

NO. **34875-6**

COURT OF APPEALS
OF THE STATE OF WASHINGTON
DIVISION TWO

In re the Personal Restraint of

ALAA HASSAN,

Petitioner.

PERSONAL RESTRAINT PETITION

**PETITIONER UNDER UNLAWFUL RESTRAINT
IMPOSED BY JUDGMENT OF THE PIERCE COUNTY
SUPERIOR COURT, THE HONORABLE BEVERLY GRANT**

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A. STATUS OF PETITIONER

1. RESTRAINT

Alaa Hassan is currently at liberty pending an appeal from a deportation order. *Declaration of Debra Morales*, at ¶¶ 6, 12. That deportation order is based upon the judgment of conviction entered on August 17, 2004 in Pierce County Superior Court No. 04-1-03172-1 by the Honorable Beverly Grant. *Id.* at ¶¶ 5, 10. Therefore petitioner Hassan is under a disability resulting from that judgment and sentence.

2. DIRECT APPEAL

On August 17, 2004 Hassan plead guilty plea to Assault 2 and was sentenced on that date. He made a post-judgment CrR 7.8 motion for relief from judgment, and asked for leave to withdraw his guilty plea on the grounds that he was misadvised as to the deportation consequences of his guilty plea. That motion was denied orally on October 28, 2005, and in writing on December 9, 2005. Hassan filed a timely notice of appeal and that appeal is pending in this Court under COA No. 34072-1-II.

3. MOTION FOR CONSOLIDATION

Along with this PRP, petitioner has filed a motion to consolidate the PRP with his pending direct appeal.

4. FIRST PETITION

No previous personal restraint petition has ever been filed.

B. JURISDICTION

Petitioner's restraint is unlawful pursuant to RAP 16.4(c) subsections (2) and (3). His conviction was obtained in violation of the federal and state constitutions. There are material facts which have not been previously presented and heard which, in the interest of justice, require vacation of his conviction.

C. STATEMENT OF THE CASE

Petitioner hereby incorporates by reference the Statement of the Case set forth in his opening brief in his direct appeal currently pending under *State v. Hassan*, COA No. 04-1-03172-1. In addition to those facts, petitioner sets forth the following facts attested to in the accompanying declarations of the following people: (1) Alaa Hassan; (2) Kamal Abou-Zaki; (3) Ahmed Hammou; (4) Debra Morales; (5) Roy Gould; (6) Nancy Phelps; (7) James E. Lobsenz; and (8) Lenell Nussbaum.

1. APPENDECTOMY AND RELATED HEALTH PROBLEMS PRIOR TO JAIL CONFINEMENT.

On March 27, 2004 petitioner Hassan was admitted to Tacoma General Hospital. As noted in the Emergency Services Report:

This is a 38 year old man whose only language is Arabic. His English-Arabic wife is here with him serving as a translator. The patient states he became ill yesterday with midabdominal pain increasing through the afternoon and through the night with nausea, no vomiting. The pain is now localized to the right lower quadrant.

Emergency Services Report, dated 3/27/04, *Lobsenz Decl.*, Appendix C.

A CT scan was positive for appendicitis. *Id.* Dr. Ronald Graf then performed an appendectomy. Procedure/Operative Note, dated 3/37/04, *Id.* Hassan was discharged from the hospital the following day. Admission & Discharge Summary, *Id.*

2. MEDICAL AND MENTAL HEALTH PROBLEMS WHILE INCARCERATED IN COUNTY JAIL.

On June 30, 2004, three days after he was arrested and incarcerated in Pierce County Jail, petitioner Hassan saw medical personnel in the Pierce County Jail. The first entry in his medical records, made by Nurse Debra Chandler, demonstrates that that Hassan was still experiencing problems with his appendectomy wound and that he was confused about his legal situation:

Inmate into clinic for kite complaints. States he had appendectomy 2 ½ months ago and developed an infection. He was on oral antibiotics and last seen by Dr. Graf approximately six weeks ago. States continues with drainage. Denies fever, chills or abdominal pain. Bowel movements normal. No blood or black tarry stools. No current medications. States in general good health. Denies chronic medical conditions. C/O increased anxiety and stress secondary to his incarceration. ***Command of English language is marginal and states he doesn't understand what is happening to him or why he is incarcerated.***

Entry for 6/30/04, Medical Records for PCDCC, (bold italics added) (*Id.*,

Appendix A). Nurse Chandler noted that during this first visit to the jail health clinic, Hassan was “quite tearful and shaking.” *Id.* Her assessment was that Hassan was suffering a “poor healing decision” post-appendectomy and from anxiety related to his incarceration. *Id.* Nurse Chandler took a culture from his incision site, gave Hassan a shot of Vistaril and a prescription for Vistaril tablets, to help with his anxiety, and referred Hassan to the jail’s Mental Health clinic. *Id.*

Two days later, on July 2, 2004, Hassan was seen again by Dr. Beverly Curtice after he complained of chest pains and attempted suicide:

Inmate into clinic for c/o chest pain per kite written in inmates behalf. Per kite c/o left arm feeling heavy and going numb off and on t/out the day. Today denies this. States now that his throat hurts and hard to swallow. Inmate brought down to clinic after medical emergency was called and cancelled. ***Inmate tried to cut right wrist. Uncertain what was used.*** Inmate was seen by myself on 6/30/04 for infection along incision site and was quite anxious and upset regarding his charges and being incarcerated at that visit. He was given IM Vistaril and placed on PO medication and referral to MHP was initiated.

Entry for 7/2/04, Medical Records for PCDCC, (bold italics added) (*Id.*, Appendix A).

Nurse Curtice diagnosed Hassan as suffering from “Situational depression/Anxiety with suicide gesture” and from an “[i]nfection [of his] abdominal incision with staph and Group A strep.” *Id.* Dr. Curtice prescribed antibiotics (Septra DS and Augmentin) and directed that

Hassan speak with mental health professional Jose Palmas. *Id.* Dr. Curtice also suggested that the mental health professional speak to Hassan with the assistance of an interpreter. *Id.*

Palmas then spoke with Hassan, and completed a mental Health Screening Report. In addition to making comments about Hassan's suicide attempt, Palmas also noted that Hassan was expressing concern about the possibility of deportation:

MENTAL CARE HISTORY

Reason for Referral

D/R.AT & T interpreter. ***Report of suicidal gesture.*** Depressed mood and affect. ***Concerned about legal issues,*** deteriorated relationship with wife ***and possible deportation.*** ***Suicide Risk: Moderate/High.*** ***Suicide precautions*** and md eval. No comp concerns.

Inpatient Psychiatric History

Denies.

Family History of Illness

Denies.

Legal/Forensic Issues

See LINX. ***He is concerned about possible deportation.***

Alcohol/Drugs History

Admits to occasional alcohol only, no street drugs.

Significant medical Issues

Cut wrist with metal part of pencil.

CURRENT MENTAL STATE

Appearance

WNL Gray uniform. *Laceration to wrist.*

Psychomotor Activity

WNL.

Behavior/Manner

Passive Apologetic, self-deprecating "I am just coachroach." [Sic]

Affect

Restricted. Sad.

Depressed

Anxious moderate level, worried about current legal and marital situations.

Mood

Depressed. Crying following incident, easy to tear-up afterward.

July 2, 2004, Mental Health Screening Report, PCDCC, *Id.*, Appendix B (bold italics added).

On July 4, 2004 Hassan was seen by Penny Hobson in the Mental Health Clinic of the jail. Her entry in the mental health clinic chart states that Corrections Officer Hammou was "present for translative assistance." Entry for 7/4/04, Mental Health Records for PCDCC, (bold italics added) (*Id.*, Appendix B). Hobson's entry documents Hassan's suicide attempt:

Seen for follow up in interview room with CO Hammou present for translative assistance. Prior to meeting with I/M CO Hammou had read the "letter" found in I/M's cell after his self harm attempt. Letter was in Arabic and concern was it may be a suicide note. Per CO, the writings are re: his upset with his wife and being in jail but do not contain

any references to suicide. On interview I/M presents with depressed mood, upset re: conflict with his wife (victim) and with not being allowed to resolve their problems. Also upset by phone contacts with an attorney acquaintance who has been unfriendly and unhelpful and who per I/M predicts I/M will have a long jail stay and then be deported. Feels very discouraged re: his situation. Acknowledges scratching wrist with pencil but states he regrets this very much and that it is not something he has ever done before or would ever repeat. Is very unhappy with current housing and precautions. Clearly agrees to notify staff if DTS. Denies hx of MH problems or treatment. Discussed coping strategies, CO will get I/M a Koran in Arabic and will have someone from his mosque come to visit I/M for support. I/M had already arranged to have Muslim chaplin [sic] visit weekly starting 7-6. Will be seen by Nurse Lynn tonight for dressing change on old surgical site.

Entry for 7/4/04, Mental Health Records for PCDCC, (bold italics added) (*Id.*, Appendix B). On July 6, 2004 the mental health clinic prescribed Trazodone for Hassan as treatment for an “[a]djustment D/O [disorder] with anxious and depressed features.”

On July 14, 2004, Hassan was seen in the medical clinic by Nurse Gaetz. Her chart entry documents the fact that Hassan had tested positive for tuberculosis. It also states that Hassan believed that he was going to be released from jail in approximately 30 days. Since Hassan plead guilty to Assault 2 approximately 30 days after this medical visit, this entry demonstrates that Hassan believed that he was going to be released as soon as he plead guilty:

+***PPD 10 mm.*** States never had + PPD before. Had clean

exam upon immigration to US. States has no problems except sleeping and anxiety/stress issues due to incarceration. No symptoms. NO known exposure to TB. Poor English but able to understand if spoken to slowly and explained carefully. ***States unsure if can take medication when released which should be in approx. 30 days.*** Would not rather start until he knows. Explained symptoms of + TB and need for continuation of medication.

Entry for 7/14/04, Medical Records for PCDCC, (bold italics added) (*Id.*, Appendix A).

The next day, July 15th, Hassan was back in the clinic having been sent there because he was complaining of shortness of breath. On arrival he was observed to be hyperventilating. Entry for 7/15/04, Medical Records for PCDCC (*Id.*, Appendix A). He was prescribed additional Vistaril. Id.

On the following day he was seen in the clinic again, and was given an electrocardiogram. Entry for 7/16/04, Medical Records for PCDCC (*Id.*, Appendix A). He was seen again on July 21, 2004 because he was hyperventilating again, and was again diagnosed as suffering from an anxiety disorder. Entry for 7/21/04, Medical Records for PCDCC (*Id.*, Appendix A). Nurse Chandler made a notation that she asked mental health to assess Hassan and she indicated that he “may need to see Psychiatrist.” *Id.*

At Chandler’s request, Hassan was seen by Dr. Halarnakar in the

Mental Health Clinic. Dr. Halarnakar then put Hassan on suicide watch:

I/M seen at nurse Debbie's request. I/M has been to the clinic on several occasions c/o anxiety/depressive symptoms such as not being able to breath [sic], chest pains, poor sleep, etc. I/M sitting in the waiting area and appears very distressed. I/M of Middle Eastern culture. He immediately began to cry when he was placed in a medical interview room. I/M's English is broken. He was very upset and had difficulty articulating his distress. He was seen by Dr. H and placed on Trazodone. For some reason this was DC'd and was placed on Doxepin. I/M has been refusing his meds for last three days. He made several references to no reason to live, not wanting to eat, cutting himself. I/M very distraught. He exhibits several symptoms related to anx/depression. He c/o being unable to sleep. He is fixed on his wife and why he is in jail I/M is having a hard time adjusting to jail life. I/M will be placed in 3NB suicide watch with mat, suicide blanket and uniform. Book and sandals okay. I/M seemed to be doing better after being out of his cell and talking about his situation. He later denies SI/plan. He became more articulate once he calmed down and seemed better able to cope. I/M assigned to 3NB. He will be reassessed on Thurs. 7/22/04. He was placed on Dr. H. list for a f/u on Monday. He may go to 3NA on 7/22 if he is doing better, eating and denies intent to harm self.

Entry for 7/21/04, Mental Health Records for PCDCC, (bold italics added)

(*Id.*, Appendix B).

Five days later on July 26, 2004 Dr. Halarnakar again saw Hassan in the mental Health Clinic. Dr. Halarnakar again diagnosed Hassan as suffering from anxiety and depression, and decided to increase his Doxepin dosage from 100 mg to 150 mg. Entry for 7/26/04, Mental Health Records for PCDCC, (bold italics added) (*Id.*, Appendix B).

On August 5, 2004 Hassan was again seen in the medical clinic, this time for the infection of his appendectomy scar. Nurse Chandler noted “redness and swelling by the incision, and remarked that the wound was warm to the touch. Entry for 8/05/04, Medical Records for PCDCC (*Id.*, Appendix A). Nurse Chandler placed Hassan on the urgent list (meaning that if he requested it, he was to be brought to the medical clinic immediately, without having to wait to go through normal inmate paperwork procedures).

On August 6th Hassan was seen again for the infection to his appendectomy scar, and for dental pain:

Inmate into clinic for c/o dental pain. Sore on oral mucosa and infection in right lower pelvis. States area is draining and nurses have been changing dressing. States this is different that [sic] incision site of cholestectomy.

Entry for 8/06/04, Medical Records for PCDCC (*Id.*, Appendix A). Nurse Chandler observed that in his abdomen Hassan had a “small draining furuncle noted right lower quadrant. Draining serious drainage, warm and tender to touch. Wound culture obtained and sent to lab.” *Id.* Hassan was provided an additional antibiotic (Bactrim DS). *Id.*

Eleven days later, on August 17, 2004, Hassan entered his guilty plea to Assault 2, and was sentenced to six months in jail. Over the course of the next two months, Hassan was seen five more times in the medical

clinic, twice for chest pains and rapid heart rate (tachycardia) and once for arm pain. See Entries of 9/1/04, 9/28/04, and 9/10/04 He was also seen three more times in the next two months by the Mental Health Clinic. See Entries of 8/3/04, 9/7/04 and 9/23/04.

The September 23, 2004 Mental Health Clinic consult was triggered by the mental distress Hassan suffered when he learned that INS was going to deport him. The entry for that date states:

Seen on 9-22-04 at the request of unit staff who report I/M very upset after a visit from INS re: possible deportation. Seen in interview room for approx 45 min. I/M initially very tearful and upset, but was able to process appropriately, and his level of emotional control improved. I/M denied DTS/DTO ideation, intent or plan. Agreed to no harm and to notify. *I/M is future focused and hopeful he can utilize the remainder of his PCJ sentence to try and remain in the US.* MH worked with unit staff and Duty Sgt. To locate CO Hammou who is able to help translate some of the paperwork I/M received today. I/M aware MH staff can follow up as needed, and he agreed to kite

Entry for 9/23/04, Mental Health Records for PCDCC, (bold italics added)
(Lobsenz Declaration, Appendix B).

3. OBSERVATIONS OF THE INTERPRETER KAMAL ABOU-ZAKI.

Kamal Abou-Zaki served as the interpreter for Hassan's defense attorney Dixie Krieg. He states:

Mr. Hassan is from Egypt and his first language is Arabic. In my opinion his understanding and his command of

English is rather poor.

Declaration of Kamal Abou-Zaki, ¶ 4.

Abou-Zaki was present when attorney Krieg visited Hassan in the jail and when Hassan came to court and entered his guilty plea. He observed Hassan's mental condition as follows:

Each time that I saw Mr. Hassan in jail he was in a hysterical condition. He showed no control over himself and was crying all the time. I tried to calm him down but I was not successful.

Declaration of Kamal Abou-Zaki, ¶ 5.

Although he interpreted what attorney Krieg had to say to Hassan, Abou-Zaki observed that Hassan was not understanding what was being said. Abou-Zaki specifically told attorney Krieg that Hassan was not listening to what he was being told, that he was not understanding what he was being told, and that he needed a psychiatrist:

Attorney Krieg said she needed some information from Mr. Hassan. But when I interpreted her questions, he would generally respond by crying, sobbing, stating over and over that he was not a criminal, and that he could not survive any longer in jail. ***I told attorney Krieg that he was not listening to what she was saying to him.***

After our first visit I told Ms. Krieg that I did not think he was fit to go to trial, and that maybe he should see a psychiatrist. She said we would simply have to try again, so we made additional jail visits to see him. She said she felt sorry for him.

Every visit with Mr. Hassan was basically the same. ***He***

never listened to what attorney Krieg said to him. I am 100% certain that he did not understand a single word she said. He was simply incapable of listening to her. He simply cried and repeatedly said things like, “I love my wife”; and “If I stay here in jail I am going to die.” It was not clear to me what he meant by that. I cannot say whether he meant that he would kill himself if he stayed in jail, but that certainly is a possibility.

Declaration of Kamal Abou-Zaki, ¶¶ 6-8 (bold italics added).

Abou-Zaki does not recall whether attorney Krieg talked to Hassan about immigration consequences of pleading guilty, but he is certain that if she did Hassan did not understand what he was told.

I do not remember whether attorney Krieg talked to Mr. Hassan about immigration matters or about the consequences of pleading guilty on his immigration status. But I am positive that if she did tell him about these things, he did not listen and he did not understand anything she said.

Declaration of Kamal Abou-Zaki, ¶¶ 9.

Abou-Zaki recalls that Hassan said that he wanted to go “home,” but contrary to what attorney Krieg has previously testified to, Hassan never said that he wanted to go back to Egypt. The misunderstanding may result from translation of the Arabic word Hassan used into the English word “home.” Krieg may have erroneously thought that by using the term “home” Hassan was referring to Egypt, but Abou-Zaki explains that this assumption would be incorrect:

Mr. Hassan did say at one point that he wanted to go home.

The Arabic word he used was “beit.” I translated that word into its English counterpart, the word “home.” In Arabic the word “baladi” means “country.” *Mr. Hassan* never used that word and *never said that he wanted to go to his country. Nor did he ever say he wanted to go to Egypt. The Arabic word for Egypt is “Masr.”*

It was not clear to me what Mr. Hassan meant by stating that he wanted to go home (“beit”), but I believe it is entirely possible that he was saying he wanted to go to his home in Washington State where he lived with his wife. That would certainly be very consistent with his repeated comments that he loved his wife . never meant to hurt her, and that he wanted to be with her. *I do not think that Mr. Hassan ever said he wanted to go back to Egypt. Attorney Krieg may have misunderstood and may have gotten that impression from the fact that I interpreted his statement that he wanted to “go home.”*

Mr. Hassan told attorney Krieg that he wanted to go back to work. It was my understanding that he worked at a local convenience store. Obviously, he could not go back to work at a local convenience store if he went to Egypt.

Declaration of Kamal Abou-Zaki, ¶¶ 10-12 (emphasis added).

Abou-Zaki also reports that Hassan insisted that he did not assault his wife, and that “she fell when she was backing up, but that he did not hit her.” *Id.* at ¶ 13. Although Hassan asked Abou-Zaki for legal advice, he says he never gave him any. *Id.* at ¶ 14. Abou-Zaki is emphatically certain that Hassan did not understand that he would be deported if he plead guilty:

I am absolutely certain that Mr. Hassan never understood that if he plead guilty he would be deported and that he would not be allowed to come back to the United States.

Declaration of Kamal Abou-Zaki, ¶ 16.

4. **OBSERVATIONS OF CORRECTIONAL OFFICER AHMED HAMMOU.**

Ahmed Hammou is employed as a correctional officer at the Pierce County Jail. He remembers Hassan had trouble understanding English and he recalls Hassan's suicide attempt:

Mr. Hassan had great difficulty understanding English. It was difficult for the jail staff to communicate with him. Sometimes I was asked to speak with him because I could speak with him in Arabic. ***I remember one time when he was interviewed by a county mental health professional ("MHP"), I translated so that the MHP could interview Mr. Hassan.***

Mr. Hassan had great difficulty understanding the court system. He could not understand that the judge wanted him to stay away from his wife. He thought that the court was supposed to help him get back together with his wife, and so he could not understand the concept that the court was ordering him to stay away from his wife.

He was very distressed and upset all the time. He loved his wife very much and was very depressed to be separated from her.

Although I was not present on the day he attempted suicide, ***I remember that he was put in the suicide observation room after he made a suicide attempt.*** One of the jail MHPs whose first name is Penny brought me a piece of paper that had been found in his cell. There was writing in Arabic on the paper. Penny thought that the writing might be a suicide note so she asked me to read it for her. I read it. I cannot remember what it said, but I do remember that it was not a suicide note.

I also remember that Mr. Hassan had some medical problems while he was in the Pierce County Jail, ***because I***

remember him going from the suicide watch room to the medical clinic, dressed in a suicide smock.

Declaration of Ahmed Hammou, ¶¶ 4-8 (bold italics added).

Hammou befriended Hassan, and helped him obtain a copy of the Koran. *Id.* at ¶¶ 9-10. He recalls that Hassan felt that remaining in the United States was very important, and, like Abou-Zaki, Hammou is quite sure that Hassan would never have plead guilty if he had realized that he would be deported because of his guilty plea.

I do not remember whether Mr. Hassan ever discussed the possibility of deportation with me. But I do know that staying in the United States was a very big thing for him. He wanted very much to be with his wife in the United States. ***He would never have done anything that would have jeopardized his ability to stay in the United States. If he had known that pleading guilty would lead to his deportation, he would never have plead guilty.***

Declaration of Ahmed Hammou, ¶ 11 (bold italics added).

5. POOR ADVICE GIVEN TO HASSAN BY HIS FRIEND ROY GOULD.

While he was in jail, and prior to his entry of a guilty plea, Hassan was visited by his friend Roy Gould. Like the interpreter and the jail guard, Gould confirms that Hassan did not want to go back to Egypt and that he wanted to go back to living with his wife in Tacoma. Gould further explains that he encouraged Hassan to plead guilty because Gould believed that the sooner Hassan plead guilty, the sooner he would get out of jail, and

the sooner he got out of jail, the less likely it was that INS would discover that he was in jail and decide to initiate deportation proceedings.

He was charged with assaulting his wife. He talked with me about what he should do. *He was worried about being deported to Egypt. He wanted to avoid that. He did not want to go back to Egypt. He wanted to go back to living with his wife in Tacoma.*

I told him that he should plead guilty as quickly as possible, because I thought that would speed up the time that he would be released from jail. I told him that as long as he was in jail, the INS had a good chance of finding out that he was in jail, and the chances of the INS Starting deportation proceedings were high. I told him that if he plead guilty he would get out of jail sooner, and that once he got out of jail, the chances were better that the INS would never contact him, and would never try to deport him. *So I told him that his chances of avoiding a deportation were better if he quickly plead guilty.*

When I gave him this advice, *I had no idea that if Mr. Hassan plead guilty as charged that the law required that he be deported. I never would have advised him to plead guilty if I had understood this. Moreover, I am quite sure that Mr. Hassan would never have plead guilty if he had understood this. In fact, he took my advice because he thought that by pleading guilty he could decrease the chances that he would be deported.*

Mr. Hassan's goal was to get back with his wife. He knew that he could not see her as long as the Court had him under a no contact order, but he believed that eventually the no-contact order would be removed, and he would be permitted to live with her again.

Declaration of Roy Gould, ¶¶ 5-8 (bold italics added).

6. DEPORTATION PROCEEDINGS.

Unfortunately, Gould's advice had exactly the opposite effect from that which he intended. By pleading guilty, Hassan acquired a felony conviction for Assault in the Second Degree, a crime of moral turpitude, for which deportation is a mandatory consequence. Once the jail notified Immigration that a judgment of conviction for Assault 2 had been entered, deportation proceedings were commenced.

Hassan is currently represented in the removal proceeding by attorney Debra Morales. Attorney Morales has explained that after completing his state court jail sentence Hassan was transferred from Pierce County Jail to the custody of federal officials. A deportation proceeding was commenced, Hassan was found deportable, and the judgment of deportation is now on appeal:

Mr. Hassan was first notified that the Department of Homeland Security, Immigration & Customs Enforcement was seeking to remove him from this country on September 15, 2004 when he was interviewed by ICE agents, while incarcerated in the Pierce County Jail. When Mr. Hassan completed his 6 month criminal jail sentence in Pierce County Jail he was transferred from the jail to the Northwest Detention Center, a federal immigration holding facility in Tacoma.

On October 26, 2004, Mr. Hassan was served with a Notice to Appear, a charging document which initiates removal proceedings. Mr. Hassan was charged as removable from the U.S. under the federal immigration statute. The alleged basis of removal was Mr. Hassan's conviction, on 8/17/2004, of Assault in the Second Degree, in violation of RCW 9A.35.021(1)(a) and 10.99.020, as a person who has

been convicted of a crime of domestic violence and a crime involving moral turpitude, commenced within 5 years after admission for which a sentence of one year or longer may be imposed. DHS/ICE set bond at \$50,000.

A bond hearing was had on November 1 and 5, 2004, before the Immigration Court. Mr. Hassan's bond was reduced to \$7,500.00. Bond was [sic] Shortly thereafter that bond was posted and Mr. Hassan was released from the custody of ICE.

Mr. Hassan's first removal hearing, a Master Calendar hearing before the immigration court, occurred on November 1, 2004.

Throughout the year 2005, the immigration removal proceedings were continued while awaiting adjudication of Mr. Hassan's motion for withdrawal of his guilty plea in the state court criminal case on the basis of due process violations.

The state court judge denied the motion for withdrawal on October 28, 2005.

On September 12, 2005, Mr. Hassan appeared for a Master Calendar hearing before the Immigration Court. The United States alleged that he was deportable because: he was not a citizen; he was a native and citizen of Egypt; he was admitted to the United States as the spouse of a U.S. citizen on May 12, 2003; and he was convicted in the Superior Court of the State of Washington on August 17, 2004 of Assault 2, in violation of RCW 9A.35.021(1)(a) [sic] and 10.99.020. Thus the United States alleged that he was subject to removal pursuant to Section 237(a)(2)(E)(i) of the Immigration and Nationality Act, as amended, for having been convicted of a crime of domestic violence, and pursuant to Section 237(a)(2)(A)(i), because within five years of admission to the United States he was convicted of a crime of moral turpitude for which a sentence of one year or longer may be imposed. The Immigration Court found that these allegations were sustained and that Mr. Hassan

was removable from the U.S. as charged.

The immigration proceedings have not finished. Mr. Hassan intends to pursue all legal and appellate remedies and continues to do so. This includes appeals to the Board of Immigration Appeals and to the Ninth Circuit Court of Appeals. At present his case remains in the Immigration Court pending further legal argument.

Declaration of Debra Morales, ¶¶ 4-12.

7. DECLARATION OF PETITIONER HASSAN.

Hassan has filed his own declaration in support of this petition. In it he explains that he met Nancy Phelps, an American citizen, in Cairo in 2000, and they got married in December of 2001. *Declaration of Alaa Hassan*, ¶¶ 7-9. In May of 2003 he received a green card and he and his wife then moved from Cairo to Tacoma where he worked as a handyman, a landscaper, a janitor, and as a clerk in an Arco gas station. *Id.* at ¶¶ 10-13.

Hassan had an emergency appendectomy in March of 2004, and following the operation his wound was repeatedly reinfected. *Id.* at ¶¶ 14-16. These medical problems continued after he was arrested on June 27, 2004 and taken to the Pierce County Jail:

Copies of my jail health services medical records are attached to the accompanying declaration of my attorney, Mr. James E. Lobsenz. As those records show, while I was in jail I had several medical problems. I had chest pains and problems with my heart. The doctors gave me an EKG exam and told me I had an arrhythmia. I had a positive reaction to a tuberculosis test. And I also had severe problems with my appendectomy wound. It became

infected again, and my wound began to leak blood and pus. My wound was very painful.

I was not able to shower regularly in the jail, and so I could not keep my wound clean. The pain from my wound was constant. My wound was not closed properly, and my internal flesh was exposed and pieces of my insides were hanging outside.

Several times while in jail I had chest pains and felt that I could not breathe properly. I felt like I had no oxygen in my body. I thought I was going to die in jail.

Declaration of Alaa Hassan, ¶¶ 19-21.

Hassan relates how he tried to kill himself, and the response taken by the Pierce County Jail authorities:

I decided to kill myself. I took a pencil and removed the metal part of the pencil that holds the eraser, and sharpened it with my teeth. Then I used the metal as a razor to cut myself. I cut my wrists with it, trying to kill myself.

After I tried to kill myself, the jail put me in a suicide room. I spent two weeks there . That was the worst time of all. They take away all of your clothes so you are naked. The room has a glass wall so that everyone can see you.

Declaration of Alaa Hassan, ¶¶ 23-24.

The jail also gave Hassan several different kinds of medicine. While petitioner Hassan does not know the names of these medications, he knows that one of them made his mind feel “blank”:

While I was in jail I was taking three different kinds of medicine every day. I took each medicine three times a day, so I was taking a total of nine pills every day. *One of*

the medicines I took was a small red and white capsule. I was told that this medicine was to make me calm and not crazy. This capsule had the effect of making my mind blank. It made me paralyzed in my mind. In Arabic the word for the feeling I had when I took this medicine is “mastool.” That word translates into English roughly as the slang word “stoned.” Many times I told the nurse who brought me this medicine that I did not want to take it.

I also took a white tablet which they told me was an antibiotic.

And I also took a round white pill which I was told was to help me sleep. The inmates in the jail used this pill as a type of trade. They would use it to buy candy or coffee from another inmate (one pill was worth ten coffees).

Declaration of Alaa Hassan, ¶¶ 25-27 (bold italics added).

While he was in jail, Hassan had other inmates write letters for him which he sent to his wife’s brother, Shawn Phillips. *Id.* at ¶ 29. Shawn Phillips kept these letters. These letters provide a contemporaneous account of Hassan’s thoughts, describe his suicide attempt, and demonstrate that he wanted to resume living with his wife Nancy in their home in Tacoma, but knew that he couldn’t do that right away because of the no contact order that had been entered. *Id.* at ¶¶ 30-31. The second letter was written after a man visited Hassan in jail and told Hassan “that [he] should just wait until [he] got [his] American citizenship and then [he] should leave Nancy,” again demonstrating that everyone knew that Hassan wanted to become an American citizen. *Id.* at ¶ 31.

When Hassan plead guilty he did not know what the word “assault” meant. He thought it included yelling and screaming. He did not understand that it meant hitting. Consequently, he plead guilty to a crime that he now understands he did not commit:

I knew that I was charged with a crime called “assault” but I did not know what that word meant exactly. I thought it meant fighting and I though the fighting could be yelling and screaming. I did not know that the word meant hitting. No one translated the word “assault” for me.

I did not know what the word “injuries” meant.

I did not know what the word “significant” meant.

I did not know what the words “harm,” “feloniously,” “substantially,” or “intentionally” meant.

Long after I plead guilty to the crime of second degree assault, I learned a little bit about what these words meant and what I was accused of doing. I do not think I was guilty of second degree assault. It is true that my wife fell and hit the floor and got hurt, but that was not because I hit her.

Declaration of Alaa Hassan, ¶¶ 35-39.

Hassan relates that neither attorney Krieg nor the interpreter drew his attention to the portion of the Statement of Defendant on Plea of Guilty which talks about the possibility that a conviction will trigger deportation consequences. *Id* at ¶¶ 33-34. He explains that he believed that he was going to be released from jail immediately after he plead guilty; that he told his attorney that once released his plan was to go and live at the Tacoma

mosque; and that when he was eventually released from the federal detention facility he did go and live in Tacoma mosque for a period of time. He did hear his attorney misinform the plea judge by stating that he intended to go live in Egypt, and this shocked him, but he did not speak up and dispute it because he had been instructed not to speak in court:

There was a great deal that I did not understand when I was in Court. I did not understand that the prosecutor was going to recommend that I be given between 3 and 6 months in jail. I thought that after I plead guilty that I would be released from jail right away. My attorney asked me what my address was going to be when I got out of jail, and I told her that I would be living at the Tacoma Mosque at first. Dixie Krieg told me that if I plead guilty that I would probably be released from jail that day.

I understood that once I got out of jail I could not have any contact with my wife, and that is why my plan was to go and live in the mosque. My brother-in-law Shawn Phelps told me that Nancy was going to stop the no-contact order, and as soon as she did that I would be able to see her again. I thought it might take a week or two, and that I would spend that time living in the mosque.

At the August 17th hearing, just before I was sentenced, I heard Dixie Krieg tell the judge that I was going to go back to Egypt. That shocked me. I knew that was wrong, but I thought maybe it was a strategy. I thought maybe Dixie thought the judge would let me out of jail right away if the judge thought I was going back to Egypt, because then I wouldn't be able to cause any problems in Tacoma.

I didn't say anything when Dixie Krieg said I was going back to Egypt. My translator had told me never to say anything in court anyway, so I didn't say anything.

* * *

When I got out of the detention center, at first I lived in a car, and in the Tacoma Mosque. Then I stayed in a room in Tacoma for about one month, and then I got an apartment in Bellevue. I got a job with Zebra Printing Co.

Declaration of Alaa Hassan, ¶¶ 41-44, 50.

Hassan was very surprised when he was not released from jail on August 17th, since he had believed that he was going to be released as soon as he plead guilty, and “[t]hat was the whole reason that I plead guilty . . .” *Id.* at ¶ 47. When he finished his Pierce County jail sentence in late October, he again expected to be released from jail, and once again was surprised to find that he was not being released but, instead, was being transferred to federal custody because the INS had put a hold on him. *Id.* at ¶ 48. Eventually, his mother-in-law paid his immigration bail for him so that he could be released from the federal detention center. *Id.* at ¶ 49. Upon his release he hired immigration attorney Debra Morales, and she in turn helped him hire Tacoma attorney Michael Schwartz. *Id.* at ¶ 50. Attorney Schwartz then filed a motion with the Superior Court seeking leave for Hassan to withdraw his guilty plea, and he also helped Hassan secure an order from the Superior Court terminating the no-contact order that had prevented Hassan from contacting his wife. *Id.* at ¶¶ 51-52.

Hassan states that he was in considerable physical pain on the day he plead guilty, and that he had to be physically supported by attorney

Krieg and the interpreter, Mr. Abou-Zaki. *Id.* at ¶ 54. He attests to the fact that he “had no idea that by pleading guilty I was making it so I was going to be deported. *Id.* at ¶ 55. Similarly, he states:

I had no idea that by pleading guilty I was making it so that I would be arrested by immigration officials just before I finished my sentence and taken to another jail (the Federal Detention Center). ***I had no idea that by pleading guilty I was making it so I could never come back to the United States, and could never become a citizen of the United States. If I had understood these things, I never would have plead guilty.*** It was always my desire to continue to live in the United States with my wife.

I plead guilty only because I thought that meant I was going to get out of jail that day, and that shortly after that I would be able to talk to my wife again.

Declaration of Alaa Hassan, at ¶¶ 55-56 (bold italics added).

D. GROUNDS FOR RELIEF

1. Petitioner was denied his Sixth Amendment right to effective representation of counsel when his trial attorney failed to raise the issue of whether petitioner was competent to enter a guilty plea, and failed to request a competency evaluation, contrary to In re the Personal Restraint of Fleming, 142 Wn.2d 853, 16 P.3d 610 (2001).

2. Petitioner was denied his Fourteenth Amendment right to due process of law when the trial judge failed to order a competency evaluation after (a) witnessing the defendant sobbing and crying at the plea hearing; (b) witnessing the defendant, who is not physically disabled, being physically supported by his attorney and by the interpreter; and (c) hearing the defendant’s wife relate that she believed her husband suffered from a manic depressive disorder and that had been threatening suicide.

3. Contrary to the Due Process Clause, petitioner’s plea was not voluntary and intelligent because petitioner did not understand that he was automatically going to be deported if he plead guilty. Nor did he

understand he was going to be excludable for life from the U.S.

4. The Superior Court accepted petitioner's guilty plea without ascertaining that there was a factual basis for his plea, thereby rendering the plea involuntary and violating the Due Process Clause, and CrR 4.2.

5. Petitioner's original attorney failed to afford him effective representation of counsel, contrary to the Sixth Amendment, by failing to accurately advise him regarding the deportation, exclusion, and ineligibility for citizenship consequences of a guilty plea to Assault 2. She was also ineffective for failing to do research to realize that she should negotiate for a plea to a charge, such as Assault 4, that did not trigger these automatic immigration consequences.

E. ARGUMENT

I. THE TRIAL ATTORNEY'S FAILURE TO APPRISE THE TRIAL COURT OF THE NEED FOR A COMPETENCY HEARING AND A COMPETENCY EVALUATION VIOLATED BOTH THE SIXTH AMENDMENT RIGHT TO EFFECTIVE ASSISTANCE OF COUNSEL, AND THE DUE PROCESS RIGHT TO THE USE OF PROCEDURES TO SAFEGUARD AGAINST THE POSSIBILITY OF HAVING AN INCOMPETENT PERSON STAND TRIAL.

a. The Failure to Follow Procedures Adequate to Protect An Accused's Right Not to Be Tried While Incompetent to Stand Trial Is a Denial of Due Process.

It is well settled that the Fourteenth Amendment due process clause prohibits the conviction of a person who is not competent to stand trial. Drope v. Missouri, 420 U.S. 162, 171, 95 S.Ct. 896, 43 L.Ed.2d 103 (1975); Pate v. Robinson, 383 U.S. 375, 378, 86 S.Ct. 836, 15 L.Ed.2d 815 (1966); In re Fleming, 142 Wn.2d 853, 861, 16 P.3d 610 (2001).

"The constitutional standard for competency to stand trial is whether the accused has 'sufficient present ability to consult with his lawyer with a reasonable degree of rational understanding' and to assist in his defense with a rational as well as a factual understanding of the proceedings against him." Fleming, 142 Wn.2d at 861-62, *quoting Dusky v. United States*, 362 U.S. 402, 402, 80 S.Ct. 788, 4 L.Ed.2d 824 (1960). Accord State v. Gwaltney, 77 Wn.2d 906, 907, 468 P.2d 433 (1970). Washington law affords additional protection by statute, "by providing that '[n]o incompetent person may be tried, convicted or sentenced for the commission of an offense so long as such incapacity continues.' RCW 10.77.050." Fleming, 142 Wn.2d at 862.

Compliance with the procedures outlined in the competency statute, RCW 10.77, is not optional. "Procedures of the competency statute are mandatory and not merely directory." Id. at 863. Therefore, "once there is reason to doubt a defendant's competency, the court must follow the statute to determine his or her competency to stand trial." Fleming, 142 Wn.2d at 863, *quoting City of Seattle v. Gordon*, 39 Wn. App. 437, 441, 693 P.2d 741 (1985). "Failure to observe procedures adequate to protect an accused 's right not to be tried while incompetent to stand trial is a denial of due process." Fleming, 142 Wn.2d at 863; State v. O'Neal, 23 Wn. App. 899, 901, 600 P.2d 570 (1979); Drope, 420 U.S. at

172; Pate, 383 U.S. at 385.

- b. **So Long As There Is a Reason to Doubt The Competency of the Accused, A Criminal Defense Attorney Is Obligated to Advise the Court of The Need for a Competency Evaluation. Failure to Do So is Objectively Unreasonable and Constitutes Ineffective Assistance of Counsel.**

In Fleming the Washington Supreme Court flatly held that whenever a criminal defense attorney has reason to doubt the defendant's competency, it is always objectively unreasonable to fail to bring this to the court's attention and to request a competency evaluation pursuant to RCW 10.77:

Fleming argues that he had ineffective assistance of counsel because none of his lawyers brought the issue of competency to the trial court's attention.

* * *

To sustain a claim of ineffective assistance of counsel, the defendant must show: (1) "counsel's performance was deficient," and (2) "the deficient performance prejudiced the defense." Strickland, 466 U.S. at 687, 104 S.Ct. 2052.

The first prong of the Strickland test "requires a showing that counsel's representation fell below an objective standard of reasonableness based on consideration of all the circumstances." [Citation]. To provide constitutionally adequate assistance, "counsel must, at a minimum, *conduct a reasonable investigation* enabling [counsel] to make informed decisions about how best to represent [the] client." [Citations].

* * *

As to the first prong, the failure to raise the issue of Fleming's competency was not within the realm of

professional judgment. This court has held that a defendant's counsel does not have the power to waive the defendant's right under RCW 10.77.050. State v. Colville, 88 Wn.2d 43, 47, 558 P.2d 1346 (1977).

Fleming, 142 Wn.2d at 865-66 (bold italics added).

The Fleming Court held that since defense counsel has no power to waive the defendant's right to a competency determination, no defense attorney can ever be justified in choosing to fail to inform the trial court of the need for a competency evaluation:

When defense counsel knows or has reason to know of a defendant's incompetency, tactics cannot excuse failure to raise competency at any time "so long as such incapacity continues." RCW 10.77.050.

Fleming, 142 Wn.2d at 867.

c. **Defense Counsel Had Numerous Reasons to Doubt the Defendant's Competency and Yet Failed to Advise The Court That a Competency Evaluation Was Needed.**

Defense counsel had several reasons to doubt that Hassan was competent to enter a plea, and yet failed to raise the issue of competency.

First, and most significantly, the interpreter whom she was using to talk to Hassan specifically "told Ms. Krieg that [he] did not think [Hassan] was fit to go to trial, and that maybe he should see a psychiatrist." *Decl. Abou-Zaki*, ¶ 7.

Second, her client had tried to commit suicide while in the jail, and had cut his own wrists. *Decl. Hassan*, ¶ 23.

Third, as the jail guard Mr. Hammou noted, Hassan was dressed in a “suicide smock” after the suicide attempt, and thus anyone even remotely familiar with the jail’s procedures would know that Hassan had tried to commit suicide. *Decl. Hammou*, ¶ 8.

