

# Header Sheet

Date of upload: \_\_\_\_\_ 7/12/22 \_\_\_\_\_

Client Name: \_\_\_\_\_ STAN TOVSKY \_\_\_\_\_

DOS: \_\_\_\_\_ 7/8/22 \_\_\_\_\_

Number of Cases: \_\_\_\_\_ 5 \_\_\_\_\_

Client Abbreviation: \_\_\_\_\_ HPA \_\_\_\_\_

Batcher Name: \_\_\_\_\_ MARILYN \_\_\_\_\_

HOLLYWOOD PRESBYTERIAN MEDICAL CTR 1300 N VERNONT AVE, LOS ANGELES, CA, 90027-6005 (323)913-4970							
PAT.	PATIENT NAME AND ADDRESS <b>LUNA, BERTHA</b> 5521 LOVELAND ST APT 3  BELL GARDENS, CA 90201 LOS ANGELES		SOC-SEC-NO 00000000	TELEPHONE NO. (323)495-5545	PRIVACY NOTIFY: 07/07/2022		
			DOB 04/15/1964	AGE 58Y	SEX F	RACE Other Race	MS M
VISIT	VISIT ID: <b>350889443</b>		ADMIT DATE/TIME: <b>07/08/2022 10:04</b>	SERVICE: <b>56-SURG OUTPATIENT NOT IN BED</b>	PREFERRED LANGUAGE: Spanish; Castilian		RELIGION: CATHOLIC
	MED REC: 550318448		ROOM: UNKNOWN_ROOM-UNKNOWN_BED	ADM By: victoria.moran ADM TYPE/SOURCE : ELECTIVE /			
	P/T: <b>OUTPATIENT</b>		FC: MEDI-CAL MANAGED CARE	VISIT STATUS Admit	PREV VISIT:		Mother DOB:
	IPA: HLTHCARE LA		Clinic Code :	DISCHARGE DATE	DISCHARGE STATUS:		
DOCTOR	ADMITTING DOCTOR KANG, HELEN 05290 (213)388-3550	ATTENDING DOCTOR KANG, HELEN 05290 (213)388-3550	SURGEON	PRIMARY CARE/ REFERRING DOCTOR KANG, HELEN 05290			
JURANTOR	GUARANTOR NAME AND ADDRESS LUNA, BERTHA 5521 LOVELAND ST APT 3  BELL GARDENS, CA 90201	SOC-SEC-NO. 00000000	EMPLOYER	PATIENT EMPLOYER UNEMPLOYED UNKNOWN  LOS ANGELES, CA 90027	TELEPHONE NO. (000) 000-0000		
EMERGENCY	EMERGENCY CONTACT LUNA, ANGEL Spouse (323)495-0454	TELEPHONE NO. (323)495-5545		GUARANTOR EMPLOYER UNEMPLOYED UNKNOWN  LOS ANGELES, CA 90027	TELEPHONE NO. (000) 000-0000		
INSURANCE	PLAN CODE INS CO NAME ADDRESS1 ADDRESS2 CSZ POL HOLDER INS SEX REL TO PAT CERT# GROUP# GROUP NM AUTH#	INSURANCE 1 NT760 LA CARE HLTH PLN MEDI-CAL PO BOX 811580  LOS ANGELES, CA 90081 LUNA, BERTHA F Self 94156266E  HCLA 202206247U0020500005	INSURANCE 2	INSURANCE 3			
MISCELLANEOUS	COMPLAINT: RIGHT BREAST CANCER			ALLERGIES			
	ADMIT DIAGNOSIS		ADV DIRECTIVES IP/ SURGERY/ ED/ OBS - (NO)	MODE OF ARRIVAL ROUTINE/WALK-IN		OUTPATIENT LOCATION OUT PATIENT	
	COMMENTS :						DATE PRINTED:
							07/08/2022 10:11 AM
	TRANSFER INFORMATION:						



Acct#350889443 MR#550318448 07/08/2022

LUNA, BERTHA

2

KANG, HELEN

DOB: 04/15/1964 P 58Y

Date of Service: 7/8/22

Physician:

John Tous

Patient Name:

Facility:

HPMC

 Inpatient OutpatientDepartment:  OR Cardiac OB L&D L → C C-Sect SAB

Referring MD:

Kang

Case Shared With \_\_\_\_\_

Procedure Description(s)

Breast mass excision

 open or  w/scope one lung vent w/instrumentation (spinal only)

Dx for Procedure

Pre-Op

Breast Cancer

Post-Op

 acute chronic

Laterality

 right left bilateral

body part/region:

Anesthesia time:

start 13:34 am/pm stop 14:59 am/pm

\*Case Cancelled Reason: \_\_\_\_\_

Anesthesia type:

 General  MAC Spinal PNBPosition:  Supine/Lithotomy Prone Sitting Lateral

Physical Status:

1  2  3  4  5

EMERG ≥ 3 Reason Required: \_\_\_\_\_

 \*Controlled hypotension

Lines:

 Arterial-line CVP Swan-Ganz Ultrasound Guided

\*TEE:

 Probe Interp & Report

## \* Pre/Intra/Post Operative Pain Blocks (must be requested by surgeon &amp; documented)

- Single  Continuous  Ultrasound Guided  
 Cervical/Thoracic  Lumbar/Caudal PNB:  Interscalene Block  Femoral Nerve Block  TAP  Other: \_\_\_\_\_  
 Daily mgmt of continuous catheter - Date(s): \_\_\_\_\_

\* Separate reporting required

## QUALITY MEASURES

## TEMP MGMT:

- At least 1 body temp >35.5 degrees Celsius (G9771)  
 Temperature NOT achieved for medical reasons (G9772)  
 No reason given (G9773)

## STERILE BARRIER TECHNIQUES FOLLOWED:

- YES (6030F)  
 Medical reason documented for not following technique (6030F-1P)

## PONV:

- Pt rec'd inhalational general anesthetic agent (4554F)

Adult ≥ 18 years old

Pediatric ≥ 3 to ≤ 17 years old

- Pt exhibits 3+ risk factors for PONV if not, do not continue (4556F)

- Pt exhibits 2+ risk factors for PONV if not, do not continue (G9954)

- Pt rec'd 2 prophylactic anti-emetic agents (G9775)  did NOT receive (G9777)

- General inhalation for induction only (G9955)

- Documentation of medical reason for not receiving 2 anti-emetic agents (G9776)

- Pt rec'd 2 prophylactic anti-emetic agents (G9956) did NOT receive (G9958)

## SMOKING ABSTINENCE (report for smokers only):

- Pt instructed by Doctor or Proxy prior to day of surgery, not to smoke on day of surgery (G9497)  
 Pt abstained from smoking on day of surgery (G9644)

## CABG - Preoperative Beta Blocker:

- Administered within 24 hours prior to surgical incision (4115F)  
 Documentation of medical reason for NOT administering Beta Blocker (4115F-1P)

## MULTIMODAL PAIN MANAGEMENT

- Was used (G2148) – Multimodal pain management used  
 Was not used (G2149) – Reason in medical records

## Adult PONV Risk Factors:

Female Gender  
Non-smoker  
Hx of PONV or motion sickness  
Pt on opioids peri-operatively

## Ped's PONV Risk Factors:

Surgery ≥ 30 minutes  
Age ≥ 3 years  
Strabismus surgery  
HX POV or PONV in patient, parent, sibling



