

Electronically Filed
FIRST CIRCUIT
1CCV-21-0000683
31-MAR-2026
02:17 PM
Dkt. 388 EXH

EXHIBIT “B”

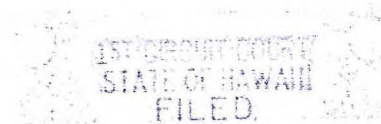
TO

DEFENDANTS

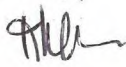
**PATRICK J. O’DONNELL, M.D.; SUSAN
TAN, M.D.; AND KAPI’OLANI MEDICAL
SPECIALISTS’ MEMORANDUM IN
SUPPORT OF MOTION FOR
SUMMARY JUDGMENT**

**FILED
UNDER
SEAL**

Name: Jared James
Address: 2421 Tusitala St. Apt. 402
Honolulu, HI 96815
Telephone Number:(808) 800 6588



2021 MAY 25 PM 2:29


CLERK

Electronically Filed
FIRST CIRCUIT
1CCV-21-0000683
25-MAY-2021
02:26 PM
Dkt. 1 CMP

IN THE CIRCUIT COURT OF THE FIRST CIRCUIT
STATE OF HAWAII

COMPLAINT, INITIATING DOCUMENT

Civil No. 1CCV NO. 21 • 0000683
JAMES H. ASHFORD

Plaintiff/Petitioner; Jared James

vs.

Defendant/Respondent; Dr. Patrick J. O'Donnell MD, Dr. Susan Tan MD, Dr. Selena Peters MD,
Merla Takenaka RN, Kapiolani Medical Specialists, Kapiolani Medical Center for Woman and
Children, Hawaii Pacific Health

EXHIBIT "B"

Kapiolani Medical Center
Children's Hospital
Medical Malpractice/Battery Assault II
May 26, 2016

Medical Malpractice/Battery, Assault II Claim

On May 26, 2016 Kapiolani Medical Center did surgery on me without Consent (**Exhibit 1**). I had problems with my nasal valves collapsing on inhalation for years, and did extensive research and analysis on the topic and decided on a specific course of action involving taking cartilage from the ear, and bracing the nasal valves with it, to prevent collapse. I contacted Dr. Patrick O'Donnell, a pediatric surgeon at Kapiolani, to perform this operation. My only concern was nasal valve collapse (vestibular stenosis) (**Exhibit 2**). He agreed to perform this specific surgical procedure and told me it would be a dual-surgeon operation with his colleague Dr. Susan Tan.

The day of surgery, Dr. Patrick O'Donnell skipped the informed consent process and did numerous surgeries on me against my will. I have never met Dr. Susan Tan, presumably she entered the operating room after I was sedated and left before I regained consciousness, also skipping informed consent. Dr. Patrick O'Donnell cut out soft-tissue in my turbinates (air processing organs), he also cut out a large portion of the septal cartilage (the cartilage in between the nostrils), and used that to brace the nasal valves, instead of ear cartilage. Dr. O'Donnell cut an enormous piece of septal cartilage out of the tip of my nose, which causes me incredible pain all the time (especially when touched), and it is now extremely painful to smile because the cartilage, and likely bone, in my nose above my lip has been removed and smiling causes pressure in this area. After surgery I questioned Dr. O'Donnell (in meetings I audio recorded) and he explained and drew on a diagram telling me he cut the back of the septal cartilage out during surgery, when in fact he cut the front of it out, which is easily provable. That diagram is attached (**Exhibit 3**).

Dr. O'Donnell also stuck a metal rod called a "Goldman Bar" into my skull and broke bone(s) inside my sinuse(s) (**Exhibit 4**), this vicious procedure is nowhere on the informed consent I never saw or signed, and he never told me about it after the surgery in our audio recorded

conversations. I now have a diagnosed condition called Empty Nose Syndrome (ENS) (**Exhibit 5**) which is horribly painful and affects me every day of my life, every second. Every breathe I take is painful, and the more I breathe the more pain I feel. Dr. Patrick O'Donnell and Dr. Susan Tan at Kapiolani Medical Center did this to me while I was sedated and unable to stop them. ENS is classified as an iatrogenic disorder, which means it is caused by medical intervention.

Dr. Patrick O'Donnell and Rosel Cerezo both signed as witnesses on an informed consent document dated March 1, 2016 (**Exhibit 6**). This is an in-house notary, but remarkably they both signed it without me seeing it, or me even being present on that Tuesday. Rosel Cerezo then scanned this document that did not have my signature on March 2, 2016 at 1:07pm. I never saw this document until I requested the medical records after surgery. Additionally Dr. O'Donnell changed the surgery multiple times, including on February 29, 2016 where he claims to have "spoke" with me (**Exhibit 7**). He says in the medical report "the risks, benefits, alternatives of surgery were discussed in detail". I never spoke to him, there are no hospital records of me visiting the hospital, no insurance records, and no phone calls, I have the phone records requested from the Federal Communication Commission attached (**Exhibit 8**).

Exhibits

- 01 - Admission of No Informed Consent
- 02 - Referral Exclusively for Nasal Valve Collapse/Vestibular Stenosis
- 03 - Septal Cartilage Harvest Diagram
- 04 - Surgical Report
- 05 - Empty Nose Syndrome Diagnosis
- 06 - Signed Consent Without Patient Signature, or Presence
- 07 - Never Contacted Me
- 08 - No Phone Call
- 09 - Hypothermia
- 10 - Battery
- 11 - State Inaction
- 12 - Typical Rhinology Settlement

The full medical records, and all audio recordings of follow-up appointments with Dr. Patrick O'Donnell after surgery are located on this cloud drive;

<https://drive.google.com/folderview?id=106I-04KwvCgw1xsoKCT20bgEs2EHITrU>

Admission of No Informed Consent



Hawaii Pacific Health

Kapi'olani • Pali Momi • Straub • Wilcox

KAPIOLANI WOMEN & CHILDREN
HOS
1319 Punahou St
Honolulu HI 96826-1001
Hospital Encounter

JAMES, JARED P
MRN: 32622545
DOB: 8/12/1982, Sex: M
Enc. Date: 09/16/16

Progress and Other Notes

Progress Notes by O'Donnell, Patrick J, MD

9/16/2016 8:32 AM

Author: O'Donnell, Patrick J, MD

Service: (none)

Author Type: Physician

Filed: 9/16/2016 8:49 AM

Note Time: 9/16/2016 8:32 AM

Status: Signed

Editor: O'Donnell, Patrick J, MD (Physician)

9/16/2016 :

I evaluated the patient in the office Monday.

It was brought to my attention that the version of the surgical consent scanned into our EMR a couple months prior to his operation was not signed by the patient. Written informed consent was obtained the morning of surgery. Per our hospital protocol, we are unable to move patients from the preoperative area to the operating room without a signed consent. This is always checked and confirmed by both the preoperative team and the operating room team. It appears as though the consent we completed the morning of surgery was not scanned. ~~The unsigned surgical consent form in our EMR was scanned by my medical assistant on March, 2 months before the patient's surgery.~~ When my staff does this, the expectation is that the patient and I will formally review and sign the consent on the morning of surgery in the preoperative area. That is my standard practice. Those consents then typically will be scanned at a later time by medical records. I asked medical records to try and locate the patient's paper chart to find and scan the signed consent. They told me the paper chart has already been shredded.

The preoperative and operative teams work together and are very thorough in preventing any patient from proceeding from the preoperative area to surgery without a formal signed consent. This is in preparation for a formal "time out" that is performed in the operating room before each and every operation. It is my recollection that we followed this protocol, signed and completed the operative consent form on the morning of Mr. James' surgery. It is my standard practice to visit with each and every patient on the day of their surgery prior to the operation to confirm the surgery to take place, review the consent, and present the opportunity for any patient questions or concerns. I am certain this occurred on the day of Mr. James' surgery before his operation. From my recollection, together we reviewed expectations from surgery, risks and potential complications, and the possibility of septal cartilage harvest the day of surgery. At that time, we reviewed and signed the surgical consent.

Patrick J. O'Donnell, MD, FACS
Kapi'olani Medical Specialists
Otolaryngology - Head and Neck Surgery
P: (808) 983-6447 F: (808) 983-8854

Procedure Notes

No notes of this type exist for this encounter.

Orders

9/16/2016

Referral Exclusively for
Nasal Valve Collapse (Vestibular Stenosis)



Hawaii Pacific Health

Kapi'olani • Pali Momi • Straub • Wilcox

KAPIOLANI WOMEN & CHILDREN
HOS
1319 Punahou St
Honolulu HI 96826-1001

JAMES, JARED P
MRN: 32622545
DOB: 8/12/1982, Sex: M
Enc. Date: 09/16/16

ADULT NEW PATIENT HISTORY FORM

To our new patients: To help us establish each patient with our practice, please provide us your complete health history including all physical and mental symptoms.