Fourth, “each time” that defense counsel went to see Hassan with the interpreter, he “in a hysterical condition,” and was “crying all the time.” *Decl. Abou-Zaki*, at ¶ 5.

Fifth, the interpreter specifically “told attorney Krieg that [he] was not listening to what she was saying to him,” and is of the opinion that Hassan was “incapable of listening to her.” *Decl. Abou-Zaki*, ¶¶ 6, 8.

Sixth, at the August 17, 2004 hearing, Hassan’s wife Nancy Phelps stated in open court that she was “very concerned about [her] husband’s mental health” and requested that he “be seen by a mental health professional,” stating that she believed he was “bipolar,” “manic depressive,” that he “has been threatening suicide,” and that she thought “he really needs help.” RP I, 11-12 .

As noted by attorney Nussbaum:

“The combination of Mr. Hassan’s behavior, and Mr. Abou-Zaki’s explicit statements to counsel of his opinion of Mr. Hassan’s inability to understand and unfitness to go to trial, was a ‘reason to doubt’ Mr. Hassan’s competency. This information required Ms. Krieg to request a competency evaluation and hearing for Mr. Hassan.”

In my opinion, if these were the facts, no reasonably competent defense attorney would fail to request a competency evaluation of Mr. Hassan.

Decl. Nussbaum, ¶¶17-18.

d. **The Failure to Perform A Competency Evaluation and Hold a Competency Hearing Is An Independent Due Process Violation Which Cannot Be Cured By Holding a Hearing Now In An Attempt to Retrospectively Determine Whether the Defendant Was Competent At The Time He Was Tried. A New Trial Is Required.**

In cases where there has been a failure to conduct a competency hearing, the U.S. Supreme Court has held that it is not feasible to expect that the error can be cured by holding a competency hearing years after the trial in an attempt to retrospectively determine whether the defendant was competent back at the time of trial. Thus the Supreme Court has held that where a competency hearing should have been held, and was not, a new trial is required. As the Court said in Dusky, given the "difficulties of retrospectively determining the petitioner's competency as of more than a year ago, we reverse the judgment of the Court of Appeals affirming the judgment of conviction and remand the case to the District Court for a new hearing to ascertain petitioner's *present* competency to stand trial, and for a new trial if petitioner is found competent." Dusky, 362 U.S. at 403. Accord Drope, 420 U.S. at 182. Accord Pate, 383 U.S. at 387.

In this case there is no question but that a competency hearing

should have been sought by defense counsel. Had one been sought there is a reasonable probability that the court would have found petitioner incompetent to stand trial at that time. Consequently, petitioner's trial violated the due process clause and his conviction must be overturned. A new trial may be held provided he is currently competent to stand trial.

2. THE TRIAL COURT ALSO VIOLATED HASSAN'S DUE PROCESS RIGHTS BY FAILING TO DETERMINE HIS COMPETENCY TO PLEAD GUILTY.

In addition to the constitutional failure of defense counsel, the trial court itself failed to meet its constitutional responsibilities in this case. It is true, of course, that trial counsel did not bring the issue of competency to the trial court's attention. However, the wife of the defendant did bring the issue of his mental health to the attention of the Court at the August 17th hearing. She specifically told the Court that she was "very concerned about [her] husband's mental health," she requested that he "be seen by a mental health professional"; she said she believed he was "bipolar," "manic depressive"; alerted the Court to the fact that he "has been threatening suicide," and said that she thought "he really needs help." RP I, 11-12 . Thus the trial judge was clearly put on notice.

In addition, the Court could see for itself that Hassan was in an emotionally hysterical condition, since Hassan had to be physically supported by the interpreter and by defense counsel as he "stood" before

the Court. *Decl. Hassan*, ¶ 54.

The present case is thus remarkably similar to State v. Harvey, 5 Wn. App. 719, 491 P.2d 660 (1971). In that case the defendant plead guilty to 3 counts of robbery. Seven days later the defendant was sentenced for those offenses. In the interim, the Court had received a presentence report, and that report stated that the defendant had previously been treated at Western State Hospital on two occasions. His most recent hospitalization ended with his release 11 days before two of the three robberies were committed. *Id.* at 722. The report also stated that Harvey was voluntarily committed to Western as a result of suicide attempts. *Id.* at 721-22. This Court held that “the issue of mental competency was clearly brought to the trial court’s attention by the presentence report,” and yet the trial Court failed to conduct any inquiry into the defendant’s competency. This Court held:

[T]he treatment for mental illness was so close in time to the acts charged in the 3 counts of robbery that a substantial question of possible doubt as to the competency of the accused to enter a plea of guilty was clearly brought to the attention of the trial court. Due process requires that the trial court resolve that doubt by a competency hearing to determine whether the accused was capable of properly appreciating his peril and of freely and voluntarily entering a plea of guilty to the three counts of robbery.

Harvey, 5 Wn. App. at 722. Accordingly, this Court vacated the defendant’s judgment and sentence and remanded with directions that the

defendant be permitted to change his plea. Id. at 725.

In the present case the time period between the defendant's suicide attempt and treatment by Pierce County Jail Mental Health and the alleged commission of the offense to which the defendant plead guilty was only 5 days (June 27th to July 2nd), so it was even *shorter* than the eleven day period found to raise serious competency concerns in Harvey. Accordingly, this Court should reach the same result that it reached in Harvey and vacate the defendant's plea and judgment of conviction.

3. PETITIONER'S GUILTY PLEA WAS NOT MADE VOLUNTARILY AND INTELLIGENTLY.

Even if one assumes for the sake of argument that Hassan's attorney was not ineffective for failing to raise the competency issue, and further assumes that the Court did not err in failing to raise the issue on its own, the petitioner is still entitled to relief if his guilty plea was in fact not voluntary. "If he was not competent [to enter a guilty plea] the plea would not be voluntary." Harvey, 5 Wn. App. at 721.

In this petition, Hassan has presented evidence from objective observers that he was incapable of listening to his attorney, constantly in a hysterical condition, and actively suicidal. In addition he has presented incontrovertible evidence that he was also suffering from an infected wound, and that he was receiving several kinds of medication, one of

which made his mind “blank” or “paralyzed,” as if he were stoned. *Decl. Hassan*, at ¶¶ 25-27. The records of the jail medical services, mental health services, confirm what the interpreter and a corrections officer have attested to: He was not capable of understanding what his attorney was telling him. Since he could not understand his attorney’s misadvice about the “probable” immigration consequences of a guilty plea, his guilty plea was not made voluntarily or intelligently.

4. **NO FACTUAL BASIS FOR ACCEPTANCE OF THE GUILTY PLEA.**

a. **CrR 4.2 Prohibits a Court From Accepting a Guilty Plea Without First Establishing A Factual Basis for The Plea. Lack of a Factual Basis if Likely to Render a Plea Involuntary.**

CrR 4.2 provides in pertinent part:

(d) *Voluntariness.* The court shall not accept a plea of guilty, without first determining that it is made voluntarily, competently and with an understanding of the nature of the charge and the consequences of the plea. The court shall not enter a judgment upon a plea of guilty unless it is satisfied that there is a factual basis for the plea.

“[A] guilty plea cannot be truly voluntary ‘unless the defendant possesses an understanding of the law in relation to the facts.’” In re Keene, 95 Wn.2d 203, 209, 622 P.2d 360 (1981), *quoting* McCarthy v. United States, 394 U.S. 458, 466, 22 L.Ed.2d 418, 89 S.Ct. 1166 (1969).

The judge must determine “that the conduct which the defendant admits constitutes the offense charged in the

indictment or information. . .” Requiring this examination protects a defendant “who is in the position of pleading voluntarily with an understanding of the nature of the charge but without realizing that his conduct does not actually fall within the charge.” [Citation]. Under [federal] rule 11, the “judge must develop, *on the record*, the factual basis for the plea, as, for example, by having the accused describe the conduct that gave rise to the charge.” Santobello v. New York, 404 U.S. 257, 261, 30 L.Ed.2d 427, 92 S.Ct. 495 (1971).

Keene, 95 Wn.2d at 209.

As the Court recognized in In re Hews, 108 Wn.2d 579, 741 P.2d 983 (1987), there is a direct connection between the nonconstitutional factual basis requirement of CrR 4.2(d), and the constitutional due process requirement that all guilty pleas must be made voluntarily.

Failure to establish a factual basis is likely to affect voluntariness. [Citation]. This is so because some information about the facts is necessary to an assessment of whether the accused understood the law in relation to the facts, [citation] and was able to appreciate ‘the nature of the charges against him’ of which he was entitled to ‘adequate notice.’

Hews, 108 Wn.2d at 592. As this Court said in State v. S.M., 100 Wn. App. 401, 414, 996 P.2d 1111 (2000): “[A] guilty plea is not truly voluntary ‘unless the defendant possesses an understanding of the law in relation to the facts.’” Accord State v. Hystad, 36 Wn. App. 42, 48, 671 P.2d 793 (1983). Similarly, in In re Evans, 31 Wn. App. 330, 641 P.2d 722 (1982), citing to Keene the Court held: “In the absence of a sufficient

factual basis, a defendant's plea cannot be considered voluntary."

b. The Factual Basis for Acceptance of a Guilty Plea Must Be Developed on the Record At The Time The Plea is Accepted. The Development of a Factual Basis May Not Be Deferred Until a Later Time.

The factual basis for acceptance of the plea must be developed at the time the plea is accepted:

The factual basis required by CrR 4.2(d) must be developed on the record (Santobello v. New York, *supra*) at the time the plea is taken (McCarthy v. United States, *supra*) and may not be deferred until sentencing (State v. Iredale, 16 Wn. App. 53, 553 P.2d 1112 (1976), *review denied*, 88 Wn.2d 1005 (1977)).

Keene, 95 Wn.2d at 210 (footnote 2 omitted).¹

c. Washington Courts Have Not Hesitated to Vacate Judgments Based Upon Guilty Pleas That Did Not Satisfy the Factual Basis Requirement.

Washington appellate courts have not been hesitant to vacate judgments based on guilty pleas which did not comply with CrR 4.2(d). In Keene the Court determined that the statements made on the written plea form did not set forth a factual basis for a plea to the crime of forgery

¹ Accord State v. Osborne, 102 Wn.2d 87, 95, 684 P.2d 683 (1984) ("The factual basis required by CrR 4.2(d) must be developed on the record at the time the plea is taken."); State v. S.M., 100 Wn. App. at 414 ("this evidence must be developed on the record at the time the plea is taken;"); In re Taylor, 31 Wn. App. 254, 257, 640 P.2d 737 (1982) ("the facts must be developed on the record at the time the plea is taken and may not be deferred until sentencing"); State v. Powell, 29 Wn. App. 163, 164, 627 P.2d 1337 (1981) ("It does not affirmatively appear from the record that these presentence reports were made part of the defendant's plea hearing record. Accordingly, we cannot look to them to provide the requisite factual basis."); State v. Durham, 16 Wn. App. 648, 559 P.2d

(although they did set forth a factual basis for the crime of theft). Similarly, appellate courts have set aside pleas to second degree assault, Iredale, supra; Durham, supra; first degree murder, Powell, supra; Taylor, supra; escape, Evans, supra; possession of a controlled substance, Hystad; robbery in the first degree, State v. Riggsby, 49 Wn. App. 912, 747 P.2d 472 (1987); and rape of a child, S.M., supra. And in In re Bratz, 101 Wn. App. 662, 676, 5 P.3d 759 (2000) this Court vacated a plea of not guilty by reason of insanity to a charge of first degree robbery, holding that there was an insufficient factual basis to support the plea, and that consequently “Bratz’s plea and the subsequent judgment” (of NGI acquittal which committed him to a state hospital) were “constitutionally infirm.”

- d. **Here, as in State v. Zumwalt, the Plea Statement Merely Parroted the Information, Setting Forth Conclusions of Law, But Not the Underlying Facts. Here, As In Zumwalt, The Guilty Plea Should Be Vacated. This Is Especially True Since it Is Undisputed That The Defendant’s Native Language Was Not English.**

In State v. Zumwalt, 79 Wn. App. 124, 901 P.2d 319 (1995), this Court applied these principles and vacated the deadly weapon enhancement portion of a guilty plea. There the defendant was charged with robbery 1 for taking a purse from a woman by threatening her with a knife. He presented no basis for a challenge to his guilty plea to first

567 (1977) (“CrR 4.2 restricts the search for evidence of the plea’s voluntariness to the record as it exists when the plea is accepted”).

degree robbery, but he did claim that there was an insufficient factual basis to accept a guilty plea to the deadly weapon sentencing enhancement because there was no evidence in the record to show either that the knife he used had a blade that was longer than three inches, or that it was shorter than three inches but had the capacity to cause death and was used in a way that could have easily and readily produced death.

Zumwalt's plea statement said simply "I was armed with a deadly weapon, a knife." This Court held that this kind of statement was merely the assertion of a legal conclusion. It did not fulfill the purposes of CrR 4.2 because one could not tell from the statement whether the knife that Zumwalt used in his robbery was in fact a deadly weapon:

Here the information notified Zumwalt only that he was accused of having committed first degree robbery while "armed with a deadly weapon". This is a legal conclusion that could only be reached after the court determined that the knife used was either longer than 3 inches or capable of causing and used in a manner which was likely to cause death. [Footnote omitted]. Since the information failed to include any facts underlying the conclusion that Zumwalt was armed with a deadly weapon, this statement cannot be relied upon as a basis for the plea. State v. Rigsby, 49 Wn. App. 912, 747 P.2d 472 (1987); State v. Hystad, 36 Wn. App. 42, 671 P.2d 793 (1983) (statements which are legal conclusions rather than statements of fact cannot establish a factual basis). For the same reason, Zumwalt's plea statements that he was "armed with a deadly weapon" and guilty of the "deadly weapon enhancement" do not provide facts from which a jury could find that Zumwalt was guilty as charged. [Footnote omitted].

Zumwalt, 79 Wn. App. at 130-131.

The Court went on to criticize the practice of simply parroting the elements of the crime in the factual basis section of the defendant's written Statement on Plea of Guilty:

In ruling that Zumwalt's plea lacked a sufficient factual basis in the record of the plea hearing, we note that inadequate plea statements have been a recurring problem. ***Courts and counsel should not accept plea statements that do no more than merely parrot the information.*** The essential facts underlying the critical elements of the offense must be included. ***A plea statement providing only the elements of the charge contains conclusions of law, not the underlying facts, and is therefore inadequate.***

Zumwalt, 79 Wn. App. at 132.

The plea statement in this case suffers from exactly the same vice as the one in the earlier Zumwalt case. Paragraph No. 11 of the written Statement of Defendant on Plea of Guilty began with these pre-printed words: "The judge has asked me to state what I did in my own words that makes me guilty of this crime. This is my statement:" CP 13. This paragraph was completed with the following handwritten statement: "On 6-7-04 in Pierce County, Washington, I assaulted Nancy Phelps, and she had significant injuries." CP 13. Judge Grant asked Hassan if those were his initials that appeared underneath that statement, and he replied, "Yes." RP I, 7. The Court never provided Hassan with any definition of the word "assault," and never asked him if he knew what the word meant. Judge

Grant then accepted the plea and found it to be freely and voluntarily given. RP I, 7.

The term “assault” is a technical term. Criminal assaults can be committed in three different ways: (1) by hitting or striking; (2) by intentionally placing a person in fear; or (3) by attempting to strike another person. State v. Byrd, 125 Wn.2d 707, 887 P.2d 396 (1995). In this case there is no way that the Court could know whether there was a factual basis for Hassan’s plea, since the plea statement does not say what he did that supposedly constituted an assault.

A similar claim was raised in State v. Music, 40 Wn. App. 423, 698 P.2d 1087 (1985). In that case the defendant plead guilty to attempted second degree assault. On the written Statement of Defendant on Plea of Guilty the defendant wrote: “On July 12, 1979, I attempted to assault Mark Reimers with an instrument likely to produce harm. This happened in Snohomish County.” Id. at 431. Music argued that this statement was not sufficient to show a factual basis for his plea. The appellate court *agreed* with Music that “this statement is clearly insufficient, standing alone, to establish the requisite factual basis for the crime of assault in the second degree.” Id. In Music, however, the prosecution had also made an offer of proof at the time the guilty plea was entered, and that offer “included a recitation of evidence that the defendant ‘pointed a pistol at

[the victim] and threatened to blow his head off.” Id. The appellate court held that this offer of proof was sufficient by itself to establish a factual basis for the guilty plea. In Hassan’s case, however, there was no offer of proof. The only thing the prosecution can rely upon is the statement written on the plea form, and under the holding of Music this is clearly **not** sufficient as a matter of law. Neither the statement “I attempted to assault,” nor the statement “I assaulted” provides a plea judge with a basis for ascertaining whether there is a factual basis for the plea.

In addition, the written plea statement also fails to establish a factual basis for concluding that the defendant acted with the intention of inflicting injury upon his wife. Regardless of which type of assault is charged, whenever the State charges a crime of assault it bears the burden of proving that the defendant “intentionally” inflicted harm, or intentionally created fear. Byrd, 125 Wn.2d at 714 (instructions must inform the jury that the State bears the burden of proving the defendant acted with an intent either to create a reasonable apprehension of harm or to cause bodily harm). In the present case, there is no way that the plea court can ascertain that the defendant acted with the requisite intent to injure his wife, since the plea form does not contain any admission that he acted with such an intent.

In the present case, where the defendant was not a native English

speaker, and had very poor English skills, the risk that there was no factual basis for his guilty plea (that the defendant was pleading guilty “without realizing that his conduct does not actually fall within the charge,” Keene, 95 Wn.2d at 209) was exceptionally high. Moreover, in the present case the defendant affirmatively asserts that now that he knows what the definition of assault does and does not include, he realizes that he is innocent of the crime for which he has been convicted. He plead guilty under the mistaken belief that yelling at his wife constituted a criminal assault. *Decl. Hassan*, at ¶¶ 35-39. Thus the very problem that the factual basis requirement is designed to prevent, is present in this case, because the pleading defendant did not have an understanding of the law in relation to the facts of his case, and thus he did not understand that what he admits to having done did *not* constitute a criminal offense.

As noted above, it is not permissible to construct a factual basis for a guilty plea at some later date. It must be presented on the record at the time the plea was entered. That was not done in this case. Accordingly, this Court should vacate the plea and the judgment of conviction based upon it, because the record fails to contain the required factual basis, and shows instead that the plea was not made voluntarily and intelligently.

5. INEFFECTIVE ASSISTANCE OF COUNSEL – INCOMPLETE AND INACCURATE ADVICE CONCERNING IMMIGRATION CONSEQUENCES OF A PLEA TO THE CRIME CHARGED, AND FAILURE TO NEGOTIATE FOR A PLEA TO SOME OTHER CHARGE THAT WOULD NOT TRIGGER THESE AUTOMATIC CONSEQUENCES.

As noted in the declaration of Seattle attorney Lenell Nussbaum, the performance of Hassan's original attorney Dixie Krieg was constitutionally deficient in several respects:

Due to the seriousness of immigration consequences and the attention these issues have received in the profession, it is my opinion that no reasonably competent criminal defense attorney would fail to understand, either by legal research or consultation with an immigration lawyer, the immigration consequences for any foreign client facing a criminal charge.

A reasonably competent criminal defense lawyer must be aware of the immigration consequences when negotiating a plea. Often the prosecuting attorney is not aware of the immigration consequences of a state criminal conviction. It has been my experience that in some cases, when learning the consequences, the prosecutor can be helpful to obtain a plea agreement that avoids or reduces the immigration consequences. This possibility is increased when the victim of the crime agrees with the goal of not triggering deportation.

This record demonstrates that Ms. Craig did not know the immigration consequences of various convictions when she negotiated a plea. Her concern centered on the amount of jail time to be served. Yet plea to a nondomestic violence misdemeanor, even with a proposal to serve a longer time in jail, could have avoided the lifetime of immigration consequences. A criminal defendant must be advised of that potential trade-off to be able to make a knowing

decision.

It is my opinion that by negotiating a plea agreement without knowing the immigration consequences, Ms. Craig's performance fell below the standard of practice for a reasonable criminal defense lawyer.

It is my opinion that no reasonably competent criminal defense attorney could adequately advise a foreign client whether to enter a plea without knowing the immigration consequences. Attorney Dixie Craig had not determined the immigration consequences of the guilty plea she recommended to her client. Her performance in this respect fell below the standard of a reasonable criminal defense lawyer.

Furthermore, it is my opinion that no reasonably competent criminal defense attorney could permit a non-citizen client to enter a guilty plea without being fully advised of the immigration consequences of doing so. And in this case, counsel did not fully advise her client. It is the duty of the attorney to understand and communicate the legal consequences of a guilty plea, including the immigration consequences. Permitting legal advice to come from an interpreter, not trained in the law, is not a substitute for counsel's failure to provide accurate legal advice.

Thus Ms. Craig's performance in this case – failing to inform herself of the immigration consequences of entering a guilty plea to possible crimes, while yet negotiating a plea, advising a client on whether to enter that plea, and assisting that client to enter that plea – fell below the standard of a reasonable attorney trained in criminal defense.

Declaration of Nussbaum, ¶¶24-30

The second prong of the Strickland test is also established. It is clear that attorney Krieg's deficient performance was highly prejudicial to

Hassan. The evidence declarations presented in support of this PRP demonstrate that there is overwhelming evidence that Hassan would never have plead guilty had he understood the actual immigration consequences of a guilty plea to Assault 2. This is attested to by interpreter Abou-Zaki,² corrections officer Hammou,³ by Roy Gould⁴ and by Hassan himself. In addition, the medical records compiled by Pierce County Jail Health Services and Mental Health Services personnel contain contemporaneous observations, both before and after entry of his guilty plea, that support the assertion that Hassan very much wanted to avoid deportation to Egypt, and wanted to remain in the United States.⁵ Finally, Hassan's own actions

² "I am absolutely certain that Mr. Hassan never understood that if he plead guilty he would be deported and that he would not be allowed to come back to the United States." *Declaration of Abou-Zaki*, ¶ 16.

³ "I do know that staying in the United States was a very big thing for him. He wanted very much to be with his wife in the United States. He would never have done anything that would have jeopardized his ability to stay in the United States. If he had known that pleading guilty would lead to his deportation, he would never have plead guilty." *Declaration of Hammou*, ¶ 11.

⁴ "I had no idea that if Mr. Hassan plead guilty as charged that the law required that he be deported. I never would have advised him to plead guilty if I had understood this. Moreover, I am quite sure that Mr. Hassan would never have plead guilty if he had understood this. In fact, he took my advice because he thought that by pleading guilty he could decrease the chances that he would be deported." *Declaration of Gould*, ¶ 7.

⁵ "Seen on 9-22-04 at the request of unit staff who report I/M very upset after a visit from INS re: possible deportation. . . . I/M is future focused and hopeful he can utilize the remainder of his PCJ sentence to try and remain in the US." Entry for 9/23/04, Mental Health Records, *Lobsenz Declaration*, Appendix B.

"He is concerned about possible deportation." July 2, 2004, Mental Health Screening Report, PCDCC, *Id.*, Appendix B.

after he was detained by the INS corroborate this fact. He hired a lawyer and actively resisted deportation. When he was released from INS custody on bail he did not travel to Egypt, he went to live in the Tacoma Mosque.

Although the plea judge concluded that Hassan wanted to be deported to Egypt, she based this on the testimony of attorney Krieg, and Krieg appears to have misunderstood the translation of Hassan's words by Abou-Zaki. Hassan told Abou-Zaki that he wanted to go home, using the Arabic word "beit." He did not say that he wanted to go back to Egypt and he did not say he wanted to go back to his country.⁶ Similarly, Hassan's wife Nancy Phelps confirms that Hassan never had any plans to return to Egypt.⁷ Attorney Krieg misunderstood the meaning of the word

⁶ "I do not think that Mr. Hassan ever said he wanted to go back to Egypt. Attorney Krieg may have misunderstood and may have gotten that impression from the fact that I interpreted his statement that he wanted to 'go home.'

"Mr. Hassan told attorney Krieg that he wanted to go back to work. It was my understanding that he worked at a local convenience store. Obviously, he could not go back to work at a local convenience store if he went to Egypt." *Declaration of Abou Zaki*, at ¶¶ 11-12.

⁷ "[My husband} and I both know that deportation back to Egypt from America marks a person for life as an assumed terrorist. [¶] Egypt is a country that is well known for human rights violations and torture of innocent people. An Egyptian cannot be granted a passport if he has committed any known crime, (whether committed in Egypt or abroad) and is stripped of their passport if brought back as a deportee. In Egypt, a person is not just dumped off a bus on the other side of the border . . . A deportee is taken back as a criminal and faces imprisonment for an indefinite amount of time, which routinely includes torture and involves having a family member work very hard at great expense to get them released. After that, An Egyptian is never able to get a new passport and is denied the ability and right to leave the country for any reason.

"When I heard Dixie Krieg tell the Court that Alaa wanted to return to Egypt (during the sentencing hearing), I said out loud, "What?!" because I was really astonished. This

“home.” She thought Hassan was using the word “home” to refer to Egypt. In fact, he was using the word to refer to his home in Tacoma that he shared with his wife. The PRP record overwhelmingly demonstrates that Hassan wanted to go back to work at his job in Tacoma, and he wanted to resume living with his wife in Tacoma. His entire motive for entering a guilty plea was so that he could be released from Pierce County Jail and start the process of reuniting with his wife. In fact, when he was finally released, he did eventually resume living with his wife.

The ultimate irony in this case is that based on the advice of Roy Gould, Hassan entered a guilty plea precisely because he thought that this would decrease the chances that INS would attempt to deport him, when in fact his guilty plea made it absolutely certain and mandatory that INS initiate deportation proceedings. If attorney Krieg had fully and accurately advised Hassan of the automatic information consequences of a guilty plea, he would never have plead guilty. Moreover, as noted by attorney Nussbaum, if Krieg had negotiated for a guilty plea to a different charge or charges (one or more gross misdemeanors), Hassan could have

was totally contrary to anything I was aware of. I knew that his dream was to live here, and that he had jobs that he was looking forward to, and he had never expressed any desire to return to Egypt except for visits. . . .

“Alaa would never have been willing to go back to Egypt as a deportee in chains, to be in an Egyptian prison, and that is what will happen if he is ever deported back to Egypt. If Alaa had known that as a result of pleading guilty he would be deported back to Egypt, he would never have plead guilty. Clearly, he did not know this when he plead guilty.” Declaration of Nancy Phelps, ¶¶ 21-24.

avoided the automatic immigration consequences.

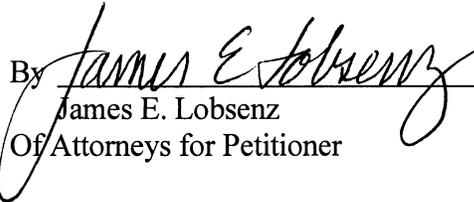
In sum, Hassan has established both prongs of the Strickland test, and his plea and conviction should be set aside on grounds of ineffective assistance of counsel.

F. CONCLUSION

For the reasons stated above petitioner asks this Court to vacate his conviction and his guilty plea, and to remand with directions that his case be set for trial.

DATED this 18th day of May, 2006.

CARNEY BADLEY SPELLMAN, P.S.

By  _____
James E. Lobsenz
Of Attorneys for Petitioner

AFFIRMATION

I, JAMES E. LOBSENZ, hereby affirm that I am counsel for petitioner, that I have read the foregoing petition, know its contents and I believe the petition to be true.

DATED this 18th day of May, 2006.


James E. Lobsenz

VERIFICATION

I declare that I received a copy of the petition prepared by my attorney and that I consent to the petition being filed on my behalf.

DATED this ____ day of May, 2006.

Alaa Hassan

FILED
COURT OF APPEALS
CASE NO. 06-2-00000

06 MAY 23 PM 2: 22

STATE OF WASHINGTON

BY _____
DEPUTY

NO. _____-II

COURT OF APPEALS
OF THE STATE OF WASHINGTON
DIVISION TWO

In re the Personal Restraint of

ALAA HASSAN,

Petitioner.

DECLARATION OF ALAA
HASSAN

I, ALAA HASSAN, do hereby declare under penalty of perjury under the laws of the State of Washington, that the following facts are true and correct:

1. I am over 18 years of age and I have personal knowledge of the facts set forth here.
2. I was born in Cairo, Egypt on June 9, 1965. I am a citizen of Egypt, and a resident alien in the United States.
3. I have only a primary school education.
4. At age 14 I went to work as a carpenter.
5. At age 18 I married Faiza Zacharia. We were divorced in 1999.

ORIGINAL

6. I have three children by her: one daughter age 21, who is married and lives in Cairo, and two sons, ages 15 and 7, who live with their mother in Cairo.
7. I met Nancy Phelps in Cairo in the year 2000. We got married on December 23, 2001.
8. We lived together in Cairo until May of 2003.
9. Nancy is an American citizen, and a registered nurse. She grew up in Washington State, and her parents live in Washington State.
10. It took us two years to get approval for me to come to the United States as a resident alien partly because at first I did not have documentation that demonstrated satisfactorily to U.S. authorities that I was divorced from my first wife Faiza Zacharia. I had my divorce from religious authorities, but no documentation from civil authorities. The U.S. embassy insisted that I get divorced from Nancy Phelps, so that I could then get a civil divorce from Faiza Zacharia. So I did that, and got a second divorce from Zacharia. Then I remarried Nancy Phelps. This satisfied the United States authorities, and in 2003 I finally received resident alien status and then I moved from Cairo to Tacoma, Washington with my wife.

11. My plan was to eventually become a U.S. citizen, but you have to reside in the United States for several years before you can do that.
12. My first green card was good for 2 years. It expired in May of 2005. With the help of my wife and my immigration attorney Debra Morales, I obtained a new green card.
13. When I first came to Tacoma, I worked as a handyman and landscaper for my wife's family and friends, and then I got a job working as a janitor at the Hob Nob Restaurant. I also worked for an Arco gas station, stocking and cleaning the Arco store. I worked seven days a week.
14. In March 27, 2004 I had an emergency appendectomy. My surgeon was Dr. Ronald Graf. I was hospitalized at the Tacoma General Hospital.
15. Four days after I was discharged from the hospital, I realized that my wound had become infected. I went to the Group Health Cooperative clinic in Tacoma and saw Dr. Gauger who reopened the wound to clean it out, and then sewed me up again.

16. My infection kept coming back. The wound had to be reopened to drain, and four or five times my open wound had to be packed with antibiotic medicines and gauze.
17. I was arrested on a charge of assaulting my wife on June 27, 2004. I was taken to jail. I was not able to post the bail that was set and so I remained in jail.
18. While I was in jail I was seen several times by Pierce County Jail medical personnel.
19. Copies of my jail health service medical records are attached to the accompanying declaration of my attorney, Mr. James E. Lobsenz. As those records show, while I was in jail I had several medical problems. I had chest pains and problems with my heart. The doctors gave me an EKG exam and told me I had an arrhythmia. I had a positive reaction to a tuberculosis test. And I also had severe problems with my appendectomy wound. It became infected again, and my wound began to leak blood and pus. My wound was very painful.
20. I was not able to shower regularly in the jail, and so I could not keep my wound clean. The pain from my wound was constant. My wound was not closed properly, and my internal flesh was exposed and pieces of my insides were hanging outside.

21. Several times while in jail I had chest pains and felt that I could not breathe properly. I felt like I had no oxygen in my body. I thought I was going to die in jail.
22. I was also extremely depressed. I love my wife very much. I thought that I was never going to see her again, and I knew that life was not worth living without her.
23. I decided to kill myself. I took a pencil and removed the metal part of the pencil that holds the eraser, and sharpened it with my teeth. Then I used the metal as a razor to cut myself. I cut my wrists with it, trying to kill myself.
24. After I tried to kill myself, the jail put me in a suicide room. I spent two weeks there. That was the worst time of all. They take away all your clothes so you are naked. The room has a glass wall so everyone can see you.
25. When I was in jail I was taking three different kinds of medicine every day. I took each medicine three times a day, so I was taking a total of nine pills every day. One of the medicines I took was a small red and white capsule. I was told that this medicine was to make me calm and not crazy. This capsule had the effect of making my mind blank. It made me paralyzed in my mind. In Arabic the word for the feeling I had

when I took this medicine is “mastool.” That word translates into English roughly as the slang word “stoned.” Many times I told the nurse who brought me this medicine that I did not want to take it.

26. I also took a white tablet which they told me was an antibiotic.
27. And I also took a round white pill which I was told was to help me sleep. The inmates in the jail used this pill as a type of trade. They would use it to buy candy or coffee from another inmate (one pill was worth ten coffees).
28. When I was visited in jail by my friend Roy, I told him that I had to get out of jail. I was told that if I plead guilty that I would get out of jail quickly, so I decided to do that.
29. While I was in jail, I had other inmates write letters for me because I cannot read or write English. I sent these letters to my brother in law Shawn Phelps. Copies of these letters are attached to this declaration.
30. One of these letters was written for me by an inmate named Hanifa Talib. This letter reads as follows:

Dear Shawn,

I am Hanifa, a friend of Allaa I saw Allaa visiting on Monday and he was crying Allaa gave me your address so that I could send you this letter. He was crying at visiting

because the gaurds put him in the hole because he doesn't like being in a room with a cellie and he can't read his Qur'an or pray with another person in the room. He got three letters yesterday but he couldn't read them becuz he was by himself I found he can't read English. The room is terrible It is very small and smells bad. Shawn, I'm sorry, I've been with him for 3 weeks and he is so sad, he loves your sister severely. ***Tell your sister he needs help. Almost every time I see him he's crying. People think hes going to commit suicide*** I'm sorry for being late. I'm waiting for him to get out. He has been here for to long in the small room, he gets kind of closterphobic. He goes to court on the 10th and his attorney is trying to get his charge dropped from assault 2 to assault 3 and give him credit for time served, so he can go home, but he won't be able to talk to Nancy cuz of the no contact order. He gave me this picture, enclosed, to give to your sister, cuz I understand she likes it. Thank you. He should be done here soon.

Sincerely
Hanifa Talib

(Appendix A)(bold italics added).

31. Another letter was written for me by another inmate, but I do not know his name. In this letter I explained to Shawn that a man I knew had visited me in jail and had told me lies about my wife. He told me that I should just wait until I got my American citizenship and then I should leave Nancy. He also told me that Nancy was going to try and have me sentenced to one year in jail, and that after I served that year she was going to have me deported. In my letter I explained how sad this

made me, and how it made me try to kill myself. This letter reads as follows:

Dear Shawn:

Thank you, so much for writing me. I'm so sorry for that a misfortune has happened; I'm so sad. Believe me, I can't believe my predicament. It's like a terrible dream. Nobody understands how much I love Nancy. Nancy, for me, is the only family I have in my life. Nancy for me is like a diamond, I don't want nobody to touch. I'm guilty for this guy, friend of Nancy abusing my head. This guy is like Satan. After I come to jail this guy come and see me, and was asking me: What happen and I told him the story. He said, you donkey for you don't listen to me. I told you before that you don't care for Nancy. He say my citizenship Tell Nancy fuck off! I'm not like this. He told me now Shawn and Roy, help Nancy for you stay just one year or after this send you to Egypt. After three days, I phone him back. Cause he told me Nancy divorce you, and is very afraid you kill her. Roy stay with Nancy like security. Only reason I phone him is to tell Nancy I love her. ***After this, I go and try and kill me self. I cut my wrist. Afterward the Clinic saved my life. They put me in a suicide cell. It was a terrible room. I don't have no clothes; only my blanket. A cop who spoke Arabic help me get released from the suicide cell before a week.*** After this I go back for anybody. Somebody see me sad, helped me write this letter.

(Appendix B)(bold italics added).

32. I was also visited in jail by Mr. Amin, the imam of the local Tacoma Mosque. I have tried to find him, but I was told recently that he has gone to Egypt.

33. When my attorney Dixie Krieg spoke to me about pleading guilty, she showed me a document that was several pages long, but I do not read English.
34. Dixie Krieg did have a translator with her when she spoke to me. His name is Kamel Abou-Zaki. Mr. Abou-Zaki did read some parts of the document to me in Arabic, but he did not translate the whole thing. He only read some parts of it to me. He did not read me the part of the document labeled paragraph 6(i) which talks about deportation and other related things. Dixie Krieg did not read me this part of the document either.
35. I knew that I was charged with a crime called “assault” but I did not know what that word meant exactly. I thought it meant fighting and I thought the fighting could be yelling and screaming. I did not know that the word meant hitting. No one translated the word “assault” for me.
36. I did not know what the word “injuries” meant.
37. I did not know what the word “significant” meant.
38. I did not know what the words “harm,” “feloniously,” “substantially,” or “intentionally” meant.
39. Long after I plead guilty to the crime of second degree assault, I learned a little bit about what these words meant and what I

was accused of doing. I do not think I was guilty of second degree assault. It is true that my wife fell and hit the floor and got hurt, but that was not because I hit her.

40. When I was in Court on August 17, 2004, Mr. Abou-Zaki was there, and he was translating what people were saying into Arabic. He was translating while they were talking, so it was difficult to hear what he was saying in Arabic.

41. There was a great deal that I did not understand when I was in Court. I did not understand that the prosecutor was going to recommend that I be given between 3 and 6 months in jail. I thought that after I plead guilty that I would be released from jail right away. My attorney asked me what my address was going to be when I got out of jail, and I told her that I would be living at the Tacoma Mosque at first. Dixie Krieg told me that if I plead guilty that I would probably be released from jail that day.

42. I understood that once I got out of jail I could not have any contact with my wife, and that is why my plan was to go and live in the mosque. My brother-in-law Shawn Phelps told me that Nancy was going to stop the no-contact order, and as soon as she did that I would then be able to see her again. I thought

it might take a week or two, and that I would spend that time living in the mosque.

43. At the August 17th hearing, just before I was sentenced, I heard Dixie Krieg tell the judge that I was going to go back to Egypt. That shocked me. I knew that was wrong, but I thought maybe it was a strategy. I thought maybe Dixie thought the judge would let me out of jail right away if the judge thought I was going to go back to Egypt, because then I wouldn't be able to cause any problems in Tacoma.

44. I didn't say anything when Dixie Krieg said I was going back to Egypt. My translator had told me never to say anything in court anyway, so I didn't say anything.

45. I never would have plead guilty if I had understood that I was going to be deported. I would never have done this for many reasons. First, I want to live in the United States. That had always been my dream. Second, if a person is deported to Egypt, he is sent back to Egypt in chains and put in jail there. In Egypt they assume that if you have been deported, you have done something terrible. They may assume that you must be a terrorist and that is why you have been deported.

46. I never would have plead guilty if I had understood that the Court was going to order me not to speak to my wife for ten years. I do remember hearing people talk about a “no-contact” order, but I did not understand the word “contact.” Mr. Abou-Zaki explained that it meant I could not talk to my wife. But I was also led to believe that the order was not going to last very long, and that it would be ended shortly after I was released from jail.
47. I was very upset when I was not released from jail on August 17th. That was the whole reason that I plead guilty, and I was surprised when I was told that I still had to stay in jail.
48. When they told me in late October that I had finished my jail sentence, I expected to be released. I was then very surprised again, because INS people came and took me from the Pierce County Jail to a federal detention center.
49. Eventually an immigration set bail for me, and then my mother-in-law paid my bail so I could get out of the detention center.
50. When I got out of the detention center, at first I lived in a car, and in the Tacoma Mosque. Then I stayed in a room in

Tacoma for about one month, and then I got an apartment in Bellevue. I got as job with Zebra Printing Co.

51. My immigration attorney Ms. Morales got me a new lawyer, Mr. Schwartz, and explained that he would be asking the Superior Court to let me take back my guilty plea. Ms. Morales got the immigration court to delay my deportation hearing by getting them to wait until my motion was heard in the Superior Court.

52. In July of 2005 the Superior Court finally agreed to end the order that prohibited me from seeing my wife.

53. In October of 2005 there was a hearing before Judge Grant on my request to be allowed to withdraw my guilty plea. At that hearing I heard Dixie Krieg testify that she told me that I would probably be deported, and that Mr. Abou-Zaki said everyone was being deported so I should listen to what he had to say.

54. I have no memory of her saying anything like that to me. But I also have to admit that I was in very bad condition on August 17, 2004. I was crying the whole time I was in court, and I was in a lot of physical pain because of my infected wound. I could not even stand up by myself. Mr. Abou-Zaki stood and help

me up on one side, and Ms. Krieg stood and held me up on the other side.

55. I did not understand what was going to happen when I plead guilty. I had no idea that by pleading guilty I was making it so I was going to be deported. I had no idea that by pleading guilty I was making it so that I would be arrested by immigration officials just before I finished my sentence and taken to another jail (the Federal Detention Center). I had no idea that by pleading guilty I was making it so I could never come back to the United States, and could never become a citizen of the United States. If I had understood these things, I never would have plead guilty. It was always my desire to continue to live in the United States with my wife.

56. I plead guilty only because I thought that meant I was going to get out of jail that day, and that shortly after that I would be able to talk to my wife again.

57. Attached to this declaration is an Arabic translation of what it says in the declaration. I have read the Arabic translation so that I can be sure that what it says here in English is correct.

DATED this 28 day of March, 2006.