Surgeon: <i>Jerry</i>		Anesthesiologist: <i>bry</i>						
Pre-op Diagnosis: <i>DRUG</i>		Procedure: <i>max ecto in b/persom</i>		Beta-Blockers: <input type="checkbox"/> Given within 24 hrs of incision <input type="checkbox"/> Indicated, not given <input type="checkbox"/> Not indicated				
Allergies: <input type="checkbox"/> NKDA <input type="checkbox"/> I				Antibiotic: <input type="checkbox"/> Within 1 hour of incision <input type="checkbox"/> Continued therapeutic Drug: <i>antib</i> Dose: <i>1/4</i> Route: <i>IV</i> Time: <i>13:55</i>				
DATE <i>7/18/22</i>	PMHX: <i>HTN</i>	LABS: <i>MURS</i>	VTE PPX: <input checked="" type="checkbox"/> SCDS <input type="checkbox"/> Anticoagulation <input type="checkbox"/> Not indicated per surgeon request					
START <i>13:34</i>	FINISH <i>14:59</i>	Anesthesia Anesthesia Procedure <i>14:00</i>		TEMPERATURE: <input type="checkbox"/> Skin <input type="checkbox"/> Esoph: <input type="checkbox"/>				
		ANESTHESIA MACHINE & EQUIPMENT CHECKED <input checked="" type="checkbox"/> Patient ID & Procedure verified <input type="checkbox"/> Time out completed		Induction Re-Evaluation <input type="checkbox"/> Unchanged <input type="checkbox"/> Changed				
		ASA: 1		2 3 4 5 E				
AGENTS		TIME						
O2 L/M		<i>14</i>						
N2O / Air L/M		<i>10</i> — <i>12</i> — <i>15</i>						
DESEL / SEVO /		<i>4</i>						
FEN/MEPERIDINE/HYDROMORPHONE		<i>TTC</i>						
MIDAZ								
DROPOF / KETAMINE								
VECU / ROCU								
SLX								
NEOST								
GLYCO / ATROPINE								
ONDANSETRON								
MONITORS		SCALE	TYPE OF ANESTHESIA					
<input checked="" type="checkbox"/> O2 ANALYZER		<i>120 - 97 - 98</i> <i>SpO2 - 84 - 85</i> <i>VV VVVVVVVVVV</i> <i>111111111111111111</i>	<input type="checkbox"/> GA WITH <input type="checkbox"/> MASK <input type="checkbox"/> ETT <input type="checkbox"/> LMA <input type="checkbox"/> SPINAL <input type="checkbox"/> EPIDURAL <input checked="" type="checkbox"/> MAC <input checked="" type="checkbox"/> WITH LOCAL <input type="checkbox"/> WITHOUT LOCAL <input type="checkbox"/> LOCAL <input type="checkbox"/> WITH ANES STD BY <input type="checkbox"/> WITHOUT ANES STD B <input type="checkbox"/> OTHER					
<input type="checkbox"/> PULSE OXYMETER								
<input type="checkbox"/> CAPNOMETER								
<input type="checkbox"/> ECG <input type="checkbox"/> 3 LEAD <input type="checkbox"/> 5 LEAD								
<input type="checkbox"/> NIBP(R) A L (L) A L								
<input type="checkbox"/> ART LINE								
<input type="checkbox"/> PAC								
<input type="checkbox"/> CVP								
<input type="checkbox"/> BIS								
<input type="checkbox"/> PNS								
<input type="checkbox"/> OTHERS								
<input checked="" type="checkbox"/> MASK <input type="checkbox"/> NASAL CANNULA								
<input type="checkbox"/> AIRWAY <input type="checkbox"/> ORAL <input type="checkbox"/> NASAL								
<input type="checkbox"/> INTUBATION <input type="checkbox"/> EASY <input type="checkbox"/> DIFF								
<input type="checkbox"/> BLADE SIZE _____ <input type="checkbox"/> MIL <input type="checkbox"/> MAC								
<input type="checkbox"/> VIDEO								
<input type="checkbox"/> ETT SIZE # _____								
<input type="checkbox"/> ORAL <input type="checkbox"/> NASAL								
<input type="checkbox"/> CUFF <input type="checkbox"/> UNCUFF								
<input type="checkbox"/> BIL BS								
<input type="checkbox"/> LMA # _____								
<input type="checkbox"/> OTHER								
EVENT MARKERS		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36	Post-OP condition: <i>16</i>					
<input type="checkbox"/> VENTILATOR		<i>SpO2</i> <i>84</i>	BP <i>121/79</i> P <i>RR</i> <i>75</i> SpO2 <i>84</i> T <i>75</i> FM / Cannula / T-tube Vent / RA					
TV <i>11/2</i>								
RR <i>18</i>								
PIP _____								
FLUIDS				FLUIDS				
<i>bry</i>		<i>600</i>		CRYSTALLOID <i>600</i> mL				
				COLLOID mL				
				OTHER mL				
OTHER				BLOOD PRODUCTS				
				PRBC units				
				FFP units				
				PLATELETES units				
				OTHER mL				
SYMBOLS				URINE OUTPUT: <i>115</i> mL				
V = SYSTOLIC X = MEAN PRESSURE = DIASTOLIC = PULSE		<input type="checkbox"/> START/END ANESTHESIA <input type="checkbox"/> START/END SURGERY		ESTIMATED BLOOD LOSS: <i>30</i> mL				
<input type="checkbox"/> Spinal	AGENT: <input type="checkbox"/> Lidocaine	VOL	Concentration	EPINEPHRINE	SPACE:	NEEDLE	LEVEL OF	Prep: <input type="checkbox"/> Betadine
<input type="checkbox"/> Epidural test	<input type="checkbox"/> Bupivacaine	ML	%	MCG		SIZE:	ANES.	<input type="checkbox"/> Chloraprep
Brand/Item:		Lot#		Exp:				

.06 (02/2015)

Hollywood Presbyterian  
Medical Center

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## ANESTHESIA RECORD

Acct#350889443 MR#550318448 07/08/2022  
 LUNA, BERTHA  
 KANG, HELEN  
 DOB:04/15/1964 F 58Y

**HOLLYWOOD PRESBYTERIAN MEDICAL CTR**  
**1300 N VERNON AVE, LOS ANGELES, CA, 90027-6005 (323)913-4970**

PAT	PATIENT NAME AND ADDRESS <b>SANOSYAN, LILIT</b> 1708 E CHEVY CHASE DR APT 4 GLENDALE, CA 91206 LOS ANGELES		SOC-SEC-NO 000000000	TELEPHONE NO. (774)777-1919	PRIVACY NOTIFY: 07/07/2022		
			DOB 08/17/1977	AGE 44Y	SEX F	RACE WHITE	MS M
VISIT	VISIT ID: <b>350889349</b>	ADMIT DATE/TIME: <b>07/08/2022 11:34</b>	SERVICE: <b>56-SURG OUTPATIENT NOT IN BED</b>	PREFERRED LANGUAGE: English		RELIGION: NO PREFERENCE	
	MED REC: 550318415	ROOM: UNKNOWN_ROOM-UNKNOWN_BED	ADM By: victoria.moran		ADM TYPE/SOURCE ELECTIVE /		
DOCTOR	P/T: <b>OUTPATIENT</b>	FC: MEDI-CAL MANAGED CARE	VISIT STATUS: Admit	PREV VISIT:		Mother DOB: Medical Issue Date:	
	IPA: OTHER	Clinic Code:	DISCHARGE DATE:	DISCHARGE STATUS:			
DOCTOR	ADMITTING DOCTOR CHALIAN, RAFFI 06364 (818)484-8611	ATTENDING DOCTOR CHALIAN, RAFFI 06364 (818)484-8611	SURGEON ,	PRIMARY CARE/REFERRING DOCTOR CHALIAN, RAFFI 06364			
JURANTOR	GUARANTOR NAME AND ADDRESS SANOSYAN, LILIT 1708 E CHEVY CHASE DR APT 4 GLENDALE, CA 91206	SOC-SEC-NO 000000000	EMPLOYER	PATIENT EMPLOYER UNEMPLOYED UNKNOWN  LOS ANGELES, CA 90027	TELEPHONE NO. (000) 000-0000		
EMERGENCY	EMERGENCY CONTACT MURADYAN, SIRANUSH Sister (818)306-6374	NEXT OF KIN / RELATION MURADYAN, SIRANUSH Sister (818)306-6374		GUARANTOR EMPLOYER UNEMPLOYED UNKNOWN  LOS ANGELES, CA 90027	TELEPHONE NO. (000) 000-0000		
INSURANCE	PLAN CODE INS CO NAME ADDRESS1 ADDRESS2 CSZ POL HOLDER INS SEX REL TO PAT CERT# GROUP# GROUP NM AUTH#	INSURANCE 1 07064 BLUE CROSS MEDI-CAL LA CARE P.O. BOX 60007  LOS ANGELES, CA 90060 SANOSYAN, LILIT F Self JQC96190467F 1191ZA EASTLAND 20220623L0100821	INSURANCE 2		INSURANCE 3		
MISCELLANEOUS	COMPLAINT: MALIGNANT NEOPLASM OF ENDOMETRIUM		ALLERGIES				
	ADMIT DIAGNOSIS	ADV DIRECTIVES IP/ SURGERY/ ED/ OBS - (NO)		MODE OF ARRIVAL ROUTINE/WALK-IN		OUTPATIENT LOCATION OUT PATIENT	
	COMMENTS :						DATE PRINTED: 07/08/2022 11:44 AM
	TRANSFER INFORMATION:						