PERSONAL HISTORY

Name: Jared James Date of Birth: 8/12/82 (mm/dd/yyyy) Age: 33
Occupation: _____ Birthplace: _____ (City & Country)
Height: 10'2" inches Weight: 230 (lbs or Kg)
Primary Care Doctor: Dr. Zane Referred by (if different): _____
Preferred Language for consultation - 1st: Eng 2nd: _____ (English, Japanese, etc.)
Preferred Pharmacy for us to call in medications (if necessary): any

REASON FOR YOUR VISIT:

vesicular stenosis

ALLERGIES: (Medicines, Foods, Pollens, Pets etc.)
Allergies: clitac

☐ No Known Medication

CURRENT MEDICATIONS & INHALERS: ☐ I have a list with me

gabapentin 100mg 1 times / Day
Depression medicine gabapentin
☐ Check here if you do not take any medications

PERSONAL MEDICAL HISTORY

Check those that apply:

- | | | |
|--|---|--|
| ☐ High Blood Pressure | ☐ Asthma | ☐ Acid Reflux |
| ☐ High Cholesterol | ☐ Bronchitis/Emphysema | ☐ Stomach Ulcer |
| ☐ Heart Disease | ☐ Anemia | ☐ Irritable Bowels |
| ☐ Stroke | ☐ Kidney Disease | ☐ Eye Problems/Glaucoma |
| ☐ Diabetes | ☐ Jaundice/Liver Disease | ☐ Easy Bleeding or Bruising |
| ☐ Thyroid Problem | ☐ Migraines | ☐ Cancer |

PAST MEDICAL, SURGICAL & TRAUMA HISTORY

List prior Surgeries, Major Illnesses, Injuries, & Hospitalizations

Date/Month and Year

LIFESTYLE / SELF-CARE ISSUES

- Do you smoke cigarettes? ☐ YES ☒ NO If yes, how many? # _____ yrs. _____ packs per day
Did you ever smoke? ☐ YES ☒ NO If yes, when did you quit? _____
Do you drink alcohol? ☐ YES ☒ NO If yes, how much? Type _____ & _____ drinks per week
Do you drink caffeinated beverages? ☐ YES ☒ NO If yes, which? _____
Do you use recreational drugs? ☐ YES ☒ NO If yes, which? _____

-- CONTINUED ON THE OPPOSITE SIDE --

Scan on 2/26/2016 2:39 PM by Hauki-Williams, Sean : PATIENT HISTORY (below)



Hawaii Pacific Health

Kapi'olani • Pali Momi • Straub • Wilcox

KAPIOLANI WOMEN & CHILDREN
HOS
1319 Punahou St
Honolulu HI 96826-1001

JAMES, JARED P
MRN: 32622545
DOB: 8/12/1982, Sex: M
Enc. Date: 09/16/16

Scan on 2/26/2016 2:08 PM by Hauki-Williams, Sean : O'DONNELL/HMSAQ (below)

02-26-16:03:06AM:

:8088532123

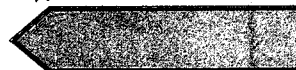
3/ 8

Kalihi-Palama Health Center (KSC)
Kaaahi Street Clinic 546 Kaaahi Street, Honolulu, HI 96817-4630
(808) 791-6342 Fax: (808) 853-2133

02/26/2016 01:15 PM

Referral Form									
PCP: Kalihi Palama Health Center Referring Provider: Suzanne M Jones 915 N King St Honolulu, HI, 96817 Phone: (808) 848-1438 Fax: (808) 843-7270	Specialist: ENTENT Phone: Fax:								
Patient Name: Jared James KPHC Patient ID: 12076703 DOB: 08/12/1982 Sex: M Address: 3020 Waialae Ave Honolulu, HI, 96817 Home Phone: Cell Phone: (907) 957-6791 Language: Race:	<table border="1"> <tr> <td>PCP</td> <td>Kalihi Palama Health Center</td> </tr> <tr> <td>Provider ID</td> <td></td> </tr> <tr> <td>Insurance</td> <td>HMSA Quest FFS</td> </tr> <tr> <td>Insuredid</td> <td>0002217141</td> </tr> </table> Insurance Auth#: Insurance Auth End: 01/06/2017	PCP	Kalihi Palama Health Center	Provider ID		Insurance	HMSA Quest FFS	Insuredid	0002217141
PCP	Kalihi Palama Health Center								
Provider ID									
Insurance	HMSA Quest FFS								
Insuredid	0002217141								

Code	Description	Diagnoses
ENTREF	ENT Referral	NASAL VALVE COLLAPSE (ICD-M95.0) (ICD10-M95.0)
Comment	reason for visit: patient would like to discuss repair of right nasal valve collapse pt availability (day of week, time): language barrier: none	

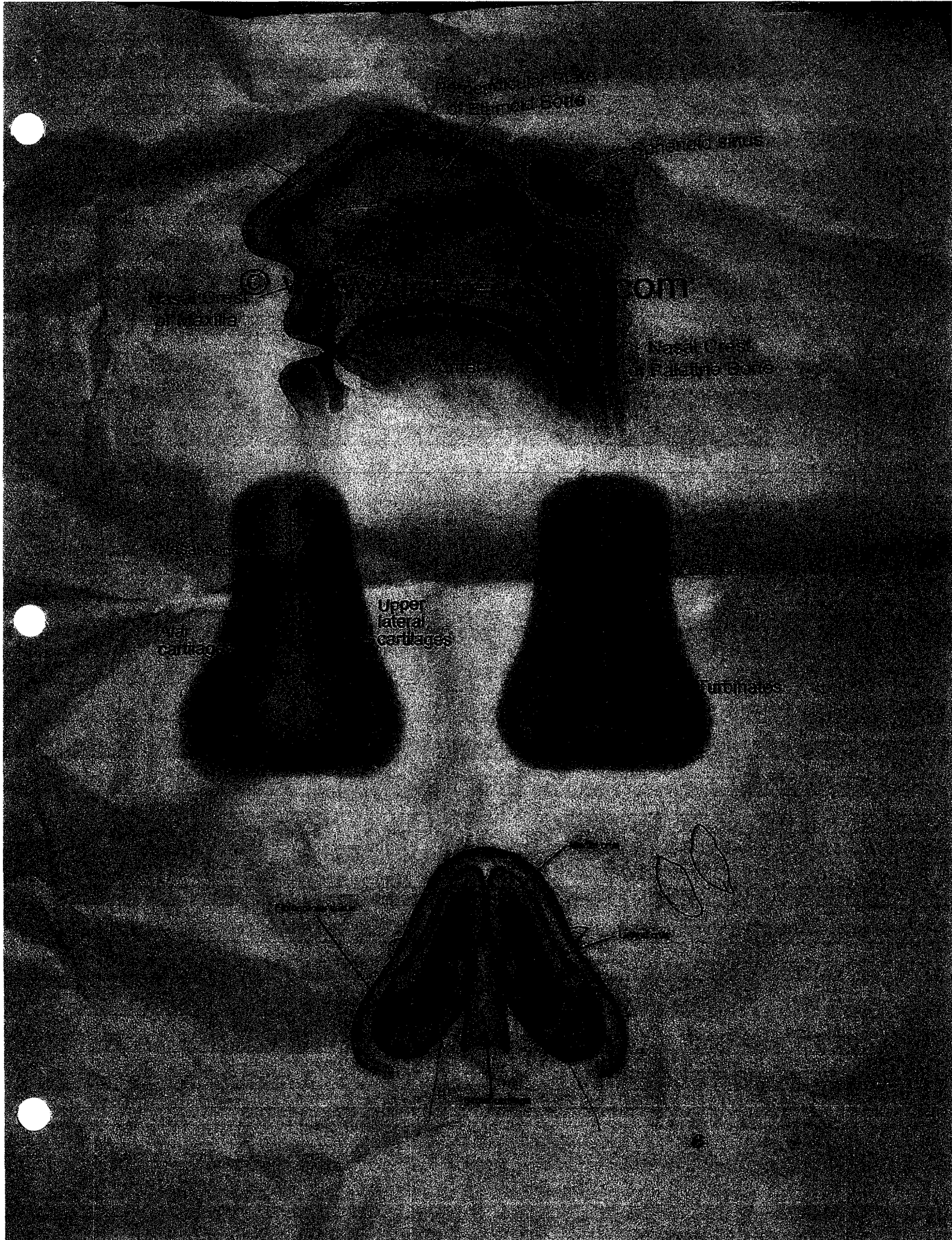


KPHC Referral #: 403720-1
 Electronically signed by: Suzanne M Jones
 Signed on: 1/6/2016 1:59:51PM

Referral Specialist Eleanora M Soswa

Scan on 2/26/2016 2:12 PM by Hauki-Williams, Sean : DEMOGRAPHICS (below)

Septal Cartilage Harvest Diagram



Surgical Report

Exhibit 04
Surgical Report



Hawaii Pacific Health

Kapi'olani • Pali Momi • Straub • Wilcox

KAPIOLANI WOMEN & CHILDREN
HOS
1319 Punahou St
Honolulu HI 96826-1001
Hospital Encounter

JAMES, JARED P
MRN: 32622545
DOB: 8/12/1982, Sex: M
Acct #: 209322874
Adm: 5/26/2016, D/C: 5/26/2016

Procedure Notes

Procedures by O'Donnell, Patrick J, MD

5/26/2016 1:28 PM

Author: O'Donnell, Patrick J, MD

Service: Otolaryngology

Author Type: Physician

Filed: 5/26/2016 10:02 PM

Note Time: 5/26/2016 1:28 PM

Status: Signed

Editor: O'Donnell, Patrick J, MD (Physician)

Procedures

1. HX NASAL SEPTUM SURGERY [SHX037 (Custom)]
2. CARTILAGE GRAFT; NASAL SEPTUM [20912 (CPT®)]
3. ABLATION, INFERIOR TURBINATES, UNI/BILT; INTRMURL [30802 (CPT®)]

Patient: Jared P James

DOB: 8/12/1982

Date of Service: 5/26/2016

Surgeon: Patrick J. O'Donnell, MD

Operation: Bilateral Alar Batten Grafts Harvested from the Nasal Septal Cartilage, Inferior Turbinate Submucous Ablation (30802)

Preoperative Diagnosis: External Nasal Valve Collapse, Inferior Turbinate Hypertrophy

Postoperative Diagnosis: same

Indication: Jared P James is a 33 yr old male with a history of nasal septal deviation and turbinate hypertrophy. He presented to me with symptoms of chronic nasal pressure, congestion, and obstruction. The risks, benefits, and alternatives of the above surgeries were discussed with the patient, including bleeding, infection, cosmetic dissatisfaction, and failure to improve symptoms, and he has elected to proceed with the operation. Informed consent was obtained.

Anesthesia: General Endotracheal

EBL: <5cc

Complications: none

Findings: We had originally planned on obtaining grafts from the conchal cartilage. However, after examining his nose, he did in fact have residual septal cartilage available for grafting. Further, the residual septal cartilage was slightly deviated to the left. This area was removed and used to harvest the grafts.

Operative Technique:

The patient's area of maximum nasal valve collapse was marked while awake in the pre-op area. He was brought to the operating room, identified, and placed on the operating table in a supine position. After satisfactory general anesthesia was achieved. Cotton pledgets soaked with 0.05% oxymetazoline solution were inserted into the nasal cavities bilaterally. The patient was prepped and draped in the usual fashion for sinus surgery. After five minutes, the pledgets were removed and 10 ml of 1% lidocaine with 1:100,000 epinephrine were injected into the septum and collumela.