ALAA HASSAN
Alaa Hassan

Court of Appeals
of the State of Washington
Division One

In re the Personal Restraint of
Alaa Hassan,
Petitioner

Declaration of Alaa Hassan
(ARABIC TRANSLATION)

(١)

هذا الملف خص بي علاء حسه

انا السيد/ علاء فكرى احمد حسه

أقر وأعرف ان هذا الكلام هو الحقيقه وأنا مؤل

عن ذلك امام القتون

١- انى ابلغ من العمور فوقه ١٨ سنه

سه ش يوم

٢- انا موليد القاهره الجيزه عام ١٩٦٥/٦/٩

انا مهرى الجنسيه واقيم الان فى أمريكه

٣- أكماله من التعليم الدرسي الترام الاول حته

الاول الاعددي فقط ثم بعده ذلك اتجريتاء

الى عمال النجاره وكان عمرى عندا ذن ١٤ عام

٤- بعد ١٤ سنه اتجريتاء الى عمال النجاره

٥- وبعد ان اكماله ١٨ سنه تزوجته من

قايزه ذكريا ثم انفصلت فى عام ١٩٩٩

(2)

٦- ارنجبة من زوجتي الاول ٣ أطفال
بنات عمره ٢١ عام وولدين الاول
عمره ١٥ ولاحار ٧ سنوت وهو يقيمونه
مع ولدهم فليزه ذكريا

٧- تعرفه على ناني فليس في القاهرة
عام / ٢٠٠٠ - وتزوجته في عام اوت راج
٢٠٠١ / ١٢ / ٢٣

٨- وكنا نقيم معا في القاهرة حتى عام
٢٠٠٢ / ٥ /

٩- ناني امريكيه الجنسية تعمل ممرضة
وهي من ولاية ويطوان امسي
وابويها يقيمون ايضاً هناك

(3)

١٠- ثم بعد ذلك قدامة الأورق الأذمه الى
الفاره الامركيه ليكن الحصول على الفيزأه
وفي اول الامر رفض الفاره الاراق لعدم
الحصول على مستند رسمي من طلاق من
فايزه وفي هذا الوقت كانت فائزه موطلاقه
ولايسة بي أورق رسمي
وبعداً قالوا لي عمل الاتي طلاق نائسي
اولن ثم طلاق فائزه ثم تزوجة من نائسي
مرأه شنية ثم قبلة الفاره الأورق وهذا
العمال بلغ من الواقعة عما بين عما بين
ثم بعد ذلك حصول على الجراين كرتا
ثم بعد ذلك • سفرات مع نائسي الى
تلكوماً

(4)

١١- وكانت امنيت حيايت ان اذهب الى امريكا

ثم بعدما الحصول على الجنسية الامريكيه

ولكن اولن ان اكون اكمله ٣ سنوات ليكني

احصل على الجنسية

١٢- اول جرين كار صالح عامين ويُنْتَرَهِي فِي عام

١٥/٥-١٢/٥ ثم بعد ذلك عمالة المحاميه دأبى

مؤرأرس هي ونائسي الاوافق الازمه لكني احصول

على جرين كار اخر

١٣- في بديه الامرار اقامت في تكوما مع زوجتي

نانسي وكانت اعمال بعض التطليحة في المنزل

عن اصداق نائسي ثم بعد ذلك حصول على

عمل في مطعم في تكوما عمل نظفه ودهن

التطليحة وكانت اعلم ايضان في محطات

بئرين بتكاماً ٧ ايام في الاسبوع

(5)

١٤- في يوم ٢٠٠٤/٢/٢٧ ذهابة الى المستشفى
لت اجرأ عملية جراحية كانت لا تشمل الاتجيل
وهياء جراحة الازيدأة وكان الدكتور الذي اجرة
العمالية اسموة الدكتور رأنول جرافاء وهوأ يعمل
في مستشفى تكاماً چنتراء

١٥- ثم بعد ٤ ايام من الاجراجه احسثو بسى الم
شدأيد وأرجع صراة اخره الى المستشفى تم الى العيادة
وقبالة الدكتور كوچرأر الذي قامه بسى فتح العمالية
لى تنظيفراً

١٦- لناء الجراح قد ان فتاح والتشاب
ثم كماونة اذهب الى العيادة ٤ مرات في الاسبوع
لتنظيف الجراح واخره المفاض الحيوى

١٧- في يوم ٢٠٠٤/٦/٢٧ تمام القبض عليه
بسى ترمماء الاعتداد على ذوجتى نائسى
ثم ذهبة الى الاچيل ولم اصطاطيع الاخروج

(6)

لانى يكون عندى حاق الاكفاله وحوجاس
حانا تتم محكمتى

١٨ - وانا فى الجيل زهايه عماد مارات الى العياده
الموجده هناك

١٩ - عنى مالف من العياده الجيل موجده مع هذه
الاوراق لانى كانت اعنى من ألم فى صدرأى
وضيق التنفس واقمة عياده الجيل يعمل الاشعات
والتحليل الازمه ثم قاله لك الدكتور المسأون
اش دقائق القلب ليشاء منتطوه وانى عندى استعداد
لمرافه الدارن و كانتوا عنى ايضاً من الشرب
العماليه المفتوحه وكانت تسيل منسراى الدماء
والامداده

(7)

٢٠ - وفي ذلك الوقت كماونت لا اطيع الحماوم
او نظفة الجراح وكاونت اعنى من الم شديد مستمر

٢١ - كان عندي احساس بل ياساء على طول
لانى كانت احب ذوجتى نانى جدا
وكاونت اظن انى لم ارها مرأه اخره وهدأ
يعنى ان الحياة مستحيله من غيرها

٢٢ - وخطرات لى فكرة ان الموت هدا الحال
او الانتحار ثم حوله ذلك وجتوا بقلم
وجعلته كاله حده ثم قشط حريان يداى
اليمن

٢٤ - بعد ان فعل ذلك امرؤ يحيسى فى عرفا
مكزوله تويمه عرفا الصيهر روام ولا يصطيع
السجيان فى هذه العرفا ان يردى احي
شيء من الامليس وله باب من ذجاج
وقضية فى هذه العرفاء ١٤ يوماء

(8)

٢٥ - وانا في الجبل كاوتت اخوذ بعض العليج
٣ مرات يوم ٩ برشات في كل مره اخز ١
برشات واحده كبسوله لي تبردتي
والثنيه مضافه حيوان ام الثلثه مونوم
وهذي الادويه تجعلني اقبض وعيني
وفي كل مره اقول لاممرض لا اريد هذا الدواء

٢٦ - وعلما او كاوتت او بعض المسحيان
يتبدلونه هذه البراشه بل مكوله او القهروا
او الحلو

٢٨ - في احد الايام قبله محنتي ذارني صديق
ناس وهو رؤيا ويعد موحدسا بلغة من
الواقه ٤٠ دقيقاه قال لي رؤيا بليه جلتني
لن مدأ يجعلني امضي هناء مودة قصيره

(9)

٢٩ - في الجيد كان احد الحناء يكتب لي
الخطاب التي كاوتت ارسله الى شوان اخو
ناني زوجتي لاني لا يطيع اللتيه او المرأة
بل التحليزيه واهد هده الراحل مجوده في الملف
كنكم

٣٠ - وكان لي صديق اسمه حنيفاء قوله اكتب
رساله الى شوان واشراخ لاهداني في الغرافه
المعزوله

٣١ - قد ارسله الى شوان كثير من الراحل
وفي احدى الراحل وحدى كاوتت اشراخ له
حدات واني حزيان جدا لم حداث لاني
استمع الى هذا الشيطان الاذي اوقع الفناء بيني
وبيناء زوجتي ناني

٣٢ - ورائي ايضاً الشيخ امين امام
الجمع في تكلم وهو الان في مصر

٣٣ - قيل المحكمة عرض عليها المحمية دكسى
عداد من الصفاحة لى كى امضى عليه ثم غطرات
وتركت معى المترجم لا كان كاوتت لا اعرف
ماء فيها لاني لا اقراء الاجليزية

٣٤ - وهذا المترجم اسمه كمال ابو ذكى
السيد كمال قراء لى بعد الصفاحه
وليته كل شى ولم يشكور لى اى شى عن
السراجيل ولم تقراء لى مدة المحمية اى شى
عن السراجيل

(ASSAULT)

٣٥ - اعلم ان موحكمتى هياء الولت تو (SAULT)
ولكان لا اعلم ماء هذا او ماذا تحشى
انا فكرة يعنى مشجاره بل كلام ولا اعلم
ان هاء مشجاره بل يدا

(11)

٣٦ - لا اعلم ماذا تعني هذه الكلمة

INJURIES - INJURIES

٣٧ - لا اعلم ماذا تعني هذه الكلمة

SIGNIFICANT

٣٨ - لا اعلم ماذا تعني هذه الكلمة

HARM - "FELONIOUSLY

SUBSTANTIALLY" OR

"INTENTIONALLY

٣٩ - بعد موافقتي تعلمة بعض معنى هذا

الكلمة أولاً أظن اني فعلت كل ذلك

لاني على ماء اشكور ان زوجتي تاشي

قدض وقيلنا على الارض ولا يكون اني

مخلطان في مكان حارة

٤٠ - وأنا في المحكمة في ١٧/٨/٢٠٠٤
 كان السيد/ كمال ابو ذكى موجود
 بجوارى لى يترجلى بعض الكلمة
 وكانه محب ايضاً ان اسمع كل الكلام

٤١ - وأنا في المحكمة كانت لا أطيع
 الفريم اثنى انا فكرة لاهاء اقول انا غلطان
 شوفاة افسوخ سريعا من الجيل وسالتنى
 لا كسى بعد ما تخرج من الجيل اين تذهب
 قول لة شوفاة اذهب الى المسجد قالت لى
 دكسى لو قالت انت غلطان شوفاة اخرج
 فى ذلك اليوم

٤٢ - انا فكرة بعد ما اخرج من الجيل شوفاة
 اذهب الى المسجد لت اعلم اثنى ممنوع الاطهل
 لى زوجتى ناسى ولدان شوفاة ذكراء لى فى
 احد الخطا بط ان ناسى شوفاة تحيل المشكله

وانما فكرة ان هذا يجوز من الوفاة
اسبوع أو اسبوعين وأرجع لي زوجتي
نائس مرة اخرى

٤٣- وانا في المحكمة يوم ٢٠٤/٨/١٧
سماعة دكسي تقول سوفاء اعود الى مهر
فان دوهاشة من ذلك وفكرة ان القضي
سوفاء يطلق سراحي لهذا الباب

٤٤- لم اقول شين لانهو قال لي السيد
كمال ابو ذكي احس ان لا أتكلام

٤٥- لو اني اعلم لوقولة انا غلطاطن سوفاء
انرجال مشن هو كان ابدان علسات جناحه كتيبة
(١) اولن علسات اريد ان اسكون في امرائه
(٢) اعلم ان التراجيل الى مهر مشكله كبيره
لن المهرين يعتقدونه الموراجل عمله
مشكله كبيره كاء احد الجارام

٤٦ - هـمّا كان أقول أنا غلظاطهن لو اعلم
 ان المعكمة تجعل عدام الاتصال بين
 زوجتي . امفوت انا فكر ان بعض
 الوجناء كانوا يتحدسون امي عن
 الكونيتك وللك كماوتت لا اعلم ماذا
 تعني هذه الكلامه السيد كمال ابو ذكي
 هدأنت عن ذلك وبعض البنجانا
 قلولي ان هذا شيء بسيط ان زوجتك
 تترها به الى المعكمة وتقول اريد الامال
 بي زوجي

٤٧ - وهما احزناني الشيء لم أخرج من
 الجبل في يوم ١٧/٨/٤٠٠٤ وانا قولة
 اني غلظاط ليا كفي اخرج في هذا
 اليوم نكل المشكله اني قول انا غلظاطهن
 ولم اخرج في هذا اليوم وهذا ماء بيودهنني

٤٨ - لم قالوا لى ائى سوفاء اخروج فى
شهر اكتوبر ١٠/١٠/٢٦ انا فكرة
سوفاء اخروج واكوان حوار وادهاش
ايدان حيماء قبض عليه مره ثنيه ٥٥
المجاريسنا

٤٩ - بعد ذلك بجان المجاريسنا
وضعو غرام او كفاله فاد فحسنا لى
ولدياد روجتى نائى لىاء كى اخروج

٥٠ - بعد ان خراج من بجان المجاريسنا
كونت انا فى بيارتى اويل المسجد
وبعد اقامة فى مسكان فى تكامة شهر
بعد ذلك سكاته فى منزل فى بلصيو
وكانتو اعمل فى ذلك الواقه احد المطباع
ذيرة يران الحمار لامطبعة

٥١ - المحكمة دبي موراس عرافت على
 محمي جديد اسه / ميكل ثورط
 و هواد كان يعمل على تصالغ الامراء
 السيده / دبي موراس كانت تواجه المحكمة
 الميجاريشن

٥٢ - شهر / ٨ / ٢٠٠٥ - المحكمة ازالة عدام
 الاتصال بين زوجين

٥٣ - شهر / ١٠ / ٢٠٠٥ المحكمة اذحت جلتى
 بليز سمع المحكمة / دكسى تقول انشاء
 قالة لى ان تراخلى هو كائنا السيد كمال
 اى واحد عمل مشكله بوفاء يتراخلى اشهو
 قالة ذلك لى السيده / دكسى

٥٤ - انا لم أذكر على الاطلاق انا السيد
 دكسي او السيد كمال ذكرا لي ذلك
 ولكن في ذلك الوقت كانت من
 اثني كثيره من الالهة في جسدي وكنت
 لا اطيع الوفاق على قداهي
 السيد كمال والسيد دكسي كانوا يأخذون
 بيدي

٥٥ - انا مكائش اعرف اني لم اقول انا
 اغلظاطن اني ماء تراجل ولو اعلم ذلك
 ماء قولتوا اني غلظاطن ولم اعلم اني
 سوف اذهب الى بحران الميجاريشي مباشرة
 ولم اعلم اولم يكون عنى افكرة اني لو قولة
 انا غلظاطن سوف اترجل من امرake ولا
 اعود ماره اخره ان تعلم حيتي ان اذهب
 الى امركان واقيم هناك مع زوجتي ناني

٥٦ - انا قبيلة انا اقول انا غلطاطت لسباب
واحد فقط وهواء الخروج من الجيب

٥٧ - انا مضيض بعد ماء قراة بل عربى
وفرام ماء فيراء بل كعامل
ولان انا فرهم كل شى هناع فى هذا الملف

٢٠٠٦/٣/٢٨
ALAA علاء فكرت

Alaa

FILED
COURT OF APPEALS
DIVISION TWO

05 MAY 23 PM 2:22

STATE OF WASHINGTON

BY _____
DEPUTY

NO.

COURT OF APPEALS
OF THE STATE OF WASHINGTON
DIVISION TWO

In re the Personal Restraint of

ALAA HASSAN,

Petitioner.

DECLARATION OF NANCY
PHELPS IN SUPPORT OF
PERSONAL RESTRAINT
PETITION

I, NANCY PHELPS, do hereby declare under penalty of perjury under the laws of the State of Washington that the following facts are true and correct.

1. I am over 18 years of age. I am an American citizen by birth, I have been a resident of Washington State since 1965, and have also held legal residency in Egypt for over 25 years.

2. I met Alaa Hassan at my home in Cairo in the year 2000, when he came to assist me in repairing earthquake damage to my home in Cairo. We were introduced by long-time common friends, who gave me their highest recommendation for him as a person and as an employee. We ended up working on multiple projects together, including the restoration of my Cairo home and finishing of my villa in Fayoum Oasis, which had been left uncompleted after the death of my first husband,

ORIGINAL

William Isaac, an Egyptian citizen. We ended up falling in love and decided to make a life together.

3. After months of difficulties with Egyptian "red tape", we were finally legally married in Egypt in December of 2001. We later had to divorce on paper, and remarry a few days later, at the insistence of the American authorities, who would not accept the religious divorce between Alaa and his first wife, Faiza. Alaa and Faiza had to divorce again with Official civil documentation, and then Alaa and I remarried. Our divorce, Alaa and Faiza's second divorce, and Alaa and my second marriage all took place within approximately one week, in July of 2002. After that, it took almost 9 months more to finally be granted an immigration visa for Alaa, and we traveled to the U.S. together in May of 2003.

4. Alaa and I were both thrilled when he finally achieved "green card" status, so that we could freely travel together between the US and Egypt. I have always earned my living in America (working as a Registered Nurse since 1984). I would work several months a year here, and spend the rest of my time (every year since 1978) in my home in Egypt or elsewhere abroad. It was also important for Alaa to have the permission to work in the U.S., and the green card provided this permission.

5. Also, my parents are both still living in rural Eastern Washington in a large home with acreage. They have both had a number of medical crises in the past years, and I, as the oldest child and only medical professional among their children, have been the one who goes to care for them when they need assistance. Since Alaa arrived in the U.S., he has taken on many projects to help my parents, and we have planned to eventually move closer to them in order to care for their needs in the future. I cannot stress how important his residency status in America was and is to both of us. It took over a year and a half of our lives to obtain, was very financially costly, and provided an open door to both of our future plans and goals.

6. After we were married in Egypt, Alaa legally signed over the ownership of his property there to his first wife, Faiza. This was an action that we all (Alaa, Faiza and myself) agreed upon and considered fair. This action has left Alaa essentially homeless in Egypt, except for his places with me. We have provided financial support to Faiza and her 3 children these past years, and thought that we would be able to provide for them better in the coming years with both Alaa and I earning income in America.

7. In late June of 2004, Alaa and I had a domestic dispute that resulted in his arrest in Pierce County.

8. From the day my husband was arrested, I began trying to contact his court-appointed defense attorney to find out if he would be facing any potential immigration consequences. When I discovered that Ms. Dixie Krieg was assigned to defend him, I called her, and during the month of July, 2004, I spoke to her at length at least twice before the Sentencing Hearing on August 17th, 2004. At first she told me that Immigration was not her "area", and the last time we spoke, she told me that she was unaware of any connection between his case in Pierce County Court and "Homeland Security". She said that if she found out otherwise, she would let me know.

9. I tried on numerous occasions after that to reach her, before the sentencing date was approaching, and I left messages on her Answering machine, but she never called me back.

10. In the phone calls we did have together, I discussed a number of issues, including my frustration at not being able to remove the no-contact order the Court had imposed upon us, (making it impossible for me to visit my husband), concern about my husbands health problems because he had been suffering from a painful and dangerous infection of an open surgical wound, fear for his safety in an American jail because he is an Arabic-speaking Muslim, and deep concern about the fact that he

could speak very little English and could not read or write English at all, leaving him isolated, afraid, and unable to communicate with anybody.

11. I was also very concerned about his mental state and relayed my concern to attorney Dixie Krieg, the Prosecutor Sven Nelson, the Jail Chaplain, the Imam at the Tacoma Mosque, and others. I had been shaken by Alaa's appearance and demeanor at the arraignment. He was sobbing the entire time and hanging his head as if in shame and begging to be able to speak to me. I could hear and understand his Arabic interpreter telling him to be quiet, not to speak, and that it was forbidden to talk to me.

12. I also had heard that Alaa had tried to slit his wrist in the jail and that he was deeply depressed.

13. I was told by both Attorney Krieg and Prosecutor Sven Nelson that if Alaa plead guilty at his sentencing hearing, he would get out of jail much quicker than if the case were to go to trial. No one told me that when he finished his Pierce County Jail sentence he would be transferred from the county jail to a federal detention center where he would be held for deportation.

14. I relayed the advice I was given to Alaa's and my friend, Mr. Roy Gould, who visited Alaa in Pierce County Jail and advised him to plead guilty in order to be released early.

15. I was also told that I could get the no-contact order removed *after* sentencing, but not before. I assumed that it would just be a simple formality after the sentencing hearing for me to go sign something and have the no-contact order removed, so that I could start visiting Alaa in jail and we could work out a plan to put our lives back together. No one told me otherwise, even though Prosecutor Sven Nelson, Attorney Dixie Krieg and Victim Advocate Teresa Keogh all knew that I desperately wanted and needed to have the no-contact order removed.

16. Immediately after the sentencing hearing, I asked Teresa Keogh, "OK, now what do I have to sign to remove the no-contact order?" She told me I would have to contact the Prosecutor's office for that, so I phoned Sven Nelson and asked him what I needed to do to remove the order. He said he would call me back. Later that day, he phoned and told me that "Our office can't help you with that." I was shocked and horrified 2 days later to receive a notice in the mail from the Court that a 10 year no-contact order had been imposed upon Alaa prohibiting him from having any contact with me. It ended up taking multiple hearings and almost 11 months to get this order removed. Before sentencing, I was told that Alaa would be required to attend Counseling sessions and be on probation in Pierce County for a year after release. (If he was going to be deported, how could he possibly do this?) Also, just

before the sentencing hearing, I was told by my court appointed "Victim Advocate" (Ms. Teresa Keogh) that Alaa might be released the day of, or soon after August 17th. Dixie Krieg had also mentioned that if he received the minimum of 3 months sentence (which she felt confident would be the case), he would be released after 2 months, which would be the end of August. *No one ever mentioned anything about immigration consequences.* I had heard that because the jail was so full, inmates were being released early, so I felt that there was a very good chance that Alaa would be freed on August 17th.

17. Although I felt that he had more than paid for the mistake he made on June 28th, I appealed to Judge Beverly Grant to keep Alaa in custody one month longer. I did this for a number of reasons : I was 100% sure that after the sentencing hearing was over, I could just tell a clerk or someone that I wanted to remove the no-contact order between Alaa and me, and I could sign and it would be finished! I desperately needed to be able to talk to him to understand what happened and assess his emotional state before he came home to me or we decided that we needed to live apart. Most importantly, I needed a chance to be able to tell him that his beloved Mother had died approximately 2 weeks after his arrest. Because he had been unable to make international calls from the jail, he had not spoken with his family, and was unaware of what had happened. I was

worried that this information would completely destroy him, as he was the only son, and had an extremely close bond with his Mother. I wanted to have a chance to break this horrible news to him while he was under 24 hour watch in the jail. I thought that I would be able to see him and talk to him and mourn with him through visits and phone calls. Because of my fear of his potential emotional instability, I made statements during the sentencing hearing that resulted in his being sentenced to a longer stay in Pierce County Jail than I had expected.

18. In late September, 2004, I was shocked and horrified to receive the news that my husband had been contacted by Homeland Security, with notification of deportation proceedings. I immediately took steps to find an immigration attorney for him, and hired attorney Debra Morales to represent him.

19. Attorney Morales expressed shock and dismay that I had not contacted her earlier, and I told her that Alaa's Attorney, Dixie Krieg, had said that she knew of no immigration consequences. Soon after that, attorney Morales found Michael Schwartz, a criminal lawyer in Tacoma, who agreed to work with us to vacate the guilty plea.

20. On October 28, 2005, at the hearing on the motion to vacate Alaa's guilty plea, attorney Dixie Krieg appeared as a witness for

the Prosecution and made a number of contradictory statements about her communication with Alaa before the sentencing hearing.

21. At no time did either of Alaa's defense attorneys ask either Alaa or myself what it means to be deported to Egypt from the USA. He and I both know that deportation back to Egypt from America marks a person for life as an assumed terrorist.

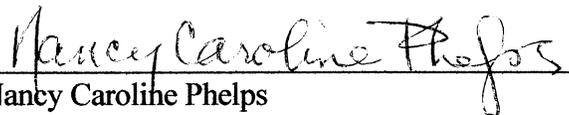
22. Egypt is a country that is well-known for human rights violations and torture of innocent people. An Egyptian cannot be granted a passport if he has committed any known crime, (whether committed in Egypt or abroad) and is stripped of their passport if brought back as a deportee. In Egypt, a person is not just dumped off a bus on the other side of the border, and free to try to come back the next day, like the Mexicans that Dixie Krieg knows about. A deportee is taken back as a criminal and faces imprisonment for an indefinite amount of time, which routinely includes torture and involves having a family member work very hard and at great expense to get them released. After that, an Egyptian is never able to get a new passport and is denied the ability and right to leave the country for any reason.

23. When I heard Dixie Krieg tell the Court that Alaa wanted to return to Egypt (during the sentencing hearing), I said out loud, "What?!" because I was really astonished. This was totally contrary to

anything I was aware of. I knew that his dream was to live here, and that he had jobs that he was looking forward to, and he had never expressed any desire to return to Egypt except for visits. When I heard Dixie say that in court, I thought that maybe it was a strategy to make the judge think that America would be getting rid of an Arab soon. Or maybe Dixie Krieg was confused from her conversations with me. I recall telling her that after Alaa found out about his Mother's death he might want to go to Egypt temporarily to visit his blind and helpless Father. But Alaa didn't even know about his Mom's death yet, because I had not told him about it, so I was totally shocked when Dixie told the judge that Alaa wanted to go back to Egypt.

24. Alaa would never have been willing to go back to Egypt as a deportee in chains, to be out into an Egyptian prison, and that is what will happen if he is ever deported back to Egypt. If Alaa had known that as a result of pleading guilty he would be deported back to Egypt, he would never have plead guilty. Clearly, he did not know this when he plead guilty.

DATED this 17th day of May, 2006.


Nancy Caroline Phelps

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COURT OF APPEALS
DIVISION TWO

06 MAY 23 PM 2:22

STATE OF WASHINGTON

BY _____
DEPUTY

NO. _____-II

COURT OF APPEALS
OF THE STATE OF WASHINGTON
DIVISION TWO

In re the Personal Restraint of

ALAA HASSAN,

Petitioner.

DECLARATION OF AHMED
HAMMOU

I, AHMED HAMMOU, do hereby declare under penalty of perjury under the laws of the State of Washington, that the following facts are true and correct:

1. I am over 18 years of age and I have personal knowledge of the facts set forth here.
2. I am currently employed as a correctional officer at the Pierce County Jail. I have been working there since 1998.
3. I remember Mr. Alaa Hassan. He was an inmate in the Pierce County Jail in the summer of 2004.
4. Mr. Hassan had great difficulty understanding English. It was difficult for the jail staff to communicate with him. Sometimes I was asked to speak with him because I could speak with him

in Arabic. I remember one time when he was interviewed by a county mental health professional (“MHP”), I translated so that the MHP could interview Mr. Hassan.

5. Mr. Hassan also had great difficulty understanding the court system. He could not understand that the judge wanted him to stay away from his wife. He thought that the court was supposed to help him get back together with his wife, and so he could not understand the concept that the court was ordering him to stay away from his wife.
6. He was very distressed and upset all the time. He loved his wife very much and was very depressed to be separated from her.
7. Although I was not present on the day that he attempted suicide, I remember that he was put in the suicide observation room after he made a suicide attempt. One of the jail MHPs whose first name is Penny brought me a piece of paper that had been found in his cell. There was writing in Arabic on the paper. Penny thought that the writing might be a suicide note, so she asked me to read it for her. I read it. I cannot remember what it said, but I do remember that it was not a suicide note.

8. I also remember that Mr. Hassan had some medical problems while he was in the Pierce County Jail, because I remember him going from the suicide watch room to the medical clinic, dressed in a suicide smock.
9. I also remember that Mr. Hassan telling me that he had some problems with harassment from other inmates. They knew that he was a Muslim, and they would make fun of him and harass him about his religion.
10. He had some problem with his Koran. I don't remember if he didn't have one at all, or if he had one and it was taken from him by another inmate. But I do remember that I helped to provide him with an Arabic Koran. I either gave it to him myself, or more likely I gave it to the jail chaplain to give to him.
11. I do not remember whether Mr. Hassan ever discussed the possibility of deportation with me. But I do know that staying in the United States was a very big thing for him. He wanted very much to be with his wife in the United States. He would never have done anything that would have jeopardized his ability to stay in the United States. If he had known that

pleading guilty would lead to his deportation, he never would
have plead guilty.

DATED this 26 day of March, 2006.



Ahmed Hammou

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COURT OF APPEALS
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05 MAY 23 PM 2:22
STATE OF WASHINGTON
BY _____
DEPUTY

NO. _____-II

COURT OF APPEALS
OF THE STATE OF WASHINGTON
DIVISION TWO

In re the Personal Restraint of

ALAA HASSAN,

Petitioner.

DECLARATION OF
DEBORAH MORALES

I, DEBORAH MORALES, do hereby declare under penalty of perjury under the laws of the State of Washington, that the following facts are true and correct:

1. I am over 18 years of age and I have personal knowledge of the facts set forth here.
2. I am an attorney licensed to practice in Washington since 1995. I specialize in immigration law.
3. I represent the petitioner, Alaa Hassan, in a removal proceeding now pending before the Executive Office of Immigration Review, Immigration Court, in Seattle, Washington.

ORIGINAL

4. Mr. Hassan was first notified that the Department of Homeland Security, Immigration & Customs Enforcement was seeking to remove him from this country on September 15, 2004 when he was interviewed by ICE agents, while incarcerated in the Pierce County Jail. When Mr. Hassan completed his 6 month criminal jail sentence in Pierce County Jail he was transferred from the jail to the Northwest Detention Center, a federal immigration holding facility in Tacoma.
5. On October 26, 2004, Mr. Hassan was served with a Notice to Appear, a charging document which initiates removal proceedings. Mr. Hassan was charged as removable from the U.S. under the federal immigration statute. The alleged basis of removal was Mr. Hassan's conviction, on 8/17/2004, of Assault in the Second Degree, in violation of RCW 9A.35.021(1)(a) and 10. 99.020, as a person who has been convicted of a crime of domestic violence and a crime involving moral turpitude, committed within 5 years after admission for which a sentence of one year or longer may be imposed. DHS/ICE set bond at \$50,000.
5. A bond hearing was had on November 1, and 5, 2004, before the Immigration Court. Mr. Hassan's bond was reduced to

\$7,500.00. Bond was Shortly thereafter that bond was posted and Mr. Hassan was released from the custody of ICE.

6. Mr. Hassan's first removal hearing, a Master Calendar hearing before the immigration court, occurred on November 1, 2004.
8. Throughout the year 2005, the immigration removal proceedings were continued while awaiting the adjudication of Mr. Hassan's motion for withdrawal of his guilty plea in the state court criminal case on the basis of due process violations.
9. The state court judge denied the motion for withdrawal on October 28, 2005.
10. On September 12, 2005, Mr. Hassan appeared for a Master Calendar hearing before the Immigration Court. The United States alleged that he was deportable because: he was not a citizen; he was a native and citizen of Egypt; he was admitted to the United States as the spouse of a US citizen on May 12, 2003; and he was convicted in the Superior Court of the State of Washington on August 17, 2004 of Assault 2, in violation of RCW 9A.35.021(1)(a) [sic] and 10.99.020. Thus the United States alleged that he was subject to removal pursuant to Section 237(a)(2)(E)(i) of the Immigration and Nationality Act, as amended, for having been convicted of a crime of domestic

violence, and pursuant to Section 237(a)(2)(A)(i), because within five years of admission to the United States he was convicted of a crime of moral turpitude for which a sentence of one year or longer may be imposed. The Immigration Court found that these allegations were sustained and that Mr. Hassan was removable from the U.S. as charged.

12. The immigration proceedings have not finished. Mr. Hassan intends to pursue all legal and appellate remedies and continues to do so. This includes appeals to the Board of Immigration Appeals and to the Ninth Circuit Court of Appeals. At present his case remains in the Immigration Court pending further legal argument.

I declare under penalty of perjury under the laws of the State of Washington, that the foregoing is true and correct based upon the best of my knowledge and belief.

SIGNED this 11th day of April, 2006.

A handwritten signature in black ink, appearing to read "Debra A. Morales", written over a horizontal line.

Debra A. Morales

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DIVISION TWO

06 MAY 23 PM 2:22

STATE OF WASHINGTON

BY _____
DEPUTY

NO. _____-II

COURT OF APPEALS
OF THE STATE OF WASHINGTON
DIVISION TWO

In re the Personal Restraint of

ALAA HASSAN,

Petitioner.

DECLARATION OF KAMAL
ABOU-ZAKI

I, KAMAL ABOU-ZAKI, do hereby declare under penalty of perjury under the laws of the State of Washington, that the following facts are true and correct:

1. I am over 18 years of age and I have personal knowledge of the facts set forth here.
2. I work as an interpreter for persons appearing in Pierce County Superior Court. I interpret for Arabic speaking persons. Arabic is my native language.
3. Criminal defense attorney Dixie Krieg asked me to interpret for her when she met with her client, Mr. Alaa Hassan. Mr. Hassan was charged in Pierce County Superior Court Cause No. 04-1-03172-1 with assaulting his wife.

ORIGINAL

4. On a number of occasions I went with attorney Krieg when she visited Mr. Hassan in the Pierce County Jail. Mr. Hassan is from Egypt and his first language is Arabic. In my opinion his understanding and his command of English is rather poor.
5. Each time that I saw Mr. Hassan in jail he was in a hysterical condition. He showed no control over himself and was crying all the time. I tried to calm him down but I was not successful.
6. Attorney Krieg said she needed some information from Mr. Hassan. But when I interpreted her questions, he would generally respond by crying, sobbing, stating over and over again that he was not a criminal, and that he could not survive any longer in jail. I told attorney Krieg that he was not listening to what she was saying to him.
7. After our first visit I told Ms. Krieg that I did not think he was fit to go to trial, and that maybe he should see a psychiatrist. She said we would simply have to try again, so we made additional jail visits to see him. She said she felt sorry for him.
8. Every visit with Mr. Hassan was basically the same. He never listened to what attorney Krieg said to him. I am 100% certain that he did not understand a single word she said. He was simply incapable of listening to her. He simply cried and

repeatedly said things like, “I love my wife”; and “If I stay here in jail I am going to die.” It was not clear to me what he meant by that. I cannot say whether he meant that he would kill himself if he stayed in jail, but that certainly is a possibility.

9. I do not remember whether attorney Krieg talked to Mr. Hassan about immigration matters or about the consequences of pleading guilty on his immigration status. But I am positive that if she did tell him about these things, he did not listen and he did not understand anything she said.

10. Mr. Hassan did say at one point that he wanted to go home. The Arabic word he used was “beit.” I translated that word into its English counterpart, the word “home.” In Arabic the word “baladi” means “country.” Mr. Hassan never used that word and never said he wanted to go to his country. Nor did he ever say he wanted to go to Egypt. The Arabic word for Egypt is “Masr.”

11. It was not clear to me what Mr. Hassan meant by stating that he wanted to go home (“beit”), but I believe it is entirely possible that he was saying he wanted to go to his home in Washington State where he lived with his wife. That would certainly be very consistent with his repeated comments that he loved his

wife, never meant to hurt, and that he wanted to be with her. I do not think that Mr. Hassan ever said he wanted to go back to Egypt. Attorney Krieg may have misunderstood and may have gotten that incorrect impression from the fact that I interpreted his statement that he wanted to “go home.”

12. Mr. Hassan told attorney Krieg that he wanted to go back to work. It was my understanding that he worked at a local convenience store. Obviously, he could not go back to work at a local convenience store if he went to Egypt.

13. Mr. Hassan insisted that he did not assault his wife. Several times, while he was sobbing and crying, he said that they got in an argument and that she fell when she was backing up, but that he did not hit her.

14. I never gave Mr. Hassan any advice as to what he should do. At one point he asked me what he should do, and I replied simply, “Ask your lawyer.” He said, “I will do anything to get out of jail.”

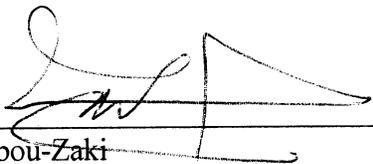
15. Eventually Mr. Hassan entered a guilty plea and he was sentenced. Some time after that I was contacted by attorney Michael Schwartz. Mr. Schwartz eventually made a motion asking the Court to let Mr. Hassan withdraw his guilty plea. I

again served as a interpreter. I attended the hearing held before Judge Grant at which that motion was argued, and I translated those proceedings for Mr. Hassan.

16. I am absolutely certain that Mr. Hassan never understood that if he plead guilty he would be deported and that he would not be allowed to come back to the United States.

17. I will no longer be able to serve as an interpreter in this case because I am now a witness.

DATED this 14 day of February, 2006.



Kamal Abou-Zaki

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COURT OF APPEALS
DIVISION TWO

06 MAY 23 PM 2:22

STATE OF WASHINGTON

BY _____
DEPUTY

NO. _____-II

COURT OF APPEALS
OF THE STATE OF WASHINGTON
DIVISION TWO

In re the Personal Restraint of

ALAA HASSAN,

Petitioner.

DECLARATION OF ROY
GOULD

I, ROY GOULD, do hereby declare under penalty of perjury under the laws of the State of Washington, that the following facts are true and correct:

1. I am over 18 years of age and I have personal knowledge of the facts set forth here.
2. I am a friend of Mr. Alaa Hassan. After Mr. Hassan was arrested and was being held in Pierce County Jail, I went to visit him in the jail. This was in the summer of 2004.
4. When I visited him, he was extremely upset and depressed. He missed his wife terribly and he wanted to be with her.
5. He was charged with assaulting his wife. He talked with me about what he should do. He was worried about being

deported to Egypt. He wanted to avoid that. He did not want to go back to Egypt. He wanted to go back to living with his wife in Tacoma.

6. I told him that he should plead guilty as quickly as possible, because I thought that would speed up the time that he would be released from jail. I told him that as long as he was in jail, the INS had a good chance of finding out that he was in jail, and the chances of the INS starting deportation proceedings were high. I told him that if he plead guilty he would get out of jail sooner, and that once he got out of jail, the chances were better that the INS would never contact him, and would never try to deport him. So I told him that his chances of avoiding a deportation were better if he quickly plead guilty.
7. When I gave him this advice, I had no idea that if Mr. Hassan plead guilty as charged that the law required that he be deported. I never would have advised him to plead guilty if I had understood this. Moreover, I am quite sure that Mr. Hassan would never have plead guilty if he had understood this. In fact, he took my advice because he thought that by pleading guilty he could *decrease* the chance that he would be deported.

8. Mr. Hassan's goal was to get back with his wife. He knew that he could not see her as long as the Court had him under a no contact order, but he believed that eventually the no-contact order would be removed, and he would be permitted to live with her again.

DATED this 29th day of March, 2006.


Roy Gould

FILED
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STATE OF WASHINGTON

BY _____
DEPUTY

IN THE COURT OF APPEALS FOR THE STATE OF WASHINGTON
DIVISION TWO

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|---------------------------------|---|-----------------------|
| In re the Personal Restraint of |) | |
| |) | |
| |) | NO. |
| |) | |
| |) | DECLARATION OF LENELL |
| |) | NUSSBAUM |
| ALAA HASSAN, |) | |
| |) | |
| Petitioner. |) | |
| _____ |) | |

LENELL NUSSBAUM declares to the Court:

BACKGROUND OF WITNESS

1. I am an attorney licensed to practice law in Washington state since 1980.

2. Since 1983, my practice has been almost exclusively in criminal defense. I was a staff attorney at Eastside Defender Association (1983-84), at the Seattle-King County Public Defender Association (1985), and then at the Washington Appellate Defender Association (1985-1991). I have been in private practice since 1991, doing investigations, trials, appeals, and other post-conviction work.

3. I have served as President of the Washington Association of Criminal Defense Lawyers (1996-97), serving

ORIGINAL

three years on its Board of Governors. I also chaired WACDL's CLE Committee for one year and its Public Education Committee for two years. I was a member of the Steering Committee of the Washington State Bar Association's Criminal Justice Institute for the first ten years from its inception (1994-2003).

4. I also am a member of the Washington Defender Association (WDA), an organization created primarily for the training and support of attorneys handling public defense cases. I have participated as a faculty member in WDA's trial skills seminars.

5. I have spoken at many Continuing Legal Education seminars on issues of criminal defense, including ethics and ineffective assistance of counsel. I have previously provided testimony as an expert witness in Washington courts on the subject of ineffective assistance of counsel. I also have litigated claims of ineffective assistance of counsel.

REVIEW OF THIS CASE

6. Attorney James E. Lobsenz asked me to provide an opinion on the issue of whether trial counsel's performance in this case fell below that of a reasonable attorney trained in criminal defense. I agreed to review materials and give him my opinion.

7. I received and reviewed the following items regarding this case:

- (a) Transcript of Plea and Sentencing hearing in State v. Alaa Fekry Ahmed Hassan, Pierce County Superior Court No. 04-1-03172-1 (Aug. 17, 2004);
- (b) Transcript of hearing for the same case on the defendant's Motion to Withdraw Guilty Plea (Oct. 28, 2005);
- (c) Declaration of Alaa Hassan (Mar. 28, 2006);
- (d) Declaration of Roy Gould (Mar. 29, 2006);
- (e) Declaration of Kamal Abou-Zaki (Feb. 14, 2006);
- (f) Declaration of Debra A. Morales (Apr. 11, 2006);
- (g) Declaration of Ahmed Hammou (Mar. 26, 2006);
- (h) Chronological Record of Medical Care from Pierce County Detention and Corrections Center for Alaa Fekry Ahmed Hassan (6/30/04-1/5/05);
- (i) Chronological Record of Mental Health Care from Pierce County Detention and Corrections Center for Alaa Fekry Ahmed Hassan (7/4/04-12/16/04);
- (j) Medical Records from Tacoma General Hospital (Mar. 27, 2004).

OPINION

Client's Mental Competence

8. The two-part test for legal competency of a criminal defendant in Washington is: (1) whether the defendant understands the nature of the charges; and (2) whether he is capable of assisting in his defense. State v. Hahn, 106 Wn.2d 885, 894, 726 P.2d 25 (1986); State v. Ortiz, 104 Wn.2d 479, 482, 706 P.2d 1069 (1985). The standard is the same for pleading guilty or for standing trial. Godinez v. Morgan, 509 U.S. 389, 399, 113 S. Ct. 2680, 25 L. Ed. 2d 321 (1993).

