

Electronically Received 11/23/2022 11:44 AM

ATTORNEY (Name, State Bar number, and address): Bradley I. Kramer (SBN 234351) The Trial Law Offices of Bradley I. Kramer, M.D., Esq. 8840 Wilshire Blvd., Suite 350 Beverly Hills, CA 90211 TELEPHONE NO.: 310-289-2600 FAX NO. (Optional): E-MAIL ADDRESS (Optional): bkramer@biklaw.com ATTORNEY FOR (Name): Plaintiff Jeanne Carey	FOR COURT USE ONLY FILED Superior Court of California County of Los Angeles 11/28/2022 Sherri R. Carter, Executive Officer / Clerk of Court By: <u> M. Valenzuela </u> Deputy
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Los Angeles STREET ADDRESS: 111 N. Hill St. MAILING ADDRESS: CITY AND ZIP CODE: Los Angeles, CA 90012 BRANCH NAME: Stanley Mosk Courthouse	CASE NUMBER: 22STCV36750
PLAINTIFF/PETITIONER: Jeanne Carey DEFENDANT/RESPONDENT: Regents of the University of California, et al.	
APPLICATION AND ORDER FOR APPOINTMENT OF GUARDIAN AD LITEM—CIVIL <input checked="" type="checkbox"/> EX PARTE	
NOTE: This form is for use in civil proceedings in which a party is a minor, an incapacitated person, or a person for whom a conservator has been appointed. A party who seeks the appointment of a guardian ad litem in a family law or juvenile proceeding should use form FL-935. A party who seeks the appointment of a guardian ad litem in a probate proceeding should use form DE-350/GC-100. An individual cannot act as a guardian ad litem unless he or she is represented by an attorney or is an attorney.	

1. Applicant (name): David L. Carey is
 - a. the parent of (name):
 - b. the guardian of (name):
 - c. the conservator of (name):
 - d. a party to the suit.
 - e. the minor to be represented (if the minor is 14 years of age or older).
 - f. another interested person (specify capacity): son of Jeanne Carey

2. This application seeks the appointment of the following person as guardian ad litem (state name, address, and telephone number):
 David L Carey, 22368 James Alan Circle, Chatsworth, CA 91311; (818) 341-0922

3. The guardian ad litem is to represent the interests of the following person (state name, address, and telephone number):
 Jeanne M. Carey, 22368 James Alan Circle, Chatsworth, CA 91311; (818) 341-0922

4. The person to be represented is:
 - a. a minor (date of birth):
 - b. an incompetent person.
 - c. a person for whom a conservator has been appointed.

5. The court should appoint a guardian ad litem because:
 - a. the person named in item 3 has a cause or causes of action on which suit should be brought (describe):
 Jeanne Carey is not competent to represent her interests given her global cognitive injury resulting from the medical malpractice alleged in the currently pending lawsuit.

- Continued on Attachment 5a.

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5. b. more than 10 days have elapsed since the summons in the above-entitled matter was served on the person named in item 3, and no application for the appointment of a guardian ad litem has been made by the person identified in item 3 or any other person.
- c. the person named in item 3 has no guardian or conservator of his or her estate.
- d. the appointment of a guardian ad litem is necessary for the following reasons (*specify*):
Jeanne Carey is not competent to represent her interests given her global cognitive injury resulting from the medical malpractice alleged in the currently pending lawsuit.

Continued on Attachment 5d.

6. The proposed guardian ad litem's relationship to the person he or she will be representing is:

- a. related (*state relationship*): **son**
- b. not related (*specify capacity*):

7. The proposed guardian ad litem is fully competent and qualified to understand and protect the rights of the person he or she will represent and has no interests adverse to the interests of that person. (*If there are any issues of competency or qualification or any possible adverse interests, describe and explain why the proposed guardian should nevertheless be appointed*):

Continued on Attachment 7.

Bradley I. Kramer, M.D., Esq.

 (TYPE OR PRINT NAME)



 (SIGNATURE OF ATTORNEY)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
 Date: **November 21, 2022**

David L. Carey

 (TYPE OR PRINT NAME)




 (SIGNATURE OF APPLICANT)

CONSENT TO ACT AS GUARDIAN AD LITEM

I consent to the appointment as guardian ad litem under the above petition.
 Date: **November 21, 2022**

David L. Carey

 (TYPE OR PRINT NAME)



 (SIGNATURE OF PROPOSED GUARDIAN AD LITEM)

ORDER **EX PARTE**

THE COURT FINDS that it is reasonable and necessary to appoint a guardian ad litem for the person named in item 3 of the application, as requested.

THE COURT ORDERS that (*name*): **David L. Carey**
 is hereby appointed as the guardian ad litem for (*name*): **Jeanne Carey**
 for the reasons set forth in item 5 of the application.

Date: **11/28/2022**



 JUDICIAL OFFICER

SIGNATURE FOLLOWS LAST ATTACHMENT

ATTACHMENT 5a

CALIFORNIA GENERAL DURABLE POWER OF ATTORNEY

THE POWERS YOU GRANT BELOW ARE EFFECTIVE
EVEN IF YOU BECOME DISABLED OR INCOMPETENT

CAUTION: A DURABLE POWER OF ATTORNEY IS AN IMPORTANT LEGAL DOCUMENT. BY SIGNING THE DURABLE POWER OF ATTORNEY, YOU ARE AUTHORIZING ANOTHER PERSON TO ACT FOR YOU, THE PRINCIPAL. BEFORE YOU SIGN THIS DURABLE POWER OF ATTORNEY, YOU SHOULD KNOW THESE IMPORTANT FACTS: YOUR AGENT (ATTORNEY-IN-FACT) HAS NO DUTY TO ACT UNLESS YOU AND YOUR AGENT AGREE OTHERWISE IN WRITING. THIS DOCUMENT GIVES YOUR AGENT THE POWERS TO MANAGE, DISPOSE OF, SELL, AND CONVEY YOUR REAL AND PERSONAL PROPERTY, AND TO USE YOUR PROPERTY AS SECURITY IF YOUR AGENT BORROWS MONEY ON YOUR BEHALF. THIS DOCUMENT DOES NOT GIVE YOUR AGENT THE POWER TO ACCEPT OR RECEIVE ANY OF YOUR PROPERTY, IN TRUST OR OTHERWISE, AS A GIFT, UNLESS YOU SPECIFICALLY AUTHORIZE THE AGENT TO ACCEPT OR RECEIVE A GIFT. YOUR AGENT WILL HAVE THE RIGHT TO RECEIVE REASONABLE PAYMENT FOR SERVICES PROVIDED UNDER THIS DURABLE POWER OF ATTORNEY UNLESS YOU PROVIDE OTHERWISE IN THIS POWER OF ATTORNEY. THE POWERS YOU GIVE YOUR AGENT WILL CONTINUE TO EXIST FOR YOUR ENTIRE LIFETIME, UNLESS YOU STATE THAT THE DURABLE POWER OF ATTORNEY WILL LAST FOR A SHORTER PERIOD OF TIME OR UNLESS YOU OTHERWISE TERMINATE THE DURABLE POWER OF ATTORNEY.

THE POWERS YOU GIVE YOUR AGENT IN THIS DURABLE POWER OF ATTORNEY WILL CONTINUE TO EXIST EVEN IF YOU CAN NO LONGER MAKE YOUR OWN DECISIONS RESPECTING THE MANAGEMENT OF YOUR PROPERTY. YOU CAN AMEND OR CHANGE THIS DURABLE POWER OF ATTORNEY ONLY BY EXECUTING A NEW DURABLE POWER OF ATTORNEY OR BY EXECUTING AN AMENDMENT THROUGH THE SAME FORMALITIES AS AN ORIGINAL. YOU HAVE THE RIGHT TO REVOKE OR TERMINATE THIS DURABLE POWER OF ATTORNEY AT ANY TIME, SO LONG AS YOU ARE COMPETENT.

THIS DURABLE POWER OF ATTORNEY MUST BE DATED AND MUST BE ACKNOWLEDGED BEFORE A NOTARY PUBLIC OR SIGNED BY TWO WITNESSES. IF IT IS SIGNED BY TWO WITNESSES, THEY MUST WITNESS EITHER (1) THE SIGNING OF THE POWER OF ATTORNEY OR (2) THE PRINCIPAL'S SIGNING OR ACKNOWLEDGMENT OF HIS OR HER SIGNATURE. A DURABLE POWER OF ATTORNEY THAT MAY AFFECT REAL PROPERTY SHOULD BE ACKNOWLEDGED BEFORE A NOTARY PUBLIC SO THAT IT MAY EASILY BE RECORDED.