A hemitransfixion incision was made on the left side with a #15 blade. A subperichondrial/subperiosteal pocket was then elevated posteriorly until enough septal cartilage was harvested.

A rim incision was made on the right and left sides and a small pocket was fashioned in the intercartilagenous area underlying the skin marking. Batten grafts were then sized and carved by beveling the edges. The grafts were inserted into the pocket.



Hawaii Pacific Health

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Hospital Encounter

JAMES, JARED P
MRN: 32622545
DOB: 8/12/1982, Sex: M
Acct #: 209322874
Adm: 5/26/2016, D/C: 5/26/2016

Procedure Notes (continued)

Procedures by O'Donnell, Patrick J, MD (continued)

5/26/2016 1:28 PM

A small stab incision was made at the anterior tip of the right inferior turbinate. An Arthrocare turbinate wand was used to reduce the turbinates submucosally, and the conchal bone outfractured with a Goldmann bar leaving the mucosa intact.

The hemitransfixion incision was then reapproximated with 4x 4-0 chromic sutures. A quilting mattress plain gut suture was used to bring the mucoperiochondrium together. Doyle splints were inserted on each side and sutured through the columella with a 3-0 nylon. Kennedy merocel packs bilaterally were placed and tied to the front of the nose. The patient tolerated the procedure well and was awakened, extubated, and transferred to the recovery room in stable condition.

Patrick J. O'Donnell, MD
Otolaryngology - Head and Neck Surgery
5/26/2016

Orders
5/26/2016

All Orders (05/26/16 - 05/26/16)

DISCHARGE [141699628]

Electronically signed by: **O'Donnell, Patrick J, MD on 05/26/16 1332**
Ordering user: O'Donnell, Patrick J, MD 05/26/16 1332
Authorized by: O'Donnell, Patrick J, MD
Frequency: ONCE 05/26/16 1345 - 1 Occurrences

Ordering provider: O'Donnell, Patrick J, MD
Status: **Discontinued**
Discontinued by: System, Process 05/26/16 1918 [AUTO-D/C ON DISCHARGE]

FOLLOW UP AFTER DISCHARGE [141699629]

Electronically signed by: **O'Donnell, Patrick J, MD on 05/26/16 1332**
Ordering user: O'Donnell, Patrick J, MD 05/26/16 1332
Authorized by: O'Donnell, Patrick J, MD
Frequency: 05/26/16 -
Comments:

Ordering provider: O'Donnell, Patrick J, MD
Status: **Active**

Follow up with Dr. Patrick J O'Donnell on Tuesday for splint removal. Please call the office during regular business hours at (808) 983-6447 to schedule a follow up appointment.

AVS RESTRICTIONS: NO STRENUOUS EXERCISE [141699630]

Electronically signed by: **O'Donnell, Patrick J, MD on 05/26/16 1332**
Ordering user: O'Donnell, Patrick J, MD 05/26/16 1332
Authorized by: O'Donnell, Patrick J, MD
Frequency: 05/26/16 -

Ordering provider: O'Donnell, Patrick J, MD
Status: **Active**

AVS RESTRICTIONS: NO HEAVY LIFTING [141699631]

Electronically signed by: **O'Donnell, Patrick J, MD on 05/26/16 1332**
Ordering user: O'Donnell, Patrick J, MD 05/26/16 1332
Authorized by: O'Donnell, Patrick J, MD
Frequency: 05/26/16 -
Comments:

Ordering provider: O'Donnell, Patrick J, MD
Status: **Active**

Do not lift anything heavier than a gallon of milk for 1 week

Empty Nose Syndrome
(Diagnosis)

Exhibit 05
Empty Nose Syndrome

THE QUEEN'S HEALTH SYSTEMS

11/2/2016

Jared James | MRN #: 1163605

Office Information

Name	Address	Phone	Fax
Head and Neck Institute	1380 LUSITANA STREET POB 1 SUITE 615 Honolulu HI 96813-1623	808-691-7215	808-691-7214

Progress Notes by Alam, Daniel S, MD at 03/14/17 0658

Author: Alam, Daniel S, MD	Service: (none)	Author Type: Physician
Filed: 04/26/17 1343	Note Time: 03/14/17 0658	Note Type: Progress Notes
Status: Addendum	Editor: Alam, Daniel S, MD (Physician)	

Late Entry

This patient returns with h/o nasal obstruction. He has a mild septal deviation but evidence of boggy nasal mucosa.

Airway exam show patent airway with evidence of multiple prior surgeries and reduced turbinates

Impression

The relative lack of pronounced anatomical obstructive findings correlating to the symptoms of this patient along with the history of multiple procedures suggest empty nose syndrome .

I have advised him further surgery could worsen empty nose symptoms

Daniel Alam, MD

Electronically signed by Alam, Daniel S, MD at 03/14/17 0705

Electronically signed by Alam, Daniel S, MD at 04/26/17 1343

Revision History

Chart Review Routing History

Routing history could not be found for this note. This is because the note has never been routed or because communication record creation was suppressed.

Roland F. S. Tam, M.D.

OTOLARYNGOLOGY

2228 LILIHA STREET, SUITE 409

HONOLULU, HAWAII 96817

TELEPHONE: (808) 531-7021

FAX: (808) 531-7022

April 24, 2017

Erlinda Cachola, M.D.

Fax: 845-1783

RE: JAMES, Jared

BD: 08-12-82

Dear Linda,

The patient is a 34 year-old man seen on 04-21-17.

In August 2011, he had nasal surgery while in Anchorage, Alaska.

On 05-26-16, the patient had nasal surgery by Patrick O'Donnell, M.D., Honolulu.

The patient complains regarding the nose. It is sore. It is dry inside. He has the sensation as if he cannot breathe through the nose. "Breathing causes pain." He says that he cannot feel air going in.

The patient looked up "Empty Nose Syndrome" on the internet.

He feels better when he wears a mask over the nose. There is pain when he smiles. Air conditioning cold air bothers him.

Impression: 1. His symptoms are consistent with Empty Nose Syndrome.

I do not have any experience with this syndrome.

He may be seeking help from specialists on the Mainland.

Please feel free to call me if you have any questions.

I thank you very kindly.

Sincerely,

Roland

Roland F.S. Tam, M.D.



26120

Enclosure: copy of articles from the Internet (#1 MetroHealth System, #2 American Rhinologic Society)

Signed consent
Without patient signature (or presence)

Exhibit 06
Non-signed Consent



Hawaii Pacific Health

Kapi'olani • Pali Momi • Straub • Wilcox

KAPIOLANI WOMEN & CHILDREN
HOS
1319 Punahou St
Honolulu HI 96826-1001

JAMES, JARED P
MRN: 32622545
DOB: 8/12/1982, Sex: M
Enc. Date: 09/16/16

James, Jared
M 33 years DOB: 8/12/1982
Dept: ENT ADULT & PEDS - KNS
VType: NEW Rpt: 2/26/16 1:00 PM
PDR: O'DONNELL, PATRICK J HAR:
P/F QST INT HNSA ABD/QST I* Guar ID: 601153725
EMPI#: 32622545 CSN: 51324049



HAWAII PACIFIC HEALTH

CONSENT FOR MEDICAL AND SURGICAL PROCEDURES -

You have the right and obligation to make decisions concerning your healthcare. Your physician/practitioner has the duty to provide you with the necessary information and advice; however you are responsible to participate in the decision-making process. Please feel free to ask any questions. Your signature on this form acknowledges your understanding of and agreement to the treatment recommended by your physician/practitioner after being informed of the risks, benefits and alternatives.

1. I hereby authorize Dr. O'Donnell (and the associates, assistants and/or residents s/he has described to me) to treat the following condition(s) which has (have) been explained to me, as follows:
Professional Language:

External nasal valve collapse
Turbinate hypertrophy

Ordinary or Lay Language:

cannot breathe through nose

2. The procedure(s) planned for treatment of my condition(s) has (have) been explained to me by the responsible practitioner/physician (and/or any associate/assistant involved in my care) as follows:

Professional Language: Bilateral Alar batten grafting using 21235
conchal auricular cartilage 30802
Intraoral turbinate reduction

Ordinary or Lay Language: Put grafts in nose to try and help
breathing; shrink turbinates

3. Risks/Benefits of Proposed Procedure(s):

- A. I have been informed that there may be significant risks associated with the procedure(s), including but not limited to severe loss of blood, infection, injury to blood vessels, injury to adjacent organs, cardiac arrest, and other consequences that can lead to death or permanent or partial disability. In addition, specific risks associated with this procedure are as follows:

cosmetic dissatisfaction, no change in symptoms,
wound infection, bleeding

- B. The material benefits of having the procedure(s) have been explained to me as:

hopefully breathe better through nose

- C. The alternatives to the procedure(s) have been explained to me and include:

No surgery, nasal sprays

4. **Complications/Unforeseen Conditions/Results:** I am aware that in the practice of medicine, other unexpected risks or complications not discussed may occur. I also understand that during the course of the proposed procedure(s) unforeseen conditions may be revealed requiring the performance of additional procedures, and I authorize such procedures to be performed. I further acknowledge that no guarantees or promises have been made to me concerning the results of any procedure or treatment.

Schedule with Dr. Tan.
as co-surgeon
(1.5 hrs)

FORM #440 (Revised 07/15)

Scan on 3/2/2016 1:07 PM by Cerezo, Rosel : SURGERY PACKET/DOS:04/08/2016 (below)



Hawaii Pacific Health

Kapi'olani • Pali Momi • Straub • Wilcox

KAPIOLANI WOMEN & CHILDREN
HOS
1319 Punahou St
Honolulu HI 96826-1001

JAMES, JARED P
MRN: 32622545
DOB: 8/12/1982, Sex: M
Enc. Date: 09/16/16

James, Jared
M 33 years DOB: 8/12/1982
Dept: ENT ADULT & Peds - KMS
VType: NEW
PVD: O'DONNELL, PATRICK J
P/F QST INT HMSR ABD/QST I
EMPI#: 32622545
MRN: 32622545
Enc#: 10737346
Appt: 2/26/16 1:00 PM
HRR:
GuarID: 601153725
CSN: 51324049



CONSENT FOR MEDICAL AND SURGICAL PROCEDURES -

5. **Blood Transfusion:** I consent to transfusion of blood products (including whole blood, red blood cells, plasma, cryoprecipitate, platelets, and other products) as directed by the responsible practitioner/physician during the course of this treatment. I further understand, however, that I may at any time refuse transfusions and I will notify the responsible practitioner/physician if I choose to do so. I have been informed of the risks of transfusion(s) which include, but are not limited to, fever, chills, hives, rashes, rapid heart rate, clotting, infections such as hepatitis and AIDS, shock and death. The reasons for and availability of autologous blood (retransfusion of my own blood) as it applies and blood substitutes have been explained to me.