Acct#350889349 MR#550318415 07/08/2022

SANOSYAN, LILIT

CHALIAN, RAFFI DOB:08/17/1977 F 44Y  
Hollywood Presbyterian Medical Center - 202 ELECTIVEPhysician: Stef TonDate of Service: 7/8/22

Patient Name:

Facility:

H P M C Inpatient  OutpatientDepartment:  OR  Cardiac  OB

Referring MD:

Cholian L&D  L → C  C-Sect  SAB

Procedure Description(s)

TAH, BSO open or  w/scope one lung vent w/instrumentation (spinal only)

Dx for Procedure

Pre-Op Endometrial CA

Post-Op

 acute  chronic

Laterality

 right  left  bilateral

body part/region:

Anesthesia time:

start 18:15 am/pm stop 20:59 am/pm

\*Case Cancelled Reason: \_\_\_\_\_

Anesthesia type:

 General  MAC  Spinal  PNBPosition:  Supine/Lithotomy  Prone  Sitting  Lateral

Physical Status:

1 2 3 4 5 EMERG ≥ 3 Reason Required: \_\_\_\_\_ \*Controlled hypotension

Lines:

 Arterial line  CVP  Swan-Ganz Ultrasound Guided\*TEE:  Probe  Interp & Report

## \* Pre/Intra/Post Operative Pain Blocks (must be requested by surgeon &amp; documented)

- Single  Continuous  Ultrasound Guided  
 Cervical/Thoracic  Lumbar/Caudal PNB:  Interscalene Block  Femoral Nerve Block  TAP  Other: \_\_\_\_\_  
 Daily mgmt of continuous catheter - Date(s): \_\_\_\_\_

\* Separate reporting required

## QUALITY MEASURES

## TEMP MGMT:

- At least 1 body temp >35.5 degrees Celsius (G9771)  
 Temperature NOT achieved for medical reasons (G9772)  
 No reason given (G9773)

## STERILE BARRIER TECHNIQUES FOLLOWED:

- YES (6030F)  
 Medical reason documented for not following technique (6030F-1P)

## PONV:

- Pt rec'd inhalational general anesthetic agent (4554F)

Adult ≥ 18 years old

Pediatric ≥ 3 to ≤ 17 years old

- Pt exhibits 3+ risk factors for PONV if not, do not continue (4556F)

- Pt exhibits 2+ risk factors for PONV if not, do not continue (G9954)

- Pt rec'd 2 prophylactic anti-emetic agents (G9775)  did NOT receive (G9777)

- General inhalation for induction only (G9955)

- Documentation of medical reason for not receiving 2 anti-emetic agents (G9776)

- Pt rec'd 2 prophylactic anti-emetic agents (G9956) did NOT receive (G9958)

## SMOKING ABSTINENCE (report for smokers only):

- Documentation of medical reason for not receiving 2 anti-emetics (G9957)

- Pt instructed by Doctor or Proxy prior to day of surgery, not to smoke on day of surgery (G9497)  
 Pt abstained from smoking on day of surgery (G9644)

## CABG - Preoperative Beta Blocker:

- Administered within 24 hours prior to surgical incision (4115F)  
 Documentation of medical reason for NOT administering Beta Blocker (4115F-1P)

## MULTIMODAL PAIN MANAGEMENT

- Was used (G2148) – Multimodal pain management used  
 Was not used (G2149) – Reason in medical records

## Adult PONV Risk Factors:

- Female Gender  
Non-smoker  
Hx of PONV or motion sickness  
Pt on opioids peri-operatively

## Ped's PONV Risk Factors:

- Surgery ≥ 30 minutes  
Age ≥ 3 years  
Strabismus surgery  
HX POV or PONV in patient, parent, sibling



Surgeon: <u>Chalyan</u>	Anesthesiologist: <u>Lorey</u>	Antibiotic: <input type="checkbox"/> Within 1 hour of incision <input type="checkbox"/> Continued therapeutic
Pre-op Diagnosis: <u>Endometrial CA</u>	Drug: <u>Sedat</u>	Drug: <u>Dose 2g</u> Route <u>IV</u> Time <u>02:00</u>
Procedure: <u>TAH, BSO</u>	Beta-Blockers: <input type="checkbox"/> Given within 24 hrs of incision <input type="checkbox"/> Indicated, not given <input type="checkbox"/> Not indicated	
Allergies: <u>SAKDA</u> <input type="checkbox"/>	VTE PPX: <input type="checkbox"/> SCDs <input type="checkbox"/> Anticoagulation <input type="checkbox"/> Not indicated per surgeon request	
DATE <u>7/8/22</u>	PMHX: <u>H/N</u>	TEMPERATURE: <input type="checkbox"/> Skin <input type="checkbox"/> Esoph: <input type="checkbox"/>
START <u>18:15</u>	FINISH <u>20:59</u>	Air Warmer: <input type="checkbox"/> Upper <input type="checkbox"/> Lower Ht: <u>Wt:</u>
Anesthesia <u>General</u>	LABS: <u>Reactive</u>	IMMEDIATE PRE-INDUCTION RE-EVALUATION: <input type="checkbox"/> Patient ID & Procedure verified <input type="checkbox"/> Unchanged <input type="checkbox"/> Changed
Procedure <u>(9:27)</u>	Procedure <u>20:30</u>	ASA: 1 (2) 3 4 5 E
<b>AGENTS</b> O2 L/M <span style="float: right;">TIME ↑</span> N2O / Air L/M DESFL / SEVO FEN/MEPERIDINE/HYDROMORPHONE MIDAZ PROP/ KETAMINE VECU/ROCU SUX NEOST GLYCO / ATROPINE ONDANSETRON <u>Dexson</u> <u>44</u> <u>8</u> <u>4</u>		
<b>MONITORS</b> <span style="float: right;">SCALE</span> <input checked="" type="checkbox"/> O2 ANALYZER <input checked="" type="checkbox"/> PULSE OXYMETER <input checked="" type="checkbox"/> CAPNOMETER <input checked="" type="checkbox"/> ECG <input type="checkbox"/> 3 LEAD <input type="checkbox"/> 5 LEAD <input checked="" type="checkbox"/> NIBP (R) A L (L) A L <input type="checkbox"/> ART LINE <input type="checkbox"/> PAC <input type="checkbox"/> CVP <input type="checkbox"/> BIS <input type="checkbox"/> PNS <input type="checkbox"/> OTHERS		
<b>FLUIDS</b> <input type="checkbox"/> MASK <input type="checkbox"/> NASAL CANNULA <input type="checkbox"/> AIRWAY <input type="checkbox"/> ORAL <input type="checkbox"/> NASAL <input checked="" type="checkbox"/> INTUBATION <input type="checkbox"/> EASY <input type="checkbox"/> DIFF <input type="checkbox"/> BLADE SIZE <input type="checkbox"/> MIL <input type="checkbox"/> MAC <input checked="" type="checkbox"/> VIDEO <input checked="" type="checkbox"/> ETT SIZE # <u>7.0</u> <input checked="" type="checkbox"/> ORAL <input type="checkbox"/> NASAL <input checked="" type="checkbox"/> CUFF <input type="checkbox"/> UNCUFF <input checked="" type="checkbox"/> BIL BS <input type="checkbox"/> LMA # _____ <input type="checkbox"/> OTHER		
<b>EVENT MARKERS</b> <input checked="" type="checkbox"/> VENTILATOR TV <u>500</u> <span style="float: right;">Sn → 128 500 → 128 500 → Sn</span> RR <u>12</u> PIP _____		
<b>OTHER</b> <b>SYMBOLS</b> v = SYSTOLIC X = MEAN PRESSURE = DIASTOLIC * = PULSE		
<b>Drugs</b> <input type="checkbox"/> Spinal <input type="checkbox"/> Udoacaine VOL <input type="checkbox"/> Concentration <input type="checkbox"/> EPINEPHRINE SPACE: NEEDLE <input type="checkbox"/> Epidural test <input type="checkbox"/> Bupivacaine ML % MCG SIZE: LEVEL OF Brand/Item: Lot# Exp: Prep: <input type="checkbox"/> Betadine <input type="checkbox"/> Chloraprep		
<b>Post-OP condition:</b> BP <u>192</u> P <u>78</u> RR <u>16</u> SpO2 <u>98</u> T <u>98</u> <u>77</u> FM / Continuous T-tube Vent / RA		
<b>FLUIDS</b> CRYSTALLOID <u>600</u> mL COLLOID _____ mL OTHER _____ mL <b>BLOOD PRODUCTS</b> PRBC _____ units FFP _____ units PLATELETES _____ units OTHER _____ units		
<b>URINE OUTPUT:</b> <u>900</u> mL <b>ESTIMATED BLOOD LOSS:</b> <u>50</u> mL		