YOU SHOULD READ THIS DURABLE POWER OF ATTORNEY CAREFULLY. WHEN EFFECTIVE, THIS DURABLE POWER OF ATTORNEY WILL GIVE YOUR AGENT THE RIGHT TO DEAL WITH PROPERTY THAT YOU NOW HAVE OR MIGHT ACQUIRE IN THE FUTURE. THE DURABLE POWER OF ATTORNEY IS IMPORTANT TO YOU. IF YOU DO NOT UNDERSTAND THE DURABLE POWER OF ATTORNEY, OR ANY PROVISION OF IT, THEN YOU SHOULD OBTAIN THE ASSISTANCE OF AN ATTORNEY OR OTHER QUALIFIED PERSON.

NOTICE TO PERSON ACCEPTING THE APPOINTMENT AS ATTORNEY-IN-FACT BY ACTING OR AGREEING TO ACT AS THE AGENT (ATTORNEY-IN-FACT) UNDER THIS POWER OF ATTORNEY YOU ASSUME THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT. THESE RESPONSIBILITIES INCLUDE:

1. THE LEGAL DUTY TO ACT SOLELY IN THE INTEREST OF THE PRINCIPAL AND TO AVOID CONFLICTS OF INTEREST.
2. THE LEGAL DUTY TO KEEP THE PRINCIPAL'S PROPERTY SEPARATE AND DISTINCT

FROM ANY OTHER PROPERTY OWNED OR CONTROLLED BY YOU. YOU MAY NOT TRANSFER THE PRINCIPAL'S PROPERTY TO YOURSELF WITHOUT FULL AND ADEQUATE CONSIDERATION OR ACCEPT A GIFT OF THE PRINCIPAL'S PROPERTY UNLESS THIS POWER OF ATTORNEY SPECIFICALLY AUTHORIZES YOU TO TRANSFER PROPERTY TO YOURSELF OR ACCEPT A GIFT OF THE PRINCIPAL'S PROPERTY. IF YOU TRANSFER THE PRINCIPAL'S PROPERTY TO YOURSELF WITHOUT SPECIFIC AUTHORIZATION IN THE POWER OF ATTORNEY, YOU MAY BE PROSECUTED FOR FRAUD AND/OR EMBEZZLEMENT. IF THE PRINCIPAL IS 65 YEARS OF AGE OR OLDER AT THE TIME THAT THE PROPERTY IS TRANSFERRED TO YOU WITHOUT AUTHORITY, YOU MAY ALSO BE PROSECUTED FOR ELDER ABUSE UNDER PENAL CODE SECTION 368. IN ADDITION TO CRIMINAL PROSECUTION, YOU MAY ALSO BE SUED IN CIVIL COURT. I HAVE READ THE FOREGOING NOTICE AND I UNDERSTAND THE LEGAL AND FIDUCIARY DUTIES THAT I ASSUME BY ACTING OR AGREEING TO ACT AS THE AGENT (ATTORNEY-IN-FACT) UNDER THE TERMS OF THIS POWER OF ATTORNEY.

DATE: Oct 9, 2016


(SIGNATURE OF AGENT)

David L. Carey
(PRINT NAME OF AGENT)

CALIFORNIA GENERAL DURABLE POWER OF ATTORNEY

**THE POWERS YOU GRANT BELOW ARE EFFECTIVE
EVEN IF YOU BECOME DISABLED OR INCOMPETENT**

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE UNIFORM STATUTORY FORM POWER OF ATTORNEY ACT. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO. THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE TO BE EFFECTIVE EVEN IF YOU BECOME DISABLED, INCAPACITATED, OR INCOMPETENT.

I Jeanne M. Carey 22368 James Alan Circle
Chatsworth, CA 91311 [insert your name and address] appoint
David L. Carey (same address) [insert the name and address of the
person appointed] as my Agent (attorney-in-fact) to act for me in any lawful way with respect to
the following initialed subjects:

TO GRANT ALL OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF (N) AND IGNORE THE LINES IN FRONT OF THE OTHER POWERS.

TO GRANT ONE OR MORE, BUT FEWER THAN ALL, OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF EACH POWER YOU ARE GRANTING.

TO WITHHOLD A POWER, DO NOT INITIAL THE LINE IN FRONT OF IT. YOU MAY, BUT NEED NOT, CROSS OUT EACH POWER WITHHELD.

Note: If you initial Item A or Item B, which follow, a notarized signature will be required on behalf of the Principal.

INITIAL

JAC (A) Real property transactions. To lease, sell, mortgage, purchase, exchange, and acquire, and to agree, bargain, and contract for the lease, sale, purchase, exchange, and acquisition of, and to accept, take, receive, and possess any interest in real property whatsoever, on such terms and conditions, and under such covenants, as my Agent shall deem proper; and to maintain, repair, tear down, alter, rebuild, improve manage, insure, move, rent, lease, sell, convey, subject to liens, mortgages, and security deeds, and in any way or manner deal with all or any part of any interest in real property whatsoever, including specifically, but without limitation, real property lying and being situated in the State of California, under such terms and conditions, and under such covenants, as my Agent shall deem proper and may for all deferred payments accept purchase money notes payable to me and secured by mortgages or deeds to secure debt, and may from time to time collect and cancel any of said notes, mortgages, security interests, or deeds to secure debt.

JAC (B) Tangible personal property transactions. To lease, sell, mortgage, purchase, exchange, and acquire, and to agree, bargain, and contract for the lease, sale, purchase, exchange, and acquisition of, and to accept, take, receive, and possess any personal property whatsoever, tangible or intangible, or interest thereto, on such terms and conditions, and under such covenants, as my Agent shall deem proper; and to maintain, repair, improve, manage, insure, rent, lease, sell, convey, subject to liens or mortgages, or to take any other security interests in said property which are recognized under the Uniform Commercial Code as adopted at that time under the laws of the State of California or any applicable state, or otherwise hypothecate (pledge), and in any way or manner deal with all or any part of any real or personal property whatsoever, tangible or intangible, or any interest therein, that I own at the time of execution or may thereafter acquire, under such terms and conditions, and under such covenants, as my Agent shall deem proper.

JAC (C) Stock and bond transactions. To purchase, sell, exchange, surrender, assign, redeem, vote at any meeting, or otherwise transfer any and all shares of stock, bonds, or other securities in any business, association, corporation, partnership, or other legal entity, whether private or public, now or hereafter belonging to me.

JAC (D) Commodity and option transactions. To organize or continue and conduct any business which term includes, without limitation, any farming, manufacturing, service, mining, retailing or other type of business operation in any form, whether as a proprietorship, joint venture, partnership, corporation, trust or other legal entity; operate, buy, sell, expand, contract, terminate or liquidate any business; direct, control, supervise, manage or participate in the operation of any business and engage, compensate and discharge business managers, employees, agents, attorneys, accountants and consultants; and, in general, exercise all powers with respect to business interests and operations which the principal could if present and under no disability.

JAC (E) Banking and other financial institution transactions. To make, receive, sign, endorse, execute, acknowledge, deliver and possess checks, drafts, bills of exchange, letters of credit, notes, stock certificates, withdrawal receipts and deposit instruments relating to accounts or deposits in, or certificates of deposit of banks, savings and loans, credit unions, or other institutions or associations. To pay all sums of money, at any time or times, that may hereafter be owing by me upon any account, bill of exchange, check, draft, purchase, contract, note, or

trade acceptance made, executed, endorsed, accepted, and delivered by me or for me in my name, by my Agent. To borrow from time to time such sums of money as my Agent may deem proper and execute promissory notes, security deeds or agreements, financing statements, or other security instruments in such form as the lender may request and renew said notes and security instruments from time to time in whole or in part. To have free access at any time or times to any safe deposit box or vault to which I might have access.

J. M. C. (F) **Business operating transactions.** To conduct, engage in, and otherwise transact the affairs of any and all lawful business ventures of whatever nature or kind that I may now or hereafter be involved in.

J. M. C. (G) **Insurance and annuity transactions.** To exercise or perform any act, power, duty, right, or obligation, in regard to any contract of life, accident, health, disability, liability, or other type of insurance or any combination of insurance; and to procure new or additional contracts of insurance for me and to designate the beneficiary of same; provided, however, that my Agent cannot designate himself or herself as beneficiary of any such insurance contracts.

J. M. C. (H) **Estate, trust, and other beneficiary transactions.** To accept, receipt for, exercise, release, reject, renounce, assign, disclaim, demand, sue for, claim and recover any legacy, bequest, devise, gift or other property interest or payment due or payable to or for the principal; assert any interest in and exercise any power over any trust, estate or property subject to fiduciary control; establish a revocable trust solely for the benefit of the principal that terminates at the death of the principal and is then distributable to the legal representative of the estate of the principal; and, in general, exercise all powers with respect to estates and trusts which the principal could exercise if present and under no disability; provided, however, that the Agent may not make or change a will and may not revoke or amend a trust revocable or amendable by the principal or require the trustee of any trust for the benefit of the principal to pay income or principal to the Agent unless specific authority to that end is given.