For Patients Refusing Blood Products: Strike through and initial above paragraph (physician and patient).

6. **Photography:** I consent to photography, videotaping, televising or other audio and/or visual recording of this operation, postoperative care, medical treatment, anesthesia or other procedures for medical or scientific purposes or for the purpose of advancing medical education, provided my identity is not revealed by the pictures, by the recording, or by the descriptive texts accompanying them.

7. **Acknowledgments:** The available alternatives, the potential benefits and risks of the proposed procedure(s), and the likely result without such treatment have been explained to me. I understand what has been discussed with me as well as the contents of this consent form, and have been given the opportunity to ask questions and have received satisfactory answers.

8. **Consent to Procedure(s) and Treatment:** Having read this form, talked with the responsible practitioner(s)/physician(s), and been given the opportunity to ask questions, my signature below acknowledges that I have all of the information I need to make an informed decision regarding this procedure, and voluntarily give my authorization and consent to the performance of the procedure(s) described above, including disposal of tissue, by the practitioner/physician and/or his/her associates assisted by hospital personnel and other trained persons as well as the presence of observers (e.g. vendors, students) for the purpose of advancing medical education. I also understand that physicians who are in approved post graduate residency training programs may perform portions of the surgery, based on their availability and level of competence and under the supervision of the operating practitioner.

Signature of Patient (or person authorized to sign for patient)

Date

Time

Relationship of Person Authorized to Consent for Patient

[Signature]
Signature of Responsible Practitioner/Physician

3-1-16

Date

Time

☐ **Telephone Consent -** Witness to check here if telephone consent obtained (indicate name of consenting party and relationship to patient on above line) - 2 witnesses required per policy

[Signature]
Witness Signature
Rose/ Cerezo
Print Name
Print Name

3/01/16

Date

Time

Form #440 (Revised 07/15)

Scan on 5/26/2016 8:58 AM by Nantin, Daisy Lee : TCS (below)

Dr. O'Donnell claims he spoke with me
Never spoke (phone records attached)

Exhibit 07
No Communication



Hawaii Pacific Health

Kapi'olani • Pali Momi • Straub • Wilcox

KAPIOLANI WOMEN & CHILDREN
HOS
1319 Punahou St
Honolulu HI 96826-1001

JAMES, JARED P
MRN: 32622545
DOB: 8/12/1982, Sex: M
Enc. Date: 02/26/16

Notes (continued)

O'Donnell, Patrick J, MD at 2/26/2016 2:00 PM (continued)

Gen: ☐ decreased activity, ☐ decreased appetite, ☐ fatigue, ☐ fever, ☐ chills
Skin: ☐ acne, ☐ rash, ☐ scaling, ☐ itching, ☐ bruising, ☐ hair changes, ☐ nail changes
Eyes: ☐ blurry vision, ☐ double vision, ☐ glaucoma, ☐ cataracts
Resp: ☐ cough, ☐ asthma, ☐ wheezing, ☐ shortness of breath
CV: ☐ palpitations, ☐ chest pain, ☐ irregular heart beat, ☐ varicose veins
GI: ☐ nausea, ☐ vomiting, ☐ diarrhea, ☐ constipation, ☐ heartburn, ☐ irritable bowel
GU: ☐ dysuria, ☐ frequency, ☐ UTI, ☐ hesitancy, ☐ incontinence, ☐ STD
Musc: ☐ joint pain, ☐ back pain, ☐ weakness, ☐ arthritis, ☐ cramping
Neuro: ☐ migraines, ☐ headaches, ☐ seizure, ☐ tremor
Psych: ☐ mood problems, ☐ anxiety, ☐ depression
Heme: ☐ bleeding disorder, ☐ anemia, ☐ swollen nodes, ☐ night sweats
Endo: ☐ diabetes, ☐ thyroid disorder, ☐ heat ☐ cold intolerance

PHYSICAL EXAM:

VITALS: Blood pressure 138/86, pulse 76, temperature 36.5 °C (97.7 °F), temperature source Temporal Scan, height 6' 2" (1.88 m), weight 221 lb 2 oz (100.302 kg).

GENERAL: Well-developed, alert and in no distress, normocephalic atraumatic, no stridor, no hoarseness

FACE: no scars, no lesions, normal salivary glands, normal conjunctivae/sclerae

RIGHT EAR: normal pinna, normal EAC, TM intact

LEFT EAR: normal pinna, normal EAC, TM intact

NOSE: normal external anatomy, normal mucosa, **turbinates within normal limits**, no rhinorrhea, **septum midline, + significant external nasal valve collapse. A Cottle maneuver was performed which elicited significant improvement in nasal air flow and significant improvement in valve collapse.**

ORAL CAVITY: normal lips and gums, normal tongue, floor of mouth, normal buccal mucosa, retromolar trigone, normal-palate

OROPHARYNX: no erythema, no exudates, normal pharynx

NECK: trachea midline, no crepitus, no thyromegaly, no lateral cervical lymphadenopathy bilaterally

NEURO: vision grossly intact, normal bilateral facial nerve function and strength, normal hypoglossal function

CV: pulse—regular rate and rhythm

LUNGS: no stridor, no wheezes, unlabored breathing

Nasal Endoscopy 2/26/2016 was performed after topical anesthetic with a mixture of 4% Xylocaine and 0.05% oxymetazoline solution.

Endoscopic exam showed:

Nasal septum: midline.

Inferior Turbinates: WNL.

Middle Turbinates: WNL.

Right Middle Meatus: WNL.

Left Middle Meatus: WNL.

Nasopharynx: WNL.

ASSESSMENT:

Jared P James is a 33 yr old male with a history of external nasal valve collapse. He may be a candidate for alar batten grafts. He had a previous septoplasty which appears to have healed in midline position, but there may not be any additional septal cartilage to harvest for batten grafting. Perhaps cartilage can be harvested from the cavum concha. I would like to discuss with Dr. Tan regarding his surgical approach before



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MRN: 32622545
DOB: 8/12/1982, Sex: M
Enc. Date: 02/26/16

Notes (continued)

O'Donnell, Patrick J, MD at 2/26/2016 2:00 PM (continued)

recommending for or against surgical intervention. He has already failed maximal medical intervention with nasal corticosteroids sprays.

PLAN:

I will discuss with my partner, Dr. Tan, and contact the patient regarding my recommendation.

Addendum:

I spoke with Dr. Tan and the patient. [REDACTED] for turbinate reduction and alar batten grafting using cartilage harvested from the concha [cpt 21235 & 30802]. The risks, benefits, alternatives of surgery were discussed in detail. These were including the risks of no significant improvement in symptoms, cosmetic dissatisfaction, cosmetic changes of the cartilage donor site. Patient is interested in proceeding. I will arrange for preoperative medical photographs.

***Portions of this note were dictated using Dragon Medical 10.1 word recognition software. Please excuse any typographical errors as a result.

Patrick J. O'Donnell, MD, FACS
Kapi'olani Medical Specialists
Otolaryngology - Head and Neck Surgery
P: (808) 983-6447 F: (808) 983-8854



Revision History

Date/Time	User	Action
> 2/29/2016 4:54 PM	O'Donnell, Patrick J, MD	Addend
2/26/2016 2:06 PM	O'Donnell, Patrick J, MD	Sign

Patient Instructions

Patient Plan:

Please follow up in:

Your next scheduled appointment is on:

Thank you for allowing **Dr. Patrick O'Donnell / Dr. Susan Tan** and the **ENT staff** to provide **excellent** care for today's visit. Please feel free to call our office with any questions or concerns.

Patrick O'Donnell, MD & Susan Tan, MD
Otolaryngology- Head and Neck Surgery
Kapiolani Medical Specialists
1319 Punahou St. Suite 1120 / 98-1079 Moanalua Rd. Suite 660
Honolulu, HI 96826 / Aiea, HI 96701
Tel: 808-983-6447
Fax: 808-983-8854

No Phone Call

Exhibit 08
No Phone Call

Visit us online at: www.att.com

907 957-6791
JARED S. JAMES

Rate	Feature	Airtime	LD/Add'l
Code	Code	Charges	Charges
SDOV	1	0.00	0.00
SDOV	75	0.00	0.00
SDOV	1	0.00	0.00
SDOV	4	0.00	0.00
SDOV	1	0.00	0.00
SDOV	1	0.00	0.00
SDOV	2	0.00	0.00
SDOV	2	0.00	0.00
SDOV	1	0.00	0.00
SDOV	6	0.00	0.00
SDOV	12	0.00	0.00
SDOV	3	0.00	0.00
SDOV	1	0.00	0.00
SDOV	4	0.00	0.00
SDOV	5	0.00	0.00
SDOV	1	0.00	0.00
SDOV	4	0.00	0.00
SDOV	1	0.00	0.00
SDOV	2	0.00	0.00
SDOV	30	0.00	0.00
SDOV	1	0.00	0.00
SDOV	1	0.00	0.00
SDOV	2	0.00	0.00
SDOV	2	0.00	0.00
SDOV	2	0.00	0.00
SDOV	1	0.00	0.00
SDOV	8	0.00	0.00
SDOV	15	0.00	0.00
SDOV	5	0.00	0.00
SDOV	1	0.00	0.00
SDOV	23	0.00	0.00
SDOV	58	0.00	0.00
SDOV	3	0.00	0.00
SDOV	1	0.00	0.00
SDOV	1	0.00	0.00
SDOV	1	0.00	0.00
SDOV	1	0.00	0.00
SDOV	35	0.00	0.00