.06 (02/2015)

## Hollywood Presbyterian Medical Center

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Hollywood Presbyterian Medical Center - 202

## ANESTHESIA RECORD

Acct#350889349 MR#550318415 07/08/2022  
 SANOSYAN, LILIT  
 CHALIAN, RAFFI  
 DOB:08/17/1977 F 44Y



**HOLLYWOOD PRESBYTERIAN MEDICAL CTR**  
**1300 N VERNON AVE, LOS ANGELES, CA, 90027-6005 (323)913-4970**

P:	PATIENT NAME AND ADDRESS  MYERS, MOLLEEN 19230 AVE OF THE OAKS APT A  NEWHALL, CA 91321 LOS ANGELES		SOC-SEC-NO 565978670	TELEPHONE NO. (818)205-4738		PRIVACY NOTIFY: 11/15/2021	
			DOB 04/06/1978	AGE 44Y	SEX F	RACE ASIAN	MS M
VISIT	VISIT ID: <b>350889451</b>	ADMIT DATE/TIME: <b>07/08/2022 05:41</b>	SERVICE: <b>56-SURG OUTPATIENT NOT IN BED</b>	PREFERRED LANGUAGE: English			RELIGION: CATHOLIC
	MED REC: 550300247		ROOM: UNKNOWN_ROOM-UNKNOWN_BED	ADM By: victoria.moran ADM TYPE/SOURCE : ELECTIVE /			
	P/T: <b>OUTPATIENT</b>		FC: MEDI-CAL MANAGED CARE	VISIT STATUS: Admit	PREV VISIT: 11/15/2021 06:23		Mother DOB:  Medical Issue Date:
	IPA: PROSPECT IPA	Clinic Code	DISCHARGE DATE:		DISCHARGE STATUS		
DOCTOR	ADMITTING DOCTOR HAYNES, BRANDON 06625 (213)977-1176	ATTENDING DOCTOR HAYNES, BRANDON 06625 (213)977-1176	SURGEON		PRIMARY CARE/REFERRING DOCTOR HAYNES, BRANDON 06625		
GUARANTOR	GUARANTOR NAME AND ADDRESS MYERS, MOLLEEN 19230 AVE OF THE OAKS APT A  NEWHALL, CA 91321	SOC-SEC-NO 565978670  TELEPHONE NO. (818)205-4738	EMPLOYER	PATIENT EMPLOYER UNEMPLOYED UNKNOWN  LOS ANGELES, CA 90027	TELEPHONE NO. (000) 000-0000		
EMERGENCY	EMERGENCY CONTACT STAPER, STEVE Brother (818)859-3877	NEXT OF KIN / RELATION STAPER, STEVE Brother (818)859-3877		GUARANTOR EMPLOYER UNEMPLOYED UNKNOWN  LOS ANGELES, CA 90027	TELEPHONE NO. (000) 000-0000		
INSURANCE	PLAN CODE INS CO NAME ADDRESS1 ADDRESS2 CSZ POL HOLDER INS SEX REL TO PAT CERT# GROUP# GROUP NM AUTH#	INSURANCE 1 NT760 LA CARE HLTH PLN MEDI-CAL PO BOX 811580  LOS ANGELES, CA 90081 MYERS, MOLLEEN F Self 95920755E  PROSPECT IPA 202205187U1076500007	INSURANCE 2		INSURANCE 3		
MISCELLANEOUS	COMPLAINT: KIDNEY STONES		ALLERGIES Bactrim Codeine penicillin				
	ADMIT DIAGNOSIS		ADV DIRECTIVES PRE-REG ACCT ONLY (NEED UPDATE), IP/ SURGERY/ ED/ OBS - (NO)		MODE OF ARRIVAL ROUTINE/WALK-IN	OUTPATIENT LOCATION OUT PATIENT	
	COMMENTS:						DATE PRINTED:  07/08/2022 5:41 AM
	TRANSFER INFORMATION:						



Acct#350889451 MR#550300247 07/08/2022  
 MYERS, MOLLEEN 2  
 HAYNES, BRANDON DOB:04/06/1978 F 44Y  
 Hollywood Presbyterian Medical Center - 202

Physician: Shen Ray

Date of Service: 7/18/22

Patient Name:

Facility:

HPCMC

Inpatient

Outpatient

Department:  OR

Cardiac

OB

L&D

L → C

C-Sect

SAB

Referring MD:

Haynes

Case Shared With \_\_\_\_\_

Procedure Description(s)

Cysto / laser / stent

open or  w/scope

one lung vent

w/instrumentation (spinal only)

Dx for Procedure

Pre-Op kidney stent

Post-Op

acute

chronic

Laterality

right

left

bilateral

body part/region:

Anesthesia time:

start 7:15 am/pm stop 8:43 am/pm

\*Case Cancelled Reason: \_\_\_\_\_

Anesthesia type:

General

MAC

Spinal

PNB

Position:  Supine/Lithotomy

Prone

Sitting

Lateral

Physical Status:

1

2

3

4

5

EMERG ≥ 3 Reason Required: \_\_\_\_\_

\*Controlled hypotension

Lines:

Arterial line

CVP

Swan-Ganz

Ultrasound Guided

\*TEE:

Probe

Interp & Report

\* Pre/Intra/Post Operative Pain Blocks (must be requested by surgeon & documented)