J. M. C. (I) **Claims and litigation.** To commence, prosecute, discontinue, or defend all actions or other legal proceedings touching my property, real or personal, or any part thereof, or touching any matter in which I or my property, real or personal, may be in any way concerned. To defend, settle, adjust, make allowances, compound, submit to arbitration, and compromise all accounts, reckonings, claims, and demands whatsoever that now are, or hereafter shall be, pending between me and any person, firm, corporation, or other legal entity, in such manner and in all respects as my Agent shall deem proper.

J. M. C. (J) **Personal and family maintenance.** To hire accountants, attorneys at law, consultants, clerks, physicians, nurses, agents, servants, workmen, and others and to remove them, and to appoint others in their place, and to pay and allow the persons so employed such salaries, wages, or other remunerations, as my Agent shall deem proper.

J. M. C. (K) **Benefits from Social Security, Medicare, Medicaid, or other governmental programs, or military service.** To prepare, sign and file any claim or application for Social Security, unemployment or military service benefits; sue for, settle or abandon any claims to any benefit or assistance under any federal, state, local or foreign statute or regulation; control, deposit to any account, collect, receipt for, and take title to and hold all benefits under any Social Security, unemployment, military service or other state, federal, local or foreign statute or regulation; and, in general, exercise all powers with respect to Social Security, unemployment, military service, and governmental benefits, including but not limited to Medicare and Medicaid, which the principal could exercise if present and under no disability.

J. M. C. **Retirement plan transactions.** To contribute to, withdraw from and deposit funds in any type of retirement plan (which term includes, without limitation, any tax qualified or nonqualified pension, profit sharing, stock bonus, employee savings and other retirement plan, individual retirement account, deferred compensation plan and any other type of employee

benefit plan); select and change payment options for the principal under any retirement plan; make rollover contributions from any retirement plan to other retirement plans or individual retirement accounts; exercise all investment powers available under any type of self-directed retirement plan; and, in general, exercise all powers with respect to retirement plans and retirement plan account balances which the principal could if present and under no disability.

J. M. C. (M) Tax matters. To prepare, to make elections, to execute and to file all tax, social security, unemployment insurance, and informational returns required by the laws of the United States, or of any state or subdivision thereof, or of any foreign government; to prepare, to execute, and to file all other papers and instruments which the Agent shall think to be desirable or necessary for safeguarding of me against excess or illegal taxation or against penalties imposed for claimed violation of any law or other governmental regulation; and to pay, to compromise, or to contest or to apply for refunds in connection with any taxes or assessments for which I am or may be liable.

J. M. C. (N) ALL OF THE POWERS LISTED ABOVE. YOU NEED NOT INITIAL ANY OTHER LINES IF YOU INITIAL LINE (N).

SPECIAL INSTRUCTIONS:

ON THE FOLLOWING LINES YOU MAY GIVE SPECIAL INSTRUCTIONS LIMITING OR EXTENDING THE POWERS GRANTED TO YOUR AGENT.

THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED.

THIS POWER OF ATTORNEY SHALL BE CONSTRUED AS A GENERAL DURABLE POWER OF ATTORNEY AND SHALL CONTINUE TO BE EFFECTIVE EVEN IF I BECOME DISABLED, INCAPACITATED, OR INCOMPETENT.

(YOUR AGENT WILL HAVE AUTHORITY TO EMPLOY OTHER PERSONS AS NECESSARY TO ENABLE THE AGENT TO PROPERLY EXERCISE THE POWERS GRANTED IN THIS FORM, BUT YOUR AGENT WILL HAVE TO MAKE ALL DISCRETIONARY DECISIONS. IF YOU WANT TO GIVE YOUR AGENT THE RIGHT TO DELEGATE DISCRETIONARY DECISION-MAKING POWERS TO OTHERS, YOU SHOULD KEEP THE NEXT SENTENCE. OTHERWISE IT SHOULD BE STRICKEN.)

Authority to Delegate. My Agent shall have the right by written instrument to delegate any or all of the foregoing powers involving discretionary decision-making to any person or persons whom my Agent may select, but such delegation may be amended or revoked by any agent (including

any successor) named by me who is acting under this power of attorney at the time of reference.

(YOUR AGENT WILL BE ENTITLED TO REIMBURSEMENT FOR ALL REASONABLE EXPENSES INCURRED IN ACTING UNDER THIS POWER OF ATTORNEY. STRIKE OUT THE NEXT SENTENCE IF YOU DO NOT WANT YOUR AGENT TO ALSO BE ENTITLED TO REASONABLE COMPENSATION FOR SERVICES AS AGENT.)

Right to Compensation. My Agent shall be entitled to reasonable compensation for services rendered as agent under this power of attorney.

(IF YOU WISH TO NAME SUCCESSOR AGENTS, INSERT THE NAME(S) AND ADDRESS(ES) OF SUCH SUCCESSOR(S) IN THE FOLLOWING PARAGRAPH.)

Successor Agent. If any Agent named by me shall die, become incompetent, resign or refuse to accept the office of Agent, I name the following (each to act alone and successively, in the order named) as successor(s) to such Agent:

Choice of Law. THIS POWER OF ATTORNEY WILL BE GOVERNED BY THE LAWS OF THE STATE OF CALIFORNIA WITHOUT REGARD FOR CONFLICTS OF LAWS PRINCIPLES. IT WAS EXECUTED IN THE STATE OF CALIFORNIA AND IS INTENDED TO BE VALID IN ALL JURISDICTIONS OF THE UNITED STATES OF AMERICA AND ALL FOREIGN NATIONS.

I am fully informed as to all the contents of this form and understand the full import of this grant of powers to my Agent.

I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party learns of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

Signed this 3rd day of October, 2016

Jean M. Carey
(Your Signature)

548-38-4090
(Your Social Security Number)

~~CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC~~

~~STATE OF CALIFORNIA
COUNTY OF _____~~

~~This document was acknowledged before me on _____ [Date] by
_____ [name of principal].~~

AMK 10-8-16
SEE ATTACHED

**CALIFORNIA ALL-PURPOSE
CERTIFICATE OF ACKNOWLEDGMENT
(CALIFORNIA CIVIL CODE § 1189)**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA)
COUNTY OF Los Angeles)

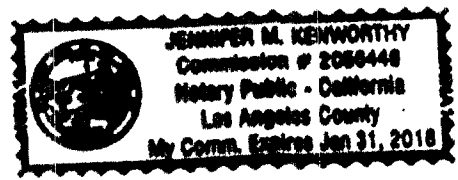
On Oct. 3, 2014 before me, Jennifer M. Kenworthy, Notary Public
(Date) (Here Insert Name and Title of the Officer)

personally appeared Jeanne M. Lacey,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are
subscribed to the within instrument and acknowledged to me that he she/they executed the same
in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument
the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

[Signature]
Signature of Notary Public



(Notary Seal)

ADDITIONAL OPTIONAL INFORMATION

Description of Attached Document

Title or Type of Document: California Honorary Durable Power of Attorney Document Date: 10-3-14

Number of Pages: 1 Signer(s) Other Than Named Above: _____

Additional Information: _____

[Notary Seal, if any]:

(Signature of Notarial Officer)

Notary Public for the State of California

My commission expires: _____

ACKNOWLEDGMENT OF AGENT

BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, THE AGENT ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.

[Typed or Printed Name of Agent]

[Signature of Agent]

PREPARATION STATEMENT

This document was prepared by the following individual:

[Typed or Printed Name]

[Signature]

ADVANCE HEALTH CARE DIRECTIVE FORM

PAGE 1 of 6

CALIFORNIA PROBATE CODE SECTION 4700-4701

4700. The form provided in Section 4701 may, but need not, be used to create an advance health care directive. The other sections of this division govern the effect of the form or any other writing used to create an advance health care directive. An individual may complete or modify all or any part of the form in Section 4701.

4701. The statutory advance health care directive form is as follows:
ADVANCE HEALTH CARE DIRECTIVE (California Probate Section 4701) Explanation

You have the right to give instructions about your own health care. You also have the right to name someone else to make health care decisions for you. This form lets you do either or both of these things. It also lets you express your wishes regarding donation of organs and the designation of your primary physician. If you use this form, you may complete or modify all or any part of it. You are free to use a different form.

Part 1 of this form is a power of attorney for health care. Part 1 lets you name another individual as agent to make health care decisions for you if you become incapable of making your own decisions or if you want someone else to make those decisions for you now even though you are still capable. You may also name an alternate agent to act for you if your first choice is not willing, able, or reasonably available to make decisions for you. (Your agent may not be an operator or employee of a community care facility or a residential care facility where you are receiving care, or your supervising health care provider or employee of the health care institution where you are receiving care, unless your agent is related to you or is a coworker.)