9. Procedures of the competency statute, RCW ch. 10.77, are mandatory and not merely directory. State v. Wicklund, 96 Wn.2d 798, 805, 638 P.2d 1241 (1982). Once there is a reason to doubt a defendant's competency, the court must follow the statute to determine his or her competency to stand trial. Failure to observe procedures adequate to protect an accused's right not to be tried while incompetent to stand trial is a denial of due process. In re Fleming, 142 Wn.2d 853, 863, 16 P.3d 610 (2001).

10. When defense counsel knows or has reason to know of a defendant's incompetency, tactics cannot excuse failure to raise competency at any time "so long as such incapacity continues." Fleming, supra, 142 Wn.2d at 867, quoting RCW 10.77.050.

11. In this case, Mr. Hassan speaks Arabic. His lawyer always met him with an interpreter present. RP(10/28) at 23, 32. The interpreter was Kamal Abou-Zaki. RP(10/28) 4, 32; Declaration of Kamal Abou-Zaki. All communications between the attorney and Mr. Hassan, therefore, went through this interpreter.

12. Ms. Krieg recognized that her client was very depressed and very sad. RP(10/28) 22-23. At the time of discussing the Statement of Defendant on Plea of Guilty, he was

still very depressed and sad, and actually crying. RP(10/28)
34.

13. Ms. Krieg testified she believed Mr. Hassan understood the plea fully, that she read "every single paragraph to him." RP(10/28) at 27.

14. But Mr. Hassan's understanding had to come not from Ms. Krieg, but through the interpreter who translated what Ms. Krieg said. Mr. Abou-Zaki reports Mr. Hassan generally responded to questions "by crying, sobbing, stating over and over that he was not a criminal and that he could not survive any longer in jail." Mr. Abou-Zaki told Ms. Krieg that Mr. Hassan was not listening to what she was saying to him (as translated by Mr. Abou-Zaki).

15. Furthermore, Mr. Abou-Zaki told Ms. Krieg that he "did not think Mr. Hassan was fit to go to trial, and that maybe he should see a psychiatrist." Although Ms. Krieg continued meeting with Mr. Hassan, Mr. Abou-Zaki said every visit with Mr. Hassan was basically the same. He never listened to what attorney Krieg said to him. He was certain Mr. Hassan did not understand.

16. Whenever "there is reason to doubt" a criminal defendant's competency, the court "shall," on its own motion or that of any party, order an examination of and a report on the

defendant's mental condition. RCW 10.77.060(1). Incompetency cannot be waived. Fleming, supra, 142 Wn.2d at 864.

17. The combination of Mr. Hassan's behavior, and Mr. Abou-Zaki's explicit statements to counsel of his opinion of Mr. Hassan's inability to understand and unfitness to go to trial, was a "reason to doubt" Mr. Hassan's competency. This information required Ms. Krieg to request a competency evaluation and hearing for Mr. Hassan.

18. In my opinion, if these were the facts, no reasonably competent criminal defense attorney would fail to request a competency evaluation of Mr. Hassan.

Immigration Consequences of Guilty Plea

19. I am not an expert on immigration law. I have represented a significant number of foreign nationals facing criminal charges.

20. The Washington Association of Criminal Defense Lawyers (WACDL) regularly includes advice about immigration consequences in its continuing legal education seminars. It conducted seminars including sessions on immigration consequences in March and October, 1995, October 1996, October 1997, June 1999, October 2000, October 2004, and December 2005.

21. The Washington Defender Association maintains an Immigrant Project, headed by attorney Ann Benson. It is

available for free consultation to all WDA members regarding the immigration consequences of any criminal charge.

22. Defense magazine, a joint publication by WACDL and WDA, carried articles about immigration consequences in September 1989, April 1989, August 1991, May 1993, May 1995, February 1996, and August 2004. Since 2004, Defense has carried an Update on immigration consequences twice a year, prepared by Ann Benson, the head of WDA's Immigration Project.

23. The immigration consequences for non-citizens in the United States often are the most serious consequences a client faces as a result of a criminal conviction. The federal immigration laws define crimes far differently than do our state criminal laws. These consequences can affect a client's ability to remain in, or ever re-enter, the United States after certain criminal convictions. They can destroy the client's livelihood and his family -- an outcome far worse than the stigma of a criminal conviction, or most sentences of incarceration.

24. Due to the seriousness of immigration consequences, and the attention these issues have received in the profession, it is my opinion that no reasonably competent criminal defense attorney would fail to understand, either by legal research or consultation with an immigration lawyer, the immigration consequences for any foreign client facing a criminal charge.

25. A reasonably competent criminal defense lawyer must be aware of the immigration consequences when negotiating a plea. Often the prosecuting attorney is not aware of the immigration consequences of a state criminal conviction. It has been my experience that in some cases, when learning the consequences, the prosecutor can be helpful to obtain a plea agreement that avoids or reduces the immigration consequences. This possibility is increased when the victim of the crime agrees with the goal of not triggering deportation.

26. This record demonstrates that Ms. Kreig did not know the immigration consequences of various convictions when she negotiated a plea. Her concern centered on the amount of jail time to be served. Yet a plea to a non-domestic violence misdemeanor, even with a proposal to serve a longer time in jail, could have avoided the lifetime of immigration consequences. A criminal defendant must be advised of that potential trade-off to be able to make a knowing decision.

27. It is my opinion that by negotiating a plea agreement without knowing the immigration consequences, Ms. Kreig's performance fell below the standard of practice for a reasonable criminal defense lawyer.

28. It is my opinion that no reasonably competent criminal defense attorney could adequately advise a foreign client whether to enter a plea without knowing the immigration

consequences. Attorney Dixie Kreig had not determined the immigration consequences of the guilty plea she recommended to her client. Her performance in this respect thus fell below the standard of a reasonable criminal defense lawyer.

29. Furthermore, it is my opinion that no reasonably competent criminal defense attorney could permit a non-citizen client to enter a guilty plea without the client being fully advised of the immigration consequences of doing so. And in this case, counsel did not fully advise her client. It is the duty of the attorney to understand and communicate the legal consequences of a guilty plea, including the immigration consequences. Permitting legal advice to come from an interpreter, not trained in the law, is not a substitute for counsel's failure to provide accurate legal advice.

30. Thus Ms. Kreig's performance in this case -- failing to inform herself of the immigration consequences of entering a guilty plea to possible crimes, while yet negotiating a plea, advising a client on whether to enter that plea, and assisting that client to enter that plea -- fell below the standard of a reasonable attorney trained in criminal defense.

I declare under penalty of perjury under the laws of the state of Washington that the above statements, paragraphs 1-30, are true and correct to the best of my knowledge.

17 May 2006 Seattle WA
Date and Place


LENELL NUSSBAUM

NO.

IN THE COURT OF APPEALS OF THE STATE OF WASHINGTON
DIVISION TWO

In re Personal Restraint of

ALAA HASSAN,

Petitioner

CERTIFICATE OF SERVICE

The undersigned, under penalty of perjury, hereby declares as follows:

1. I am a lawful permanent resident of the United States and over the age of 18 years and am not a party to the within cause.
2. I am employed by the law firm of Carney Badley Smith & Spellman, P.S. My business and mailing address is 701 Fifth Avenue, Suite 3600, Seattle WA 98104.
3. On May 22, 2006, I caused to be served via legal messenger, one copy of the following documents on:

Mr. Sven Karl Nelsen
Pierce County Prosecuting Attorneys Office
930 Tacoma Ave. S. Room # 946
Tacoma, WA 98402-2171

ORIGINAL

FILED
COURT OF APPEALS
DIVISION TWO
06 MAY 23 PM 2:22
STATE OF WASHINGTON
BY _____
DEPUTY

Entitled exactly:

PERSONAL RESTRAINT PETITION

**MOTION TO CONSOLIDATE DIRECT APPEAL WITH PERSONAL
RESTRAINT PETITION**

DECLARATION OF ALAA HASSAN

**DECLARATION OF NANCY PHELPS IN SUPPORT OF PERSONAL
RESTRAINT PETITION**

DECLARATION OF AHMED HAMMOU

DECLARATION OF KAMAL ABOU-ZAKI

DECLARATION OF DEBORAH MORALES

DECLARATION OF ROY GOULD

DECLARATION OF LENELL NUSSBAUM

DECLARATION OF JAMES E. LOBSENZ

DATED: May 22, 2006.


DEBORAH A. GROTH

FILED
COURT OF APPEALS
DIVISION TWO

06 MAY 23 PM 2: 22

STATE OF WASHINGTON

BY _____
DEPUTY

NO.

COURT OF APPEALS
OF THE STATE OF WASHINGTON
DIVISION TWO

In re the Personal Restraint of

ALAA HASSAN,

Petitioner.

DECLARATION OF JAMES E.
LOBSENZ IN SUPPORT OF
PERSONAL RESTRAINT
PETITION

I, JAMES E. LOBSENZ, do hereby declare under penalty of perjury under the laws of the State of Washington that the following facts are true and correct.

1. I am counsel for the petitioner in the above entitled matter.

2. On February 17, 2006 I sent a request for copies of medical and mental health records pertaining to jail inmate Alaa Hassan to the Medical Records Custodian of the Pierce County Detention & Correctional Center.

3. On March 1, 2006 I sent a request for copies of medical and mental health records pertaining to Alaa Hassan to the Medical Records Custodian of the Group Health Records Center in Kent, Washington.

ORIGINAL

4. On March 1, 2006 I sent a request for copies of medical and mental health records pertaining to Alaa Hassan to MultiCare Health Systems in Tacoma, Washington. MultiCare Health Systems maintains the medical records for the Tacoma General Hospital.

5. On March 13, 2006 I received copies of medical records and mental health records pertaining to Alaa Hassan from the Pierce County Jail. Copies of these records are attached to this declaration as Exhibits A (medical) and B (mental health).

6. On March 13, 2006 I received copies of medical records pertaining to Alaa Hassan from MultiCare Health Systems. Copies of these records are attached to this declaration as Exhibit C.

7. On March 10, 2006 I received a one page copy of medication records pertaining to Alaa Hassan from Group Health Records Center in Kent, Washington. A copy of this record is attached to this declaration as Exhibit D.

8. On March 24, 2006 I received an additional 26 pages of medical records from Group Health Cooperative. Copies of these records are attached to this declaration as Exhibit E.

DATED this 22nd day of May, 2006.

CARNEY BADLEY SPELLMAN, P.S.

By James E. Lobsenz
James E. Lobsenz
Of Attorneys for Petitioner

EXHIBIT A

Pierce County Detention and Corrections Center

Health Services Division

910 Tacoma Avenue South - Tacoma, Washington 98402

(253) 798-4013- Fax (253) 798-6635

CHRONOLOGICAL RECORD OF MEDICAL CARE

Name: HASSAN, ALAA FEKRY AHMED

Chart ID: 4532

Age: 40

SSN: 532-53-2086

AKAs:

DOB: 06/09/1965 Race: WHITE

Ethnicity: NON-HISPANIC

Gender: MALE

Allergies: NO KNOWN DRUG ALLERGIES

Date / Time S - Subjective O - Objective A - Assessment P - Plan
06/30/04 10:54 BP: 134/90 Temp: 98.7 PR: 77 RR: 16 Wt.: 193 SAO2: Vision: DEBRAH CHANDLER

Reports Appendectomy approx. 2 mo's ago and has been having trouble since. Signed R

06/30/04 12:47 S Inmate into clinic for kite complaints. States he had appendectomy 2 1/2 months ago and developed an infection. He was on oral antibiotics and last seen by Dr. Graf approximately 6 weeks ago. States continues with drainage. Denies fever, chills or abdominal pain. Bowel movements normal. No blood or black tarry stools. No current medications. States in general good health. Denies chronic medical conditions. C/O increased anxiety and stress secondary to his incarceration. Command of English language is marginal and states he doesn't understand what is happening to him or why he is incarcerated.

06/30/04 12:52 O WD, WN male who is quite tearful and shaking. VSS, afebrile
Exam: ENT: WNL
Neck: Supple w/o adenopathy
Pulm: Lungs CTA bilat
CV: RRR
Abd: Soft, non tender. Normoactive bowel sounds. Surgical incision noted right lower quadrant with keloid scar and clear drainage noted mid incision. No erythema or tenderness on palpation

06/30/04 12:55 A 1) S/P appendectomy with poor healing incision
2) Anxiety secondary to current situation

06/30/04 12:56 P 1) C&S obtained from incision site. Will wait to order antibiotic until results obtained JULIETTE POHL-Y-BACA, PAC
2) ROI TG regarding his surgery
3) Offered IM medication to help with his anxiety and will order medication three times a day
4) Referral to Mental Health
5) F?u 7/8/04 for recheck

Medications Prescribed:

- 1) VISTARIL (HYDROXYZINE HYDROCHLORIDE) 50MG/ML Injectable Intramuscular STAT 1 days supply - Open
2) VISTARIL (HYDROXYZINE PAMOATE) EQ 50MG HCL 1.00 Capsule Oral TID 14 days supply - Open

06/30/04 13:00 P 1) Vistaril 50mg IM LUOQ given DEBRAH CHANDLER

07/02/04 10:37 BP: 142/100 Temp: 97.3 PR: 93 RR: 16 Wt.: SAO2: 99 Vision: BEVERLY CURTICE
came in via medical emergency. injury to r inner wrist

07/02/04 10:58 S Inmate into clinic for c/o chest pain per kite written in inmates behalf. Per kite c/o left arm feeling heavy and going numb off and on t/out the day. Today denies this. States now that his throat hurts and hard to swallow. Inmate brought down to clinic after medical emergency was called and cancelled. Inmate tried to cut right wrist. Uncertain what was used. Inmate was seen by myself on 6/30/04 for infection along incision site and was quite anxious and upset regarding his charges and being incarcerated at that visit. He was given IM Vistaril and placed on PO medication and referral to MHP was initiated.

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Allergies: NO KNOWN DRUG ALLERGIES

Date / Time S - Subjective O - Objective A - Assessment P - Plan

07/02/04 10:37 BP: 142/100 Temp: 97.3 PR: 93 RR: 16 Wt.: SAO2: 99 Vision: BEVERLY CURTICE
came in via medical emergency. injury to r inner wrist

07/02/04 11:06 O WD, WN male who is visibly upset again. Quite apologetic regarding all the attention he has gained by his actions. BP and pulse elevated from previous visit. Exam: ENT: WNL, no erythema, exudate or enlarged tonsils noted. Uvula is midline. Neck: Supple w/o adenopathy Right wrist: Superficial cut noted anterior wrist that does not require steri strip or sutures.

07/02/04 11:11 A 1) Situational depression/anxiety with suicide gesture
2) Infection abdominal incision with staph and Group A strep

07/02/04 11:17 P 1) DC Septra JULIETTE POHL-Y-BACA, PAC
2) Inmate will speak with MHP Palmas. Have suggested speaking with inmate through interpreter at language bank.
Medications Prescribed:
1) SEPTRA DS (SULFAMETHOXAZOLE; TRIMETHOPRIM) 800MG;160MG 1.00 Tablet Oral BID 10 days supply - Discontinued
2) AUGMENTIN (amoxicillin : clavulanate potassium) 875-125 1.00 Tablet Oral BID 7 days supply - Open

07/14/04 09:41 BP: 119/84 Temp: 97.3 PR: 60 RR: 16 Wt.: 190 SAO2: 99 Vision: ANNE GAETZ

07/14/04 10:08 S +PPD @ 10mm. States never had + PPD before. Had clean exam upon immigration to US. States has no problems except sleeping and anxiety/stress issues due to incarceration.. No symptoms, NO known exposure to TB. Poor English but able to understand if spoken to slowly and explained carefully. States unsure if can take medication when released which should be in approx. 30days. Would not rather start until he knows. Explained symptoms of +TB and need for continuation of medication.

07/14/04 10:11 O WH, NAD, Heent unremarkable, No nodes Lungs CTA GBS CV RRR

07/14/04 10:12 A 1) Normal lung exam

07/14/04 10:12 P 1) TB paperwork to property. Will see a clinic after release KENNETH FLECK, PAC
2) FU prn sx.

07/14/04 10:15 P 1) Chest Xray KENNETH FLECK, PAC

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Date / Time S - Subjective O - Objective A - Assessment P - Plan

07/15/04 15:50 BP: 141/95 Temp: 99.7 PR: 68 RR: 24 Wt.: 192 SAO2: 99 Vision: DEBRAH CHANDLER
Sent over from new jail for c/o SOB. On arrival here appears anxious and hyperventilating

07/15/04 15:59 S Inmate sent down to clinic for c/o SOB. States feels like throat closing up. History of anxiety and situational depression. Inmate currently on Doxipin and appears Vistaril order has lapsed.

07/15/04 16:00 O WD, WN anxious appearing male. Blood pressure elevated. SAO2 on room air 99%
Exam: Ears: TM's with good landmarks and light reflex
Nose: Patent
Throat: Non erythematous. Tonsils not enlarged, no exudate.
Neck: Supple w/o adenopathy
Pulm: Lungs CTA bilat
CV: RRR at 60bpm. No gallops, murmurs or rubs.

07/15/04 16:03 A 1) Anxiety

07/15/04 16:03 P 1) Vistaril 50mg IM now from Ekit JULIETTE POHL-Y-BACA, PAC
2) Recheck inmate this pm. VS tonight at 2000
3) F/U 7/15/04

Medications Prescribed:
1) VISTARIL (HYDROXYZINE PAMOATE) EQ 50MG HCL 1.00 Capsule Oral TID 60 days supply - Open

07/16/04 09:11 BP: 129/89 Temp: 97.0 PR: 64 RR: 16 Wt.: SAO2: Vision: ANNE GAETZ
here also for X-Ray

07/16/04 09:44 S Inmate here for follow-up anxiety and CXR for reactive PPD 10mm. States anxiety and breathing better today. C/O heart feeling heavy. No previous history of CAD or daily medications.

07/16/04 09:47 O WD, WN male in no acute distress. VSS, afebrile. Appears much more calm today. Preliminary CXR report no active disease process.
EXAM: Pulm: Lungs CTA bilat
CV: RRR

07/16/04 09:49 A 1) Anxiety/sitational depression-stable today
2) Baseline EKG

07/16/04 09:57 P 1) EKG today: Sinue Bradycardia @58 otherwise WNL. Rassurance. Inmate advised JULIETTE POHL-Y-BACA, PAC that cardiac symptoms may be caused by his anxiety but will continue to monitor.
2) F/U 7/27/04 for recheck

07/21/04 10:45 BP: 113/90 Temp: PR: 98 RR: 32 Wt.: SAO2: Vision: DEBRAH CHANDLER
IM brought to clinic hyperventilating resp 32-40. Seen in clinic before, for this issue. Cryir

07/21/04 10:48 S Asking for release from jail stating can't stay here anymore

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Date / Time S - Subjective O - Objective A - Assessment P - Plan

07/21/04 10:45 BP: 113/90 Temp: PR: 98 RR: 32 Wt.: SAO2: Vision: DEBRAH CHANDLER
IM brought to clinic hyperventilating resp 32-40. Seen in clinic before, for this issue. Cryir

07/21/04 10:48 O Hyperventilating, crying

07/21/04 10:49 A 1) Anxiety

07/21/04 10:49 P 1) Asked mental health to assess in the clinic. May need to see Psychiatrist DEBRAH CHANDLER

BP: Temp: PR: RR: Wt.: SAO2: Vision:

08/05/04 10:26 S "I have an infection where the incision of my appendicitis operation was."

08/05/04 10:27 O Redness et swelling noted to incision. Warm to touch, tenderness with touch.
temperature 98.8. No diaphoresis noted. I/M states pain minimal at this time.

08/05/04 10:28 A 1) Altered skin integrity

08/05/04 10:28 P 1) Placed on urgent list KELLY ANDERSON
2) kite prn nursing

08/06/04 13:52 BP: 132/90 Temp: 98.2 PR: 71 RR: Wt.: 187 SAO2: 99 Vision: ANNE GAETZ
c/o drainage to abd wound

08/06/04 15:05 S Inmate into clinic for c/o dental pain, sore on oral mucosa and infection in right lower
pelvis. States area is draining and nurses have been changing dressing. States this is
different that incision site of cholestectomy.

08/06/04 15:09 O WD, WN male in NAD. Appears calmer today than in previous clinic encounters.
Exam: Mouth/Teeth: Small ulcer noted medial aspect of labial mucosa. Teeth with
many cavities. No dental infection noted
Abd: Small draining furuncle noted right lower quadrant. Draining serous drainage,
warm and tender to touch. Wound culture obtained and sent to lab.

08/06/04 15:12 A 1) Infected furuncle right lower quadrant
2) AphthousUlcer
3) Dental pain

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Date / Time S - Subjective O - Objective A - Assessment P - Plan
08/06/04 13:52 BP: 132/90 Temp:98.2 PR: 71 RR: Wt.: 187 SAO2: 99 Vision: ANNE GAETZ
c/o drainage to abd wound

08/06/04 15:13 P 1) Bactrim DS one tab PO now from Ekit JULIETTE POHL-Y-BACA, PAC
2) OTC Ibuprofen 200mg 1-2 tabs PO TID prn pain. Disp: #8pkgs
3) Will order topical anesthetic gel for his ulcer
4) Wound care QD until healed
5) F/U prn per kite.

Medications Prescribed:

- 1) BACTRIM DS (SULFAMETHOXAZOLE; TRIMETHOPRIM) 800MG;160MG 1.00 Tablet Oral BID 7 days supply - Open
2) ORAJEL MAXIMUM STREN (benzocaine) 20% Gel Periodontal TID 7 days supply - Open

BP: Temp: PR: RR: Wt.: SAO2: Vision:

08/05/04 23:56 S I/M c/o pus oozing from his abscess area. Close to rt inguinal canal

08/05/04 23:57 O area red, with some bloody d/c, tender.

08/05/04 23:59 A 1) risk for infection

08/05/04 23:59 P 1) I/m to be seen tomorrow WILMER MELENDEZ
2) area cleaned and dressed
3) refused to allow me to examine his mouth. Has bad odor and sore on rt inner cheek.

08/31/04 11:48 BP: Temp: PR: RR: Wt.: SAO2: Vision: SANDRA PEDERSEN

08/31/04 11:49 O No s/s infection noted. Did have cracking between toes.

08/31/04 11:49 A 1) Athlete's feet.

08/31/04 11:49 P 1) Spoke with Dr. Balderamma, orders rec'd. SANDRA PEDERSEN
2) Instructed to buy from commissary in future.

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Date / Time S - Subjective O - Objective A - Assessment P - Plan
09/01/04 09:13 BP: 134/87 Temp: 98.0 PR: 92 RR: 20 Wt.: SAO2: 99 Vision: DEBRAH CHANDLER

Sent down to clinic with complaints of sharp stabbing chest pain

09/01/04 10:08 S Pt coming c/o chest pain that increase w./ mov. and palpation no SoB, no sweating, no nausea, no vomit, no diaphoresis. Pt refer hx of etoh abuse in the past..No other complain.

09/01/04 10:12 O Pt in nad Lung clear Chest tender over (L) upper sternochondral area. w/ palpation. Heart rrr/ no murmurs, no gallops, no rubs. Abd, soft discomfort over epigastric area w palpation no mass no rebound, no guarding, BS wnl. Extremities no edema.

09/01/04 10:16 A 1) Anxiety
2) Gastritis /ger.
3) Costochondritis.?

09/01/04 10:17 P 1) Maalox stat one dose. CARLOS ORTIZ, PA
2) Ranitidine
3) Tylenol
4) F/u on 09-07-04

Medications Prescribed:
1) RANITIDINE HCL (RANITIDINE HYDROCHLORIDE) EQ 150MG BASE 1.00 Capsule Oral BID 60 days supply - Open
2) TYLENOL EXTRA STRENGTH (acetaminophen) 500mg 1.00 Tablet Oral TID 3 days supply - Open

09/07/04 07:57 BP: 127/87 Temp: 98.3 PR: 82 RR: 12 Wt.: 188 SAO2: 99 Vision: ANNE GAETZ

09/07/04 08:30 S Pt w/ hx of recurrent chest pain coming for f/u pt refer no chest pain at visit, no SoB, no palpitation, Pt refer insomnia, difficulty to falow slep. no other complain.

09/07/04 08:35 O Pt in nad HEENT wnl Lung clear Heart rrr/ no murmurs no gsllops, no rubs. Chest mov. wnr no pain w/ palpation.. Ribs mov. wnr no pain. Abd normal Extremities no edema.

09/07/04 08:37 A 1) Chest pain resolved,
2) Insomnia

09/07/04 08:37 P 1) Rx Benadril. CARLOS ORTIZ, PA
2) F/u on prn.

Medications Prescribed:
1) BENADRYL (diphenhydramine) 50mg 1.00 Capsule Oral HS 14 days supply - Open

09/10/04 12:52 BP: 142/101 Temp: 96.7 PR: 84 RR: 14 Wt.: 158 SAO2: 99 Vision: DIANE FRISCH

09/10/04 12:52 S Inmate sent to clinic complaining of RA pain

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Date / Time S - Subjective O- Objective A - Assesment P - Plan
09/10/04 12:52 BP: 142/101 Temp:96.7 PR: 84 RR: 14 Wt.: 158 SAO2: 99 Vision: DIANE FRISCH

09/10/04 12:53 O Inmate in clinic gaurding right arm, stated "it feels like someone shot me". Inmate states it is in the muscle not the bone, based on limited ROM this seems appropriate. Inmate appears distressed by pain, but not in immediate danger.

09/10/04 12:53 A 1) VSS with exception of elevated B/P possibly 2* to pain/anxiety.
2) Arm is warm, but cooler to touch the more distal you get. Hand is slightly purple and cool.
3) Good strength b/l hands.
4) Limited ROM in arm on abduction.

09/10/04 13:02 P 1) Inmate placed on urgent list to be seen by MOD. DIANE FRISCH
2) Given sling to hold arm up until seen by MOD.

BP: Temp: PR: RR: Wt.: SAO2: Vision:

09/10/04 13:52 S Pt coming c/o (R) shoulder pain , after he was traing to pull some object this morning.no other complain.

09/10/04 13:54 O Pt in nad. (R)shoulder no deformity, pasive mov wnr. active mov. elevation wnr no pain., (R) elbow/ hand mov. wnr no pain. Pulse radial/ ulnar wnl (R) arm decrease elevation / increase pai over deltoide area. Prona/ supina decrease x pain. (R) hand mov. / sen wnl . Neck mov. wnl. (L) arm / shoulder mov wnr no pain. Lower extremities mov. wnr no pain.

09/10/04 14:04 A 1) (R) shoulder pain / sprain / r/o dislocation ?
2) Anxiety.

09/10/04 14:05 P 1) (R) shoulder pasive movilization. wnr CARLOS ORTIZ, PA
2) Consolig pt to avoid pulling x two days.
3) F/u on 09-15-04

09/28/04 07:58 BP: 133/84 Temp:99.2 PR: 76 RR: 16 Wt.: 192 SAO2: Vision: DEBRAH CHANDLER
fu anxiety

09/28/04 08:34 S IM seen by clinic nurse for episode of tachycardia, rapid resp & heart rate, some diaphoresis that resolved after approx. 1/2 hour. IM has had several of these episodes. EKG normal. NO radiating chest pain. No syncope. States he is not sleeping well with doxepin at 150mg. IM is Egyptian and speaks English rather well but I don't think he understands well.

09/28/04 08:37 O AOX3 WH nad commo well, skin dry
Heent unremarkable
Lungs CTA GBS
CV RRR

09/28/04 08:38 A 1) Presumptive panic disorder

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Date / Time S - Subjective O - Objective A - Assessment P - Plan

09/28/04 07:58 BP: 133/84 Temp:99.2 PR: 76 RR: 16 Wt.: 192 SAO2: Vision: DEBRAH CHANDLER
fu anxiety

09/28/04 08:38 P 1) Paxil 10mg KENNETH FLECK, PAC
2) increase liquids
3) Fu 14 days
Medications Prescribed:
1) PAXIL (PAROXETINE HYDROCHLORIDE) 10MG 1.00 Tablet Oral QD 30 days
supply - Open

09/28/04 04:24 BP: 126/84 Temp:98.1 PR: 92 RR: 24 Wt.: SAO2: 99 Vision: DEBORAH ELLIOTT

09/28/04 04:24 S "I feel like someone is squeezing my throat."

09/28/04 04:25 O Inmate arrives at the clinic after inmate complained to Officer that he could not breathe. Inmate is amb. His head is soaked with sweat. The remainder of his body is merely moist. He is hyperventilating. Inmate is obviously anxious. I have seen him previously in this state. His vs and physical assessment are WNL but for his hypervent. Lungs are clear, heart sounds WNL. No radiation of pressure, no chest wall tenderness. No actual SOB. No lower extremity edema.

09/28/04 04:28 A 1) Anxiety reaction

09/28/04 04:28 P 1) Spoke with PAC Fleck. He also has seen this inmate in his anxious state. DEBORAH ELLIOTT
2) Inmate is provided fluids and left undisturbed for one half hour
3) His sxs resolved to a great degree
4) EKG WNL
5) Inmate returned to unit, improved but not convinced that he is not ill.
6) Inmate to f/u with Fleck 9.28.4.

10/12/04 07:41 BP: 118/61 Temp:97.5 PR: 77 RR: 18 Wt.: 190 SAO2: Vision: ANNE GAETZ
wants change of meds

10/12/04 10:08 S Hx of panic disorder/anxiety. States feeling much better now that he is running and exercising. No recent panic attack symptoms. Has not taken his medications at least since 10-01-04. Doesn't like the effect. States he is leaving approx two weeks and would like something to help him sleep. Will give him Vistaril for HS only, told him to drink increased water and fu if he cannot take it for sleep.

10/12/04 10:11 O WH, commo well, cooperative, cheerful.

10/12/04 10:11 A 1) Hx of anxiety
2) Resolved situational stress/anxiety

Pierce County Detention and Corrections Center

Health Services Division

910 Tacoma Avenue South - Tacoma, Washington 98402

(253) 798-4013- Fax (253) 798-6635

CHRONOLOGICAL RECORD OF MEDICAL CARE

Name: HASSAN, ALAA FEKRY AHMED

Chart ID:4532

Age: 40

SSN: 532-53-2086

AKAs:

DOB: 06/09/1965 Race: WHITE

Ethnicity: NON-HISPANIC

Gender: MALE

Allergies: NO KNOWN DRUG ALLERGIES

| Date / Time | S - Subjective | O - Objective | A - Assessment | P - Plan | | |
|----------------|--|---------------|----------------|----------|--------------------|-------------------------|
| 10/12/04 07:41 | BP: 118/61 | Temp: 97.5 | PR: 77 RR: 18 | Wt.: 190 | SAO2: Vision: | ANNE GAETZ |
| | wants change of meds | | | | | |
| 10/12/04 10:12 | P 1) DC paxil/doxepin/vistaril per IM Request. 2) Vistaril at HS 3) Fu prn or 1 months. | | | | KENNETH FLECK, PAC | |
| | Medications Prescribed: 1) DOXEPIN (doxepin) 150MG 1.00 Capsule Oral HS 90 days supply - Discontinued 2) PAXIL (PAROXETINE HYDROCHLORIDE) 10MG 1.00 Tablet Oral QD 30 days supply - Discontinued 3) VISTARIL (HYDROXYZINE PAMOATE) EQ 50MG HCL 1.00 Capsule Oral HS 15 days supply - Open | | | | | |
| | BP: | Temp: | PR: | RR: | Wt.: SAO2: Vision: | |
| 11/04 12:22 | S I/M from unit states he cant breath | | | | | |
| 12/20/04 12:22 | O I/M seen in booking, c/o not being able to catch his breath, SaO2 100% P 82, lungs clear in all lobes, holding left side of rib cage, exam no bruising, redness or swelling; I/M denies any injury, taking short , shallow breaths. Color good , no acute distress. | | | | | |
| 12/20/04 12:26 | A 1) Hx of panic disorder, anxiety , constochondritis? | | | | | |
| 12/20/04 12:27 | P 1) Given tylenol, for pain told to let officers know if further problems | | | | DARLENE HEAD | |
| 12/22/04 11:03 | BP: 136/86 | Temp: | PR: 80 | RR: 24 | Wt.: SAO2: 99 | Vision: DEBRAH CHANDLER |
| | IM sent to clinic because of anxiety, states heart is beating fast | | | | | |
| 12/22/04 11:04 | S IM states that he can't breath in the old jail that he needs to go back to the New jail where is is more open. States saw a doctor when he got out about his increased heart rate. Reports has taken no medication since releasing in october | | | | | |
| 12/22/04 11:05 | O HR, 80 and regular, IM hyperventilating resp 24 on arrival to clinic. after talking to him during screening he stated that he cannot breath in the old jail and needs to go back to the NJ. Lungs clear bilat sat 99% | | | | | |
| 12/22/04 11:07 | A 1) Anxiety | | | | | |
| 12/22/04 11:08 | P 1) Alerted Mental Health 2) ROI to PCP to investigate stated history of "fast heart rate" | | | | DEBRAH CHANDLER | |

Pierce County Detention and Corrections Center

Health Services Division

910 Tacoma Avenue South - Tacoma, Washington 98402

(253) 798-4013- Fax (253) 798-6635

CHRONOLOGICAL RECORD OF MEDICAL CARE

Name: HASSAN, ALAA FEKRY AHMED

Chart ID:4532

Age: 40

SSN: 532-53-2086

AKAs:

DOB: 06/09/1965 Race: WHITE

Ethnicity: NON-HISPANIC

Gender: MALE

Allergies: NO KNOWN DRUG ALLERGIES

| Date / Time | S - Subjective | O - Objective | A - Assessment | P - Plan |
|----------------|-----------------------|--------------------|------------------|-----------------|
| 01/05/05 00:36 | BP: 132/94 Temp: 97.0 | PR: 76 RR: 16 Wt.: | SAO2: 99 Vision: | DEBORAH ELLIOTT |
| | See SOAP | | | |

01/05/05 00:40 S "I am so sorry. It is my stomach. It hurts me."

01/05/05 00:41 O Initially, inmate is seen in his cell. He is diaphoretic as he has been every other time I have seen and eval him. For this reason I ask the Officer to bring I/M to the clinic. He is ambulatory, holding his right side. I obtain his vs and they are WNL. On abd exam bt's are present and active all quads. He is tender on palpation in both right upper and lower quads. There is no rebound pain. I/M states that he had a normal bowel movement today and denies nausea/vomiting. Though he professes to have a great deal of pain his pulse is only 76. I/M also c/o of rt flank pain. His urine dipped negative

01/05/05 01:11 A 1) Abd pain-afebrile, etiology unclear.
2) Previous appendectomy

| | | |
|----------------|---|-----------------|
| 01/05/05 01:11 | P 1) I/M is provided tylenol 650 mg po now and is returned to his unit to report worsening pain or vomiting. 2) I/M is r/u in A.M. and requests a copy of his EKG. It is provided. | DEBORAH ELLIOTT |
|----------------|---|-----------------|

EXHIBIT B

Pierce County Detention and Corrections Center
Health Services Division

910 Tacoma Avenue South - Tacoma, Washington 98402
 (253) 798-4013- Fax (253) 798-6635

CHRONOLOGICAL RECORD OF MENTAL HEALTH CARE

Name: HASSAN, ALAA FEKRY AHMED

Chart ID: 4532 Age: 40 SSN: 532-53-2086

AKAs:

DOB: 06/09/1965 Race: WHITE

Ethnicity: NON-HISPANIC

Gender: MALE

Allergies: NO KNOWN DRUG ALLERGIES

| Date / Time | S - Subjective | O - Objective | A - Assessment | P - Plan | | | |
|-------------|----------------|---------------|----------------|----------|------|-------|---------|
| | BP: | Temp: | PR: | RR: | Wt.: | SAO2: | Vision: |

07/04/04 20:37 A Seen for follow up in interview room with CO Hammou present for translative assistance. Prior to meeting with I/M CO Hammou had read the "letter" found in I/M's cell after his self harm attempt. Letter was in Arabic and concern was it may be a suicide note. Per CO, the writings are re: his upset with his wife and with being in jail but do not contain any references to suicide. On interview I/M presents with depressed mood, upset re: conflict with his wife (victim) and with not being allowed to contact her to resolve their problems. Also upset by phone contacts with an attorney acquaintance who has been unfriendly and unhelpful and who per I/M predicts I/M will have a long jail stay and then be deported. Feels very discouraged re: his situation. Aknowldges scratching wrist with pencil but states he regrets this very much and that it is not something he has ever done before or would ever repeat. Is very unhappy with current housing and precautions. Clearly agrees to notify staff if DTS. Denies hx of MH problems or tx. Discussed coping strategies, CO will get I/M a Koran in Arabic and will have someone from his mosque come to visit I/M for support. I/M had already arranged to have Muslim chaplin visit weekly starting 7-6. Will be seen by Nurse Lynn tonight for dressing change on old surgical site.

07/04/04 20:51 P Coping strategies as outlined previously. Cleared for housing per class. Cleared for usual property prior to move. Will move to non obs cell in 3NB tonight due to space issues in GP and move as space available. PENNY HOBSON,

BP: Temp: PR: RR: Wt.: SAO2: Vision:

07/06/04 18:43 S 39 yo Egyptian male referred by PA because he has been very anxious also scratched his wrist with a pencil.
 he says he is a good man, comes from a good family and never had been in jail before and having a hard time dealing with being in a jail.
 he c/o , " I can't stop thinking @ nite , I can't sleep."
 PSH: denies psy hospitalization or Hx of suicide attempts.
 PMH: none but had appendectomy 3 months ago.
 Allergy: NKDA
 denies doing drugs or alcohol.

07/06/04 18:49 O MSE:
 30 yo M appears statHd age. he is short and WN. he is mildly anxious but cooperative. he speaks broken english. denies AH/VA or delusions. S Denies SI or HI. alert Ox3

07/06/04 18:51 A Adjustment D/O with anxious and depressed features.

07/06/04 18:51 P ordered med

VASANT HALARNAKAR,

Medications Prescribed:

- 1) TRAZODONE 50MG 1.00 Tablet Oral HS 2 days supply - Open
- 2) TRAZODONE 100MG 1.00 Tablet Oral HS 90 days supply - Open

Pierce County Detention and Corrections Center

Health Services Division

910 Tacoma Avenue South - Tacoma, Washington 98402

(253) 798-4013- Fax (253) 798-6635

CHRONOLOGICAL RECORD OF MENTAL HEALTH CARE

Name: HASSAN, ALAA FEKRY AHMED

Chart ID:4532

Age: 40

SSN: 532-53-2086

AKAs:

DOB: 06/09/1965 Race: WHITE

Ethnicity: NON-HISPANIC

Gender: MALE

Allergies: NO KNOWN DRUG ALLERGIES

Date / Time S - Subjective O - Objective A - Assesment P - Plan

BP: Temp: PR: RR: Wt.: SAO2: Vision:

08/03/04 15:46 P MH to follow up on housing Erika Zimmerman

BP: Temp: PR: RR: Wt.: SAO2: Vision:

09/07/04 16:29 A Seen in the interview room of 3N. Is neatly groomed and is oriented. His affect and mood are WNL. I/M complains of two of his cell mates. One of them is recently moved to another unit due to suspected fight between I/M and his cell mate. I/M requests to have a single room. He states that his English is not good and people are not nice to him because of that. He is told that he may remains on his current cell and may possibly have another cell mate, and I/M appears to understand. I/M is apologetic throughout the interview, but is in control of his emotions and calm.

/04 16:35 P 1) Continue to follow up as needed. Azusa Matsubayashi,

BP: Temp: PR: RR: Wt.: SAO2: Vision:

09/23/04 13:34 A Seen on 9-22-04 at the request of unit staff who report I/M very upset after a visit from INS re: possible deportation. Seen in interview room for aprox 45 min. I/M initially very tearful and upset, but was able to process appropriately, and his level of emotional control improved. I/M denied DTS/DTO ideation, intent or plan. Agreed to no harm and to notify. I/M is future focused and hopeful he can utilize the remainder of his PCJ sentence to try and remain in the US. MH worked with unit staff and Duty Sgt to locate CO Hammou who is able to help translate some of the paperwork I/M received today. I/M aware MH staff can follow up as needed, and he agreed to kite

09/23/04 13:49 P Follow up as need. Erika Zimmerman

BP: Temp: PR: RR: Wt.: SAO2: Vision:

12/16/04 19:27 A I/m crying all day, writer tried to get him to calm down, he did but laid on the floor

12/16/04 19:30 P I/m's condition was discussed with booking RN I/m does not appear to be in any danger, he earlier had been cleared but he went into hours long wailing. he will be followed if necessary ANN ELEK

CURRENT MENTAL STATE

Speech

Soft Lt'd English-speaking, home language is Arabic, used AT&T language line interpreter.

Memory

WNL

Concentration

WNL

Orientation

Intact

Intellectual Functioning

Average 8th grade.

Judgment

Impaired poor judgement: self-injurious behavior.

Understanding Curr. Circum

Good understands charge.

Thought Processes

Circumstantial concerning marital relationship, incident leading to arrest, legal concerns

Thought Content

WNL No A/V hallucinations.

Suicidality

Ideation feeling hopeless, has "lost everything." Denies intent or plan.

Assault Risk

Denies not threatening.

Sleep Level

Decreased

Appetite Level

WNL

Weight Level

No Change

EXHIBIT C



MEDICAL RECORDS COPIED ACCOUNTING

Attached are the medical records you requested.