Time	Place	Number Called	Rate	Feature	Airtime	LD/Add'l
Called			Code	Code	Charges	Charges
Thursday, 02/25						
09:04a	PUNAHU HI	808-983-8447	SDOV		2	0.00
09:05a	KALINI HI	808-853-1700	SDOV		2	0.00
09:46a	AIEA-H HI	808-521-8100	SDOV		1	0.00
10:01a	INCONI CL	808-983-8000	SDOV		3	0.00
11:18a	INCONI CL	808-536-8947	SDOV		1	0.00
02:58p	JUNEAU AK	907-209-4193	SDOV		6	0.00
Saturday, 02/27						
03:32p	INCONI CL	808-489-9836	SDOV		1	0.00
Subtotal					528	0.00

SDOV = Shared Minutes

Data Detail

Time	To/From	Type/Unit	Rate Code
Text Messages			
Friday, 01/29			
12:14a	Sent	NTN TEXT MESSAG	UNLMSG 0.00
12:59a	Rcvd	NTN TEXT MESSAG	UNLMSG 0.00
01:13a	Rcvd	NTN TEXT MESSAG	UNLMSG 0.00
10:16a	Sent	NTN TEXT MESSAG	UNLMSG 0.00
11:01a	Rcvd	Text Message	UNLMSG 0.00
11:25a	Sent	Text Message	UNLMSG 0.00
11:39a	Sent	NTN TEXT MESSAG	UNLMSG 0.00
11:39a	Sent	Text Message	UNLMSG 0.00
11:57a	Sent	Text Message	UNLMSG 0.00
12:19p	Rcvd	NTN TEXT MESSAG	UNLMSG 0.00
12:35p	Sent	NTN TEXT MESSAG	UNLMSG 0.00
12:35p	Rcvd	NTN TEXT MESSAG	UNLMSG 0.00
12:35p	Rcvd	NTN TEXT MESSAG	UNLMSG 0.00
12:36p	Sent	NTN TEXT MESSAG	UNLMSG 0.00
12:36p	Sent	NTN TEXT MESSAG	UNLMSG 0.00
12:42p	Sent	NTN TEXT MESSAG	UNLMSG 0.00
12:49p	Rcvd	NTN TEXT MESSAG	UNLMSG 0.00
12:49p	Sent	NTN TEXT MESSAG	UNLMSG 0.00
03:03p	Sent	NTN TEXT MESSAG	UNLMSG 0.00
03:10p	Rcvd	NTN TEXT MESSAG	UNLMSG 0.00
03:10p	Sent	NTN TEXT MESSAG	UNLMSG 0.00
03:24p	Sent	NTN TEXT MESSAG	UNLMSG 0.00
03:25p	Rcvd	NTN TEXT MESSAG	UNLMSG 0.00
03:25p	Sent	NTN TEXT MESSAG	UNLMSG 0.00
03:29p	Sent	NTN TEXT MESSAG	UNLMSG 0.00
03:30p	Rcvd	NTN TEXT MESSAG	UNLMSG 0.00
03:30p	Rcvd	NTN TEXT MESSAG	UNLMSG 0.00
03:30p	Sent	NTN TEXT MESSAG	UNLMSG 0.00
03:30p	Sent	NTN TEXT MESSAG	UNLMSG 0.00
05:07p	Sent	NTN TEXT MESSAG	UNLMSG 0.00
05:12p	Rcvd	NTN TEXT MESSAG	UNLMSG 0.00
05:13p	Sent	NTN TEXT MESSAG	UNLMSG 0.00
05:14p	Rcvd	NTN TEXT MESSAG	UNLMSG 0.00
07:44p	Rcvd	Text Message	UNLMSG 0.00

Hypothermia

Exhibit 09
Hypothermia

talks 2+
hours of
sedation to
become hypothermic

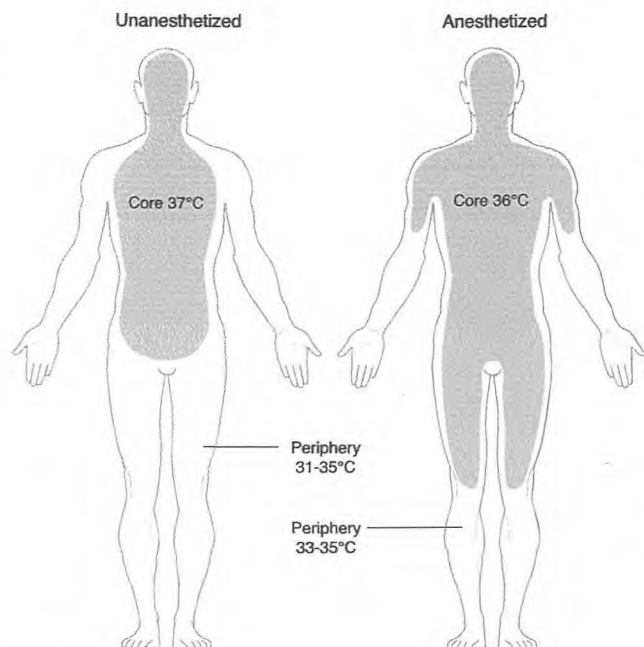


Figure 1. Redistribution of core heat during general anesthesia. Reprinted with permission from *Miller's Anesthesia*.²²

Hypothermia during general anesthesia has a characteristic pattern of an initial rapid decrease in core temperature (Phase I), followed by a linear reduction in core temperature (Phase II). Finally, a plateau phase (Phase III) occurs in which core temperature stabilizes (Figure 2). Phase I rapid heat loss in the first hour may be attributed to thermal redistribution. In Phase II (redistribution from the warmer periphery to the environment), the slow linear reduction that follows over the next 2-4 hours, heat loss exceeds metabolic heat production.²⁶ Phase III (thermal steady state) occurs after 3 to 4 hours, when peripheral vasoconstriction is triggered by core temperatures of 33-35°C (91.4-95°F).²⁷

Neuraxial anesthesia also disrupts physiologic thermoregulation, but by a different mechanism than general anesthetics. Epidural^{28,29} and spinal^{30,31} anesthesia each decrease the shivering and vasoconstriction thresholds by about 0.6°C (1.08°F). Much of the regulation of core temperature actually depends on afferent thermal input from skin sensors in the legs. In a typical OR, continuous cold signals are generated from the periphery.³¹ In regional anesthesia, however, thermal input is halted throughout blocked regions. The resultant absence of cold signaling is interpreted centrally as relative leg warming that ultimately reduces the shivering and vasoconstriction thresholds. Thus, a regionally anesthetized patient perceives himself to be warm when he is actually being cooled. Neuraxial anesthesia is often supplemented with sedatives and

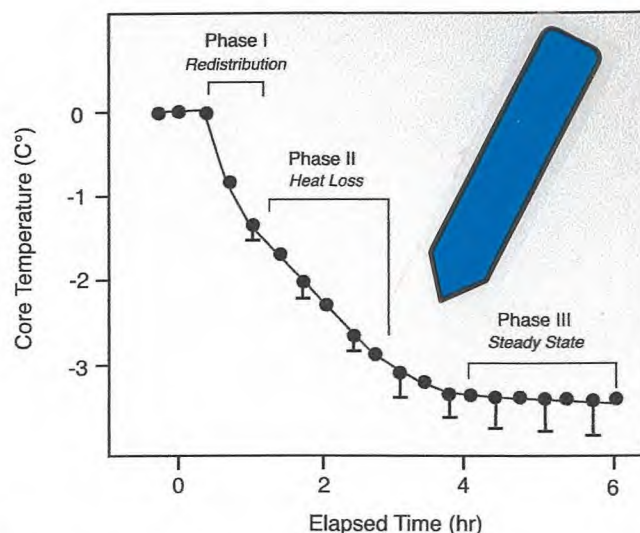


Figure 2. Characteristic pattern of temperature change seen with general anesthesia. Reprinted with permission from *Miller's Anesthesia*.²²

analgesics that impair thermoregulatory control even further.³²⁻³⁴

RISK FACTORS

Ideally, practitioners should identify risk factors for UPH prior to any surgical procedure to optimize intraoperative thermal management. ASPAN utilized an evidence-based practice approach to identify risk factors.³⁵ This system ranked the strength and quality of evidence according to the evidence rating scale by Stetler and colleagues.³⁶ Guidelines were derived and ranked according to a modified version of the American College of Cardiology/American Heart Association (ACC/AHA) classifications that address the risk/benefit ratio and amount and quality of evidence supporting the recommendations. These classes are defined as follows:³⁷

- Class I: The benefit far outweighs the risk, and the recommendation *should* be performed or administered.
- Class IIa: The benefit outweighs the risk, and it is *reasonable* to perform or administer the recommendation.
- Class IIb: The benefit is equal to the risk, and it is *not unreasonable* to perform or administer the recommendation.
- Class III: The risk outweighs the benefit, and the recommendation *should not* be performed or administered.

These recommendations are supported by 3 levels of evidence:

- Level A: Evidence from multiple randomized trials or meta-analyses evaluating multiple (3-5) populations, with general consistency of direction and magnitude of effect.

Unintended Perioperative Hypothermia

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Donald Harmon, MD*

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ABSTRACT

Background: Hypothermia, defined as a core body temperature less than 36°C (96.8°F), is a relatively common occurrence in the unwarmed surgical patient. A mild degree of perioperative hypothermia can be associated with significant morbidity and mortality. A threefold increase in the frequency of surgical site infections is reported in colorectal surgery patients who experience perioperative hypothermia. As part of the Surgical Care Improvement Project, guidelines aim to decrease the incidence of this complication.

Methods: We review the physiology of temperature regulation, mechanisms of hypothermia, effects of anesthetics on thermoregulation, and consequences of hypothermia and summarize recent recommendations for maintaining perioperative normothermia.

Results: Evidence suggests that prewarming for a minimum of 30 minutes may reduce the risk of subsequent hypothermia.

Conclusions: Monitoring of body temperature and avoidance of unintended perioperative hypothermia through active and passive warming measures are the keys to preventing its complications.

