maria at 8/6/2021 13:21 PDT}; { [No Vaccine Administration Found]
]	previously charted by Andrade-Escarcega RN, Maria at 8/6/2021 12:23 PDT}
]	Freviously charted by Andrade-Escarcega RN, Maria at 8/6/2021 12:04 PDT}
	earner/s Present : Living Situation	
i enormeu		Kemp RN, Shannon E - 8/12/2021 7:30 PDT {[Living Situation: Home independently Performed by: Andrade Escarcega RN, Maria - 08/06/2021 12:04 previously charted by Andrade Escarcega RN, Maria at 8/6/2021 12:04 PDT}
Barriers to Lea	Anticipated : Home with respons arning : None evident	ible caregiver
leaching Meth	nod : Explanation, Printed materia	als Andrade-Escarcega RN, Maria - 8/6/2021 12:04 PDT
Pre Procedure	Education Grid	Andraue-Escalceya RN, Maria - 0/0/2021 12.04 PD
	adation : Verbalizes understandin	g
	Breathing : Verbalizes understand	ling
	tions : Verbalizes understanding	
	Handwashing : Verbalizes under	
	structions : Verbalizes understand nent : Verbalizes understanding	mg
	Verbalizes understanding	
	Diet : Verbalizes understanding	
	Tests/Labs : Verbalizes understa	nding
	are : Verbalizes understanding	•
	e Plan : Verbalizes understanding	
	nfection : Verbalizes understandi	ng
	IV's : Verbalizes understanding	
UTT Preventior	n : Verbalizes understanding	Andrado Eccarcogo DNI Maria - 8/6/2021 12:04 PDT
Advance Dire	ctive	Andrade-Escarcega RN, Maria - 8/6/2021 12:04 PDT
Advanced Dire		
		does not wish to receive information
		Andrade-Escarcega RN, Maria - 8/6/2021 12:04 PDT
Surrogate De		
	cision Maker Name : Irma Kawag	
spokesperson	: Irma Kawaguchi 909-374-7216	
Surrogate Der	cision Maker: Named by patient t	Andrade-Escarcega RN, Maria - 8/6/2021 12:23 PDT o make medical decisions
Surroyate Deb	soon water . Hameu by pallent	Andrade-Escarcega RN, Maria - 8/6/2021 12:04 PDT
A 11		
Allergy		(As Of: 8/12/2021 07:36:34 PDT
Allergy		(A3 01.0112/2021 01.30.34 FDT)

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		San Antonio I	Regional Hosp	ital	
Patient: MRN: FIN: Patient Type: Attending:	HANNA MD, ADEL 918505 5228417 Day Patient Beseth M.D.,Bryce I		DOB/Age/Sex: Admit/Disch: Admitting:	3/29/1946 8/12/2021	76 years Male 8/12/2021
		Treatments/Pro	cedures Form	S	
REGLAN	CC Su CC	timated Onset Date: Unspe DNTRIBUTOR_SYSTEM , IE Ibstance: REGLAN ; Updat DNTRIBUTOR_SYSTEM , IE 80 PDT	EX; Reaction Stat ed By:	tus: Active;	
Last Food Inta Last Void : 8/ Health Aids/Bo Skin Assessed ERAS Carb Bo ERAS Carb Bo	ev Night Before Surge ev 2 Hours Before Su) PDT es ery : N/A		Kemp RN, S	hannon E - 8/12/2021 7:30 PDT
Surgery Drep	Orid			Kemp RN, S	hannon E - 8/12/2021 7:30 PDT
Surgery Prep Patient Readir	Gno_ ness Verified : Yes				
Surgical Prep Removed Una Removed/Tap Implants/Prosi BP or Heart M Beta Blocker I Preop Diabete	ep Complete : N/A Verified : N/A lergarments : Yes ed Jewelry : Yes thesis : N/A fedication Taken : Ye Vame : Atenolol es Screening : Pt is N o Give Consent : Yes	NOT diabetic		Titus R	N, Amy K - 8/12/2021 9:51 PDT
					RN, Maria - 8/6/2021 12:23 PDT RN, Maria - 8/6/2021 12:23 PDT
Patient Safety Patient Safety	Verified : Yes		Anurade	Locaroeya i	ατ, πατα - οιυ/2021 12.23 FUT
Lovenox Withi Insulin Pump I Medication Pa Current H&P i Pt Medical Qu Surgical Cons Relevant Imag Site/Procedure	nd Verified : Yes in Last 7 Hours : N/A Removed/Off : N/A tch : N/A n Medical Record : N estionaire Complete// ult in Medical Record ges in Medical Record e Verified by Patient/F on and Verified : Yes	/es Review : Yes : Yes : Yes amily : Yes		Titus R	N, Amy K - 8/12/2021 9:51 PDT
		-			hannon E - 8/12/2021 7:30 PDT
Chemotherapy	y Precautions in Place		ted by Andrade-E	scarcega RN	, Maria at 8/6/2021 12:23 PDT};
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Patient: HANNA MD, ADEL SHAKER MRN: 918505 FIN: 5228417 Patient Type: Day Patient Attending: Beseth M.D.,Bryce D

DOB/Age/Sex: 3/29/1946 76 years Male Admit/Disch: 8/12/2021 8/12/2021 Admitting:

Treatments/Procedures Forms		
Blood Band on / Verified effective date<72 hrs: N/A		
2nd Draw for ABO/Rh Type Verified per Lab Policy : N/A		
Other Band: Broselow/Limb Alert : N/A		
* ECG Within 3 Mos. : Yes, Copy		
	Andrade-Escarcega RN, Maria - 8/6/2021 12:23 PD	
* Chest X-ray Within 6 mos. : Yes, sarh 8/6/21		
{ [sarh 8/6/21] - previously cl	harted by Andrade-Escarcega RN, Maria at 8/6/2021 12:23 PDT	
* CBC/H&H Within 7 days : Yes, sarh 8/6/21		
	Kemp RN, Shannon E - 8/12/2021 7:30 PD	
	harted by Andrade-Escarcega RN, Maria at 8/6/2021-12:23 PDT	
HCG (unless previous sterilization) : N/A		
	Andrade-Escarcega RN, Maria - 8/6/2021 12:23 PD	
* BMP/K Level Within 7 Days : Yes, sarh 8/6/21		
	Kemp RN, Shannon E - 8/12/2021 7:30 PD	
	harted by Andrade-Escarcega RN, Maria at 8/6/2021 12:23 PDT	
PT/PTT: N/A		
COVID-19 Screen within 3 days : N/A, will email copy of car	a	
Patient Diabetic : N/A		
Inhaler Use (Type in Comment) : N/A		
Isolation Precaution (type in Comment) : N/A **Sleep Apnea : N/A		
**On Continuous Supplemental Oxygen : N/A		
**Use of CPAP/BiPAP : N/A		
	Andrade-Escarcega RN, Maria - 8/6/2021 12:23 PD	
Patient Rights Grid	Andrade-Escarcega 1114, Maria - 0/0/2021 12.201 D	
Anesthesia Consent Signed : Yes		
Patient Rights Verified : Yes		
	Titus RN, Amy K - 8/12/2021 9:51 PD	
Surgical Consent Signed : Yes	······································	
5 5	Kemp RN, Shannon E - 8/12/2021 7:30 PD	
Hysterectomy Consent Signed : No		
Sterilization Consent Signed : No		
Blood Transfusion Consent: No		
Blood Transfusion Refusal Signed : No		
Other Consents Signed : No		
	Andrade-Escarcega RN, Maria - 8/6/2021 12:23 PD	
SCIP Information		
SCIP Verified : Yes		
	Titus RN, Amy K - 8/12/2021 9:51 PD	
VTE Protocol Initiated : Yes, sequential		
	Kemp RN, Shannon E - 8/12/2021 7:30 PD	
	harted by Andrade-Escarcega RN, Maria at 8/6/2021 12:23 PDT	
Antibiotic Protocol Initiated : N/A		
Antibiotic Ordered, Non-protocol : N/A	Androdo Economo DNI Masia - 0/0/0004 40.00 DD	
Propadura Location : Operating man	Andrade-Escarcega RN, Maria - 8/6/2021 12:23 PD	
Procedure Location : Operating room Pain Goal Numeric : 3		
ran oua numenu , o		
Report ID: 127045219	Print Date/Time: 2/24/2023 16:04 PST	
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Patient:HANNA MD, ADEL SHAKERMRN:918505FIN:5228417Patient Type:Day PatientAttending:Beseth M.D.,Bryce D

DOB/Age/Sex:	3/29/1946	76 years	Male
Admit/Disch:	8/12/2021	8/12/	2021
Admitting:			

Treatments/Procedures Forms

Andrade-Escarcega RN, Maria - 8/6/2021 12:04 PDT

Total Joint Goals : Patient Goals

Titus RN, Amy K - 8/12/2021 9:51 PDT {Patient Goals

Kemp RN, Shannon E - 8/12/2021 7:30 PDT

Kemp RN, Shannon E - 8/12/2021 7:30 PDT

Kemp RN, Shannon E - 8/12/2021 7:30 PDT

Andrade-Escarcega RN, Maria - 8/6/2021 12:04 PDT

] - previously charted by Kemp RN, Shannon E at 8/12/2021-7:30 PDT}; { [Patient Goals

] - previously charted by Andrade-Escarcega RN, Maria at 8/6/2021 12:23 PDT}; { [Patient Goals

] -- previously charted by Andrade-Escarcega RN, Maria at 8/6/2021 12:04 PDT};

Braden

Sensory Perception Braden : No impairment Moisture Braden : Rarely moist Activity Braden : Walks frequently Mobility Braden : No limitations Nutrition Braden : Excellent Friction and Shear Braden : No apparent problem Braden Score : 23

Vital Signs

Temperature Temporal Artery : 97.2 degF(Converted to: 36.2 degC) (LOW) Heart Rate Monitored : 53 bpm Respiratory Rate : 18 br/min Systolic Blood Pressure : 156 mmHg (HI) Diastolic Blood Pressure : 91 mmHg (HI) Mean Arterial Pressure, Cuff : 113 mmHg SpO2 : 98 % Oxygen Therapy : Room air Numeric Pain Scale : 0 = No pain Numeric Pain Score : 0

Height/Weight - Admission

Height/Length: 170 cm(Converted to: 5 ft 7 inch, 5.58 ft, 66.93 inch) Treatment Height/Length Dosing: 170 cm Weight: 72.7 kg(Converted to: 160 lb 4 oz, 160.276 lb) Weight Dosing: 72.7 kg Body Mass Index: 25

Warming Measures

Patient Warming Device Applied : Yes Patient Warming Device Type : Pt warming device gown - standard

Preop Part 1 Mode of Arrival : Gurney

Report ID: 127045219

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Patient:HANNA MD, ADEL SHAKERMRN:918505FIN:5228417Patient Type:Day PatientAttending:Beseth M.D.,Bryce D

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

 Admit/Disch:
 8/12/2021
 8/12/2021

 Admitting:
 8/12/2021
 8/12/2021

Treatments/Procedures Forms

Health Aids/Belongings : Eyeglasses Arrived To OR Holding With : IV RN Who Verified Site : Brown RN, Evan M Pain Assessment - OR Holding : Patient denies Mental/Emotional Status - OR Holding : Alert, Calm, Oriented Limitations - OR Holding : None Respiratory Asssessment - OR Holding : Normal GI Assessment - OR Holding : Normal GU Assessment - OR Holding : Normal Skin Circulation - OR Holding : Normal Skin Circulation - OR Holding : No Triggers Initiated - OR Holding : No Total Joint Goals : Patient Goals

Date: 08/12/21 07:05 Unit: Goals: na Goal(s) Met/Not Met: Comment: Goal(s)Not Met:

Titus RN, Amy K - 8/12/2021 9:51 PDT

Preop Part 2

Readiness For OR : Verified by RN - Implants needed, Verified by RN - devices needed Preprocedure Verification Done : Yes - done per Universal Protocol RN Who Verified Site : Brown RN, Evan M Physician Who Verified Site : Beseth M.D., Bryce D Regional Anesthesia : N/A Total Joint Goals : Patient Goals

Date: 08/12/21 07:05 Unit: Goals: na Goal(s) Met/Not Met: Comment: Goal(s)Not Met:

Titus RN, Amy K - 8/12/2021 9:51 PDT

Report ID: 127045219

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Care Plans

Patient:	HANNA MD, ADEL SHAKER
MRN:	918505
FIN:	5228417
Patient Type:	Day Patient
Attending:	Beseth M.D.,Bryce D

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

 Admit/Disch:
 8/12/2021
 8/12/2021

 Admitting:
 8/12/2021
 8/12/2021

Medical

Plan: Surgery General - Same Day Surgery - Post Op (Adult)

Status: Discontinued History: Initiated at 8/12/2021 11:01 PDT electronically signed by Beseth M.D.,Bryce D Discontinued at 8/12/2021 16:27 PDT electronically signed by SYSTEM

Plan: Anesthesia - PACU (Adult)

Status: Discontinued History: Initiated at 8/12/2021 09:36 PDT electronically signed by Yuan D.O.,Adam K. Discontinued at 8/12/2021 13:55 PDT electronically signed by Munoz RN,Lynn

Plan: Surgery General - Same Day Surgery - Pre Op (Adult)

Status: Discontinued

History: Planned at 8/6/2021 12:28 PDT electronically signed by Andrade-Escarcega RN,Maria Modified at 8/11/2021 16:17 PDT electronically signed by Andre RN,Tammy M Initiated at 8/12/2021 06:59 PDT electronically signed by Kemp RN,Shannon E Discontinued at 8/12/2021 16:27 PDT electronically signed by SYSTEM

	Im	munizations
Vaccine: Influenza virus vaccine ^{o1} Admin Person: Dionisio RN,Rexie T		Date Given: 11/15/2021 17:35 PST
Site: Left Deltoid Expiration: 6/30/2022	Amount: 0.5mL	Manufacturer: Seqirus, A CSL Company Lot #: P100369129
		us vaccine, inactivated - preservative free) or protocol Influenza vaccine
Vaccine: influenza virus vaccine		Date Given: 11/1/2011
Vaccine: pneumococcal 23-polyvalent va Admin Person: Dionisio RN,Rexie T	accine ^{o2}	Date Given: 11/15/2021 17:35 PST
Site: Right Deltoid Expiration: 1/14/2023	Amount: 0.5mL	Manufacturer: Merck & Company Inc Lot #: 0021995
Poport ID: 1270/5210		Print Date/Time: 2/24/2023 16:04 PST

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Patient: MRN: FIN: Patient Type: Attending:	HANNA MD, ADEL SHAKER 918505 5228417 Day Patient Beseth M.D.,Bryce D	DOB/Age/Sex: Admit/Disch: Admitting:	3/29/1946 8/12/2021	76 years 8/12/2	Male 2021
	Immuniz	ations			
•	nts nococcal 23-polyvalent vaccine ed secondary to documenting Indications for protoc	col Pneumococca	I vaccine		
Vaccine:	p	ate Given:			

pneumococcal 23-polyvalent	vaccine ⁰³	6/13/2012 21	:29 PDT
Admin Person: Jaques RN,Callee M		· ····································	
Site: Right Upper Arm	Amount: 0.5mL		Manufacturer: MERCK & CO., INC.
Expiration: 8/18/2013		Lot #: 0087ae	ε παραποιοποικό ^ν τ. τ. ^π . της παραστοριατία που παραποιοποίες του τους που οποίο που τους που στους στου στο
Order Commonte			

Order Comments

O3: pneumococcal 23-polyvalent vaccine

Ordered secondary to documenting Indications for protocol Pneumococcal vaccine

Vaccine: SARS-CoV-2 (Moderna) mRNA-1273 vaccine	Date Given: 1/26/2021	
Lot #: 025I20A		
Vaccine: SARS-CoV-2 (Moderna) mRNA-1273 vaccine	Date Given: 12/29/2020	
Lot #: 025L20A		

Intake and Out

INTAKE	Alignadia	8/12/	2021 - 8/1	3/2021
All time in PDT		0600 - 1800	1800 - 0600	Tota
LR intravenous solution 1,000 mL(1000 mL Lactated Ringers Injection)	mL	81.25	-	81.25
acetaminophen	mL	1 0 0	-	100
dexamethasone	mL	2	-	2
fentanyl	mL	2	-	2
glycopyrrolate	mL	1	-	1
hydromorphone	mL	1	-	1
Lactated Ringers Injection	mL	1000	-	1000
lidocaine	mL	3	-	3
ondansetron	mL	2	-	2
propofol	mL	15	-	15
Oral Intake	mL	250	-	250

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Patient:	HANNA MD, ADEL SHAKER
MRN:	918505
FIN:	5228417
Patient Type:	Day Patient
Attending:	Beseth M.D.,Bryce D

DOB/Age/Sex:	3/29/1946	76 years	Male
Admit/Disch:	8/12/2021	8/12/	2021
Admitting:			

Intake and Output

INTAKE		8/12/2	021 - 8/13/	2021
All time in PDT		0600 - 1800	1800 - 0600	Total
12 Hour Total	mL	1457.25	-	
24 Hour Total	mL		1457.25	

OUTPUT		8/12/2021 - 8/13/2021		
All time in PDT	06 18	600 - 800	1800 - 0600	Total
EBL	mL2		-	2
Urine Count	1			1
12 Hour Total	mL	2	-	
24 Hour Total	mL		2	

Clinical Range Total from 8/12/2021 to 8/13/2021

Total Intake (mL)	Total Output (mL)	Fluid Balance (mL)
1457.25	2	1455.25

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Patient:	HANNA MD, ADEL SHAKER
MRN:	918505
FIN:	5228417
Patient Type:	Day Patient
Attending:	Beseth M.D.,Bryce D

DOB/Age/Sex:	3/29/1946	76 years	Male
Admit/Disch:	8/12/2021	8/12/	2021
Admitting:			

Activities of Daily Living

Activity ADLs

	Date 8/12/2021 Time 14:30 PDT
Recorde	ed By Ho RN,Quynh G
Procedure Reference Ra Ambulation Patient Effort	inge Units Good
Ambulation Patient Response	See Below ^{T2}

Textual Results

T2: 8/12/2021 14:30 PDT (Ambulation Patient Response) ambulated to the restroom c steady gait noted.

Admit-Transfer-Discharge

Admission Information

	Recorded Date Recorded Time Recorded By	승규는 것을 가 집에 집에 집에 집에 집에 집에 집에 들었다. 것은 것이 없는 것이 없는 것이 없다. 것이 없는 것이 없 않이 않는 것이 없는 것이 않이	8/12/2021 07:05 PDT Titus RN,Amy K	
Procedure	Reference Range		U	Inits
Mode of Arrival		Gurney	Gurney	
	Recorded Date Recorded Time Recorded By	見い かかん じゅうけん しかんどうう ひたして ちょうしつかんし かんしかん	aria	
Procedure	Reference Range		Units	
Primary Care Physician	an a	Ali M.D., Mohamed S		
Reason for Admission		Surgery		
Information Given by		Patient		
Languages		English		
Preferred Communication Mode		Verbal		

Anesthesia and Sedation

Aldrete I Assessment

Recorded Date	8/12/2021	8/12/2021	8/12/2021	
Recorded Time	철생님은 아이들은 아이들은 아이들은 아이들은 것을 가지 않는 것을 가지 않는 것을 했다.	15:00 PDT	13:25 PDT	
Recorded By	Ho RN,Quynh G	Ho RN,Quynh G	Ho RN,Quynh G	
Procedure Reference Range			Uni	its
Activity Aldrete I	See Below T3	See Below ^{T4}	See Below T5	anade warre si
Respiratory Aldrete I	See Below T16	See Below T17	See Below T18	
Circulation Aldrete I	See Below T29	See Below T30	See Below T31	

Report ID: 127045219

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Patient:	HANNA MD, ADEL SHAKER
MRN:	918505
FIN:	5228417
Patient Type:	Day Patient
Attending:	Beseth M.D.,Bryce D

DOB/Age/Sex:	3/29/1946	76 years	Male
Admit/Disch:	8/12/2021	8/12/	2021
Admitting:			

Anesthesia and Sedation

Aldrete I Assessment

		Recorded Date Recorded Time Recorded By	8/12/2021 16:00 PDT Ho RN,Quynh G	8/12/2021 15:00 PDT Ho RN,Quynh G	8/12/2021 13:25 PDT Ho RN,Quynh G		
	Procedure	Reference Range				Units	
Consc	iousness Aldrete I	lije betaan betaer tat bie een een op haarde gijd mee een op haarde gijd. Ges	Fully awake	Fully awake	Arouses on calling	i șt curtelete tele și	
D2 Sa	turation Aldrete I		See Below T42	See Below T43	See Below T44		
· extua	l Results						
ГЗ:	8/12/2021 16:00 F	DT (Activity Aldrete I)					
		es voluntarily or on co					
Γ4:	8/12/2021 15:00 F	DT (Activity Aldrete I)					
	Moves 4 extremitie	es voluntarily or on col	mmand				
5:	8/12/2021 13:25 F	DT (Activity Aldrete I)					
	Moves 4 extremitie	es voluntarily or on co	mmand				
16:	8/12/2021 16:00 F	DT (Respiratory Aldre	ete I)				
	Able to deep breat	the and cough freely					
17:	8/12/2021 15:00 F	DT (Respiratory Aldre	ete I)				
	Able to deep breat	the and cough freely					
Г18:	8/12/2021 13:25 F	PDT (Respiratory Aldre	ete I)				
		the and cough freely					
29:		PDT (Circulation Aldrei	te I)				
	v ,	preanesthetic level					
F30:		DT (Circulation Aldrei	ie I)				
		preanesthetic level					
[31:		DT (Circulation Aldrei	e I)				
		preanesthetic level					
42:		PDT (O2 Saturation Al	,				
	•	iter than 92% on room					
43:	8/12/2021 15:00 PDT (O2 Saturation Aldrete I)						
	•	iter than 92% on room					
44:		PDT (O2 Saturation Al	*				
	Can maintain grea	iter than 92% on room	air				
		Recorded Date Recorded Time	8/12/2021 12:55 PDT Martinez RN,Eliza	같은 아님은 아파 가지 않는 것을 가지 않는 것을 하는 것이 같다.	PDT		

	Recorded by Martinez RN, Elizabeth A	wunoz KN,Lynn
Procedure Ret	ference Range	Units
Activity Aldrete I	See Below ^{T6}	See Below ¹⁷
Respiratory Aldrete I	See Below ^{T19}	See Below T20
Circulation Aldrete I	See Below ^{T32}	See Below T33
Consciousness Aldrete I	Fully awake	Arouses on calling
O2 Saturation Aldrete I	See Below ^{T45}	See Below ^{T46}

Textual Results

T6: 8/12/2021 12:55 PDT (Activity Aldrete I)

Report ID: 127045219

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Patient:	HANNA MD, ADEL SHAKER
MRN:	918505
FIN:	5228417
Patient Type:	Day Patient
Attending:	Beseth M.D.,Bryce D

DOB/Age/Sex:	3/29/1946	76 years	Male
Admit/Disch:	8/12/2021	8/12/	2021
Admitting:			

Anesthesia and Sedation

Aldrete I Assessment

Textual Results

T6:	8/12/2021 12:55 PDT (Activity Aldrete I)
	Moves 4 extremities voluntarily or on command
T7:	8/12/2021 12:45 PDT (Activity Aldrete I)
	Moves 4 extremities voluntarily or on command
T19:	8/12/2021 12:55 PDT (Respiratory Aldrete I)
	Able to deep breathe and cough freely
T20·	8/12/2021 12:45 PDT (Respiratory Aldrete I)

- T20: 8/12/2021 12:45 PDT (Respiratory Aldrete I) Able to deep breathe and cough freely
- T32: 8/12/2021 12:55 PDT (Circulation Aldrete I) BP 20 mmHg +/- preanesthetic level
- T33: 8/12/2021 12:45 PDT (Circulation Aldrete I) BP 20 mmHg +/- preanesthetic level
- T45: 8/12/2021 12:55 PDT (O2 Saturation Aldrete I) Can maintain greater than 92% on room air
- T46: 8/12/2021 12:45 PDT (O2 Saturation Aldrete I) Can maintain greater than 92% on room air

Procedure	Recorded Date Recorded Time Recorded By Reference Range	8/12/2021 12:30 PDT Munoz RN,Lynn	8/12/2021 12:15 PDT Munoz RN,Lynn	8/12/2021 12:00 PDT Munoz RN,Lynn	Units
Activity Aldrete I	an bha a' ann a' chuir a' chuir ann ann an thatain. Tha ann an tha ann an t	See Below T8	See Below T9	See Below T10	ego electrolite de j
Respiratory Aldrete I		See Below T21	See Below T22	See Below T23	<u>.</u>
Circulation Aldrete I		See Below T34	See Below T35	See Below T36	
Consciousness Aldrete I		Arouses on calling	Fully awake	Arouses on calling	
O2 Saturation Aldrete I		See Below T47	See Below T48	See Below T49	

Textual Results

- T8: 8/12/2021 12:30 PDT (Activity Aldrete I) Moves 4 extremities voluntarily or on command
- T9: 8/12/2021 12:15 PDT (Activity Aldrete I) Moves 4 extremities voluntarily or on command
- T10: 8/12/2021 12:00 PDT (Activity Aldrete I)
- Moves 4 extremities voluntarily or on command T21: 8/12/2021 12:30 PDT (Respiratory Aldrete I)
- Able to deep breathe and cough freely T22: 8/12/2021 12:15 PDT (Respiratory Aldrete I)
- Able to deep breathe and cough freely T23: 8/12/2021 12:00 PDT (Respiratory Aldrete I)
- Able to deep breathe and cough freely T34: 8/12/2021 12:30 PDT (Circulation Aldrete I)
- BP 20 mmHg +/- preanesthetic level 35: 8/12/2021 12:15 PDT (Circulation Aldrete I)
- BP 20 mmHg +/- preanesthetic level

Report ID: 127045219

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Patient:	HANNA MD, ADEL SHAKER
MRN:	918505
FIN:	5228417
Patient Type:	Day Patient
Attending:	Beseth M.D.,Bryce D

DOB/Age/Sex:	3/29/1946	76 years	Male
Admit/Disch:	8/12/2021	8/12/	2021
Admitting:			

Anesthesia and Sedation

Aldrete I Assessment

Textual Results

T36:	8/12/2021 12:00 PDT (Circulation Aldrete I)
	BP 20 mmHg +/- preanesthetic level
	- .

- T47: 8/12/2021 12:30 PDT (O2 Saturation Aldrete I) Can maintain greater than 92% on room air
 T48: 8/12/2021 12:15 PDT (O2 Saturation Aldrete I)
- Can maintain greater than 92% on room air T49: 8/12/2021 12:00 PDT (O2 Saturation Aldrete I) Can maintain greater than 92% on room air

	Recorded Date Recorded Time	8/12/2021 11:45 PDT	8/12/2021 11:30 PDT	8/12/2021 11:15 PDT	
	Recorded By	Munoz RN,Lynn	Mexia RN,Deserri C	Munoz RN,Lynn	
Procedure	Reference Range				Units
Activity Aldrete I		See Below T11	See Below ^{T12}	See Below T13	nganetiskoe naetosa 19
Respiratory Aldrete I		See Below T24	See Below T25	See Below T26	
Circulation Aldrete I		See Below T37	See Below T38	See Below T39	
Consciousness Aldrete I		Arouses on calling	Arouses on calling	Arouses on calling	· · · · · · · · · · · · · · · · · · ·
O2 Saturation Aldrete I		See Below T50	See Below T51	See Below T52	

Textual Results

T11:	8/12/2021 11:45 PDT (Activity Aldrete I)
	Moves 4 extremities voluntarily or on command
T12:	8/12/2021 11:30 PDT (Activity Aldrete I)
	Moves 4 extremities voluntarily or on command
T13:	8/12/2021 11:15 PDT (Activity Aldrete I)
	Moves 4 extremities voluntarily or on command
T24:	8/12/2021 11:45 PDT (Respiratory Aldrete I)
	Able to deep breathe and cough freely

- T25: 8/12/2021 11:30 PDT (Respiratory Aldrete I) Able to deep breathe and cough freely
- T26: 8/12/2021 11:15 PDT (Respiratory Addrete I) Able to deep breathe and cough freely
- T37: 8/12/2021 11:45 PDT (Circulation Aldrete I) BP 20 mmHg +/- preanesthetic level
- T38: 8/12/2021 11:30 PDT (Circulation Aldrete I) BP 20 mmHg +/- preanesthetic level T39: 8/12/2021 11:15 PDT (Circulation Aldrete I)
- BP 20 mmHg +/- preanesthetic level T50: 8/12/2021 11:45 PDT (O2 Saturation Aldrete I)
- Can maintain greater than 92% on room air
- T51: 8/12/2021 11:30 PDT (O2 Saturation Aldrete I) Needs oxygen to maintain O2 Sat greater than 90%
- T52: 8/12/2021 11:15 PDT (O2 Saturation Aldrete I) Needs oxygen to maintain O2 Sat greater than 90%

Report ID: 127045219

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Patient:HANNA MD, ADEL SHAKERMRN:918505FIN:5228417Patient Type:Day PatientAttending:Beseth M.D.,Bryce D

DOB/Age/Sex:	3/29/1946	76 years	Male
Admit/Disch:	8/12/2021	8/12/	2021
Admitting:			

Anesthesia and Sedation

Aldrete I Assessment

Procedure	Recorded Date Recorded Time Recorded By Reference Range	11:00 PDT	8/12/2021 10:45 PDT Munoz RN,Lynn	Units
Activity Aldrete I	a dhali na shirila shirangin a su m aday	See Below ^{⊤14}	See Below T15	druju bologa doverti
Respiratory Aldrete I	1917 (1999)	See Below T27	See Below T28	
Circulation Aldrete I		See Below T40	See Below T41	*******
Consciousness Aldrete I		Arouses on calling	Fully awake	
O2 Saturation Aldrete I		See Below T53	See Below T54	

Textual Results

- T14: 8/12/2021 11:00 PDT (Activity Aldrete I)
- Moves 4 extremities voluntarily or on command
- T15: 8/12/2021 10:45 PDT (Activity Aldrete I) Moves 4 extremities voluntarily or on command
- T27: 8/12/2021 11:00 PDT (Respiratory Aldrete I)
- Able to deep breathe and cough freely T28: 8/12/2021 10:45 PDT (Respiratory Aldrete I) Able to deep breathe and cough freely
- T40: 8/12/2021 11:00 PDT (Circulation Aldrete I) BP 20 mmHg +/- preanesthetic level
- T41: 8/12/2021 10:45 PDT (Circulation Aldrete I) BP 20 mmHg +/- preanesthetic level
- T53: 8/12/2021 11:00 PDT (O2 Saturation Aldrete I) Needs oxygen to maintain O2 Sat greater than 90%
- T54: 8/12/2021 10:45 PDT (O2 Saturation Aldrete I) Needs oxygen to maintain O2 Sat greater than 90%

Sedation/Delirium Assessment

	Recorded Date Recorded Time Recorded By		방법 영양에서 가지 않는 것을 물었다.	승규는 영화에서 여름을 가지 않는다.		8/12/2021 10:25 PDT	
Procedure	Reference Range						Units
Bispectral Index		66	59	57	54	53	er (de la construction de la constru
	Recorded Date	8/12/2021	8/12/2021	8/12/2021	8/12/2021	8/12/2021	
	Recorded Time	CALL STREET OF A CAMPAGE STATE				10:00 PDT	
	Recorded By						
Procedure	Reference Range						Units
Bispectral Index	and a second	55	50	50	51	43	

Report ID: 127045219

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Patient:	HANNA MD, ADEL SHAKER
MRN:	918505
FIN:	5228417
Patient Type:	Day Patient
Attending:	Beseth M.D.,Bryce D

DOB/Age/Sex:	3/29/1946	76 years	Male
Admit/Disch:	8/12/2021	8/12/	2021
Admitting:			

Anesthesia and Sedation

Sedation/Delirium Assessment

Recorded Date	8/12/20	21 8/12/2	021 8/	12/2021	8/12/2021	8/12/2021	
Recorded Time		DT 09:50 I	PDT 09	:45 PDT	09:40 PDT	09:35 PDT	
Recorded By	96 (A 9 M) S 2 (7 S) S						
Procedure Reference Range							Units
Bispectral Index	53	54		55	54	58	

	Automation
Procedure	Recorded Date 8/12/2021 Recorded Time 14:30 PDT Recorded By Ho RN,Quynh G Reference Range Units
Ambulation Patient Effort	Good
Ambulation Patient Response	See Below ^{†2}

Textual Results

T2: 8/12/2021 14:30 PDT (Ambulation Patient Response) ambulated to the restroom c steady gait noted.