Unless the form you sign limits the authority of your agent, your agent may make all health care decisions for you. This form has a place for you to limit the authority of your agent. You need not limit the authority of your agent if you wish to rely on your agent for all health care decisions that may have to be made. If you choose not to limit the authority of your agent, your agent will have the right to:

- (a) Consent or refuse consent to any care, treatment, service, or procedure to maintain, diagnose, or otherwise affect a physical or mental condition.
- (b) Select or discharge health care providers and institutions.
- (c) Approve or disapprove diagnostic tests, surgical procedures, and programs of medication.
- (d) Direct the provision, withholding, or withdrawal of artificial nutrition and hydration and all other forms of health care, including cardiopulmonary resuscitation.
- (e) Make anatomical gifts, authorize an autopsy, and direct disposition of remains.

Part 2 of this form lets you give specific instructions about any aspect of your health care, whether or not you appoint an agent. Choices are provided for you to express your wishes regarding the provision, withholding, or withdrawal of treatment to keep you alive, as well as the provision of pain relief. Space is also provided for you to add to the choices you have made or for you to write out any additional wishes. If you are satisfied to allow your agent to determine what is best for you in making end-of-life decisions, you need not fill out Part 2 of this form.

Part 3 of this form lets you express an intention to donate your bodily organs and tissues following your death.

Part 4 of this form lets you designate a physician to have primary responsibility for your health care. After completing this form, sign and date the form at the end. The form must be signed by two qualified witnesses or acknowledged before a notary public. Give a copy of the signed and completed form to your physician, to any other health care providers you may have, to any health care institution at which you are receiving care, and to any health care agents you have named. You should talk to the person you have named as agent to make sure that he or she understands your wishes and is willing to take the responsibility.

You have the right to revoke this advance health care directive or replace this form at any time.

PART 1

POWER OF ATTORNEY FOR HEALTH CARE

(1.1) DESIGNATION OF AGENT: I designate the following individual as my agent to make health care decisions for me:

David L. Carey

(name of individual you choose as agent)

P.O. Box 1562

(address)

Agoura Hills

(city)

CA

(state)

91378-1562

(ZIP Code)

(818) 341-0922

(home phone)

(818) 341-0922

(work phone)

ADVANCE HEALTH CARE DIRECTIVE FORM

OPTIONAL: If I revoke my agent's authority or if my agent is not willing, able, or reasonably available to make a health care decision for me, I designate as my first alternate agent:

(name of individual you choose as first alternate agent)

(address) (city) (state) (ZIP Code)

(home phone) (work phone)

OPTIONAL: If I revoke the authority of my agent and first alternate agent or if neither is willing, able, or reasonably available to make a health care decision for me, I designate as my second alternate agent:

(name of individual you choose as second alternate agent)

(address) (city) (state) (ZIP Code)

(home phone) (work phone)

(1.2) AGENT'S AUTHORITY: My agent is authorized to make all health care decisions for me, including decisions to provide, withhold, or withdraw artificial nutrition and hydration and all other forms of health care to keep me alive, except as I state here:

No exceptions. Agent is authorized to make any and all decisions.

(Add additional sheets if needed.)

(1.3) WHEN AGENT'S AUTHORITY BECOMES EFFECTIVE: My agent's authority becomes effective when my primary physician determines that I am unable to make my own health care decisions unless I mark the following box.
If I mark this box (), my agent's authority to make health care decisions for me takes effect immediately.

(1.4.) AGENT'S OBLIGATION: My agent shall make health care decisions for me in accordance with this power of attorney for health care, any instructions I give in Part 2 of this form, and my other wishes to the extent known to my agent. To the extent my wishes are unknown, my agent shall make health care decisions for me in accordance with what my agent determines to be in my best interest. In determining my best interest, my agent shall consider my personal values to the extent known to my agent.

(1.5) AGENT'S POSTDEATH AUTHORITY: My agent is authorized to make anatomical gifts, authorize an autopsy, and direct disposition of my remains, except as I state here or in Part 3 of this form:

No exceptions. Agent is authorized to make any and all decisions.

(Add additional sheets if needed.)

ADVANCE HEALTH CARE DIRECTIVE FORM

(1.6) **NOMINATION OF CONSERVATOR:** If a conservator of my person needs to be appointed for me by a court, I nominate the agent designated in this form. If that agent is not willing, able, or reasonably available to act as conservator, I nominate the alternate agents whom I have named, in the order designated.

**PART 2
INSTRUCTIONS FOR HEALTH CARE**

If you fill out this part of the form, you may strike any wording you do not want.

(2.1) **END-OF-LIFE DECISIONS:** I direct that my health care providers and others involved in my care provide, withhold, or withdraw treatment in accordance with the choice I have marked below:

(a) Choice Not to Prolong Life

I do not want my life to be prolonged if (1) I have an incurable and irreversible condition that will result in my death within a relatively short time, (2) I become unconscious and, to a reasonable degree of medical certainty, I will not regain consciousness, or (3) the likely risks and burdens of treatment would outweigh the expected benefits, OR

(b) Choice to Prolong Life

I want my life to be prolonged as long as possible within the limits of generally accepted health care standards.

(2.2) **RELIEF FROM PAIN:** Except as I state in the following space, I direct that treatment for alleviation of pain or discomfort be provided at all times, even if it hastens my death:

No exceptions.

(Add additional sheets if needed.)

(2.3) **OTHER WISHES:** (If you do not agree with any of the optional choices above and wish to write your own, or if you wish to add to the instructions you have given above, you may do so here.) I direct that:

(Add additional sheets if needed.)

**PART 3
DONATION OF ORGANS AT DEATH
(OPTIONAL)**

(3.1) Upon my death (mark applicable box):

(a) I give any needed organs, tissues, or parts, OR

(b) I give the following organs, tissues, or parts only.

(c) My gift is for the following purposes (strike any of the following you do not want):

- (1) Transplant
- (2) Therapy
- (3) Research
- (4) Education

ADVANCE HEALTH CARE DIRECTIVE FORM

PART 4
PRIMARY PHYSICIAN
(OPTIONAL)

(4.1) I designate the following physician as my primary physician:

(name of physician)

(address) (city) (state) (ZIP Code)

(phone)

OPTIONAL: If the physician I have designated above is not willing, able, or reasonably available to act as my primary physician, I designate the following physician as my primary physician:

(name of physician)

(address) (city) (state) (ZIP Code)

(phone)

PART 5

(5.1) EFFECT OF COPY: A copy of this form has the same effect as the original.

(5.2) SIGNATURE: Sign and date the form here:

Jeanne M. Carey
(print your name)

Jean M Carey Oct 3, 2016
(sign your name) (date)

22368 James Alan Circle Chatsworth CA 91311
(address) (city) (state) (ZIP Code)

mk 10.3.16
SEE ATTACHED

(5.3) STATEMENT OF WITNESSES: I declare under penalty of perjury under the laws of California (1) that the individual who signed or acknowledged this advance health care directive is personally known to me, or that the individual's identity was proven to me by convincing evidence (2) that the individual signed or acknowledged this advance directive in my presence, (3) that the individual appears to be of sound mind and under no duress, fraud, or undue influence, (4) that I am not a person appointed as agent by this advance directive, and (5) that I am not the individual's health care provider, an employee of the individual's health care provider, the operator of a community care facility, an employee of an operator of a community care facility, the operator of a residential care facility for the elderly, nor an employee of an operator of a residential care facility for the elderly.

First witness

Second witness

(print name)

(print name)

**CALIFORNIA ALL-PURPOSE
CERTIFICATE OF ACKNOWLEDGMENT
(CALIFORNIA CIVIL CODE § 1189)**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA)
COUNTY OF Los Angeles)

On Oct. 3, 2016 before me, Jennifer M. Kenworthy, Notary Public
(Date) (Here Insert Name and Title of the Officer)

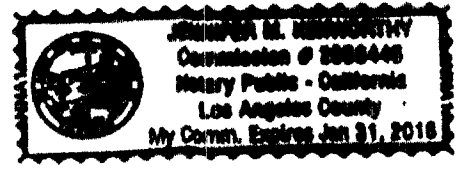
personally appeared Jeanne M. Lacey,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are
subscribed to the within instrument and acknowledged to me that he/she/they executed the same
in his/hers/their authorized capacity(ies), and that by his/hers/their signature(s) on the instrument
the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

[Handwritten Signature]

Signature of Notary Public



(Notary Seal)

_____**ADDITIONAL OPTIONAL INFORMATION**_____

Description of Attached Document

Title or Type of Document: Advance Health Care Directive Form Document Date: 10.3.16

Number of Pages: 5 Signer(s) Other Than Named Above: _____

Additional Information: _____

ADVANCE HEALTH CARE DIRECTIVE FORM

(address)	(address)
(city) (state)	(city) (state)
(signature of witness)	(signature of witness)
(date)	(date)

(5.4) **ADDITIONAL STATEMENT OF WITNESSES:** At least one of the above witnesses must also sign the following declaration:

I further declare under penalty of perjury under the laws of California that I am not related to the individual executing this advance health care directive by blood, marriage, or adoption, and to the best of my knowledge, I am not entitled to any part of the individual's estate upon his or her death under a will now existing or by operation of law.