INTRODUCTION

The operating room (OR) is generally not considered an extreme environment; however, it can be

for many patients. As homeothermic (warm-blooded) animals, humans require near constant internal body temperature to maintain optimal function of multiple organ systems. ORs are typically kept below 23°C (73.4°F); this is the temperature required to maintain normothermia for all but the shortest procedures.¹ Surgical patients consistently comment on the cold temperature in the OR. Room temperature is the single most critical factor influencing actual heat loss because the temperature gradient determines this rate. Most OR personnel find the temperatures required for normothermia uncomfortably warm, however, and lower OR temperatures are the norm. Surgeons are particularly vulnerable to warm ORs because of the high level of stress during surgery and because they must wear multiple layers of clothing, including sterile gowns and lead aprons. Physicians and other staff may perspire into a surgical incision if the OR is not kept cool. Warm temperatures may also impair the performance of OR personnel by decreasing their vigilance.

Up to 20% of patients experience unintended perioperative hypothermia (UPH) defined as a core temperature below 36°C (96.8°F) perioperatively.² Anesthesia eliminates behavioral modification, humans' most effective defense for avoiding temperature extremes; the anesthetized patient cannot move to a warmer environment. Anesthesia also alters thermoregulatory mechanisms, thereby allowing unwarmed patients to become hypothermic. More than a decade of research has convincingly illustrated the adverse effects of mild hypothermia in perioperative patients. These include a threefold increase in the incidence of morbid cardiac outcomes, increases in surgical blood loss, a 20% increase in allogeneic transfusion, and a tripling of surgical site infections (SSIs).³⁻¹⁰

The Surgical Care Improvement Project (SCIP) has focused institutional efforts on preventing hypothermic complications during and after surgery. Compliance with SCIP measures is increasing nationally.¹¹ For example, during the most recent quarters in 2010, Ochsner Medical Center in New Orleans had 100% compliance with SCIP INF 10, the application of warming devices or perioperative normothermia

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Keywords: Hypothermia, perioperative, prewarming, thermoregulation

The authors have no financial or proprietary interest in the subject matter of this article.

'TEMPERATURE MONITORING

The American Society of Anesthesiologists' standards for basic anesthetic monitoring state,

"Every patient receiving anesthesia shall have temperature monitored when clinically significant changes in body temperature are intended, anticipated, or suspected." '

Citation Excerpt

[<https://www.asahq.org/~media/Sites/ASAHQ/Files/Public/Resources/standards-guidelines/standards-for-basic-anesthetic-monitoring.pdf>]

'STANDARD II

During all anesthetics, the patient's oxygenation, ventilation, circulation and temperature shall be continually evaluated.'

Citation Excerpt

[<https://www.nice.org.uk/guidance/cg65/chapter/recommendations#intraoperative-phase>]

'1.3.3

Induction of anaesthesia should not begin unless the patient's temperature or above

(unless there is a need to expedite surgery because of clinical urgency, for example bleeding or critical limb ischaemia). [2008]'



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Flowsheet

JAMES, JARED P
MRN: 32622545
DOB: 8/12/1982, Sex: M
Acct #: 209322874
Enc. Date: 05/26/16

Flowsheets (all recorded) (continued)

Vital Signs ICU - Thu May 26, 2016 (continued)

	1140	1139	1138	1137	1136
Insp tidal volume	0.67 -PI	0.67 -PI	0.67 [446] -PI	0.67 -PI	0.67 -PI
Exp tidal volume	707 -PI	712 -PI	711 -PI		703 -PI
ETCO2	40 mmHg -PI	35 mmHg -PI	36 mmHg -PI		36 mmHg -PI
NIBP				(I) 77/45 mmHg -PI	
NBPM				51 -PI	
PIP	19 cm H2O -PI	19 cm H2O -PI	19 cm H2O -PI		19 cm H2O -PI
Insp Isoflurane	2.3 % -PI	2.7 % -PI	2.7 % -PI		2.5 % -PI
PEEP	6 -PI	6 -PI	6 -PI		6 -PI
Air flow rate	1.2 L/min -PI	1.2 L/min -PI	1.5 L/min -PI		1.5 L/min -PI
Recorded by	[PI] Interface, Philipsin 05/26/16 1140	[PI] Interface, Philipsin 05/26/16 1139	[PI] Interface, Philipsin 05/26/16 1138	[PI] Interface, Philipsin 05/26/16 1137	[PI] Interface, Philipsin 05/26/16 1136

Arterial Monitoring

	34.9 °C (94.8 °F) [447] -PI	34.8 °C (94.6 °F) [448] -PI	34.8 °C (94.6 °F) [449] -PI	34.8 °C (94.6 °F) [450] -PI	34.7 °C (94.5 °F) -PI
Recorded by	[PI] Interface, Philipsin 05/26/16 1140	[PI] Interface, Philipsin 05/26/16 1139	[PI] Interface, Philipsin 05/26/16 1138	[PI] Interface, Philipsin 05/26/16 1137	[PI] Interface, Philipsin 05/26/16 1136
	1135	1134	1133	1132	1131

OTHER

O2 flow rate	1.5 L/min -PI		1.5 L/min -PI	1.5 L/min -PI	
Pulse	107 [451] -PI	109 [452] -PI	115 [453] -PI	112 -PI	118 [454] -PI
SpO2	99 % [455] -PI	99 % [456] -PI	99 % [457] -PI	99 % -PI	99 % [458] -PI
Total resp rate	12 -PI		12 -PI	11 -PI	
Total exp minute volume	8.4 -PI		8.1 -PI	6.1 -PI	
Insp tidal volume	0.67 [459] -PI	0.67 -PI	0.67 -PI	0.67 [460] -PI	0.67 -PI
Exp tidal volume	711 -PI		690 -PI	661 -PI	
ETCO2	37 mmHg -PI		39 mmHg -PI	40 mmHg -PI	
NIBP					93/52 mmHg -PI2
NBPM					63 -PI2
PIP	19 cm H2O -PI		19 cm H2O -PI	19 cm H2O -PI	
Insp Isoflurane	2.4 % -PI		2.2 % -PI	2.1 % -PI	
PEEP	6 -PI		6 -PI	6 -PI	
Air flow rate	1.5 L/min -PI		1.5 L/min -PI	1.5 L/min -PI	
Recorded by	[PI] Interface, Philipsin 05/26/16 1135	[PI] Interface, Philipsin 05/26/16 1134	[PI] Interface, Philipsin 05/26/16 1133	[PI] Interface, Philipsin 05/26/16 1132	[PI] Interface, Philipsin 05/26/16 1131 [PI2] Interface, Philipsin 05/26/16 1132

Arterial Monitoring

	34.6 °C (94.2 °F) [461] -PI	25.5 °C (77.9 °F) [462] -PI			
Recorded by	[PI] Interface, Philipsin 05/26/16 1135	[PI] Interface, Philipsin 05/26/16 1134			
	1130	1129	1128	1127	1126

OTHER

O2 flow rate	1.5 L/min -PI	1.5 L/min -PI	2.5 L/min -PI	7.1 L/min -PI	7.1 L/min [463] -PI
Pulse	108 [464] -PI	101 [465] -PI	103 [466] -PI	101 -PI	76 [467] -PI
SpO2	99 % [468] -PI	100 % [469] -PI	100 % [470] -PI	100 % -PI	100 % [471] -PI
Total resp rate	12 -PI	12 -PI	9 -PI	26 -PI	3 [472] -PI
Total exp minute volume	8.3 -PI	8.3 -PI	5.7 -PI	4.3 -PI	0.9 [473] -PI
Insp tidal volume	0.67 -PI	0.67 [474] -PI	0.67 -PI	0.69 -PI	718 -PI
Exp tidal volume	713 -PI	664 -PI	409 -PI	318 -PI	434 [475] -PI
ETCO2	41 mmHg -PI	42 mmHg -PI	40 mmHg -PI	50 mmHg -PI	13 mmHg [476] -PI
NIBP				94/71 mmHg -PI	
NBPM				76 -PI	



Hawaii Pacific Health

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Flowsheet

JAMES, JARED P
MRN: 32622545
DOB: 8/12/1982, Sex: M
Acct #: 209322874
Enc. Date: 05/26/16

Flowsheets (all recorded) (continued)

Vital Signs ICU - Thu May 26, 2016 (continued)

	1150	1149	1148	1147	1146
OTHER					
O2 flow rate		0.8 L/min -PI	0.8 L/min -PI	0.8 L/min [399] -PI	0.8 L/min -PI
Pulse	89 [400] -PI	90 -PI	90 [401] -PI	91 [402] -PI	95 [403] -PI
SpO2	99 % [404] -PI	99 % -PI	99 % [405] -PI	99 % [406] -PI	98 % [407] -PI
Total resp rate		12 -PI	12 -PI	12 [408] -PI	12 -PI
Total exp minute volume		8.4 -PI	8.3 -PI	8.4 [409] -PI	8.3 -PI
Insp tidal volume	0.67 -PI	0.67 -PI	0.67 -PI	0.67 [410] -PI	0.67 -PI
Exp tidal volume		694 -PI	696 -PI	695 [411] -PI	703 -PI
ETCO2		36 mmHg -PI	36 mmHg -PI	38 mmHg [412] -PI	38 mmHg -PI
NIBP				(I) 74/35 mmHg -PI	
NBPM				44 -PI	
PIP		19 cm H2O -PI	19 cm H2O -PI	19 cm H2O [413] -PI	19 cm H2O -PI
Insp Isoflurane		1.8 % -PI	1.8 % -PI	2 % [414] -PI	2.2 % -PI
PEEP		6 -PI	6 -PI	6 [415] -PI	6 -PI
Air flow rate		1.2 L/min -PI	1.2 L/min -PI	1.2 L/min [416] -PI	1.2 L/min -PI
Recorded by	[PI] Interface, Philipsin 05/26/16 1150	[PI] Interface, Philipsin 05/26/16 1149	[PI] Interface, Philipsin 05/26/16 1148	[PI] Interface, Philipsin 05/26/16 1147	[PI] Interface, Philipsin 05/26/16 1146

Anesthesia Monitoring

	34.9 °C (94.9 °F) [417] -PI	34.8 °C (94.7 °F) -PI	34.8 °C (94.6 °F) [418] -PI	34.8 °C (94.6 °F) [419] -PI	34.7 °C (94.4 °F) [420] -PI
Recorded by	[PI] Interface, Philipsin 05/26/16 1150	[PI] Interface, Philipsin 05/26/16 1149	[PI] Interface, Philipsin 05/26/16 1148	[PI] Interface, Philipsin 05/26/16 1147	[PI] Interface, Philipsin 05/26/16 1146