Copied from:

- Tacoma General Hospital
- Mary Bridge Children's Hospital & Health Center
- Allenmore Hospital
- Day Surgery of Tacoma
- Mary Bridge Outpatient Clinics
- Multicare Outpatient Clinics
- MMG South King County Clinics
- MMG Pierce County Provider Clinics
- Laboratories Northwest
- Hospital Based Clinics
- Multicare Pharmacy

You may request medical records from other areas of MHS as listed above. If you wish copies of additional medical records from other locations listed above, a signed authorization is necessary. Please advise the Record Custodian of your request.

DISTRIBUTION LIST

- Top Portion of WHITE—Health Information Services
- Bottom Portion of WHITE—Prescription to Patient Only
- CANARY—Health Information Services
- PINK—Physician

Addressograph

TRANSFERRED TO:

- HOSP. ECF-NH-HC Home Death AMA

| | | | |
|----------------|----------------|-------------|---------|
| ADMISSION DATE | DISCHARGE DATE | NO. OF DAYS | SERVICE |
|----------------|----------------|-------------|---------|

| | | |
|---|--|------|
| Provisional Diagnosis Final Diagnosis A Primary B Secondary Operations (Date) | <p>Required for less than 48^h stay -</p> <p style="font-size: 2em; text-align: center;">appendicitis</p> <p style="font-size: 2em; text-align: center;">appendectomy</p> <p style="font-size: 2em; text-align: center;">3/27</p> <p> <input type="checkbox"/> Reviewed/Discussed home care instructions and medications. <input type="checkbox"/> Home Health: Equipment _____ Nursing _____ <input type="checkbox"/> Call for appointment when you get home. Phone Number _____ <input type="checkbox"/> Follow up appointments with: _____ days/weeks. _____ days/weeks. _____ days/weeks. </p> <p> <input type="checkbox"/> Other: _____ To contact your physician at anytime call: _____ Physician Signature: <i>[Signature]</i> Date: <u>3/27</u> Time: _____ </p> | CODE |
|---|--|------|

PATIENT'S NAME _____ AGE _____ WEIGHT _____ DATE _____
 ADDRESS _____ ALLERGIES _____
 DISCHARGING UNIT: _____ UNIT PHONE #: _____

| | |
|---|--|
| <p style="text-align: center;">LABEL STRENGTH AND QUANTITY</p> <p>R Percocet 1-2 po q3-8h prn pain #50</p> <p>REFILL TIMES _____</p> | <p style="text-align: center;">LABEL STRENGTH AND QUANTITY</p> <p>R</p> <p>REFILL TIMES _____</p> |
| <p style="text-align: center;">LABEL STRENGTH AND QUANTITY</p> <p>R</p> <p>REFILL TIMES _____</p> | <p style="text-align: center;">LABEL STRENGTH AND QUANTITY</p> <p>R</p> <p>REFILL TIMES _____</p> |

SUBSTITUTION PERMITTED *[Signature]* DISPENSE AS WRITTEN _____
 DEA NO. 176715679 PROVIDER OFFICE PHONE: _____
 PRINT PROVIDER NAME: AAA PROVIDER ADDRESS: _____

Addressograph 2004
 JUN 1965
 MN 00979441
 3 24 04

- Allenmore
- Day Surgery of Tacoma
- Mary Bridge Children's Hospital & Health Center
- Tacoma General Hospital

ADMISSION AND DISCHARGE SUMMARY

MultiCare
 Health System
 87-8961-2 (Rev. 4/03)

MULTICARE HEALTH SYSTEM - PHYSICIAN DESIGNATION

NAME

DATE

Emergency Physician: MAURER, DONALD _____

Admitting Physician: GRAFF, RONALD _____

*Service (Where Applicable): _____

Attending Physician: GRAFF, RONALD _____

Primary Care Physician: NODOC, DOCTOR _____

Outside PCP: _____

Referred Outside PCP: _____

Specialty Physicians: _____

Consulting Physicians: _____

Resident: _____

*ADDITIONAL PHYSICIANS NOT IN THE SYSTEM

*CLASS: _____ NAME: _____

*CLASS: _____ NAME: _____

*CLASS: _____ NAME: _____

Case Manager: _____

CHANGES IN ATTENDING

Signature: _____

This worksheet must be completed prior to the patient's discharge by the patient's attending or their designate at the time of discharge and will be used for physician profiling. Changes may not be made without the responsible physician's knowledge.

*NOTE THE ABOVE FIELDS ARE EITHER NOT STORED IN THE SYSTEM OR NOT AVAILABLE IN THE LABEL WRITER DICTIONARY

Pt. Name: HASSAN, Alaa F.

MRN: 00979441

Acct: 456715895

Admit Date: 27Mar2004

Admit Time: 1:51pm

MULTICARE HEALTH SYSTEM

Allenmore Hospital

MBCHC

TGH

Label Id: MMCMDPRLBL

Age Category: 1 2 3 4 5

Age Assessment: Arrival Time 1311 With Wife
Patient Arrived Via: POV Ambulance Other _____
Pre-Hospital Care: Backboard C-Collar O2 sat _____
Glucose _____ IV _____
Other _____
PCP: _____

Chief Complaint: RVD pain since 11pm last night. No BP is measured. BP small. No prob. urinating

Possible Active Labor: Yes No LMP _____

| | | |
|------------------|--|----|
| Time: 1311 | EYES SPONTANEOUSLY TO SOUND TO PAIN TO PAIN | 3 |
| BP: 156/102 | OPEN NONE | 2 |
| Pulse: 78 | BEST ORIENTED CONFUSED | 5 |
| Temp/Route: 99.1 | VERBAL INAPPROPRIATE WORDS INCOMPREHENSIVE SOUNDS | 3 |
| Resp: 18 | RESPONSE NONE | 2 |
| Bld Glu: | BEST OBEY COMMANDS LOCALIZE WITHDRAW FLEXION } TO PAIN | 4 |
| O2 Sat: 98.1 | MOTOR RESPONSE EXTENSION } NONE | 3 |
| | | 2 |
| | E. TOTAL COMA SCORE | 15 |

Ht _____ in/cm Wt _____ lb/kg
Pain Scale: 10/10 Face Pain Scale: _____ FLACC Scale: _____

Primary Assessment: 15 minutes

Please note any abnormal findings in the narrative section of the chart

Respiratory: (check all that apply)
 Unlabored Retractions Nasal Flaring Grunting
 Clear Crackles Wheezing Cough
Other _____

LOC/Neuro: (check all that apply)
 Alert/Awake/Age Appropriate Oriented Disoriented
 Drowsy Confused Lethargic Unconscious
 Weakness Slurred Speech Dizziness Obtunded
 Gait: Normal Other _____
 Pupils: PERRLA Other _____

Circulation/Skin: (check all that apply)
 Pink Pale Flushed Jaundiced Cyanotic
 Warm Dry Cool Clammy Diaphoretic
Other _____

Musculoskeletal/Integumentary: (check all that apply)
 Intact Laceration Abrasion Avulsion
 Swelling Ecchymosis Deformity Amputation

Circulation/Sensation:
 Intact Altered Circulation Altered Sensation
Bleeding: None Controlled Uncontrolled
Injury/Site _____

Functional Assessment: (for age appropriate)
 Independent (Fully or with aids)
 Partially Dependent (Needs Assistance w/ADL)
 Dependent Nutrition: Last Meal _____

Narrative: Festive, moaning. Only talks w/ wife

Allergies: None Latex

Allergy Band on/Initials _____

Medications: (include Amt/last dose taken - include OTC/Herbs)

See attached list

Last Tetanus _____ Immunizations: UTD

Triage Interventions: Ice Splint Dressing

Acetaminophen/Ibuprofen (dose/time) _____
Other: _____

Past Medical Hx: Denies CHF Asthma COPD
 Cardiac HTN Diabetes SZ
Smoker: Yes No ETOH _____
Other: _____

Triage RN: [Signature] PPE On

Primary Assessment: 15 minutes

GYN/OB: N/A
Birth Control: No Yes Type _____
Pregnant: No Possible Yes EDC _____ G _____ P _____
Bleeding: Amount _____
Discharge: Type _____

G/IGU: Denies
 Nausea Vomiting Diarrhea Constipation
 Dysuria Flank Pain Hematuria Hemetemesis
Bowel Sounds: Present Absent
Other: RLO pt

Visual Acuity: N/A Unable
Right _____ Left _____ Both _____
 With Without Corrective Lenses

Psych/Social: Emotional State: (check all that apply) Tearful
 Calm Anxious Agitated Withdrawn
 Hostile Combative Playful Other _____
Support System: Yes No

Abuse/Neglect Assessment:
Are you in a relationship with someone who hurts or threatens you or your child?
 No Yes
Social Service Consult: (time) _____

Communication Barriers: Language Arabic
 None Hearing Vision Cognitive
Translator: No Yes Time _____ Initial _____

HASSAN, ALAA F.
Acct:456715895 MRN:00979441
DOB:9JUN1965 38 M
MRN: 

RN Signature [Signature] Time 1400

| TIME | AMT | SOLUTION | APPROX | SITE | RTSP | REF | INFUSED | TIME | INIT |
|------|-----|----------|--------|------|------|---------|---------|------|------|
| 1400 | 1L | NS | Bolus | UO | LH | 18g x 7 | | | |

| TIME | DRUG | AMT | ROUTE | SITE | INITIALS | RESPONSE |
|------|----------|----------|-------|-------|-------------|----------|
| 1409 | Dilaudid | 1mg | SIVP | LH | [Signature] | |
| 1407 | Reglan | 10mg | SIVP | LH | [Signature] | |
| 1453 | Zosyn | 3.375 gm | IV | Pump | [Signature] | |
| 1525 | DILAUDID | 1mg | ZVP | (L)MA | [Signature] | |

Fem Cath/Straight Cath/Foley # _____ Time/Initial _____
 12-Lead EKG: _____ Time/Initial _____
 ABG Site _____ Time/Initial _____
 Blood: Sent to lab _____ On-hold _____
 (Indicate tubes sent to lab) Typenex Band on: _____
 Color _____ ml _____
 #1 _____ #2 _____
 Collat Circ. Intact Yes No
 Red Yellow Blue Green Purple Other _____

| TIME | BP | P | R | T | SpO2 | RR | Patient Assessment, Intervention & Response |
|------|--------|----|----|---|------|-------|--|
| 1350 | 100/76 | 67 | 20 | | 98% | 10/10 | |
| 1405 | 147/99 | 80 | | | 98 | 10/10 | Pain to pain to R&Q. C/O nausea, using wife to interpret. IV access obtained. Labs drawn. Medicated per orders. Vomited. |
| 1411 | | | | | | | |
| 1420 | | | | | | | Placed blanket, call light in reach, eyes long closed for spouse very concerned about it. |
| 1430 | 137/97 | 86 | 16 | | 96% | | Sleeping, appears NAD. Antibiotics started per orders. Wife at bedside. Report given to Jill. |
| 1455 | 142/99 | 98 | 16 | | 98% | 5/10 | |
| 1510 | | | | | | | |
| 1525 | | | | | | 3/10 | PT TO CT |
| 1545 | 132/88 | 87 | 16 | | 97 | | PT return from CT |
| 1600 | | | | | | 5/10 | PT C/O PAIN (R) LQ, MOSTLY RESOLVED. DILAUDID |
| 1615 | | | | | | | RPT CALLED TO FLOOR AT READY. (Continued on Flow Sheet) |

| INITIAL | SIGNATURE OF ED PERSONNEL | PPE ON |
|-------------|---------------------------|--------------------------|
| [Signature] | [Signature] | <input type="checkbox"/> |

Patient/Family given discharge instructions and verbalize understanding of same
 Discharged w/ _____ Time _____
 AMA LWBS Expired
 Transferred to: _____ See Transfer Form
 Admitted to Room 533 Time 1620 Report called to JANELLO RN
 BELONGINGS: Home/Family Security Patient Other _____

HASSAN, ALAA F.
 Acct:456715895 MRN:00979441
 DOB:9JUN1965 38 M
 MRN: 
 Admission Date: 27MAR2004
 TGH

EMERGENCY SERVICES REPORT

Date: 03/27/2004

CHIEF COMPLAINT: This is a 38-year-old man whose only language is Arabic. His English-Arabic wife is here with him serving as a translator. The patient states he became ill yesterday with midabdominal pain, increasing through the afternoon and through the night with nausea, no vomiting. The pain is now localized to the right lower quadrant. He has no pain with urination, frequency or urgency. No constipation or diarrhea. He has no appetite, fever or chills. He has no back pain. He has not had similar symptoms in the past.

PAST MEDICAL HISTORY: Negative.

CURRENT MEDICATIONS: None.

ALLERGIES: No known drug allergies.

REVIEW OF SYSTEMS: All other review of systems are reviewed and are negative except as noted above.

HABITS: No tobacco, occasional alcohol and no illicit drugs.

SOCIAL HISTORY: The patient works as a janitor. He has no local physician.

PHYSICAL EXAMINATION:

GENERAL: This is an alert and cooperative male who does appear extremely uncomfortable with any movement whatsoever.

VITAL SIGNS: Normal. Temperature 99.1.

HEENT: Normal. No asymmetry. Oropharynx is well-hydrated.

NECK: Supple, no meningismus. No adenopathy.

LUNGS: Clear to auscultation.

HEART: Regular, no murmurs, gallops or rubs.

ABDOMEN: Mildly distended with rare bowel tones. Firm and tenderness over the entire abdomen, but locates the main pain at the McBurney point. There is guarding and rebound tenderness over the right lower quadrant. There is some guarding over the rest of the abdomen, but he says it is not as tender as the right lower McBurney point area. No pulsatile masses are appreciated. Liver and spleen are not palpated. No costovertebral angle tenderness.

EXTREMITIES: No clubbing, cyanosis or edema.

NEUROLOGIC: Nonfocal examination.

EMERGENCY ROOM COURSE: Intravenous access was obtained. The patient received Dilaudid and Reglan. He also received Zosyn 375 grams IV.

I discussed the patient immediately with Dr. Graff, who initially requested laboratories, which returned positive C-reactive protein. This was reported to Dr. Graff, who then requested a CT scan of the abdomen which was positive for appendicitis. I notified Dr. Graff of this finding at 4 p.m., and the patient was at that time admitted to Dr. Graff. I wrote initial holding orders.

HASSAN, Alaa F
MR# 00979441
ACCT# 456715895
SSN 532-53-2086
DOB 06/09/1965
Admit 03/27/2004 TGH .
Donald E Maurer, MD

EMERGENCY SERVICES REPORT

Tacoma General Hospital
Mary Bridge Children's Health Center
Allenmore Hospital



P.O. Box 5299, Tacoma, WA 98415, 253-403-1000

LABORATORY DATA: White count 10,300, hemoglobin 14.9 and hematocrit 44.3. Differential revealed no bandemia. Chemistry profile revealed glucose 131, protein 8.4, otherwise negative. C-reactive protein 2.9.

CT scan of the abdomen: Report taken by Dr. Crabb, and read as positive for appendicitis with fluid around the appendicitis, early perforation or ready to perforate. No definite abscess noted per Dr. Heller.

I reevaluated the patient several times during his stay in the emergency department. He was much more comfortable. The patient was admitted with stable vital signs and continued pain to Dr. Graff's service.

IMPRESSION: Acute appendicitis.

Dictated & Authenticated By:

mcf
dd: 03/28/2004 1004
dt: 03/30/2004 1122 Job #5174

DONALD E MAURER, MD
Emergency Medicine

HASSAN, Alaa F
MR# 00979441
ACCT# 456715895
SSN 532-53-2086
DOB 06/09/1965
Admit 03/27/2004 TGH
Donald E Maurer, MD

EMERGENCY SERVICES REPORT

Tacoma General Hospital
Mary Bridge Children's Health Center
Allenmore Hospital

MultiCare 

533

Age Assessment _____ Arrival Time _____ With Wife
 Patient Arrived Via: POV Ambulance Other _____
 Pre-Hospital Care: Backboard C-Collar O2 sat _____
 Glucose _____ IV _____
 Other _____
 PCP: _____
 Chief Complaint: R/O PN since 4pm -
Φ N/V/D, & urinary se

Allergies: None Latex
 Allergy Band on/Initials
 Medications: (include Amt/last dose taken - include OTC/Herbs)
 Φ
 BEST POSSIBLE REPRODUCTION FROM POOR SOURCE DOCUMENT
 See attached list

Possible Active Labor: Yes No
 Time: 1311
 BP: 156/102
 Pulse: 78
 Temp/Route: 99.1
 Resp: 18
 Bld Glu: _____
 O2 Sat: 98
 Ht _____ in/cm Wt _____ lb/kg
 Pain Scale: 10/10 Face Pain Scale: _____ FLACC Scale: _____

Natropin IV NS 1L Bolus
Blunted to 3mg IV
Prep 10.1.11
30mg 3:375gm IV (overdosed)

Time Initials
 Ekg:
 ABG
 pO₂ pCO₂ pH
 Urine Dip Urine Micro Urine C&S
 Blood Count CBC w/Diff ESR
 BMP CMP
 Glucose Dextrostick
 Amylase Lipase NF
 CK-MB Troponin
 Reactive Protein hold chab NF
 BNP
 PT PTT D-Dimer
 Type and Screen
 Crossmatch _____ Units
 Blood Cultures X
 HCG Quant HCG
 Chlamydia Gram Stain
 Wet Mount LCX
 Stool Culture Rotazyme
 Rapid Strep Throat Culture
 CSF Cell Count CSF AG Screen
 Spinal Fluid Analysis Aerobic Culture
 Viral Culture/Herpes
 Viral Resp Panel RSV Pertussis
Oct appy protocol

Upset stomach 210 - 7:30
nausea & vomiting
& appetite
& sleep
& constipation
HTN
W2
TOB @ LTD Home
work - janitor

Chest (_____ views) Portable
 Abdomen Series
 Cervical Spine (Complete/Limited)
 Lumbar Spine (Complete/Limited)
 UTS
 CT

Consults 1st documented & Ph by
will await labs; recalled
+ CT for appy documented
in 4pm @ 4PM
acute appendicitis
 Plan: Admit to graft
 Accepting Physician:
 Ref To:
 DC Codes:
 Physician Signature DM
 Resident Signature _____
 Critical Care Time: _____ Chart Dictated Yes
 PPE ON
 Time Seen: _____

HASSAN, ALAA F.
 Acct:456715895 MRN:00979441
 DOB:9JUN1965 38 M
 MRN:  Admission Chart 27MAR2004

395 ORIGINAL

3/28
b/c

HISTORY & PHYSICAL EXAMINATION

Date: March 27, 2004

ADMISSION DIAGNOSIS: Abdominal pain, probable appendicitis.

HISTORY OF PRESENT ILLNESS: The patient is a 38-year-old male who presents with a one to two-day history of progressive abdominal pain that was initially somewhat generalized, but has localized to the right lower quadrant primarily. He has had no documented fevers, or denies such. He has no urinary symptoms.

PAST MEDICAL HISTORY: No major medical illnesses or surgeries.

CURRENT MEDICATIONS: None.

ALLERGIES: No known medication allergies.

REVIEW OF SYSTEMS:

HEAD/NECK: Negative.

PULMONARY: Negative.

CARDIAC: Negative.

GASTROINTESTINAL: Negative other than noted above.

GENITOURINARY: Negative.

MUSCULOSKELETAL: Negative.

NEUROLOGIC: Negative.

HABITS: Negative.

PHYSICAL EXAMINATION:

GENERAL: This is a well-nourished, well-developed male in mild discomfort. He is afebrile.

HEENT: Negative.

LUNGS: Clear.

HEART: Regular rate and rhythm.

ABDOMEN: There is tenderness in the right lower quadrant with guarding.

EXTREMITIES: Negative.

NEUROLOGIC: No focal or lateralizing signs.

LABORATORY DATA: White blood count 10,000. CT scan was obtained, which showed evidence of appendicitis with a dilated appendix.

ASSESSMENT: Abdominal pain, probable appendicitis.

HASSAN, Alaa F
MR# 00979441
ACCT# 456715895
SSN 532-53-2086
DOB 06/09/1965
Admit 03/27/2004
Room# TGH
DOCTOR NODOC

HISTORY AND PHYSICAL EXAMINATION

Tacoma General Hospital
Mary Bridge Children's Health Center
Allenmore Hospital



P.O. Box 5299, Tacoma, WA 98415, 253-403-1000

M

PLAN: Appendectomy. A PAR conference was held with the patient and his friend regards to such. They understand and wish to proceed, and we will proceed with this on an urgent basis.

Dictated & Authenticated By:

RONALD M GRAFF, MD
General Surgery

jlk
dd: 03/27/2004 1920
dt: 04/01/2004 1155 Job #5008
cc Group Health business office
(209 MLK Way, Tacoma 98405, Attn: Denise Traeger)

HASSAN, Alaa F
MR# 00979441
ACCT# 456715895
SSN 532-53-2086
DOB 06/09/1965
Admit 03/27/2004
Room# TGH

HISTORY AND PHYSICAL EXAMINATION

Tacoma General Hospital
Mary Bridge Children's Health Center
Allenmore Hospital

MultiCare 
Page 2 of 2

Information obtained by: _____ (Signature) Date: 3/27/04 Source: Pt, wife
 (i.e. patient, family member)
 Primary MD: None Telephone: _____
 Community Pharmacy: None Mail Order Internet Other: _____
 Location: _____ Height: _____ Weight: 5'6 lb _____ kg

Any patient admitted with a medication-related problem such as, but not limited to, elevated INR, renal or liver failure, adverse drug effects, overdose, refractory pain, or pediatric pain/sedative withdrawal symptoms may indicate the need for pharmacy referral.

I. ALLERGIES/INTOLERANCE: Yes No *If YES to Allergies/Intolerance, PLEASE LIST.*

| Name: | Describe Reaction | Name: | Describe Reaction |
|-------|-------------------|-------|-------------------|
| 1. | | 6. | |
| 2. | | 7. | |
| 3. | | 8. | |
| 4. | | 9. | |
| 5. | | 10. | |

II. STREET DRUG USE Yes No *If yes please list below.*

| Substance | Mode | Amount | Frequency | Last Dose |
|-----------|------|--------|-----------|-----------|
| | | | | |
| | | | | |

III. PATIENT'S HOME MEDICATIONS: These include all prescription medications, over-the-counter medications (cough and cold, analgesics, etc.) herbal products, vitamins and dietary supplements. **Please include all information listed below.**

- Patient denies use of prescription medication.
 Patient denies use of herbal products, OTCs, vitamins, dietary supplements, etc.

| Check | Medication Name | Dose | Route | Frequency | Date/Time of Last Dose |
|------------------------------|-----------------|------|-------|-----------|------------------------|
| <input type="checkbox"/> 1. | <u>None</u> | | | | |
| <input type="checkbox"/> 2. | | | | | |
| <input type="checkbox"/> 3. | | | | | |
| <input type="checkbox"/> 4. | | | | | |
| <input type="checkbox"/> 5. | | | | | |
| <input type="checkbox"/> 6. | | | | | |
| <input type="checkbox"/> 7. | | | | | |
| <input type="checkbox"/> 8. | | | | | |
| <input type="checkbox"/> 9. | | | | | |
| <input type="checkbox"/> 10. | | | | | |
| <input type="checkbox"/> 11. | | | | | |
| <input type="checkbox"/> 12. | | | | | |
| <input type="checkbox"/> 13. | | | | | |
| <input type="checkbox"/> 14. | | | | | |
| <input type="checkbox"/> 15. | | | | | |

Another brand of drug identical in form and content may be dispensed unless boxed checked.

Provider(s), check the box(es) of those medications you wish to continue while your patient is hospitalized.

Provider _____ Print Name _____ Phone/Pager _____ Date _____ Time _____

Order Verified (Nurse Signature) _____ Date: _____ Time: _____

MASSACHUSETTS
 27 MAR 2004
 JUN 19 08
 00379441

PATIENT MEDICATION HISTORY/ORDER SET

MultiCare
 Health System
 87-2447-0 (Rev. 9/02)

ORDER SET

3 24 04

MULTIDISCIPLINARY PROGRESS NOTES

DATE/TIME

NOTES (All entries must be dated, titled and signed)

3/27/04 HVD

38yo with localized RLQ pain

PMHx: healthy
No surgeries

No meds
NKA

PE: WNL in mild discomfort
afebrile

HEENT - Ø

Lungs - clear

Heart - fl.

Abd - tendac RLQ

Extremities - Ø

Neuro - Ø

WBC LOK CRP ↑

CT scan (+) for appendicitis

P: appendicitis

P: appendicitis - PA R conference
held w/ pt & friend who understand

to proceed

CT 430715035

Addressograph

27 MAR 2004

HRN 00073441

30 JUN 1965

3 24 04

HISTORY & PHYSICAL

MULTIDISCIPLINARY PROGRESS NOTES

MultiCare Health System
87-0445-6 (Rev. 11/01)

MULTIDISCIPLINARY PROGRESS NOTES

DATE/TIME

NOTES (All entries must be dated, titled and signed)

3/27/04

P4P: appendicitis
Op: Appendectomy
Surgery - Buff
gen + local

Buff

Addressograph: ALAA P.
27 MAR 2004

ARN 00979441

9 JUN 1985

3 24 04

MULTIDISCIPLINARY
PROGRESS NOTES

MultiCare 
Health System

87-0445-6 (Rev. 11/01)

533

533

| DATE & TIME | ALL ORDERS MUST BE SIGNED BY PHYSICIAN Another brand of drug identical in form and content may be dispensed unless checked <input type="checkbox"/> |
|-------------|--|
| | <p>✓ Admit Dr. Graff - notify on arrival</p> <p>✓ Appendicitis</p> <p>✓ VS q 2h</p> <p>IV NS @ 200/hr</p> <p>✓ NPO</p> <p>Other orders per Dr. Graff. <i>notified</i></p> <p><i>Thanks</i></p> <p><i>[Signature]</i></p> |
| | <p>Another brand of drug identical in form and content may be dispensed unless checked <input type="checkbox"/></p> |
| | <p>Another brand of drug identical in form and content may be dispensed unless checked <input type="checkbox"/></p> |

PATIENT IMPRINT

SCANNED BY
ED ON 3/27/04

PATIENT IMPRINT

AUCI 400715029 TV
 HOSPITAL, ALBA T.
 27 MAR 2004
 36
 MRN 00973441 9 JUN 1965

3 24 04

PATIENT IMPRINT

OFC01782 (7/95)

PHYSICIAN'S ORDERS



ONLY THOSE BOXES THAT ARE MARKED WILL BE ACTIVATED.

ALLERGIES/REACTION (Drugs/Food/Tape/Dye/Latex/Other): NKA

MEDICATIONS

Analgesics:

- Morphine 2-4 mg IV every 10 minutes up to maximum of 20 mg.
- Fentanyl _____ mcg IV every _____ minutes up to maximum of _____ mcg.
- Other: _____

Assess patient for signs and symptoms of pain, respiratory rate, and sedation level per PACU standard. Call anesthesiologist if pain not controlled within parameters or sedation scale = 2 or 3 and RR less than 8 breaths/minutes.

- Initiate PCA per surgeon.
- Other: _____

Antiemetics:

- Metoclopramide (Reglan) 10 mg IV PRN nausea. May repeat in 30 minutes x 1 if first dose not effective.
- Promethazine (Phenergan) 12.5 mg IV PRN nausea. Dilute dose in 10 mL NS and give slow IV push. Reduce dose to 6.25 mg if patient over 65 years old or less than 50 kg. May repeat in 30 minutes x 1 if first dose not effective.
- Dolasetron (Anzemet) 12.5 mg IV PRN nausea. May repeat in 1 hour X 1 if first dose not effective.
- Other: _____

Other Medication Orders:

- Meperidine 25 mg IV x 1 dose PRN shaking.
- Promethazine (Phenergan) 25 mg deep IM x 1 PRN sedation/adjunct to pain medication. Reduce dose to 12.5 mg if patient over 65 years old or under 50 kg.
- Hydroxyzine (Vistaril) 50 mg IM X 1 dose PRN to enhance narcotic effectiveness.
- Keep IV patent while in PACU, if no other postoperative parenteral fluid orders, may repeat present IV at 150 mL/hr or

Other: _____

OXYGEN

- Nasal cannula, titrate to maintain oxygen saturation greater than or equal to 96%.
- Mask 6-10 L/minute until awake. Titrate to NC if tolerated to keep oxygen saturation greater than or equal to 96%.
- Hot/cold Mist _____ %.
- Other: _____

LAB/DIAGNOSTICS

- CBC
- ABG
- CXR
- Glucose
- Other: _____

| Sedation Scale | |
|----------------|--------------------------------------|
| 0 | = Awake/Alert |
| 1 | = Slightly sedated, easily arousable |
| 2 | = Sedated, difficult to arouse |
| 3 | = Unresponsive |
| S | = Sleeping at time of charting |

OTHER ORDERS

- _____
- _____

Patient may be discharged when PACU discharge criteria met.

Another brand of drug identical in form and content may be dispensed unless box is checked.

Note: These orders are effective in the PACU only, and should be reviewed by anesthesiologist, appropriately modified for the individual patient and signed below.

Physician's Signature: [Signature] Print Name: M. J. [Name] Phone/Pager: _____ Date: 03/27/04 Time: _____

Order Verified (Nurse Signature): [Signature] Date: 03/27/04 Time: 1935

ACCT 456715895 TG
 HASSAN, ALAA F.
 27MAR2004
 38 H
 MAN 00979441 0JUN1965

PACU ANESTHESIOLOGISTS ORDERS
ADULT



ORDER SET

87-9856-0e (Rev. 2/04)

ONLY THOSE BOXES THAT ARE MARKED WILL BE ACTIVATED.

I. **Therapeutic Interchange Protocol:** per MultiCare Health System Pharmacy & Therapeutics Committee

Drug 1. Discontinue: Cefotetan 1gm IV q 12^o x 2 doses
Begin: Cefoxitin 1gm IV q 8^o x 3 doses

Drug 2. Discontinue: _____
Begin: _____

Pharmacist Signature: [Signature] Date: 3/27/04 Time: 2002
Order verified (nurse signature): _____ Date: 3/27/04 Time: _____

II. **Non-Formulary Medication Ordered:** (Provider is to check one of the options below for each non-formulary drug listed and sign).

Drug 1. The following medication is NON-FORMULARY (and not included in the MHS Therapeutic Interchange Protocol): _____

Please **check one** of the following options:

- 1. Discontinue above non-formulary medication.
- 2. Change to formulary alternative (check one)

- 3. Patient may use own medication. Patient has or will be able to obtain own medication within 24 hours. Pharmacy to verify patient's own medication before use.
- 4. Above alternatives are not appropriate and pharmacy is to obtain ordered medication

Drug 2. The following medication is NON-FORMULARY (and not included in the MHS Therapeutic Interchange Protocol): _____

Please **check one** of the following options:

- 1. Discontinue above non-formulary medication.
- 2. Change to formulary alternative (check one)

- 3. Patient may use own medication. Patient has or will be able to obtain own medication within 24 hours. Pharmacy to verify patient's own medication before use.
- 4. Above alternatives are not appropriate and pharmacy is to obtain ordered medication

Another brand of drug identical in form and content may be dispensed unless box is checked.

Note: These orders should be reviewed by the attending physician, appropriately modified for the individual patient and signed below.

Provider Signature _____ Print Name _____ Phone/Pager _____ Date _____ Time: _____

Order Verified (Nurse Signature): _____ Date: _____ Time: _____

Massan, Alaa
533-1
00979441

**PHARMACY AND
THERAPEUTICS COMMITTEE**

MultiCare 
Health System

ORDER SET

88-0824-8 (Rev. 9/01)

| Date: <u>3-27-04</u> | All "no's" require comment | Yes | No | Site/Side | |
|--|----------------------------|-----|----|-----------|-------|
| | | | | Left | Right |
| RN Preparing Patient for Procedure | | | | | |
| • Consent includes patient name, procedure, site/side. If incomplete, patient does not enter the procedure room until the physician corrects. | | | | | |
| • H&P or Physician Note or Physician's Orders includes patient name, procedure, site/side. If incomplete, patient does not enter the procedure room until the physician completes. | | | | | |
| • Procedure scheduled is consistent with the above. If inconsistent, call the charge nurse. Patient does not leave the unit until the issue is resolved. | | | | | |
| • Patient/Family identifies site and is involved in the marking process. (If patient/family are unable to participate, a second RN will be involved in the marking process.) Procedure site is marked by X or Yes with an indelible marker as close to procedure site as possible. Exceptions are oral, urethral, rectal or vaginal procedures, nasal. | | | | | |
| Signature: _____ RN _____ Technologist | | | | | |
| Circulating RN/Technologist In Preprocedure Area | | | | | |
| • Procedure scheduled, H&P/Physician's Orders, site/side are consistent. | | ✓ | | | ✓ |
| • Patient's name, procedure, site/side is verbally identified by patient or family. | | ✓ | | | ✓ |
| • Procedure site marked by X or Yes is validated with patient and/or family. | | ✓ | | | ✓ |
| • All inconsistencies are resolved with physician prior to sedation or proceeding into the procedure room. | | ✓ | | | ✓ |
| Signature: <u>J Morrison</u> RN _____ Technologist | | | | | |
| Circulating RN/Technologist in Procedure Room | | | | | |
| • Radiology studies match patient identification. | | N/A | | | ✓ |
| • Physician/circulator initiates verbal team verification of patient, procedure, and site/side prior to incision/start of procedure. | | ✓ | | | ✓ |
| • All team members confirm patient, procedure, site/side by a verbal team identification just prior to incision/start of procedure. | | ✓ | | | ✓ |
| • All inconsistencies are resolved prior to incision/start of procedure. | | ✓ | | | ✓ |
| • Scrub Tech passes scalpel to surgeon following the verbal team verification. | | ✓ | | | ✓ |
| • Circulator documents the verbal team verification in procedure record under the nurse's note. | | ✓ | | | ✓ |
| Signature: <u>J Morrison</u> RN _____ Technologist | | | | | |
| Comment: | | | | | |

Addressograph

ACCT 456715895 T6
 HASSAN, ALAA F.
 27 MAR 2004
 38
 NRN 00979441

White - Patient Record
 Yellow - Departmental Monitor
 9 JUN 1965

**CORRECT PATIENT, PROCEDURE
 SIDE/SITE CHECKLIST**

MultiCare 
 Health System
 88-2979-7 (10/03)

DATE: 03/27/04

NAME OF PERSON SUPPLYING INFORMATION IF OTHER THAN PATIENT:

| | | | |
|--|----------------------|------------------------|--------------------------------|
| PATIENT NAME: <u>Deon A. [unclear]</u> | DATE OF BIRTH: _____ | ANESTHESIA CLINIC USE: | |
| PROCEDURE: <u>Open Abdominotomy</u> | | BP _____ | P _____ SaO ₂ _____ |
| | | HT _____ | WT <u>~200 lb</u> |

| SHADED AREAS FOR COMPLETION BY NURSING | | | | CURRENT MEDICATIONS | DOSE / FREQ. |
|--|-----|-------------------------------------|------|---------------------|--------------|
| ALLERGIES | YES | NO | NAME | DESCRIBE REACTION | |
| FOOD | | | | | |
| DRUGS | | <input checked="" type="checkbox"/> | | | |
| LATEX | | | | | |
| OTHER | | | | | |

DISPOSITION OF MEDS HOME SENT TO PHARMACY

SURGERY HISTORY & DIAGNOSIS

| | | | |
|--|--------------------------------------|---------------------------|-----------------------|
| NEUROLOGIC | <u>38 y/o ♂</u> | ANESTHETIC HISTORY | <u>NONE</u> |
| <input type="checkbox"/> Stroke | | | |
| <input type="checkbox"/> Dizziness | | | |
| <input type="checkbox"/> Seizures/Epilepsy | <u>ACUTE ANEMALCIPS</u> | | |
| <input type="checkbox"/> Mental Illness | | | |
| <input type="checkbox"/> Hearing Problem | | | |
| <input type="checkbox"/> Vision Problem | <u>DENIES OTHER MEDICAL PROBLEMS</u> | TEETH | <u>POOR DENTITION</u> |

| | | | |
|--|------------------------|--------------------------|------------|
| CARDIAC | <u>USGAST: BAR 3/0</u> | AIRWAY EVALUATION | |
| <input type="checkbox"/> Chest Pain | <u>LUNGS: CTAB</u> | MH Distance | <u>I</u> |
| <input type="checkbox"/> Heart Attack | | | <u>II</u> |
| <input type="checkbox"/> Pacemaker | | | <u>III</u> |
| <input type="checkbox"/> Heart Failure | | | <u>IV</u> |

| | | | |
|--|--|--|--|
| VASCULAR | | ASSESSMENT/PROPOSED ANESTHETIC TECH | |
| <input type="checkbox"/> High Blood Pressure | | <u>GETA d/w pt. QUESTIONS ANSWERED</u> | |
| <input type="checkbox"/> Blood Clots | | <u>RISK ACCEPTED.</u> | |
| <input type="checkbox"/> Bleeding Problems | | | |

| | | | |
|--------------------------------|--|---|---|
| RESPIRATORY | <input type="checkbox"/> Asthma <input type="checkbox"/> Sleep Apnea | ASA STATUS ASSESSMENT | <u>IE</u> |
| <input type="checkbox"/> TB | | ANESTHESIA TECH | |
| <input type="checkbox"/> Cough | | <input checked="" type="checkbox"/> General | <input type="checkbox"/> A-Line |
| <input type="checkbox"/> Smoke | | <input type="checkbox"/> Regional | <input type="checkbox"/> Swan-Ganz |
| | | <input type="checkbox"/> Sedation/Local | <input type="checkbox"/> Tee |
| | | <input type="checkbox"/> Epidural Pain Management | <input checked="" type="checkbox"/> Anti-Nausea |

| | | |
|------------------------------------|--|---|
| GASTROINTESTINAL | <input type="checkbox"/> Hiatal Hernia | <input checked="" type="checkbox"/> Anesthesia procedures, alternatives, risks discussed with patient or guardian |
| <input type="checkbox"/> Ulcers | | |
| <input type="checkbox"/> Diabetes | | |
| <input type="checkbox"/> Hepatitis | | |

| | | | |
|---|---|--------------------------|-------------------------|
| GENITOURINARY | <input type="checkbox"/> Kidney Disease | Last Oral Intake: | |
| <input type="checkbox"/> Urinary Problems | | Signature: | <u>[Signature]</u> M.D. |

| | | | |
|---------------------------------------|---------------------------------|-----------------------------------|-----------------|
| OTHER | <input type="checkbox"/> Cancer | Date: | <u>03/27/04</u> |
| <input type="checkbox"/> Arthritis | | Time: | |
| <input type="checkbox"/> Back Trouble | | POST ANESTHESIA EVALUATION | |
| <input type="checkbox"/> Amputations | | <u>TOLERATED GA WOU.</u> | |

| | | | |
|---|--------------------------|-------------------|--------------------|
| <input type="checkbox"/> Difficulty Walking | | Signature: | <u>[Signature]</u> |
| <input type="checkbox"/> Stiff Neck | | | |
| <input type="checkbox"/> Difficulty With Mouth | | | |
| <input type="checkbox"/> Blood Donated For This Surgery | | | |
| <input type="checkbox"/> Possibly Pregnant | | | |
| <input type="checkbox"/> Steroid Therapy | | | |
| <input type="checkbox"/> Coumadin/Blood Thinner | | | |
| <input type="checkbox"/> Aspirin Therapy | <u>ACCT 456715895 TG</u> | | |
| <input type="checkbox"/> Previous Surgeries - Please List | <u>ALAN, ALAN E.</u> | | |

27 MAR 2004
38 N 9 JUN 1965
MRN 00979441

ANESTHESIA PRE AND POST OP EVALUATION
Tacoma General Hospital
MultiCare
87-5618-9 (Rev. 12/02)

9/27
0/c

Date: 03/27/2004
Operator: Ronald M Graff, MD
Assistant:
Anesthesiologist:
Anesthesia: General plus local anesthesia.

PREPROCEDURE DIAGNOSIS: Abdominal pain, probable appendicitis.

POSTPROCEDURE DIAGNOSIS: Abdominal pain, probable appendicitis.

PROCEDURE: Appendectomy (nonperforated).

OPERATIVE TECHNIQUE: The patient was placed in the supine position on the operating room table. Following induction of general anesthesia, the patient was prepped and draped in the usual fashion. A right lower quadrant incision was made and electrocautery utilized for hemostasis and to divide the subcutaneous tissue. The external oblique fascia was opened sharply. The muscles were separated bluntly. The peritoneum was incised. The appendix was found to be acutely inflamed, but without evidence of perforation. It folded back on itself and somewhat retrocecal. The cecum and appendix were mobilized some. It was not able to be delivered up into the wound, however. The appendix was then removed in a retrograde fashion. The base of the appendix was approached and was ligated using Vicryl ligature. The appendix was cross-clamped distal to this and the appendix was divided. The mucosa of the appendiceal stump was cauterized. The appendiceal stump was inverted using Vicryl suture. The mesentery of the appendix was then ligated using Vicryl and divided using the electrocautery. The appendix was then delivered and sent to pathology as specimen.

The abdomen and wound was irrigated with saline. Hemostasis was inspected and found to be good. The wound was closed in a layered fashion using PDS. The wound was injected with 0.25% Marcaine with epinephrine. The wound was irrigated with saline. The skin was closed using Vicryl. Steri-Strips and dressings were applied. Preoperative and postoperative sponge and needle counts were correct. The patient tolerated the procedure well and was transferred to the recovery room in stable condition.