Cardiovascular

Cardiovascular Assessment

Procedure	Recorded Date Recorded Time Recorded By Reference Range	8/12/2021 10:45 PDT Munoz RN,Lynn	Units
Cardiovascular Symptoms	n in de alles alles divisió de la completad	None	iegista data tearan in T
Nail Bed Color		Pink	
Nail Bed Description Left Hand		Pink	
Nail Bed Description Right Hand		Pink	
Capillary Refill		Less than 2 seconds	5
Capillary Refill Left Hand		Less than 2 seconds	\$
Capillary Refill Right Hand		Less than 2 seconds	5
Heart Rhythm		Regular	

Report ID: 127045219

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Patient:HANNA MD, ADEL SHAKERMRN:918505FIN:5228417Patient Type:Day PatientAttending:Beseth M.D.,Bryce D

DOB/Age/Sex:	3/29/1946	76 years	Male
Admit/Disch:	8/12/2021	8/12/	2021
Admitting:			

Cardiovascular

Pulses Assessment

	orded Date 8/12/2021 Inded Time 10:45 PDT
	corded By Munoz RN,Lynn
Radial Pulse,Left	2+ Normal
Radial Pulse, Right	2+ Normal
Dorsalis Pedis Pulse,Left	2+ Normal
Dorsalis Pedis Pulse, Right	2+ Normal

Cardiac Rhythm Analysis

Procedure	Recorded Date Recorded Time Recorded By Reference Range	8/12/2021 12:00 PDT Munoz RN,Lynn	8/12/2021 11:45 PDT Munoz RN,Lynn	8/12/2021 11:30 PDT Munoz RN,Lynn	Units
Cardiac Rhythm		Normal sinus rhythm	Normal sinus rhythm	Normal sinus rhythm	
	Recorded Date Recorded Time Recorded By	11:15 PDT	8/12/2021 11:00 PDT Munoz RN,Lynn	8/12/2021 10:45 PDT Munoz RN,Lynn	
Procedure	Reference Range				Units
Cardiac Rhythm		Normal sinus rhythm	Normal sinus rhythm	Normal sinus rhythm	o petitori fillo ad all'acti

Clinician Communication

Communication

	Recorded Date Recorded Time Recorded By	8/12/2021 16:00 PDT Ho RN,Quynh G	8/12/2021 13:20 PDT Ho RN,Quynh G	
Procedure	Reference Range			Units
At Bedside	alleration for the constant of the set of the	Family	ny ndrosti na talana taka karika karika dari karika na talan karika kari	
RN Additional Notes		Rx NOrco given to pt/wife.	Will assume care for pt.	
Report Received From		-	Martinez RN, Elizabeth A	
	Recorded Date Recorded Time Recorded By	8/12/2021 10:45 PDT Munoz RN,Lynn		
Procedure	Reference Range	Units		
Discharge Order on Chart	annyana kaanaa muula ah kakatan soola uutaka cota bilan tu uutaka su	Yes		

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Patient:	HANNA MD, ADEL SHAKER
MRN:	918505
FIN:	5228417
Patient Type:	Day Patient
Attending:	Beseth M.D.,Bryce D

DOB/Age/Sex: 3/29/1946 76 years Male Admit/Disch: 8/12/2021 8/12/2021 Admitting: 8/12/2021 8/12/2021

	Falls Info	rmation	
	Recorded Date Recorded Time Recorded By	8/12/2021 07:30 PDT Kemp RN,Shannon E	
Procedure	Reference Range		Units
History of Fall in Last 3 Months Morse		No	
Presence of Secondary Diagnosis Morse		No	
Use of Ambulatory Aid Morse	-	None, bedrest, wheelchair, nurse	1
IV/Heparin Lock Fall Risk Morse		Yes	
Gait Weak or Impaired Fall Risk Morse		Normal, bedrest, immobile	
Mental Status Fall Risk Morse		Oriented to own ability	
Morse Fall Risk Score		20	

Functional

Functional - General Information

	Recorded Date 8/6/2021 Recorded Time 12:04 PDT Recorded By Andrade-Escarcega RN,Maria
Procedure Living Situation	Reference Range Units Home independently
Sensory Deficits	Other: wears glasses
Ability to Read/Write	Able to read, Able to write
Education Level	Doctorate

Functional - Prior Status

	Recorded Date 8/6/2021
	Recorded Time 12:04 PDT
	Recorded By Andrade-Escarcega RN,Maria
Procedure	Reference Range Units
Mobility Assistance Prior to Admission	Independent

Functional - Ambulation Assessment

	Recorded Date 8/12/2021 Recorded Time 14:30 PDT Recorded By Ho RN,Quynh G
Ambulation Distance	Reference Range Units 125

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Patient:	HANNA MD, ADEL SHAKER
MRN:	918505
FIN:	5228417
Patient Type:	Day Patient
Attending:	Beseth M.D.,Bryce D

DOB/Age/Sex:	3/29/1946	76 years	Male
Admit/Disch:	8/12/2021	8/12/	2021
Admitting:			

Gastrointestinal

Gastrointestinal Assessment

かんえき ひとか かん ちょう かんしょう かんしょう かんしょう かんしょう ひんかい かいかい	12:45 PDT Martinez RN,Elizabeth A
Flocedule Reference Range	VIIIO
GI Symptoms	Denies

	Ge	neral
	Recorded Date	8/6/2021
	Recorded Time	12:04 PDT
	Recorded By And	rade-Escarcega RN,Maria
Procedure	Reference Range	Units
Prostheses/Medical Devices PAT	a para periode de construir de la departa de la presipio de la construir de la construir de la construir de la	None
Chest Pain/SOB Climbing Stairs		No
Chest Pain/SOB Walking 50 feet		No
Chest Pain/SOB with ADL		No
Anesthesia/Transfusions		See Below T55

Textual Results

T55: 8/6/2021 12:04 PDT (Anesthesia/Transfusions) No prior transfusion, Prior anesthesia

Genitourinary

Genitourinary Assessment

Procedure	والمتركبة والمستحد والمراجع والمستور والمتحد والمتحد والمتحد والمتحد والمستحي والمتحد	8/12/2021 12:45 PDT artinez RN,Elizabeth	A
Flocedule	Acterence Range		UIIIIS
Genitourinary Symptoms		Denies	

Gynecology / Obstetrics

Gynecology/Obstetrics Information

Recorded Recorded Recorde Procedure Reference Ra	Time ed By Andrade	8/6/2021 12:04 PDT e-Escarcega RN,I	Maria Units
Pregnancy Status	an an ain ann an an Ann an ann an Anair.	N/A	un de la carda de la decembra de la carda de la car La carda de la c

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Patient:	HANNA MD, ADEL SHAKER
MRN:	918505
FIN:	5228417
Patient Type:	Day Patient
Attending:	Beseth M.D.,Bryce D

DOB/Age/Sex:	3/29/1946	76 years	Male	
Admit/Disch:	8/12/2021	8/12/2021		
Admitting:				

Gynecology / Obstetrics

OB Outpatient Observation Asses

	Recorded Date Recorded Time Recorded By		8/12/2021 10:40 PDT	8/12/2021 10:35 PDT	8/12/2021 10:30 PDT	8/12/2021 10:25 PDT	
Procedure	Reference Range						Units
Oxygen Saturation		96 %	96 %	96 %	96 %	96 %	%
	Recorded Date Recorded Time Recorded By		8/12/2021 10:15 PDT	8/12/2021 10:10 PDT	8/12/2021 10:05 PDT	8/12/2021 10:00 PDT	
Procedure	Reference Range						Units
Oxygen Saturation		96 %	96 %	95 %	95 %	97 %	%
Procedure	Recorded Date Recorded Time Recorded By Reference Range	ente Part Desservices desservices	8/12/2021 09:50 PDT	8/12/2021 09:45 PDT	8/12/2021 09:40 PDT	8/12/2021 09:35 PDT	Units
Oxygen Saturation	ander of Lorden and States	97 %	97 %	97 %	97 %	98 %	%
	Recorded Date Recorded Time Recorded By	Seathers and a state of the	8/12/2021 09:25 PDT	8/12/2021 09:20 PDT			
Procedure	Reference Range				Units		
Oxygen Saturation	 Consider a sub-second consideration of the second constraints of the second const of the second constraints of the second consecond constraints of the second constraints of the second con	99 %	98 %	94 %	%		

Infection Control

Procedure	Recorded Time	8/12/2021 07:05 PDT Kemp RN,Shannon E	8/6/2021 12:04 PDT Andre RN,Tammy M	Units
Patient Has Diarrhea on Admission	ung dinanetal interpretation bandari tatalan indinetari esisti :	No	perintera destri dinistista (se deserte stat testaria) 	1997 - SAMOLAN 1
COVID-19 Testing Done Prior to Arrival		-	No ^{R1}	
Bloody Sputum		No	-	
Fever		No	-	
Night Sweats		No	-	
Persistent Cough > 3 Weeks		No	-	

Result Comments

R1: COVID-19 Testing Done Prior to Arrival VACCINATED

Report ID: 127045219

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Patient:HANNA MD, ADEL SHAKERMRN:918505FIN:5228417Patient Type:Day PatientAttending:Beseth M.D.,Bryce D

DOB/Age/Sex: 3/29/1946 76 years Male Admit/Disch: 8/12/2021 8/12/2021 Admitting: 8/12/2021 8/12/2021

Infection Control

	Recorded Date Recorded Time		
Procedure	Reference Range	Andraue-Locarceya Mi,mana	Units
Patient has history of MRSA	en de la la casa de la Casa de la casa de la c	No	Horing Horis
Patient has history of VRE		No	
Patient transferred from SNF		No	
Pt discharge from acute hosp last 30 day		No	
Contact Isolation Precautions in Place		No	
Joint Replacement Surgery is Scheduled		No	
Admission to ICU/CCU		No	· · · · · · · · · · · · · · · · · · ·
Cardiac Surgery is Scheduled		No	
Patient Receiving In-patient Dialysis		No	
Pt Hospitalized -C auris High Risk Area		Not applicable	\
Alcohol and Drug Use	· · · · · · · · · · · · · · · · · · ·	No	
Employee of Institutional Living		No	·····
Health Care Employee		Yes	
History of Exposure to TB		No	
History of Positive Chest X-Ray for TB		No	
History of Positive TB Skin Test		Yes	
Homeless		No	·····
Known Immunosuppression		No	
Recent Immigrant		No	
Resident of Institutional Living		No	÷
Recent International Travel by Patient		See Below T56	
COVID-19 Screen		Not applicable	
Ebola Epidemiological Risk Factors		None	1

Textual Results

T56: 8/6/2021 12:04 PDT (Recent International Travel by Patient) No travel outside US in last 21 days

Integumentary

Braden Assessment

Recorded D Recorded Ti Recorded Ti	
Procedure Reference Ran Sensory Perception Braden	
Moisture Braden	Rarely moist
Activity Braden	Walks frequently
Mobility Braden	No limitations

Report ID: 127045219

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Patient:HANNA MD, ADEL SHAKERMRN:918505FIN:5228417Patient Type:Day PatientAttending:Beseth M.D.,Bryce D

DOB/Age/Sex:	3/29/1946	76 years	Male
Admit/Disch:	8/12/2021	8/12/	2021
Admitting:			

Integumentary

Braden Assessment

	rded Date 8/12/2021 ded Time 07:05 PDT
	orded By Kemp RN,Shannon E
Nutrition Braden	Excellent
Friction and Shear Braden	No apparent problem
Braden Score	23

Integumentary Assessment

	Recorded Date Recorded Time Recorded By	8/12/2021 10:45 PDT Munoz RN,Lynn	
Procedure	Reference Range		Units
Left Upper Extremity Description	n de centre des die 2 sonales name alle referiend die beschieden. Die seidert	Pink	
Right Upper Extremity Description		Pink	· · · · · · · · · · · · · · · · · · ·
Temperature Left Upper Extremity		Warm	
Temperature Right Upper Extremity		Warm	
Skin Integrity		Intact (no broken skin)	
Skin Turgor		Elastic	

Intrasedation	
Recorded Date 8/12/2021	
Recorded Time 10:45 PDT	
Recorded By Munoz RN,Lynn	
Procedure Reference Range Units	
Pulse Oximetry Monitoring Continuous	

Measurements

Measurements

	Recorded Date	8/6/2021	
	Recorded Time	12:04 PDT	
	Recorded By And	rade-Escarcega RN	Maria
Procedure	Reference Range		Units
Weight		72.7	kg
Weight Dosing		72.7	kg
Height/Length		170	cm
Treatment Height/Length Dosing		170	cm

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Patient:	HANNA MD, ADEL SHAKER
MRN:	918505
FIN:	5228417
Patient Type:	Day Patient
Attending:	Beseth M.D.,Bryce D
Attending:	Beseth M.D.,Bryce D

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

 Admit/Disch:
 8/12/2021
 8/12/2021

 Admitting:
 1
 1
 1

Measurements

Measurements

Procedure	Recorded Da Recorded Tim Recorded E Reference Range	te 8/ ne 12: By Andrade-Esc e	6/2021 04 PDT carcega RN,Maria	ı Units
Body Mass Index	1 1 1		25	

Neurological

Neurological Assessment

Procedure	Recorded Date Recorded Time Recorded By Reference Range	이 것 같아요. 한 것 같아요. 이 같은 것 같아요. 이 것 같아요. 한 것 같아요.	8/12/2021 10:45 PDT Munoz RN,Lynn	Units
Neurological Symptoms		None, Drowsiness	None	iyes de deserverse
Facial Symmetry	,	-	Symmetric	
Level of Consciousness			Sleeping/Easily aroused	
Agitation Scale		-	0=Calm and cooperative	

Pain Assessment

Pain Intensity Tools

	Recorded Date Recorded Time Recorded By	8/12/2021 16:00 PDT Ho RN,Quynh G	8/12/2021 15:14 PDT Ho RN,Quynh G	8/12/2021 15:00 PDT Ho RN,Quynh G	
Procedure	Reference Range				Units
Numeric Pain Scale	n grow because the full of a second state of a	3 = Mild pain	6 = Moderate pain	7 = Severe pain	
	Recorded Date	8/12/2021	8/12/2021	8/12/2021	5 5
	Recorded Time	14:59 PDT	13:55 PDT	13:25 PDT	
	Recorded By	Ho RN, Quynh G	Ho RN,Quynh G	Ho RN, Quynh G	
Procedure	Reference Range				Units
Numeric Pain Scale		7 = Severe pain	2 = Mild pain	2 = Mild pain	
	Recorded Date	8/12/2021	8/12/20)21 8/12/2	021
	Recorded Time	12:55 PDT	12:45 F	DT 12:30	PDT
	Recorded By	Martinez RN, Eliza	beth A Munoz RN	I,Lynn Munoz Ri	N,Lynn
Procedure	Reference Range				Ur
Numeric Pain Scale	n nin in fan de fan de fan de ferste de ferste fan de f	4 = Moderate p	ain 3 = Mild	pain 3 = Mild	pain

Report ID: 127045219

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Pain Assessment

Patient:HANNA MD, ADEL SHAKERMRN:918505FIN:5228417Patient Type:Day PatientAttending:Beseth M.D.,Bryce D

DOB/Age/Sex:	3/29/1946	76 years	Male
Admit/Disch:	8/12/2021	8/12/	2021
Admitting:			

Pain Intensity Tools

	Recorded Date Recorded Time	8/12/2021 12:15 PDT	8/12/2021 12:00 PDT	8/12/2021 11:50 PDT	
Procedure	Reference Range	Munoz RN,Lynn	Munoz RN,Lynn I	Munoz RN,Lynn Uni	
Numeric Pain Scale	Reference Range	3 = Mild pain	3 = Mild pain	3 = Mild pain ⁰⁴	15
		5 – Milu paliti	5 – Milu pain	5 – Milu pair	
	Recorded Date	8/12/2021	8/12/2021	8/12/2021	
	Recorded Time	11:45 PDT	11:35 PDT	11:30 PDT	
	Recorded By	Munoz RN,Lynn	Mexia RN,Deserri C	Mexia RN,Deserri	C
Procedure	Reference Range				Unit
Numeric Pain Scale		3 = Mild pain	10 = Severe pain ⁰⁴	0 = No pain	
	Recorded Date	8/12/2021	8/12/2021	8/12/2021	
	Recorded Time	11:25 PDT	11:15 PDT	11:15 PDT	2014 9.53
	Recorded By	Munoz RN,Lynn	Mexia RN,Deserri	C Munoz RN,Lyni	1
Procedure	Reference Range				Unit
Numeric Pain Scale		8 = Severe pain ⁰⁴	0 = No pain	8 = Severe pain)4
	Recorded Date	8/12/2021	8/12/2021	8/12/2021	
	Recorded Time	11:10 PDT	11:00 PDT	11:00 PDT	
	Recorded By	Munoz RN,Lynn	Munoz RN,Lynn	Munoz RN,Lynn	
Procedure	Reference Range				Units
Numeric Pain Scale	in and work. A second of a second of a second se	8 = Severe pain ⁰⁴	8 = Severe pain	9 = Severe pain ^o 4	Carlor J. Ser Kriffeler
	Recorded Date	8/12/2021	8/12/2021		
	Recorded Time	10:45 PDT	07:05 PDT		
	Recorded By	Munoz RN,Lynn	Kemp RN,Shannon	Ê	
Procedure	Reference Range			Units	
Numeric Pain Scale		0 = No pain	0 = No pain	an an an ann an tha an ann an tha	
Numeric Pain Score		-	0		
Order Comments					

Order Comments

O4: HYDROmorphone (Dilaudid injection) (PACU only)

Rapid Pain Assessment

Reco	orded Date 8/12/2021	8/12/2021	8/12/2021
Reco	rded Time 15:00 PDT	14:59 PDT	13:55 PDT
Re	corded By Ho RN,Quynh G	Ho RN,Quynh G	G Ho RN,Quynh G
Procedure Referen	ce Range		Units
Primary Pain Location	Incision	Incision	Abdomen

Report ID: 127045219

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Patient:HANNA MD, ADEL SHAKERMRN:918505FIN:5228417Patient Type:Day PatientAttending:Beseth M.D.,Bryce D

DOB/Age/Sex:	3/29/1946	76 years	Male
Admit/Disch:	8/12/2021	8/12/	2021
Admitting:			

Pain Assessment

Rapid Pain Assessment

	Recorded Date	8/12/2021	8/12/2021	8/12/2021	
	Recorded Time	13:25 PDT	11:50 PDT	11:35 PDT	
	Recorded By	Ho RN, Quynh G	Munoz RN,Lynn	Mexia RN, Deser	ri C
Procedure	Reference Range				Unit
Primary Pain Location		Abdomen	Abdomen ⁰⁴	Abdomen ⁰⁴	
	Recorded Date	8/12/2021	8/12/2021	8/12/2021	
	Recorded Time	11:25 PDT	11:15 PDT	11:10 PDT	
	Recorded By	Munoz RN,Lynn	Munoz RN,Lynn	Munoz RN,Lynn	
Procedure	Reference Range				Units
Primary Pain Location		Abdomen ⁰⁴	Abdomen ⁰⁴	Abdomen ⁰⁴	
	Recorded Date	8/12/2021	8/12/2021		
	Recorded Time	11:00 PDT	10:45 PDT	명 동	
	Recorded By	Munoz RN,Lynn	Munoz RN,Lynn		
Procedure	Reference Range			Units	
Primary Pain Location	an ann an Anna ann an Anna ann a' Anna ann an Anna ann an Anna ann an Anna ann an Anna an Anna an Anna an Anna	Groin ⁰⁴	Groin		
Primary Pain Laterality		•	Right		

Order Comments

O4: HYDROmorphone (Dilaudid injection) (PACU only)

Pain Assessment Detail

	Recorded Date Recorded Time Recorded By	8/12/2021 15:14 PDT Ho RN,Quyn	문화 가지 않는 것을 수가 많이 많이 많이 없다.	PDT	
Procedure	Reference Range				Units
Pain Functional Limitations Assessment	an a	pt stated that pain	is better -	•	
Pain Goal Numeric	I	-	3 = Mi	ld pain	
	Recorded Date Recorded Time Recorded By		8/12/2021 13:55 PDT Ho RN,Quynh G		
Procedure	Reference Range			Units	
Pain Functional Limitations Assessment	later and the appendix and the state of the	walking	•		
Pain Goal Numeric		-	3 = Mild pain		
	그 김 가지는 지지 수요? 지수는 사람을 가지 않는 것을 것 같아? 것		8/12/2021 12:55 PDT Martinez RN,Eliza		
Procedure	Reference Range				Units
Pain Goal Numeric	t on a second consider a second set of defaulte Contained of the first	3 = Mild pain	3 = Mild pai	n	

Report ID: 127045219

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Patient:HANNA MD, ADEL SHAKERMRN:918505FIN:5228417Patient Type:Day PatientAttending:Beseth M.D.,Bryce D

DOB/Age/Sex:	3/29/1946	76 years	Male
Admit/Disch:	8/12/2021	8/12/	2021
Admitting:			

Pain Assessment

Pain Assessment Detail

	Recorded Date	8/12/2021	8/12/2021	
	Recorded Time Recorded By		11:35 PDT Mexia RN,Deseri	ίC
Procedure	Reference Range			Units
Pain Functional Limitations Assessment		na ⁰⁴	na ⁰⁴	endelligeteljen i steletovale
	Recorded Date Recorded Time Recorded By	11:25 PDT	8/12/2021 11:15 PDT Munoz RN,Lynn	
Procedure	Reference Range			Units
Pain Functional Limitations Assessment		na ⁰⁴	na ⁰⁴	
	Recorded Date Recorded Time Recorded By	11:10 PDT	8/12/2021 11:00 PDT Munoz RN,Lynn	
Procedure	Reference Range			Units
Pain Functional Limitations Assessment		na ⁰⁴	na ⁰⁴	
	Recorded Date Recorded Time Recorded By	나는 비행을 가지 않는 것이 같아. 나는 것이 같은 것이 같아요. 것 같은 것이 없는 것 같은 것이 없는 것이 없는 것이 없다. 것 같은 것이 없는 것이 없는 것이 없는 것이 없는 것이 없다. 것이 않는 것이 없는 것이 없는 것이 없는 것이 없다. 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없다. 것이 없는 것이 없다. 것이 없는 것이 없다. 것이 없는 것이 않는 것이 없는 것이 없 않는 것이 없는 것이 없 않는 것이 없는 것이 않는 것이 없는 것이 없는 것이 않는 것이 않는 것이 없는 것이 없는 것이 없는 것이 않는 것이 않는 것이 없는 것이 않는 것이 않이 않는 것이 않이 않이 않는 것이 않이		
Procedure	Reference Range		Units	
Pain Goal Numeric	ವಿಧಿದವರೆ ನೀಡಲಾಗುತ್ತದೆ. ಇದ್ದಿನ ಗಳ ವಿಧಿತಿಯಿ ನಟಿಸಿ ಪ್ರತಿದರಿಗೆ ಮತ್ತು	3 = Mild pain	der het Gefendens Giller van e	

Order Comments

O4: HYDROmorphone (Dilaudid injection)

(PACU only)

Patient and Family Education

	Recorded Date Recorded Time	8/12/2021 16:23 PDT	
Procedure	Recorded By Reference Range	Ho RN,Quynh G	Units
Additional Session Learner/s Present	Itelefence italiye	Spouse	Unita
Ed-Activity Expectations		Verbalizes understanding	
Ed-Bathing/Hygiene		Verbalizes understanding	
Ed-Bladder Management		Verbalizes understanding	
Ed-Bowel Management		Verbalizes understanding	·····
Ed-Dressing Types		Verbalizes understanding	
Ed-Importance of Follow-Up Visits		Verbalizes understanding	
Ed-Pain Management		Verbalizes understanding	
Ed-Physical Limitations		Verbalizes understanding	

Report ID: 127045219

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Patient:	HANNA MD, ADEL SHAKER
MRN:	918505
FIN:	5228417
Patient Type:	Day Patient
Attending:	Beseth M.D.,Bryce D

DOB/Age/Sex: 3/29/1946 76 years Male Admit/Disch: 8/12/2021 8/12/2021 Admitting:

	Patient and Family Education			
	Recorded Date Recorded Time Recorded By	8/12/2021 16:23 PDT Ho RN,Quynh G		
Procedure	Reference Range		Units	
Ed-Plan of Care	en den erstadsteren erste ogestuutertaken sterfenenaam distaan. Santar	Verbalizes understanding	n gar arren daren	
Ed-Postoperative Care		Verbalizes understanding		
Ed-Postoperative Instructions		Verbalizes understanding		
Ed-Substance Abuse		Verbalizes understanding		
Ed-When to Call Health Care Provider		Verbalizes understanding		
Home Caregiver Present for Session		Yes		
Teaching Method	E	Explanation, Printed materials		
Prefd Language for Discharge Instruction		English		
Prefd Language for Education Leaflets		English		

	Recorded Time 12:04 PDT Recorded By Andrade-Escarcega RN,Maria
Procedure	Reference Range Units
Barriers to Learning	None evident
Ed-Anesthesia/Sedation	Verbalizes understanding
Ed-Cough/Deep Breathing	Verbalizes understanding
Ed-Family Instructions	Verbalizes understanding
Ed-Medication Instructions	Verbalizes understanding
Ed-Pain Management	Verbalizes understanding
Ed-Plan of Care	Verbalizes understanding
Ed-Preprocedure Diet	Verbalizes understanding
Ed-Preprocedure Tests/Labs	Verbalizes understanding
Ed-Respiratory Care	Verbalizes understanding
Ed-Tubes/Drains/IV's	Verbalizes understanding
Teaching Method	Explanation, Printed materials
Surgical Site Infection	Verbalizes understanding
SDS Discharge Plan	Verbalizes understanding

Perioperative Documentation

Perioperative Specimens and Cultures

i i i i i i i i i i i i i i i i i i i	Recorded Date Recorded Time Recorded By Yu	10:48 PDT
Procedure Refe		Units Finalized

Report ID: 127045219

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Patient:HANNA MD, ADEL SHAKERMRN:918505FIN:5228417Patient Type:Day PatientAttending:Beseth M.D.,Bryce D

DOB/Age/Sex:	3/29/1946	76 years	Male
Admit/Disch:	8/12/2021	8/12/	2021
Admitting:			

Perioperative Documentation

Post Anesthesia Assessment

Procedure	Recorded Date Recorded Time Recorded By Reference Range		Units
Pain Any Site Other Than Procedure Site	ngal nen betill plante all frankriken bedien beziehingen gester gester produktionen ber - -	No	
Pain or Soreness In Eyes	an	No	
Loose/Missing Teeth or Sore Mouth		No	
Lacerations, Injuries or Burns On Body		No	
Hoarseness or Croup		No	
Weakness/Numbness		No	
Reintubation/Resuscitation Required	Малтин инт. нин нин нин нин нин нин нин нин ни	No	
Anesthesiologist Contacted		Yes	

PACU Arrival

	Recorded Date Recorded Time Recorded By	8/12/2021 10:45 PDT Munoz RN,Lynn	
Procedure	Reference Range		Units
Admission Date/Time -PACU		8/12/2021 10:47 PDT	
Patient Identified		See Below T57	
Provider Giving Report		Yuan D.O., Adam K.	
Type of Provider		Anesthesiologist	
Anesthesia Summary Review	•	Yes, Online, Verbal	· · · · · · · · · · · · · · · · · · ·
PACU Mode of Arrival		Gurney	
PACU Patient Position		Supine	}
PACU Type of Anesthesia		General, Local	
Procedure.		See Below T58	

Textual Results

T57: 8/12/2021 10:45 PDT (Patient Identified) Identification band, Verbal, Chart

T58: 8/12/2021 10:45 PDT (Procedure.) right inguinal hernia repair with mesh

PACU Departure

	ded Date 8/12/2021
	ded Time 12:30 PDT orded By Munoz RN,Lynn
Procedure Reference	
ribceutie Reference	e Range Units
Report Mode	Phone
a na	Phone See Below ^{T59}

Report ID: 127045219

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Patient:HANNA MD, ADEL SHAKERMRN:918505FIN:5228417Patient Type:Day PatientAttending:Beseth M.D.,Bryce D

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

 Admit/Disch:
 8/12/2021
 8/12/2021

 Admitting:
 8/12/2021
 8/12/2021

Perioperative Documentation

PACU Departure

Reco	orded Date 8/12/2021 orded Time 12:30 PDT
	corded By Munoz RN,Lynn ce Range Units
Date/Time Ready for Discharge	8/12/2021 12:07 PDT
Transfer Time (PACU Out)	8/12/2021 12:46 PDT °1
PACU Patient Disposition	ACU
PACU Mode of Departure	Gurney

Textual Results

- T59: 8/12/2021 12:30 PDT (PACU Transfer Report Description) Bed level, V/S, Procedure, Type of Anesthesia, LOC/Orientation, ROS/Care plans, Pain management, Comfort status, Dressing/Site status, Drain/Tube/Catheter status, I&O/Fluid replacement status (IV), Review of post-op orders, Social support (family)
- T60: 8/12/2021 12:30 PDT (PACU Transfer Criteria Met) Aldrete Score >/=8, SaO2 >/=95%RA or w/O2 for IP/per anesthesia, Temp >96<101, No IV narc x10min/IM narc x30min, 30+ min stay/local only/Fast Track, Pt. verbalizes improvement in pain, VS stable x30min/ICU-CCU transfer

Corrected Results

- c1: Transfer Time (PACU Out)
 - Corrected from 8/12/2021 12:31 PDT on 8/12/2021 13:53 PDT by Munoz RN, Lynn

Care/Safety/Activity

Procedure	Recorded Date Recorded Time Recorded By Reference Range	13:25 PDT	8/12/2021 12:55 PDT Martinez RN,Elizabeth A	8/12/2021 10:45 PDT Munoz RN,Lynn	linite
Family Lindate	Treference trange	STANDARDAR	Yes	Yes	U 11113
ranniy opuate		-	ies	res	
Turn		-	Back	-	
Siderails		Up	Up	Up	
Brakes on		Yes	Yes	Yes	
Safety Level				II	

Modified Aldrete Score

	Recorded Date	8/12/2021	8/12/2021	8/12/2021	
	Recorded Time	16:00 PDT	15:00 PDT	13:25 PDT	
	Recorded By	Ho RN,Quynh G	Ho RN,Quynh G	Ho RN,Quynh G	
Procedure	Reference Range			U	nits
Modified Aldrete Score		10	10	9	
Sedation Level		A=Awake	A=Awake	B=Drowsy	

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Perioperative Documentation

Patient:	HANNA MD, ADEL SHAKER
MRN:	918505
FIN:	5228417
Patient Type:	Day Patient
Attending:	Beseth M.D.,Bryce D

DOB/Age/Sex:	3/29/1946	76 years	Male
Admit/Disch:	8/12/2021	8/12/2021	
Admitting:			

Modified Aldrete Score

	Recorded Date	8/12/2021			12/2021			
	Recorded Time	マント・シーマング ビンド・アンド・シーシー		1993 B B B B B B B B B B B B B B B B B B	:45 PDT			
		Martinez RN, Eliza	beth A	Munc	oz RN,Ly	21 Mart 6 Mart 1 Mar		
Procedure	Reference Range			CHORN -			Units	
Modified Aldrete Score		10	· · · · · · · · · · · · · · · · · · ·		9			
Sedation Level		B=Drowsy	C=	Sleeping	g, easily a	aroused		
	Recorded Date	8/12/2021	8/12/20	21		8/12/202	[
	Recorded Time	12:30 PDT	12:15 P	DT		12:00 PD	T	
	Recorded By	Munoz RN,Lynn	Munoz RN	l,Lynn	Mu	noz RN,L	.ynn	
Procedure	Reference Range							Unit
Modified Aldrete Score	ne problamazi do narre a rismolen vez az la das e Parizes de	9	10	ernolaan er overs	가가 있는 것 같은 것 있다. 가 있다. 	9	n en electrica en l'entera esta e	er onel oans
Sedation Level		B=Drowsy	B=Drov	vsy	C=Sleep	ing, easil	y aroused	
	Recorded Date	8/12/2021	Q /	12/2021		2		
	Recorded Time	영상 승규는 아이는 것은 것을 물었다. 것은 것을 가지 않는 것을 가지 않는 것을 물었다. 것을 물었다. 것을 물었다. 말했다. 말했다. 말했다. 말했다. 말했다. 말했다. 말했다. 말했		:30 PDT				
	- 영상,	Munoz RN,Lynn		RN,Dese	신화 여행 것 같은 방법을			
Procedure	Reference Range					Units		
Modified Aldrete Score		9	an alathair an an P	8	alla-Poliada.	a Adam In Station (1)		
Sedation Level		B=Drowsy	C=Sleepin	g, easily	aroused			
	Recorded Date	8/12/2021			8/12/202 ⁻	•		
	Recorded Time	11:15 PD1		(a) A set of a set	12/202	and the state of a second second second		
	Recorded By	Munoz RN,L	「「」「」、「」、「」、「」、「」、「」、「」、「」、「」、「」、「」、「」、「		noz RN,L			
Procedure	Reference Range	manor nut,e		mai		. , ,	Units	_
Modified Aldrete Score		8			8			
Sedation Level		C=Sleeping, easily	aroused (C=Sleepi		y aroused		
	Recorded Date	8/12/2021						
	Recorded Time	10:45 PD	장소 가장 친구 아파 방송이다.					
	Recorded By	Munoz RN,L						
Procedure	Reference Range			nits				
Modified Aldrete Score	mererence munye	9	CELENNE (
Sedation Level		C=Sleeping, easily	aroused					
		, 5000						
SN NHIQM								
	Recorded Date	8/12/2021	8	3/12/202	1			
	Recorded Time	10:48 PDT	anan ang kang tanan anang ang	0:48 PD				