- |  |                                     |  |
|--|-------------------------------------|--|
| <input type="radio"/> Single   | <input type="radio"/> Continuous    | <input type="radio"/> Ultrasound Guided  |
| <input type="radio"/> Cervical/Thoracic                                  | <input type="radio"/> Lumbar/Caudal | <input type="radio"/> PNB: <input type="radio"/> Interscalene Block <input type="radio"/> Femoral Nerve Block <input type="radio"/> TAP <input type="radio"/> Other: _____ |
| <input type="radio"/> Daily mgmt of continuous catheter - Date(s): _____ |                                     |  |

\* Separate reporting required

## QUALITY MEASURES

### TEMP MGMT:

- At least 1 body temp >35.5 degrees Celsius (G9771)
- Temperature NOT achieved for medical reasons (G9772)
- No reason given (G9773)

### STERILE BARRIER TECHNIQUES FOLLOWED:

- YES. (6030F)
- Medical reason documented for not following technique (6030F-1P)

### PONV:

- Pt rec'd inhalational general anesthetic agent (4554F)

Adult ≥ 18 years old

- Pt exhibits 3+ risk factors for PONV if not, do not continue (4556F)

- Pt rec'd 2 prophylactic anti-emetic agents (G9775)  did NOT receive (G9777)

- Documentation of medical reason for not receiving 2 anti-emetic agents (G9776)

### Adult PONV Risk Factors:

- Female Gender
- Non-smoker
- Hx of PONV or motion sickness
- Pt on opioids peri-operatively

### Ped's PONV Risk Factors:

- Surgery ≥ 30 minutes
- Age ≥ 3 years
- Strabismus surgery
- HX POV or PONV in patient, parent, sibling

### SMOKING ABSTINENCE (report for smokers only):

- Pt instructed by Doctor or Proxy prior to day of surgery, not to smoke on day of surgery (G9497)
- Pt abstained from smoking on day of surgery (G9644)

### CABG - Preoperative Beta Blocker:

- Administered within 24 hours prior to surgical incision (4115F)
- Documentation of medical reason for NOT administering Beta Blocker (4115F-1P)

### MULTIMODAL PAIN MANAGEMENT

- Was used (G2148) – Multimodal pain management used
- Was not used (G2149) – Reason in medical records



Surgeon: <u>Kayney</u>		Anesthesiologist: <u>Tony</u>																																			
Pre-op Diagnosis:																																					
Procedure:																																					
Allergies: <input type="checkbox"/> NKDA <input type="checkbox"/> RN																																					
DATE <u>7/18/22</u>	PMHX: <u>175</u>	LABS: <u>WNL</u>																																			
START <u>7:15</u>	FINISH <u>8:43</u>																																				
Procedure <u>7:56</u>	Procedure <u>0:20</u>																																				
<input checked="" type="checkbox"/> ANESTHESIA MACHINE & EQUIPMENT CHECKED <input checked="" type="checkbox"/> Patient ID & Procedure verified <input checked="" type="checkbox"/> Time out completed		<input type="checkbox"/> IMMEDIATE PRE-INDUCTION RE-EVALUATION <input type="checkbox"/> Unchanged <input type="checkbox"/> Changed																																			
		ASA: 1 <u>2</u> 3 4 5 E																																			
AGENTS		TIME																																			
O2 L/M		<u>10 - 1 - 1 - 60</u>																																			
N2O / Air L/M		<u>- 1 - 1 - 60</u>																																			
DESF / SEVO?		<u>2 - 1 - 2 - 60</u>																																			
FENT / MEPERIDINE / HYDROMORPHONE		<u>2 - 2 - 2 - 60</u>																																			
MIDAZ		<u>2 - 2 - 2 - 60</u>																																			
PROPO / KETAMINE		<u>2 - 2 - 2 - 60</u>																																			
VECU / ROCU		<u>2 - 2 - 2 - 60</u>																																			
SUX		<u>2 - 2 - 2 - 60</u>																																			
NEOST		<u>2 - 2 - 2 - 60</u>																																			
GLYCO / ATROPINE		<u>2 - 2 - 2 - 60</u>																																			
ONDANSETRON		<u>2 - 2 - 2 - 60</u>																																			
Lidocaine		<u>2 - 2 - 2 - 60</u>																																			
MONITORS		SCALE																																			
<input checked="" type="checkbox"/> O2 ANALYZER <input checked="" type="checkbox"/> PULSE OXYMETER <input checked="" type="checkbox"/> CAPNOMETER <input checked="" type="checkbox"/> ECG <input type="checkbox"/> 3 LEAD <input type="checkbox"/> 5 LEAD <input type="checkbox"/> NIBP (R) A L <u>40</u> L <input type="checkbox"/> ART LINE <input type="checkbox"/> PAC <input type="checkbox"/> CVP <input type="checkbox"/> BIS <input type="checkbox"/> PNS <input type="checkbox"/> OTHERS		<u>100 - 60 - 100 -</u> <u>200 - 130 - 130 -</u> <u>180 - 80 - 80 -</u> <u>150 - 120 - 120 -</u> <u>100 - 80 - 80 -</u> <u>50 - 50 - 50 -</u> <u>20 - 20 - 20 -</u> <u>10 - 10 - 10 -</u>																																			
<input type="checkbox"/> MASK <input type="checkbox"/> NASAL CANNULA <input type="checkbox"/> AIRWAY <input type="checkbox"/> ORAL <input type="checkbox"/> NASAL <input type="checkbox"/> INTUBATION <input type="checkbox"/> EASY <input type="checkbox"/> DIFF <input type="checkbox"/> BLADE SIZE <u>4</u> <input type="checkbox"/> MIL <input type="checkbox"/> MAC <input type="checkbox"/> VIDEO <input type="checkbox"/> ETT SIZE # <input type="checkbox"/> ORAL <input type="checkbox"/> NASAL <input type="checkbox"/> CUFF <input type="checkbox"/> UNCUFF <input type="checkbox"/> BIL BS <input checked="" type="checkbox"/> LMA # <u>4</u> <input type="checkbox"/> OTHER																																					
EVENT MARKERS		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36
VENTILATOR		TV <u>PS10</u>	RR <u>14</u>	PIP <u>14</u>	S1 → PS10 → S1 →																																
FLUIDS																											Post-OP condition:										
OTHER																											BP <u>140/79</u> P <u>24</u> RR <u>14</u>										
SYMBOLS																											SpO2 <u>99</u> T <u>97.3</u>										
V = SYSTOLIC X = MEAN PRESSURE • = DIASTOLIC ■ = PULSE																											FM / Cannula / T-tube / Ven-RA										
<input type="checkbox"/> Spinal <input type="checkbox"/> Epidural test		AGENT: <input type="checkbox"/> Lidocaine <input type="checkbox"/> Bupivacaine	VOL: <u>ML</u>	Concentration: <u>%</u>	EPINEPHRINE: <u>mcg</u>	SPACE: <u></u>	NEEDLE SIZE: <u></u>	LEVEL OF ANES.	Prep: <input type="checkbox"/> Betadine <input type="checkbox"/> Chloroprep	URINE OUTPUT: <u>mm</u>	mL																										
Brand/Item: <u>Lidocaine</u>		Lot#: <u></u>	Exp: <u></u>	ESTIMATED BLOOD LOSS: <u>mm</u>																									mL								

06 (02/2015)