Dictated & Authenticated By:

jlk
dd: 03/27/2004 1920
dt: 04/01/2004 1146 Job #5008

RONALD M GRAFF, MD
General Surgery

HASSAN, Alaa F
MR# 00979441
ACCT# 456715895
SSN 532-53-2086
DOB 06/09/1965
Room# TGH
Ronald M Graff, MD

PROCEDURE/OPERATIVE NOTE

Tacoma General Hospital
Mary Bridge Children's Health Center
Allenmore Hospital
MultiCare 
P.O. Box 5299, Tacoma, WA 98415, 253-403-1000

TM

| | | | | | |
|-------------|---------|--|--------------------------------------|--|---|
| DATE: 27-04 | OR #: 8 | PATIENT In-Room: 1832 Out of Room: 1928 | ANESTHESIA Start: 1820 Stop: 1925 | INDUCTION Complete: 1836 Time: 1836 | INCISION TIME Open: 1844 Close: 1915 |
|-------------|---------|--|--------------------------------------|--|---|

AGEON: R. Griffe PRE-OP DIAGNOSIS: Appendicitis

ASSISTANT(S): PROCEDURE: Appendectomy

PERFUSIONIST: DELIVERY TIME: M/F M/F M/F M/F

ANESTHESIOLOGIST: M. Vandenthoven SURGICAL SITE VERIFICATION: Patient Surgeon Parents

RN CIRCULATOR (Name/Initials): T. Morrison, RN / TM ANESTHESIA TYPE: General Local/MAC Local Regional

RELIEF (Name/Initials): J. Fournier / JF Time: 1905-end

SCRUB (Name/Initials): S. Lafave ORT / SL C. Pettit ORT / CP Time: 1905-end

PST/SUPPORT PARTNER (Name/Initials): Other: Time:

Other: Time:

Other: Time:

Other: Time:

Other: Time:

| SPECIMENS | SM ITEMS | SPONGE | SHARPS | INST. |
|-----------|-----------|--------|--------|-------|
| Appendix | 1st TM/SL | TM/SL | TM/SL | |
| | 2nd JF/SL | JF/SL | JF/SL | |
| | 3rd JF/SL | JF/SL | JF/SL | |
| | Relief | | | |

CULTURE SITE: N/A Surgeon notified: Yes No Count Correct Yes No N/A

POSITION FOR SURGERY

Supine Lateral R-up L-up Prone Jackknife
Lithotomy Fowlers Frog Leg Other

ARMS SECURED: Side L/R Drawsheet L/R Arm boards L/R Over chest L/R

Positioned by: TM, Dr. Vandenthoven

DEVICES: Stirrups: Low High Candy Cane Allen Type URINARY CATHETER: N/A

Padding: Upper Ext. Lower Ext. Boney Prom. Foot Board In place on arrival

Rolls: Axillary Chest Shoulder Hip Type: Foley Straight

Headrest: Horseshoe Foam/Gel Points Towels Size Time Initials

Tables: Fx Table Andrews Table Specialty Frame Other: Output in OR

Other Devices: Arms/leds Airplane YacPac Sandbag D/C'd in OR

ESU: Brand Name: VL CE#: 5305 Skin Condition Pre-op: WNL Y N See Narrative

Range Settings: Cut: 30 Coag: 30 Bipolar Other: Harmonic Scalpel Range Argon Beam Coag. Range

Ground Pad: Lot # 2006-11 PD Applied by: JM

TOURNIQUETS SITE: N/A Applied by: Padding CE#: Time up Time Down Total Time

PRE-OP WNL Color: Y N See Narrative Temp: Y N See Narrative

Pulse: Y N See Narrative Skin Condition: Y N See Narrative

POST-OP WNL Color: Y N See Narrative Temp: Y N See Narrative

Pulse: Y N See Narrative Skin Condition: Y N See Narrative

THERMO REGULATING BLANKET/PAD: CE#: Setting: 45655895 Site: F. Skin Condition Pre-op: WNL Y N See Narrative

Post-op: WNL Y N See Narrative

27 MAR 2004
38
HRN 00979441
9 JUN 1965

Perioperative Services
INTRAOPERATIVE NURSING CARE RECORD
MultiCare Health System
87-2688-0 (Rev. 12/03)

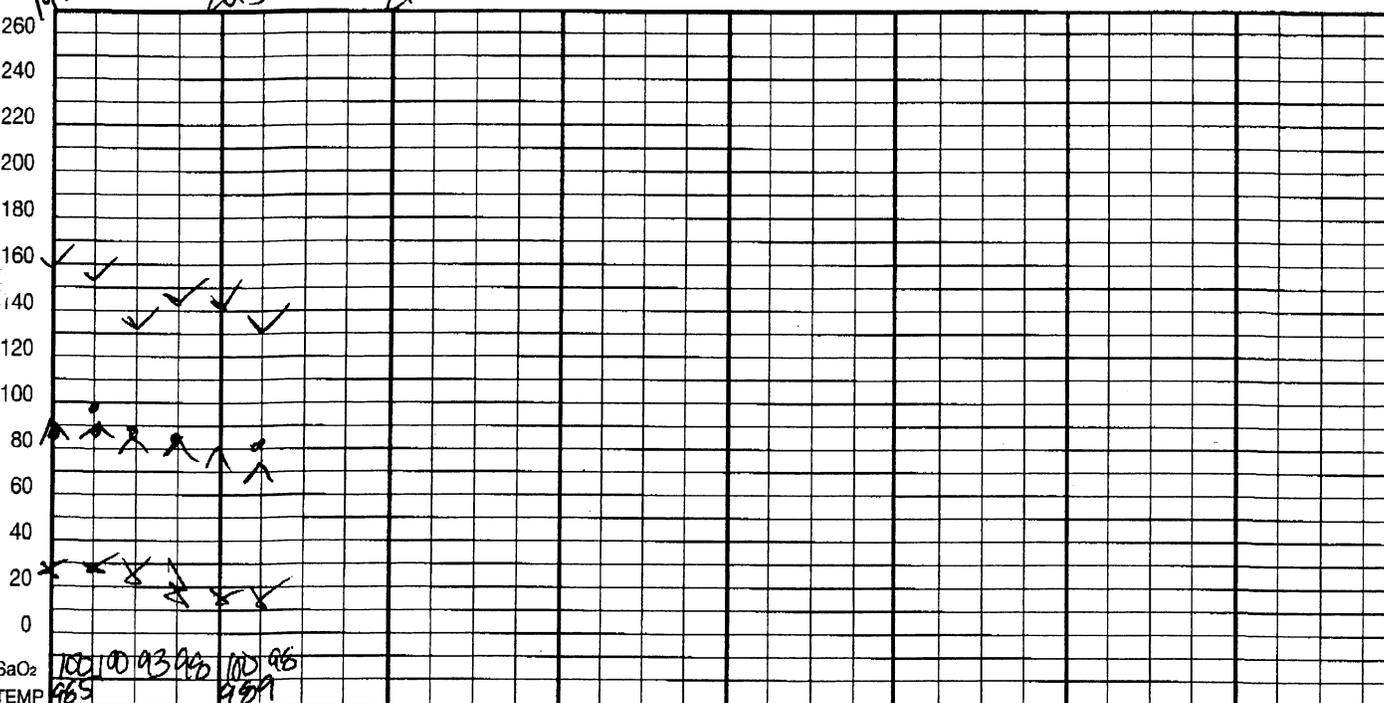
Allenmore Hospital
 Covington Day Surgery
 Day Surgery of Tacoma
 Mary Bridge Children's Hospital
 Tacoma General Hospital
 TG Birth Center

Arrival Date/Time 02/27/04 1927

Report from Doctor Naudent/pen Admit from OR RN Signature W Spudde

ADMISSION ASSESSMENT

| LOC | Respiratory | Monitor | Position | Drainage/Tubes | Nurses Notes |
|--|--|--|--|--|--------------|
| <input type="checkbox"/> Awake | <input checked="" type="checkbox"/> Deep/even | <input checked="" type="checkbox"/> EKG <u>SP2</u> | <input type="checkbox"/> Supine | <input type="checkbox"/> Hemovac | |
| <input type="checkbox"/> Arousable | <input type="checkbox"/> Shallow | <input type="checkbox"/> Rhythm | <input type="checkbox"/> Prone | <input type="checkbox"/> JP | |
| <input checked="" type="checkbox"/> Not Responding | <input type="checkbox"/> Assisted | <input checked="" type="checkbox"/> Oximetry | <input checked="" type="checkbox"/> Semi Recumbent | <input type="checkbox"/> NG | |
| <input type="checkbox"/> Pre op Baseline | <input type="checkbox"/> Apnea | <input type="checkbox"/> Art. Line | <input type="checkbox"/> Side RT, LT | <input type="checkbox"/> Chest Tube | |
| | <input type="checkbox"/> Coughing | <input type="checkbox"/> CVP | <input type="checkbox"/> Trendelenburg | <input type="checkbox"/> Auto Transfusion Device | |
| | <input type="checkbox"/> Oral Airway | <input type="checkbox"/> Swan-Ganz | | <input type="checkbox"/> Foley | |
| | <input type="checkbox"/> Nasal Airway | | | <input type="checkbox"/> Epidural | |
| Color | <input checked="" type="checkbox"/> Mask | Dressings/Incisions | IV Sites <u>LH 501</u> | Assistive Device | |
| <input checked="" type="checkbox"/> Pink | <input type="checkbox"/> LMA | <u>RT 2 dress</u> | Patent Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> Hearing Aid | |
| <input type="checkbox"/> Pale | <input checked="" type="checkbox"/> NTET <u>out 1920</u> | <u>CD</u> | Saline Lock Site <input type="checkbox"/> | <input type="checkbox"/> Dentures | |
| <input type="checkbox"/> Dusky | <input type="checkbox"/> Cannula | <u>abd soft to palp</u> | Central Line <input type="checkbox"/> | <input checked="" type="checkbox"/> Glasses | |
| <input type="checkbox"/> Ruddy | <input type="checkbox"/> Humidification | | Blood Sugar <u>n/a</u> | <input type="checkbox"/> Other | |
| <input type="checkbox"/> Cyanotic | <u>10 L/min</u> | | | | |
| <input type="checkbox"/> Jaundice | O ₂ Removed at <u>1945</u> | | | | |



1945 - O₂ @ 2/2 LNC for O₂ sat 93%, sat 9 to 9:50 O₂ N/C upped LAM

| Medication/Fluids | PACU Orders |
|---|--------------------------------------|
| 1929 - 12.5mc Demerol IV for shaking LAM | |
| 1935 - 12.5mc Demerol IV for shaking Unspiced | |
| 1937 - Shaking resolved LAM | |
| 1940 PR Diluent Pain LAM | |
| 1940 PR Diluent Pain LAM | |
| 2015 PR Diluent is momentary | |
| 2020 PR ATD, inches to R to LAM | |
| | Discharge to: <u>W Spudde</u> |
| | Physician Signature: <u>W Spudde</u> |

ACCT 436715895 TG
 HASSAN, ALAA F.
 27 MAR 2004
 38 M 9 JUN 1965
 MRN 00979441

- Tacoma General Hospital
- Mary Bridge Children's Hospital and Health Center
- Allenmore Hospital
- Day Surgery of Tacoma
- Covington

POST ANESTHESIA CARE UNIT RECORD





LABORATORIES

Department of Pathology
P.O. Box 5299
Tacoma, WA 98415

Main Office: 253.403.1043
FAX: 253.403.1357

WESTERN WASHINGTON PATHOLOGY, P.S.

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Michael J. Flaherty, MD
G. David Austin, MD

Rob R. Roth, MD
George F. Hodges, MD
Larry K. O'Bryant, MD
Eric W. Arntson, MD

3/28
J/C

**SURGICAL PATHOLOGY REPORT
FINAL**

FINAL DIAGNOSIS:

**APPENDIX, EXCISION:
ACUTE AND SCHISTOSOMAL APPENDICITIS.**

MJF:cr

**HISTORY:
Appendicitis.**

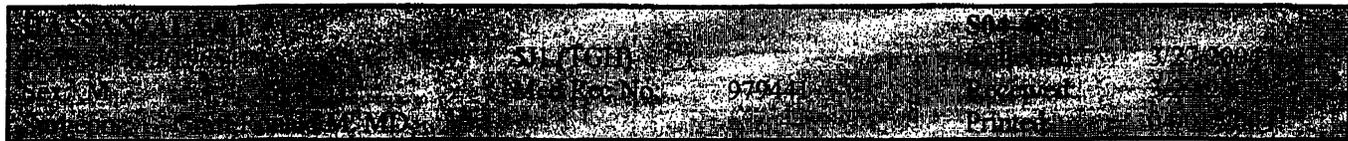
GROSS DESCRIPTION:

(GF:mm) Received in formalin, labeled "Alaa Hassan," designated "appendix" is a grossly inflamed appendix measuring 10.7 cm in length and up to 1.1 cm in diameter. The serosa is tan-brown, granular, and rubbery. Pale yellow fibrous exudate is also noted but no obvious perforation. The lumen is patent on cut section. No obvious fecalith is identified. SE 1a-1c 04

MICROSCOPIC DESCRIPTION:

Sections of the appendix show changes consistent with acute appendicitis. In addition the periappendiceal connective tissue contains prominent changes of schistosomal appendicitis. Many of the schistosome eggs are fractured and calcified and therefore difficult to speciate. They are surrounded by a dense hypocellular fibrous response with admixed histiocytes and a few small granulomas. There is no evidence of malignancy.

****Electronically Signed By**
Michael J. Flaherty, MD**



Multicare Medical Center Laboratories

(253) 403 1046

PRINTED: 03/28/2004
21:08

ME: HASSAN, ALAA F

DO NOT DESTROYDISC DATE: 03/28/2004

-----HEMATOLOGY: CBC-----

| | | | |
|-------------------|-----------|-----------|---------|
| DAY: | 1 | | |
| DATE: | 03/27/04 | | |
| TIME: | 1400 | | |
| | | REF RANGE | UNITS |
| WBC | 10.3 | 4.0-12.0 | th/mm3 |
| RBC | 5.32 | 4.5-6.0 | mil/mm3 |
| Hgb | 14.9 | 14.0-18.0 | g/dL |
| Hct | 44.3 | 40-54 | % |
| MCV | 83.2 | 80-98 | fL |
| MCH | 28.0 | 27-33 | pg |
| MCHC | 33.7 | 32.0-37.0 | % |
| RDW | 12.9 | 11.5-15.0 | |
| PLT | 186 | 150-450 | th/mm3 |
| Differential type | Automated | | |
| Neuts | 85.7 * | 45-77 | % |
| Lymphs | 9.3 * | 12-44 | % |
| Monos | 4.8 | 4.0-13.0 | % |
| Eos | 0.1 | 0-5.0 | % |
| Basos | 0.1 | 0-1.5 | % |
| Abs neuts | 8.8 * | 1.8-7.8 | th/mm3 |
| Abs lymphs | 1.0 | 0.8-3.3 | th/mm3 |
| Abs monos | 0.5 | 0.2-1.0 | th/mm3 |
| Abs eos | 0.0 | 0.0-0.4 | th/mm3 |
| Abs basos | 0.0 | 0.0-0.2 | th/mm3 |

-----CHEMISTRY: PROFILES-----

| | | | |
|-------------------|----------|-----------|-------|
| DAY: | 1 | | |
| DATE: | 03/27/04 | | |
| TIME: | 1400 | | |
| | | REF RANGE | UNITS |
| Sodium | 137 | 135-148 | mEq/L |
| Potassium | 3.6 | 3.6-5.3 | mEq/L |
| Chloride | 99 | 97-107 | mEq/L |
| CO2 | 29 | 24-33 | mEq/L |
| BUN | 13 | 8-24 | mg/dL |
| Creatinine | 0.8 | 0.8-1.5 | mg/dL |
| Glucose | 131 * | 65-120 | mg/dL |
| SGOT/AST | 26 | 10-56 | IU/L |
| Alk Phos | 50 | 38-126 | IU/L |
| SGPT/ALT | 36 | 5-60 | IU/L |
| Bilirubin total | 0.7 | 0.0-1.4 | mg/dL |
| Bili unconjugated | 0.9 | 0.0-1.1 | mg/dL |

NAME: HASSAN, ALAA F

ADM/ATT DR: Graff, Ronald M. MD

AGE: 38Y SEX: M

MR#: 979441

C: 5J1

ACCT#: 456715895

PAGE: 1

RM: 533-01

Inpatient MEDICAL RECORDS Copy - TGH

CONTINUED

Multicare Medical Center Laboratories
(253) 403 1046

PRINTED: 03/28/2004
21:08

ME: HASSAN, ALAA F

DO NOT DESTROYDISC DATE: 03/28/2004

----- CHEMISTRY: PROFILES -----

| | | | |
|-----------------------------|----------|-----------|-------|
| DAY: | 1 | | |
| DATE: | 03/27/04 | | |
| TIME: | 1400 | | |
| | | REF RANGE | UNITS |
| Bili conjugated(dir) | 0.0 | 0.0-0.3 | mg/dL |
| Protein | 8.4 | 6.3-8.0 | g/dL |
| Albumin | 4.8 | 3.2-5.0 | g/dL |
| Globulin (calc) | 3.6 | 2.0-4.5 | g/dL |
| A:G | 1.3 | >1.0 | |
| Calcium | 9.5 | 8.5-10.5 | mg/dL |

----- CHEMISTRY: ADDITIONAL TESTS -----

| | | | |
|---------------|----------|-----------|-------|
| DAY: | 1 | | |
| DATE: | 03/27/04 | | |
| TIME: | 1400 | | |
| | | REF RANGE | UNITS |
| Lipase | 55 | 23-300 | IU/L |

----- IMMUNOLOGY: SERUM PROTEINS -----

03/27/04
1400 **C-reactive protein** *2.9 (0-1.0) mg/dL

----- MISCELLANEOUS TESTS -----

03/27/04
1400 **Hold for add'l order**
Tubes received 1L, 1B, 1GL
Hold for orders Specimen(s) held

----- TRANSFUSION SERVICE: ROUTINE STUDIES -----

03/27/04
1400 **Clot for hold** Specimen on hold 3 days from date of order

NAME: HASSAN, ALAA F

ADM/ATT DR: Graff, Ronald M. MD

AGE: 38Y SEX: M

MR#: 979441

C: 5J1

ACCT#: 456715895

PAGE: 2

RM: 533-01

Inpatient MEDICAL RECORDS Copy - TGH

END OF REPORT

TACOMA GENERAL HOSPITAL
 INTRAVENOUS MEDICATION
 ADMINISTRATION
 RECORD
 IV MAR VERIFIED BY:

HASSAN, Alaa F
 ACCOUNT # 456715895
 ADMITTED: 03/27/04
 PHYSICIAN: GRAFF MD, RONALD M
 MED REC # 00979441

5J1 5
 AGE: 38
 SEX: M
 HT: ft in
 WT: kgs

DIAGNOSIS: LOWER RT SIDE PAIN
 ALLERGIES: NO KNOWN DRUG ALLERGIES (NK)

2301 03/27/04 to 2300 03/28/04

S DRESS CHNG(D)
 I SITE CHNG (S)
 T TUBE CHNG (T)
 E INITIALS/TIME

NO. IIV FLUIDS & ADDITIVES

START: STOP: 2301 to 0700 0701 to 1500 1501 to 2300

LVP DEXTROSE 5Z/LACTATED RINGERS 1000 ML
 RATE: 150.0 ML/HR FREQ: q7s
 ROUTE: IV

1954: 0000

03/27

Handwritten initials

ID: /
 IS: /
 IT: /

Amt left: Amt left: Amt left:

SITE CODES

R-Right SBC-Subclavian ACF-Antecubical
 L-Left F -Forearm Fossa
 H-Hand AC -Angicath J -Jugular
 W-Wrist BF -ButterFly

Initials Name and Title

Initials Name and Title

| Initials | Name and Title | Initials | Name and Title |
|----------|----------------|----------|----------------|
| | | | |
| | | | |
| | | | |

| ADMINISTRATION PERIOD | | | FIRST SHIFT | SECOND SHIFT | THIRD SHIFT |
|-----------------------|---|-------------------------|-------------|--------------|------------------------|
| NO. | MEDICATION / IV FLUIDS | START/DATE STOP/DATE | | | |
| | IV NS @ 200/hr | 3/27 g | | | 1740 ✓ 2030 ✓ |
| | IV 150ml/hr then D5 LR @ 150ml/hr | 3/27 g | | | 2030 ✓ |
| | Cefotetan 1 gm IV @ 2200h & @ 0600h | 3/27 g | | | 2145 ✓ |
| | Morphine Sulfate 1-6 mg IV @ 2hr | 3/27 g | | | |
| | Hydromorphone 0.2-0.6mg IV @ 2hr | 3/27 g | | | |
| | Ibuprofen 400mg PO @ 8hrs c food | 3/27 g | | | |
| | Promethazine 12.5-25mg, diluted in 10ml NS Slow IV push @ 4hr n/v | 3/27 g | | | |
| | Anzemet 12.5mg IV x 1 pm n/v | 3/27 g | | | |
| | Tylenol #3 1-3 tabs Q 3hrs prn pain | 3/27 g | | | |

| One Time Medication | Dose/Rate | Site | Route | Admin Date/Time | Initials | One Time Medication | Dose/Rate | Site | Route | Admin Date/Time | Initials |
|---------------------|-----------|------|-------|-----------------|----------|---------------------|-----------|------|-------|-----------------|----------|
| | | | | | | | | | | | |

ACCT 400710875
 27 MAR 2004
 3-
 MRN 00979441

Allergies:

Diag:
Note:

**MEDICATION ADMIN.
RECORD**

MultiCare
Health System

87-0633-7 (Rev. 10/00)

2 24 04

| ADMINISTRATION PERIOD | | | FIRST SHIFT | SECOND SHIFT | THIRD SHIFT | | | | | | |
|-----------------------|---|-------------------------|-------------|-----------------|--------------|---------------------|-----------|------|-------|-----------------|----------|
| NO. | MEDICATION / IV FLUIDS | START/DATE STOP/DATE | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | Vicodin 1-3 tabs PO Q3hr pm pain | 3/27 28 | | | 23 col JH | | | | | | |
| | Parocet 1-3 tabs PO Q3hr pm / xcin | 3/27 28 | | | | | | | | | |
| | Diphenhydramine 25mg IV/PO Q4-6hr pm prunitus | 3/27 28 | | | | | | | | | |
| One Time Medication | Dose/Rate | Site | Route | Admin Date/Time | Initials | One Time Medication | Dose/Rate | Site | Route | Admin Date/Time | Initials |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

ACCU 456715895
 ASJAN, ALAA F.
 27 MAR 2004
 JUN 1965
 MRN 00079441

3 24 04

Allergies:

 Diag:
 Note:

**MEDICATION ADMIN.
 RECORD**

MultiCare 
 Health System
 87-0633-7 (Rev. 10/00)

Admission Date: 3/27/04 Time: 1700 Preferred language: Arabic Interpreter Needed
 Name preferred to be called: _____ Special communication needs: _____

| | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|---------------------------------|---|--|---|---------------------------|--|--|--|---------------------------------|--|--|--|----------|--|--|--|---------|--|--|--|--------|--|
| Reason for hospitalization (use patient's words) <i>Hurts severe pain in stomach</i> | | <input type="checkbox"/> Case Manager | | | | | | | | | | | | | | | | | | | | | | |
| Pain | Patient experiencing pain now or within last 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No pain | <input checked="" type="checkbox"/> Pain Brochure given <input checked="" type="checkbox"/> Pain scale explained <input checked="" type="checkbox"/> Plan of Care <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="1"> <tr> <td>Level (0-10): <u>2</u></td> <td><input type="checkbox"/> acute</td> <td><input type="checkbox"/> chronic</td> <td><input type="checkbox"/> cancer</td> </tr> <tr> <td>Location: <u>ABO. (R)</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Quality: <u>knife, pressure</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pattern:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Relief:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Worse:</td> <td></td> <td></td> <td></td> </tr> </table> | | Level (0-10): <u>2</u> | <input type="checkbox"/> acute | <input type="checkbox"/> chronic | <input type="checkbox"/> cancer | Location: <u>ABO. (R)</u> | | | | Quality: <u>knife, pressure</u> | | | | Pattern: | | | | Relief: | | | | Worse: | |
| Level (0-10): <u>2</u> | <input type="checkbox"/> acute | <input type="checkbox"/> chronic | <input type="checkbox"/> cancer | | | | | | | | | | | | | | | | | | | | | |
| Location: <u>ABO. (R)</u> | | | | | | | | | | | | | | | | | | | | | | | | |
| Quality: <u>knife, pressure</u> | | | | | | | | | | | | | | | | | | | | | | | | |
| Pattern: | | | | | | | | | | | | | | | | | | | | | | | | |
| Relief: | | | | | | | | | | | | | | | | | | | | | | | | |
| Worse: | | | | | | | | | | | | | | | | | | | | | | | | |
| Allergy/Med/IC | Allergy History: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Medication History: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Exposure to communicable diseases: - <u>EGYPT - Mar 12 - 2003</u> <input type="checkbox"/> Chicken pox within 21 days <input type="checkbox"/> TB _____ <input type="checkbox"/> _____ | <input type="checkbox"/> Form 87-2447-0 <input type="checkbox"/> Allergy band <input checked="" type="checkbox"/> Label on chart <input type="checkbox"/> Isolation <input type="checkbox"/> Notify IC Nurse | | | | | | | | | | | | | | | | | | | | | | |
| Nutrition | Diet: <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Other <u>NO PORK</u> <input type="checkbox"/> Supplements _____ Aging or frail surgical Pt. Hyperemesis <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> Poor Oral Health Tube Feeding (product & regimen) _____ <input type="checkbox"/> Weight change in past 6 months <input type="checkbox"/> gain <input type="checkbox"/> loss <input type="checkbox"/> intentional <input type="checkbox"/> unintentional _____ lbs. A nutrition consult may be indicated if any of these boxes are checked. | <input type="checkbox"/> Nutrition consult <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | |
| Functional Status | Activities of Daily Living | Pre-Admit Baseline | Admit Status | ADL Key 0 = independent 1 = needs assistance 2 = total dependence | Any change/decline from baseline: Check appropriate boxes for consult. | <input type="checkbox"/> PT consult <input type="checkbox"/> OT consult <input type="checkbox"/> Speech consult <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | |
| | Feeding/eating | <u>0</u> | | | | | | | | | | | | | | | | | | | | | | |
| | Grooming/bathing | <u>0</u> | | | | | | | | | | | | | | | | | | | | | | |
| | Toileting | <u>0</u> | | | | | | | | | | | | | | | | | | | | | | |
| | Mobility | <u>0</u> | | | | | | | | | | | | | | | | | | | | | | |
| | Transfer | <u>0</u> | | | | | | | | | | | | | | | | | | | | | | |
| | Gait | <u>0</u> | | | | | | | | | | | | | | | | | | | | | | |
| | Verbal expression | <u>0</u> | | | | | | | | | | | | | | | | | | | | | | |
| | Auditory | <u>0</u> | | | | | | | | | | | | | | | | | | | | | | |
| | Swallowing | <u>0</u> | | | | | | | | | | | | | | | | | | | | | | |
| Sleep pattern | <u>0</u> | <input type="checkbox"/> Sleep Aid | | | | | | | | | | | | | | | | | | | | | | |
| Falls Indicators | <input type="checkbox"/> Aging or frailty <input type="checkbox"/> Impaired mental status (confusion, memory impairment, impulsive) <input type="checkbox"/> Impaired physical status (dizziness, balance, strength, hypotension, post-op, anemia, seizures, ambulatory devices) <input type="checkbox"/> Fear of falls <input type="checkbox"/> History of falls <input type="checkbox"/> Medications (diuretics, vasoactive drugs, altered thought process, ↑ GI motility) | Falls Protocol level 1 implemented if patient meets one of these criteria Falls Protocol level 2 implemented if patient meets two of these criteria Falls Protocol level 3 implemented if patient meets 3+ of these criteria | | <input type="checkbox"/> Fall Protocol <input checked="" type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Falls Protocol not indicated | | | | | | | | | | | | | | | | | | | | |
| | How do you normally cope with stress? <u>Sports, activities</u> <input type="checkbox"/> Would you like additional assistance in coping with the hospitalization/illness <input type="checkbox"/> Special concerns about home during hospitalization: _____ <input checked="" type="checkbox"/> Financial concerns: _____ <input type="checkbox"/> Religious/cultural/spiritual concerns: <u>Muslim</u> <input type="checkbox"/> Other: _____ | Comments: | | <input type="checkbox"/> Social Work contact <input checked="" type="checkbox"/> Financial Rep <input type="checkbox"/> Chaplain <input type="checkbox"/> Spiritual counselor <input type="checkbox"/> Patient's clergy <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | |

ADDRESSOGRAPH

HASSAN, ALAA F.
 27 MAR 2004
 38 M
 MRN 00979441
 9 JUN 1963

ADULT ADMISSION HISTORY



| | | | |
|---------------|--|---|--|
| Social | Living arrangements: | Alcohol: <input type="checkbox"/> No <input checked="" type="checkbox"/> Beer/wine Amount _____ <input type="checkbox"/> Liquor Frequency _____ Last drink <u>3/27 7:00 pm</u> | <input type="checkbox"/> Discharge plan needs <input type="checkbox"/> Case management <input type="checkbox"/> Alcohol/drug referral <input type="checkbox"/> Tobacco cessation <input type="checkbox"/> Nicotine patch request <input type="checkbox"/> |
| | <input checked="" type="checkbox"/> Lives with family/other <input type="checkbox"/> Lives alone <input type="checkbox"/> Foster home <input type="checkbox"/> Homeless <input type="checkbox"/> Home care agency _____ <input type="checkbox"/> Skilled nursing facility _____ <input type="checkbox"/> Assisted living _____ <input type="checkbox"/> Stairs <input type="checkbox"/> Safety devices in home <input type="checkbox"/> Other _____ | Tobacco: <input type="checkbox"/> No <input checked="" type="checkbox"/> Cigarette/cigar Amount <u>1 Cig</u> <input type="checkbox"/> Chew Frequency <u>PRN</u> | <input type="checkbox"/> |
| | <input type="checkbox"/> Concerns of Abuse <input type="checkbox"/> Special family circumstances | Caffeine: <input checked="" type="checkbox"/> No <input type="checkbox"/> Coffee Amount _____ <input type="checkbox"/> _____ Frequency _____ | <input type="checkbox"/> Social work contact <input type="checkbox"/> |

| | | | |
|-----------------|---|---|--|
| Learning | Preferred learning style: | Potential barriers: <input type="checkbox"/> None <input type="checkbox"/> Language <input checked="" type="checkbox"/> Cultural <input type="checkbox"/> Hearing <input type="checkbox"/> Emotional <input type="checkbox"/> Vision <input type="checkbox"/> Religious <input type="checkbox"/> Learning Disability <input checked="" type="checkbox"/> Arabic | <input type="checkbox"/> Interpreter <input type="checkbox"/> Devices (hearing) <input type="checkbox"/> Other |
| | <input type="checkbox"/> Visual <input type="checkbox"/> Written <input type="checkbox"/> Demonstration <input type="checkbox"/> Other | | |

| | | | |
|---------------------------------|---|---|--|
| Discharge Planning Needs | Anticipated discharge destination: <input checked="" type="checkbox"/> Home <input type="checkbox"/> SNF <input type="checkbox"/> Other _____ Anticipated discharge needs/problems: <input type="checkbox"/> None <input type="checkbox"/> Yes <input type="checkbox"/> Care Giver (availability) If Yes, check appropriate boxes for consults. <input type="checkbox"/> Physical environment (access, mobility, stairs) <input type="checkbox"/> Home Safety <input type="checkbox"/> Equipment/supplies <input type="checkbox"/> Orthopedic (cane, crutches, wheelchair, other) _____ <input type="checkbox"/> Skin/wound/incision/stoma <input type="checkbox"/> Monitoring (glucose, apnea, other) _____ <input type="checkbox"/> Nutrition (TPN, Enteral feedings, supplements, other) _____ <input type="checkbox"/> Home O2 <input type="checkbox"/> Other _____ <input type="checkbox"/> Education <input type="checkbox"/> Life style changes <input type="checkbox"/> Disease specific information: <input type="checkbox"/> Cardiac <input type="checkbox"/> Diabetic <input type="checkbox"/> Other _____ <input type="checkbox"/> Nutrition/special diets <input type="checkbox"/> Pain management <input type="checkbox"/> Medication(s) <input type="checkbox"/> Other _____ <input type="checkbox"/> Special services <input type="checkbox"/> Home Health <input type="checkbox"/> Hospice <input type="checkbox"/> Placement issues/needs | <input type="checkbox"/> Transportation needs _____ <input type="checkbox"/> Community services _____ <input type="checkbox"/> Support groups _____ <input type="checkbox"/> Other _____ | <input type="checkbox"/> Case Manager <input type="checkbox"/> Social Worker <input type="checkbox"/> Clinical Dietician <input type="checkbox"/> Clinical Pharmacist <input type="checkbox"/> Enteral Stoma Nurse <input type="checkbox"/> Diabetic Educator <input type="checkbox"/> Other |
| | <input type="checkbox"/> Other _____ | | |

| | | | | | | |
|-------------------|---|--------------------------|--------------------------|--------------------------|---|--|
| Belongings | Belongings (describe) | Kept at own risk | Locker on unit | Sent Home with: | <input type="checkbox"/> Send to safe keeping | <input type="checkbox"/> Safe keeping inventory form |
| | <input type="checkbox"/> Watch _____ <input type="checkbox"/> Jewelry/rings _____ <input type="checkbox"/> Money _____ <input type="checkbox"/> Glasses _____ <input type="checkbox"/> Hearing aid _____ <input type="checkbox"/> Dentures <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Medications _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | |
|--------------------|---|--|--|--|
| Environment | Review and explain: | <input type="checkbox"/> Bed mechanics <input type="checkbox"/> Bathroom <input type="checkbox"/> Call light | <input type="checkbox"/> Phone <input checked="" type="checkbox"/> TV <input type="checkbox"/> Other _____ | <input type="checkbox"/> Give Patient Rights and Responsibilities Brochure <input type="checkbox"/> Place ID band |
| | <input checked="" type="checkbox"/> Visiting hours <input checked="" type="checkbox"/> Smoking policy <input type="checkbox"/> Life/Safety (Role) | | | |

Patient Contacts (for next of kin, verify LastWord Face Sheet)

Name: Nancy Phelps Relationship: Friend
 Phone: (home) 253-279-0513 (work) _____ (other) cell-253-627-8416 Cell Pager (circle)

Name: _____ Relationship: _____
 Phone: (home) _____ (work) _____ (other) _____ Cell Pager (circle)

Initials of individual completing form: [Signature]

Date and time form completed: 3-27-04 Completed by/Reviewed by RN initials: _____

ADMISSION ASSESSMENT

Health History (check all that apply)

Neurological

- Stroke
- Numbness/tingling
- Fainting/Dizzy
- Seizures
- Altered Memory *no*
- Aphasia
-

Cardiovascular

- Angina
- MI
- Valvular Disease
- Arrhythmia
- CHF
- Hypertension
- e/o abnormal HR.*

Pulmonary

- Asthma
- Bronchitis
- COPD *no*
- Pneumonia
- Home O₂
-

GI

- GERD
- GI Bleed *no*
- Ulcers
- Hepatitis
- Liver Disease
- IBS*

GU

- Renal Failure *no*
- Renal Stones *no*
- Frequent Bladder Infections
- Frequent Urination
- Frequent Catheterizations
- Incontinent
-

Family Health History (note relationship, parents or siblings)

- Heart Disease
 Stroke
 Hypertension
 Diabetes *mom*
 Cancer *no*
 Other *diabetes*

| DATE | ADM | | | | | | | | |
|-----------------------|-----------------------------|------|------|-----|--|--|--|--|--|
| 3-28 | | 228 | 3/28 | | | | | | |
| TIME | | 7:00 | AM | | | | | | |
| NEUROLOGICAL | Alert | ✓ | ✓ | ✓ | | | | | |
| | Oriented to 1-2-3 | ✓ | ✓ | ✓ | | | | | |
| | Behavior Appropriate | ✓ | ✓ | ✓ | | | | | |
| | Pupils | ✓ | ✓ | ✓ | | | | | |
| | Active ROM with Symmetry | ✓ | ✓ | ✓ | | | | | |
| | Sensation Intact | ✓ | ✓ | ✓ | | | | | |
| | Speech Clear/No Aphasia | ✓ | ✓ | ✓ | | | | | |
| | Swallow Intact | ✓ | ✓ | ✓ | | | | | |
| CARDIOVASCULAR | Regular Rhythm | ✓ | ✓ | ✓ | | | | | |
| | Heart Sounds | ✓ | ✓ | ✓ | | | | | |
| | Neck Veins | ✓ | ✓ | ✓ | | | | | |
| | No Edema | ✓ | ✓ | ✓ | | | | | |
| | Peripheral Pulses | ✓ | ✓ | ✓ | | | | | |
| | Extremities Warm | ✓ | ✓ | ✓ | | | | | |
| | Capillary Refill | ✓ | ✓ | ✓ | | | | | |
| PULMONARY | Lungs Clear | ✓ | ✓ | ✓ | | | | | |
| | No Coughing | ✓ | ✓ | ✓ | | | | | |
| | Sputum Absent/Clear | AB | AB | | | | | | |
| | Tube/Type | | | | | | | | |
| GENITOURINARY | Urine Clear | ✓ | ✓ | ✓ | | | | | |
| | Voids without Difficulty | ✓ | ✓ | ✓ | | | | | |
| | Bladder Function | ✓ | ✓ | ✓ | | | | | |
| | Tube/Type | | | | | | | | |
| Nursing Rounds | | 22 | AM | 9/2 | | | | | |
| Change in Condition | | | | | | | | | |
| Initials | | | | | | | | | |

CHARTING CODES: ✓ = Normal * = Abnormal or Change (documented note required) → = Unchanged NA = Not Applicable
REFERRALS: Any change/decline in ongoing assessments may trigger appropriate consultation.