Procedure Reference Range Units Anesthesia Stop Time 8/12/2021 10:48 PDT Surgery Anesthesia Stop
Procedure Reference Range Units

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Patient:	HANNA MD, ADEL SHAKER
MRN:	918505
FIN:	5228417
Patient Type:	Day Patient
Attending:	Beseth M.D.,Bryce D

DOB/Age/Sex:	3/29/1946	76 years	Male	
Admit/Disch:	8/12/2021	8/12/2021		
Admitting:				

Recorded Date 8/12/2021 8/12/2021 8/12/2021 09:56 PDT Recorded Time 10:43 PDT 09:57 PDT Recorded By Yuan D.O.,Adam K. Yuan D.O., Adam K. Procedure Reference Range Units Surgery Start 8/12/2021 09:56 PDT Surgery Start _ Surgery Stop Surgery Stop Recorded Date 8/12/2021 8/12/2021 8/12/2021 Recorded Time 09:46 PDT 09:45 PDT 09:16 PDT **Recorded By** Yuan D.O.,Adam K. Procedure **Reference Range** Units Anesthesia Start Time 8/12/2021 09:16 PDT Surgery Anesthesia Start -Specimens Removed Yes

Perioperative Documentation

Point of Care

Point of Care

SN NHIQM

	Recorded Date	8/12/20	21	
	Recorded Time	06:45 P	DT	
		Delrosario RN,		
and H ard Constants			uuuuuuiin 11–11	<u>.</u>
Procedure	Kelerence Kange		Unic	
COVID-19/POC		Presumptive	Negative	

	Procedures	5	******
	Recorded Date Recorded Time Recorded By M	입장 그 가장 옷이 없다. 귀엽이 나갔어?	
Procedure	Reference Range	Units	
Patient's Goal(s) Met		Goal met	
	Recorded Date Recorded Time Recorded By Ar	8/12/2021 07:05 PDT ndrade-Escarcega RN,Ma	aria
Procedure	Reference Range		Units
Allergy Band on and Verified		Yes, Reglan ^{c2}	
Chest X-ray Within 6 mos.		Yes, sarh 8/6/21 ^{c3}	
CBC/H&H Within 7 days		Yes, sarh 8/6/21 °4	
BMP/K Level Within 7 Days		Yes, sarh 8/6/21 5	
VTE Protocol Initiated		Yes, sequential ^{c6}	

Report ID: 127045219

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76 years

Male

8/12/2021

Patient:	HANNA MD, ADEL SHAKER		
MRN:	918505	DOB/Age/Sex:	3/29/1946
FIN:	5228417	Admit/Disch:	8/12/2021
Patient Type:	Day Patient	Admitting:	
Attending:	Beseth M.D.,Bryce D		
1		m	

Procedures

Corrected Results

c2:	Allergy Band on and Verified
	Correction performed on 8/12/2021 09:51 PDT by Titus RN, Amy K; Titus RN, Amy K; Titus RN, Amy K
	Date and time corrected from 8/6/2021 12:04 PDT on 8/12/2021 07:30 PDT by Kemp RN, Shannon E; Kemp RN,
	Shannon E; Kemp RN, Shannon E; Kemp RN, Shannon E
	Corrected from Regian on 8/12/2021 07:30 PDT by Kemp RN, Shannon E; Kemp RN, Shannon E; Kemp RN,
	Shannon E; Kemp RN, Shannon E
	Correction performed on 8/6/2021 13:21 PDT by Andrade-Escarcega RN, Maria
c3:	Chest X-ray Within 6 mos.
	Correction performed on 8/12/2021 09:51 PDT by Titus RN, Amy K; Titus RN, Amy K; Titus RN, Amy K
	Date and time corrected from 8/6/2021 12:04 PDT on 8/12/2021 07:30 PDT by Kemp RN, Shannon E; Kemp RN,
	Shannon E; Kemp RN, Shannon E; Kemp RN, Shannon E
	Corrected from sarh 8/6/21 on 8/12/2021 07:30 PDT by Kemp RN, Shannon E; Kemp RN, Shannon E; Kemp RN,
	Shannon E; Kemp RN, Shannon E
	Correction performed on 8/6/2021 13:21 PDT by Andrade-Escarcega RN, Maria
c4:	CBC/H&H Within 7 days
	Correction performed on 8/12/2021 09:51 PDT by Titus RN, Amy K; Titus RN, Amy K; Titus RN, Amy K
	Date and time corrected from 8/6/2021 12:04 PDT on 8/12/2021 07:30 PDT by Kemp RN, Shannon E; Kemp RN,
	Shannon E; Kemp RN, Shannon E; Kemp RN, Shannon E
	Corrected from sarh 8/6/21 on 8/12/2021 07:30 PDT by Kemp RN, Shannon E; Kemp RN, Shannon E; Kemp RN,
	Shannon E; Kemp RN, Shannon E
	Correction performed on 8/6/2021 13:21 PDT by Andrade-Escarcega RN, Maria
c5:	BMP/K Level Within 7 Days
	Correction performed on 8/12/2021 09:51 PDT by Titus RN, Amy K; Titus RN, Amy K; Titus RN, Amy K
	Date and time corrected from 8/6/2021 12:04 PDT on 8/12/2021 07:30 PDT by Kemp RN, Shannon E; Kemp RN,
	Shannon E; Kemp RN, Shannon E; Kemp RN, Shannon E
	Corrected from sarh 8/6/21 on 8/12/2021 07:30 PDT by Kemp RN, Shannon E; Kemp RN, Shannon E; Kemp RN,
	Shannon E; Kemp RN, Shannon E
	Correction performed on 8/6/2021 13:21 PDT by Andrade-Escarcega RN, Maria
c6:	VTE Protocol Initiated
	Correction performed on 8/12/2021 09:51 PDT by Titus RN, Amy K; Titus RN, Amy K; Titus RN, Amy K
	Date and time corrected from 8/6/2021 12:04 PDT on 8/12/2021 07:30 PDT by Kemp RN, Shannon E; Kemp RN,
	Shannon E; Kemp RN, Shannon E; Kemp RN, Shannon E
	Corrected from sequential on 8/12/2021 07:30 PDT by Kemp RN, Shannon E; Kemp RN, Shannon E; Kemp RN,
	Shannon E; Kemp RN, Shannon E
	Correction performed on 8/6/2021 13:21 PDT by Andrade-Escarcega RN, Maria
	Recorded Date 8/12/2021
	Recorded Time 07:05 PDT
	Pacarded By Andrada Eccargona PN Maria

		ed Time orded By Andrade-I	07:05 PDT Escarcega RN,Maria	
	annan an an ann an an Airl <u>air</u> der <u>C</u> ers, reither Sterler so	ed <u>fert</u> enské konferencie v tere else stál sa stál szák szák szák szák szák szák szák szák	n an	ä.
Procedure	Reference	Range	Units	÷
Total Joint Goals		Se	e Below T65 c7	
· · · · · · · · · · · · · · · · · · ·				

Textual Results

T65: 8/12/2021 07:05 PDT (Total Joint Goals) Patient Goals

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Patient:	HANNA MD, ADEL SHAKER
MRN:	918505
FIN:	5228417
Patient Type:	Day Patient
Attending:	Beseth M.D.,Bryce D

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

 Admit/Disch:
 8/12/2021
 8/12/2021

 Admitting:
 X
 X
 X

See Below T66 c8

Units

Procedures

Corrected Results c7: Total Joint Goals

D/:	lotal Joint Goals
	Date and time corrected from 8/6/2021 12:04 PDT on 8/12/2021 07:05 PDT by Kemp RN, Shannon E; Kemp RN,
	Shannon E; Kemp RN, Shannon E
	Correction performed on 8/9/2021 15:53 PDT by Andre RN, Tammy M
	Correction performed on 8/6/2021 13:21 PDT by Andrade-Escarcega RN, Maria
	Correction performed on 8/6/2021 13:20 PDT by Andrade-Escarcega RN, Maria
	Correction performed on 8/6/2021 12:26 PDT by Andrade-Escarcega RN, Maria
	Correction performed on 8/6/2021 12:22 PDT by Andrade-Escarcega RN, Maria
	Recorded Date 8/12/2021
	Recorded Time 07:05 PDT
	Recorded By Andrade-Escarcega RN,Maria
	이는 것이 아무나 가지 않는 것이 같이 가지 않는 것이 같이 있는 것이 있는 것이 있는 것이 가지 않는 것이 있는

Reference Range

Total Joint Goals Textual Results

T66: 8/12/2021 07:05 PDT (Total Joint Goals)

Procedure

Patient Goals

Corrected Results

c8: Total Joint Goals

Correction performed on 8/12/2021 09:51 PDT by Titus RN, Amy K; Titus RN, Amy K; Titus RN, Amy K Date and time corrected from 8/6/2021 12:04 PDT on 8/12/2021 07:30 PDT by Kemp RN, Shannon E; Kemp RN, Shannon E

Correction performed on 8/6/2021 13:21 PDT by Andrade-Escarcega RN, Maria

Correction performed on 8/6/2021 12:23 PDT by Andrade-Escarcega RN, Maria; Andrade-Escarcega RN, Maria; Andrade-Escarcega RN, Maria

	Recorded Date Recorded Time Recorded By	2010/00/00/00/00/00/00/00/00/00/00/00/00/	8/12/2021 07:05 PDT Titus RN,Amy K	
Procedure	Reference Range			Units
ERAS Carb Bev Night Before Surgery		N/A	-	
ERAS Carb Bev 2 Hours Before Surgery		N/A	-	
Patient ID Band on and Verified		Yes	-	
H&P (Current) in Medical Record		Yes	-	
Relevant Images in Medical Record		Yes	-	
Medication Patch		N/A	-	
Site Verified by Patient/Family		Yes	-	
RN Who Verified Site			Brown RN, Evan M	
Physician Who Verified Site		-	Beseth M.D., Bryce D	
Anesthesia Consent Signed		Yes	•	
Surgical Consult in Medical Record		Yes	-	-
Surgical Consent Signed		Yes	-	
Surgical Prep Verified		N/A	-	
Last Fluid Intake		8/11/2021 17:00 PDT	-	

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Patient:HANNA MD, ADEL SHAKERMRN:918505FIN:5228417Patient Type:Day PatientAttending:Beseth M.D.,Bryce D

DOB/Age/Sex: 3/29/1946 76 years Male Admit/Disch: 8/12/2021 8/12/2021 Admitting: 8/12/2021 8/12/2021

Procedures

	Recorded Date Recorded Time Recorded By	et anna anna a tha an Albara an 1957 anna ann 24.	8/12/2021 07:05 PDT Titus RN,Amy K	
Procedure	Reference Range			Units
Last Food Intake	ningstildtefftilden och ställe gestandet den beseden och som i	8/11/2021 18:00 PDT	n - Kinin Antonio Domonio Antonio Anton 🖛	
Last Void		8/12/2021 05:00 PDT	-	
SCIP Verified		Yes	-	
Patient Warming Device Applied		Yes	-	
Patient Warming Device Type		See Below T61	•	
ovenox Within Last 7 Hours		N/A	-	
Beta Blocker Prior to Incision Time		See Below T62	-	
Patient Readiness Verified		Yes	-	
mplants/Prosthesis		N/A	-	
nsulin Pump Removed/Off		N/A	-	
Pt Medical Questionaire Complete/Review		Yes	-	
Procedural Prep Complete		N/A	-	
Removed Undergarments		Yes	-	
Removed/Taped Jewelry		Yes	•	
Skin Assessed -Checklist		Intact	-	
Readiness For OR		-	See Below T63	
Preprocedure Verification Done	· · · · · · · · · · · · · · · · · · ·	-	See Below T64	
Patient's Stated Goal(s)		na	-	
Total Joint Goals		-	See Below T67	
Assessment completed/verified by RN		Kemp RN, Shannon E	-	
Regional Anesthesia		-	N/A	

Pt warming device gown - standard

T62: 8/12/2021 07:05 PDT (Beta Blocker Prior to Incision Time) No, not taken within 24hr prior to incision time
T63: 8/12/2021 07:05 PDT (Readiness For OR)

T63: 8/12/2021 07:05 PDT (Readiness For OR) Verified by RN - Implants needed, Verified by RN - devices needed

- T64: 8/12/2021 07:05 PDT (Preprocedure Verification Done) Yes - done per Universal Protocol
- T67: 8/12/2021 07:05 PDT (Total Joint Goals) Patient Goals

 Date:
 08/12/21 07:05

 Unit:
 08/12/21 07:05

 Goals:
 na

 Goal(s) Met/Not Met:
 Not Met:

 Comment: Goal(s)Not Met:
 Image: Comment: Coal (state) (sta

Report ID: 127045219

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Patient:HANNA MD, ADEL SHAKERMRN:918505FIN:5228417Patient Type:Day PatientAttending:Beseth M.D.,Bryce D

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

 Admit/Disch:
 8/12/2021
 8/12/2021

 Admitting:
 8/12/2021
 8/12/2021

Procedures

Procedure	Recorded Date Recorded Time Recorded By	8/12/2021 07:05 PDT Titus RN,Amy K	
RN Who Verified Site	Reference Range	Brown RN, Evan M	Units
Arrived To OR Holding With		17	
Pain Assessment -OR Holding		Patient denies	
Mental/Emotional Status -OR Holding		Alert, Calm, Oriented	-
Limitations -OR Holding		None	
Respiratory Asssessment -OR Holding		Normal	
GI Assessment -OR Holding		Normal	·····
GU Assessment -OR Holding		Normal	
Skin Circulation -OR Holding		Warm, Dry	
Triggers Initiated -OR Holding		No	
Total Joint Goals		See Below T68	

Textual Results

T68: 8/12/2021 07:05 PDT (Total Joint Goals)

Patient Goals

 Date:
 08/12/21 07:05

 Unit:
 08/12/21 07:05

 Goals:
 na

 Goal(s) Met/Not Met:
 08/12/21 07:05

 Comment: Goal(s)Not Met:
 08/12/21 07:05

	Recorded Date Recorded Time Recorded By A	8/6/2021 12:04 PDT Andrade-Escarcega RN,Maria	
Procedure	Reference Range		Units
Blood Band on and Verified		N/A	
Ed-UTI Prevention		Verbalizes understanding	1
Ed-Importance of Handwashing		Verbalizes understanding	
BP or Heart Medication Taken		Yes	
Beta Blocker Name		Atenolol	
Blood Transfusion Refusal Signed		No	
ECG Within 3 Mos.		Yes, Copy	·)·····
HCG (unless previous sterilization)		N/A	
COVID-19 Screen within 3 days		N/A, will email copy of card	
PT/PTT		N/A	
Hysterectomy Consent Signed		No	
Other Band:Broselow/Limb Alert		N/A	
Other Consents Signed		No	
SIP/Antibiotic Protocol Initiated		N/A	
Sterilization Consent Signed		No	
Antibiotic Ordered, Non-protocol	· · · · · · · · · · · · · · · · · · ·	N/A	

Report ID: 127045219

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Patient:HANNA MD, ADEL SHAKERMRN:918505FIN:5228417Patient Type:Day PatientAttending:Beseth M.D.,Bryce D

DOB/Age/Sex: 3/29/1946 76 years Male Admit/Disch: 8/12/2021 8/12/2021 Admitting: 8/12/2021 8/12/2021

Procedures

	Recorded Date Recorded Time Recorded By		
Procedure	Reference Range		Units
Patient Diabetic	an a	N/A	n de seur d'en technic vour
Inhaler Use (Type in Comment)		N/A	
Isolation Precaution (type in Comment)		N/A	
2nd Draw for ABO/Rh Verified Lab Policy		N/A	
Sleep Apnea Diagnosis		N/A	
Use of CPAP/BIPAP		N/A	
On Continuous Supplemental Oxygen		N/A	
Preop Diabetes Screening		Pt is NOT diabetic	

Psychiatric

Record	led Date 8/12/2021 ed Time 10:45 PDT rded By Munoz RN,Lynn Range Units
Affect/Behavior	Appropriate, Calm, Cooperative
Orientation	Follows commands

Psychosocial

Procedure Suicidal Ideation	Recorded Date Recorded Time Recorded By Reference Range		
Abuse/Neglect Indicators		No domestic concerns	

Respiratory

Respiratory Assessment

	rded Date 8/12/2021 rded Time 10:45 PDT
Rec Procedure Reference	corded By Munoz RN,Lynn e Range Units
Respiratory Symptoms	None
Respirations	Unlabored, Symmetrical
Respiratory Pattern	Regular

Report ID: 127045219

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Patient:	HANNA MD, ADEL SHAKER
MRN:	918505
FIN:	5228417
Patient Type:	Day Patient
Attending:	Beseth M.D.,Bryce D

DOB/Age/Sex:	3/29/1946	76 years	Male
Admit/Disch:	8/12/2021	8/12/	2021
Admitting:			

Respiratory

Breath Sounds Assessment

Recorded Date		
Recorded Time Recorded By	Munoz RN,Lynn	
Procedure Reference Range	요즘 같은 그렇게 잘 하는 것을 가지요? 소통 가장 말을 하는 것이 하는 것이 같이 많다.	ALC: N
All Lobes Breath Sounds	Clear	

Airway Information

	Recorded Date 8/12/2021 Recorded Time 10:45 PDT
Procedure	Recorded By Munoz RN,Lynn Reference Range Units
Artificial Airway Type	Oral airway
Artificial Airway Activity	Removed

Ventilator Settings Information

	Recorded Date Recorded Time	8/12/2021 10:50 PDT	8/12/2021 10:45 PDT	8/12/2021 10:40 PDT	8/12/2021 10:35 PDT	
	Recorded By					
Procedure	Reference Range					Units
Positive End Expiratory Pressure		0.1 cmH2O	0.7 cmH2O	2 cmH2O	2.2 cmH2O	cmH2O
	Recorded Date	8/12/2021	8/12/2021	8/12/2021	8/12/2021	
	Recorded Time Recorded By	10:30 PDT	10:25 PDT	10:20 PDT	10:15 PDT	
Procedure	Reference Range					Units
Positive End Expiratory Pressure		2 cmH2O	2.4 cmH2O	2 cmH2O	1.7 cmH2O	cmH2O
	Recorded Date	8/12/2021	8/12/2021	8/12/2021	8/12/2021	
	Recorded Time Recorded By	10:10 PDT	10:05 PDT	10:00 PDT	09:55 PD1	
Procedure	Reference Range					Units
Positive End Expiratory Pressure		1.9 cmH2O	0.8 cmH2O	0.6 cmH2O	2.2 cmH2C	cmH2O
	Recorded Date	8/12/2021	8/12/2021	8/12/2021	8/12/2021	
	Recorded Time Recorded By	09:50 PDT	09:45 PDT	09:40 PDT	09:35 PDT	
Procedure	Reference Range					Units
Positive End Expiratory Pressure	an an de lan marier e de l'Anne de la Martine de la Constantia. La constantia de la consta	2.1 cmH2O	0.9 cmH2O	0.6 cmH2O	0.8 cmH2C	cmH2O

Report ID: 127045219

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Patient:	HANNA MD, ADEL SHAKER
MRN:	918505
FIN:	5228417
Patient Type:	Day Patient
Attending:	Beseth M.D.,Bryce D

DOB/Age/Sex:	3/29/1946	76 years	Male
Admit/Disch:	8/12/2021	8/12/	2021
Admitting:			

Ventilator Settings Information

Recorded Date	8/12/2021 8/12/2021 8/12/2021
Recorded Time	09:30 PDT 09:25 PDT 09:20 PDT
Recorded By	요즘 그들은 것은 것은 것은 가지 않는 것은 가지 않는 것이 같은 것은 것은 것은 것은 것을 많이 것을 수 있는 것을 것을 것 같아요.
Procedure Reference Range	Units
Positive End Expiratory Pressure	0.7 cmH2O 1 cmH2O 1.2 cmH2O cmH2O

Respiratory

Ventilator Measurements/Assessments

	Recorded Date Recorded Time Recorded By	8/12/2021 10:50 PDT	8/12/2021 10:45 PDT	8/12/2021 10:40 PDT	8/12/2021 10:35 PDT	8/12/2021 10:30 PDT	
Procedure	Reference Range						Units
Peak Inspiratory Pressure	ng antisan ang salah na ang salah sa ang salah sa salah s	0 cmH2O	1 cmH2O	7 cmH2O	6 cmH2O	6 cmH2O	cmH2O
Mean Airway Pressure		0 cmH2O	1 cmH2O	4 cmH2O	4 cmH2O	4 cmH2O	cmH2O
	Recorded Date Recorded Time Recorded By	and the second second second second	8/12/2021 10:20 PDT	8/12/2021 10:15 PDT	8/12/2021 10:10 PDT	8/12/2021 10:05 PDT	
Procedure	Reference Range						Units
Peak Inspiratory Pressure	i prose na destra narra da bana, constante, donas na filinas	6 cmH2O	6 cmH2O	6 cmH2O	5 cmH2O	2 cmH2O	cmH2O
Mean Airway Pressure		4 cmH2O	3 cmH2O	3 cmH2O	3 cmH2O	1 cmH2O	cmH2O
	Recorded Date Recorded Time Recorded By	이 가장의 사람이 있는 것이 많이 했다.	8/12/2021 09:55 PDT	8/12/2021 09:50 PDT	8/12/2021 09:45 PDT	8/12/2021 09:40 PDT	
Procedure	Reference Range						Units
Peak Inspiratory Pressure		2 cmH2O	6 cmH2O	5 cmH2O	2 cmH2O	2 cmH2O	cmH2C
Mean Airway Pressure		1 cmH2O	4 cmH2O	3 cmH2O	1 cmH2O	1 cmH2O	cmH2C
	Recorded Date Recorded Time Recorded By	8/12/2021 09:35 PDT	8/12/2021 09:30 PDT	8/12/2021 09:25 PDT	8/12/2021 09:20 PDT		
Procedure	Reference Range					Units	
Peak Inspiratory Pressure		3 cmH2O	1 cmH2O	14 cmH2O	2 cmH2O	cmH2O	
Mean Airway Pressure		1 cmH2O	1 cmH2O	6 cmH2O	1 cmH2O	cmH2O	

Oxygen Therapy & Oxygenation Information

	Recorded Date	8/12/2021	8/12/2021	8/12/2021	
	Recorded Time	16:00 PDT	15:00 PDT	14:30 PDT	
	Recorded By	Ho RN,Quynh G	Ho RN,Quynh G	Ho RN,Quynh G	
Procedure	Reference Range				Units
Oxygen Therapy	nen - ennenne forenen ennen stande budetetet hat telefoldetetetetetetetetetetetetetetetetetetet	Room air	Room air	Room air	
SpO2	[92-100]	95	93	94	%

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		Respiratory		
Attending:	Beseth M.D.,Bryce D			
Patient Type:		Admitting:		
FIN:	5228417	Admit/Disch:	8/12/2021	8/12
MRN:	918505	DOB/Age/Sex:	3/29/1946	76 years
Patient:	HANNA MD, ADEL SHAKER			

Oxygen Therapy & Oxygenation Information

	Recorded Date Recorded Time Recorded By	8/12/2021 13:55 PDT Ho RN,Quynh G	13:2	2/2021 25 PDT ,Quynh G			
Procedure	Reference Range				Units		
Oxygen Therapy	adalar ilgərdə ilgə bətəri oʻrtəri ilə bəyətləri əshəri təfəri bələri bələri bələri bələri bələri bələri bələr Ala	Room air	Ro	om air	a shekara ka shekara		
SpO2	[92-100]	95		94	%		
	- マンド・シスルマ ふたかり ういいえか うんどみぶかう 見つ	8/12/2021 12:55 PDT Martinez RN,Eliz	Γ	8/12/2(12:45 F Munoz RM	DT		
Procedure	Reference Range					Units	
Oxygen Therapy		Room air		Room	air		
SpO2	[92-100]	96		95		%	
	Recorded Date Recorded Time Recorded By	8/12/2021 12:30 PDT Munoz RN,Lynn	12:1	2/2021 5 PDT RN,Lynn	12:	2/2021 00 PDT 2 RN,Lyr	10
Procedure	Reference Range		munor		mano		Units
Oxygen Therapy		Room air	Ro	om air	Ro	om air	alasti fartalaria
SpO2	[92-100]	94		93		92	%
.		8/12/2021 11:45 PDT Munoz RN,Lynn	11	12/2021 :30 PDT RN,Deserri	Section -		
Procedure	Reference Range	Baaraa aira	0:		Unii	S	
Oxygen Therapy	102 1001	Room air 92	Sin	iple mask 100	%	: 	
SpO2 Oxygen Flow Rate	[92-100]	92		100	% L/mi	n	
Oxygen now nate		-	:		Lini		
	 Weiler States (Scheduler Scheduler) 	8/12/2021 11:15 PDT Mexia RN,Desen		8/12/2021 1:00 PDT hoz RN,Lyr	10;	2/2021 50 PDT	
Procedure	Reference Range						Units
Oxygen Therapy		Simple mask	S	imple mask		-	
SpO2	[92-100]	100		100		-	%
Oxygen Flow Rate		10		6	1() L/min	L/min
Procedure	Recorded Date Recorded Time Recorded By Reference Range	10:45 PDT 1	3/12/2021 0:45 PDT loz RN,L)	10:40		8/12/20 10:35 P	さんだいがく
Oxygen Therapy	nanalaan ahada ah dhiga ah	- Si	mple mas	k i -	en fan de Friddiger. •	0000000000 	n der dela public Saadader
Oxygen Therapy Monitoring		-	Applied			_	

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8/12/2021

Patient:	HANNA MD, ADEL SHAKER			
MRN:	918505	DOB/Age/Sex:	3/29/1946	76 years
FIN:	5228417	Admit/Disch:	8/12/2021	8/1
Patient Type:	Day Patient	Admitting:		
Attending:	Beseth M.D.,Bryce D			
		Respiratory		

Oxygen Therapy & Oxygenation Information

	Recorded Date Recorded Time Recorded By		8/12/2 10:45 I Munoz RI	PDT	8/12/ 10:40		8/12/ 10:35		
Procedure	Reference Range								Units
SpO2	[92-100]		100)	-	enangan sentengia. L	-	n series and	%
Oxygen Flow Rate		10 L/min	-		2 L/	min	0.99	L/min	L/min
	Recorded Date Recorded Time Recorded By	8/12/2021 10:30 PDT	8/12/202 10:25 PD	ACC 584	2/2021 20 PDT		2/2021 15 PDT		
Procedure	Reference Range							Unit	S
Oxygen Flow Rate		0.99 L/min	0.99 L/mi	n 0.99	9 L/min	0.9	9 L/min	ı L/mi	n
	Recorded Date Recorded Time Recorded By		8/12/202 10:05 PD		2/2021 0 PDT		2/2021 55 PDT		
Procedure	Reference Range							Units	
Oxygen Flow Rate		0.99 L/min	0.73 L/mi	n 0.73	8 L/min	0.73	3 L/min	L/mir	1
	Recorded Date Recorded Time Recorded By	and the second	8/12/202 ⁻ 09:45 PD		2/2021 0 PDT	いいしていひこうず	2/2021 5 PDT		
Procedure	Reference Range							Units	
Oxygen Flow Rate	la llinnen pise seisinnelle son villelenen i Teologi	0.73 L/min	0.73 L/mi	n 0.73	L/min	4 L	./min	L/min	
	Recorded Date Recorded Time Recorded By		8/12/2021 09:25 PD	22-021-0-00-0-	/2021 0 PDT				
Procedure	Reference Range					Units			
Oxygen Flow Rate		4 L/min	4.25 L/mii	n 8L	./min	L/min			
	Recorded Date Recorded Time Recorded By	8/12/2 07:05 Kemp RN,S	PDT						
Procedure	Reference Range		اركروا وتحكر بالإخرار المتحاولا ليرمز الريات	Units	9. 9				
Oxygen Therapy	ದ ಸಂಸಂಪಾಣಕರು ಮನೇಸವು ಎಂದು ಸಮ್ಮಿಸಿದ ಸಂಸ್ಥೆಯನ್ನು ನಿರಿಸಿದ ನಿರಿಸಿದ್ದರೆ. ಇದು ನಿರಿಸಿ ಸಮ್ಮಿಸಿ ಸಿಕ್ಕಾಳಿಗಳು ಸಿಕ್ಕಿ	Roon	n air	paratir diya disil biliki.					
SpO2	[92-100]	98	3	%					

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8/12/2021

Patient:	HANNA MD, ADEL SHAKER
MRN:	918505
FIN:	5228417
Patient Type:	Day Patient
Attending:	Beseth M.D.,Bryce D

DOB/Age/Sex:	3/29/1946	76 years	Male
Admit/Disch:	8/12/2021	8/12/	2021
Admitting:			

Vascular Access

Central Line

Recorded Da Recorded Tirr Recorded E Procedure Reference Range	y Andrade-Escarcega RN,Maria
	, Anita
Procedure Location	Operating room

Vital Signs					
Procedure	Recorded Date Recorded Time Recorded By Reference Range	Contract States 2007 1740 (The Science of Science)	8/12/2021 15:00 PDT Ho RN,Quynh G	8/12/2021 14:30 PDT Ho RN,Quynh G	Units
영상 소설에 여행에 대한 것을 잃는 것을 것을 못했다. 지원에 가지 않는 것을 다 있다.	n en el presenta de la compañía de s	CE.	<u>~</u>	FO	ଖୁଣିଅଟେଲିକ
Heart Rate Monitored	[50-90]	65	63	50	bpm
Respiratory Rate	[14-34]	18	18	20	br/min
Systolic Blood Pressure	[90-140]	157 ^H	169 ^H	150 ^H	mmHg
Diastolic Blood Pressure	[60-90]	93 ^H	99 ^H	94 ^H	mmHg
Mean Arterial Pressure, Cuff		114	122	113	mmHg
BP Site		-	Right upper arm	Right upper arm	

Procedure	Recorded Date Recorded Time Recorded By Reference Range			Units
Heart Rate Monitored	[50-90]	50	56	bpm
Respiratory Rate	[14-34]	16	16	br/min
Systolic Blood Pressure	[90-140]	144 ^H	145 ^H	mmHg
Diastolic Blood Pressure	[60-90]	94 ^H	89	mmHg
Mean Arterial Pressure,Cuff		111	108	mmHg
BP Site	·	Right upper arm	Right upper arm	

	Recorded Date Recorded Time Recorded By	u expannan ang ter gegenerati ag menyekena an	8/12/2021 12:45 PDT Munoz RN,Lynn	
Procedure	Reference Range			Units
Heart Rate Monitored	[50-90]	53	56	bpm
Respiratory Rate	[14-34]	15	14	br/min
Systolic Blood Pressure	[90-140]	162 ^H	-	mmHg
Diastolic Blood Pressure	[60-90]	90	-	mmHg
Mean Arterial Pressure,Cuff		114	-	mmHg
BP Site		Right upper arm	-	

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Patient: HANNA MD, ADEL SHAKER MRN: 918505 5228417 FIN: Patient Type: Day Patient Attending: Beseth M.D.,Bryce D

DOB/Age/Sex: 3/29/1946 76 years Male Admit/Disch: 8/12/2021 8/12/2021 Admitting:

Vital Signs					
	Recorded Date Recorded Time Recorded By		8/12/2021 12:15 PDT Munoz RN,Lynn	8/12/2021 12:00 PDT Munoz RN,Lynn	
Procedure	Reference Range				Units
Temperature Temporal Artery	[97.9-100.5]		-	97.5 ^L	degF
Heart Rate Monitored	[50-90]	60	55	58	bpm
Respiratory Rate	[14-34]	16 ^{c9}	14	9 ^L	b r /min
Systolic Blood Pressure	[90-140]	144 ^н	139	123	mmHg
Diastolic Blood Pressure	[60-90]	88	94 ^H	81	mmHg
Mean Arterial Pressure,Cuff		107	109	95	mmHg