Hollywood Presbyterian  
Medical Center

Page 1 of 1

## ANESTHESIA RECORD

Acct#350889451 MR#550300247 07/08/2022  
 MYERS, MOLLEEN 2  
 HAYNES, BRANDON DOB:04/06/1978 F 44Y

**HOLLYWOOD PRESBYTERIAN MEDICAL CTR**  
**1300 N VERNON AVE, LOS ANGELES, CA, 90027-6005 (323)913-4970**

PATIENT	PATIENT NAME AND ADDRESS <b>HUANG, YINGJI</b> 187 S OXFORD AVE APT 201 LOS ANGELES, CA 90004		SOC-SEC-NO 617397099	TELEPHONE NO. (213)220-4143	PRIVACY NOTIFY: 04/22/2022		
			DOB 12/01/1956	AGE 65Y	SEX F	RACE Korean	MS W
VISIT	VISIT ID: <b>350889344</b>	ADMIT DATE/TIME: <b>07/08/2022 09:46</b>	SERVICE: <b>56-SURG OUTPATIENT NOT IN BED</b>	PREFERRED LANGUAGE: Korean		RELIGION: <b>CONGREGATIONAL</b>	
	MED REC: 011207321		ROOM: UNKNOWN_ROOM-UNKNOWN_BED	ADM By: victoria.moran ADM TYPE/SOURCE: ELECTIVE /			
	P/T: <b>OUTPATIENT</b>		FC: MEDICARE MANAGED CARE	VISIT STATUS: Admit	PREV VISIT: 04/22/2022 10:45	Mother DOB: Medical Issue Date:	
	IPA: SEOUL MED GROUP		Clinic Code	DISCHARGE DATE	DISCHARGE STATUS:		
DOCTOR	ADMITTING DOCTOR KANG, HELEN 05290 (213)388-3550	ATTENDING DOCTOR KANG, HELEN 05290 (213)388-3550	SURGEON	PRIMARY CARE/REFERRING DOCTOR KANG, HELEN 05290			
GUARANTOR	GUARANTOR NAME AND ADDRESS HUANG, YINGJI 187 S OXFORD AVE APT 201 LOS ANGELES, CA 90004	SOC-SEC-NO. 617397099	EMPLOYER	PATIENT EMPLOYER RETIRED UNKNOWN LOS ANGELES, CA 90027	TELEPHONE NO. (000) 000-0000		
		TELEPHONE NO. (213)220-4143		GUARANTOR EMPLOYER RETIRED UNKNOWN LOS ANGELES, CA 90027	TELEPHONE NO. (000) 000-0000		
EMERGENCY	EMERGENCY CONTACT LI, MAGGIE Child (213)258-5301	NEXT OF KIN / RELATION LI, MAGGIE Child (213)258-5301	INSURANCE 2 NT760 LA CARE HLTH PLN MEDI-CAL PO BOX 811580  LOS ANGELES , CA 90081 HUANG, YINGJI F Self 91152466F  DIRECT	INSURANCE 3			
INSURANCE	PLAN CODE INS CO NAME ADDRESS1 ADDRESS2 CSZ POL HOLDER INS SEX REL TO PAT CERT# GROUP# GROUP NM AUTH#	INSURANCE 1 OTH75 OTHER NON CONTRACT SENIOR HMO CLEVER CARE OF GOLDEN STATE 660 W HUNTINGTON DR 2ND FL ARCADIA, CA 91007 HUANG, YINGJI F Self 0000009378  SMG 2022062922218266					
MISCELLANEOUS	COMPLAINT: RIGHT BREAST CANCER		ALLERGIES				
	ADMIT DIAGNOSIS	ADV DIRECTIVES IP/ SURGERY/ ED/ OBS - (NO)	MODE OF ARRIVAL ROUTINE/WALK-IN	OUTPATIENT LOCATION OUT PATIENT			
	COMMENTS :				DATE PRINTED: 07/08/2022 9:47 AM		
	TRANSFER INFORMATION:						



Hollywood Presbyterian Medical Center - 202  
 Acct#350889344 MR#011207321 07/08/2022  
 HUANG, YINGJI 2  
 KANG, HELEN DOB: 12/01/1956 F 65Y

Physician: Susan Tay

Date of Service: 7/18/22

Patient Name: W. Rose

Facility:

Inpatient  Outpatient

Department:  OR

Cardiac

OB

L&D

L → C

C-Sect

SAB

Referring MD:

Kerry

Case Shared With \_\_\_\_\_

Procedure Description(s)

Exsm LN, orrlq

open or  w/scope

one lung vent

w/instrumentation (spinal only)

Dx for Procedure

Pre-Op Breast CT

Post-Op

acute

chronic

Laterality

right  left  bilateral

body part/region:

Anesthesia time:

start 12:15 am/pm stop 13:27 am/pm

\*Case Cancelled Reason: \_\_\_\_\_

Anesthesia type:

General  MAC

Spinal

PNB

Position:  Supine/Lithotomy

Prone

Sitting

Lateral

Physical Status:

1 2 3 4 5

EMERG ≥ 3 Reason Required: \_\_\_\_\_

\*Controlled hypotension

Lines:

Arterial line

CVP

Swan-Ganz

Ultrasound Guided

\*TEE:

Probe

Interp & Report

#### \* Pre/Intra/Post Operative Pain Blocks (must be requested by surgeon & documented)

- Single  Continuous  Ultrasound Guided  
 Cervical/Thoracic  Lumbar/Caudal PNB:  Interscalene Block  Femoral Nerve Block  TAP  Other: \_\_\_\_\_  
 Daily mgmt of continuous catheter - Date(s): \_\_\_\_\_

\* Separate reporting required

## QUALITY MEASURES

### TEMP MGMT:

- At least 1 body temp >35.5 degrees Celsius (G9771)  
 Temperature NOT achieved for medical reasons (G9772)  
 No reason given (G9773)

### STERILE BARRIER TECHNIQUES FOLLOWED:

- YES (6030F)  
 Medical reason documented for not following technique (6030F-1P)

### PONV:

- Pt rec'd inhalational general anesthetic agent (4554F)

Adult ≥ 18 years old

Pediatric ≥ 3 to ≤ 17 years old

- Pt exhibits 3+ risk factors for PONV if not, do not continue (4556F)

- Pt exhibits 2+ risk factors for PONV if not, do not continue (G9954)

- Pt rec'd 2 prophylactic anti-emetic agents (G9775)  did NOT receive (G9777)

- General inhalation for induction only (G9955)

- Documentation of medical reason for not receiving 2 anti-emetic agents (G9776)

- Pt rec'd 2 prophylactic anti-emetic agents (G9956) did NOT receive (G9958)

### SMOKING ABSTINENCE (report for smokers only):

- Pt instructed by Doctor or Proxy prior to day of surgery, not to smoke on day of surgery (G9497)  
 Pt abstained from smoking on day of surgery (G9644)

- Documentation of medical reason for not receiving 2 anti-emetics (G9957)

### CABG - Preoperative Beta Blocker:

- Administered within 24 hours prior to surgical incision (4115F)  
 Documentation of medical reason for NOT administering Beta Blocker (4115F-1P)

### MULTIMODAL PAIN MANAGEMENT

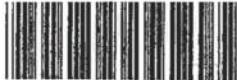
- Was used (G2148) – Multimodal pain management used  
 Was not used (G2149) – Reason in medical records

### Adult PONV Risk Factors:

- Female Gender  
 Non-smoker  
 Hx of PONV or motion sickness  
 Pt on opioids peri-operatively

### Ped's PONV Risk Factors:

- Surgery ≥ 30 minutes  
 Age ≥ 3 years  
 Strabismus surgery  
 HX POV or PONV in patient, parent, sibling



Surgeon: *Kerry*  
 Anesthesiologist: *Trs*  
 Pre-op Diagnosis: *breast CR*  
 Procedure: *W excision*  
 Allergies:  NIKDA

Antibiotic:  Within 1 hour of incision  Continued therapeutic  
 Drug: *Aspirin* Dose: *500* Route: *IV* Time: *11:11*