OTHER

	1145	1144	1143	1142	1141
O2 flow rate		0.8 L/min [421] -PI		0.8 L/min -PI	0.8 L/min -PI
Pulse	95 -PI	95 [422] -PI	94 [423] -PI	100 [424] -PI	103 -PI
SpO2	98 % -PI	98 % [425] -PI	98 % [426] -PI	98 % [427] -PI	99 % -PI
Total resp rate		12 [428] -PI		12 -PI	12 -PI
Total exp minute volume		8.4 [429] -PI		8.4 -PI	8.4 -PI
Insp tidal volume	0.67 -PI	0.67 [430] -PI	0.67 -PI	0.67 -PI	0.67 [431] -PI
Exp tidal volume		697 -PI		703 -PI	708 -PI
ETCO2		38 mmHg [432] -PI		39 mmHg -PI	41 mmHg -PI
NIBP				(I) 92/37 mmHg -PI	
NBPM				49 -PI	
PIP		19 cm H2O -PI		19 cm H2O -PI	19 cm H2O -PI
Insp Isoflurane		1.8 % [433] -PI		1.9 % -PI	2.2 % -PI
PEEP		6 -PI		6 -PI	6 -PI
Air flow rate		1.2 L/min [434] -PI		1.2 L/min -PI	1.2 L/min -PI
Recorded by	[PI] Interface, Philipsin 05/26/16 1145	[PI] Interface, Philipsin 05/26/16 1144	[PI] Interface, Philipsin 05/26/16 1143	[PI] Interface, Philipsin 05/26/16 1142	[PI] Interface, Philipsin 05/26/16 1141

Anesthesia Monitoring

	34.7 °C (94.4 °F) -PI	34.6 °C (94.3 °F) [435] -PI	34.7 °C (94.4 °F) [436] -PI	34.8 °C (94.7 °F) [437] -PI	34.9 °C (94.9 °F) -PI
Recorded by	[PI] Interface, Philipsin 05/26/16 1145	[PI] Interface, Philipsin 05/26/16 1144	[PI] Interface, Philipsin 05/26/16 1143	[PI] Interface, Philipsin 05/26/16 1142	[PI] Interface, Philipsin 05/26/16 1141

OTHER

	1140	1139	1138	1137	1136
O2 flow rate	0.8 L/min -PI	0.8 L/min -PI	1.5 L/min -PI		1.5 L/min -PI
Pulse	117 [438] -PI	109 [439] -PI	103 [440] -PI	104 [441] -PI	105 -PI
SpO2	99 % [442] -PI	99 % [443] -PI	99 % [444] -PI	99 % [445] -PI	99 % -PI
Total resp rate	12 -PI	12 -PI	12 -PI		12 -PI
Total exp minute volume	8.3 -PI	8.5 -PI	8.5 -PI		8.4 -PI



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**KAPIOLANI WOMEN & CHILDREN
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1319 Punahou St
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Flowsheet

JAMES, JARED P
MRN: 32622545
DOB: 8/12/1982, Sex: M
Acct #: 209322874
Enc. Date: 05/26/16

Flowsheets (all recorded) (continued)

Vital Signs ICU - Thu May 26, 2016 (continued)

	1205 -PI	1204 -PI	1203	1202 -PI	1201 [353] -PI
Recorded by	[PI] Interface, Philipsin 05/26/16 1205	[PI] Interface, Philipsin 05/26/16 1204	[PI] Interface, Philipsin 05/26/16 1203	[PI] Interface, Philipsin 05/26/16 1202	[PI] Interface, Philipsin 05/26/16 1201
	1200	1159	1158	1157	1156
OTHER					
O2 flow rate	2 L/min -PI	2 L/min [354] -PI	2 L/min -PI		2 L/min -PI
Pulse	80 [355] -PI	81 [356] -PI	83 -PI	83 [357] -PI	84 [358] -PI
SpO2	99 % [359] -PI	99 % [360] -PI	99 % -PI	99 % [361] -PI	99 % [362] -PI
Total resp rate	12 -PI	12 [363] -PI	12 -PI		12 -PI
Total exp minute volume	7.5 -PI	8.3 [364] -PI	8.2 -PI		8.2 -PI
Insp tidal volume	0.67 -PI	0.67 [365] -PI	0.67 -PI	0.67 -PI	0.67 [366] -PI
Exp tidal volume	626 -PI	693 [367] -PI	695 -PI		690 -PI
ETCO2	33 mmHg -PI	33 mmHg [368] -PI	32 mmHg -PI		33 mmHg -PI
NIBP				(I) 61/35 mmHg -PI	(I) 67/32 mmHg -PI
NBPM				42 -PI	40 -PI
PIP	19 cm H2O -PI	19 cm H2O [369] -PI	19 cm H2O -PI		19 cm H2O -PI
Insp Isoflurane	0.9 % -PI	1.6 % [370] -PI	1.6 % -PI		1.6 % -PI
PEEP	6 -PI	6 [371] -PI	6 -PI		6 -PI
Air flow rate		1.9 L/min -PI	1.9 L/min -PI		1.9 L/min -PI
N2O flow rate	3 L/min -PI	3 L/min -PI			
Recorded by	[PI] Interface, Philipsin 05/26/16 1200	[PI] Interface, Philipsin 05/26/16 1159	[PI] Interface, Philipsin 05/26/16 1158	[PI] Interface, Philipsin 05/26/16 1157	[PI] Interface, Philipsin 05/26/16 1156

Anesthesia Monitoring

	34.8 °C (94.7 °F) [372] -PI	34.9 °C (94.8 °F) [373] -PI	34.9 °C (94.8 °F) -PI	34.9 °C (94.8 °F) [374] -PI	34.9 °C (94.8 °F) [375] -PI
Recorded by	[PI] Interface, Philipsin 05/26/16 1200	[PI] Interface, Philipsin 05/26/16 1159	[PI] Interface, Philipsin 05/26/16 1158	[PI] Interface, Philipsin 05/26/16 1157	[PI] Interface, Philipsin 05/26/16 1156
	1155	1154	1153	1152	1151
OTHER					
O2 flow rate	0.8 L/min -PI	0.8 L/min -PI	0.8 L/min [376] -PI	0.8 L/min -PI	0.8 L/min -PI
Pulse	83 [377] -PI	86 -PI	86 [378] -PI	86 [379] -PI	87 [380] -PI
SpO2	99 % [381] -PI	99 % -PI	99 % [382] -PI	99 % [383] -PI	99 % [384] -PI
Total resp rate	12 -PI	12 -PI	12 [385] -PI	12 -PI	12 -PI
Total exp minute volume	8.3 -PI	8.3 -PI	8.2 [386] -PI	8.4 -PI	8.3 -PI
Insp tidal volume	0.67 -PI	0.67 -PI	0.67 [387] -PI	0.67 -PI	0.67 [388] -PI
Exp tidal volume	692 -PI	705 -PI	693 [389] -PI	672 -PI	693 -PI
ETCO2	33 mmHg -PI	34 mmHg -PI	34 mmHg [390] -PI	35 mmHg -PI	35 mmHg -PI
NIBP				(I) 64/34 mmHg -PI	
NBPM				40 -PI	
PIP	19 cm H2O -PI	19 cm H2O -PI	19 cm H2O [391] -PI	18 cm H2O -PI	19 cm H2O -PI
Insp Isoflurane	1.8 % -PI	1.8 % -PI	1.8 % [392] -PI	1.8 % -PI	1.8 % -PI
PEEP	6 -PI	6 -PI	6 [393] -PI	6 -PI	6 -PI
Air flow rate	1.2 L/min -PI	1.2 L/min -PI	1.2 L/min [394] -PI	1.2 L/min -PI	1.2 L/min -PI
Recorded by	[PI] Interface, Philipsin 05/26/16 1155	[PI] Interface, Philipsin 05/26/16 1154	[PI] Interface, Philipsin 05/26/16 1153	[PI] Interface, Philipsin 05/26/16 1152	[PI] Interface, Philipsin 05/26/16 1151

Anesthesia Monitoring

	34.9 °C (94.8 °F) [395] -PI	34.9 °C (94.8 °F) -PI	34.9 °C (94.8 °F) [396] -PI	34.9 °C (94.8 °F) [397] -PI	34.9 °C (94.8 °F) [398] -PI
Recorded by	[PI] Interface, Philipsin 05/26/16 1155	[PI] Interface, Philipsin 05/26/16 1154	[PI] Interface, Philipsin 05/26/16 1153	[PI] Interface, Philipsin 05/26/16 1152	[PI] Interface, Philipsin 05/26/16 1151



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Flowsheet

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Flowsheets (all recorded) (continued)

Vital Signs ICU - Thu May 26, 2016 (continued)

	1215	1214	1213	1212	1211
PEEP	6 -PI	6 -PI	6 -PI	6 -PI	6 -PI
N2O flow rate	1 L/min -PI	1 L/min -PI	1 L/min -PI	1 L/min -PI	1 L/min -PI
Recorded by	[PI] Interface, Philipsin 05/26/16 1215	[PI] Interface, Philipsin 05/26/16 1214	[PI] Interface, Philipsin 05/26/16 1213	[PI] Interface, Philipsin 05/26/16 1212	[PI] Interface, Philipsin 05/26/16 1211

Anesthesia Monitoring

	1215	1214	1213	1212	1211
	34.8 °C (94.7 °F) [304] -PI	34.8 °C (94.7 °F) [305] -PI	34.8 °C (94.7 °F) [306] -PI	34.8 °C (94.7 °F) -PI	34.8 °C (94.7 °F) [307] -PI
Recorded by	[PI] Interface, Philipsin 05/26/16 1215	[PI] Interface, Philipsin 05/26/16 1214	[PI] Interface, Philipsin 05/26/16 1213	[PI] Interface, Philipsin 05/26/16 1212	[PI] Interface, Philipsin 05/26/16 1211