Corrected Results

c9: **Respiratory Rate**

Corrected from 10 br/min on 8/12/2021 12:41 PDT by Munoz RN, Lynn

	- The sharehold and sharehold in the state of the sharehold in the state of the	11:45 PDT	8/12/2021 11:30 PDT Mexia RN,Deserri C	
Procedure	Reference Range			Units
Heart Rate Monitored	[50-90]	58	54	bpm
Respiratory Rate	[14-34]	14	12 ^L	br/min
Systolic Blood Pressure	[90-140]	132	135	mmHg
Diastolic Blood Pressure	[60-90]	93 ^H	91 ^H	mmHg
Mean Arterial Pressure,Cuff		106	106	mmHg

		철물 수가 집에서 집에 가지 않는 것을 가 있다. 나는 것을 가 있는 것을 가 있다. 나는 것을 가 있는 것을 가 있다. 나는 것을 가 있는 것을 가 있는 것을 가 있는 것을 수가 있는 것을 가 있는 것을 수가 있다. 나는 것을 수가 있는 것을 것을 것을 수가 있는 것을 것을 수가 있는 것을 수가 않았다. 않았다. 것을 것을 것을 것을 것을 것을 수가 않았다. 않았다. 것을	8/12/2021 11:15 PDT Munoz RN,Lynn	
Procedure	Reference Range			Units
Heart Rate Monitored	[50-90]	a na sanan na sa sana da yana da na sana da sana da sa	54	bpm
Respiratory Rate	[14-34]	-	12 ^L	br/min
Systolic Blood Pressure	[90-140]	143 ^H	-	mmHg
Diastolic Blood Pressure	[60-90]	88	w	mmHg
Mean Arterial Pressure,Cuff		106	-	mmHg

	Recorded Date Recorded Time Recorded By		8/12/2021 10:50 PDT	8/12/2021 10:48 PDT	8/12/2021 10:45 PDT	
Procedure	Reference Range					Units
Heart Rate Monitored	[50-90]	57	-	-	-	bpm
Heart Rate -EKG		-	-	-	61 bpm	bpm
Respiratory Rate	[14-34]	17		-	-	br/min
Expired CO2		-	0%	-	0%	%
Systolic Blood Pressure		-	-	139 mmHg	125 mmHg	mmHg
Systolic Blood Pressure	[90-140]	145 ^н	-	-	-	mmHg

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Patient:	HANNA MD, ADEL SHAKER
MRN:	918505
FIN:	5228417
Patient Type:	Day Patient
Attending:	Beseth M.D.,Bryce D

DOB/Age/Sex: 3/29/1946 76 years Male Admit/Disch: 8/12/2021 8/12/2021 Admitting:

Vital Signs						
	Recorded Date Recorded Time Recorded By	arrent and a state of the second statement	8/12/2021 10:50 PDT	8/12/2021 10:48 PDT	8/12/2021 10:45 PDT	
Procedure	Reference Range					Units
Diastolic Blood Pressure		n de sensité au faite de l'établis de la companya de la faite de la companya de la faite de la companya de la f	-	74 mmHg	67 mmHg	mmHg
Diastolic Blood Pressure	[60-90]	95 ^H	-	-	-	mmHg
Mean Arterial Pressure,Cuff		112	-	-	-	mmHg
	Recorded Date Recorded Time Recorded By	the states of the balance of the states in the second	8/12/2021 10:43 PDT	8/12/2021 10:41 PDT	8/12/2021 10:40 PDT	
Procedure	Reference Range					Units
Temperature Temporal Artery	[97.9-100.5]	98.3	-	-	-	degF
Heart Rate Monitored	[50-90]	53	-	-	-	bpm
Heart Rate -EKG		-	-	-	58 bpm	bpm
Respiratory Rate		-	-	-	13 br/min	br/min
Respiratory Rate	[14-34]	16	-	-		br/min
Expired CO2		-	-	-	6.2 %	%
Systolic Blood Pressure	7	-	102 mmHg	109 mmHg	-	mmHg
Diastolic Blood Pressure	·····	-	58 mmHg	59 mmHg	-	mmHg
Mean Arterial Pressure,Cuff		86		-	-	mmHg
BP Site		Right upper arm	-	-	-	

a a a sheki ya na ku mala na baba na na na na na kata n			er POPULA		
Reference Range					Units
	-	62 bpm	-	63 bpm	bpm
	-	13 br/min	-	11 br/min	br/min
······	-	6.4 %	-	6.8 %	%
	91 mmHg	100 mmHg	95 mmHg	99 mmHg	mmHg
,	53 mmHg	58 mmHg	54 mmHg	56 mmHg	mmHg
Recorded Date	8/12/2021	8/12/2021	8/12/2021	8/12/2021	
- さんほうぶん あんちょう ひょうちょう ちょう		10:25 PDT	10:23 PDT	10:20 PD	
	Recorded Time	- - - 91 mmHg	- 62 bpm - 13 br/min - 6.4 % 91 mmHg 100 mmHg 53 mmHg 58 mmHg 8/12/2021 8/12/2021 Recorded Date 8/12/2021 10:28 PDT	- 62 bpm - - 13 br/min - - 6.4 % - 91 mmHg 100 mmHg 95 mmHg 53 mmHg 58 mmHg 54 mmHg Recorded Date 8/12/2021 8/12/2021 Recorded Time 10:28 PDT 10:25 PDT	- 62 bpm - 63 bpm - 13 br/min - 11 br/min - 6.4 % - 6.8 % 91 mmHg 100 mmHg 95 mmHg 99 mmHg 53 mmHg 58 mmHg 54 mmHg 56 mmHg Recorded Date 8/12/2021 8/12/2021 8/12/2021 Recorded Time 10:28 PDT 10:25 PDT 10:23 PDT 10:20 PD

Heart Rate - EKG	-	63 bpm	-	63 bpm	bpm
Respiratory Rate	-	12 br/min	-	9 br/min	br/min
Expired CO2	-	6.7 %	-	7.6 %	%
Systolic Blood Pressure	103 mmHg	109 mmHg	124 mmHg	102 mmHg	mmHg
Diastolic Blood Pressure	59 mmHg	61 mmHg	66 mmHg	59 mmHg	mmHg

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Patient:	HANNA MD, ADEL SHAKER
MRN:	918505
FIN:	5228417
Patient Type:	Day Patient
Attending:	Beseth M.D.,Bryce D

DOB/Age/Sex:	3/29/1946	76 years	Male
Admit/Disch:	8/12/2021	8/12/2	2021
Admitting:			

Vital Signs Recorded Date 8/12/2021 8/12/2021 8/12/2021 8/12/2021 Recorded Time 10:18 PDT 10:15 PDT 10:12 PDT 10:10 PDT **Recorded By** Procedure **Reference Range** Units Heart Rate -EKG 60 bpm 61 bpm bpm **Respiratory Rate** 10 br/min 11 br/min br/min Expired CO2 7.7 % 7.6 % % Systolic Blood Pressure 107 mmHg 119 mmHg 130 mmHg 131 mmHg mmHg **Diastolic Blood Pressure** 75 mmHg mmHg 61 mmHg 67 mmHg 75 mmHg Recorded Date 8/12/2021 8/12/2021 8/12/2021 8/12/2021 Recorded Time 10:08 PDT 10:03 PDT 10:05 PDT 10:00 PDT **Recorded By** Procedure **Reference Range** Units Heart Rate -EKG 69 bpm 71 bpm bpm **Respiratory Rate** 16 br/min 17 br/min br/min Expired CO2 7.4 % 6.8 % % Systolic Blood Pressure 131 mmHg 134 mmHg 113 mmHg 120 mmHg mmHg **Diastolic Blood Pressure** 74 mmHg 76 mmHg 65 mmHg 70 mmHg mmHg Recorded Date 8/12/2021 8/12/2021 8/12/2021 8/12/2021 Recorded Time 09:58 PDT 09:55 PDT 09:53 PDT 09:50 PDT **Recorded By Reference Range** Units Procedure Heart Rate -EKG 63 bpm 65 bpm bpm **Respiratory Rate** 13 br/min 12 br/min br/min Expired CO2 6.5 % 7% % Systolic Blood Pressure 91 mmHq 92 mmHg 94 mmHq 105 mmHg mmHg Diastolic Blood Pressure 54 mmHq 55 mmHg 55 mmHg 59 mmHg mmHg Recorded Date 8/12/2021 8/12/2021 8/12/2021 8/12/2021 Recorded Time 09:48 PDT 09:45 PDT 09:43 PDT 09:40 PDT **Recorded By Reference Range** Procedure Units Heart Rate -EKG 63 bpm 60 bpm bpm **Respiratory Rate** 11 br/min 12 br/min br/min 7.7 % 7.5 % Expired CO2 % Systolic Blood Pressure 100 mmHa 105 mmHa 108 mmHa 111 mmHg mmHg 59 mmHg **Diastolic Blood Pressure** 61 mmHg 62 mmHg mmHg 57 mmHg Recorded Date 8/12/2021 8/12/2021 8/12/2021 8/12/2021 Recorded Time 09:38 PDT 09:35 PDT 09:33 PDT 09:30 PDT **Recorded By** Units Procedure **Reference Range** Heart Rate - EKG 58 bpm 54 bpm bpm

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Patient:	HANNA MD, ADEL SHAKER
MRN:	918505
FIN:	5228417
Patient Type:	Day Patient
Attending:	Beseth M.D.,Bryce D

Vital Signs Recorded Date 8/12/2021 8/12/2021 8/12/2021 8/12/2021 Recorded Time 09:38 PDT 09:35 PDT 09:33 PDT 09:30 PDT **Recorded By** Procedure **Reference Range** Units **Respiratory Rate** 9 br/min 10 br/min br/min Expired CO2 7.5 % 0.1 % % Systolic Blood Pressure 117 mmHg 118 mmHg 131 mmHg 117 mmHa mmHa **Diastolic Blood Pressure** 63 mmHg 64 mmHg 71 mmHg 67 mmHg mmHg Recorded Date 8/12/2021 8/12/2021 8/12/2021 8/12/2021 Recorded Time 09:28 PDT 09:26 PDT 09:25 PDT 09:23 PDT **Recorded By Reference Range** Procedure Units Heart Rate -EKG 57 bpm bpm **Respiratory Rate** br/min 6 br/min 6.4 % % Expired CO2 121 mmHg Systolic Blood Pressure 114 mmHa 171 mmHg mmHa **Diastolic Blood Pressure** 66 mmHg 67 mmHg 89 mmHg mmHg Recorded Date 8/12/2021 8/12/2021 8/12/2021 Recorded Time 09:21 PDT 09:20 PDT 07:05 PDT **Recorded By** Kemp RN, Shannon E Procedure **Reference Range** Units Temperature Temporal Artery 97.2 4 [97.9-100.5] degF Heart Rate Monitored [50-90] 53 bpm Heart Rate -EKG _ 55 bpm bpm -**Respiratory Rate** 8 br/min br/min **Respiratory Rate** [14-34] -18 br/min Expired CO2 3.6 % -% Systolic Blood Pressure 177 mmHg _ mmHg Systolic Blood Pressure [90-140] 156^H mmHg **Diastolic Blood Pressure** 95 mmHg mmHg

Report ID: 127045219

Diastolic Blood Pressure

Mean Arterial Pressure.Cuff

[60-90]

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91^H

113

mmHg

mmHg

Patient:HANNA MD, ADEL SHAKERMRN:918505FIN:5228417Patient Type:Day PatientAttending:Beseth M.D.,Bryce D

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

 Admit/Disch:
 8/12/2021
 8/12/2021

 Admitting:
 X
 X
 X

Medication Administration Record

Medications

Medication Name: HYDROmorphone (Dilaudid i	iniection)			
Charted Dt/Tm: 8/12/2021 15:55 PDT	Admin Dt/Tm: 8/12/2021 15:14 PDT			
Admin Details: Auth (Verified)				
PRN Medication Effectiveness Evaluated: Numeric rating scale (0-10); PRN Medication Effectiveness: Yes; Pain Functional				
Limitations Assessment: pt stated that pain is bette				
	2021 11:01 PDT; Perform: Ho RN,Quynh G 8/12/2021 15:53 PDT; VERIFY			
Ho RN,Quynh G 8/12/2021 15:53 PDT	•			
Medication Name: HYDROmorphone (Dilaudid i	injection)			
Charted Dt/Tm: 8/12/2021 14:59 PDT	Admin Dt/Tm: 8/12/2021 14:59 PDT			
Ingredients: Dilaudid injection 0.5 mg 0.25 mL				
Admin Details: (Auth) IV Push, Left Antecubital				
	nal Limitations Assessment: walking; Primary Pain Location: Incision			
	2021 11:01 PDT; Perform: Ho RN,Quynh G 8/12/2021 14:59 PDT; VERIFY			
Reason for Medication: Ho RN,Quynh G 8/12/20	21 14:59 PDT			
pain (moderate)	·			
Medication Name: HYDROmorphone (Dilaudid i	injection)			
Charted Dt/Tm: 8/12/2021 12:58 PDT	Admin Dt/Tm: 8/12/2021 11:50 PDT			
Admin Details: Auth (Verified)				
	rating scale (0-10); PRN Medication Effectiveness: Yes; Numeric Pain			
Scale: 3 = Mild pain; Primary Pain Location: Abdor				
	21 09:36 PDT; Perform: Munoz RN,Lynn 8/12/2021 12:58 PDT; VERIFY:			
Munoz RN,Lynn 8/12/2021 12:58 PDT				
Medication Name: HYDROmorphone (Dilaudid I	injection)			
Charted Dt/Tm: 8/12/2021 11:35 PDT	Admin Dt/Tm: 8/12/2021 11:35 PDT			
Ingredients: Dilaudid injection 0.5 mg 0.25 mL				
Admin Details: (Auth) IV Push, Left Antecubital				
	onal Limitations Assessment: na; Primary Pain Location: Abdomen			
Action Details: Order: Yuan D.O., Adam K.8/12/20	21 09:36 PDT; Perform: Mexia RN,Deserri C 8/12/2021 11:35 PDT;			
VERIFY: Mexia RN, Deserri C 8/12/2021 11:35 PD				
Reason for Medication: Mexia RN, Deserri C 8/12	/2021 11:35 PDT			
pain (severe)				
Medication Name: HYDROmorphone (Dilaudid i	injection)			
Charted Dt/Tm: 8/12/2021 12:58 PDT	Admin Dt/Tm: 8/12/2021 11:25 PDT			
Admin Details: Auth (Verified)				
	n Effectiveness Evaluated: Numeric rating scale (0-10); Pain Functional			
Limitations Assessment: na; Numeric Pain Scale: 8				
Action Details: Order: Yuan D.O.,Adam K.8/12/20	21 09:36 PDT; Perform: Munoz RN,Lynn 8/12/2021 12:57 PDT; VERIFY:			

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Patient:HANNA MD, ADEL SHAKERMRN:918505FIN:5228417Patient Type:Day PatientAttending:Beseth M.D.,Bryce D

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

 Admit/Disch:
 8/12/2021
 8/12/2021

 Admitting:
 X
 X
 X

Medication Administration Record

Medications

Medication Name: HYDROmorphone (Dilaudid injecti	
Charted Dt/Tm: 8/12/2021 12:57 PDT Admin Details: Auth (Verified)	Admin Dt/Tm: 8/12/2021 11:15 PDT
	ctiveness Evaluated: Numeric rating scale (0-10); Numeric Pain
Scale: 8 = Severe pain; Pain Functional Limitations Asse	
	36 PDT; Perform: Munoz RN,Lynn 8/12/2021 12:57 PDT; VERIFY:
Munoz RN,Lynn 8/12/2021 12:57 PDT	
Medication Name: HYDROmorphone (Dilaudid injecti	on)
Charted Dt/Tm: 8/12/2021 11:18 PDT	Admin Dt/Tm: 8/12/2021 11:10 PDT
Ingredients: Dilaudid injection 0.5 mg 0.25 mL	
Admin Details: (Auth) IV Push, Left Antecubital	
	nitations Assessment: na; Primary Pain Location: Abdomen
	36 PDT; Perform: Munoz RN,Lynn 8/12/2021 11:18 PDT; VERIFY:
Munoz RN,Lynn 8/12/2021 11:18 PDT	· · · · · ·
Reason for Medication: Munoz RN,Lynn 8/12/2021 11:	18 PDT
pain (severe)	
Medication Name: HYDROmorphone (Dilaudid injecti	on)
Charted Dt/Tm: 8/12/2021 11:17 PDT	Admin Dt/Tm: 8/12/2021 11:00 PDT
Ingredients: Dilaudid injection 0.5 mg 0.25 mL	
Admin Details: (Auth) IV Push, Left Antecubital	
Numeric Pain Scale: 9 = Severe pain; Pain Functional Lir	
Action Details: Order: Yuan D.O.,Adam K.8/12/2021 09: Munoz RN,Lynn 8/12/2021 11:17 PDT	36 PDT; Perform: Munoz RN,Lynn 8/12/2021 11:17 PDT; VERIFY:
Reason for Medication: Munoz RN,Lynn 8/12/2021 11:	17 PDT
pain (severe)	
Medication Name: Lactated Ringers	
Charted Dt/Tm: 8/12/2021 10:52 PDT	Admin Dt/Tm: 8/12/2021 10:52 PDT
Ingredients: Ir-1000 1000 mL 1000 mL	a ana ana ina kaominina amin' ao amin'ny fananana amin' am
Admin Details: (Auth) IV	
Action Details: Order: Yuan D.O., Adam K.8/12/2021 09:	18 PDT; Perform: Yuan D.O., Adam K.8/12/2021 10:52 PDT; VERIFY:
Yuan D.O.,Adam K.8/12/2021 10:52 PDT	
Medication Name: ondansetron	
Charted Dt/Tm: 8/12/2021 10:52 PDT	Admin Dt/Tm: 8/12/2021 10:36 PDT
Ingredients: ond2i 4 mg 2 mL	
Admin Details: (Auth) IV Push	
Action Details: Order: Yuan D.O.,Adam K.8/12/2021 10:	36 PDT; Perform: Yuan D.O., Adam K.8/12/2021 10:52 PDT; VERIFY:
Marine D.O. Astrono M. AMAGIOROA 40-EO DDT	

Yuan D.O., Adam K.8/12/2021 10:52 PDT

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Patient:HANNA MD, ADEL SHAKERMRN:918505FIN:5228417Patient Type:Day PatientAttending:Beseth M.D.,Bryce D

DOB/Age/Sex:	3/29/1946	76 years	Male
Admit/Disch:	8/12/2021	8/12/	2021
Admitting:			

Medication Administration Record

Medications

moniounong	
Medication Name: gentamicin	
Charted Dt/Tm: 8/12/2021 10:04 PDT	Admin Dt/Tm: 8/12/2021 10:04 PDT
Ingredients: gent40i 80 mg	
Admin Details: (Auth) Irrigation	
	1 10:04 PDT; Perform: Brown RN,Evan M 8/12/2021 10:04 PDT;
VERIFY: Brown RN,Evan M 8/12/2021 10:04 PDT	
Result Comment: Brown RN, Evan M 8/12/2021 10:04	I PDT
in 1L ns sterile field	
Medication Name: ropivacaine	
Charted Dt/Tm: 8/12/2021 10:04 PDT	Admin Dt/Tm: 8/12/2021 10:03 PDT
Ingredients: rop30i 30 mL 30 mL	ana ana ang akan ana mananana ang ang ang ang ang ang ang ang
Admin Details: (Auth) Intra Op	
	1 10:03 PDT; Perform: Brown RN,Evan M 8/12/2021 10:04 PDT;
VERIFY: Brown RN, Evan M 8/12/2021 10:04 PDT	
Medication Name: fentaNYL	
Charted Dt/Tm: 8/12/2021 10:52 PDT	Admin Dt/Tm: 8/12/2021 09:58 PDT
Ingredients: fen5 50 mcg 1 mL	
Admin Details: (Auth) IV Push	
	09:58 PDT; Perform: Yuan D.O.,Adam K.8/12/2021 10:52 PDT; VERIFY
Yuan D.O.,Adam K.8/12/2021 10:52 PDT	
Medication Name: acetaminophen	
Charted Dt/Tm: 8/12/2021 10:52 PDT	Admin Dt/Tm: 8/12/2021 09:51 PDT
Ingredients: ace100i 1000 mg 100 mL	
Admin Details: (Auth) IVPB	
	09:36 PDT; Perform: Yuan D.O.,Adam K.8/12/2021 10:52 PDT; VERIFY
Yuan D.O.,Adam K.8/12/2021 10:52 PDT	
Medication Name: ceFAZolin	
Charted Dt/Tm: 8/12/2021 10:52 PDT	Admin Dt/Tm: 8/12/2021 09:30 PDT
Ingredients: an1 2000 mg	
Admin Details: (Auth) IV Push	
	09:30 PDT; Perform: Yuan D.O.,Adam K.8/12/2021 10:52 PDT; VERIFY
Yuan D.O.,Adam K.8/12/2021 10:52 PDT	
Medication Name: dexamethasone	
Charted Dt/Tm: 8/12/2021 10:52 PDT	Admin Dt/Tm: 8/12/2021 09:29 PDT
Ingredients: dex4i5 8 mg 2 mL	
Admin Details: (Auth) IV Push	
	09:29 PDT; Perform: Yuan D.O.,Adam K.8/12/2021 10:52 PDT; VERIFY
Yuan D.O.,Adam K.8/12/2021 10:52 PDT	

Report ID: 127045219

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Patient:HANNA MD, ADEL SHAKERMRN:918505FIN:5228417Patient Type:Day PatientAttending:Beseth M.D.,Bryce D

DOB/Age/Sex:	3/29/1946	76 years	Male
Admit/Disch:	8/12/2021	8/12/	2021
Admittina:			

Medication Administration Record

Medications

Medication Name: glycopyrrolate Charted Dt/Tm: 8/12/2021 10:52 PDT Admin Dt/Tm: 8/12/2021 09:29 PDT Ingredients: gly02i 0.2 mg 1 mL Admin Details: (Auth) IV Action Details: Order: Yuan D.O., Adam K.8/12/2021 09:29 PDT; Perform: Yuan D.O., Adam K.8/12/2021 10:52 PDT; VERIFY: Yuan D.O., Adam K.8/12/2021 10:52 PDT Medication Name: lidocaine Charted Dt/Tm: 8/12/2021 10:52 PDT Admin Dt/Tm: 8/12/2021 09:21 PDT Ingredients: lid2-20 60 mg 3 mL Admin Details: (Auth) IV Push Action Details: Order: Yuan D.O., Adam K.8/12/2021 09:21 PDT; Perform: Yuan D.O., Adam K.8/12/2021 10:52 PDT; VERIFY: Yuan D.O., Adam K.8/12/2021 10:52 PDT Medication Name: propofol Charted Dt/Tm: 8/12/2021 10:52 PDT Admin Dt/Tm: 8/12/2021 09:21 PDT Ingredients: pro20i 150 mg 15 mL Admin Details: (Auth) IV Push Action Details: Order: Yuan D.O., Adam K.8/12/2021 09:21 PDT; Perform: Yuan D.O., Adam K.8/12/2021 10:52 PDT; VERIFY: Yuan D.O., Adam K.8/12/2021 10:52 PDT Medication Name: fentaNYL Charted Dt/Tm: 8/12/2021 10:52 PDT Admin Dt/Tm: 8/12/2021 09:18 PDT Ingredients: fen5 50 mcg 1 mL Admin Details: (Auth) IV Push Action Details: Order: Yuan D.O., Adam K.8/12/2021 09:18 PDT; Perform: Yuan D.O., Adam K.8/12/2021 10:52 PDT; VERIFY: Yuan D.O., Adam K.8/12/2021 10:52 PDT Continuous Infusions Medication Name: LR intravenous solution 1,000 mL Charted Dt/Tm: 8/12/2021 13:19 PDT Admin Dt/Tm: 8/12/2021 13:00 PDT to 8/12/2021 13:59 PDT Ingredients: LR intravenous solution 75 mL Admin Details: (Infuse) (Auth) 75 mL, 75 mL/hr, Left Antecubital Action Details: Order: Beseth M.D., Bryce D 8/12/2021 11:01 PDT; VERIFY: Martinez RN, Elizabeth A 8/12/2021 13:19 PDT; Perform: Martinez RN, Elizabeth A 8/12/2021 13:19 PDT Medication Name: LR intravenous solution 1,000 mL Charted Dt/Tm: 8/12/2021 13:01 PDT Admin Dt/Tm: 8/12/2021 12:55 PDT Ingredients: LR intravenous solution 1000 mL Admin Details: (Begin Bag) (Auth) 1000 mL, 75 mL/hr, Left Antecubital Action Details: Order: Beseth M.D., Bryce D 8/12/2021 11:01 PDT; Perform: Martinez RN, Elizabeth A 8/12/2021 13:01 PDT;

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VERIFY: Martinez RN, Elizabeth A 8/12/2021 13:01 PDT

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Patient:HANNA MD, ADEL SHAKERMRN:918505FIN:5228417Patient Type:Day PatientAttending:Beseth M.D.,Bryce D

Admit/Disch: 8/12/2021 8/12/2021 Admitting:

76 vears

Male

DOB/Age/Sex: 3/29/1946

Medication Administration Record

Continuous Infusions

 Medication Name: LR intravenous solution 1,000 mL

 Charted Dt/Tm: 8/12/2021 13:19 PDT

 Admin Dt/Tm: 8/12/2021 12:00 PDT to 8/12/2021 12:59 PDT

 Ingredients: LR intravenous solution 6.25 mL

 Admin Details: (Infuse) (Auth) 6.25 mL, 75 mL/hr, Left Antecubital

 Action Details: Order: Beseth M.D.,Bryce D 8/12/2021 11:01 PDT; Perform: Martinez RN,Elizabeth A 8/12/2021 13:19 PDT;

 VERIFY: Martinez RN,Elizabeth A 8/12/2021 13:19 PDT

 Medication Name: Lactated Ringers intravenous solution 1,000 mL

 Charted Dt/Tm: 8/12/2021 11:09 PDT
 Admin Dt/Tm: 8/12/2021 10:47 PDT

 Ingredients: Lactated Ringers intravenous solution 1000 mL
 Admin Details: (Begin Bag) (Auth) 1000 mL, 100 mL/hr, Left Antecubital, 72.7 kg

 Action Details: Order: Yuan D.O.,Adam K.8/12/2021 09:36 PDT; Perform: Munoz RN,Lynn 8/12/2021 11:09 PDT; VERIFY: Munoz RN,Lynn 8/12/2021 11:09 PDT

Orders

Admit/Transfer/Discharge

Order: Discharge Patient			
Order Start Date/Time: 8/12/2021 11:01	PDT		
Order Status: Discontinued	Department Status:	Discontinued	Activity Type: Admit/Transfer/Discharge
End-state Date/Time: 8/13/2021 05:01 P	DT	End-state Reason:	
Ordering Physician: Beseth M.D., Bryce I)		
Entered By: Beseth M.D., Bryce D on 8/12	2/2021 11:01 PDT		
Order Details: 8/12/21 11:01:00 AM PDT	Discharge To Home,	When discharge crite	eria met
Comments:			
Action Type: Discontinue	Action Date/Time: 8/	/13/2021 05:01 PDT	Action Personnel: SYSTEM
Communication Type:			·····
Order Details: 08/12/21 11:01:00 PDT, D	ischarge To Home, W	hen discharge criteria	a met
Review Information:			
Doctor Cosign: Not Required			
Comments:			
Action Type: Order	Action Date/Time: 8/	12/2021 11:01 PDT	Action Personnel: Beseth M.D., Bryce D
Communication Type: Written			
Order Details: 08/12/21 11:01:00 PDT, D	ischarge To Home, W	hen discharge criteria	a met
Review Information:			
Nurse Review: Not Reviewed			
Doctor Cosign: Not Required			
Comments:			

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76 years

Male

8/12/2021

		Orders	
Attending:	Beseth M.D.,Bryce D		
Patient Type:	Day Patient	Admitting:	
FIN:	5228417	Admit/Disch:	8/12/2021
MRN:	918505	DOB/Age/Sex:	3/29/1946
Patient:	HANNA MD, ADEL SHAKER		

Admit/Transfer/Discharge

Order: Place in Ambulatory Status (CC	L,ESU,OPS,SDS)	
Order Start Date/Time: 8/12/2021 06:59	PDT	
Order Status: Ordered	Department Status: Ordered	Activity Type: Admit/Transfer/Discharge
End-state Date/Time: 8/12/2021 06:59 P	DT End-state F	Reason:
Ordering Physician: Beseth M.D., Bryce [)	
Entered By: Andrade-Escarcega RN,Mar		
Order Details: 8/12/21 6:59:00 AM PDT,	Level of Care: Outpatient/Ambula	lory
Comments:		
Action Type: Order	Action Date/Time: 8/12/2021 06:	59 PDT Action Personnel: Kemp RN,Shannon E
Communication Type: Written		
Order Details: 08/12/21 6:59:00 PDT, Lev	el of Care: Outpatient/Ambulator	Ý
Review Information:		
Doctor Cosign: Not Required		
Comments:		
Action Type: Plan	Action Date/Time: 8/6/2021 12:2	8 PDT Action Personnel: Andrade-Escarcega RN,Maria
Laboratory		
Order: Pathology Specimen (S-R) Order Start Date/Time: 8/12/2021 00:00	PDT	

Order Start Date/Time: 8/12/2021 00:00	PDI		
Order Status: Completed	Department Status:	Final	Activity Type: Anatomic Pathology
End-state Date/Time: 8/13/2021 16:12 P		End-state Reason:	· · · · · · · · · · · · · · · · · · ·
Ordering Physician: Beseth M.D., Bryce I)		
Entered By: CONTRIBUTOR_SYSTEM	on 8/12/2021 13:53 P	DT	
Order Details: 8/12/21 12:00:00 AM PDT	, Collected, 08/12/21	13:49:00 PDT, SP, RI	GHT INGUINAL HERNIA SAC
Comments:			
Action Type: Complete	Action Date/Time: 8	/13/2021 16:12 PDT	Action Personnel: SYSTEM
Communication Type: ESI Default			
Order Details: 08/12/21 0:00:00 PDT, Co	llected, 08/12/21 13:4	9:00 PDT, SP, RIGHT	INGUINAL HERNIA SAC
Review Information:			
Doctor Cosign: Not Required			
Comments:			
Action Type: Order	Action Date/Time: 8	/12/2021 13:54 PDT	Action Personnel: CONTRIBUTOR_ SYSTEM
Communication Type: ESI Default			
Order Details: 08/12/21 0:00:00 PDT, Co	llected, 08/12/21 13:4	9:00 PDT, SP, RIGHT	INGUINAL HERNIA SAC
Review Information:			
Nurse Review: Not Reviewed			
Doctor Cosign: Not Required			
Comments:			

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Patient:	HANNA MD, ADEL SHAKER
MRN:	918505
FIN:	5228417
Patient Type:	Day Patient
Attending:	Beseth M.D.,Bryce D

DOB/Age/Sex:	3/29/1946	76 years	Male
Admit/Disch:	8/12/2021	8/12/	2021
Admitting:			

Orders

Laboratory

Order: .eGFR			
Order Start Date/Time: 8/12/2021 0	7:06 PDT		
Order Status: Completed	Department Statu	s: Completed	Activity Type: General Lab
End-state Date/Time: 8/12/2021 07	:50 PDT	End-state Reason:	a donar ma wîse cirde ware an an ar an an ar san ar an ar
Ordering Physician: Beseth M.D.,Br	ryce D		
Entered By: SYSTEM on 8/12/2021	07:50 PDT		
Order Details: Blood, STAT collect,	Collected, 8/12/21 7:06:0	00 AM PDT, Stop date I	8/12/21 7:50:31 AM PDT
Comments:			
Action Type: Complete	Action Date/Time	8/12/2021 07:50 PDT	Action Personnel: SYSTEM
Communication Type:			
Order Details: Blood, STAT collect,	Collected, 08/12/21 7:06	:00 PDT, Stop date 08/	12/21 7:06:00 PDT
Review Information:		···· ·····	
Doctor Cosign: Not Required			
Comments:			
Action Type: Status Change	Action Date/Time	: 8/12/2021 07:50 PDT	Action Personnel: SYSTEM
Communication Type:			
Order Details: Blood, STAT collect,	Collected, 08/12/21 7:06	:00 PDT, Stop date 08/	12/21 7:06:00 PDT
Review Information:			
Doctor Cosign: Not Required			
Comments:			
Action Type: Order	Action Date/Time	: 8/12/2021 07:50 PDT	Action Personnel: SYSTEM
Communication Type:			
Order Details: Blood, STAT collect,	Collected, 08/12/21 7:06	:00 PDT, Stop date 08/	12/21 7:06:00 PDT
Review Information:			
Doctor Cosign: Not Required			
Comments:			