T and RE-ASSESSMENTS

Health History Continued (check all that apply)

Muscular-Skeletal

- Back Problems
- Joint Problems
- ROM Limitations *NO*
- Gait Problems
- Pregnant

Endocrine

- Diabetes *NO*
- Thyroid

Reproductive

- GYN Problems
- Prostate Problems *NO*

Cancer

- Type _____
 Location _____
 Chemotherapy
 Radiation
 Schizophrenia
 Anemia

Mental Health

- Depression
- Anxiety
- Panic Attacks
- Bipolar
- Attention Deficit
- Dementia

Past surgeries (date/type/anesthesia issues):

| DATE | ADM | 3/28 | 3/28 | | | | | | | | | | | | | | | | | |
|-------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| TIME | 17 | 0030 | 0800 | | | | | | | | | | | | | | | | | |
| GASTROINTESTINAL | Abdomen Soft | <i>st</i> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | |
| | Bowel Sounds Present | <input checked="" type="checkbox"/> | <i>hyp</i> | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | |
| | Bowel Function | <i>3/27</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| | Ostomy | | <i>NO</i> | | | | | | | | | | | | | | | | | |
| | Tube/Type | | <i>NO</i> | | | | | | | | | | | | | | | | | |
| Appetite: % Consumed | | | | | | | | | | | | | | | | | | | | |
| MOBILITY | Gait Steady | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | |
| | Assistive Device | <i>NA</i> | <i>WB</i> | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | |
| | Risk for Fall - Level 1-2-3 | <i>I</i> | <i>I</i> | <i>I</i> | | | | | | | | | | | | | | | | |
| INTEGRUMENTARY | Warm, Dry, Intact | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | |
| | Blanching Score | <i>22</i> | <i>22</i> | <i>22</i> | | | | | | | | | | | | | | | | |
| | Incisions/Wound | <i>NA</i> | <i>RLQ</i> | <i>RLQ</i> | | | | | | | | | | | | | | | | |
| Drains/Type | | <i>NO</i> | | | | | | | | | | | | | | | | | | |
| PSYCHOSOCIAL | Arrest Appropriate | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| | Communicates Effectively | <i>NA</i> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | |
| | Coping Skills | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | |
| | Sleep/Wake Cycle | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | |
| | Patient Participation | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | |
| Family Participation | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | |
| Nursing Rounds | <i>q 2</i> | <i>q 2</i> | <i>q 2</i> | | | | | | | | | | | | | | | | | |
| Change in Condition | | | | | | | | | | | | | | | | | | | | |
| Initials | <i>1</i> | <i>2</i> | <i>3</i> | | | | | | | | | | | | | | | | | |

TUBE/DRAIN: Type

- | | | |
|------------------|----------------------|---------------|
| Pulmonary | GI | Skin |
| Chest tube | NG | Jackson-Pratt |
| Trach | PEG | Penrose |
| GU | Dobhoff feeding tube | Hemovac |
| Catheter | Jejunostomy | |
| Suprapubic | Ileostomy | |
| Ile conduit | Colostomy | |
| Nephrostomy | I-tube | |

FALLS PROTOCOL BEHAVIOR INDICATORS

- Aging or Frailty
- Impaired Mental Status i.e., confusion, impaired memory, impulsiveness
- Impaired Physical Status i.e., dizziness, impaired balance or strength, hypotension, post-op within 24 hours, anemia, seizure disorder, ambulatory devices
- Fear of Falls
- History of Falls
- Medications i.e., diuretics, vasoactive drugs, drugs that alter thought process, drugs that increase GI motility

| | | DATE | 3/27 | 3/27 | 3/28 |
|-------------------------------|--|----------------------|-------|-------|--------|
| | | 2004 | EUC | 11-7 | 7-5 |
| | | INITIAL | JAN | RC | MO |
| DAILY CARE | Q 2 hrs rounding | Example ✓ | ✓ | ✓ | ✓ |
| | Bed position HOB _____ | 45° | POC | POC | S |
| | FOB _____ | 10° | ↓ | ↓ | S |
| | Side rails (↑ or ↓ x 1-2) | ↑ x 2 | ↑ x 2 | ↑ x 2 | ↑ x 3 |
| | Call bell within reach | ✓ | ✓ | ✓ | ✓ |
| | Bed alarm | ✓ | | | |
| | Personal alarm | ✓ | | | |
| | Bath: (Self/Assist/Total) | S | | | SHOWER |
| | Mouth care | ✓ | | | |
| | Back care | ✓ | | | |
| | Peri care | ✓ | | | |
| | Activity: BR/BRP/BSC Chair/Up Ad Lib | BSC | | | BSP |
| | Distance amb | 25' | 10' | HAD | HAD |
| | Frequency amb | x2 | X1 | X3 | X3 |
| | Amb with Assist/Self | A | S | S | S |
| | ROM: Active/Passive | P | A | A | A |
| | Reposition | | S | S | S |
| | TREATMENTS/MEDICAL EQUIPMENT/SPECIAL NEEDS | Incentive Spirometer | ✓ | ✓ | ✓ |
| Turn, Cough, Deep Breath | | ✓ | ✓ | ✓ | ✓ |
| AE Hose (Knee/Thigh) | | K | | | |
| Sequential Compression Device | | ✓ | | | |
| Plexipulse | | ✓ | | | |
| CPM | | 40° | | | |
| Hip Exercizer | | ✓ | | | |
| Overhead Bar | | ✓ | | | |
| Buck's Traction | | ✓ | | | |
| Heel Elevation | | ✓ | | | |
| Telemetry | NA | | | | |

ADDRESSOGRAPH
 ACCAN, ALAA F.
 7 MAR 2004
 9 JUN 1963
 20979441

**ADULT MEDICAL SURGICAL
ASSESSMENT/CLINICAL DOCUMENTATION**

MultiCare 

Tacoma General Hospital
 Mary Bridge Children's Hospital and Health Center
 Allenmore Hospital

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87-2453-4 (Rev. 4/02)

| Skin Integrity Braden Scale* for predicting pressure sore risk | | | | | Admission |
|--|---------------------|---------------------|---------------------|------------------|-----------|
| | 1 | 2 | 3 | 4 | SCORE |
| Sensory Perception | Completely limited | Very limited | Slightly limited | No impairment | 4 |
| Moisture | Constantly moist | Moisture | Occasionally moist | Rarely moist | 4 |
| Activity (degree of physical activity) | Bedfast | Chairfast | Walks occasionally | Walks frequently | 4 |
| Mobility (ability to change & control body position) | Completely immobile | Very limited | Slightly limited | No limitation | 4 |
| Nutrition (usual food intake) | Very poor | Probably inadequate | Adequate | Excellent | 3 |
| Friction and Shear | Problem | Potential problem | No apparent problem | | 3 |
| <16=Implement Skin Care Protocol <input type="checkbox"/> Yes <input type="checkbox"/> No >16=Not at risk. Reassess per protocol | | | | | TOTAL 21 |

| RE-ASSESS SKIN INTEGRITY FACTORS - BRADEN SCALE DAILY | | | | | |
|---|--|--|--|--|--|
| DATE | | | | | |
| TIME | | | | | |
| Sensory Perception | | | | | |
| Moisture | | | | | |
| Activity | | | | | |
| Mobility | | | | | |
| Nutrition | | | | | |
| Friction and Shear | | | | | |
| TOTAL | | | | | |
| Initials | | | | | |

- SKIN CARE INTERVENTIONS**
- Moisture:**
- Skin barrier products
 - Appropriate linen use
 - Containment device
- Activity/Mobility:**
- Turn q 2 hours
 - Maximize mobilization/PT eval
 - Pressure relief surface
 - Heel elevation
 - Trapeze to bed
- Nutrition:**
- Dietitian consult
 - Supplements/vitamins
 - Monitor labs (alb, protein)
- Friction/Shear:**
- HOB elevation 30° or less
 - Transparent film dressings

SKIN INTEGRITY/WOUND CARE LOG (on admission or initial and then daily and at discharge)

| | | | | | |
|-----------------------------|--|--|--|--|--|
| DATE | | | | | |
| TYPE | | | | | |
| LOCATION | | | | | |
| ETIOLOGY | | | | | |
| SIZE | | | | | |
| Length (cm) | | | | | |
| Width (cm) | | | | | |
| Depth (cm) | | | | | |
| WOUND BASE | | | | | |
| % viable | | | | | |
| % non-viable | | | | | |
| CLASS | | | | | |
| Stage (pressure ulcer only) | | | | | |
| Thickness (F or P) | | | | | |
| UNDERMINING | | | | | |
| TUNNELING | | | | | |
| EXUDATE (color, odor) | | | | | |
| DRESSING | | | | | |
| SPECIAL BED | | | | | |
| Initials | | | | | |

| TYPE OF WOUND | | | | |
|------------------------|----------------------|-------------|------------|-------------------|
| Skin Tear | Pressure Ulcer | Burn | Bruise | Surgical Incision |
| Arterial Insufficiency | Venous Insufficiency | Neuropathic | Metastatic | (complication) |

VITAL SIGNS

VITAL SIGNS: X = Temperature • = Pulse ∇ = Blood Pressure

| DATE | TIME | INITIALS | F° | C° | PULSE | BLOOD PRESSURE | RESP | O ₂ | O ₂ Del Mode | O ₂ SAT | Activity |
|------|-------|----------|-------|------|-------|----------------|------|----------------|-------------------------|--------------------|----------|
| 3/27 | 11:55 | AM | 98.5 | 37.0 | 98 | 150 | 16 | RA | | 98 | R |
| 3/27 | 12:20 | AM | 99.0 | 37.2 | 82 | 126 | 20 | RA | | 96 | R |
| 3/27 | 2:30 | AM | 99.5 | 37.5 | 80 | 122 | 16 | RA | | 96 | R |
| 3/27 | 3:00 | AM | 100.0 | 37.8 | 104 | 104 | 18 | RA | | 96 | R |
| 3/27 | 4:00 | AM | 100.5 | 38.1 | 110 | 104 | 18 | RA | | 94 | R |
| 3/27 | 10:10 | AM | 98.0 | 36.7 | 112 | 112 | 18 | RA | | 94 | R |
| 3/28 | | | | | | | | | | | |

O₂ DELIVERY MODE: NC=Nasal Cannula FM=Face Mask TC=Trach Collar NRB=Non Rebreathing Mask VM=Ventimask ACTIVITY: A=Amb. R=Rest C=Chair

ADDRESSOGRAPH
 456715879
 27 MAR 2004
 JUN 1965
 00379441

**ADULT MEDICAL/SURGICAL
DATA FLOWSHEET**

MultiCare
Health System
87-2452-6 (Rev. 1/02)

3 24 04

| | |
|---|---------|
| DATE | 3/23/18 |
| TIME | 17:00 |
| New Start | |
| Restart for: (check as appropriate) Phlebitis/Severity | |
| Infiltration/Severity | |
| 96 Hr. Duration | |
| Pt. Pulled Out | |
| Site Painful | |
| Misc.* (see comments) | |
| Catheter DC'd Intact/ | / |
| Skin Prep (check allergies) | |
| Device: Gauge | |
| Length | |
| Brand | |
| 1% Xylocaine Intradermal | |
| Insertion Site | HLA |
| # Attempts | |
| Electronic Infusion Device: 1. Plum 2. PCA | 1 |
| IV Access for: IV Fluids/Meds | |
| Saline Lock | ✓ |
| Blood/Blood Products | |
| Nutritional Support | |
| Tubing Changed: (ext/other) | |
| Central Venous Access | |
| Tubings Intact/Taped | |
| 1. Dressings Intact 2. Changed | 1 |
| IV Therapy Notified | |
| IV Site Inspected/No Problems Observed | ✓ |
| Patient Denies Discomfort | ✓ |

- Location:**
- LEFT**
- LH - Left Hand
 - LA - Left Arm
 - LUA - Left Upper Arm
 - LW - Left Wrist
 - LCF - Left Cubital Fossa
 - LFA - Left Forearm
 - CVP - Central Venous
 - LJUG - Left Jugular
 - LS - Left Subclavian
 - CVC - Central Venous Catheter

- RIGHT**
- RH - Right Hand
 - RA - Right Arm
 - RUA - Right Upper Arm
 - RW - Right Wrist
 - RCF - Right Cubital Fossa
 - RFA - Right Forearm
 - RJUG - Right Jugular
 - RS - Right Subclavian

- Extravasation/Infiltrate Scale:**
- 0+ No clinical symptoms
 - 1+ Skin blanched/edematous <1"/cool with or without pain
 - 2+ Same, with edema 2-6"
 - 3+ Same, with edema >6"/skin translucent/milk to moderate pain possible numbness
 - 4+ Same, with skin tight, leaking/deep pitting edema/skin dark, bruised, swollen circulatory impairment/numbness moderate-severe pain

- Phlebitis Scale:**
- 0+ No clinical symptoms
 - 1+ Pain at site with erythema and/or edema
 - 2+ Same, with red streak along vessel
 - 3+ Same, with palpable venous cord

Comments (include date, time, signature):

| Intake & Output | | | | Date | | | | Date | | | | Date | | | |
|---|--------|------|---------|---|------|----------|------|---|---------|----------|------|---|------|----------|---------|
| IN TAKE | | E N | | 24 TOTAL | | 24 TOTAL | | 24 TOTAL | | 24 TOTAL | | 24 TOTAL | | 24 TOTAL | |
| ORAL | 0 | 240 | | 236 | | | | | | | | | | | |
| TF | | | | | | | | | | | | | | | |
| IV | 208 | 1215 | | | | | | | | | | | | | |
| TPN | | | | | | | | | | | | | | | |
| LIPIDS | | | | | | | | | | | | | | | |
| BLOOD | | | | | | | | | | | | | | | |
| TOTAL | 208 | 1215 | 1163 | 1163 | | | | | | | | | | | |
| OUTPUT | | | | 24 TOTAL | | | | 24 TOTAL | | | | 24 TOTAL | | | |
| URINE-CATH | | | | | | | | | | | | | | | |
| URINE-VOID | 650 | 600 | | 650 | | | | | | | | | | | |
| STOOL/GUA IAC +/- | | | | | | | | | | | | | | | |
| STOOL-OSTOMY | | | | | | | | | | | | | | | |
| EMESIS | | | | | | | | | | | | | | | |
| NG/GT RESIDUAL | | | | | | | | | | | | | | | |
| TUBES & DRAINS | | | | | | | | | | | | | | | |
| OTHER | | | | | | | | | | | | | | | |
| INITIALS | JAN AC | | | NO | | | | | | | | | | | |
| TOTAL | 650 | 600 | 1215 | 650 | | | | | | | | | | | |
| HEIGHT _____ | | | | _____ | | | | _____ | | | | _____ | | | |
| <input type="checkbox"/> BED _____ <input type="checkbox"/> kg | | | | <input type="checkbox"/> BED _____ <input type="checkbox"/> kg | | | | <input type="checkbox"/> BED _____ <input type="checkbox"/> kg | | | | <input type="checkbox"/> BED _____ <input type="checkbox"/> kg | | | |
| WEIGHT <input type="checkbox"/> STAND _____ <input type="checkbox"/> lb | | | | WT <input type="checkbox"/> STAND _____ <input type="checkbox"/> lb | | | | WT <input type="checkbox"/> STAND _____ <input type="checkbox"/> lb | | | | WT <input type="checkbox"/> STAND _____ <input type="checkbox"/> lb | | | |
| 3.28.04 NUTRITION | | | | | | | | | | | | | | | |
| DATE | | | | | | | | | | | | | | | |
| MEAL/SNACK | FUNC | DIET | % TAKEN | FUNC | DIET | % TAKEN | FUNC | DIET | % TAKEN | FUNC | DIET | % TAKEN | FUNC | DIET | % TAKEN |
| Breakfast | | | | S | FULL | 100 | | | | | | | | | |
| Lunch | | | | | | | | | | | | | | | |
| Dinner | NPO | | | | | | | | | | | | | | |
| Supplements | | | | | | | | | | | | | | | |
| *NUTRITION FUNCTION: S=Self A=Assist T=Total | | | | | | | | | | | | | | | |

| DATE | TIME | FOCUS | NARRATIVE |
|---------|------|--------------------|---|
| 3/27/04 | 1700 | ADMIT | Pt arrived from ER c/o Dx of appendicitis - Pt R:0x3 HR Reg. 29, cTA, c/o difficulty voiding - HNV since this A.M., ABD tender to touch - dBM |
| | | | 3/27/04 - Pt present x 4 Quadrant - Pt accompanied c/o friend - speaks little English - I read interviews for him. Pain 2/10 - in R lower abd. |
| | 1740 | CV | Pt voided 400cc |
| | 2045 | | Pt arrived from surgery I appendectomy Pt R:0x3. No acute distress - Denis pain 2/10 HR Reg. 25 cTA, HNV per report from nursing RN - Cont to monitor - Abd soft, BT's hypoactive - - D 07 over R lower quadrant O.A.I. - Pt given IS & returned demonstrating correct tech |
| | 2200 | | Pt R:0x3 - Denis pain - D 07 c. O. I. Abd hypoactive. |
| 3/28/04 | 0030 | Malig- motality | Pt up to 62 - ambulatorily - voided 500cc Amb in hall around nurses station & back through short cut to room. dizziness |
| | | skin temp | rel dry CAT enc IS to D 07 c/o splinting 2 |
| 3/28/04 | 0900 | | Patient ambulating in the hallway & well tolerated. Able to eat breakfast w/ nausea or vomiting. Abdomen w/ dressing that is CDI, abdomen is soft, w/ occasional bowel tones, ⊕ gas but no BM - r |

ACC: 456715875 TS
PASSAG, ALAA F.
27MAR2004
M 9JUN1965
MRN 00979441

FOCUSED CLINICAL
DOCUMENTATION
MultiCare 
Health System
87-2460-0 (1/02)

Admitting Diagnosis _____
 Surgical Procedure _____ Date of Surgery _____
 Primary Health Care Provider _____ Surgeon/Delivering Health Care Provider _____
 Consultations _____ Date _____
 Allergies _____
 Code Status _____
 Advance Directive Yes No
 In case of Emergency Notify _____ Phone: (H) _____ (W) _____

Daily Communications

VARIANCE TRACKING

| DATE | UNIT | CARE COMP | CL. PATH TIME FRM | VAR. CODE | ACTION / EVALUATION TAKEN | INITIAL | DATE RESOLVED | INITIAL |
|------|------|-----------|-------------------|-----------|---------------------------|---------|---------------|---------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

- | | | |
|---|---|--|
| <p>A. POTENTIAL PATIENT/FAMILY VARIANCE/PROBLEMS</p> <ol style="list-style-type: none"> Poor hemodynamics Inadequate pain control Pulmonary complications (specify) Wound complications (specify) Altered hydration status Altered LOC GI difficulty/ileus Activity intolerance Unable to return to pre-admit environment Intolerance for oral intake Other | <p>B. INTERNAL SYSTEMS</p> <ol style="list-style-type: none"> Bed not available Information/data availability Supplies/equipment availability Unable to schedule test/consult/procedure with department OR time not available Delayed referral for discharge planning Other | <p>C. EXTERNAL SYSTEMS</p> <ol style="list-style-type: none"> Placement/Services not available Funding inadequate for home care Transportation not available DSHS application/approval screening delayed Other |
|---|---|--|

| INITIALS | SIGNATURE | INITIALS | SIGNATURE | INITIALS | SIGNATURE |
|----------|-----------|----------|-----------|----------|-------------------|
| | | | | LAM | Wasspadden en PTH |
| | | | | | |
| | | | | | |
| | | | | | |

ADDRESSOGRAPH

ACCT 456715895 TG
 HASSAN, ALAA F.
 27MAR2004
 38 N 9JUN1966
 MAN 00979441

GENERAL SURGICAL CLINICAL PATHWAY

MultiCare 

Tacoma General Hospital
 Mary Bridge Children's Hospital and Health Center
 Allenmore Hospital
 Day Surgery of Tacoma

| | | | | | | | | | | |
|--|--|---|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|---|
| DATE | | 03/27/04 | | DAM | | | | | | |
| I. PATIENT CARE OBJECTIVES | | Pt verbalizes an understanding of disease process and plan of care Nutrition needs identified | <input type="checkbox"/> | Pain controlled Vital Signs WNL Lungs clear to auscultation Urine output >30cc/hr | <input type="checkbox"/> | Hemodynamically stable D/C needs reassessed Tolerating increasing mobility | <input type="checkbox"/> | Increasing self-care activities Tolerating diet | <input type="checkbox"/> | |
| II. LAB / DIAGNOSTIC PROCEDURES | | | | | | | | | | |
| III. MEDS / IV'S <input checked="" type="checkbox"/> Drug Therapy Evaluation | | | | Assess pain management | | | | | | |
| IV. PROCEDURE/TREATMENTS PULMONARY | | Monitor I&O Vital signs per standard of practice IS x10 q 1 hr | <input type="checkbox"/> | | | | | | | |
| V. ACTIVITY/FUNCTIONAL STATUS | | Fall risk assessment Falls protocol | <input type="checkbox"/> | PAIN 3 maint airway W/M pain mgmt W/M IV maint W/M IV pain meds W/M Oximetry W/M O2 TX W/M MABE W/M to 533 W/M | | | | | | |
| VI. NUTRITION | | Nutrition screen Dietitian notified Diet _____ | <input type="checkbox"/> | | | | | | | |
| VII. EDUCATION <input type="checkbox"/> Patient <input type="checkbox"/> Unable <input type="checkbox"/> Family <input type="checkbox"/> Unavailable <input type="checkbox"/> Other <input type="checkbox"/> Refused | | Provided with MMC Advanced Directive Brochure Reinforce pre-op teaching Reinforce MD explanation of the disease process | <input type="checkbox"/> | Reinforce pain management education | | | | | | |
| VIII. PSYCHOSOCIAL | | Involve patient/family in plan of care | | | | | | | | |
| IX. DISCHARGE PLANNING | | Nursing to assess D/C needs Care Coordinator referral | <input type="checkbox"/> | | | Care Coordinator to assess D/C planning needs prn and make appropriate referrals | | | | |
| X. SPECIALITIES | | | | PT evaluation TX per PT plan | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| RN INITIALS | | D | E | N | W/M | E | N | D | E | N |

PATIENT DISCHARGE OUTCOMES

Lab work within acceptable limits

Patient verbalizes pain at "5" or less (on scale 0-10) with oral pain medication

Patient B/P and pulse within their norm and temp <101° F

Weight and fluid balance stable

Patient's lungs are clear to auscultation or with respiratory status as prior to admission

Patient with bowel and bladder functioning as prior to admission

Patient remains free of injury/harm

D/C Functional Status completed

| | FUNG. STATUS | D/C |
|---------------------------|--|-----|
| 1 Fully Dependent | Feeding/Eating | |
| | Grooming/Bathing | |
| 2 Partially Dependent | Toileting | |
| | Medications: <input type="checkbox"/> Self | |
| | <input type="checkbox"/> Family <input type="checkbox"/> Other | |
| 3 Independent with Cueing | Bed Mobility | |
| | Transfers | |
| 4 Independent with Device | Gait - | |
| | Verbal Expression | |
| 5 Fully Independent | Auditory Comp | |
| | Cognitive Skills | |
| | Swallowing | |

Patient tolerating 75% of diet

Patient/family verbalize an understanding of disease process

Patient/family demonstrates appropriate coping strategies and describe available supports

Patient/family verbalize an understanding of the discharge plan and how to make follow-up appointments

D E N D E N D E N

| Past Medical/Surgery History <u>H/TN</u> | | DATE | DATA |
|--|--|----------------|---|
| <u>3/27</u> | DATA Vital Signs: <u>Q2hr routine, PO q1 x 5 Q4x24</u> <u>→ vit stable</u> Neuro Checks: _____ Pain Assessment: _____ Weight: _____ Blood Sugars: _____ Other: <u>speaks Arabic Understand some English</u> <u>Girlfriend interprets.</u> | <u>3/28/04</u> | Code Status: _____ Isolation: _____ Seizure Precautions: _____ Restraint Type: _____ Fall Precaution: I II III Emergency Contact: <u>Nancy Phelps</u> Phone #: <u>(253) 279-0813</u> Cell #: _____ |
| <u>3/27</u> | DIET NPO: <u>(1)</u> Clear Liquids: _____ Full Liquids: <u>ADAT</u> Soft: _____ Regular: _____ Special: <u>dat-</u> HS Snack: _____ Supplements: _____ Tube Feeding: _____ Dietary Consult: _____ | <u>3/27</u> | ACTIVITIES Complete BR: _____ Dangle: _____ BR with Commode: _____ BR with BRP: _____ Ambulate with Assist: _____ Ambulate Ad Lib: <u>OCB Q Shift Amb OD</u> ROM: _____ Other: _____ |
| <u>3/28</u> | PO FLUID RESTRICTIONS 24 hrs.: _____ Days: _____ Evenings: _____ NOC: _____ I & O: _____ | <u>3/27</u> | HYGIENE Complete Bed Bath: _____ Partial Bath: _____ Shower/Tub: _____ Shampoo: _____ Oral Care: _____ Decubitus Care: _____ Braden Score: _____ Guiac Stools: 1 2 3 |
| <u>3/28</u> | DRAINS Foley: <u>voids</u> Reinfusion Device: _____ NG: _____ JT/GT: _____ Supra Pubic: _____ Ostomies: _____ Chest Tubes: _____ | <u>3/27</u> | RESPIRATORY O2 Sat _____ CPAP/BIPAP _____ O2 @ _____ L PER _____ IS <u>hr x 10 wA</u> |
| <u>3/27</u> | Straight Cath: <u>pm for urinary retention</u> | <u>3/27</u> | ORTHO/TRAUMA/MEDICAL SPECIAL ORDERS <u>Dr. Graff notified</u> |

Patient Name: HASSAN, ALAA Admin Date: 3-27-04 Primary Admitting Diagnosis: abd pain Allergies: _____
 Admitting MD: Graff Room #: 533

DIET:

- Follow dietary instructions given to you.
- A well balanced diet speeds recovery.
- Drink plenty of liquids.
- Other

BEST POSSIBLE REPRODUCTION
FROM POOR SOURCE DOCUMENT

OTHER:

Levolet 1-2 tabs by mouth every 2-5 min
for pain if needed

ACTIVITIES:

- Avoid heavy lifting, pushing or pulling.
- Limit lifting to no more than 15-20 lbs. for 6 weeks.
- Walking is great and the best exercise. Increase gradually.
- May shower unless instructed otherwise. Pat dry.
- Stairs are OK. Take it slow. Avoid more than 1-2 times per day at first - gradually increase.
- Consult your physician before driving. Do not drive while taking pain medication. Avoid sitting for long periods of time while riding in a car.
- Returning to work will need to be discussed with your doctor.

WOUND CARE:

- No dressings are necessary if wound is clean and dry.
- Inform your doctor immediately if wound is draining (some clear drainage may be present). Itching is very common.
- It is part of the healing process. Do not scratch.
- If present, leave steri strips in place for 10 days. They will tend to fall off with the passing of time.

PAIN:

- Some pain is expected the first few weeks.
- Use your pain medication as instructed. Take with food or milk to prevent nausea.

NOTIFY YOUR PHYSICIAN IF YOU NOTICE:

- Swelling, increased pain or redness around the incision. Any change (odor, color or amount) in drainage from the incision.
- A temperature greater than 101 degrees.
- Nausea and/or vomiting.
- Diarrhea or constipation.

OTHER:

INDIVIDUAL INSTRUCTIONS:

- Follow up appointment is in 2 weeks w/ Dr. Giff (5963520)
 - Call for appointment when you get home.
- For any questions or concerns, call your physician at:
 Discharge date: 3-28-0 Time: _____ by W/C, Amb., Cab or _____
 Discharge to: home with friend.
 Received medication prescriptions from physician.
 Yes No Returned all medication None
 Returned all valuables None

INDIVIDUALIZED COMMENTS:

- I had my questions answered
- I understand the instructions given to me
- Unable to comment
- I know how to get help, if needed
- I understand my recovery phase

Patient/Family Signature: Allo Time: 11:0
 RN Signature: Mazlani Time: 11:0

ACCT 456715809 TC
 MAESAN, AIAA F.
 27MAR2004
 38 M SURGICSE
 MRN 007944

**HOME INSTRUCTIONS
GENERAL SURGERY**



88-2361-9 (Rev. 1/00)

3.24.04

SPECIAL CONSENT TO MEDICAL TREATMENT, OPERATION, POST OPERATIVE CARE, ANESTHESIA, OR OTHER INPATIENT/OUTPATIENT PROCEDURE

Patient: Hassan Alae

Patient No: 00979441

Washington State law guarantees that you have both the right and obligation to make decisions concerning your health care. Your physician/practitioner can provide you with the necessary information and advice, but as a member of the health care team, you must enter into the decision making process. This form has been designed to acknowledge your acceptance of treatment recommended by your physician/practitioner.

I hereby authorize Dr. Goff and/or such associates or assistants as may be selected by said physician/practitioner to treat the following condition(s) which has (have) been explained to me: (Explain the nature of the condition(s) in professional and lay language.)

Appendicitis

The procedures planned for treatment of my condition(s) have been explained to me by my physician/practitioner. I understand them to be: (Describe procedures to be performed in professional and lay language.)

appendectomy

At: TG

MEDICAL FACILITY

I recognize that, during the course of the medical treatment, operation, post operative care, anesthesia or other inpatient/outpatient procedure, unforeseen conditions may necessitate additional or different procedures than those above set forth. I therefore authorize my above named physician/practitioner, and his or her assistants or designees, to perform such surgical or other procedures as are in the exercise of, his, her or their professional judgment necessary and desirable. The authority granted under this paragraph shall extend to the treatment of all conditions that require treatment and are not known to my physician/practitioner at the time the medical or surgical procedure is commenced.

I have been informed that there are significant risks such as severe loss of blood, infection and cardiac arrest that can lead to death or permanent or partial disability, which may be attendant to the performance of any procedure. I acknowledge that no warranty or guarantee has been made to me as to result or cure.

IMPORTANT: HAVE PATIENT SIGN FULL OR LIMITED DISCLOSURE BOX AND SIGNATURE LINE AT BOTTOM.

FULL DISCLOSURE

I certify that my physician/practitioner has informed me of the nature and character of the proposed treatment; of the anticipated results of the proposed treatment; of the possible alternative forms of treatment; and the recognized serious possible risks, complications, and the anticipated benefits involved in the proposed treatment and in the alternative forms of treatment, including non-treatment.

[Signature]

PATIENT/LEGALLY RESPONSIBLE PERSON SIGN, IF APPLICABLE

LIMITED DISCLOSURE

I certify that my physician/practitioner has explained to me that I have the right to have clearly described to me the nature and character of the proposed treatment; the anticipated results of the proposed treatment; the alternative forms of treatment; and the recognized serious possible risks, complications, and anticipated benefits involved in the proposed treatment, and in the alternative forms of treatment, including non-treatment.

I do not wish to have these risks and facts explained to me.

PATIENT/LEGALLY RESPONSIBLE PERSON SIGN, IF APPLICABLE

Any sections below which do not apply to the proposed treatment may be crossed out. All sections crossed out must be initialed by both physician/practitioner and patient.

I consent to the administration of anesthesia by my attending physician/practitioner, by an anesthesiologist, or other qualified party under the direction of a physician as may be deemed necessary. I understand that all anesthetics involve risks of complications and serious possible damage to vital organs such as the brain, heart, lung, liver and kidney and that in some cases may result in paralysis, cardiac arrest and/or brain death from both known and unknown causes.

I consent to the use of transfusion of blood and blood products as deemed necessary.

Any tissues or part surgically removed may be disposed of by the medical facility or physician/practitioner in accordance with accustomed practice.

For the purpose of advancing medical education, I consent to the presence of observers.

I authorize MultiCare Health System and/or my physician/practitioner or other persons to photograph/videotape/videoprint me.

I certify this form has been fully explained to me, that I have read it or have had it read to me, that the blank spaces have been filled in, and that I understand its contents.

DATE: 3-27-04 TIME:

A.M. P.M.

[Signature]

PATIENT/OTHER LEGALLY RESPONSIBLE PERSON SIGN

WITNESS:

[Signature]

RELATIONSHIP OF LEGALLY RESPONSIBLE PERSON TO PATIENT

INFORMATION NOT AVAILABLE

- Patient unable to communicate
- No family available
- Other: _____

INFORMATION AVAILABLE

Does the patient have a written Advance Directive?

If NO:

Patient given AD information brochure Yes (initial) _____

If YES: (ASK the following three questions)

1. Is the AD in the form of a (pick one):

- a. Living Will
- b. Durable Power of Attorney for HealthCare
- c. Mental Health Care Directive
- d. Not sure

2. Does the patient have a copy of AD for the medical record?

Yes No

If NO:

- a. request patient/family member to bring a copy of the AD to the nurse or physician for inclusion in their medical record.

(who was asked to bring it in?) _____

b. request fax copy from physician's office _____

c. request from previous admission record _____

AD information completed by: _____ (initials) on _____ (date).

38
MRN 00979441
M
9 JUN 1965

3 24 04

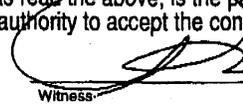
**ADVANCE DIRECTIVE (AD)
INFORMATION**

MultiCare 
Health System

87-016b-7 (Rev. 8/03)

1. **CONSENT FOR TREATMENT:** The undersigned consents to a radiologic examination, laboratory procedure, anesthesia, blood or blood product transfusion, medical or surgical treatment, or hospital service rendered the patient under the general and special instructions of the physician. BLOOD OR BLOOD PRODUCTS REFUSAL
2. **STUDENT CARE PROVIDERS:** MultiCare Health System provides supervised experience to students of health care occupations. Medical and nursing students, physicians, and other students of health care occupations may participate in the course of my daily care.
3. **PHOTOGRAPHS:** I authorize the taking, reproduction and use of photographs and video or other electronic monitoring/recording methods, in connection with my/the patient's diagnosis, care and treatment if deemed necessary by a health care provider at MultiCare Health System, to supplement the written description of any injury or condition, or for medical care and treatment purposes. I understand I must obtain the permission of my/the patient's health care providers to videotape for personal purposes.
4. **VALUABLES RELEASE:** MultiCare Health System, its agents and employees are not responsible for loss of or damage to valuables and personal items, unless they are deposited in the facility safe. The facility shall not be responsible for loss or damage to any personal property retained by the patient during hospitalization/treatment. LOCK-UP REFUSED
5. **FINANCIAL AGREEMENT:** The undersigned agrees that in consideration of services rendered, he/she hereby individually agrees to pay for MHS services in accordance with regular rates and terms. Should a third party payor deny payment due to ineligibility, the undersigned assumes and agrees to full financial responsibility. Should the account be referred to an attorney or collection agency, the undersigned shall pay all reasonable attorneys' fees and/or collection costs.
6. **ASSIGNMENT OF BENEFITS:** The undersigned authorizes payment directly to MultiCare Health System (MHS), of insurance or other third party payor benefits specified herein and otherwise payable to him/her.
7. **RELEASE OF INFORMATION:** The undersigned authorizes MHS to release any and only such information that is required by any person, health care provider, corporation, or program to determine benefits entitlement and processes claims for payment for services provided to the patient, or for continuity and continuation of care.
8. **PRIVACY/CONFIDENTIALITY:** The undersigned authorizes MHS to display his/her name, physician(s), room number, care provider(s) and transfer/discharge status on informational boards within patient care units.
9. I am aware that as part of my discharge planning, it may be necessary that MultiCare contact nursing home facilities, mental health facilities or substance abuse treatment facilities or providers. I hereby consent to such contact by MultiCare, its agents or employees. If I have been tested, diagnosed, or treated for HIV (AIDS virus), sexually transmitted diseases, psychiatric disorders/mental health, or drug and/or alcohol use, MultiCare is specifically authorized to release such information to the extent necessary to accomplish my discharge or transfer, and follow-up treatment.
10. **FOLLOW-UP CALL:** The undersigned authorizes MultiCare Health System, its agents and employees, to make a follow-up call to me at my home, and to leave a message with any member of my household if I am not there or if I am unable to come to the phone. FOLLOW-UP CALL REFUSED
11. **ORGAN DONORS:** MultiCare Health System participates in an organ donation program and will make any information available to patients or family members upon request.
12. **ADVANCE DIRECTIVES:** The undersigned realizes he/she has the right to exercise an Advance Directive and understands that information on MHS policy for acknowledging Advance Directives is available to patients at MultiCare Health System.
13. **PATIENT RIGHTS:** A copy of the MHS "Patient's Rights and Responsibilities" brochure has been provided to the undersigned if admitted, and is also available to patients who are not admitted.
14. **MultiCare Health System does not discriminate against any person on the basis of race, color, national origin, disability, religion, faith, age, or gender in admission, treatment or participation in its programs, services, activities, and employment. For further information about this policy, please contact the Human Resources Department.**
15. **OUTSIDE SERVICES:** I understand that I may receive a separate billing statement from non-MultiCare employees or agencies for contracted services such as radiology, pathology, laboratory, anesthesia, etc.
16. I understand that the services, or any charge incurred from the services listed below, are not covered by the Medicare Program, and are, therefore, my responsibility:
Cosmetic surgery, dental care, take-home prescription and "over the counter" medications, private duty nurses, services that are not reasonable or medically necessary, personal convenience items, services covered by automobile or other liability insurance, and mammography procedures performed outside of medicare specified limitations.

The undersigned certifies that he/she has read the above, is the patient or is the legal representative of the patient and has the authority to accept the conditions for treatment


27/MAR/04

 Patient or responsible party & relationship Date Witness

Reason patient is unable to sign

HASSAN, ALAA F.
Acct:456715895 MRN:00979441
DOB:9JUN1965 38 M
MRN:  27MAR2004
ADMISSION START: 27MAR2004
TCH

CONDITIONS FOR TREATMENT
MultiCare 
 Health System
 87-5700-0 (Rev. 8/03)

MultiCare Health System is required by law to give a reasonable amount of its services without charge or at a reduced rate to eligible persons who cannot afford to pay for care. At MultiCare Health System, funding is available for all inpatient, emergency room, outpatient services, and outpatient clinics. At MultiCare Health System financial assistance is available for any service provided in the associated facilities. These programs are available to persons whose annual gross income is at or below the following levels.

| | FAMILY SIZE | | | | | | | | | | May |
|--|-------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Qualify For |
| INCOME LEVELS | \$11,225 | \$15,150 | \$19,075 | \$23,000 | \$26,925 | \$30,850 | \$34,775 | \$38,700 | \$42,625 | \$46,550 | 100% |
| | \$12,472 | \$16,833 | \$21,194 | \$25,555 | \$29,916 | \$34,278 | \$38,639 | \$43,000 | \$47,361 | \$51,722 | 90% |
| | \$13,719 | \$18,516 | \$23,313 | \$28,112 | \$32,908 | \$37,705 | \$42,502 | \$47,299 | \$52,098 | \$56,894 | 80% |
| | \$14,967 | \$20,200 | \$25,434 | \$30,667 | \$35,900 | \$41,134 | \$46,376 | \$51,600 | \$56,834 | \$62,067 | 70% |
| | \$16,214 | \$21,883 | \$27,553 | \$33,222 | \$38,892 | \$44,559 | \$50,231 | \$55,900 | \$61,569 | \$67,239 | 60% |
| | \$17,461 | \$23,567 | \$29,672 | \$35,778 | \$41,883 | \$47,989 | \$54,094 | \$60,200 | \$66,305 | \$72,411 | 50% |
| | \$18,708 | \$25,250 | \$31,791 | \$38,333 | \$44,875 | \$51,416 | \$57,958 | \$64,499 | \$71,041 | \$77,583 | 40% |
| | \$19,956 | \$26,934 | \$33,910 | \$40,888 | \$47,867 | \$54,845 | \$61,821 | \$68,799 | \$75,777 | \$82,756 | 30% |
| | \$21,203 | \$28,617 | \$36,031 | \$43,445 | \$50,863 | \$58,272 | \$65,686 | \$73,100 | \$80,514 | \$87,928 | 20% |
| | \$22,450 | \$30,300 | \$38,150 | \$46,000 | \$53,850 | \$61,700 | \$69,550 | \$77,400 | \$85,250 | \$93,100 | 10% |
| Anything over these amounts 0% assistance | | | | | | | | | | | |

Eligibility guidelines are based on the Federal Poverty Income Guidelines effective February 18, 2003. If you think you may be eligible, **you may request an application**. You may be asked to follow through on referrals to other funding sources when appropriate. A written determination of your eligibility will be made within two working days of submitting an application. **Financial Aid forms may be obtained from the Financial Aid Representatives for MultiCare, 253-459-8247.**

I am interested in applying.

I am not interested in applying.

Account #: _____

Patient Name: _____
(First) (Middle) (Last)

Guarantor Name: _____

Address: _____
(Street)

(City) (State) (Zip Code)

Telephone: _____

Signature: *[Handwritten Signature]* Date: 3-27-04

THIS IS NOT THE APPLICATION

NOTICE OF AVAILABILITY OF UNCOMPENSATED CARE



By signing this document, I acknowledge that I have received a copy of MultiCare Health System's Notice of Privacy Practices (NPP).

Today's Date 3-27-04

ALAA HASSAN
Patient's Full Name (Print)

00979441
Medical Record

9 Jun 65
Patient's Date of Birth

[Signature]
Patient or Personal Representative's Signature

Personal Representative's Relation to Patient



- Patient required emergent treatment. Was not practical to collect acknowledgment.
- Gave a copy of the NPP to patient and requested their acknowledgment, but patient refused to sign.

Comments: _____

Processed By (Print) _____

Today's Date _____

HASSAN, ALAA F.
 Acct:456715895 MRN:00979441
 DOB:9JUN1965 38 M
 MRN:  27MAR2004
 TCM

Notice of Privacy Practices Acknowledgment Form



TACOMA GENERAL HOSPITAL
PATIENT INFORMATION

Patient Name: HASSAN, Alaa F.

*** MRN #: 00979441

ACCOUNT INFORMATION

Date: 27Mar2004 Bed: 533-01 Adv. Dir: Acct #: 456715895
Time: 1:51pm Acct Type: IX Hosp. Svc: MED Fin. Class: X Adm Src: Emergency Room

DEMOGRAPHIC INFORMATION

Home Address: 304 TACOMA AVE S #602 DOB: 9JUN1965 Age: 38
City: TACOMA ST: WA Soc Sec #: 532-53-2086
Sex: M M/S: S
Zip: 98402
Home Phone: (253)219-0873 Work Phone:

SPOUSE

PATIENT EMPLOYER

Name: Employer: HOB NOB RESTAURANT
Employer: Street:
Phone: City: TACOMA ST: WA
Street: Zip: Phone:
City: ST: Occupation: JANITOR
Zip: Employ. Status: EMPLOYED FULL-TIME

GUARANTOR

GUARDIAN/ALTERNATE CONTACT

Relation to Patient: PATIENT Relation to patient: FRIEND
Name: HASSAN Alaa Name: PHELPS Nancy
Street: 304 TACOMA AVE S #602 Street:
City: TACOMA ST: WA City: TACOMA ST: WA
Zip: 98402 Zip:
Soc Sec #: 532-53-2086 Home Phone: (253)279-0513
Home Phone: (253)219-0873 Work Phone:
Occupation: JANITOR Emp. Status: EMPLOYED FULL-TIME
Employer: HOB NOB RESTAURANT
Work Phone:

INSURANCE INFORMATION

Primary: PERS PAY Policy Number:
Insured: Group Number:
Pt. Rel. to Insured: Group Name:

Secondary: Policy Number:
Insured: Group Number:
Pt. Rel. to Insured: Group Name:

ADMISSION INFORMATION

Admitting Physician: GRAFF, RONALD P343
Attending Physician: GRAFF, RONALD P343
Chief Complaint: LOWER RT SIDE PAIN ED Admit Dx: ACUTE ABD PAIN

Previous IP Visit: Reg Inits: NMF
Current ED Visit: 27Mar2004 1:04PM

1890140
CARNEY
BADLEY
SPELLMAN

James E. Lobsenz

MAR 02 2006

9794-41
3/28/4 dlc
LAW OFFICES
A PROFESSIONAL SERVICE CORPORATION
701 FIFTH AVENUE, SUITE 3600
SEATTLE, WA 98104-7010
FAX (206) 487-8215
TEL (206) 622-8020
DIRECT LINE (206) 607-4205
Email: lobsenz@carneylaw.com

March 1, 2006

Attention: Medical Records, Mandy
MultiCare Health Systems
P.O. Box 5299
Tacoma, WA 98415

Re: Alaa Hassan
SSN 532-53-2086
DOB 6/9/65
Dates of Treatment -- From Approximately March 2004 through July 2005
Guarantor Number: 1507413

Dear Medical Records Custodian:

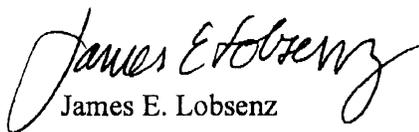
I represent Mr. Alaa Hassan. He has signed the enclosed Authorization for Release of medical information which permits disclosure to me as his attorney. I understand that you will bill me for your copying costs, and I am happy to pay them. I would ask that you expedite this request and furnish me the records as soon as possible as there is an urgent legal need for me to have them.