Beta-Blockers:  Given within 24 hrs of incision  
 Indicated, not given  Not indicated

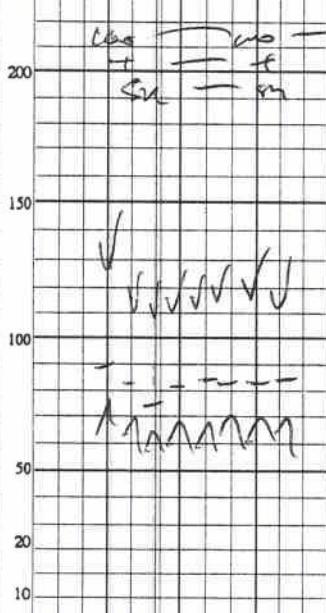
DATE *7/8/12*  
 START *12:45* FINISH *13:27*  
 Anesthesia *General* Anesthesia *None*  
 Procedure *12-39* Procedure *1307*

PMHX: *HTN*  
 LABS: *None*  
 ANESTHESIA MACHINE & EQUIPMENT CHECKED  IMMEDIATE PRE-INDUCTION RE-EVALUATION  
 Patient ID & Procedure verified  Unchanged  Changed  
 Time out completed ASA: 1 *3 4 5 E*

VTE PPX:  SCDs  Anticoagulation  
 Not indicated per surgeon request  
 TEMPERATURE:  
 Skin  Esoph: *Normal*  
 Air Warmer:  
 Upper  Lower Ht: *5'5"* Wt: *145*

AGENTS TIME  
 O2 L/M *15* - *7* -  
 N2O / Air L/M *Ab* — *10* —  
 DESFL / SEVO /  
 FENT / MEPERIDINE / HYDROMORPHONE  
 MIDAZ *2*  
 PROPOF / KETAMINE *7*  
 VECU / ROCU  
 SUX  
 NEOST  
 GLYCO / ATROPINE  
 ONDANSETRON

MONITORS SCALE  
 O2 ANALYZER  
 PULSE OXYMETER  
 CAPNOMETER  
 ECG  3 LEAD  5 LEAD  
 NIBP (R) A L *(L)* A L  
 ART LINE  
 PAC  
 CVP  
 BIS  
 PNS  
 OTHERS



## EVENT MARKERS

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36

## VENTILATOR

TV *12*  
 RR *18*  
 PIP *40*

## FLUIDS

*60* — *400*

## OTHER

Post-OP condition:  
 BP *127/83* P *81* RR *10*  
 SpO2 *97* T *97*  
 FM / Cannula / T-tube / Vent / RA

FLUIDS  
 CRYSTALLOID *900* mL

COLLOID mL

OTHER mL

BLOOD PRODUCTS

PRBC units

FFP units

PLATELETES units

OTHER mL

URINE OUTPUT: mL

ESTIMATED BLOOD LOSS: *1000* mL

.06 (02/2015)

Hollywood Presbyterian  
 Medical Center

Page 1 of 1

Hollywood Presbyterian Medical Center - 202

## ANESTHESIA RECORD



Acct#350889344 MR#011207321 07/08/2022

HUANG, YINGJI 2

KANG, HELEN

DCB:12/01/1956 F 65Y

**HOLLYWOOD PRESBYTERIAN MEDICAL CTR**  
**1300 N VERNON AVE, LOS ANGELES, CA, 90027-6005 (323)913-4970**

PAT <sup>+</sup>	PATIENT NAME AND ADDRESS <b>KUMAR, DHANESHWAR</b> J06 N DOHENY DR APT 503 LOS ANGELES, CA 90069		SOC-SEC-NO 000000000	TELEPHONE NO. (310)498-7609	PRIVACY NOTIFY: 07/07/2022	
			DOB 03/16/1970	AGE 52Y	SEX M	RACE ASIAN
VISIT	VISIT ID: <b>350889450</b>	ADMIT DATE/TIME: <b>07/08/2022 07:11</b>	SERVICE: <b>56-SURG OUTPATIENT NOT IN BED</b>	PREFERRED LANGUAGE: English		RELIGION: HINDU
	MED REC: 550318450	ROOM: UNKNOWN_ROOM-UNKNOWN_BED	ADM By: lilit.gasparian ADM TYPE/SOURCE: ELECTIVE /			
	P/T: <b>OUTPATIENT</b>	FC: MEDI-CAL MANAGED CARE	VISIT STATUS: Admit	PREV VISIT:	Mother DOB: Medical Issue Date:	
DOCTOR	ADMITTING DOCTOR <b>LANDIS, BRADLEY</b> 02601 (323)663-0077	ATTENDING DOCTOR <b>LANDIS, BRADLEY</b> 02601 (323)663-0077	SURGEON	PRIMARY CARE/REFERRING DOCTOR <b>LANDIS, BRADLEY</b> 02601		
GUARANTOR	GUARANTOR NAME AND ADDRESS <b>KUMAR, DHANESHWAR</b> 906 N DOHENY DR APT 503 LOS ANGELES, CA 90069	SOC-SEC-NO. 000000000	EMPLOYER	PATIENT EMPLOYER UNEMPLOYED UNKNOWN  LOS ANGELES, CA 90027	TELEPHONE NO. (000) 000-0000	
		TELEPHONE NO. (310)498-7609		GUARANTOR EMPLOYER UNEMPLOYED UNKNOWN  LOS ANGELES, CA 90027	TELEPHONE NO. (000) 000-0000	
EMERGENCY	EMERGENCY CONTACT <b>KUMAR, VAIDA</b> Spouse (310)890-8862	NEXT OF KIN / RELATION				
INSURANCE	PLAN CODE INS CO NAME ADDRESS1 ADDRESS2 CSZ POL HOLDER INS SEX REL TO PAT CERT# GROUP# GROUP NM AUTH#	INSURANCE 1 NT760 LA CARE HLTH PLN MEDI-CAL PO BOX 811580  LOS ANGELES, CA 90081 KUMAR, DHANESHWAR M Self 97251478G  HCLA 202206277U128830001	INSURANCE 2	INSURANCE 3		
MISCELLANEOUS	COMPLAINT: <b>PHIMOSIS</b>		ALLERGIES			
	ADMIT DIAGNOSIS	ADV DIRECTIVES PRE-REG ACCT ONLY (NEED UPDATE)		MODE OF ARRIVAL ROUTINE/WALK-IN	OUTPATIENT LOCATION OUT PATIENT	
	COMMENTS:					DATE PRINTED:  <b>07/08/2022 7:16 AM</b>
	TRANSFER INFORMATION:					

Physician:	<u>Stan Tony</u>	Date of Service:	<u>7/18/22</u>
Patient Name:			
Facility:	<u>H NMC</u>	<input type="radio"/> Inpatient	<input checked="" type="radio"/> Outpatient
Department:	<u>OR</u>	<input type="radio"/> Cardiac	<input type="radio"/> OB
Referring MD:	<u>Landi</u>		
Procedure Description(s)	Case		
	<input type="radio"/> open or <input type="radio"/> w/scope	<input type="radio"/> one lung vent	<input type="radio"/> w/instrumentation (spinal only)
Dx for Procedure	Pre-Op <u>Phimosis</u>	Post-Op	<input type="radio"/> acute <input type="radio"/> chronic
Laterality	<input type="radio"/> right <input type="radio"/> left <input type="radio"/> bilateral	body part/region:	
Anesthesia time:	start <u>10:01</u> am/pm	stop <u>12:11</u> am/pm	*Case Cancelled Reason:
Anesthesia type:	<input checked="" type="checkbox"/> General <input type="radio"/> MAC <input type="radio"/> Spinal <input type="radio"/> PNB	Position: <input type="radio"/> Supine/Lithotomy <input type="radio"/> Prone <input type="radio"/> Sitting <input type="radio"/> Lateral	
Physical Status:	1 2 <u>3</u> 4 5 EMERG ≥ 3 Reason Required: <u>Cardiomegaly</u>	<input type="radio"/> *Controlled hypotension	
Lines:	<input type="radio"/> Arterial line <input type="radio"/> CVP <input type="radio"/> Swan-Ganz	<input type="radio"/> Ultrasound Guided	*TEE: <input type="radio"/> Probe <input type="radio"/> Interp & Report