Report ID: 127045219

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Patient:HANNA MD, ADEL SHAKERMRN:918505FIN:5228417Patient Type:Day PatientAttending:Beseth M.D.,Bryce D

DOB/Age/Sex:	3/29/1946	76 years	Male
Admit/Disch:	8/12/2021	8/12/	2021
Admitting:			

Orders

Laboratory

Order: Auto Diff		
Order Start Date/Time: 8/12/2021 07	:06 PDT	
Order Status: Canceled	Department Status: Canceled	Activity Type: General Lab
End-state Date/Time: 8/12/2021 09:3	33 PDT End-state Reas	son: Not Indicated
Ordering Physician: SYSTEM		
Entered By: SYSTEM on 8/12/2021	07:18 PDT	
Order Details: Blood, STAT collect, C	ollected, 8/12/21 7:06:00 AM PDT, Stop c	late 8/12/21 9:33:17 AM PDT
Comments:		
Action Type: Cancel	Action Date/Time: 8/12/2021 09:33	PDT Action Personnel: SYSTEM
Communication Type:		
Order Details: Blood, STAT collect, C	ollected, 08/12/21 7:06:00 PDT, Stop date	e 08/12/21 7:06:00 PDT
Review Information:		
Doctor Cosign: Not Required		
Comments:		
Action Type: Status Change	Action Date/Time: 8/12/2021 07:18	PDT Action Personnel: SYSTEM
Communication Type:		
Order Details: Blood, STAT collect, C	ollected, 08/12/21 7:06:00 PDT, Stop date	e 08/12/21 7:06:00 PDT
Review Information:		
Doctor Cosign: Not Required		
Comments:		
Action Type: Order	Action Date/Time: 8/12/2021 07:18	PDT Action Personnel: SYSTEM
Communication Type:		
Order Details: Blood, STAT collect, C	ollected, 08/12/21 7:06:00 PDT, Stop date	e 08/12/21 7:06:00 PDT
Review Information:		
Doctor Cosign: Not Required		
Comments:		

Report ID: 127045219

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Patient:	HANNA MD, ADEL SHAKER
MRN:	918505
FIN:	5228417
Patient Type:	Day Patient
Attending:	Beseth M.D.,Bryce D

DOB/Age/Sex:	3/29/1946	76 years	Male
Admit/Disch:	8/12/2021	8/12/	2021
Admitting:			

Orders

Laboratory

Order: Manual Diff		
Order Start Date/Time: 8/12/2021 0)7:06 PDT	
Order Status: Completed	Department Status: Completed	Activity Type: General Lab
End-state Date/Time: 8/12/2021 09	:33 PDT End-state Reas	on:
Ordering Physician: Beseth M.D.,Br	ryce D	
Entered By: SYSTEM on 8/12/2021	07:18 PDT	
Order Details: Blood, STAT collect,	Collected, 8/12/21 7:06:00 AM PDT, Stop da	ate 8/12/21 9:33:17 AM PDT
Comments:		
Action Type: Complete	Action Date/Time: 8/12/2021 09:33 P	PDT Action Personnel: SYSTEM
Communication Type:		
Order Details: Blood, STAT collect,	Collected, 08/12/21 7:06:00 PDT, Stop date	08/12/21 7:06:00 PDT
Review Information:		
Doctor Cosign: Not Required		
Comments:		
Action Type: Status Change	Action Date/Time: 8/12/2021 07:18 P	PDT Action Personnel: SYSTEM
Communication Type:		
Order Details: Blood, STAT collect,	Collected, 08/12/21 7:06:00 PDT, Stop date	08/12/21 7:06:00 PDT
Review Information:		
Doctor Cosign: Not Required		
Comments:		
Action Type: Order	Action Date/Time: 8/12/2021 07:18 P	PDT Action Personnel: SYSTEM
Communication Type:		······································
Order Details: Blood, STAT collect,	Collected, 08/12/21 7:06:00 PDT, Stop date	08/12/21 7:06:00 PDT
Review Information:		
Doctor Cosign: Not Required		
Comments:		

Report ID: 127045219

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Patient:HANNA MD, ADEL SHAKERMRN:918505FIN:5228417Patient Type:Day PatientAttending:Beseth M.D.,Bryce D

DOB/Age/Sex:	3/29/1946	76 years	Male
Admit/Disch:	8/12/2021	8/12/	2021
Admitting:			

Orders

Laboratory

Order: Basic Metabolic Panel (BM		
Order Start Date/Time: 8/12/2021 0		
Order Status: Completed	Department Status: Completed	Activity Type: General Lab
End-state Date/Time: 8/12/2021 07:		
Ordering Physician: Beseth M.D.,Br		
Entered By: Andre RN,Tammy M on		
	8/12/21 7:06:00 AM PDT, Stop date 8/12/21 7:	50:29 AM PDT
Comments:		
Action Type: Complete	Action Date/Time: 8/12/2021 07:50 PDT	Action Personnel: Novek CLS, Judy M
Communication Type:		
Order Details: Blood, STAT collect, 0	08/12/21 6:59:00 PDT, Stop date 08/12/21 6:59):00 PDT
Review Information:		
Doctor Cosign: Not Required		
Comments:		
Action Type: Status Change	Action Date/Time: 8/12/2021 07:18 PDT	Action Personnel: Diaz ,Dolores G
Communication Type:		
Order Details: Blood, STAT collect, 0	08/12/21 6:59:00 PDT, Stop date 08/12/21 6:59	9:00 PDT
Review Information:		
Doctor Cosign: Not Required		
Comments:		
Action Type: Status Change	Action Date/Time: 8/12/2021 07:14 PDT	Action Personnel: Morales ,Monique L
Communication Type:		
Order Details: Blood, STAT collect, 0	08/12/21 6:59:00 PDT, Stop date 08/12/21 6:59):00 PDT
Review Information:		
Doctor Cosign: Not Required		
Comments:		
Action Type: Order	Action Date/Time: 8/12/2021 06:59 PDT	Action Personnel: Kemp RN, Shannon E
Communication Type: Written	annananan seria ana arisa sana anana anana anana ana sana sa ana sa sana sa sana sa sana ana	n n ferstenne an teanne e anne e an annan marrier teanne anne e stenne are e teanne anne e
Order Details: Blood, STAT collect, 0	08/12/21 6:59:00 PDT, Stop date 08/12/21 6:59	0:00 PDT
Review Information:		
Doctor Cosign: Not Required		
Comments:		
Action Type: Plan	Action Date/Time: 8/11/2021 16:17 PDT	Action Personnel: Andre RN, Tammy M

Report ID: 127045219

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Patient:HANNA MD, ADEL SHAKERMRN:918505FIN:5228417Patient Type:Day PatientAttending:Beseth M.D.,Bryce D

DOB/Age/Sex:	3/29/1946	76 years	Male
Admit/Disch:	8/12/2021	8/12/	2021
Admitting:			

Orders

Laboratory

Order: CBC with Differential		
Order Start Date/Time: 8/12/2021 0		
Order Status: Completed	Department Status: Completed	Activity Type: General Lab
End-state Date/Time: 8/12/2021 07:		
Ordering Physician: Beseth M.D.,Br		
Entered By: Andre RN,Tammy M on		
	3/12/21 7:06:00 AM PDT, Stop date 8/12/21 7:	30:00 AM PDT
Comments:		
Action Type: Complete	Action Date/Time: 8/12/2021 07:30 PD1	Action Personnel: SYSTEM
Communication Type:		
Order Details: Blood, STAT collect, 0	08/12/21 6:59:00 PDT, Stop date 08/12/21 6:5	9:00 PDT
Review Information:		
Doctor Cosign: Not Required		
Comments:		
Action Type: Status Change	Action Date/Time: 8/12/2021 07:18 PD7	Action Personnel: Diaz ,Dolores G
Communication Type:		
Order Details: Blood, STAT collect, 0	08/12/21 6:59:00 PDT, Stop date 08/12/21 6:5	9:00 PDT
Review Information:		
Doctor Cosign: Not Required		
Comments:		
Action Type: Status Change	Action Date/Time: 8/12/2021 07:14 PD1	Action Personnel: Morales ,Monique L
Communication Type:		······
Order Details: Blood, STAT collect, 0	08/12/21 6:59:00 PDT, Stop date 08/12/21 6:59	9:00 PDT
Review Information:		
Doctor Cosign: Not Required		
Comments:		
Action Type: Order	Action Date/Time: 8/12/2021 06:59 PDT	Action Personnel: Kemp RN, Shannon E
Communication Type: Written		
Order Details: Blood, STAT collect, 0	08/12/21 6:59:00 PDT, Stop date 08/12/21 6:59	9:00 PDT
Review Information:	-	
Doctor Cosign: Not Required		
Comments:		
Action Type: Plan	Action Date/Time: 8/11/2021 16:17 PD1	Action Personnel: Andre RN Tammy M

Report ID: 127045219

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Patient:HANNA MD, ADEL SHAKERMRN:918505FIN:5228417Patient Type:Day PatientAttending:Beseth M.D.,Bryce D

DOB/Age/Sex:	3/29/1946	76 years	Male
Admit/Disch:	8/12/2021	8/12/	2021
Admitting:			

Orders

Laboratory

Order: COVID-19/In House			
Order Start Date/Time: 8/11/202	21 10:45 PDT		
Order Status: Canceled	Department Sta	itus: Canceled	Activity Type: General Lab
End-state Date/Time: 12/22/202	1 14:21 PST	End-state Rea	son: Duplicate Order
Ordering Physician: Chan D.O.,	Larry		
Entered By: Cavazos,Laura G o	n 8/11/2021 10:45 PDT		
collect, 72HR PRIOR TO SURG			T, Stop date 12/22/21 2:21:49 PM PST, Nurse future visit
Comments: surgery 8-12			
Action Type: Cancel	Action Date/Tim	ne: 12/22/2021 14:21	1 PST Action Personnel: Voss RN,Kimberly A
Communication Type: Protocol			
Order Details: Nasopharyngeal 72HR PRIOR TO SURGERY - 0			Stop date 08/11/21 10:45:00 PDT, Nurse collect /isit
Review Information: Doctor Cosign: Electronically Si	gned, Chan D.O.,Larry on	12/23/2021 16:20 P	PST
Comments:			
Action Type: Order	Action Date/Tin	ne: 8/11/2021 10:46	PDT Action Personnel: Cavazos,Laura G
Communication Type: Protocol			
Order Details: Nasopharyngeal 72HR PRIOR TO SURGERY - 0			Stop date 08/11/21 10:45:00 PDT, Nurse collect risit
Review Information:			
Nurse Review: Not Reviewed			
Doctor Cosign: Electronically Si	gned, Beseth M.D., Bryce	D on 8/11/2021 13:5	50 PDT
Comments: surgery 8-12			

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Patient:	HANNA MD, ADEL SHAKER
MRN:	918505
FIN:	5228417
Patient Type:	Day Patient
Attending:	Beseth M.D.,Bryce D

DOB/Age/Sex:	3/29/1946	76 years	Male
Admit/Disch:	8/12/2021	8/12/	2021
Admitting:			

Orders

Laboratory

Order: Basic Metabolic Panel		
Order Start Date/Time: 8/6/2021		
Order Status: Canceled	Department Status: Canceled	Activity Type: General Lab
End-state Date/Time: 12/22/2021	14:21 PST End-state Reas	on: Duplicate Order
Ordering Physician: Chan D.O.,La	irry	
Entered By: Andrade-Escarcega I	RN,Maria on 8/6/2021 12:28 PDT	
Order Details: Blood, Routine coll	ect, 8/6/21 12:28:00 PM PDT, Stop date 12/2	2/21 2:21:49 PM PST, Order for future visit
Comments: Phone Interview		
Action Type: Cancel	Action Date/Time: 12/22/2021 14:21	PST Action Personnel: Voss RN, Kimberly A
Communication Type: Protocol		
Order Details: Blood, Routine coll	ect, 08/06/21 12:28:00 PDT, Stop date 08/06/	21 12:28:00 PDT, Order for future visit
Review Information:		
Doctor Cosign: Electronically Sigr	ned, Chan D.O.,Larry on 12/23/2021 16:20 PS	ST
Comments:	rantañ en an ar rant direan añtar an ant-annadar e ar ar antañ ar a	
Action Type: Order	Action Date/Time: 8/6/2021 12:30 PE	DT Action Personnel: Andrade-Escarcega RN,Maria
Communication Type: Protocol		
Order Details: Blood, Routine coll	ect, 08/06/21 12:28:00 PDT, Stop date 08/06/	21 12:28:00 PDT. Order for future visit
Review Information:		
Doctor Cosign: Electronically Sigr	ned, Beseth M.D.,Bryce D on 8/6/2021 13:54	PDT
S 3 3 3		

Report ID: 127045219

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Patient:	HANNA MD, ADEL SHAKER
MRN:	918505
FIN:	5228417
Patient Type:	Day Patient
Attending:	Beseth M.D.,Bryce D

DOB/Age/Sex:	3/29/1946	76 years	Male
Admit/Disch:	8/12/2021	8/12/	2021
Admitting:			

Orders

Laboratory

Order: CBC with Differential Order Start Date/Time: 8/6/2021	12-28 DDT	
Order Status: Canceled		Activity Type: Concernit of
	Department Status: Canceled	Activity Type: General Lab
End-state Date/Time: 12/22/202		eason: Duplicate Order
Ordering Physician: Chan D.O.,L		
Entered By: Andrade-Escarcega	RN,Maria on 8/6/2021 12:28 PDT	
Order Details: Blood, Routine co	llect, 8/6/21 12:28:00 PM PDT, Stop date 12	2/22/21 2:21:49 PM PST, Order for future visit
Comments: Phone Interview		
Action Type: Cancel	Action Date/Time: 12/22/2021 14:	21 PST Action Personnel: Voss RN, Kimberly A
Communication Type: Protocol	······································	
Order Details: Blood, Routine co	llect, 08/06/21 12:28:00 PDT, Stop date 08/	06/21 12:28:00 PDT, Order for future visit
Review Information:		
Doctor Cosign: Electronically Sig	ned, Chan D.O., Larry on 12/23/2021 16:20	PST
Comments:		
Action Type: Order	Action Date/Time: 8/6/2021 12:30	PDT Action Personnel: Andrade-Escarcega
·····		RN.Maria
Communication Type: Protocol	····· ··········· · ········ · ······· ·	
· · · · · · · · · · · · · · · · · · ·	llect, 08/06/21 12:28:00 PDT, Stop date 08/	06/21 12:28:00 PDT Order for future visit
Review Information:		
	ned, Beseth M.D.,Bryce D on 8/6/2021 13:	
<u> </u>	ned, Desett M.D., Bryce D on 0/0/2021 13.	
Comments: Phone Interview		

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Orders

Patient:	HANNA MD, ADEL SHAKER
MRN:	918505
FIN:	5228417
Patient Type:	Day Patient
Attending:	Beseth M.D.,Bryce D

DOB/Age/Sex:	3/29/1946	76 years	Male
Admit/Disch:	8/12/2021	8/12/	2021
Admitting:			

Laboratory

Order: COVID-19/In House		
Order Start Date/Time: 8/6/2021 1	2:28 PDT	
Order Status: Canceled	Department Status: Canceled	Activity Type: General Lab
End-state Date/Time: 8/6/2021 13	:22 PDT End-state Reason:	Exam Removed
Ordering Physician: Beseth M.D.,E	Bryce D	
Entered By: Andrade-Escarcega F	RN,Maria on 8/6/2021 12:28 PDT	
	vab, Routine collect, 8/6/21 12:28:00 PM PDT, S RY - COVID, Pre Surgery Screen, Order for futur	-
Comments: Phone Interview, surg	ery 8/12/21	
Action Type: Cancel	Action Date/Time: 8/6/2021 13:22 PDT	Action Personnel: Andrade-Escarcega RN,Maria
Communication Type: Protocol		
	vab, Routine collect, 08/06/21 12:28:00 PDT, Sto RY - COVID, Pre Surgery Screen, Order for futur	
Review Information:		
Doctor Cosign: Electronically Sign Comments:	ed, Beseth M.D.,Bryce D on 8/6/2021 13:54 PD	Т
Action Type: Order	Action Date/Time: 8/6/2021 12:30 PDT	Action Personnel: Andrade-Escarcega RN,Maria
Communication Type: Protocol		
	vab, Routine collect, 08/06/21 12:28:00 PDT, Sto RY - COVID, Pre Surgery Screen, Order for futur	
Review Information:		
Doctor Cosign: Electronically Sign Comments: Phone Interview, surg	ed, Beseth M.D.,Bryce D on 8/6/2021 13:54 PD erv 8/12/21	T
, barg	,	

Report ID: 127045219

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Patient:	HANNA MD, ADEL SHAKER
MRN:	918505
FIN:	5228417
Patient Type:	Day Patient
Attending:	Beseth M.D.,Bryce D

DOB/Age/Sex:	3/29/1946	76 years	Male
Admit/Disch:	8/12/2021	8/12/	2021
Admitting:			

Orders

Nutrition Services

Order: Regular Diet			
Order Start Date/Time: 8/12/2021 11:01	PDT		
Order Status: Discontinued	Department Status	s: Discontinued	Activity Type: Diets
End-state Date/Time: 8/12/2021 16:27 F	PDT	End-state Reason:	
Ordering Physician: Beseth M.D.,Bryce	D	·····*	
Entered By: Beseth M.D., Bryce D on 8/	12/2021 11:01 PDT		
Order Details: 8/12/21 11:01:00 AM PD	Т		
Comments:			
Action Type: Discontinue	Action Date/Time:	8/12/2021 16:27 PDT	Action Personnel: SYSTEM
Communication Type:			
Order Details: 08/12/21 11:01:00 PDT			
Review Information:			
Doctor Cosign: Not Required			
Comments:			
Action Type: Order	Action Date/Time:	8/12/2021 11:01 PDT	Action Personnel: Beseth M.D.,Bryce D
Communication Type: Written			***************************************
Order Details: 08/12/21 11:01:00 PDT			
Review Information:			
Nurse Review: Not Reviewed			
Doctor Cosign: Not Required			
Comments:			

Report ID: 127045219

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Patient:	HANNA MD, ADEL SHAKER
MRN:	918505
FIN:	5228417
Patient Type:	Day Patient
Attending:	Beseth M.D.,Bryce D

DOB/Age/Sex:	3/29/1946	76 years	Male
Admit/Disch:	8/12/2021	8/12/	2021
Admitting:			

Orders

Nutrition Services

Order: NPO			
Order Start Date/Time: 8/12/2021 06:59	PDT		
Order Status: Discontinued	Department Status: I	Discontinued	Activity Type: Diets
End-state Date/Time: 8/12/2021 11:01 P	DT	End-state Reason:	
Ordering Physician: Beseth M.D., Bryce I			
Entered By: Andrade-Escarcega RN,Mar	ia on 8/6/2021 12:28 I	PDT	
Order Details: 8/12/21 6:59:00 AM PDT,	NPO		
Comments:			
Action Type: Discontinue	Action Date/Time: 8/	12/2021 11:01 PDT	Action Personnel: Beseth M.D., Bryce D
Communication Type: Written			
Order Details: 08/12/21 6:59:00 PDT, NP	0		
Review Information:			
Nurse Review: Not Reviewed			
Doctor Cosign: Not Required			
Comments:		and a state of the second state	e marta a tar territori dar tarito tar territori per la taritori del taritori del tarto del taritori della mart
Action Type: Order	Action Date/Time: 8/	12/2021 06:59 PDT	Action Personnel: Kemp RN,Shannon E
Communication Type: Written			
Order Details: 08/12/21 6:59:00 PDT, NP	0		
Review Information:			
Doctor Cosign: Not Required			
Comments:			
Action Type: Plan	Action Date/Time: 8/	6/2021 12:28 PDT	Action Personnel: Andrade-Escarcega
			RN,Maria

Patient:	HANNA MD, ADEL SHAKER
MRN:	918505
FIN:	5228417
Patient Type:	Day Patient
Attending:	Beseth M.D.,Bryce D

DOB/Age/Sex:	3/29/1946	76 years	Male
Admit/Disch:	8/12/2021	8/12/	2021
Admitting:			

Orders

Patient Care

Order: Elevate Head of Bed			
Order Start Date/Time: 8/12/2021	11:01 PDT		nannananan an an an ann an ann an an an
Order Status: Discontinued	Departmen	t Status: Discontinued	Activity Type: Patient Activity
End-state Date/Time: 8/12/2021 16	3:27 PDT	End-state Reason:	
Ordering Physician: Beseth M.D.,B	ryce D		
Entered By: Beseth M.D., Bryce D c	on 8/12/2021 11:01	PDT	
Order Details: 8/12/21 11:01:00 AM	A PDT, 30 degrees	at all times while awake	
Comments:			
Action Type: Discontinue	Action Date	/Time: 8/12/2021 16:27 PDT	Action Personnel: SYSTEM
Communication Type:			
Order Details: 08/12/21 11:01:00 P	DT, 30 degrees at	all times while awake	
Review Information:			
Doctor Cosign: Not Required			
Comments:			
Action Type: Order	Action Date	/Time: 8/12/2021 11:01 PDT	Action Personnel: Beseth M.D., Bryce D
Communication Type: Written			
Order Details: 08/12/21 11:01:00 P	DT, 30 degrees at	all times while awake	
Review Information:			
Nurse Review: Not Reviewed			
Doctor Cosign: Not Required			
Comments:			

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Patient:	HANNA MD, ADEL SHAKER
MRN:	918505
FIN:	5228417
Patient Type:	Day Patient
Attending:	Beseth M.D.,Bryce D

DOB/Age/Sex:	3/29/1946	76 years	Male
Admit/Disch:	8/12/2021	8/12/	2021
Admitting:			

Orders

Patient Care

Order: Misc Nursing Task (ASSE	SS PATIENT)	
Order Start Date/Time: 8/12/2021	11:01 PDT	
Order Status: Discontinued	Department Status: Discontinued	Activity Type: Patient Care
End-state Date/Time: 8/13/2021 05	5:01 PDT End-state Reaso	on:
Ordering Physician: Beseth M.D.,B	ryce D	
Entered By: Beseth M.D., Bryce D o	on 8/12/2021 11:01 PDT	
Order Details: 8/12/21 11:01:00 AM PDT	/ PDT, ASSESS PATIENT, Assess patient pe	r ACU protocol, Stop: 8/13/21 5:01:10 AM
Comments:		
Action Type: Discontinue	Action Date/Time: 8/13/2021 05:01 P	DT Action Personnel: SYSTEM
Communication Type:		
Order Details: 08/12/21 11:01:00 P	DT, ASSESS PATIENT, Assess patient per A	CU protocol, Stop: 08/12/21 11:01:00 PDT
Review Information:		********
Doctor Cosign: Not Required		
Comments:		
Action Type: Order	Action Date/Time: 8/12/2021 11:01 P	DT Action Personnel: Beseth M.D., Bryce D
Communication Type: Written	······································	· · · · · · · · · · · · · · · · · · ·
Order Details: 08/12/21 11:01:00 P	DT, ASSESS PATIENT, Assess patient per A	CU protocol, Stop: 08/12/21 11:01:00 PDT
Review Information:		
Nurse Review: Not Reviewed		
Doctor Cosign: Not Required		
Comments:		

Report ID: 127045219

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Patient:	HANNA MD, ADEL SHAKER
MRN:	918505
FIN:	5228417
Patient Type:	Day Patient
Attending:	Beseth M.D.,Bryce D

DOB/Age/Sex:	3/29/1946	76 years	Male
Admit/Disch:	8/12/2021	8/12/	2021
Admitting:			

Orders

Patient Care

Order: Up ad Lib			
Order Start Date/Time: 8/12/2021 11:01	PDT		
Order Status: Discontinued	Department Status:	Discontinued	Activity Type: Patient Activity Status
End-state Date/Time: 8/12/2021 16:27 F	2DT	End-state Reason:	
Ordering Physician: Beseth M.D., Bryce	D		
Entered By: Beseth M.D.,Bryce D on 8/	2/2021 11:01 PDT		
Order Details: 8/12/21 11:01:00 AM PD	F		
Comments:			
Action Type: Discontinue	Action Date/Time: 8	/12/2021 16:27 PDT	Action Personnel: SYSTEM
Communication Type:			
Order Details: 08/12/21 11:01:00 PDT			
Review Information:			
Doctor Cosign: Not Required			
Comments:			
Action Type: Order	Action Date/Time: 8	/12/2021 11:01 PDT	Action Personnel: Beseth M.D., Bryce D
Communication Type: Written			
Order Details: 08/12/21 11:01:00 PDT			
Review Information:			
Nurse Review: Not Reviewed			
Doctor Cosign: Not Required			
Comments:			

Report ID: 127045219

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Patient:	HANNA MD, ADEL SHAKER
MRN:	918505
FIN:	5228417
Patient Type:	Day Patient
Attending:	Beseth M.D.,Bryce D

DOB/Age/Sex:	3/29/1946	76 years	Male
Admit/Disch:	8/12/2021	8/12/	2021
Admitting:			

Orders

Patient Care

Order Start Date/Time: 8/12/2021 11:01	PDT		
Order Status: Discontinued		Discontinued	Activity Type: Basic Care
End-state Date/Time: 8/12/2021 16:27 F		End-state Reason:	
Ordering Physician: Beseth M.D.,Bryce I)		
Entered By: Beseth M.D.,Bryce D on 8/1			
Order Details: 8/12/21 11:01:00 AM PD1			
Comments:			
Action Type: Discontinue	Action Date/Time: 8	3/12/2021 16:27 PDT	Action Personnel: SYSTEM
Communication Type:			
Order Details: 08/12/21 11:01:00 PDT			
Review Information:			
Doctor Cosign: Not Required			
Comments:			
Action Type: Order	Action Date/Time: 8	3/12/2021 11:01 PDT	Action Personnel: Beseth M.D., Bryce D
Communication Type: Written			
Order Details: 08/12/21 11:01:00 PDT			
Review Information:			
Nurse Review: Not Reviewed			
Doctor Cosign: Not Required			
Comments:			

Report ID: 127045219

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76 years

Male

8/12/2021

Patient:	HANNA MD, ADEL SHAKER		
MRN:	918505	DOB/Age/Sex:	3/29/1946
FIN:	5228417	Admit/Disch:	8/12/2021
Patient Type:	Day Patient	Admitting:	
Attending:	Beseth M.D.,Bryce D		
		Orders	

Patient Care

Order: Communication Order (DI	SCONTINUE PA	CU POWER PLAN)	
Order Start Date/Time: 8/12/2021 0	9:36 PDT		
Order Status: Discontinued	Departme	nt Status: Discontinued	Activity Type: Communication Orders
End-state Date/Time: 8/12/2021 13	:55 PDT	End-state Reason:	
Ordering Physician: Yuan D.O.,Ada	m K.		
Entered By: Yuan D.O.,Adam K.on	8/12/2021 09:36	PDT	
from PACU	PDT, DISCONTII	NUE PACU POWER PLAN, Dis	continue PACU Power Plan upon transfe
Comments:			
Action Type: Discontinue	Action Da	te/Time: 8/12/2021 13:55 PDT	Action Personnel: Munoz RN,Lynn
Communication Type: Initiate/Electr	onic Order		
Order Details: 08/12/21 9:36:00 PD from PACU	T, DISCONTINU	E PACU POWER PLAN, Disco	ntinue PACU Power Plan upon transfer
Review Information:			
Doctor Cosign: Not Required			
Comments:			
Action Type: Order	Action Da	te/Time: 8/12/2021 09:36 PDT	Action Personnel: Yuan D.O., Adam K.
Communication Type: Written			
Order Details: 08/12/21 9:36:00 PD from PACU	T, DISCONTINU	E PACU POWER PLAN, Disco	ntinue PACU Power Plan upon transfer
Review Information:			
Nurse Review: Not Reviewed			
Doctor Cosign: Not Required			
Comments:			

Orders

Patient:	HANNA MD, ADEL SHAKER
MRN:	918505
FIN:	5228417
Patient Type:	Day Patient
Attending:	Beseth M.D.,Bryce D

DOB/Age/Sex: 3/29/1946 76 years Male Admit/Disch: 8/12/2021 8/12/2021 Admitting: 8/12/2021

Patient Care

Order: Communication Order (TR	ANSFER PATIENT)	
Order Start Date/Time: 8/12/2021 0	9:36 PDT	
Order Status: Discontinued	Department Status: Discontinued	Activity Type: Communication Orders
End-state Date/Time: 8/12/2021 13:	55 PDT End-state Reason:	
Ordering Physician: Yuan D.O., Adar	n K.	
Entered By: Yuan D.O.,Adam K.on 8		
Order Details: 8/12/21 9:36:00 AM F	PDT, TRANSFER PATIENT, May transfer patien	t from PACU when transfer criteria met
Comments:		
Action Type: Discontinue	Action Date/Time: 8/12/2021 13:55 PDT	Action Personnel: Munoz RN,Lynn
Communication Type: Initiate/Electro	onic Order	
Order Details: 08/12/21 9:36:00 PD	T, TRANSFER PATIENT, May transfer patient fr	om PACU when transfer criteria met
Review Information:		
Doctor Cosign: Not Required		
Comments:		
Action Type: Order	Action Date/Time: 8/12/2021 09:36 PDT	Action Personnel: Yuan D.O., Adam K
Communication Type: Written		
Order Details: 08/12/21 9:36:00 PD	T, TRANSFER PATIENT, May transfer patient fr	om PACU when transfer criteria met
Review Information:		
Nurse Review: Not Reviewed		
Doctor Cosign: Not Required		
Comments:		

Report ID: 127045219

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Orders

Patient:	HANNA MD, ADEL SHAKER
MRN:	918505
FIN:	5228417
Patient Type:	Day Patient
Attending:	Beseth M.D.,Bryce D
_	

DOB/Age/Sex:	3/29/1946	76 years	Male
Admit/Disch:	8/12/2021	8/12/	2021
Admitting:			

Patient Care

Order: Education Pain			
Order Start Date/Time: 8/12/2021 0)6:59 PDT		
Order Status: Discontinued	Department Sta	itus: Discontinued	Activity Type: Patient Education
End-state Date/Time: 8/13/2021 05	:01 PDT	End-state Reason:	
Ordering Physician: Beseth M.D.,B	ryce D		
Entered By: Andrade-Escarcega RI	N,Maria on 8/6/2021 12	2:28 PDT	
Order Details: 8/12/21 6:59:00 AM	PDT, Stop Date 8/13/2	1 5:01:10 AM PDT, Pain	management, pain scale, comfort level goa
Comments:			
Action Type: Discontinue	Action Date/Tim	ne: 8/13/2021 05:01 PDT	Action Personnel: SYSTEM
Communication Type:	·····		
Order Details: 08/12/21 6:59:00 PD	T, Stop Date 08/12/21	6:59:00 PDT, Pain mana	gement, pain scale, comfort level goal
Review Information:			
Doctor Cosign: Not Required			
Comments:			
Action Type: Order	Action Date/Tim	ne: 8/12/2021 06:59 PDT	Action Personnel: Kemp RN, Shannon E
Communication Type: Written			
Order Details: 08/12/21 6:59:00 PD	T, Stop Date 08/12/21	6:59:00 PDT, Pain mana	gement, pain scale, comfort level goal
Review Information:		······	
Doctor Cosign: Not Required			
Comments:			
Action Type: Plan	Action Date/Tim	ne: 8/6/2021 12:28 PDT	Action Personnel: Andrade-Escarcega RN,Maria

Orders

Patient:	HANNA MD, ADEL SHAKER	
MRN:	918505	DC
FIN:	5228417	Ac
Patient Type:	Day Patient	Ac
Attending:	Beseth M.D.,Bryce D	

DOB/Age/Sex:	3/29/1946	76 years	Male
Admit/Disch:	8/12/2021	8/12/	2021
Admitting:			