(signature of witness)	(signature of witness)
------------------------	------------------------

**PART 6
SPECIAL WITNESS REQUIREMENT**

(6.1) The following statement is required only if you are a patient in a skilled nursing facility--a health care facility that provides the following basic services: skilled nursing care and supportive care to patients whose primary need is for availability of skilled nursing care on an extended basis. The patient advocate or ombudsman must sign the following statement:

STATEMENT OF PATIENT ADVOCATE OR OMBUDSMAN

I declare under penalty of perjury under the laws of California that I am a patient advocate or ombudsman as designated by the State Department of Aging and that I am serving as a witness as required by Section 4675 of the Probate Code.

(print your name)

(sign your name)	(date)
------------------	--------

(address)	(city)	(state)	(ZIP Code)
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ATTACHMENT 5d

ED Provider Notes by Shin, Jeremy M., MD at 10/13/22 0416

Author: Shin, Jeremy M., MD Service: Emergency Medicine Author Type: Physician
 Filed: 10/17/22 1241 Date of Service: 10/13/22 0416 Creation Time: 10/13/22 0416
 Status: Signed Editor: Shin, Jeremy M., MD (Physician)
 Related Notes: Original Note by Knecht, Richard A. III, MD (Resident) filed at 10/13/22 1908

**Ronald Reagan UCLA Medical Center
 Emergency Department Service Report**

Triage

Jeanne M Carey, a 95 y.o. female, presents with Respiratory Distress (R/O aspiration AMA CSMC) and Altered Mental Status

Arrived on 10/13/2022 at 2:38 AM
 Arrived by Walk-in [14]

ED Triage Vitals

Tem p	Tem p	BP	Heart Rate	Resp	SpO ₂	O ₂ Devic e	Pain Scor e	Weig ht
10/13 /22	10/13 /22	10/13 /22	10/13 /22	10/13 /22	10/13 /22	10/13 /22	--	10/13 /22
0355	0355	0259	0259	0259	0259	0548		0450
36.1	Bladder	108/78	91	18	100	ETT; Mech		52.2
(97	er	8			%	anica		kg
°F)						I		(115
						Ventil		lb 1.3
						ator		oz)

Allergies

Allergen	Reactions
• Alendronate <i>Other reaction(s): Nausea and/or Vomiting</i> <i>Other reaction(s): Dizziness</i>	Nausea And Vomiting and Dizziness
• Cefepime <i>arrhythmias and convulsions</i>	
• Hydrocodone-Acetaminophen	Hallucinations
• Codeine <i>Son cannot recall</i>	
• Denosumab <i>Nausea, dizziness</i>	
• Heparin <i>Skin tears, increased bleeding</i>	Other (See Comments)
• Irbesartan <i>Hypotension, weakness</i>	
• Ramipril <i>Buckling of the knees</i>	
• Tamsulosin <i>Tolerates lasix</i>	

ED Provider Notes by Shin, Jeremy M., MD at 10/13/22 0416 (continued)

Son cannot recall

Initial Physician Contact

Comprehensive Exam Initiated
Contact Date: 10/13/22
Contact Time: 0313

History

HPI

95 year old patient with a past medical history of anoxic brain injury, nonverbal at Baseline, G-tube dependent, nursing home dependent presents via POV with her son with respiratory distress. The son States the patient was admitted at Cedars-Sinai for hypernatremia and while admitted he believes that the patient was overfed and aspirated. He said that the patient had been on BiPAP there and that she "was not tolerating that". He states that she was receiving poor Care at Cedars until he you like to to bring her by private vehicle to Ronald Reagan. On arrival the patient is minimally responsive and the only collateral that can be obtained is by the son. He States that she had been treated with meropenem last dose today.

Of note: Ruth, our social worker in the emergency department did call Cedars-Sinai for collateral. She spoke with the house supervisor at Cedars-Sinai and apparently the pt's son had demanded that her BiPAP be stopped, and that her tube feeds re-initiated (they had been stopped due to respiratory distress and needing BiPAP support). Apparently the son called a GI physician and had the tube feed orders reinitiated and the patient apparently aspirated. Per The Cedars staff, they had limited his visitation to days only because there was concern of him directing care. Because of this, he demanded to stay and eventually removed his mother from the hospital in order to "monitor her care". Eventually against the advice of staff at Cedars he placed his mother in a wheelchair on non-rebreather mask and drove his mother to Ronald Reagan. Please see Ruth's full documentation dated today for additional details.

Remainder of history, review of systems, past history, family history, and social history limited secondary to: acuity of patient presentation.

Past Medical History:

Diagnosis	Date
• AF (atrial fibrillation) (HCC/RAF)	08/07/2018
• AKI (acute kidney injury) (HCC/RAF)	12/13/2020
• Atrial fibrillation (HCC/RAF)	
• CAD (coronary artery disease)	
• Chronic sinus infection	
• Compression fracture of C-spine (HCC/RAF)	
• Diabetes mellitus, type II (HCC/RAF)	01/13/2022
• Drusen (degenerative) of macula, bilateral	
• Exposure to environmental toxic substances	
• Glaucoma	
• Head injury	
• Headache	
• Heart disease	
• History of heart attack	06/13/2018
• Hyperlipidemia	

ED Provider Notes by Shin, Jeremy M., MD at 10/13/22 0416 (continued)

- Hypertension
- Hypothyroidism
- Lumbar vertebral fracture (HCC/RAF)
- Lung disease
- Memory loss
- NSTEMI (non-ST elevated myocardial infarction) (HCC/RAF)
- Osteoporosis
- Pelvic mass
- Sacral decubitus ulcer 09/09/2021
- SDH (subdural hematoma)
- Subdural hematoma
- Syncope 01/09/2020
- Thoracic injuries
- Thyroid disease
- Vision abnormalities

Past Surgical History:

Procedure	Laterality	Date
• APPENDECTOMY		
• BRAIN SURGERY SDH		
• CATARACT EXTRACTION W/ INTRAOCULAR LENS & ANTERIOR VITRECTOMY	Bilateral	
• COLONOSCOPY		
• HIP FRACTURE SURGERY	Right	

Past Family History

family history includes Lymphoma in her son; Stroke in her mother.

Past Social History

she reports that she has never smoked. She has never used smokeless tobacco. She reports that she does not drink alcohol, does not use drugs, and does not engage in sexual activity.

Review of Systems

Physical Exam

Physical Exam

Vitals and nursing note reviewed.

GENERAL APPEARANCE: AxOx0, Chronically ill appearing F in acute respiratory distress.
HEENT: Kyphotic. Mucus membranes dry.
NECK: Supple without lymphadenopathy.
HEART: Normal rate and regular rhythm, normal S1/S1, no m/r/g
LUNGS: Poor air movement. Scattered coarse crackles.
ABDOMEN: Soft, nontender, nondistended with good bowel sounds heard. Healthy appearing G tube site.
BACK: no obvious deformity.
EXTREMITIES: Without cyanosis, clubbing or edema.
NEUROLOGICAL: Minimally responsive. GCS 6. Withdraws from pain.
Skin: Scattered ecchymoses and dressings.

ED Provider Notes by Shin, Jeremy M., MD at 10/13/22 0416 (continued)

Medical Decision Making

Jeanne M Carey is a 95 y.o. female

95 year old female arrives in acute respiratory distress. She's minimally responsive. After conversation with a son who I confirmed is dpoa, I confirmed patient is full code and okay with intubation. The son wishes maximal care for his mother. After brief assessment, the patient was taken to trauma bay 2 and a rapid sequence intubation was performed Under emergency conditions. Patient tolerated the procedure well with minimal post intubation hypotension. this hypotension responded to half liter of normal saline. A broad work up including chest x-ray, Labs, Conan, EKGs, blood and urine cultures was initiated. Patient was placed on propofol for sedation. Bedside ultrasound showed a moderately to severely decreased left ventricular systolic function without a trace pericardial effusion.

VBG prior to intubation confirmed a respiratory acidosis and hypercapneic respiratory failure. Labs were remarkable for a leukocytosis to 15, a troponin of 0.13, BNP of 3700 an elevated procalcitonin and hematuria and pyuria. I suspect the patient's acute decompensation was due to the lack of ventilatory support and transport via POV between hospitals. I am not sure what her Baseline mental status is, but she has several reasons to have toxic and metabolic altered mental status. Given the fact that she had received doses of meropenem today we deferred further antibiotic treatment. I suspect her troponin elevation is due to demand rather than ACS.

After stabilization, Critical Care was consulted and accepted the patient for admission. The resident on staff informed me but he is very aware of the patient and she is well known to this Hospital.

Chart Review

Previous medical records requested.

Pertinent items reviewed: prior labs, prior hospital notes.