**\* Pre/Intra/Post Operative Pain Blocks (must be requested by surgeon & documented)**

- Single  Continuous  Ultrasound Guided  
 Cervical/Thoracic  Lumbar/Caudal PNB:  Interscalene Block  Femoral Nerve Block  TAP  Other:  
 Daily mgmt of continuous catheter - Date(s):

\* Separate reporting required

### QUALITY MEASURES

**TEMP MGMT:**

- At least 1 body temp >35.5 degrees Celsius (G9771)  
 Temperature NOT achieved for medical reasons (G9772)  
 No reason given (G9773)

**STERILE BARRIER TECHNIQUES FOLLOWED:**

- YES (6030F)  
 Medical reason documented for not following technique (6030F-1P)

**PONV:**

- Pt rec'd inhalational general anesthetic agent (4554F)

**Adult ≥ 18 years old**

- Pt exhibits 3+ risk factors for PONV if not, do not continue (4556F)

- Pt rec'd 2 prophylactic anti-emetic agents (G9775)  did NOT receive (G9777)

- Documentation of medical reason for not receiving 2 anti-emetic agents (G9776)

**Adult PONV Risk Factors:**

- Female Gender  
Non-smoker  
Hx of PONV or motion sickness  
Pt on opioids peri-operatively

**Ped's PONV Risk Factors:**

- Surgery ≥ 30 minutes  
Age ≥ 3 years  
Strabismus surgery  
HX POV or PONV in patient, parent, sibling

**Pediatric ≥ 3 to ≤ 17 years old**

- Pt exhibits 2+ risk factors for PONV if not, do not continue (G9954)  
 General inhalation for induction only (G9955)  
 Pt rec'd 2 prophylactic anti-emetic agents (G9956) did NOT receive (G9958)  
 Documentation of medical reason for not receiving 2 anti-emetics (G9957)

**SMOKING ABSTINENCE (report for smokers only):**

- Pt instructed by Doctor or Proxy prior to day of surgery, not to smoke on day of surgery (G9497)  
 Pt abstained from smoking on day of surgery (G9644)

**CABG - Preoperative Beta Blocker:**

- Administered within 24 hours prior to surgical incision (4115F)  
 Documentation of medical reason for NOT administering Beta Blocker (4115F-1P)

**MULTIMODAL PAIN MANAGEMENT**

- Was used (G2148) – Multimodal pain management used  
 Was not used (G2149) – Reason in medical records



Surgeon: Landy Anesthesiologist: Ray  
 Pre-op Diagnosis: Phimosis  
 Procedure: Circ  
 Allergies:  NKDA

Antibiotics  Within 1 hour of incision  Continued therapeutic  
 Drug  Dose  Route  Time   
 Beta-Blockers:  Given within 24 hrs of incision  
 Indicated, not given  Not indicated

DATE 7/17/22

START 10:01

PMHX: HTN, Cardiomegaly  
 LABS: Urine

FINISH 10:55

Anesthesia Anesthesia

ANESTHESIA MACHINE & EQUIPMENT CHECKED  
 Patient ID & Procedure verified  
 Time out completed

IMMEDIATE PRE-INDUCTION RE-EVALUATION  
 Unchanged  Changed

ASA: 1 2 3 4 5 E

VTE PPX:  SCDs  Anticoagulation  
 Not indicated per surgeon request

## TEMPERATURE:

 Skin  Esoph: 

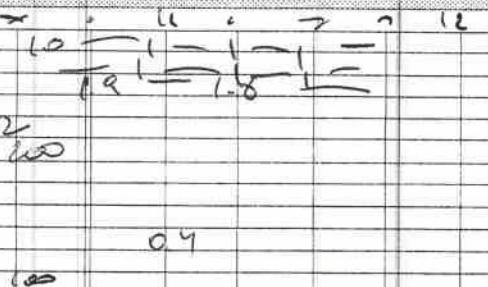
Air Warmer:

 Upper  Lower

Ht: Wt:

## AGENTS

## TIME



GA WITH  MASK  ETT  LMA  
 SPINAL  
 EPIDURAL

MAC  WITH LOCAL  
 WITHOUT LOCAL  
 LOCAL  WITH ANES STD BY  
 WITHOUT ANES STD BY  
 OTHER

EYE CARE:  Lubricated Taper

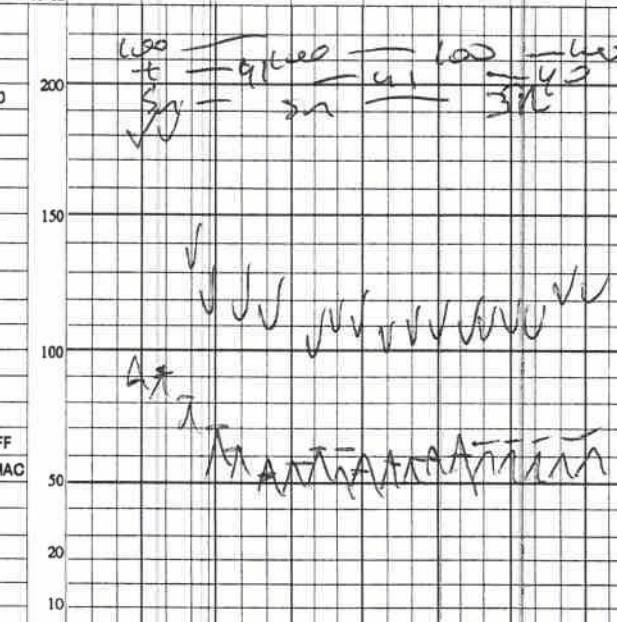
POSITIONING:  Supine  Lithotomy  
 Prone  Sitting  
 Lateral

 PPP Tourniquet: site \_\_\_\_\_ mmHg

↑ \_\_\_\_\_ ↓ \_\_\_\_\_

## REMARKS

## MONITORS SCALE



## EVENT MARKERS

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36

## VENTILATOR

TV PS20

RR \_\_\_\_\_

PIP \_\_\_\_\_

## FLUIDS

In → 1000

## OTHER

**SYMBOLS**  
 V = SYSTOLIC  
 X = MEAN PRESSURE  
 D = DIASTOLIC  
 P = PULSE

◊ = START/END  
 ANESTHESIA  
 ◊ = START/END  
 SURGERY

Spinal  
 Epidural test

Urocan  
 Bupivacaine

VOL

ML

Concentration

%

EPINEPHRINE

MCG

SPACE

NEEDLE

SIZE

LEVEL OF

ANES.

Prep:  Betadine  
 Chloroprep

Brand/Item: Lot# Exp:

**FLUIDS**  
 CRYSTALLOID  1000 mL  
 COLLOID  mL  
 OTHER  mL

**BLOOD PRODUCTS**  
 PRBC  units  
 FFP  units  
 PLATELETES  units  
 OTHER  mL

**URINE OUTPUT:**  1000 mL  
**ESTIMATED BLOOD LOSS:**  5 mL

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Hollywood Presbyterian Medical Center

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## ANESTHESIA RECORD

Acct#350889450 MR#550318450 07/08/2022  
 KUMAR, DHANESHWAR 2  
 LANDIS, BRADLEY DOB:03/16/1970 M 52Y  
 Hollywood Presbyterian Medical Center - 2nd