Patient Care

Order: Education Pre-Op		
Order Start Date/Time: 8/12/2021	06:59 PDT	
Order Status: Discontinued	Department Status: Discontinued	Activity Type: Patient Education
End-state Date/Time: 8/13/2021 05	5:01 PDT End-state Reason:	
Ordering Physician: Beseth M.D.,B	ryce D	
Entered By: Andrade-Escarcega R	N,Maria on 8/6/2021 12:28 PDT	
Order Details: 8/12/21 6:59:00 AM	PDT, Stop Date 8/13/21 5:01:10 AM PDT, deep	b breathing and coughing exercises
Comments:		
Action Type: Discontinue	Action Date/Time: 8/13/2021 05:01 PDT	Action Personnel: SYSTEM
Communication Type:		
Order Details: 08/12/21 6:59:00 PE	DT, Stop Date 08/12/21 6:59:00 PDT, deep brea	thing and coughing exercises
Review Information:		
Doctor Cosign: Not Required		
Comments:		
Action Type: Order	Action Date/Time: 8/12/2021 06:59 PDT	Action Personnel: Kemp RN, Shannon E
Communication Type: Written	······	
Order Details: 08/12/21 6:59:00 PD	DT, Stop Date 08/12/21 6:59:00 PDT, deep brea	thing and coughing exercises
Review Information:		
Doctor Cosign: Not Required		
Comments:		
Action Type: Plan	Action Date/Time: 8/6/2021 12:28 PDT	Action Personnel: Andrade-Escarcega RN,Maria

Patient:	HANNA MD, ADEL SHAKER				
MRN:	918505	DOB/Age/Sex:	3/29/1946	76 years	Male
FIN:	5228417	Admit/Disch:	8/12/2021	8/12/2	2021
Patient Type:	Day Patient	Admitting:			
Attending:	Beseth M.D.,Bryce D				
		Orders			

Patient Care

Order Start Date/Time: 8/12/2021 06	:59 PDT		
Order Status: Discontinued	Departmei	nt Status: Discontinued	Activity Type: Continuous Asmt/Tx/Monitoring
End-state Date/Time: 8/12/2021 16:2	7 PDT	End-state Reason	
Ordering Physician: Beseth M.D.,Bry	ce D		
Entered By: Andrade-Escarcega RN,	Maria on 8/6/20	21 12:28 PDT	
Order Details: 8/12/21 6:59:00 AM PI	DT		
Comments:			
Action Type: Discontinue	Action Dat	e/Time: 8/12/2021 16:27 PD	Action Personnel: SYSTEM
Communication Type:			
Order Details: 08/12/21 6:59:00 PDT			
Review Information:			
Doctor Cosign: Not Required			
Comments:			
Action Type: Order	Action Dat	e/Time: 8/12/2021 06:59 PD`	I Action Personnel: Kemp RN, Shannon E
Communication Type: Written			
Order Details: 08/12/21 6:59:00 PDT			
Review Information:			
Doctor Cosign: Not Required			
Comments:			
Action Type: Plan	Action Dat	e/Time: 8/6/2021 12:28 PDT	Action Personnel: Andrade-Escarcega RN,Maria

Orders

Patient:	HANNA MD, ADEL SHAKER			
MRN:	918505	DOB/Age/Sex:	3/29/1946	76 years
FIN:	5228417	Admit/Disch:	8/12/2021	8/1
Patient Type:	Day Patient	Admitting:		
Attending:	Beseth M.D.,Bryce D			

Patient Care

Order: IV Lock Insert (Insert IV Lo	· · · · · · · · · · · · · · · · · · ·	
Order Start Date/Time: 8/12/2021 0	6:59 PDT	
Order Status: Discontinued	Department Status: Discontinued	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 8/13/2021 05	:01 PDT End-state Reason	:
Ordering Physician: Beseth M.D.,Br	ryce D	
Entered By: Andrade-Escarcega RM	N,Maria on 8/6/2021 12:28 PDT	
Order Details: 8/12/21 6:59:00 AM I	PDT, Stop Date/Time: 8/13/21 5:01:10 AM PD	T, 08/12/21 6:59:00 PDT
Comments:		
Action Type: Discontinue	Action Date/Time: 8/13/2021 05:01 PD	T Action Personnel: SYSTEM
Communication Type:		
Order Details: 08/12/21 6:59:00 PD	T, Stop Date/Time: 08/12/21 6:59:00 PDT, 08/	12/21 6:59:00 PDT
Review Information:		
Doctor Cosign: Not Required		
Comments:		
Action Type: Order	Action Date/Time: 8/12/2021 06:59 PD	T Action Personnel: Kemp RN, Shannon E
Communication Type: Written		
Order Details: 08/12/21 6:59:00 PD	T, Stop Date/Time: 08/12/21 6:59:00 PDT, 08/	12/21 6:59:00 PDT
Review Information:		
Doctor Cosign: Not Required		
Comments:		
Action Type: Plan	Action Date/Time: 8/6/2021 12:28 PDT	Action Personnel: Andrade-Escarcega RN,Maria

Report ID: 127045219

Male

8/12/2021

76 years

Male

8/12/2021

Patient:	HANNA MD, ADEL SHAKER		
MRN:	918505	DOB/Age/Sex:	3/29/1946
FIN:	5228417	Admit/Disch:	8/12/2021
Patient Type:	Day Patient	Admitting:	
Attending:	Beseth M.D.,Bryce D		
		Orders	

Patient Care

Order: Misc Nursing Task (BETA	BLOCKER)	
Order Start Date/Time: 8/12/2021 (06:59 PDT	
Order Status: Discontinued	Department Status: Discontin	ued Activity Type: Patient Care
End-state Date/Time: 8/13/2021 05	:01 PDT End-stat	e Reason:
Ordering Physician: Beseth M.D.,B	ryce D	
Entered By: Andrade-Escarcega R	N,Maria on 8/6/2021 12:28 PDT	
prior to planned incision time, verify		Beta-Blocker and has NOT taken it within 24 hours E NOW dose, Stop: 8/13/21 5:01:10 AM PDT
Comments:		
Action Type: Discontinue	Action Date/Time: 8/13/2021	05:01 PDT Action Personnel: SYSTEM
Communication Type:		
		ta-Blocker and has NOT taken it within 24 hours prior W dose, Stop: 08/12/21 6:59:00 PDT
Review Information: Doctor Cosign: Not Required		
Comments:		
Action Type: Order	Action Date/Time: 8/12/2021	06:59 PDT Action Personnel: Kemp RN,Shannon E
Communication Type: Written		
to planned incision time, verify med		ta-Blocker and has NOT taken it within 24 hours prior W dose, Stop: 08/12/21 6:59:00 PDT
Review Information:		
Doctor Cosign: Not Required		
Comments:		
Action Type: Plan	Action Date/Time: 8/6/2021 1	2:28 PDT Action Personnel: Andrade-Escarcega RN,Maria

76 years

Male

8/12/2021

Patient:	HANNA MD, ADEL SHAKER		
MRN:	918505	DOB/Age/Sex:	3/29/1946
FIN:	5228417	Admit/Disch:	8/12/2021
Patient Type:	Day Patient	Admitting:	
Attending:	Beseth M.D.,Bryce D		
		Orders	

Patient Care

Order: Confirm Signed Consent O		
Order Start Date/Time: 8/12/2021 06	5:59 PDT	
Order Status: Discontinued	Department Status: Discontinued	Activity Type: Communication Orders
End-state Date/Time: 8/13/2021 05:	01 PDT End-state Reaso	n:
Ordering Physician: Beseth M.D., Bry	/ce D	
Entered By: Andrade-Escarcega RN	Maria on 8/6/2021 12:28 PDT	
Order Details: 8/12/21 6:59:00 AM P	DT, Stop Date/Time: 8/13/21 5:01:10 AM PI	DT, 08/12/21 6:59:00 PDT
Comments:		
Action Type: Discontinue	Action Date/Time: 8/13/2021 05:01 PI	DT Action Personnel: SYSTEM
Communication Type:		
Order Details: 08/12/21 6:59:00 PD1	, Stop Date/Time: 08/12/21 6:59:00 PDT, 08	3/12/21 6:59:00 PDT
Review Information:		
Doctor Cosign: Not Required		
Comments:		
Action Type: Order	Action Date/Time: 8/12/2021 06:59 PI	DT Action Personnel: Kemp RN, Shannon E
Communication Type: Written		
Order Details: 08/12/21 6:59:00 PD1	f, Stop Date/Time: 08/12/21 6:59:00 PDT, 08	3/12/21 6:59:00 PDT
Review Information:		
Doctor Cosign: Not Required		
Comments:		
Action Type: Plan	Action Date/Time: 8/6/2021 12:28 PD	T Action Personnel: Andrade-Escarcega RN,Maria

Patient:	HANNA MD, ADEL SHAKER	
MRN:	918505	Į
FIN:	5228417	1
Patient Type:	Day Patient	1
Attending:	Beseth M.D.,Bryce D	
_		

DOB/Age/Sex:	3/29/1946	76 years	Male
Admit/Disch:	8/12/2021	8/12/	2021
Admitting:			

Orders

Patient Care

Order: Misc Nursing Task (LABS)		
Order Start Date/Time: 8/12/2021 0	6:59 PDT	
Order Status: Discontinued	Department Status: Discontinued	Activity Type: Patient Care
End-state Date/Time: 8/13/2021 05:	01 PDT End-state Reason	Ľ
Ordering Physician: Beseth M.D.,Br	yce D	
Entered By: Andrade-Escarcega RN	I,Maria on 8/6/2021 12:28 PDT	
Order Details: 8/12/21 6:59:00 AM F	PDT, LABS, Confirm lab results are available,	Stop: 8/13/21 5:01:10 AM PDT
Comments:		
Action Type: Discontinue	Action Date/Time: 8/13/2021 05:01 PD	T Action Personnel: SYSTEM
Communication Type:		······
	T, LABS, Confirm lab results are available, Ste	op: 08/12/21 6:59:00 PDT
Review Information:		
Doctor Cosign: Not Required		
Comments:		
Action Type: Order	Action Date/Time: 8/12/2021 06:59 PD	T Action Personnel: Kemp RN, Shannon E
Communication Type: Written		
Order Details: 08/12/21 6:59:00 PD	T, LABS, Confirm lab results are available, St	op: 08/12/21 6:59:00 PDT
Review Information:		
Doctor Cosign: Not Required		
Comments:		
Action Type: Plan	Action Date/Time: 8/6/2021 12:28 PDT	Action Personnel: Andrade-Escarcega RN,Maria

Patient:	HANNA MD, ADEL SHAKER	
MRN:	918505	DO
FIN:	5228417	Adı
Patient Type:	Day Patient	Adı
Attending:	Beseth M.D.,Bryce D	
		Orders

DOB/Age/Sex: 3/29/1946 76 years Male Admit/Disch: 8/12/2021 8/12/2021 Admitting: 8/12/2021 8/12/2021

Patient Care

Order: Obtain consent form (Cons		
Order Start Date/Time: 8/12/2021 0	6:59 PDT	
Order Status: Discontinued	Department Status: Discontinued	Activity Type: Communication Orders
End-state Date/Time: 8/13/2021 05:	01 PDT End-state Reason:	
Ordering Physician: Beseth M.D., Br	yce D	
Entered By: Andrade-Escarcega RN	I,Maria on 8/6/2021 12:28 PDT	
Order Details: 8/12/21 6:59:00 AM F	PDT, Stop Date/Time: 8/13/21 5:01:10 AM PD1	, 08/12/21 6:59:00 PDT
Comments: Right inguinal hernia rep	pair with mesh	
Action Type: Discontinue	Action Date/Time: 8/13/2021 05:01 PDT	Action Personnel: SYSTEM
Communication Type:		
Order Details: 08/12/21 6:59:00 PD	Г, Stop Date/Time: 08/12/21 6:59:00 PDT, 08/1	2/21 6:59:00 PDT
Review Information:		
Doctor Cosign: Not Required		
Comments:		
Action Type: Order	Action Date/Time: 8/12/2021 06:59 PDT	Action Personnel: Kemp RN, Shannon E
Communication Type: Written		
Order Details: 08/12/21 6:59:00 PD	f, Stop Date/Time: 08/12/21 6:59:00 PDT, 08/1	2/21 6:59:00 PDT
Review Information:		
Doctor Cosign: Not Required		
Comments: Right inguinal hernia rep	pair with mesh	
Action Type: Plan	Action Date/Time: 8/6/2021 12:28 PDT	Action Personnel: Andrade-Escarcega RN,Maria

Patient:	HANNA MD, ADEL SHAKER	
MRN:	918505	DOB/Age/
FIN:	5228417	Admit/Dis
Patient Type:	Day Patient	Admitting
Attending:	Beseth M.D.,Bryce D	
		Orders

DOB/Age/Sex:	3/29/1946	76 years	Male
Admit/Disch:	8/12/2021	8/12/	2021
Admittina:			

Patient Care

Order: Up ad Lib			
Order Start Date/Time: 8/12/2021 06:59) PDT		
Order Status: Discontinued	Department Status	: Discontinued	Activity Type: Patient Activity Status
End-state Date/Time: 8/12/2021 16:27 F	PDT	End-state Reason:	
Ordering Physician: Beseth M.D., Bryce	D		
Entered By: Andrade-Escarcega RN,Ma	aria on 8/6/2021 12:28	3 PDT	
Order Details: 8/12/21 6:59:00 AM PDT			
Comments:			
Action Type: Discontinue	Action Date/Time:	8/12/2021 16:27 PDT	Action Personnel: SYSTEM
Communication Type:			
Order Details: 08/12/21 6:59:00 PDT			
Review Information:			
Doctor Cosign: Not Required			
Comments:			
Action Type: Order	Action Date/Time:	8/12/2021 06:59 PDT	Action Personnel: Kemp RN, Shannon
Communication Type: Written			
Order Details: 08/12/21 6:59:00 PDT			
Review Information:			
Doctor Cosign: Not Required			
Comments:			
Action Type: Plan	Action Date/Time:	8/6/2021 12:28 PDT	Action Personnel: Andrade-Escarcega RN,Maria

Patient:	HANNA MD, ADEL SHAKER			
MRN:	918505	DOB/Age/Sex:	3/29/1946	76 years
FIN:	5228417	Admit/Disch:	8/12/2021	8/12
Patient Type:	Day Patient	Admitting:		
Attending:	Beseth M.D.,Bryce D			
		Orders		

Patient Care

Order: Vital Signs Per Standards of C	are		
Order Start Date/Time: 8/12/2021 06:59	PDT		nganan, k unantanahanan, k unantahanahanan, k kinantahanahanan, k unantahanahanan, k
Order Status: Discontinued	Department Status: I	Discontinued	Activity Type: Basic Care
End-state Date/Time: 8/12/2021 16:27 F	PDT	End-state Reason:	
Ordering Physician: Beseth M.D., Bryce			
Entered By: Andrade-Escarcega RN,Ma	ria on 8/6/2021 12:28 I	PDT	
Order Details: 8/12/21 6:59:00 AM PDT			
Comments:			
Action Type: Discontinue	Action Date/Time: 8/	12/2021 16:27 PDT	Action Personnel: SYSTEM
Communication Type:			
Order Details: 08/12/21 6:59:00 PDT			
Review Information:			
Doctor Cosign: Not Required			
Comments:			
Action Type: Order	Action Date/Time: 8/	12/2021 06:59 PDT	Action Personnel: Kemp RN, Shannon E
Communication Type: Written			
Order Details: 08/12/21 6:59:00 PDT			
Review Information:			
Doctor Cosign: Not Required			
Comments:			
Action Type: Plan	Action Date/Time: 8/	6/2021 12:28 PDT	Action Personnel: Andrade-Escarcega RN,Maria

Report ID: 127045219

Male

8/12/2021

Orders

Patient:	HANNA MD, ADEL SHAKER
MRN:	918505
FIN:	5228417
Patient Type:	Day Patient
Attending:	Beseth M.D.,Bryce D

DOB/Age/Sex:	3/29/1946	76 years	Male
Admit/Disch:	8/12/2021	8/12/	2021
Admitting:			

Radiology

Order Start Date/Time: 12/22/202		
Order Status: Canceled	Department Status: Canceled	Activity Type: Radiology
End-state Date/Time: 12/22/2021		ason:
Ordering Physician: Chan D.O.,La		
Entered By: Voss RN, Kimberly A		
	ne Interview, Rad Type, Future Order	Reason: Pre-op for Anesthesia Clearance,
Action Type: Status Change	Action Date/Time: 12/22/2022 21:0	0 PST Action Personnel: SVSTEM
Communication Type:		
communication type.		
Order Details: 12/22/21 14:10:00	PST Routine 12/22/21 14:10:00 PST Read	on: Pre-on for Anesthesia Clearance, Transport
Order Details: 12/22/21 14:19:00 I Mode: Wheelchair, Phone Intervie		son: Pre-op for Anesthesia Clearance, Transport
		son: Pre-op for Anesthesia Clearance, Transport
Mode: Wheelchair, Phone Intervie		son: Pre-op for Anesthesia Clearance, Transport
Mode: Wheelchair, Phone Intervie Review Information:	w, Rad Type, Future Order	
Mode: Wheelchair, Phone Intervie Review Information: Doctor Cosign: Not Required	w, Rad Type, Future Order	
Mode: Wheelchair, Phone Intervie Review Information: Doctor Cosign: Not Required Comments:	w, Rad Type, Future Order	son: Pre-op for Anesthesia Clearance, Transport 0 PST Action Personnel: Voss RN,Kimberly A
Mode: Wheelchair, Phone Intervie Review Information: Doctor Cosign: Not Required Comments: Action Type: Order Communication Type: Written	w, Rad Type, Future Order Action Date/Time: 12/22/2021 14:2 PST, Routine, 12/22/21 14:19:00 PST, Reas	
Mode: Wheelchair, Phone Intervie Review Information: Doctor Cosign: Not Required Comments: Action Type: Order Communication Type: Written Order Details: 12/22/21 14:19:00 I	w, Rad Type, Future Order Action Date/Time: 12/22/2021 14:2 PST, Routine, 12/22/21 14:19:00 PST, Reas	0 PST Action Personnel: Voss RN,Kimberly A
Mode: Wheelchair, Phone Intervie Review Information: Doctor Cosign: Not Required Comments: Action Type: Order Communication Type: Written Order Details: 12/22/21 14:19:00 I Mode: Wheelchair, Phone Intervie	w, Rad Type, Future Order Action Date/Time: 12/22/2021 14:2 PST, Routine, 12/22/21 14:19:00 PST, Reas	0 PST Action Personnel: Voss RN,Kimberly A

Report ID: 127045219

Print Date/Time: 2/24/2023 16:04 PST Page 168 of 191

Orders

Patient:	HANNA MD, ADEL SHAKER			
MRN:	918505	DOB/Age/Sex:	3/29/1946	76 years
FIN:	5228417	Admit/Disch:	8/12/2021	8/1
Patient Type:	Day Patient	Admitting:		
Attending:	Beseth M.D.,Bryce D			

Radiology

Order: XR Chest Portable 1 View (Chest Portable 1 View)	
Order Start Date/Time: 8/12/2021 06	5:59 PDT	
Order Status: Completed	Department Status: Completed	Activity Type: Radiology
End-state Date/Time: 8/12/2021 07:4	45 PDT End-state Reason:	
Ordering Physician: Beseth M.D.,Bry	/ce D	
Entered By: Andre RN, Tammy M on		
Order Details: 8/12/21 6:59:00 AM P	DT, STAT, 8/12/21 7:45:56 AM PDT, Reason:	Pre-op for Anesthesia Clearance
Comments:		
Action Type: Complete	Action Date/Time: 8/12/2021 07:45 PDT	Action Personnel: Pakdaman M.D., Reza
Communication Type: Written		
	, STAT, 08/12/21 6:59:00 PDT, Reason: Pre-o	p for Anesthesia Clearance
Review Information:		
Doctor Cosign: Not Required		
Comments:		
Action Type: Status Change	Action Date/Time: 8/12/2021 07:27 PDT	Action Personnel: Tong RT, Daniel Jin Song
Communication Type: Written		
Order Details: 08/12/21 6:59:00 PDT	, STAT, 08/12/21 6:59:00 PDT, Reason: Pre-o	p for Anesthesia Clearance
Review Information:		
Doctor Cosign: Not Required		
Comments:		
Action Type: Status Change	Action Date/Time: 8/12/2021 07:10 PDT	Action Personnel: Tong RT,Daniel Jin Song
Communication Type: Written		
Order Details: 08/12/21 6:59:00 PDT	, STAT, 08/12/21 6:59:00 PDT, Reason: Pre-o	p for Anesthesia Clearance
Review Information:		
Doctor Cosign: Not Required		
Comments:		
Action Type: Order	Action Date/Time: 8/12/2021 06:59 PDT	Action Personnel: Kemp RN, Shannon E
Communication Type: Written		
Order Details: 08/12/21 6:59:00 PDT	, STAT, 08/12/21 6:59:00 PDT, Reason: Pre-o	p for Anesthesia Clearance
Review Information:		
Doctor Cosign: Not Required		
Comments:		
Action Type: Plan	Action Date/Time: 8/11/2021 16:17 PDT	Action Personnel: Andre RN, Tammy M

Report ID: 127045219

Print Date/Time: 2/24/2023 16:04 PST Page 169 of 191 Male

8/12/2021

Patient:	HANNA MD, ADEL SHAKER
MRN:	918505
FIN:	5228417
Patient Type:	Day Patient
Attending:	Beseth M.D.,Bryce D

DOB/Age/Sex:	3/29/1946	76 years	Male
Admit/Disch:	8/12/2021	8/12/	2021
Admitting:			

Orders

Radiology

Order Start Date/Time: 8/6/2021		
Order Status: Canceled	Department Status: Canceled	
End-state Date/Time: 12/22/2021		on: Duplicate Order
Ordering Physician: Chan D.O.,La	arry	
Entered By: Andrade-Escarcega I	RN,Maria on 8/6/2021 12:28 PDT	
	/I PDT, Routine, 12/22/21 2:21:49 PM PST, Re ne Interview, inguinal hernia repair 8/12/21, d	eason: Pre-op for Anesthesia Clearance, x right inguinal hernia, Rad Type, Future Orde
Comments:		
Action Type: Cancel	Action Date/Time: 12/22/2021 14:21	PST Action Personnel: Voss RN, Kimberly A
Communication Type: Protocol		
Mode: Wheelchair, Phone Intervie Review Information:	PDT, Routine, 08/06/21 12:28:00 PDT, Reaso w, inguinal hernia repair 8/12/21, dx right ingu ned, Chan D.O.,Larry on 12/23/2021 16:20 PS	
Mode: Wheelchair, Phone Intervie Review Information: Doctor Cosign: Electronically Sigr	ew, inguinal hernia repair 8/12/21, dx right ingi	uinal hernia, Rad Type, Future Order
Mode: Wheelchair, Phone Intervie Review Information:	ew, inguinal hernia repair 8/12/21, dx right ingi	uinal hernia, Rad Type, Future Order T
Mode: Wheelchair, Phone Intervie Review Information: Doctor Cosign: Electronically Sigr Comments:	ew, inguinal hernia repair 8/12/21, dx right inguned, Chan D.O.,Larry on 12/23/2021 16:20 PS	uinal hernia, Rad Type, Future Order T T Action Personnel: Andrade-Escarcega
Mode: Wheelchair, Phone Intervie Review Information: Doctor Cosign: Electronically Sigr Comments: Action Type: Order Communication Type: Protocol Order Details: 08/06/21 12:28:00	ew, inguinal hernia repair 8/12/21, dx right inguned, Chan D.O.,Larry on 12/23/2021 16:20 PS Action Date/Time: 8/6/2021 12:30 PE	uinal hernia, Rad Type, Future Order T IT Action Personnel: Andrade-Escarcega RN,Maria n: Pre-op for Anesthesia Clearance, Transpor
Mode: Wheelchair, Phone Intervie Review Information: Doctor Cosign: Electronically Sigr Comments: Action Type: Order Communication Type: Protocol Order Details: 08/06/21 12:28:00 Mode: Wheelchair, Phone Intervie	ew, inguinal hernia repair 8/12/21, dx right inguned, Chan D.O.,Larry on 12/23/2021 16:20 PS Action Date/Time: 8/6/2021 12:30 PE PDT, Routine, 08/06/21 12:28:00 PDT, Reaso	uinal hernia, Rad Type, Future Order T IT Action Personnel: Andrade-Escarcega RN,Maria n: Pre-op for Anesthesia Clearance, Transpor
Mode: Wheelchair, Phone Intervie Review Information: Doctor Cosign: Electronically Sigr Comments: Action Type: Order Communication Type: Protocol Order Details: 08/06/21 12:28:00 Mode: Wheelchair, Phone Intervie Review Information:	ew, inguinal hernia repair 8/12/21, dx right inguned, Chan D.O.,Larry on 12/23/2021 16:20 PS Action Date/Time: 8/6/2021 12:30 PE PDT, Routine, 08/06/21 12:28:00 PDT, Reaso	uinal hernia, Rad Type, Future Order T Action Personnel: Andrade-Escarcega RN,Maria n: Pre-op for Anesthesia Clearance, Transport uinal hernia, Rad Type, Future Order

Orders

Patient:	HANNA MD, ADEL SHAKER
MRN:	918505
FIN:	5228417
Patient Type:	Day Patient
Attending:	Beseth M.D.,Bryce D

DOB/Age/Sex:	3/29/1946	76 years	Male
Admit/Disch:	8/12/2021	8/12/	2021
Admitting:			

Respiratory Therapy

Order Start Date/Time: 8/12/2021 10 Order Status: Discontinued	Department Status: Discontinued	Activity Type: PT Neg Ty/Presedures
Order Status: Discontinued End-state Date/Time: 8/13/2021 05:0		Activity Type: RT- Nsg Tx/Procedures
Ordering Physician: Yuan D.O.,Adam		
Entered By: Yuan D.O.,Adam K.on 8/		
	PDT, Simple Mask, Keep O2 Sat % eg/greater:	95
Comments: Discontinue when fully a		
Action Type: Discontinue	Action Date/Time: 8/13/2021 05:01 PDT	Action Personnel: SYSTEM
Communication Type:		
	T, Simple Mask, Keep O2 Sat % eq/greater: 95	5
Review Information:	,	
Doctor Cosign: Not Required		
Comments:		
Action Type: Order	Action Date/Time: 8/12/2021 09:36 PDT	Action Personnel: Yuan D.O.,Adam K
Communication Type: Written		
	T, Simple Mask, Keep O2 Sat % eq/greater: 95	5
Review Information:	······································	
Doctor Cosign: Not Required		
Comments: Discontinue when fully av	wake	
	N- - 1	
Order: Oxygen Therapy-Simple (O		
Order Start Date/Time: 8/12/2021 22		
Order Status: Canceled	Department Status: Canceled	Activity Type: RT- Nsg Tx/Procedures
End-state Date/Time: 8/12/2021 13:5		
Ordering Physician: Yuan D.O.,Adam		
Entered By: Yuan D.O.,Adam K.on 8/		05
	PDT, Simple Mask, Keep O2 Sat % eq/greater:	95
Comments: Discontinue when fully av		ny <u>am-ampiana manjana</u> da amatana da amatana daramatan daraman d <u>ar</u> Jananan da amatana
Action Type: Cancel	Action Date/Time: 8/12/2021 13:55 PDT	Action Personnel: Munoz RN,Lynn
Communication Type:		
	T, Simple Mask, Keep O2 Sat % eq/greater: 95)
Review Information:		
Doctor Cosign: Not Required		
Comments:		งสมาร์การการการการการการการการการการการการการก
	Action Date/Time: 8/12/2021 09:36 PDT	Action Personnel: Yuan D.O.,Adam K
Action Type: Order Communication Type: Written		
Communication Type: Written Order Details: 08/12/21 22:00:00 PD	T, Simple Mask, Keep O2 Sat % eq/greater: 95	5
Communication Type: Written	T, Simple Mask, Keep O2 Sat % eq/greater: 95	5

Report ID: 127045219

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Patient:	HANNA MD, ADEL SHAKER
MRN:	918505
FIN:	5228417
Patient Type:	Day Patient
Attending:	Beseth M.D.,Bryce D

DOB/Age/Sex:	3/29/1946	76 years	Male
Admit/Disch:	8/12/2021	8/12/	2021
Admitting:			

Orders

Respiratory Therapy

Order Status: Canceled	Departme	nt Status: Canceled	Activity Type: RT- Nsg Tx/Procedures
End-state Date/Time: 8/12/2021	13:55 PDT	End-state Reason:	n fannar anns aifes i dhàin an ann ann ann ann à anns annsan ann ann ann ann ann ann
Ordering Physician: Yuan D.O.,A	dam K.		
Entered By: Yuan D.O.,Adam K.	on 8/12/2021 09:36	PDT	
Order Details: 8/13/21 10:00:00	AM PDT, Simple Ma	ask, Keep O2 Sat % eq/greater:	: 95
Comments: Discontinue when fu	lly awake		
Action Type: Cancel	Action Da	te/Time: 8/12/2021 13:55 PDT	Action Personnel: Munoz RN,Lynn
Communication Type:			
Order Details: 08/13/21 10:00:00) PDT, Simple Mask	, Keep O2 Sat % eq/greater: 9	5
Review Information:			
Doctor Cosign: Not Required			
Comments:			
Action Type: Order	Action Da	te/Time: 8/12/2021 12:01 PDT	Action Personnel: Yuan D.O., Adam K.
Communication Type: Written			
Order Details: 08/13/21 10:00:00) PDT, Simple Mask	, Keep O2 Sat % eq/greater: 9	5
Review Information:			
Doctor Cosign: Not Required			
Comments: Discontinue when fu	lly awake		

Surgery

T	
Department Status: Ordered	Activity Type: Surgery
End-state Reason:	
a on 8/6/2021 12:18 PDT	
Action Date/Time: 8/6/2021 12:18 PDT	Action Personnel: Andrade-Escarcega RN,Maria
	······································
	Department Status: Ordered End-state Reason: a on 8/6/2021 12:18 PDT

Report ID: 127045219

Print Date/Time: 2/24/2023 16:04 PST Page 172 of 191

Patient:	HANNA MD, ADEL SHAKER
MRN:	918505
FIN:	5228417
Patient Type:	Day Patient
Attending:	Beseth M.D.,Bryce D

DOB/Age/Sex:	3/29/1946	76 years	Male
Admit/Disch:	8/12/2021	8/12/	2021
Admitting:			

Orders

Surgery

Order: c Mesh		
Order Start Date/Time: 8/12/2021 0	6:32 PDT	
Order Status: Ordered	Department Status: Ordered	Activity Type: Surgery
End-state Date/Time: 8/12/2021 06	:32 PDT End-state Reason:	
Ordering Physician:		
Entered By: Chacon ,Kathy L on 8/6		
Order Details: Beseth M.D., Bryce I	D, None, 5, 0, 0, Concurrent	
Comments:		
Action Type: Activate	Action Date/Time: 8/12/2021 06:32 PDT	Action Personnel: Brown RN, Evan M
Communication Type:		
Order Details: Beseth M.D., Bryce I	D, None, 5, 0, 0, Concurrent	
Review Information:		
Doctor Cosign: Not Required		
Comments:		
Action Type: Order	Action Date/Time: 8/6/2021 09:45 PDT	Action Personnel: Chacon ,Kathy L
Communication Type:		······································
Order Details: Beseth M.D., Bryce I	D, None, 5, 0, 0, Concurrent	
Review Information:		
Doctor Cosign: Not Required		
Comments:		
Order: Repair Hernia Inguinal		
Order Start Date/Time: 8/12/2021 0	6:32 PDT	
Order Status: Ordered	Department Status: Ordered	Activity Type: Surgery
End-state Date/Time: 8/12/2021 06	32 PDT End-state Reason:	
Ordering Physician:		
Entered By: Chacon ,Kathy L on 8/6		
	D, Primary Procedure, General Anes, 62, Right,	10, 10, Concurrent
Comments:		
Action Type: Activate	Action Date/Time: 8/12/2021 06:32 PDT	Action Personnel: Brown RN, Evan M
Communication Type:		
Order Details: Beseth M.D., Bryce I	D, Primary Procedure, General Anes, 62, Right,	10, 10, Concurrent
Review Information:	······································	
Doctor Cosign: Not Required		
Comments:		
Action Type: Order	Action Date/Time: 8/6/2021 09:45 PDT	Action Personnel: Chacon ,Kathy L
Communication Type:		
	D, Primary Procedure, General Anes, 62, Right,	10, 10, Concurrent
Review Information:		······································
Doctor Cosign: Not Required		
Comments:	•••••••••••••••••••••••••••••••••••••••	

Report ID: 127045219

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Patient:HANNA MD, ADEL SHAKERMRN:918505FIN:5228417Patient Type:Day PatientAttending:Beseth M.D.,Bryce D

DOB/Age/Sex:	3/29/1946	76 years	Male
Admit/Disch:	8/12/2021	8/12/	2021
Admitting:			