ED Course

Laboratory Results

Labs Reviewed

BLOOD GASES, VENOUS - Abnormal; Notable for the following components:

Result	Value
pH	7.25 (*)
pCO2	81 (*)
Bicarbonate	34.4 (*)

All other components within normal limits

UREA NITROGEN - Abnormal; Notable for the following components:

Urea Nitrogen	36 (*)
---------------	--------

All other components within normal limits

GLUCOSE - Abnormal; Notable for the following components:

Glucose	131 (*)
---------	---------

All other components within normal limits

SEPSIS LACTATE - Abnormal; Notable for the following components:

Blood Lactate	22 (*)
---------------	--------

All other components within normal limits

TROPONIN I - Abnormal; Notable for the following

ED Provider Notes by Shin, Jeremy M., MD at 10/13/22 0416 (continued)

components:

Troponin I 0.13 (*)

All other components within normal limits

PROCALCITONIN - Abnormal; Notable for the following

components:

Procalcitonin 0.27 (*)

All other components within normal limits

UA,DIPSTICK - Abnormal; Notable for the following

components:

Blood 1+ (*)

Protein 1+ (*)

Leukocyte Esterase 3+ (*)

All other components within normal limits

UA,MICROSCOPIC - Abnormal; Notable for the following

components:

RBC per uL 147 (*)

WBC per uL 190 (*)

RBC per HPF 31 (*)

WBC per HPF 38 (*)

Trans Epi Cells 12 (*)

Hyaline Casts >20/LPF

(*)

Granular Casts Present (*)

All other components within normal limits

CBC (PERFORMABLE) - Abnormal; Notable for the following components:

White Blood Cell Count 15.33 (*)

Red Blood Cell Count 3.12 (*)

Hemoglobin 8.3 (*)

Hematocrit 28.3 (*)

MCH Concentration 29.3 (*)

Red Cell Distribution 56.9 (*)

Width-SD

Red Cell Distribution 17.7 (*)

Width-CV

Mean Platelet Volume 13.7 (*)

Absolute Nucleated 0.07 (*)

RBC Count

All other components within normal limits

DIFFERENTIAL, AUTOMATED (PERFORMABLE) -

Abnormal; Notable for the following components:

Absolute Neut Count 12.91 (*)

Absolute Immature 0.20 (*)

Gran Count

All other components within normal limits

SEPSIS LACTATE REPEAT - Abnormal; Notable for the following components:

Blood Lactate 22 (*)

All other components within normal limits

BLOOD GASES,VENOUS - Abnormal; Notable for the following components:

Bicarbonate 34.1 (*)

All other components within normal limits

ELECTROLYTE PANEL - Normal

PROTHROMBIN TIME PANEL - Normal

ED Provider Notes by Shin, Jeremy M., MD at 10/13/22 0416 (continued)

BACTERIAL CULTURE BLOOD

Narrative:

The following orders were created for panel order
Blood culture #1 - peripheral.

Procedure	Abnormality
-----------	-------------

Status	-----	-----	-----
--------	-------	-------	-------

Bacterial Culture Blood[582535330]	Normal
------------------------------------	--------

Preliminary result

Please view results for these tests on the individual orders.

BACTERIAL CULTURE BLOOD

Narrative:

The following orders were created for panel order
Blood culture #3 - peripheral.

Procedure	Abnormality
-----------	-------------

Status	-----	-----	-----
--------	-------	-------	-------

Bacterial Culture Blood[582535332]	Normal
------------------------------------	--------

Preliminary result

Please view results for these tests on the individual orders.

BACTERIAL CULTURE URINE

BACTERIAL CULTURE RESPIRATORY

Narrative:

The following orders were created for panel order
Bacterial Culture Respiratory Lower (Sputum).

Procedure	Abnormality
-----------	-------------

Status	-----	-----	-----
--------	-------	-------	-------

Bacterial Culture Respir...[582535316]	
--	--

In process

Please view results for these tests on the individual orders.

RESPIRATORY CULTURE PERFORMABLE

RAINBOW DRAW TO LABORATORY

Narrative:

The following orders were created for panel order
Rainbow Draw (ED Adult Blood Draw: Nurse
Protocol).

Procedure	Abnormality
-----------	-------------

Status	-----	-----	-----
--------	-------	-------	-------

Extra Red Top (Plastic)[582534516]	
------------------------------------	--

Final result

Extra Light Blue Top[582534518]	
---------------------------------	--

Final result

Extra Dark Green Top[582534520]	
---------------------------------	--

Final result

Extra Light Green Top[582534522]	
----------------------------------	--

Final result

Extra Light Green Top[582534524]	
----------------------------------	--

Final result

Extra Light Green Top[582534526]	
----------------------------------	--

ED Provider Notes by Shin, Jeremy M., MD at 10/13/22 0416 (continued)

Final result

Pink Top-Blood Bank Hold...[582534528]

Final result

Extra Lavender Top[582534530]

Final result

Extra Gold Top[582534532]

Final result

Please view results for these tests on the individual orders.

EXTRA RED TOP (PLASTIC)
EXTRA LIGHT BLUE TOP
EXTRA DARK GREEN TOP
EXTRA LIGHT GREEN TOP
EXTRA LIGHT GREEN TOP
EXTRA LIGHT GREEN TOP
PINK TOP-BLOOD BANK HOLD SPECIMEN
EXTRA LAVENDER TOP
EXTRA GOLD TOP
CREATININE,WHOLE BLOOD
CBC & AUTO DIFFERENTIAL

Narrative:

The following orders were created for panel order CBC with differential.

Procedure	Abnormality
-----------	-------------

Status	
--------	--

-----	-----	-----
CBC[582535322]	Abnormal	

Final result

Differential, Automated[582535324] Abnormal

Final result

Please view results for these tests on the individual orders.

URINALYSIS,ROUTINE

Narrative:

The following orders were created for panel order UA microscopy.

Procedure	Abnormality
-----------	-------------

Status	
--------	--

-----	-----	-----
UA,Dipstick[582535312]	Abnormal	

Final result

UA,Microscopic[582535314] Abnormal

Final result

Please view results for these tests on the individual orders.

TYPE AND SCREEN

TYPE AND SCREEN

Imaging Results

XR chest ap portable (1 view)

Preliminary Result by Chen, Joseph J., MD (10/13 0414)

IMPRESSION:

Endotracheal tube with tip terminating approximately

ED Provider Notes by Shin, Jeremy M., MD at 10/13/22 0416 (continued)

3.8 cm above the carina.

Calcified thoracic aorta.

The cardiomeastinal silhouette is effaced with multifocal consolidative opacities predominantly throughout the bilateral lower lung fields and right upper lung field concerning for multifocal pneumonia.

Small right pleural effusion. No pneumothorax.

No acute osseous abnormality. Extensive degenerative changes of the bilateral glenohumeral joints and visualized spine.

No pneumothorax.

THIS IS A PRELIMINARY REPORT THAT HAS NOT BEEN REVIEWED BY AN ATTENDING RADIOLOGIST.

Dictated by: Joseph Chen 10/13/2022 4:14 AM

Consults

ED CM Consult Completed

Date and Time	Initial Review Complete	User
10/13/22 0326	Completed	CAE

Progress Notes / Reassessments

ED Course as of 10/13/22 1908

Thu Oct 13, 2022

0416 ICU paged for admit

[RK]

0433 Signed out to MICU. [RK]

ED Course User Index

[RK] Knecht, Richard A. III, MD

ED Procedure Notes

Any ED procedures performed are documented on separate ED procedure notes.

Clinical Impression

1. Respiratory distress

ED Provider Notes by Shin, Jeremy M., MD at 10/13/22 0416 (continued)

2. Palliative care by specialist
3. Pain
4. Severe dementia, unspecified dementia type, unspecified whether behavioral, psychotic, or mood disturbance or anxiety
5. Protein-calorie malnutrition, unspecified severity (HCC/RAF)
6. Septic shock (HCC/RAF)
7. ARDS (adult respiratory distress syndrome) (HCC/RAF)
8. Acute respiratory failure with hypoxia (HCC/RAF)
9. Cardiogenic shock (HCC/RAF)
10. Aspiration pneumonia of both lungs, unspecified aspiration pneumonia type, unspecified part of lung (HCC/RAF)
11. Myocardial injury
12. Left ventricular failure associated with sepsis (HCC/RAF)
13. Acute pulmonary edema (HCC/RAF)

Disposition and Follow-up

Disposition: Admit [3]

Future Appointments

Date	Time	Provider	Department	Center
10/17/2022	5:00 PM	SCIC MR02 3T	MRI SCIC	DT NH SC RAD
11/17/2022	1:15 PM	Caprioli, Joseph, MD	JS Glaucoma	OPH
12/14/2022	1:30 PM	Ahmad, Jawad N., MD	JS COMP	OPH

Follow up with: No follow-up provider specified.

Return precautions are specified on After Visit Summary.