I wish to specify that I am requesting all medical records pertaining to Mr. Hassan that are in your possession. Please do not eliminate anything from the records that you have. It is my understanding that he had an appendectomy performed by Dr. Ronald Graff at Tacoma General Hospital. He also received follow up treatment after the operation. I am specifically requesting copies of all medication records. I would like to have the records which show every medicine that he received, and the dosages.

If you need to contact me to advise me of the copying charges and costs, please call 206-622-8020 and ask for the legal secretary to James Lobsenz. On Monday through Wednesday my secretary is Ms. Debbie Groth. On Thursday and Friday my secretary is Ms. Lily Laemmle. If you advise us what amount of payment you need we will arrange for speedy payment to you. Thank you very much for your attention to this request.

Sincerely,

CARNEY BADLEY SPELLMAN, P.S.


James E. Lobsenz

Enclosure: Authorization for Release of Information

| | |
|---------------------------|---------------------------------|
| COPIED BY | |
| SECURE HEALTH INFORMATION | |
| AD | A. NAME INFF M. DOB ISS SIG ITH |
| D. SINS I SIKR | NOTES |
| APPR: | |
| SPEC | |
| DATE | 3/2/06 BY 1322 #PGs |

EXHIBIT D

Page: 1 Document Name:

2697756 HASSAN ALAA F 06/65 Plan Cov Grp
2697756 40 YEAR OLD MALE PDoc NONE LVisit 0504

Alerts:

Allergies: NKA Nxt-Alr-Vfy-Date: 040407 Date 030806 Loc 16

AMOX-CLAVULANIC ORAL 500/125 TABS DOCTOR GRAFF RON
RX 1044-4386-924 YTB TAKE ONE TABLET TWICE DAILY
CRC Y ICDA R OL 0
04/13/04 14(7) 38.15 CHRG DR G39 L24/24 PH 1FD U/C 38.15

OXYCODONE ACETA ORAL 5-325MG TABS C-2 DOCTOR HAUCK JOH
RX 0954-7095-124 !T5 ONE OR TWO TABLETS EVERY 4-6 HOURS
CRC Y ICDA R OL 0
04/04/04 20(2) 12.25 CHRG DR IGX L24/24 PH 1TS U/C 12.25

**GROUP HEALTH COOPERATIVE
PHARMACY ADMINISTRATION
P.O. BOX 34589
12400 E. MARGINAL WAY S.
SEATTLE, WA 98124-1589**

Next: X

Enter "X" to Terminate <

CARNEY BADLEY SPELLMAN

DATE 3/10/06

EXHIBIT E

PRINTED: 03/28/2004
21:01

NAME: HASSAN, ALAA F

DO NOT DESTROYDISC DATE: 03/28/2004

2697756

HEMATOLOGY: CBC

| | DAY: | 1 | | |
|-------------------|-------|-----------|-----------|---------|
| | DATE: | 03/27/04 | | |
| | TIME: | 1400 | REF RANGE | UNITS |
| WBC | | 10.3 | 4.0-12.0 | th/mm3 |
| RBC | | 5.32 | 4.5-6.0 | mil/mm3 |
| Hgb | | 14.9 | 14.0-18.0 | g/dL |
| Hct | | 44.3 | 40-54 | % |
| MCV | | 83.2 | 80-98 | fL |
| MCH | | 28.0 | 27-33 | pg |
| MCHC | | 33.7 | 32.0-37.0 | % |
| RDW | | 12.9 | 11.5-15.0 | |
| PLT | | 186 | 150-450 | th/mm3 |
| Differential type | | Automated | | |
| Neuts | | 85.7 * | 45-77 | % |
| Lymphs | | 9.3 * | 12-44 | % |
| Monos | | 4.8 | 4.0-13.0 | % |
| Eos | | 0.1 | 0-5.0 | % |
| Basos | | 0.1 | 0-1.5 | % |
| Abs neuts | | 8.8 * | 1.8-7.8 | th/mm3 |
| Abs lymphs | | 1.0 | 0.8-3.3 | th/mm3 |
| Abs monos | | 0.5 | 0.2-1.0 | th/mm3 |
| Abs eos | | 0.0 | 0.0-0.4 | th/mm3 |
| Abs basos | | 0.0 | 0.0-0.2 | th/mm3 |

CHEMISTRY: PROFILES

| | DAY: | 1 | | |
|-------------------|-------|----------|-----------|-------|
| | DATE: | 03/27/04 | | |
| | TIME: | 1400 | REF RANGE | UNITS |
| Sodium | | 137 | 135-148 | mEq/L |
| Potassium | | 3.6 | 3.6-5.3 | mEq/L |
| Chloride | | 99 | 97-107 | mEq/L |
| CO2 | | 29 | 24-33 | mEq/L |
| BUN | | 13 | 8-24 | mg/dL |
| Creatinine | | 0.8 | 0.8-1.5 | mg/dL |
| Glucose | | 131 * | 65-120 | mg/dL |
| SGOT/AST | | 26 | 10-56 | IU/L |
| Alk Phos | | 50 | 38-126 | IU/L |
| SGPT/ALT | | 36 | 5-60 | IU/L |
| Bilirubin total | | 0.7 | 0.0-1.4 | mg/dL |
| Bili unconjugated | | 0.9 | 0.0-1.1 | mg/dL |

NAME: HASSAN, ALAA F

ADM/ATT DR: Graff, Ronald M. MD

AGE: 38Y SEX: M

MR#: 979441

LOC: 5J1

ACCT#: 456715895

I: 533-01

Inpatient PHYSICIAN FINAL Report

PAGE:1

CONTINUED

Multicare Medical Center Laboratories
(253) 403 1046

PRINTED: 03/28/2004
21:01

NAME: HASSAN, ALAA F

DO NOT DESTROYDISC DATE: 03/28/2004

----- CHEMISTRY: PROFILES -----

| | | | |
|-----------------------------|----------|-----------|-------|
| DAY: | 1 | | |
| DATE: | 03/27/04 | | |
| TIME: | 1400 | | |
| | | REF RANGE | UNITS |
| Bili conjugated(dir) | 0.0 | 0.0-0.3 | mg/dL |
| Protein | 8.4 * | 6.3-8.0 | g/dL |
| Albumin | 4.8 | 3.2-5.0 | g/dL |
| Globulin (calc) | 3.6 | 2.0-4.5 | g/dL |
| A:G | 1.3 | >1.0 | |
| Calcium | 9.5 | 8.5-10.5 | mg/dL |

----- CHEMISTRY: ADDITIONAL TESTS -----

| | | | |
|---------------|----------|-----------|-------|
| DAY: | 1 | | |
| DATE: | 03/27/04 | | |
| TIME: | 1400 | | |
| | | REF RANGE | UNITS |
| Lipase | 55 | 23-300 | IU/L |

----- IMMUNOLOGY: SERUM PROTEINS -----

| | | | |
|----------|---------------------------|--------------|-------|
| 03/27/04 | | | |
| 1400 | C-reactive protein | *2.9 (0-1.0) | mg/dL |

----- MISCELLANEOUS TESTS -----

| | | | |
|----------|-----------------------------|------------------|--|
| 03/27/04 | | | |
| 1400 | Hold for add'l order | | |
| | Tubes received | 1L, 1B, 1GL | |
| | Hold for orders | Specimen(s) held | |

----- TRANSFUSION SERVICE: ROUTINE STUDIES -----

| | | | |
|----------|----------------------|--|--|
| 03/27/04 | | | |
| 1400 | Clot for hold | Specimen on hold 3 days from date of order | |

NAME: HASSAN, ALAA F

ADM/ATT DR: Graff, Ronald M. MD

AGE: 38Y SEX: M

MR#: 979441

LOC: 5J1

ACCT#: 456715895

PH: 533-01

Inpatient PHYSICIAN FINAL Report

PAGE: 2

END OF REPORT

#209756
TAC



LABORATORIES

Department of Pathology
P.O. Box 5200
Tacoma, WA 98415

Main Office: 253-403-1043
Fax: 253-403-1357

WESTERN WASHINGTON PATHOLOGY, P.S.
S.J. Insalaco, MD
Michael J. Flaherty, MD
G. David Austin, MD
Rob R. Roth, MD
George F. Hodges, MD
Larry K. O'Bryant, MD
Eric W. Arntson, MD

**SURGICAL PATHOLOGY REPORT
FINAL**



Patient Name: **HASSAN, ALAA F** Accession Number: **S04-4243**

FINAL DIAGNOSIS:

**APPENDIX, EXCISION:
ACUTE AND SCHISTOSOMAL APPENDICITIS.
MJF:cr**

**HISTORY:
Appendicitis.**

GROSS DESCRIPTION:

(GF:mm) Received in formalin, labeled "Alaa Hassan," designated "appendix" is a grossly inflamed appendix measuring 10.7 cm in length and up to 1.1 cm in diameter. The serosa is tan-brown, granular, and rubbery. Pale yellow fibrous exudate is also noted but no obvious perforation. The lumen is patent on cut section. No obvious fecalith is identified. SE 1a-1c 04

MICROSCOPIC DESCRIPTION:

Sections of the appendix show changes consistent with acute appendicitis. In addition the periappendiceal connective tissue contains prominent changes of schistosomal appendicitis. Many of the schistosome eggs are fractured and calcified and therefore difficult to speciate. They are surrounded by a dense hypocellular fibrous response with admixed histiocytes and a few small granulomas. There is no evidence of malignancy.

****Electronically Signed By**
Michael J. Flaherty, MD**

| | | | |
|------------------------------|--------------------|-----------------|------------|
| HASSAN, ALAA F | | S04-4243 | |
| DOB: 6/9/1965 | 5J1 (TGID) | Collected: | 3/27/2004 |
| Sex: M | Med Rec No: 979441 | Received: | 3/29/2004 |
| Surgeon: Graff, Ronald M. MD | | Printed: | 04/12/2004 |

=> GAUGER MD, DAVID W.
TSC SURG

ALAA F
Sex: M

Age: 38Y

HASSAN
Mo/Yr: 06/65

JW

=> Chart: TSC Tacoma Specialty

ORD: GAUGER MD, DAVID W.

2697756 (---Med No

PCP: NO PRIMARY MD

Arpa:

Ph#: (253) 219-0873

Lab No: 03778277 Printed: 05/26/04 23:00

| VBC | RBC | HGB | HCT | MCV | MCH | MCHC | PLATELETS | ESR | RETICS | POLYS | BANDS | LYMPHS | MONOS | EOS | BAZO |
|-----|------|------|-----|-----|-----|------|-----------|-----|--------|-------|-------|--------|-------|-----|------|
| 00 | 5.21 | 14.6 | 44 | 83 | 28 | 34 | 210 | | | 53 | | 39 | 9 | 3 | |

| COLOR | APPEAR | SP GRAVITY | PH | PROT | GLUC | KET | OCC BLOOD | WBC | RBC | CASTS | CRYSTALS | BACT |
|-------|--------|------------|----|------|------|-----|-----------|-----|-----|-------|----------|------|
| | | | | | | | | | | | | |

| GLUCOSE | BUN | CREAT | URIC AC | PHOS | CALCIUM | TOT PROT | ALBUMIN | TOT BILI | SGOT | LDH | ALK PHOS | CHOL |
|---------|-----|-------|---------|------|---------|----------|---------|----------|------|-----|----------|-------|
| NA | K | CL | CO2 | FT4 | TSH | IRON | TIBC | DIR BILI | SGPT | CPK | AMYLASE | HDL-C |

PAGE 1 OF 1 -----LAST PAGE-----
 RDW 12.3 8.0-14.6
 Tests on Mailer with Result Values: BLOOD COUNT
 ALL TESTS PERFORMED AT ROC Laboratory UNLESS OTHERWISE INDICATED.
 * * DX-CODE PROVIDED: 789.00

[Signature]
 GAUGER MD, DAVID W. Date 5/31 Follow-up Note/LI-See TE
 FINAL OP 05/25/04 16:23 HASSAN, HEME

GRAFF MD, RONALD M.

ALAA F

HASSAN

TSC SURG

Sex: M

Age: 38Y

Mo/Yr: 06/65

Chart: TSC Tacoma Specialty

2697756 (---Med No

ORD: GRAFF MD, RONALD M.

Arpa:

Ph#: (253)219-0273

PCP: NO PRIMARY MD

Lab No--> 03770642 Printed: 04/13/04 19:20



| WBC | RBC | HGB | HCT | MCV | MCH | MCHC | PLATELETS | ESR | RETICS | POLYS | BANDS | LYMPHS | MONOS | EOS | BASEO |
|-----|------|------|-----|-----|-----|------|-----------|-----|--------|-------|-------|--------|-------|-----|-------|
| 00 | 5.19 | 14.3 | 44 | 84 | 28 | 33 | 236 | | | 64 | | 28 | 6 | 2 | |

| COLOR | APPEAR | SP GRAVITY | PH | PROT | GLUC | KET | OCC BLOOD | WBC | RBC | CASTS | CRYSTALS | BACT |
|-------|--------|------------|----|------|------|-----|-----------|-----|-----|-------|----------|------|
| | | | | | | | | | | | | |

| GLUCOSE | BUN | CREAT | URIC AC | PHOS | CALCIUM | TOT PROT | ALBUMIN | TOT BILI | SGOT | LDH | ALK PHOS | CHOL |
|---------|-----|-------|---------|------|---------|----------|---------|----------|------|-----|----------|-------|
| NA | K | CL | CO2 | FT4 | TSH | IRON | TIBC | DIR BILI | SGPT | CPK | AMYLASE | HDL-C |

PAGE 1 OF 1 ---LAST PAGE---
RDW 12.5 8.0-14.8

ALL TESTS PERFORMED AT ROC Reference Laboratory UNLESS OTHERWISE IND

* * DX-CODE PROVIDED: 541

GRAFF MD, RONALD M. Date Follow-up Note/[-See TE

FINAL OP 04/13/04 10:30 HASSAN, HEME

=> GAUGER MD, DAVID W.

ALAA F

HASSAN

TSC SURG

Sex: M

Age: 38Y

Mo/Yr: 06/65

=>Chart:

2697756 ---Med No

ORD: GAUGER MD, DAVID W.

Arpa: 034803888

Ph#: (253) 219-7873

PCP: NO PRIMARY MD

Lab No--> 03768936 Printed: 04/03/04 17:42

AC
K

| | | | | | | | | | | | | | | | |
|-----|-----|-----|-----|-----|-----|------|-----------|-----|--------|-------|-------|--------|-------|-----|------|
| WBC | RBC | HGB | HCT | MCV | MCH | MCHC | PLATELETS | ESR | RETICS | POLYS | BANDS | LYMPHS | MONOS | EOS | BAZO |
|-----|-----|-----|-----|-----|-----|------|-----------|-----|--------|-------|-------|--------|-------|-----|------|

| | | | | | | | | | | | | |
|-------|--------|------------|----|------|------|-----|-----------|-----|-----|-------|----------|------|
| COLOR | APPEAR | SP GRAVITY | PH | PROT | GLUC | KET | OCC BLOOD | WBC | RBC | CASTS | CRYSTALS | BACT |
|-------|--------|------------|----|------|------|-----|-----------|-----|-----|-------|----------|------|

| | | | | | | | | | | | | |
|---------|-----|-------|---------|------|---------|----------|---------|----------|------|-----|----------|-------|
| GLUCOSE | BUN | CREAT | URIC AC | PHOS | CALCIUM | TOT PROT | ALBUMIN | TOT BILI | SGOT | LDH | ALK PHOS | CHOL |
| NA | K | CL | CO2 | FT4 | TSH | IRON | TIBC | DIR BILI | SGPT | CPK | AMYLASE | HDL-C |

PAGE 1 OF 2 CONTINUED

AEROBIC CULTURE (APPY WOUND)

: 4+ STAPH COAG POSITIVE

| | | | |
|--------------------|-----------|--------|--------|
| Augmentin, deduced | SENSITIVE | | |
| Cefazolin | SENSITIVE | <=4 | mcg/ml |
| Clindamycin | SENSITIVE | <=0.05 | mcg/ml |
| Erythro | SENSITIVE | <=0.05 | mcg/ml |
| Gentamycin | SENSITIVE | <=0.05 | mcg/ml |
| Oxacillin | SENSITIVE | 0.5 | mcg/ml |
| Pen | RESISTANT | >=0.5 | mcg/ml |
| Tetracycline | SENSITIVE | <=1 | mcg/ml |
| Vancomycin | SENSITIVE | <=1 | mcg/ml |

ALL TESTS PERFORMED AT ROC Reference Laboratory UNLESS OTHERWISE IND

* * DX-CODE PROVIDED: 541

FINAL OP 04/01/04 16:45 HASSAN,

MICR

GROUP HEALTH COOPERATIVE

LABORATORY REPORT

=> GAUGER MD, DAVID W.

ALAA F

HASSAN

TSC SURG

Sex: M

Age: 38Y

Mo/Yr: 06/65

=> Chart:

ORD: GAUGER MD, DAVID W.

2697756 (---Med No

PCP: NO PRIMARY MD

Arpa: 034803888

Ph#: (253) 219-1873

Lab No--> 03768936

Printed: 04/03/04 17:42



| | | | | | | | | | | | | | | | |
|-----|-----|-----|-----|-----|-----|------|-----------|-----|--------|-------|-------|--------|-------|-----|------|
| WBC | RBC | HGB | HCT | MCV | MCH | MCHC | PLATELETS | ESR | RETICS | POLYS | BANDS | LYMPHS | MONOS | EOS | BASO |
|-----|-----|-----|-----|-----|-----|------|-----------|-----|--------|-------|-------|--------|-------|-----|------|

| | | | | | | | | | | | | |
|-------|--------|------------|----|------|------|-----|-----------|-----|-----|-------|----------|------|
| COLOR | APPEAR | SP GRAVITY | PH | PROT | GLUC | KET | OCC BLOOD | WBC | RBC | CASTS | CRYSTALS | BACT |
|-------|--------|------------|----|------|------|-----|-----------|-----|-----|-------|----------|------|

| | | | | | | | | | | | | |
|---------|-----|-------|---------|------|---------|----------|---------|----------|------|-----|----------|-------|
| GLUCOSE | BUN | CREAT | URIC AC | PHOS | CALCIUM | TOT PROT | ALBUMIN | TOT BILI | SGOT | LDH | ALK PHOS | CHOL |
| NA | K | CL | CO2 | FT4 | TSH | IRON | TIBC | DIR BILI | SGPT | CPK | AMYLASE | HDL-C |

PAGE 2 OF 2 ----LAST PAGE----

Stay on cipro per Dr Gauger

GAUGER MD, DAVID W.

Date

Follow-up Note/CI-See TE

FINAL OP 04/01/04 16:45 HASSAN,

TAC

Patient Name: HASSAN, Alaa F

MRN: 00979441



DOB: 06/09/1965

Sex: M

Patient Status: I

Patient Type: I

Accession: 3899048

Patient Location: 533-01

Completed: 3/27/2004

Exam: (TG) - CT APPENDIX PROTOCOL

2097756

Acct# 456715895

Requesting Provider: MAURER, DONALD E, MD
A2-TGER
TACOMA, WA 984054234

Signs & Symptoms: RLQ ABD PAIN R/O APPY

History:

Comments: TG ED 15

Attending Provider: GRAFF, RONALD, MD
209 M L K WY (A3-GH)
TACOMA, WA 984051623

| DiagnosisDesc |
|---------------|
|---------------|

Acc # 3899048

CT APPENDIX PROTOCOL

3/27/2004 3:42:00

CT SCAN ABDOMEN AND PELVIS, 03/27/04

CLINICAL HISTORY: Right lower quadrant pain. Evaluate for appendicitis.

TECHNIQUE: With IV contrast 5 mm axial images are obtained through the abdomen and pelvis.

FINDINGS: The appendix is enlarged and fat surrounding it has increased density consistent with appendicitis, possibly an early perforation, without evidence for abscess.

There is geographic hypodensity in the liver consistent with fatty infiltration, sparing some regions near the periphery and at gallbladder fossa. There is a normal appearing biliary system, including gallbladder, spleen, pancreas and remainder of bowel and mesentery (note, a few scattered lymph nodes are present in small bowel mesentery, physiologic in size and not unusual in the total number).

Pelvis and retroperitoneum: There are normal appearing adrenal glands, kidneys, ureters, urinary bladder and pelvic sidewall.

IMPRESSION:

APPENDICITIS, POSSIBLY WITH EARLY PERFORATION. NO ABSCESS. THIS IS RETROCECAL AND NEAR THE LATERAL ABDOMINAL WALL EXTENDING CEPHALAD FROM CECAL TIP.

FIND CODE: 1N

Dictated BY: Daniel Heller, MD

Patient Name: HASSAN, Alaa F
DOB: 06/09/1965 **Sex:** M
Accession: 3899048
Exam: (TG) - CT APPENDIX PROTOCOL
Acct# 456715895

MRN: 00979441
Patient Status: I
Patient Type: I
Completed: 3/27/2004

Interpreted by: HELLER, DANIEL MD
Transcribed by: ANITA BALDWIN Transcriptionist 03/29/2004 7:38AM
Signed by: PHILLIP LESH MD 03/29/2004 7:49AM

Office Visit

Alaa F Hassan (MR# 02697756)

| Visit Information | Date | Time | Department | Provider |
|-------------------|------------|---------|---------------------|------------------|
| | 05/25/2004 | 4:00 PM | TSC GENERAL SURGERY | DAVID GAUGER, MD |

Visit Summary

Diagnoses Visit Diagnosis
ABDOMINAL PAIN GENERALIZED [789.07]

Allergies as of (No Known Allergies)
05/25/2004 **Date Reviewed:** 04/04/2004

Vitals

Progress Notes

| Transcription | Type | ID | Date and Time | Author |
|---------------|-------------------|---------|-------------------|-----------------|
| | GHC Progress Note | 624555L | 5/25/2004 4:25 PM | GAUGER, DAVID W |

Authenticated by GAUGER, DAVID W Physician on 5/31/2004 at 10:15 AM

Document Text

CC:

Mr. Hassan returns today because of complaints of continued pain in his lower abdomen and in his incision. In addition, his umbilicus is exquisitely tender to the touch. He reports he has been having frequent explosive type diarrhea. His wife reports that she thinks he has been running a fever, but she has not been taking his temperature.

PHYSICAL EXAMINATION: Temperature is 98.9°. In general appearance the patient is nontoxic. He does move with a little bit of difficulty due to some residual pain. His abdomen has high-pitched hyperactive bowel sounds throughout. He has a small umbilical hernia. This is soft and looks easily reducible, but is exquisitely tender to touch. There is no induration with the hernia itself. The incision site is somewhat retracted. There is faint erythema around it. There is no fluctuance. There is no focal area of tenderness within it. The abdomen itself has no focal areas of tenderness and no guarding.

IMPRESSION: The patient has continued abdominal pain and does not feel well along with having the chronic diarrhea. Likely sources are *Clostridium difficile* or overgrowth of other pathogens. There is also the possibility the patient could have an abscess related to his appendectomy.

PLAN: New CBC will be obtained, and his stool will be cultured for *Clostridium difficile*. Recommended he try using acidophilus milk or yogurt to try to re-colonize his GI tract with lactobacillus. If stool cultures, Lactobacillus are not successful, then we will proceed with a CT scan of the abdomen and try to determine whether or not there is an abscess or fluid collection present.

DWG:pw 01332pw

Dictated: 05/25/2004 16:25 DAVID W GAUGER, MD

Transcribed: 05/28/2004 11:12 SURGERY, GENERAL

Display document 624555L only

Level Of Service Level of Service
OFFICE VISIT E&M EST LOW-MOD SEVERITY 15 [99213]

Provider Information Authorizing/Billing Provider
GAUGER, DAVID W

Insurance Information Payor/Plan
(No coverage on file)

Discharge Disposition Assessment
No discharge assessments have been created.

| <u>Previous Visit</u> | <u>Date</u> | <u>Department</u> | <u>Provider</u> | <u>Encounter #</u> |
|-----------------------|-------------|---------------------|--------------------------------|--------------------|
| | 04/20/2004 | Tsc General Surgery | RONALD GRAFF, MD, Physician | 52309309 |

Patient Instructions Patient Instructions
None.

Routing History

Routing History

Encounter Status Closed by ZZINTERFACE, REGISTRATION IN on 5/27/04 at 5:05 AM

**Group Health
Cooperative**

OUTPATIENT NOTE

Patient Name: HASSAN, ALAA F
Consumer No.: 02697756
Service Date: May 25, 2004
Practitioner: DAVID W GAUGER, MD
Chart Home Base: TAC

MP

cc:

Mr. Hassan returns today because of complaints of continued pain in his lower abdomen and in his incision. In addition, his umbilicus is exquisitely tender to the touch. He reports he has been having frequent explosive type diarrhea. His wife reports that she thinks he has been running a fever, but she has not been taking his temperature.

PHYSICAL EXAMINATION: Temperature is 98.9°. In general appearance the patient is nontoxic. He does move with a little bit of difficulty due to some residual pain. His abdomen has high-pitched hyperactive bowel sounds throughout. He has a small umbilical hernia. This is soft and looks easily reducible, but is exquisitely tender to touch. There is no induration with the hernia itself. The incision site is somewhat retracted. There is faint erythema around it. There is no fluctuance. There is no focal area of tenderness within it. The abdomen itself has no focal areas of tenderness and no guarding.

IMPRESSION: The patient has continued abdominal pain and does not feel well along with having the chronic diarrhea. Likely sources are *Clostridium difficile* or overgrowth of other pathogens. There is also the possibility the patient could have an abscess related to his appendectomy.

PLAN: New CBC will be obtained, and his stool will be cultured for *Clostridium difficile*. Recommended he try using acidophilus milk or yogurt to try to re-colonize his GI tract with lactobacillus. If stool cultures, Lactobacillus are not successful, then we will proceed with a CT scan of the abdomen and try to determine whether or not there is an abscess or fluid collection present.

DWG:pw 01332pw

Dictated: 05/25/2004 16:25
Transcribed: 05/28/2004 11:12

DAVID W GAUGER, MD
SURGERY, GENERAL

Chart Copy

PRELIMINARY REPORT. Authenticated report available in EpicCare.

Office Visit

Alaa F Hassan (MR# 02697756)

| | | | | |
|--------------------------|---------------------------|-------------------------|--|-------------------------------------|
| Visit Information | <u>Date</u> 04/20/2004 | <u>Time</u> 10:50 AM | <u>Department</u> TSC GENERAL SURGERY | <u>Provider</u> RONALD GRAFF, MD |
|--------------------------|---------------------------|-------------------------|--|-------------------------------------|

Diagnoses Visit Diagnosis
SURGERY FOLLOWUP, OTHER [V67.09]

Allergies as of (No Known Allergies)
04/20/2004 **Date Reviewed:** 04/04/2004

Progress Notes

| | | | | |
|----------------------|-------------------|-----------|----------------------|-----------------|
| Transcription | <u>Type</u> | <u>ID</u> | <u>Date and Time</u> | <u>Author</u> |
| | GHC Progress Note | 576926L | 4/20/2004 11:08 AM | GRAFF, RONALD M |

Authenticated by GRAFF, RONALD M Physician on 4/23/2004 at 9:26 AM

Document Text

cc:

HISTORY
The patient returns for follow up after an appendectomy.

OBJECTIVE
His wound has improved significantly since I saw him about 1 week and is closing very well by secondary intention and will continue to do so.

PLAN
Of most interest, is the day after I saw him his pathology report showed up and showed that he truly had appendicitis but most interesting was the fact that he had Schistosomiasis with it. We have referred him to infectious disease and apparently has not seen them yet, but he will be seeing them today in an appointment for treatment of such. He is doing well otherwise. I will see him back on a p.r.n. basis.

RMG:dw 12044dfw
Dictated: 04/20/2004 11:08 RONALD M GRAFF, MD
Transcribed: 04/22/2004 12:27 SURGERY, THORACIC

Display document 576926L only

Level Of Service Level of Service
POST OP FOLLOW-UP VISIT GLOBAL [99024]

Provider Information Authorizing/Billing Provider
GRAFF, RONALD M

Insurance Information Payor/Plan
(No coverage on file)

Discharge Disposition Assessment
No discharge assessments have been created.

| Previous Visit | <u>Date</u> | <u>Department</u> | <u>Provider</u> | <u>Encounter #</u> |
|-----------------------|-------------|---------------------|--------------------------------|--------------------|
| | 04/13/2004 | Tsc General Surgery | RONALD GRAFF, MD, Physician | 52309669 |

Patient Instructions Patient Instructions
None.

Routing History

Routing History

Encounter Status Closed by ZZINTERFACE, REGISTRATION IN on 4/22/04 at 4:52 AM

**Group Health
Cooperative**

OUTPATIENT NOTE

Patient Name: HASSAN, ALAA F
Consumer No.: 02697756
Service Date: April 20, 2004
Practitioner: RONALD M GRAFF, MD
Chart Home Base: TAC



cc:

HISTORY

The patient returns for follow up after an appendectomy.

OBJECTIVE

His wound has improved significantly since I saw him about 1 week and is closing very well by secondary intention and will continue to do so.

PLAN

Of most interest, is the day after I saw him his pathology report showed up and showed that he truly had appendicitis but most interesting was the fact that he had Schistosomiasis with it. We have referred him to infectious disease and apparently has not seen them yet, but he will be seeing them today in an appointment for treatment of such. He is doing well otherwise. I will see him back on a p.r.n. basis.

RMG:dw 12044dfw

Dictated: 04/20/2004 11:08
Transcribed: 04/22/2004 12:27

RONALD M GRAFF, MD
SURGERY, THORACIC

Chart Copy

PRELIMINARY REPORT. Authenticated report available in EpicCare.

GHC Transcription

Alaa F Hassan (MR# 02697756)

Summary

Progress Notes

| Transcription | Type | ID | Date and Time | Author |
|---------------|-------------------|---------|--------------------|-----------------|
| | GHC Progress Note | 566726L | 4/13/2004 10:44 AM | GRAFF, RONALD M |

Authenticated by GRAFF, RONALD M Physician on 4/15/2004 at 9:12 AM

Document Text

cc:

The patient is seen postoperatively in followup of having had appendicitis with subsequent wound infection. He still complains of not feeling overall well. He complains of some pain generalized throughout the right lower abdomen, over to the umbilicus. The amount of drainage from the wound has decreased dramatically. He has finished his antibiotics, specifically Cipro. Previous culture showed Staphylococcus aureus that was sensitive to Augmentin as well as several other antibiotics, but is resistant to penicillin.

EXAMINATION

The wound now appears to be healing quite well and appears to be granulated shut over most of the area. It is probed lightly, but no opening is encountered, or fistula, or pocket of infection is evident. On palpation across the area, he does not feel any fluctuance. He has some normal incisional tenderness, but otherwise I do not palpate any abnormalities throughout the abdomen. He does not appear febrile or flushed.

ASSESSMENT

Wound presently healing.

PLAN

Will check CBC to make sure that there is no evidence of systemic infection present. If this is indeed normal, then he is to proceed with his present dressing changes until it closed over completely by secondary intention. If his white count is elevated, then I would recommend doing a CT scan to see if there is an area of abscess deep in the subcutaneous tissue or intra-abdominally as a source. The patient is given a prescription for 7 more days of Augmentin.

RMG:st 27307sjt

Dictated: 04/13/2004 10:44 RONALD M GRAFF, MD

Transcribed: 04/14/2004 20:23 SURGERY, THORACIC

Display document 566726L only

**Group Health
Cooperative**

OUTPATIENT NOTE

Patient Name: HASSAN, ALAA F
Consumer No.: 02697756
Service Date: April 13, 2004
Practitioner: RONALD M GRAFF, MD
Chart Home Base: TAC



cc:

The patient is seen postoperatively in followup of having had appendicitis with subsequent wound infection. He still complains of not feeling overall well. He complains of some pain generalized throughout the right lower abdomen, over to the umbilicus. The amount of drainage from the wound has decreased dramatically. He has finished his antibiotics, specifically Cipro. Previous culture showed Staphylococcus aureus that was sensitive to Augmentin as well as several other antibiotics, but is resistant to penicillin.

EXAMINATION

The wound now appears to be healing quite well and appears to be granulated shut over most of the area. It is probed lightly, but no opening is encountered, or fistula, or pocket of infection is evident. On palpation across the area, he does not feel any fluctuance. He has some normal incisional tenderness, but otherwise I do not palpate any abnormalities throughout the abdomen. He does not appear febrile or flushed.

ASSESSMENT

Wound presently healing.

PLAN

Will check CBC to make sure that there is no evidence of systemic infection present. If this is indeed normal, then he is to proceed with his present dressing changes until it closed over completely by secondary intention. If his white count is elevated, then I would recommend doing a CT scan to see if there is an area of abscess deep in the subcutaneous tissue or intra-abdominally as a source. The patient is given a prescription for 7 more days of Augmentin.

RMG:st 27307sjt

Dictated: 04/13/2004 10:44

Transcribed: 04/14/2004 20:23

RONALD M GRAFF, MD

SURGERY, THORACIC

Chart Copy

PRELIMINARY REPORT. Authenticated report available in EpicCare.

NAME: HASSAN

ALAA



TELEPHONE CONSULTATION

CSR# 02697756

CHART: TAC PRAC: ;

DOB: 06/09/65 38 YR SEX: M

** CHART
*** CONSUMER# 02697756

CALL: DATE 04/13/04 TIME 17:07 CSR#: 02697756
COMMENTS: 253-627-8416

RECEIVED BY: Molly A Mayes-Anders RECEIVED AT: 185
CALLER: Spouse SMOKER: TEMPERATURE: PREGNANT: N LMNP:
CHRONIC ILLNESS: APPENDECTOMY with POST-OP INFEC. 03/26/04
ALLERGIES: NKDA

CALL DATA

COMPLAINT:

pt. had staph inf and is looking for cbc from this am. mm/pcr=test result

PATIENT DATA:

Wife states Dr Graff's Office called earlier (females voice), "left kind'a garbled message on cell phone about need to call and talk with her ASAP". Wonders if might have smething to do with CBC done earlier to day?

Protocol: Test results

Caller may legally receive results: Yes, translator or adult requesting with permission of patient.

Type of test results requested: CBC

Results suggest new diagnosis and/ or are sensitive in nature: No

Patient's current condition: Felling some better

ASSESSMENT:

{Test}

{Tests - knowledge deficit}

C4110: 78:-(39.20.1)Test results, CBC

PLAN:

{General Information/ Other}

CN gave wife CBC results of 04/13/04 per EPIC, all components within normal range. CN advised patient call Dr Graff's Office tomorrow during normal hours.

A295: 78:-Test results given to caller.

May call CNS 24/7 for concerns.

May call CNS 24/7 if sx worsen.



NAME: HASSAN

ALAA



TELEPHONE CONSULTATION

CSR# 02697756

CHART: TAC PRAC: ;

DOB: 06/09/65 38 YR SEX: M

** CHART
*** CONSUMER# 02697756

Molly A Mayes-Anderson
04/13/2004 09:04:11 PM

CURRENT MEDS: AMOX-CLAVULANIC

Office Visit

Alaa F Hassan (MR# 02697756)

| Visit Information | Date | Time | Department | Provider |
|-------------------|------------|---------|---------------------|------------------|
| | 04/01/2004 | 2:00 PM | TSC GENERAL SURGERY | DAVID GAUGER, MD |

Visit Summary

Diagnoses Visit Diagnosis
SURGERY FOLLOWUP, OTHER [V67.09]

Allergies as of (Not on File)
04/01/2004

Vitals

Progress Notes

| Transcription | Type | ID | Date and Time | Author |
|---------------|-------------------|---------|------------------|-----------------|
| | GHC Progress Note | 553478L | 4/1/2004 3:29 PM | GAUGER, DAVID W |

Authenticated by GAUGER, DAVID W Physician on 4/7/2004 at 1:37 PM

Document Text

cc:

HISTORY

This is a 39-year-old man who underwent an appendectomy for a nonperforated appendix approximately 6 days ago. Initially, he was doing well but within the last 48-hours he has had increased pain in his incision. He has had normal bowel movements x 2 although the last bowel movement was 2 days ago. He reports he is passing gas.

PHYSICAL EXAMINATION

Temperature 99.8°. General appearance is an uncomfortable although healthy-appearing white male in mild distress. ABDOMEN: Nondistended. There are bowel sounds present. The site of his appendectomy is closed. There is edema in the skin around the appendix site plus some erythema present. There is no crepitus in the wound. The wound was prepped and draped in a sterile fashion and infiltrated with 1% Xylocaine. The wound was reopened causing drainage of a small amount of nonfoul-purulent material. This was cultured and sent for culture and sensitivity. Blunt dissection was used to break up any loculations in the incision.

IMPRESSION

Wound infection.

PLAN

Wound was opened and packed with plain NuGauze. His wife will be instructed by the nursing staff on how to pack the wound. He will be started on Cipro 500 mg p.o. b.i.d. and he is also given some Phenergan. He reports that when he was in the hospital, he was taking little blue pills along with his pain pills that really helped his level of comfort after surgery. He will be seen back in clinic tomorrow for followup.

DWG:dw 04466dw

Dictated: 04/01/2004 15:29 DAVID W GAUGER, MD
Transcribed: 04/06/2004 07:25 SURGERY, GENERAL

Display document 553478L only



Level Of Service Level of Service
POST OP FOLLOW-UP VISIT GLOBAL [99024]

Provider Information Authorizing/Billing Provider
GAUGER, DAVID W

Insurance Information Payor/Plan
(No coverage on file)

Discharge Disposition Assessment
No discharge assessments have been created.

Patient Instructions Patient Instructions
None.



Routing History

Encounter Status Closed by ZZINTERFACE, REGISTRATION IN on 4/3/04 at 2:09 PM

**Group Health
Cooperative**

OUTPATIENT NOTE

Patient Name: HASSAN, ALAA F
Consumer No.: 02697756
Service Date: April 01, 2004
Practitioner: DAVID W GAUGER, MD
Chart Home Base:

DFC
VF

cc:

HISTORY

This is a 39-year-old man who underwent an appendectomy for a nonperforated appendix approximately 6 days ago. Initially, he was doing well but within the last 48-hours he has had increased pain in his incision. He has had normal bowel movements x 2 although the last bowel movement was 2 days ago. He reports he is passing gas.

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IMPRESSION

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DWG:dw 04466dw

Dictated: 04/01/2004 15:29

Transcribed: 04/06/2004 07:25

DAVID W GAUGER, MD

SURGERY, GENERAL

Chart Copy

PRELIMINARY REPORT. Authenticated report available in EpicCare.

2697754
TAC

HISTORY & PHYSICAL EXAMINATION

Date: March 27, 2004



ADMISSION DIAGNOSIS: Abdominal pain, probable appendicitis.

HISTORY OF PRESENT ILLNESS: The patient is a 38-year-old male who presents with a one to two-day history of progressive abdominal pain that was initially somewhat generalized, but has localized to the right lower quadrant primarily. He has had no documented fevers, or denies such. He has no urinary symptoms.

PAST MEDICAL HISTORY: No major medical illnesses or surgeries.

CURRENT MEDICATIONS: None.

ALLERGIES: No known medication allergies.

REVIEW OF SYSTEMS:

HEAD/NECK: Negative.

PULMONARY: Negative.

CARDIAC: Negative.

GASTROINTESTINAL: Negative other than noted above.

GENITOURINARY: Negative.

MUSCULOSKELETAL: Negative.

NEUROLOGIC: Negative.

HABITS: Negative.

PHYSICAL EXAMINATION:

GENERAL: This is a well-nourished, well-developed male in mild discomfort. He is afebrile.

HEENT: Negative.

LUNGS: Clear.

HEART: Regular rate and rhythm.

ABDOMEN: There is tenderness in the right lower quadrant with guarding.

EXTREMITIES: Negative.

NEUROLOGIC: No focal or lateralizing signs.

LABORATORY DATA: White blood count 10,000. CT scan was obtained, which showed evidence of appendicitis with a dilated appendix.

ASSESSMENT: Abdominal pain, probable appendicitis.

M

HASSAN, Alaa F
MR# 00979441
ACCT# 456715895
SSN 532-53-2086
DOB 06/09/1965
Admit 03/27/2004
Room# TGH
DOCTOR NODOC

HISTORY AND PHYSICAL EXAMINATION

Tacoma General Hospital
Mary Bridge Children's Health Center
Allenmore Hospital



P.O. Box 5299, Tacoma, WA 98415, 253-403-1000

M

PLAN: Appendectomy. A PAR conference was held with the patient and his friend regards to such. They understand and wish to proceed, and we will proceed with this on an urgent basis.

Dictated & Authenticated By:

jlk
dd: 03/27/2004 1920
dt: 04/01/2004 1155 Job #5008
cc Group Health business office
(209 MLK Way, Tacoma 98405, Attn: Denise Traeger)

RONALD M GRAFF, MD
General Surgery

HASSAN, Alaa F
MR# 00979441
ACCT# 456715895
SSN 532-53-2086
DOB 06/09/1965
Admit 03/27/2004
Room# TGH

HISTORY AND PHYSICAL EXAMINATION

Tacoma General Hospital
Mary Bridge Children's Health Center
Allenmore Hospital

MultiCare 
Page 2 of 2