Orders - Inpatient-Outpatient Medications

Inpatient

Order: acetaminophen (Tylenol)		
Order Start Date/Time: 8/12/2021 11	:01 PDT	n s na mananananan se na anananananan se na anananananan ne ne ne na mananananan se na mananananan se na ananan Ne ne na manananan se na mananananan se na mananananan se ne na mananananan se na mananananan se na mananananan
Order Date/Time: 8/12/2021 11:01 P	DT	
Order Status: Discontinued	Clinical Category: Medicatior	ns Medication Type: Inpatient
End-state Date/Time: 8/12/2021 16:2	27 PDT End-sta	ate Reason:
Ordering Physician: Beseth M.D., Bry	ce D	
Entered By: Beseth M.D., Bryce D on	8/12/2021 11:01 PDT	
Order Details: 650 mg = 2 tab, Tab, F	PO, Q4hr, PRN, pain (mild), Routin	ne, Start date: 8/12/21 11:01:00 AM PDT
Comments: Total Acetaminophen NC	OT TO EXCEED 4000mg/24hrs	
Action Type: Discontinue	Action Date/Time: 8/12/2021	1 16:27 PDT Action Personnel: SYSTEM
Communication Type:		
Order Details: 650 mg = 2 tab, Tab, F	PO, Q4hr, PRN, pain (mild), Routin	ne, Start date: 08/12/21 11:01:00 PDT
Review Information:		
Doctor Cosign: Not Required		
Comments:		
Action Type: Order	Action Date/Time: 8/12/2021	1 11:01 PDT Action Personnel: Beseth M.D., Bryce D
Communication Type: Written		
Order Details: 650 mg = 2 tab, Tab, F	O, Q4hr, PRN, pain (mild), Routin	ne, Start date: 08/12/21 11:01:00 PDT
Review Information:		
Nurse Review: Not Reviewed		
Pharmacist Verify: Electronically Sign	ned, Huang ,Jin on 8/12/2021 11:0	05 PDT
Doctor Cosign: Not Required		
Comments: Total Acetaminophen NC	OT TO EXCEED 4000mg/24hrs	

Report ID: 127045219

Print Date/Time: 2/24/2023 16:04 PST Page 174 of 191

Patient:HANNA MD, ADEL SHAKERMRN:918505FIN:5228417Patient Type:Day PatientAttending:Beseth M.D.,Bryce D

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

 Admit/Disch:
 8/12/2021
 8/12/2021

 Admitting:
 X
 X
 X

Orders - Inpatient-Outpatient Medications

Inpatient

Order: acetaminophen (Tylenol)		
Order Start Date/Time: 8/12/2021 11:	01 PDT	
Order Date/Time: 8/12/2021 11:01 PI	DT	
Order Status: Discontinued	Clinical Category: Medications	Medication Type: Inpatient
End-state Date/Time: 8/12/2021 16:2	7 PDT End-state Re	eason:
Ordering Physician: Beseth M.D., Bryo	e D	
Entered By: Beseth M.D., Bryce D on	8/12/2021 11:01 PDT	
Order Details: 650 mg = 2 tab, Tab, P	O, Q4hr, PRN, fever, Routine, Start dat	te: 8/12/21 11:01:00 AM PDT
Comments: Give for fever greater that	n 101 deg F. Total Acetaminophen NOT	T TO EXCEED 4000mg/24hrs
Action Type: Discontinue	Action Date/Time: 8/12/2021 16:2	7 PDT Action Personnel: SYSTEM
Communication Type:		
Order Details: 650 mg = 2 tab, Tab, P	O, Q4hr, PRN, fever, Routine, Start dat	te: 08/12/21 11:01:00 PDT
Review Information:		
Doctor Cosign: Not Required		
Comments:		
Action Type: Order	Action Date/Time: 8/12/2021 11:0	1 PDT Action Personnel: Beseth M.D., Bryce D
Communication Type: Written		
Order Details: 650 mg = 2 tab, Tab, P	O, Q4hr, PRN, fever, Routine, Start dat	te: 08/12/21 11:01:00 PDT
Review Information:		"The second state and the second s
Nurse Review: Not Reviewed		
	ed, Huang ,Jin on 8/12/2021 11:05 PD	ι Τ
Doctor Cosign: Not Required		
Comments: Give for fever greater that	n 101 deg F. Total Acetaminophen NOT	T TO EXCEED 4000mg/24hrs

Report ID: 127045219

Print Date/Time: 2/24/2023 16:04 PST Page 175 of 191

Patient:HANNA MD, ADEL SHAKERMRN:918505FIN:5228417Patient Type:Day PatientAttending:Beseth M.D.,Bryce D

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

 Admit/Disch:
 8/12/2021
 8/12/2021

 Admitting:
 X
 X
 X

Orders - Inpatient-Outpatient Medications

Inpatient

Order: acetaminophen-hydrocodone (
Order Start Date/Time: 8/12/2021 11:01	PDT	
Order Date/Time: 8/12/2021 11:01 PDT		
Order Status: Discontinued		Medication Type: Inpatient
End-state Date/Time: 8/12/2021 16:27 P		
Ordering Physician: Beseth M.D., Bryce I		
Entered By: Beseth M.D.,Bryce D on 8/1		
	I, pain (mild), Routine, Start date: 8/12/21 *	
	O EXCEED 4000mg/24hrs if tylenol ineffect	tive
Action Type: Discontinue	Action Date/Time: 8/12/2021 16:27 PDT	Action Personnel: SYSTEM
Communication Type:		
	I, pain (mild), Routine, Start date: 08/12/21	11:01:00 PDT
Review Information:		
Doctor Cosign: Not Required		
Comments:		
Action Type: Modify	Action Date/Time: 8/12/2021 11:05 PDT	Action Personnel: Huang , Jin
Communication Type: Written		
An example of the second state of the second s	I, pain (mild), Routine, Start date: 08/12/21	11:01:00 PDT
Review Information:		
Nurse Review: Not Reviewed		
Doctor Cosign: Not Required		
"Narrow and the second se	O EXCEED 4000mg/24hrs if tylenol ineffect	
Action Type: Order	Action Date/Time: 8/12/2021 11:01 PDT	Action Personnel: Beseth M.D., Bryce D
Communication Type: Written		
	I, pain (mild), Routine, Start date: 08/12/21	11:01:00 PDT
Review Information:		
Nurse Review: Not Reviewed		
Pharmacist Verify: Electronically Signed,	Huang Jin on 8/12/2021 11:05 PD1	
Doctor Cosign: Not Required		
Comments: Total Acetaminophen NOT T		

Report ID: 127045219

Print Date/Time: 2/24/2023 16:04 PST Page 176 of 191

Patient:HANNA MD, ADEL SHAKERMRN:918505FIN:5228417Patient Type:Day PatientAttending:Beseth M.D.,Bryce D

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

 Admit/Disch:
 8/12/2021
 8/12/2021

 Admitting:
 X
 X
 X

Orders - Inpatient-Outpatient Medications

Inpatient

Order: HYDROmorphone (Dilaudi	id injection)		
Order Start Date/Time: 8/12/2021 1	1:01 PDT		
Order Date/Time: 8/12/2021 11:01	PDT		
Order Status: Discontinued	Clinical C	ategory: Medications	Medication Type: Inpatient
End-state Date/Time: 8/12/2021 16	:27 PDT	End-state Reason	:
Ordering Physician: Beseth M.D.,Br	yce D		
Entered By: Beseth M.D., Bryce D o	n 8/12/2021 11:0	1 PDT	
Order Details: 0.5 mg = 0.25 mL, In PDT	jection, IV Push,	Q3hr, PRN, pain (moderate),	Routine, Start date: 8/12/21 11:01:00 AM
Comments:			
Action Type: Discontinue	Action Da	te/Time: 8/12/2021 16:27 PD	T Action Personnel: SYSTEM
Communication Type:			
Order Details: 0.5 mg = 0.25 mL, In	jection, IV Push,	Q3hr, PRN, pain (moderate),	Routine, Start date: 08/12/21 11:01:00 PD1
Review Information:			
Doctor Cosign: Not Required			
Comments:			
Action Type: Order	Action Da	te/Time: 8/12/2021 11:01 PD	T Action Personnel: Beseth M.D., Bryce D
Communication Type: Written			·····
Order Details: 0.5 mg = 0.25 mL, In	jection, IV Push,	Q3hr, PRN, pain (moderate),	Routine, Start date: 08/12/21 11:01:00 PDT
Review Information:			
Nurse Review: Not Reviewed			
Pharmacist Verify: Electronically Sig Doctor Cosign: Not Required	gned, Huang ,Jin	on 8/12/2021 11:05 PDT	
Comments:			

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Patient:HANNA MD, ADEL SHAKERMRN:918505FIN:5228417Patient Type:Day PatientAttending:Beseth M.D.,Bryce D

DOB/Age/Sex:	3/29/1946	76 years	Male
Admit/Disch:	8/12/2021	8/12/	2021
Admitting:			

Orders - Inpatient-Outpatient Medications

Inpatient

Order: LR Intravenous solution 1,00) mL		
Order Start Date/Time: 8/12/2021 11:0	1 PDT		
Order Date/Time: 8/12/2021 11:01 PD	r		
Order Status: Discontinued	Clinical Category: IV Soli	utions	Medication Type: Inpatient
End-state Date/Time: 8/12/2021 16:27	PDT End	-state Reason:	
Ordering Physician: Beseth M.D., Bryce	D		
Entered By: Beseth M.D., Bryce D on 8	(12/2021 11:01 PDT		
Order Details: Route: IV, Rate: 75 mL/h	r, Total Volume: 1,000 mL, S	Start date: 8/12/2	21 11:01:00 AM PDT
Comments:			
Action Type: Discontinue	Action Date/Time: 8/12/2	021 16:27 PDT	Action Personnel: SYSTEM
Communication Type:			
Order Details: Route: IV, Rate: 75 mL/l	r, Total Volume: 1,000 mL, S	Start date: 08/12	/21 11:01:00 PDT
Review Information:			
Doctor Cosign: Not Required			
Comments:			
Action Type: Order	Action Date/Time: 8/12/2	021 11:01 PDT	Action Personnel: Beseth M.D., Bryce D
Communication Type: Written			
Order Details: Route: IV, Rate: 75 mL/h	r, Total Volume: 1,000 mL, S	Start date: 08/12	/21 11:01:00 PDT
Review Information:			
Nurse Review: Not Reviewed			
Pharmacist Verify: Electronically Signe	d, Huang ,Jin on 8/12/2021	11:05 PDT	
Doctor Cosign: Not Required			
Comments:			

Report ID: 127045219

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Patient:HANNA MD, ADEL SHAKERMRN:918505FIN:5228417Patient Type:Day PatientAttending:Beseth M.D.,Bryce D

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

 Admit/Disch:
 8/12/2021
 8/12/2021

 Admitting:
 X
 X
 X

Orders - Inpatient-Outpatient Medications

Inpatient

Order: naloxone (Narcan)		
Order Start Date/Time: 8/12/2021 11:	01 PDT	
Order Date/Time: 8/12/2021 11:01 PE	DT	
Order Status: Discontinued	Clinical Category: Medications	Medication Type: Inpatient
End-state Date/Time: 8/12/2021 16:27	7 PDT End-state F	Reason:
Ordering Physician: Beseth M.D., Bryc		
Entered By: Beseth M.D., Bryce D on a		
Order Details: 0.1 mg = 0.1 mL, Inject AM PDT	ion, IV Push, Q2min, PRN, opioid ov	ersedation, Routine, Start date: 8/12/21 11:01:00
Comments: Notify Provider if medicati	on is administered	
Action Type: Discontinue	Action Date/Time: 8/12/2021 16:	27 PDT Action Personnel: SYSTEM
Communication Type:		
Order Details: 0.1 mg = 0.1 mL, Inject PDT	ion, IV Push, Q2min, PRN, opioid ov	ersedation, Routine, Start date: 08/12/21 11:01:00
Review Information:		
Doctor Cosign: Not Required		
Comments:		
Action Type: Order	Action Date/Time: 8/12/2021 11:	01 PDT Action Personnel: Beseth M.D.,Bryce D
Communication Type: Written		
Order Details: 0.1 mg = 0.1 mL, Inject PDT	ion, IV Push, Q2min, PRN, opioid ov	ersedation, Routine, Start date: 08/12/21 11:01:00
Review Information:		
Nurse Review: Not Reviewed		
Pharmacist Verify: Electronically Sign Doctor Cosign: Not Required	ed, Huang ,Jin on 8/12/2021 11:05 P	DT
Comments: Notify Provider if medicati	on is administered	

Report ID: 127045219

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Patient:HANNA MD, ADEL SHAKERMRN:918505FIN:5228417Patient Type:Day PatientAttending:Beseth M.D.,Bryce D

DOB/Age/Sex:	3/29/1946	76 years	Male
Admit/Disch:	8/12/2021	8/12/	2021
Admitting:			

Orders - Inpatient-Outpatient Medications

Inpatient

Order: naloxone (Narcan)			
Order Start Date/Time: 8/12/2021 11:01 F	PDT		
Order Date/Time: 8/12/2021 11:01 PDT			
Order Status: Discontinued	Clinical Category: M	edications	Medication Type: Inpatient
End-state Date/Time: 8/12/2021 16:27 PE	DΤ	End-state Reason:	*
Ordering Physician: Beseth M.D., Bryce D			
Entered By: Beseth M.D., Bryce D on 8/12			
Order Details: 0.4 mg = 1 mL, Injection, IV 11:01:00 AM PDT		opioid respiratory dep	pression, Routine, Start date: 8/12/21
Comments: Notifiy Provider if medication	is administered		
Action Type: Discontinue	Action Date/Time: 8	12/2021 16:27 PDT	Action Personnel: SYSTEM
Communication Type:	******		*
Order Details: 0.4 mg = 1 mL, Injection, IN 11:01:00 PDT	/ Push, Once, PRN,	opioid respiratory dep	pression, Routine, Start date: 08/12/21
Review Information:			
Doctor Cosign: Not Required			
Comments:			
Action Type: Order	Action Date/Time: 8	12/2021 11:01 PDT	Action Personnel: Beseth M.D.,Bryce D
Communication Type: Written			
Order Details: 0.4 mg = 1 mL, Injection, IN 11:01:00 PDT	/ Push, Once, PRN,	opioid respiratory dep	pression, Routine, Start date: 08/12/21
Review Information:			
Nurse Review: Not Reviewed			
Pharmacist Verify: Electronically Signed, Doctor Cosign: Not Required	Huang ,Jin on 8/12/2	021 11:05 PDT	
Comments: Notifiy Provider if medication	ic administarad		
Comments. Notify Provider in medication	is autimistered		
Order: Lactated Ringers			
Order Start Date/Time: 8/12/2021 10:52 F	PDT	en an en de la servicie de la construir de la c	randen in einen van einen das en in einen den einen van de sterre der van de sterre in einen das einen die ster Hen einen van van einen das einen de sterre de das einen das einen das einen das einen das einen das einen das e
Order Date/Time: 8/12/2021 09:18 PDT			
Order Status: Completed	Clinical Category: IV	' Solutions	Medication Type: Inpatient
End-state Date/Time: 8/12/2021 10:52 PL		End-state Reason:	
Ordering Physician: Yuan D.O.,Adam K.			
Entered By: Yuan D.O.,Adam K.on 8/12/2	021 09:18 PDT		
Order Details: Route: IV, Start date: 8/12/	21 10:52:00 AM PDT	, Stop date: 8/12/21 1	0:52:00 AM PDT
Comments:			
Action Type: Order	Action Date/Time: 8	12/2021 10:52 PDT	Action Personnel: Yuan D.O.,Adam K.
Communication Type:	2		
Order Details: Route: IV, Start date: 08/12	2/21 10:52:00 PDT, S	top date: 08/12/21 10	:52:00 PDT
Review Information:			······
Doctor Cosign: Not Required			
Comments:			

Report ID: 127045219

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Patient:HANNA MD, ADEL SHAKERMRN:918505FIN:5228417Patient Type:Day PatientAttending:Beseth M.D.,Bryce D

DOB/Age/Sex:	3/29/1946	76 years	Male
Admit/Disch:	8/12/2021	8/12/	2021
Admitting:			

Orders - Inpatient-Outpatient Medications

Inpatient

Order: ondansetron		
Order Start Date/Time: 8/12/2021 10:36	PDT	
Order Date/Time: 8/12/2021 10:36 PDT		
Order Status: Completed	Clinical Category: Medications	Medication Type: Inpatient
End-state Date/Time: 8/12/2021 10:36 PI	DT End-state Reason:	
Ordering Physician: Yuan D.O., Adam K.		
Entered By: Yuan D.O.,Adam K.on 8/12/2		
Order Details: 4 mg = 2 mL, Injection, IV PDT	Push, Once, Start date: 8/12/21 10:36:00 /	AM PDT, Stop date 8/12/21 10:36:00 AM
Comments:		
Action Type: Order	Action Date/Time: 8/12/2021 10:52 PDT	Action Personnel: Yuan D.O.,Adam K.
Communication Type:		
· · · · · · · · · · · · · · · · · · ·	Push, Once, Start date: 08/12/21 10:36:00) PDT, Stop date 08/12/21 10:36:00 PDT
Review Information:		
Doctor Cosign: Not Required		
Comments:		
Order: gentamicin		
Order Start Date/Time: 8/12/2021 10:04	PDT	
Order Date/Time: 8/12/2021 10:04 PDT		
Order Status: Completed	Clinical Category: Medications	Medication Type: Inpatient
End-state Date/Time: 8/12/2021 10:04 PI	DT End-state Reason:	
Ordering Physician: Beseth M.D., Bryce D)	
Entered By: Brown RN, Evan M on 8/12/2	021 10:04 PDT	
Order Details: 80 mg, Soln, Irrigation, On	ce, Start date: 8/12/21 10:04:00 AM PDT,	Stop date 8/12/21 10:04:00 AM PDT
Comments:		
Action Type: Order	Action Date/Time: 8/12/2021 10:04 PDT	Action Personnel: Brown RN, Evan M
· · · · · · · · · · · · · · · · · · ·		
Communication Type: VORB		
Communication Type: VORB Order Details: 80 mg, Soln, Irrigation, On	ce, Start date: 08/12/21 10:04:00 PDT, Sto	op date 08/12/21 10:04:00 PDT
Communication Type: VORB Order Details: 80 mg, Soln, Irrigation, On Review Information:		
Communication Type: VORB Order Details: 80 mg, Soln, Irrigation, On Review Information:	ce, Start date: 08/12/21 10:04:00 PDT, Sto seth M.D.,Bryce D on 8/12/2021 17:32 PD	

Report ID: 127045219

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Patient:HANNA MD, ADEL SHAKERMRN:918505FIN:5228417Patient Type:Day PatientAttending:Beseth M.D.,Bryce D

DOB/Age/Sex:	3/29/1946	76 years	Male
Admit/Disch:	8/12/2021	8/12/	2021
Admitting:			

Orders - Inpatient-Outpatient Medications

Inpatient

Order: ropivacaine			ייז אין באריך אראינע ערייאר בארי איז איז איז איז איז איז איז איז איז אי
Order Start Date/Time: 8/12/2021 10:03 1	PDT		
Order Date/Time: 8/12/2021 10:03 PDT			
Order Status: Completed	Clinical Category: M	ledications	Medication Type: Inpatient
End-state Date/Time: 8/12/2021 10:03 PI	DT	End-state Reason:	*
Ordering Physician: Beseth M.D., Bryce D	I		
Entered By: Brown RN, Evan M on 8/12/2			
Order Details: 30 mL, Soln, Intra Op, Onc	e, Start date: 8/12/2	1 10:03:00 AM PDT, S	Stop date 8/12/21 10:03:00 AM PDT
Comments:			
Action Type: Order	Action Date/Time: 8	/12/2021 10:04 PDT	Action Personnel: Brown RN, Evan M
Communication Type: VORB			
Order Details: 30 mL, Soln, Intra Op, Onc	e, Start date: 08/12/	21 10:03:00 PDT, Sto	p date 08/12/21 10:03:00 PDT
Review Information:			
Doctor Cosign: Electronically Signed, Bes	seth M.D.,Bryce D or	8/12/2021 17:32 PD	T
Comments:			
Order: fentaNYL			
Order Start Date/Time: 8/12/2021 09:58 I	דרוכ		
Order Date/Time: 8/12/2021 09:58 PDT			
	Clinical Catagory N	ladiaatiana	Madiatian Tunas Innations
Order Status: Completed End-state Date/Time: 8/12/2021 09:58 PI		ledications End-state Reason:	Medication Type: Inpatient
Ordering Physician: Yuan D.O.,Adam K.	<i></i>	Chu-state Reason.	
Entered By: Yuan D.O.,Adam K.on 8/12/2	021 00-58 DDT		
		- 9/12/21 0-59-00 AM	PDT, Stop date 8/12/21 9:58:00 AM PDT
Comments:	ush, once, start date	5. 0/12/21 9.30.00 AN	
Action Type: Order	Action Date/Time: 8	/12/2021 10:52 PDT	Action Personnel: Yuan D.O.,Adam K.
Communication Type:			
Order Details: 50 mcg = 1 mL, Soln, IV P	ush, Once, Start date	e: 08/12/21 9:58:00 Pl	DT, Stop date 08/12/21 9:58:00 PDT
Review Information:			
Doctor Cosign: Not Required			
Comments:			

Report ID: 127045219

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Patient:HANNA MD, ADEL SHAKERMRN:918505FIN:5228417Patient Type:Day PatientAttending:Beseth M.D.,Bryce D

DOB/Age/Sex:	3/29/1946	76 years	Male
Admit/Disch:	8/12/2021	8/12/	2021
Admitting:			

Orders - Inpatient-Outpatient Medications

Inpatient

Order: acetaminophen Order Start Date/Time: 8/12/2021 09:51 F	νDT	
Order Date/Time: 8/12/2021 09:36 PDT		
Order Status: Completed	Clinical Category: Medications	Medication Type: Inpatient
End-state Date/Time: 8/12/2021 09:51 PI Ordering Physician: Yuan D.O., Adam K.	DT End-state Reason:	
Entered By: Yuan D.O.,Adam K.on 8/12/2	021 09:36 PDT	
Order Details: 1,000 mg = 100 mL, Injecti		00 AM PDT, Stop date 8/12/21 9:51:00 AM
PDT		
Comments:		
Action Type: Order	Action Date/Time: 8/12/2021 10:52 PDT	Action Personnel: Yuan D.O.,Adam K.
Communication Type:		
- the second	on, IVPB, Once, Start date: 08/12/21 9:51	:00 PDT, Stop date 08/12/21 9:51:00 PDT
Review Information: Doctor Cosign: Not Required		
Comments:		
oonments.		
Order: granisetron (Kytril injection)		
Order Start Date/Time: 8/12/2021 09:36 F	PDT	
Order Date/Time: 8/12/2021 09:36 PDT		
Order Status: Discontinued	Clinical Category: Medications	Medication Type: Inpatient
End-state Date/Time: 8/12/2021 13:55 PI	DT End-state Reason:	
Ordering Physician: Yuan D.O.,Adam K.		
Entered By: Yuan D.O.,Adam K.on 8/12/2		
Comments: (PACU only)	IV Push, Once, PRN, nausea, Routine, S	
Action Type: Discontinue	Action Date/Time: 8/12/2021 13:55 PDT	Action Personnel: Munoz RN,Lynn
Communication Type: Initiate/Electronic C		
	IV Push, Once, PRN, nausea, Routine, S	tart date: 08/12/21 9:36:00 PDT
Review Information:		
Doctor Cosign: Not Required		
Comments:		
Action Type: Order	Action Date/Time: 8/12/2021 09:36 PDT	Action Personnel: Yuan D.O.,Adam K.
Communication Type: Written	N/Duck Once DDM service De the O	
Order Details: 0.1 mg = 0.1 mL, Injection, Review Information:	IV Push, Once, PRN, nausea, Routine, S	aan dale: 08/12/21 9:36:00 PD1
Review Information: Nurse Review: Not Reviewed		
	Huang RPH, Jocelyn C on 8/12/2021 09:49	9 PDT
Doctor Cosign: Not Required		* • - •
Comments: (PACU only)		

Report ID: 127045219

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Patient:HANNA MD, ADEL SHAKERMRN:918505FIN:5228417Patient Type:Day PatientAttending:Beseth M.D.,Bryce D

DOB/Age/Sex:	3/29/1946	76 years	Male
Admit/Disch:	8/12/2021	8/12/	2021
Admitting:			

Orders - Inpatient-Outpatient Medications

Inpatient

Order: HYDROmorphone (Dilaudi	d injection)	
Order Start Date/Time: 8/12/2021 0	9:36 PDT	s s an an ann anns a' s ann an ann ann a' s suananann anns s s ann ann anns a' s ann ann ann anns s s ann an an
Order Date/Time: 8/12/2021 09:36 I	PDT	
Order Status: Discontinued	Clinical Category: Medications	Medication Type: Inpatient
End-state Date/Time: 8/12/2021 13:	55 PDT End-state F	Reason:
Ordering Physician: Yuan D.O., Adar	n K.	
Entered By: Yuan D.O., Adam K.on 8	8/12/2021 09:36 PDT	
Order Details: 0.5 mg = 0.25 mL, Inj PDT, Duration: 4 dose(s)/time(s) Comments: (PACU only)	ection, IV Push, Q10min, PRN, pain (s	severe), Routine, Start date: 8/12/21 9:36:00 AM
Action Type: Discontinue	Action Date/Time: 8/12/2021 13	:55 PDT Action Personnel: Munoz RN,Lynn
Communication Type: Initiate/Electro	onic Order	· · · · · · · · · · · · · · · · · · ·
	ection, IV Push, Q10min, PRN, pain (s	severe), Routine, Start date: 08/12/21 9:36:00 PDT,
Review Information:		
Doctor Cosign: Not Required		
Comments:		
Action Type: Order	Action Date/Time: 8/12/2021 09	:36 PDT Action Personnel: Yuan D.O.,Adam K.
Communication Type: Written	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
Order Details: 0.5 mg = 0.25 mL, Inj	ection, IV Push, Q10min, PRN, pain (s	severe), Routine, Start date: 08/12/21 9:36:00 PDT,
Duration: 4 dose(s)/time(s), Stop da	te Limited # of times	
Review Information:	· · · · · · · · · · · · · · · · · · ·	
Nurse Review: Not Reviewed		
	ned, Huang RPH,Jocelyn C on 8/12/2	021 09:49 PDT
Doctor Cosign: Not Required		
Comments: (PACU only)		

Report ID: 127045219

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Patient:HANNA MD, ADEL SHAKERMRN:918505FIN:5228417Patient Type:Day PatientAttending:Beseth M.D.,Bryce D

DOB/Age/Sex:	3/29/1946	76 years	Male
Admit/Disch:	8/12/2021	8/12/	2021
Admitting:			

Orders - Inpatient-Outpatient Medications

Inpatient

Order: HYDROmorphone (Dilaudi	d injection)		
Order Start Date/Time: 8/12/2021 0	9:36 PDT		
Order Date/Time: 8/12/2021 09:36 I	PDT		
Order Status: Discontinued	Clinical Category: Med	cations	Medication Type: Inpatient
End-state Date/Time: 8/12/2021 13:	55 PDT Er	nd-state Reason:	
Ordering Physician: Yuan D.O., Adar	n K.		
Entered By: Yuan D.O.,Adam K.on 8	3/12/2021 09:36 PDT		
Order Details: 0.25 mg = 0.13 mL, I AM PDT, Duration: 4 dose(s)/time(s Comments: (PACU only)	-	RN, pain (moderal	te), Routine, Start date: 8/12/21 9:36:00
A CARACTERISTICS AND	A stiller Date (Times 0/10	10004 40-55 DDT	A the Deserve to Margan DNU and
Action Type: Discontinue		2021 13:55 PDT	Action Personnel: Munoz RN,Lynn
Communication Type: Initiate/Electr		NI 1	
		RN, pain (moderat	te), Routine, Start date: 08/12/21 9:36:00
PDT, Duration: 4 dose(s)/time(s), St Review Information:	op date Limited # of times		
Doctor Cosign: Not Required			
		(2224 22 22 CDT	and the function in the second sec
Action Type: Order	Action Date/Time: 8/12	/2021 09:36 PDT	Action Personnel: Yuan D.O.,Adam K.
Communication Type: Written			······
	-	RN, pain (moderat	te), Routine, Start date: 08/12/21 9:36:00
PDT, Duration: 4 dose(s)/time(s), St	op date Limited # of times		
Review Information:			
Nurse Review: Not Reviewed			
Pharmacist Verify: Electronically Sig	ined, Huang RPH,Jocelyn C o	on 8/12/2021 09:4	9 PD1
Doctor Cosign: Not Required			
Comments: (PACU only)			

Report ID: 127045219

Print Date/Time: 2/24/2023 16:04 PST Page 185 of 191

Patient:HANNA MD, ADEL SHAKERMRN:918505FIN:5228417Patient Type:Day PatientAttending:Beseth M.D.,Bryce D

DOB/Age/Sex:	3/29/1946	76 years	Male
Admit/Disch:	8/12/2021	8/12/	2021
Admitting:			

Orders - Inpatient-Outpatient Medications

Inpatient

Order: HYDROmorphone (Dilaud	d injection)		
Order Start Date/Time: 8/12/2021 0	9:36 PDT	na na manana manana Manana manana m	ananana soo ahaanananaana soo ahaanananaan soo ahaananaana soo soo ahaananaana soo soo diddhahdiddddddddddddddd
Order Date/Time: 8/12/2021 09:36	PDT		
Order Status: Discontinued	Clinical Catego	ory: Medications	Medication Type: Inpatient
End-state Date/Time: 8/12/2021 13	:55 PDT	End-state Reas	son:
Ordering Physician: Yuan D.O.,Ada	m K.		
Entered By: Yuan D.O.,Adam K.on	8/12/2021 09:36 PDT		
PDT, Duration: 4 dose(s)/time(s)	njection, IV Push, Q1	0min, PRN, pain (mil	d), Routine, Start date: 8/12/21 9:36:00 AM
Comments: (PACU only)			ina administra interneti na saminar na saminar anti-amerika amerikana ina interneti sa saminar sa amerika ameri
Action Type: Discontinue	Action Date/Til	me: 8/12/2021 13:55	PDT Action Personnel: Munoz RN,Lynn
Communication Type: Initiate/Electr			
Order Details: 0.25 mg = 0.13 mL, l Duration: 4 dose(s)/time(s), Stop da		0min, PRN, pain (mild	d), Routine, Start date: 08/12/21 9:36:00 PDT,
Review Information:			
Doctor Cosign: Not Required			
Comments:			
Action Type: Order	Action Date/Til	me: 8/12/2021 09:36	PDT Action Personnel: Yuan D.O.,Adam K.
Communication Type: Written			
Order Details: 0.25 mg = 0.13 mL,	njection, IV Push, Q1	0min, PRN, pain (mild	d), Routine, Start date: 08/12/21 9:36:00 PDT,
Duration: 4 dose(s)/time(s), Stop da	ite Limited # of times		
Review Information:	· · · · · · · · · · · · · · · · · · ·		
Nurse Review: Not Reviewed			
Pharmacist Verify: Electronically Si	gned, Huang RPH,Jo	celyn C on 8/12/2021	09:49 PDT
Doctor Cosign: Not Required			
Comments: (PACU only)			

Report ID: 127045219

Print Date/Time: 2/24/2023 16:04 PST Page 186 of 191

Patient:HANNA MD, ADEL SHAKERMRN:918505FIN:5228417Patient Type:Day PatientAttending:Beseth M.D.,Bryce D

DOB/Age/Sex:	3/29/1946	76 years	Male
Admit/Disch:	8/12/2021	8/12/	2021
Admitting:			

Orders - Inpatient-Outpatient Medications

Inpatient

Order: Lactated Ringers intrave	nous solution 1,000 m	L	
Order Start Date/Time: 8/12/2021	09:36 PDT		
Order Date/Time: 8/12/2021 09:36	PDT		
Order Status: Discontinued	Clinical Categor	y: IV Solutions	Medication Type: Inpatient
End-state Date/Time: 8/12/2021 1	3:55 PDT	End-state Reasor	n:
Ordering Physician: Yuan D.O.,Ada	am K.		
Entered By: Yuan D.O.,Adam K.on	8/12/2021 09:36 PDT		
Order Details: Route: IV, Rate: 100) mL/hr, Total Volume: 1	,000 mL, Start date: 8/	12/21 9:36:00 AM PDT
Comments: Give while patient in P	ACU, titrate rate as nee	ded per Anesthesiolog	ist instruction
Action Type: Discontinue	Action Date/Tim	e: 8/12/2021 13:55 PD	T Action Personnel: Munoz RN,Lynn
Communication Type: Initiate/Elec	ronic Order		······································
Order Details: Route: IV, Rate: 100) mL/hr, Total Volume: 1	,000 mL, Start date: 08	3/12/21 9:36:00 PDT
Review Information:			
Doctor Cosign: Not Required			
Comments:			
Action Type: Order	Action Date/Tim	e: 8/12/2021 09:36 PC	T Action Personnel: Yuan D.O.,Adam K.
Communication Type: Written			
Order Details: Route: IV, Rate: 100) mL/hr, Total Volume: 1	,000 mL, Start date: 08	3/12/21 9:36:00 PDT
Review Information:			
Nurse Review: Not Reviewed			
Pharmacist Verify: Electronically S	igned, Huang RPH, Joce	elyn C on 8/12/2021 09):49 PDT
Doctor Cosign: Not Required			
Comments: Give while patient in P	ACU, titrate rate as nee	ded per Anesthesiolog	ist instruction