Current Discharge Medication List

Orders Placed This Encounter

- Blood culture #1 - peripheral
- Blood culture #3 - peripheral
- Urine culture, catheterized
- Bacterial Culture Respiratory Lower (Sputum)
- COVID-19 PCR, Nasopharyngeal
- Bacterial Culture Respiratory
- Bacterial Culture Blood
- Bacterial Culture Blood
- MRSA Surveillance, Nares
- MRSA Surveillance, Nares
- XR chest ap portable (1 view)
- POCUS ED LIMITED ULTRASOUND
- XR chest ap portable (1 view)
- Blood Gases, venous
- Rainbow Draw (ED Adult Blood Draw: Nurse Protocol)
- Extra Red Top (Plastic)

ED Provider Notes by Shin, Jeremy M., MD at 10/13/22 0416 (continued)

- Extra Light Blue Top
- Extra Dark Green Top
- Extra Light Green Top
- Extra Light Green Top
- Extra Light Green Top
- Pink Top-Blood Bank Hold Specimen
- Extra Lavender Top
- Extra Gold Top
- Electrolyte Panel (Na, K, Cl, CO2)
- Urea Nitrogen
- Creatinine
- Glucose
- Sepsis Lactate
- CBC with differential
- UA microscopy
- Troponin
- Prothrombin time (PT/INR)
- Procalcitonin
- UA,Dipstick
- UA,Microscopic
- CBC
- Differential, Automated
- Sepsis Lactate Repeat
- Blood Gases,venous
- CBC & Auto Differential
- TSH with reflex FT4, FT3
- Blood Gases,venous
- Iron & Iron Binding Capacity
- Ferritin
- Blood Gases,venous
- Free T4 reflex only
- BNP
- Vancomycin,random
- Triglycerides (Once prior to initiation of propofol drip)
- Hepatic Funct Panel
- Hepatic Funct Panel
- Lactate
- Vancomycin,trough
- Blood Gases,venous
- Lactate
- Basic Metabolic Panel
- Zinc, Plasma
- Folate,Serum
- Cardiac monitoring
- Monitor I/O (goal UO \geq 0.5 mL/kg/hr)
- Document blood pressure q15min during infusion and for at least 1 hour after the infusion completes
- Notify physician (parameters specified)
- Initiate Severe Sepsis/Septic Shock Nurse Driven Protocol Panel if Criteria Met
- Initiate C-Diff Nurse Driven Protocol Panel if Criteria Met
- Perform and document RN severe sepsis screen within two hours of admission
- Vital signs per unit routine
- Place and maintain SCD/alternating leg pressure device

ED Provider Notes by Shin, Jeremy M., MD at 10/13/22 0416 (continued)

- Maintain urinary catheter to gravity drainage
- Initiate Nurse Driven Protocol for Assessment and Removal of Unnecessary Urinary Catheters if Criteria Met
- Urinary catheter-change catheter
- Nursing communication
- Wound care
- Wound care
- Ok to use central line
- Full Code
- Consult to Palliative Care
- Consult to Social Work
- Consult to Wound Care
- Consult from Physician to Nutrition Services
- Isolation Status: Add: N/A; Remove: Enhanced Droplet and Contact
- Initial Mechanical Ventilation
- Airway Clearance Therapy Modality: IPV
- ACT/HHN (10) Modality: IPV
- ACT/HHN (10) Modality: Aerogen
- POCT glucose
- ECG 12 lead
- Echo adult transthoracic complete
- Type and screen
- Type and screen
- Insert peripheral IV
- Bed Request
- Admit to Inpatient (Non-Attending)
- Non-behavioral (non-violent/non-self destructive) restraint RR/SM
- Aspiration precautions
- sodium chloride 0.9% IV soln bolus
- propofol 1000 mg/100 mL inj
- etomidate 2 mg/mL inj
- rocuronium 10 mg/mL inj
- etomidate 2 mg/mL inj
- rocuronium 10 mg/mL inj
- propofol 1000 mg/100 mL drip - CODE USE
- DISCONTD: phenylephrine 50 mg in dextrose 5% 250 mL drip
- sodium chloride 0.9% IV soln
- norepinephrine 8-0.9 mg/250 mL-% drip RTU
- hydrocortisone inj 50 mg
- chlorhexidine 0.12% soln 15 mL
- DISCONTD: fentaNYL 1000 mcg/100 mL drip RTU (TITRATABLE/ICU)
- fentaNYL 1000 mcg/100 mL (10 mcg/mL) RTU drip 1000 mcg/100 mL
- norepinephrine 8 mg/250 mL NS drip RTU (TITRATABLE/ICU)
- DISCONTD: ascorbic acid tab 500 mg
- DISCONTD: erythromycin 5 mg/g oph oint 0.5 inch
- DISCONTD: folic acid tab 1 mg
- DISCONTD: ipratropium-albuterol 0.5-2.5 mg/3 mL inh soln 3 mL
- latanoprost 0.005% oph soln 1 drop
- DISCONTD: levothyroxine tab 100 mcg
- DISCONTD: multivitamin liquid 15 mL
- DISCONTD: ascorbic acid 500 mg/5 mL liquid 500 mg
- **AND Linked Order Group**

ED Provider Notes by Shin, Jeremy M., MD at 10/13/22 0416 (continued)

- meropenem 1 g in sodium chloride 0.9% 50 mL IVPB MB
- meropenem 1 g in sodium chloride 0.9% 50 mL IVPB MB
- DISCONTD: meropenem 1 g in sodium chloride 0.9% 50 mL IVPB MB
- vancomycin per pharmacy
- DISCONTD: sulfamethoxazole-trimethoprim 268.8 mg of trimethoprim in dextrose 5% 500 mL IVPB
- hydrocortisone inj 50 mg
- DISCONTD: propofol 10 mg/mL drip (TITRATABLE/ICU)
- DISCONTD: pantoprazole inj 40 mg
- dexmedetomidine 400 mcg/100 mL drip RTU (TITRATABLE/ICU)
- vancomycin 750 mg in dextrose 5% 150 mL IVPB RTU
- dextrose 5% IV soln
- sodium chloride 0.9% IV soln
- multivitamin liquid 15 mL
- levothyroxine tab 100 mcg
- folic acid tab 1 mg
- ascorbic acid 500 mg/5 mL liquid 500 mg
- DISCONTD: pantoprazole 40 mg/20 mL susp 40 mg
- pantoprazole 40 mg/20 mL susp 40 mg
- ipratropium-albuterol 0.5-2.5 mg/3 mL inh soln 3 mL
- acetylcysteine 20% inh 400 mg
- albuterol (2.5 mg/3mL) 0.083% nebu soln 5 mg
- acetaminophen 32 mg/mL liquid 500 mg
- collagenase 250 units/g oint
- sulfamethoxazole-trimethoprim 268.8 mg of trimethoprim in dextrose 5% 500 mL IVPB
- sodium chloride 0.9% IV soln bolus 250 mL
- polyethyl glycol-propyl glycol (SYSTANE) 0.4-0.3% ophthalmic gel
- UNABLE TO FIND
- UNABLE TO FIND
- Zinc 30 MG TABS
- cholecalciferol 25 mcg (1000 units) tablet
- collagenase (SANTYL) 250 units/g ointment
- gentamicin 0.1% ointment
- nystatin powder
- rosuvastatin 10 mg tablet
- thiamine 100 mg tablet
- loperamide 2 MG tablet
- Multiple Vitamins-Minerals (EMERGEN-C VITAMIN C) PACK
- MAGNESIUM-POTASSIUM PO
- abaloparatide (TYMLOS) 3120 mcg/1.56 mL injection pen
- levothyroxine 100 mcg tablet
- cholestyramine pwd packet 4 g
- erythromycin 5 mg/g oph oint 0.5 inch
- rosuvastatin tab 10 mg
- polyvinyl alcohol-povidone (Refresh) 1.4-0.6% oph solution 1 drop
- zinc sulfate heptahydrate cap 50 mg of elemental zinc
- nystatin 100,000 units/g pwd
- gentamicin 0.1% oint
- thiamine tab 100 mg

Scribe Signature

ED Provider Notes by Shin, Jeremy M., MD at 10/13/22 0416 (continued)

Resident Signature

Knecht, Richard A. III, MD
Resident
10/13/22 1908

ATTENDING NOTE

I was present with the resident during the key/critical portions of this service. I have discussed the management with the resident, have reviewed the resident note and agree with the documented findings and plan of care.

MD Critical Care Excluding Separately Billable Procedures

Time: 30 minutes

Time spent on: examination of patient, development of treatment plan, re-evaluations, ordering, performing treatment, interventions

Reason: High probability of respiratory and circulatory failure that required my full attention while the patient was critical.