Report ID: 127045219

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Patient:HANNA MD, ADEL SHAKERMRN:918505FIN:5228417Patient Type:Day PatientAttending:Beseth M.D.,Bryce D

DOB/Age/Sex:	3/29/1946	76 years	Male
Admit/Disch:	8/12/2021	8/12/	2021
Admitting:			

Orders - Inpatient-Outpatient Medications

Inpatient

Order: naloxone (Narcan)		
Order Start Date/Time: 8/12/2021 09:36 I	PDT	
Order Date/Time: 8/12/2021 09:36 PDT		
Order Status: Discontinued	Clinical Category: Medications	Medication Type: Inpatient
End-state Date/Time: 8/12/2021 13:55 PI	DT End-state Reasor	ז:
Ordering Physician: Yuan D.O., Adam K.		
Entered By: Yuan D.O.,Adam K.on 8/12/2		
AM PDT		ation, Routine, Start date: 8/12/21 9:36:00
Comments: Notify Provider if medication	administered	
Action Type: Discontinue Communication Type: Initiate/Electronic C		
PDT	IV Push, Q2min, PRN, opioid overseda	ation, Routine, Start date: 08/12/21 9:36:00
Review Information: Doctor Cosign: Not Required		
Comments:		
Action Type: Order	Action Date/Time: 8/12/2021 09:36 PD	T Action Personnel: Yuan D.O.,Adam K.
Communication Type: Written	£	
Order Details: 0.1 mg = 0.1 mL, Injection, PDT	IV Push, Q2min, PRN, opioid overseda	ation, Routine, Start date: 08/12/21 9:36:00
Review Information:		
Nurse Review: Not Reviewed		
Pharmacist Verify: Electronically Signed,	Huang RPH, Jocelyn C on 8/12/2021 09):49 PDT
Doctor Cosign: Not Required	·····	
Comments: Notify Provider if medication	administered	
Order: ceFAZolin		
Order Start Date/Time: 8/12/2021 09:30 1	PDT	
Order Date/Time: 8/12/2021 09:30 PDT		
Order Status: Completed	Clinical Category: Medications	Medication Type: Inpatient
End-state Date/Time: 8/12/2021 09:30 PI		
Ordering Physician: Yuan D.O.,Adam K.	······································	
Entered By: Yuan D.O.,Adam K.on 8/12/2	021 09:30 PDT	
Order Details: 2,000 mg, Injection, IV Pus	h, Once, Start date: 8/12/21 9:30:00 AM	M PDT, Stop date 8/12/21 9:30:00 AM PDT
Comments:		
Action Type: Order	Action Date/Time: 8/12/2021 10:52 PD	T Action Personnel: Yuan D.O.,Adam K.
Communication Type:		
Order Details: 2,000 mg, Injection, IV Pus	sh, Once, Start date: 08/12/21 9:30:00 F	PDT, Stop date 08/12/21 9:30:00 PDT
Review Information:		
Doctor Cosign: Not Required		
Comments:		

Report ID: 127045219

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Patient:HANNA MD, ADEL SHAKERMRN:918505FIN:5228417Patient Type:Day PatientAttending:Beseth M.D.,Bryce D

DOB/Age/Sex:	3/29/1946	76 years	Male
Admit/Disch:	8/12/2021	8/12/	2021
Admitting:			

Orders - Inpatient-Outpatient Medications

Inpatient

Order: dexamethasone			
Order Start Date/Time: 8/12/2021 09:29 1	PDT		
Order Date/Time: 8/12/2021 09:29 PDT			
Order Status: Completed	Clinical Category: M	ledications	Medication Type: Inpatient
End-state Date/Time: 8/12/2021 09:29 PI	TC	End-state Reason:	Manana a anna a anna an anna an anna an an
Ordering Physician: Yuan D.O.,Adam K.			
Entered By: Yuan D.O., Adam K.on 8/12/2	021 09:29 PDT		
Order Details: 8 mg = 2 mL, Soln, IV Pus	h, Once, Start date:	8/12/21 9:29:00 AM P	DT, Stop date 8/12/21 9:29:00 AM PDT
Comments:			
Action Type: Order	Action Date/Time: 8	/12/2021 10:52 PDT	Action Personnel: Yuan D.O., Adam K.
Communication Type:			
Order Details: 8 mg = 2 mL, Soln, IV Pus	h, Once, Start date:	08/12/21 9:29:00 PDT	, Stop date 08/12/21 9:29:00 PDT
Review Information:			
Doctor Cosign: Not Required			
Comments:			
· · · · · · · · · · · · · · · · · · ·			
Order: glycopyrrolate			
Order Start Date/Time: 8/12/2021 09:29 I	וטי		
Order Date/Time: 8/12/2021 09:29 PDT			
Order Status: Completed			Medication Type: Inpatient
End-state Date/Time: 8/12/2021 09:29 PI	וכ	End-state Reason:	
Ordering Physician: Yuan D.O.,Adam K.			
Entered By: Yuan D.O.,Adam K.on 8/12/2			
Order Details: 0.2 mg = 1 mL, Soln, IV, O	nce, Start date: 8/12	/21 9:29:00 AM PDT, 3	Stop date 8/12/21 9:29:00 AM PDT
Comments:			
Action Type: Order	Action Date/Time: 8	/12/2021 10:52 PDT	Action Personnel: Yuan D.O.,Adam K.
Communication Type:			
Order Details: 0.2 mg = 1 mL, Soln, IV, O	nce, Start date: 08/1	2/21 9:29:00 PDT, Sto	p date 08/12/21 9:29:00 PDT
Review Information:			
Doctor Cosign: Not Required			
Comments:			

Report ID: 127045219

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Patient:HANNA MD, ADEL SHAKERMRN:918505FIN:5228417Patient Type:Day PatientAttending:Beseth M.D.,Bryce D

DOB/Age/Sex:	3/29/1946	76 years	Male
Admit/Disch:	8/12/2021	8/12/	2021
Admitting:			

Orders - Inpatient-Outpatient Medications

Inpatient

Order Status: Completed Clinical Category: Medications Medication Type: Inpatient Ind-state Date/Time: 8/12/2021 09:21 PDT End-state Reason: Ordering Physician: Yuan D.O.,Adam K. Ind-state Reason: Order Details: 60 mg, 3 mL, Soln, IV Push, Once, Start date: 8/12/21 9:21:00 AM PDT, Stop date 8/12/21 9:21:00 AM PDT Comments: Action Date/Time: 8/12/2021 10:52 PDT Action Type: Action Date/Time: 8/12/2021 10:52 PDT Order Details: 60 mg, 3 mL, Soln, IV Push, Once, Start date: 08/12/21 9:21:00 PDT, Stop date 08/12/21 9:21:00 PDT Communication Type: Action Date/Time: 8/12/2021 9:21:00 PDT, Stop date 08/12/21 9:21:00 PDT Order Details: 60 mg, 3 mL, Soln, IV Push, Once, Start date: 08/12/21 9:21:00 PDT, Stop date 08/12/21 9:21:00 PDT Review Information: Doctor Cosign: Not Required Comments: Order Start Date/Time: 8/12/2021 09:21 PDT Order Start Date/Time: 8/12/2021 09:21 PDT Order Starts: Order Status: Completed Clinical Category: Medications Medication Type: Inpatient End-state Reason: Ordering Physician: Yuan D.O., Adam K. End-state Reason: Ordering Physician: Yuan D.O., Adam K. End-state Reason: Order Details: 150 mg = 15 mL, Emulsion, IV Push, Once, Start date: 8/12/21 9:21:00 AM PDT, Stop date 8/12/21 9:21:00 Ord	Order: lidocaine		
Order Status: Completed Clinical Category: Medications Medication Type: Inpatient Ind-state Date/Time: 8/12/2021 09:21 PDT End-state Reason: Ordering Physician: Yuan D.O.,Adam K. Ind-state Reason: Order Details: 60 mg, 3 mL, Soln, IV Push, Once, Start date: 8/12/21 9:21:00 AM PDT, Stop date 8/12/21 9:21:00 AM PDT Comments: Action Date/Time: 8/12/2021 10:52 PDT Action Type: Action Date/Time: 8/12/2021 10:52 PDT Order Details: 60 mg, 3 mL, Soln, IV Push, Once, Start date: 08/12/21 9:21:00 PDT, Stop date 08/12/21 9:21:00 PDT Communication Type: Action Date/Time: 8/12/2021 9:21:00 PDT, Stop date 08/12/21 9:21:00 PDT Order Details: 60 mg, 3 mL, Soln, IV Push, Once, Start date: 08/12/21 9:21:00 PDT, Stop date 08/12/21 9:21:00 PDT Review Information: Doctor Cosign: Not Required Comments: Order Start Date/Time: 8/12/2021 09:21 PDT Order Start Date/Time: 8/12/2021 09:21 PDT Order Starts: Order Status: Completed Clinical Category: Medications Medication Type: Inpatient End-state Reason: Ordering Physician: Yuan D.O., Adam K. End-state Reason: Ordering Physician: Yuan D.O., Adam K. End-state Reason: Order Details: 150 mg = 15 mL, Emulsion, IV Push, Once, Start date: 8/12/21 9:21:00 AM PDT, Stop date 8/12/21 9:21:00 Ord	Order Start Date/Time: 8/12/2021 09:21 P	PDT	, ordenandrahananan , o denandrahanana , o denandrahanana , o denandrahananan , o denandrahananan , o denandrah
End-state Date/Time: 8/12/2021 09:21 PDT End-state Reason: Drdering Physician: Yuan D.O.,Adam K. Intered By: Yuan D.O.,Adam K. on 8/12/2021 09:21 PDT Drder Details: 60 mg, 3 mL, Soln, IV Push, Once, Start date: 8/12/21 9:21:00 AM PDT, Stop date 8/12/21 9:21:00 AM PDT Comments: Action Date/Time: 8/12/2021 10:52 PDT Action Personnel: Yuan D.O.,Adam K. Dommunication Type: Drder Details: 60 mg, 3 mL, Soln, IV Push, Once, Start date: 08/12/21 9:21:00 PDT, Stop date 08/12/21 9:21:00 PDT Review Information: Doctor Cosign: Not Required Drder Start Date/Time: 8/12/2021 09:21 PDT Drder Bate: Drder Start Date/Time: 8/12/2021 09:21 PDT Drder Start Date/Time: 8/12/2021 09:21 PDT Drder Bate: Drder Start Date/Time: 8/12/2021 09:21 PDT Drder Bate: Drder Start Date/Time: 8/12/2021 09:21 PDT Drder Date/Time: 8/12/2021 09:21 PDT Drder Starts: Drder Date: Drder Date: Drder Date: Start Date: Drder Date: Start Date: Drder Date: Start Date:	Order Date/Time: 8/12/2021 09:21 PDT		
End-state Date/Time: 8/12/2021 09:21 PDT End-state Reason: Ordering Physician: Yuan D.O.,Adam K. End-state Reason: Order Details: 60 mg, 3 mL, Soln, IV Push, Once, Start date: 8/12/21 9:21:00 AM PDT, Stop date 8/12/21 9:21:00 AM PDT Comments: Action Date/Time: 8/12/2021 10:52 PDT Action Date/Time: 8/12/2021 10:52 PDT Action Personnel: Yuan D.O.,Adam K. Communication Type: Action Date/Time: 8/12/2021 10:52 PDT Order Details: 60 mg, 3 mL, Soln, IV Push, Once, Start date: 08/12/21 9:21:00 PDT, Stop date 08/12/21 9:21:00 PDT Review Information: Doctor Cosign: Not Required Comments: Order Start Date/Time: 8/12/2021 09:21 PDT Order Start Date/Time: 8/12/2021 09:21 PDT Clinical Category: Medications Medication Type: Inpatient End-state Reason: Order Status: Completed Clinical Category: Medications Medication Type: Juan D.O., Adam K. End-state Reason: Ordering Physician: Yuan D.O., Adam K. End-state Reason: Order Details: 150 mg = 15 mL, Emulsion, IV Push, Once, Start date: 8/12/21 9:21:00 AM PDT, Stop date 8/12/21 9:21:00 Comments: Comments:	Order Status: Completed	Clinical Category: Medications	Medication Type: Inpatient
Entered By: Yuan D.O., Adam K.on 8/12/2021 09:21 PDT Order Details: 60 mg, 3 mL, Soln, IV Push, Once, Start date: 8/12/21 9:21:00 AM PDT, Stop date 8/12/21 9:21:00 AM PDT Comments: Action Type: Order Action Date/Time: 8/12/2021 10:52 PDT Action Personnel: Yuan D.O., Adam K. Communication Type: Order Details: 60 mg, 3 mL, Soln, IV Push, Once, Start date: 08/12/21 9:21:00 PDT, Stop date 08/12/21 9:21:00 PDT Review Information: Doctor Cosign: Not Required Comments: Order pate/Time: 8/12/2021 09:21 PDT Order Start Date/Time: 8/12/2021 09:21 PDT Order Start Date/Time: 8/12/2021 09:21 PDT Order Starts: Completed Clinical Category: Medications Medication Type: Inpatient End-state Date/Time: 8/12/2021 09:21 PDT Order By: Yuan D.O.,Adam K. Entered By: Yua	End-state Date/Time: 8/12/2021 09:21 PD		······································
Drder Details: 60 mg, 3 mL, Soln, IV Push, Once, Start date: 8/12/21 9:21:00 AM PDT, Stop date 8/12/21 9:21:00 AM PDT Comments: Action Type: Order Action Date/Time: 8/12/2021 10:52 PDT Action Personnel: Yuan D.O.,Adam K. Communication Type: Drder Details: 60 mg, 3 mL, Soln, IV Push, Once, Start date: 08/12/21 9:21:00 PDT, Stop date 08/12/21 9:21:00 PDT Review Information: Doctor Cosign: Not Required Comments: Drder pate/Time: 8/12/2021 09:21 PDT Drder Start Date/Time: 8/12/2021 09:21 PDT Drder Starts: Completed Clinical Category: Medications Medication Type: Inpatient End-state Date/Time: 8/12/2021 09:21 PDT Drdering Physician: Yuan D.O.,Adam K. Entered By: Yuan D.O.,Adam K.on 8/12/2021 09:21 PDT Drder Details: 150 mg = 15 mL, Emulsion, IV Push, Once, Start date: 8/12/21 9:21:00 AM PDT, Stop date 8/12/21 9:21:00 M PDT Comments:	Ordering Physician: Yuan D.O., Adam K.	·····	
Comments: Action Date/Time: 8/12/2021 10:52 PDT Action Personnel: Yuan D.O.,Adam K. Communication Type: Order Details: 60 mg, 3 mL, Soln, IV Push, Once, Start date: 08/12/21 9:21:00 PDT, Stop date 08/12/21 9:21:00 PDT Review Information: Octor Cosign: Not Required Dorder: propofol Order: start Date/Time: 8/12/2021 09:21 PDT Order Start Date/Time: 8/12/2021 09:21 PDT Order Starts: Order: start Date/Time: 8/12/2021 09:21 PDT Medications Order Starts: Clinical Category: Medications Medication Type: Inpatient End-state Date/Time: 8/12/2021 09:21 PDT Ordering Physician: Yuan D.O.,Adam K. End-state Reason: Order Details: 150 mg = 15 mL, Emulsion, IV Push, Once, Start date: 8/12/21 9:21:00 AM PDT, Stop date 8/12/21 9:21:00 AM PDT, Stop date 8/12/21 9:21:00 AM PDT Comments: Order Details: 150 mg = 15 mL, Emulsion, IV Push, Once, Start date: 8/12/21 9:21:00 AM PDT, Stop date 8/12/21 9:21:00 AM PDT	Entered By: Yuan D.O.,Adam K.on 8/12/20	021 09:21 PDT	
Comments: Action Date/Time: 8/12/2021 10:52 PDT Action Personnel: Yuan D.O.,Adam K. Communication Type: Order Details: 60 mg, 3 mL, Soln, IV Push, Once, Start date: 08/12/21 9:21:00 PDT, Stop date 08/12/21 9:21:00 PDT Review Information: Octor Cosign: Not Required Dorder: propofol Order: start Date/Time: 8/12/2021 09:21 PDT Order Start Date/Time: 8/12/2021 09:21 PDT Order Starts: Order: start Date/Time: 8/12/2021 09:21 PDT Medications Order Starts: Clinical Category: Medications Medication Type: Inpatient End-state Date/Time: 8/12/2021 09:21 PDT Ordering Physician: Yuan D.O.,Adam K. End-state Reason: Order Details: 150 mg = 15 mL, Emulsion, IV Push, Once, Start date: 8/12/21 9:21:00 AM PDT, Stop date 8/12/21 9:21:00 AM PDT, Stop date 8/12/21 9:21:00 AM PDT Comments: Order Details: 150 mg = 15 mL, Emulsion, IV Push, Once, Start date: 8/12/21 9:21:00 AM PDT, Stop date 8/12/21 9:21:00 AM PDT	Order Details: 60 mg, 3 mL, Soln, IV Push	n, Once, Start date: 8/12/21 9:21:00 AM P	DT, Stop date 8/12/21 9:21:00 AM PDT
Communication Type: Drder Details: 60 mg, 3 mL, Soln, IV Push, Once, Start date: 08/12/21 9:21:00 PDT, Stop date 08/12/21 9:21:00 PDT Review Information: Doctor Cosign: Not Required Comments: Drder: propofol Drder Start Date/Time: 8/12/2021 09:21 PDT Drder Date/Time: 8/12/2021 09:21 PDT Drder Status: Completed Clinical Category: Medications Ind-state Date/Time: 8/12/2021 09:21 PDT Drder Status: Completed Clinical Category: Medications Ind-state Date/Time: 8/12/2021 09:21 PDT Drder Ind-state Date/Time: 8/12/2021 09:21 PDT Drdering Physician: Yuan D.O.,Adam K. Entered By: Yuan D.O.,Adam K.on 8/12/2021 09:21 PDT Drder Details: 150 mg = 15 mL, Emulsion, IV Push, Once, Start date: 8/12/21 9:21:00 AM PDT, Stop date 8/12/21 9:21:00 M PDT Comments:	Comments:		
Order Details: 60 mg, 3 mL, Soln, IV Push, Once, Start date: 08/12/21 9:21:00 PDT, Stop date 08/12/21 9:21:00 PDT Review Information: Octor Cosign: Not Required Comments: Order: propofol Order Start Date/Time: 8/12/2021 09:21 PDT Order Starts:	Action Type: Order	Action Date/Time: 8/12/2021 10:52 PDT	Action Personnel: Yuan D.O.,Adam K.
Review Information: Doctor Cosign: Not Required Comments: Drder: propofol Drder Start Date/Time: 8/12/2021 09:21 PDT Drder Start Date/Time: 8/12/2021 09:21 PDT Drder Status: Completed Clinical Category: Medications Medication Type: Inpatient End-state Date/Time: 8/12/2021 09:21 PDT End-state Reason: Drdering Physician: Yuan D.O.,Adam K. Entered By: Yuan D.O.,Adam K.on 8/12/2021 09:21 PDT Drder Details: 150 mg = 15 mL, Emulsion, IV Push, Once, Start date: 8/12/21 9:21:00 AM PDT, Stop date 8/12/21 9:21:00 AM PDT Comments:	Communication Type:	*** **	
Doctor Cosign: Not Required Comments: Order: propofol Order Start Date/Time: 8/12/2021 09:21 PDT Order Date/Time: 8/12/2021 09:21 PDT Order Status: Completed Clinical Category: Medications Medication Type: Inpatient End-state Date/Time: 8/12/2021 09:21 PDT End-state Date/Time: 8/12/2021 09:21 PDT End-state Date/Time: 8/12/2021 09:21 PDT End-state Reason: Ordering Physician: Yuan D.O.,Adam K. Entered By: Yuan D.O.,Adam K.on 8/12/2021 09:21 PDT Order Details: 150 mg = 15 mL, Emulsion, IV Push, Once, Start date: 8/12/21 9:21:00 AM PDT, Stop date 8/12/21 9:21:00 AM PDT Comments:	Order Details: 60 mg, 3 mL, Soln, IV Push	n, Once, Start date: 08/12/21 9:21:00 PDT	Stop date 08/12/21 9:21:00 PDT
Comments: Order: propofol Order Start Date/Time: 8/12/2021 09:21 PDT Order Date/Time: 8/12/2021 09:21 PDT Order Status: Completed Clinical Category: Medications Medication Type: Inpatient Ind-state Date/Time: 8/12/2021 09:21 PDT End-state Date/Time: 8/12/2021 09:21 PDT End-state Date/Time: 8/12/2021 09:21 PDT End-state Reason: Ordering Physician: Yuan D.O.,Adam K. Entered By: Yuan D.O.,Adam K.on 8/12/2021 09:21 PDT Order Details: 150 mg = 15 mL, Emulsion, IV Push, Once, Start date: 8/12/21 9:21:00 AM PDT, Stop date 8/12/21 9:21:00 AM PDT Comments:	Review Information:		
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Entered By: Yuan D.O.,Adam K.on 8/12/2021 09:21 PDT Order Details: 150 mg = 15 mL, Emulsion, IV Push, Once, Start date: 8/12/21 9:21:00 AM PDT, Stop date 8/12/21 9:21:00 M PDT Comments:	End-state Date/Time: 8/12/2021 09:21 PD	DT End-state Reason:	
Order Details: 150 mg = 15 mL, Emulsion, IV Push, Once, Start date: 8/12/21 9:21:00 AM PDT, Stop date 8/12/21 9:21:00 M PDT Comments:	Ordering Physician: Yuan D.O., Adam K.		
M PDT Comments:	Entered By: Yuan D.O.,Adam K.on 8/12/20	021 09:21 PDT	
	Order Details: 150 mg = 15 mL, Emulsion, AM PDT	, IV Push, Once, Start date: 8/12/21 9:21:	00 AM PDT, Stop date 8/12/21 9:21:00
Action Type: Order Action Date/Time: 8/12/2021 10:52 PDT Action Personnel: Yuan D.O.,Adam K.	Comments:		
	Action Type: Order	Action Date/Time: 8/12/2021 10:52 PDT	Action Personnel: Yuan D.O.,Adam K.
Communication Type:	Communication Type:	:	
Drder Details: 150 mg = 15 mL, Emulsion, IV Push, Once, Start date: 08/12/21 9:21:00 PDT, Stop date 08/12/21 9:21:00 PDT	Order Details: 150 mg = 15 mL, Emulsion	, IV Push, Once, Start date: 08/12/21 9:21	:00 PDT, Stop date 08/12/21 9:21:00 PDT
teview Information:	Review Information:		· · · · · · · · · · · · · · · · · · ·
Joctor Cosign: Not Required	Doctor Cosign: Not Required		
Comments:	Comments:		

Report ID: 127045219

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Patient:HANNA MD, ADEL SHAKERMRN:918505FIN:5228417Patient Type:Day PatientAttending:Beseth M.D.,Bryce D

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

 Admit/Disch:
 8/12/2021
 8/12/2021

 Admitting:
 X
 X
 X

Orders - Inpatient-Outpatient Medications

Inpatient

Order: fentaNYL			
Order Start Date/Time: 8/12/2021	09:18 PDT		
Order Date/Time: 8/12/2021 09:1	8 PDT		
Order Status: Completed	Clinical Ca	ategory: Medications	Medication Type: Inpatient
End-state Date/Time: 8/12/2021)9:18 PDT	End-state Reason:	
Ordering Physician: Yuan D.O.,Ad	lam K.	·····	
Entered By: Yuan D.O.,Adam K.o	n 8/12/2021 09:18 I	PDT	
Order Details: 50 mcg = 1 mL, So	In, IV Push, Once,	Start date: 8/12/21 9:18:00 AM	/ PDT, Stop date 8/12/21 9:18:00 AM PDT
Comments:			
Action Type: Order	Action Dat	e/Time: 8/12/2021 10:52 PDT	Action Personnel: Yuan D.O., Adam K.
Communication Type:	····· ·		······································
Order Details: 50 mcg = 1 mL, So	In, IV Push, Once,	Start date: 08/12/21 9:18:00 P	DT, Stop date 08/12/21 9:18:00 PDT
Review Information:			
Doctor Cosign: Not Required			
Comments:			

Report ID: 127045219

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SARH		Bernardino Road A 917864920	
	- Patient Inform	nation ———	
Patient Name: HANNA MD, ADEL SHAH Home Address: 5688 COUSINS PL RANCHO CUCAMONGA Home Phone: (909) 374-7216 Employer Name: DEPARTMENT OF COI Employer Phone: (909) 597-1821	KER A, CA 91737	Sex: Male DOB: 03/29/1946 Age: 76 Years Religion: No Prefe SSN: 548-67-893	
Guarantor Name: ADEL HANNA	Suarantor Intol	Sex: Male	
Patient's Reltn: Self Billing Address: 5688 COUSINS PL RANCHO CUCAMONO Billing Phone: (909) 374-7216 Employer Name: DEPARTMENT OF COF Employer Phone: (909) 597-1821		DOB: 03/29/1946 Age: 76 Years SSN: 548-67-893	2
	Contact Inform		
<i>Emergency Contact</i> Contact Name: WONNA TERZ Patient's Reltn: Other Relationship Sex: Home Phone: (909) 374-7216		<u>Next of Kin</u> Contact Name: IR Patient's Reltn: Of Sex: Home Phone: (90	ther Relationship
	Primary Insu		0,01,1210
Subscriber Name: HANNA MD, ADEL SH Patient's Reltn: Self Sex: Male DOB: 03/29/1946 Age: 76 Years Employer Name: DEPARTMENT OF CO Employer Phone: (909) 597-1821 Financial Class: PPO		Insurance Phone: Policy Number: CF Group Number: PE Authorization Num	P.O. BOX 60007 LOS ANGELES, CA 90060 (800) 451-6780 PR226A67822 ERSCHOICECB010A nber: 0225642670 ne: (800) 451-6780
	Secondary Ins	urance ———	
Subscriber Name: HANNA MD, ADEL SH Patient's Reltn: Self Sex: Male DOB: 03/29/1946 Age: 76 Years Employer Name: DEPARTMENT OF CO Employer Phone: (909) 597-1821 Financial Class: Medicare		Insurance Name: Claim Address: Insurance Phone: Policy Number: Group Number: Authorization Num Authorization Pho Authorization Com	548678932A A ONLY 10012011 nber: one:
	Encounter Info	ormation ——	
Reg Dt/Tm: 06/12/2012 16:06 Est Dt of Arrival: 06/13/2012 10:30 Inpt Adm Dt/Tm: Disch Dt/Tm: 06/14/2012 15:55 Observation Dt/Tm: VIP Indicator: Admit Reason: CHEST PAIN	Location: 3DOUV Room/Bed: 346 / Isolation: Disease Alert:	Cardiac Cath Lab	Admit Type: Emergency Admit Source: Emergency Room Advance Directive: Does not have Reg Clerk: Michelle Ventura Admit Physician: Attend Physician: M.D. Faraaz Kha PCP:
HANNA MD, ADEL SHA Male / 76 Years	AKER		
MRN: 918505		FIN: 3050679)



SAN ANTONIO REGIONAL HOSPITAL

999 San Bernardino Road, Upland, California 91786

Patient:	HANNA MD, ADEL SHAKER
MRN:	918505
FIN:	3050679
Patient Type:	Day Patient
Attending:	Khan M.D.,Faraaz O ; Razo M.D.,Paul R.

DOB/Age/Sex: 3/29/1946 76 years Male Admit/Disch: 6/12/2012 6/14/2012 Admitting:

Allergies		
Substance: REGLAN Recorded Date/Time	Recorded By	
6/12/2012 16:06 PDT	CONTRIBUTOR_ SYSTEM	Reaction Status: Active; Data Source: IBEX; Recorded On Behalf Of: CONTRIBUTOR_SYSTEM; Information Source: ; Reviewed Date/Time: 7/19/2022 12:23 PDT; Reviewed By: Norris RN,Kevin M

Discharge Documentation

Report ID: 127045220

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* Auth (Verified) *

acetaminophen (acetaminophen 325 mg oral tablet) 2 tab Oral every 4 hours as needed for pain (mild)

aspirin (Aspirin Adult Low Strength)

ptenolol (atenolol 50 mg oral tablet) 50 mg Oral every day

clobetasol topical (Temovate) 0.4 % Topical 2 times a day esomeprazole (Nexium 40 mg oral delayed release capsule) 40 mg Oral 2 times a day fluticasone nasal (Flonase) 1 puff Pharynx 2 times a day

I, HANNA MD, ADEL S, have received the attached patient education materials/instructions and have verbalized understanding:

Provider Signature

Patient Signature

Date

Date

Patient education materials, if any, will display below

Prescription leaflets, if any, will display below



San Antonio Community Hospital Promotes Healthy Living for All Patients

LIVING SMOKE FREE

SMOKING FACTS

When a cigarette smoker inhales, about 25% of the nicotine in the smoke reaches the brain within six seconds. A "Pack-a-day" smoker gets between 50,000 and 70,000 such nicotine "jolts" a year.

Nicotine causes the heart to beat much faster. Blood pressure rises and harmful substances pour into the blood. Combined with the stress caused by carbon monoxide in cigarette smoke, more than 120,000 heart attack deaths occur yearly among U.S. smokers.

SECOND HAND SMOKE

Second hand smoke is the combination of smoke from a burning cigarette and smoke exhaled by a smoker. The smoke that burns off the end of a cigarette or cigar contains more harmful substances than the smoke inhaled by the smoker.

If you do not smoke, but are exposed to second-hand smoke on a regular basis, your body is absorbing nicotine and other harmful substances just as the smokers body is doing. In the U.S., 37,000 annual deaths are related to second-hand smoke.

Name: HANNA MD, ADEL S MRN: 918505 2 of 5

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Patient:	HANNA MD, ADEL SHAKER
MRN:	918505
FIN:	3050679
Patient Type:	Day Patient
Attending:	Khan M.D., Faraaz O ; Razo M.D., Paul R.

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

 Admit/Disch:
 6/12/2012
 6/14/2012

 Admitting:
 6/12/2012
 6/14/2012

Discharge Documentation

PCODE: 12

Document Name: Result Status: Performed By: Authenticated By: Discharge Summary Auth (Verified) Agarwal M.D.,Chandrahas (6/14/2012 13:39 PDT) [Agarwal M.D.,Chandrahas; Agarwal M.D.,Chandrahas (6/16/2012 12:03 PDT)]

SUMMARY REPORTS

Patient: HANNA, ADEL Account#: 3050679 MR#: 0918505 Physician: Chandrahas Agarwal, MD Location: 3DOUW 346B Report: DISCHARGE SUMMARY

DATE OF ADMISSION: 06/12/2012 DATE OF DISCHARGE: 06/14/2012

FINAL DIAGNOSES:

- 1. Chest pain.
- 2. Gastroesophageal reflux disease.
- 3. Hypertension.
- 4. Premature ventricular contractions.

BRIEF HISTORY AND COURSE IN THE HOSPITAL: This is a 66-year-old gentleman who is a physician at Chino Men's Correctional Facility. Came in complaining of chest pain for the past several weeks, getting worse, and he was very concerned because he had an EGD done about 3 weeks ago by Dr. Umesh Shah at Four Seasons Urgent Care and was told his esophagus was normal. However, a CT scan done here upon his arrival into the ER, by the ER MD revealed no evidence of embolism. However, there is mild esophageal mucosal edema of the distal esophagus and a small hiatus hernia, which is from his prior fundoplication with metal clips. Extensive deformity rib considered trauma of surgery or a combination of both, atelectasis, infiltrate at the right base. It was read by Dr. David L. Berry. He ruled out for myocardial infarction, underwent cardiac catheterization on 06/13/2012, revealed no significant pericardial or coronary artery disease with ejection fraction of 60%, and normal left ventricular wall motion. The patient developed epigastric discomfort or pain after eating, and he had a barium swallow done a few weeks ago and was told that he has severe gastroesophageal reflux disease, but the EGD as noted above by Dr. U. Shah, was unremarkable. Patient is now being discharged home. He will continue his home medication, which includes atenolol 50 mg daily, aspirin 81 mg daily, Nexium 40 mg b.i.d., Mylanta, Flonase inhaler. He will follow with me in

Report ID: 127045220

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