Shin, Jeremy M., MD
10/17/22 1241

Electronically signed by Shin, Jeremy M., MD at 10/17/22 1241

*** End of Report ***

H&P by Chang, Steven Y., MD, PhD at 10/13/22 0437

Author: Chang, Steven Y., MD, PhD	Service: Medicine - Critical Care (ICU)	Author Type: Physician
Filed: 10/13/22 1732	Date of Service: 10/13/22 0437	Creation Time: 10/13/22 0437
Status: Signed	Editor: Chang, Steven Y., MD, PhD (Physician)	
Related Notes: Original Note by Tabrizi, Roxana, MD (Resident) filed at 10/13/22 1528		

MICU History and Physical

PMD: Jarchi, Shahriar, MD
DATE OF SERVICE: 10/13/2022
HOSPITAL DAY: 0
CHIEF COMPLAINT: Respiratory Distress (R/O aspiration AMA CSMC) and Altered Mental Status

History of Present Illness

H&P by Chang, Steven Y., MD, PhD at 10/13/22 0437 (continued)

95 y/o female w/ complex medical hx including dementia, mixed hypercapnic and hypoxemic respiratory failure, OSA previously on AVAPS, pAfib, HTN, ischemic cardiomyopathy with multivessel CAD c/b NSTEMI 2018, bilateral carotid artery stenosis, recurrent falls c/b SDH, chronic rhinosinusitis and fungal ball s/p sinus surgery in past, recurrent aspiration pneumonias with previous trach s/p decannulation, recent hospitalizations for aspiration pneumonia ultimately s/p PEG placement.

Patient was at CS medical center, admitted 10/6 - 10/13 for AHRF with large right sided pleural effusion, thought to be multifactorial - possibly due to chronic congestive heart failure as well as pneumonia. Notably on this admission, patient found to be hypernatremic to 160's. Mrs. Carey received diuretics and broad spectrum antibiotics - meropenem, vancomycin, and bactrim for stenotrophomonas coverage. Patient was briefly in the ICU, downgraded as of 10/11 on steady BiPAP settings 12/7 per care everywhere review of CS notes.

Per social worker note, "Tonight, patient was on continuous flow BIPAP and son wanted to see if she could be without it. The BIPAP was removed and patient quickly became hypoxic, so BIPAP was restarted. Son then wanted patient's tube feeds restarted (they were stopped due to aspiration risk with BIPAP). Assigned team did not want to do this, due to risk, so son called GI MD and got an order to restart feeds. Patient appeared to aspirate, at which time a chest xray was ordered and son was reminded that he was not allowed to stay overnight. Son was assured and reassured that patient would receive close monitoring while he was away (she was already 1:2), but son refused, arguing that he needs to be there to ensure care and that he would take her out if they wouldn't let him stay. Staff tried to dissuade him, but were unsuccessful.

Son contacted ambulance company and arranged transport. He did not tell the company that patient was on continuous BIPAP; when ambulance arrived and saw the BIPAP and started to refuse transport, son asked the primary RN to tell the ambulance crew that patient was only in hospital for hypoxia; he did not want RN to mention all of the other issues involved in hospitalization. RN refused to, in Charmaine's words, "lie" to the ambulance crew and they left. Son then put patient in wheelchair and drove her to UCLA."

Patient's son at bedside this morning, states that he decided to leave CS AMA given the fact that he was concerned about a possible aspiration event that was not being treated appropriately. The patient is A&Ox0 at baseline and functionally quadriplegic. Patient's son brought patient in personal vehicle without BiPAP in unstable state to RRMC. Showed up at RRMC ED with worsening respiratory distress, per emergency department.

Given the fact that the ED was not aware of baseline mental status, increasing work of breathing, and worrisome VBG, patient was intubated after confirming goals of care with the patient's son at bedside.

ED Course

ED Triage Vitals

Temp	Temp	BP	Heart	Resp	SpO2	O2	Pain	Weight
	Sourc		Rate			Devic	Score	ht
	e					e		
10/13/	10/13/	10/13/	10/13/	10/13/	10/13/	10/13/	--	10/13/
22	22	22	22	22	22	22		22
0355	0355	0259	0259	0259	0259	0548		0450
36.1	Bladd	108/7	91	18	100	ETT;		52.2
°C	er	8			%	Mech		kg
(97						anica		(115
°F)						I		lb 1.3
						Ventil		oz)
						ator		

Past Medical History

H&P by Chang, Steven Y., MD, PhD at 10/13/22 0437 (continued)

Past Medical History:

Diagnosis	Date
• AF (atrial fibrillation) (HCC/RAF)	08/07/2018
• AKI (acute kidney injury) (HCC/RAF)	12/13/2020
• Atrial fibrillation (HCC/RAF)	
• CAD (coronary artery disease)	
• Chronic sinus infection	
• Compression fracture of C-spine (HCC/RAF)	
• Diabetes mellitus, type II (HCC/RAF)	01/13/2022
• Drusen (degenerative) of macula, bilateral	
• Exposure to environmental toxic substances	
• Glaucoma	
• Head injury	
• Headache	
• Heart disease	
• History of heart attack	06/13/2018
• Hyperlipidemia	
• Hypertension	
• Hypothyroidism	
• Lumbar vertebral fracture (HCC/RAF)	
• Lung disease	
• Memory loss	
• NSTEMI (non-ST elevated myocardial infarction) (HCC/RAF)	
• Osteoporosis	
• Pelvic mass	
• Sacral decubitus ulcer	09/09/2021
• SDH (subdural hematoma)	
• Subdural hematoma	
• Syncope	01/09/2020
• Thoracic injuries	
• Thyroid disease	
• Vision abnormalities	

Past Surgical History

Past Surgical History:

Procedure	Laterality	Date
• APPENDECTOMY		
• BRAIN SURGERY SDH		
• CATARACT EXTRACTION W/ INTRAOCULAR LENS & ANTERIOR VITRECTOMY	Bilateral	
• COLONOSCOPY		
• HIP FRACTURE SURGERY	Right	

Family History

Family History

Problem	Relation	Age of Onset
• Stroke	Mother	
• Lymphoma NHL - industrial intoxication	Son	
• Anesthesia problems	Neg Hx	
• Malignant hyperthermia	Neg Hx	

H&P by Chang, Steven Y., MD, PhD at 10/13/22 0437 (continued)

Social History

Social History

Socioeconomic History

- Marital status: Widowed
- Number of children: 2
- Years of education: 3
- Highest education level: 3rd grade

Occupational History

- Occupation: Retired Clothing Designer
- Occupation: Retired Dancer

Tobacco Use

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used

Vaping Use

- Vaping Use: Never used

Substance and Sexual Activity

- Alcohol use: No
- Drug use: No
- Sexual activity: Never

Other Topics

Concern

- Do you need help to transfer to a chair? Yes
- Can you walk outside your home with or without assistance? No
- Has your current physical state been stable for 4-6 months? No
- Do you use any assistive devices (cane, walker, wheelchair)? Yes
- Have you had any falls within the last 3 months? Yes
- Has your current physical state been stable for more than 6 months? No
- Can you walk in your home with or without assistance? No
- Has your current physical state been stable for 0-3 months? No
- Do you now, or have you in the past, taken medication for anxiety? No
- Do you have a history of drug abuse/dependence (prescription meds, cocaine, amphetamines, heroin)? List drugs in comments No
- Do you now, or have in the past, had a problem with chronic pain (pain lasting longer than 3 months for which you sought help of a physician)? Yes
- Do you use marijuana? No
- Do you now, or have you in the past, taken any pain meds (other than Tylenol or Advil) on a

H&P by Chang, Steven Y., MD, PhD at 10/13/22 0437 (continued)

- regular basis? List drugs in
comments
- Need Help Feeding Yourself? Yes
 - Need Help Getting Dressed? Yes
 - Need Help Using the Telephone? Yes
 - Need Help Managing Money? (Tracking Expenses, Paying Bills) Yes
 - Need Help Shopping for Groceries? Yes
 - Need Help Getting Places Beyond Walking Distance? (Bus, Taxi) Yes
 - Need Help Getting from Bed to Chair? Yes
 - Need Help Bathing or Showering? Yes
 - Need Help Taking your Medications? Yes
 - Need Help Doing Moderately Strenuous Housework? (ex. Laundry) Yes
 - Need Help Driving? Yes
 - Need Help Getting to the Toilet? Yes
 - Need Help Walking Across the Road? (Includes Cane, Walker) Yes
 - Need Help Preparing Meals? Yes
 - Need Help Shopping for Personal Items? (Toiletries, Medicines) Yes
 - Need Help Climbing a Flight of Stairs? Yes
 - Do you live with someone who assists you at home? Yes
 - Do you get help from family members or friends in your home? Yes
 - Do you employ someone to provide health related care or help you in your home? No
 - Do you provide care for a family member? Yes
 - Does your home have rugs in the hallway? Yes
 - Does your home have poor lighting? Yes
 - Does your home lack grab bars in the bathroom? Yes
 - Does your home lack handrails on the stairs? Yes
 - Have you noticed any hearing difficulties? Yes
 - Do you currently participate in any regular activity to improve or maintain your physical fitness? Yes
 - Do you always wear a seatbelt? Yes