OTHER

	1210	1209	1208	1207	1206
O2 flow rate	0.6 L/min -PI	1 L/min -PI	1 L/min -PI	1 L/min -PI	1 L/min -PI
Pulse	71 [308] -PI	75 [309] -PI	75 [310] -PI	75 -PI	75 [311] -PI
SpO2	99 % [312] -PI	99 % [313] -PI	99 % [314] -PI	99 % -PI	99 % [315] -PI
Total resp rate	12 -PI	12 -PI	12 -PI	12 -PI	12 -PI
Total exp minute volume	7.5 -PI	7.5 -PI	7.5 -PI	7.5 -PI	7.5 -PI
Insp tidal volume	0.67 [316] -PI	0.67 -PI	0.67 -PI	0.67 [317] -PI	0.67 -PI
Exp tidal volume	625 -PI	624 -PI	626 -PI	623 -PI	615 -PI
ETCO2	32 mmHg -PI	33 mmHg -PI	32 mmHg -PI	33 mmHg -PI	32 mmHg -PI
NIBP			(I) 77/39 mmHg -PI		
NBPM			47 -PI		
PIP	19 cm H2O -PI	19 cm H2O -PI	19 cm H2O -PI	19 cm H2O -PI	19 cm H2O -PI
Insp Isoflurane	0.7 % -PI	0.7 % -PI	0.7 % -PI	0.7 % -PI	0.7 % -PI
PEEP	6 -PI	6 -PI	6 -PI	6 -PI	6 -PI
N2O flow rate	1 L/min -PI	1.5 L/min -PI	1.5 L/min -PI	1.5 L/min -PI	1.5 L/min -PI
Recorded by	[PI] Interface, Philipsin 05/26/16 1210	[PI] Interface, Philipsin 05/26/16 1209	[PI] Interface, Philipsin 05/26/16 1208	[PI] Interface, Philipsin 05/26/16 1207	[PI] Interface, Philipsin 05/26/16 1206

Anesthesia Monitoring

	1210	1209	1208	1207	1206
	34.8 °C (94.7 °F) [318] -PI	34.8 °C (94.7 °F) [319] -PI	34.8 °C (94.7 °F) [320] -PI	34.8 °C (94.7 °F) -PI	34.8 °C (94.7 °F) [321] -PI
Recorded by	[PI] Interface, Philipsin 05/26/16 1210	[PI] Interface, Philipsin 05/26/16 1209	[PI] Interface, Philipsin 05/26/16 1208	[PI] Interface, Philipsin 05/26/16 1207	[PI] Interface, Philipsin 05/26/16 1206

OTHER

	1205	1204	1203	1202	1201
O2 flow rate	1 L/min -PI	1 L/min [322] -PI	1 L/min -PI	2 L/min [323] -PI	
Pulse	74 [324] -PI	73 [325] -PI	72 -PI	80 [326] -PI	77 [327] -PI
SpO2	99 % [328] -PI	99 % [329] -PI	99 % -PI	99 % [330] -PI	99 % [331] -PI
Total resp rate	12 -PI	12 [332] -PI	12 -PI	12 [333] -PI	
Total exp minute volume	7.4 -PI	7.5 [334] -PI	7.4 -PI	7.4 [335] -PI	
Insp tidal volume	0.67 -PI	0.67 [336] -PI	0.67 -PI	0.67 [337] -PI	0.67 -PI
Exp tidal volume	621 -PI	609 [338] -PI	606 -PI	589 [339] -PI	
ETCO2	32 mmHg -PI	32 mmHg [340] -PI	32 mmHg -PI	33 mmHg [341] -PI	
NIBP	(I) 74/40 mmHg -PI			(I) 67/43 mmHg -PI	
NBPM	48 -PI			49 -PI	
PIP	19 cm H2O -PI	19 cm H2O [342] -PI	19 cm H2O -PI	18 cm H2O [343] -PI	
Insp Isoflurane	0.7 % -PI	0.8 % [344] -PI	0.7 % -PI	0.8 % [345] -PI	
PEEP	6 -PI	6 [346] -PI	6 -PI	6 [347] -PI	
N2O flow rate	1.5 L/min -PI	1.5 L/min [348] -PI	1.5 L/min -PI	3 L/min [349] -PI	
Recorded by	[PI] Interface, Philipsin 05/26/16 1205	[PI] Interface, Philipsin 05/26/16 1204	[PI] Interface, Philipsin 05/26/16 1203	[PI] Interface, Philipsin 05/26/16 1202	[PI] Interface, Philipsin 05/26/16 1201

Anesthesia Monitoring

	1205	1204	1203	1202	1201
	34.9 °C (94.8 °F) [350]	34.9 °C (94.8 °F) [351]	34.9 °C (94.8 °F) -PI	34.9 °C (94.8 °F) [352]	34.8 °C (94.7 °F)
	2016 4:11 PM				



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Flowsheet

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Flowsheets (all recorded) (continued)

Vital Signs ICU - Thu May 26, 2016 (continued)

	1225	1224	1223	1222	1221
Exp tidal volume	619 -PI		640 [265] -PI	581 -PI	624 -PI
ETCO2	34 mmHg -PI		33 mmHg [266] -PI	33 mmHg -PI	33 mmHg -PI
NIBP			(I) 83/39 mmHg -PI		
NBPM			50 -PI		
PIP	19 cm H2O -PI		20 cm H2O [267] -PI	19 cm H2O -PI	20 cm H2O -PI
Insp Isoflurane	0.6 % -PI		0.6 % [268] -PI	0.6 % -PI	0.6 % -PI
PEEP	6 -PI		6 [269] -PI	6 -PI	6 -PI
N2O flow rate	1 L/min -PI		1 L/min [270] -PI	1 L/min -PI	1 L/min -PI
Recorded by	[PI] Interface, Philipsin 05/26/16 1225	[PI] Interface, Philipsin 05/26/16 1224	[PI] Interface, Philipsin 05/26/16 1223	[PI] Interface, Philipsin 05/26/16 1222	[PI] Interface, Philipsin 05/26/16 1221

Anesthesia Monitoring

	1220	1219	1218	1217	1216
	34.8 °C (94.7 °F) -PI	34.8 °C (94.7 °F) [271] -PI	34.8 °C (94.7 °F) [272] -PI	34.8 °C (94.7 °F) [273] -PI	34.8 °C (94.7 °F) [274] -PI
Recorded by	[PI] Interface, Philipsin 05/26/16 1225	[PI] Interface, Philipsin 05/26/16 1224	[PI] Interface, Philipsin 05/26/16 1223	[PI] Interface, Philipsin 05/26/16 1222	[PI] Interface, Philipsin 05/26/16 1221

OTHER

O2 flow rate	0.6 L/min [275] -PI	0.6 L/min -PI	0.6 L/min -PI	0.6 L/min -PI	0.6 L/min -PI
Pulse	72 -PI	73 [276] -PI	70 [277] -PI	73 [278] -PI	70 -PI
SpO2	99 % -PI	99 % [279] -PI	99 % [280] -PI	99 % [281] -PI	99 % -PI
Total resp rate	12 [282] -PI	12 -PI	12 -PI	12 -PI	12 -PI
Total exp minute volume	7.5 [283] -PI	7.5 -PI	7.5 -PI	7.5 -PI	7.5 -PI
Insp tidal volume	0.67 [284] -PI	0.67 -PI	0.67 -PI	0.67 -PI	0.67 [285] -PI
Exp tidal volume	617 [286] -PI	623 -PI	629 -PI	626 -PI	634 -PI
ETCO2	33 mmHg [287] -PI	33 mmHg -PI	32 mmHg -PI	33 mmHg -PI	32 mmHg -PI
NIBP	(I) 87/40 mmHg -PI			(I) 78/41 mmHg -PI	
NBPM	52 -PI			50 -PI	
PIP	19 cm H2O [288] -PI	20 cm H2O -PI	20 cm H2O -PI	19 cm H2O -PI	19 cm H2O -PI
Insp Isoflurane	0.6 % [289] -PI	0.6 % -PI	0.6 % -PI	0.6 % -PI	0.6 % -PI
PEEP	6 [290] -PI	6 -PI	6 -PI	6 -PI	6 -PI
N2O flow rate	1 L/min [291] -PI	1 L/min -PI	1 L/min -PI	1 L/min -PI	1 L/min -PI
Recorded by	[PI] Interface, Philipsin 05/26/16 1220	[PI] Interface, Philipsin 05/26/16 1219	[PI] Interface, Philipsin 05/26/16 1218	[PI] Interface, Philipsin 05/26/16 1217	[PI] Interface, Philipsin 05/26/16 1216

Anesthesia Monitoring

	1215	1214	1213	1212	1211
	34.8 °C (94.7 °F) -PI	34.8 °C (94.7 °F) [292] -PI	34.8 °C (94.7 °F) [293] -PI	34.8 °C (94.7 °F) [294] -PI	34.8 °C (94.7 °F) -PI
Recorded by	[PI] Interface, Philipsin 05/26/16 1220	[PI] Interface, Philipsin 05/26/16 1219	[PI] Interface, Philipsin 05/26/16 1218	[PI] Interface, Philipsin 05/26/16 1217	[PI] Interface, Philipsin 05/26/16 1216

OTHER

O2 flow rate	0.6 L/min -PI	0.6 L/min -PI	0.6 L/min -PI	0.6 L/min -PI	0.6 L/min -PI
Pulse	70 [295] -PI	72 [296] -PI	73 [297] -PI	72 -PI	73 [298] -PI
SpO2	99 % [299] -PI	99 % [300] -PI	99 % [301] -PI	99 % -PI	99 % [302] -PI
Total resp rate	12 -PI	12 -PI	12 -PI	12 -PI	12 -PI
Total exp minute volume	7.5 -PI	7.5 -PI	7.6 -PI	7.5 -PI	7.5 -PI
Insp tidal volume	0.67 -PI	0.67 -PI	0.67 [303] -PI	0.67 -PI	0.67 -PI
Exp tidal volume	626 -PI	636 -PI	611 -PI	630 -PI	625 -PI
ETCO2	32 mmHg -PI	33 mmHg -PI	33 mmHg -PI	32 mmHg -PI	33 mmHg -PI
NIBP		(I) 83/45 mmHg -PI			(I) 80/44 mmHg -PI
NBPM		52 -PI			53 -PI
PIP	19 cm H2O -PI	19 cm H2O -PI	19 cm H2O -PI	19 cm H2O -PI	19 cm H2O -PI
Insp Isoflurane	0.6 % -PI	0.6 % -PI	0.6 % -PI	0.6 % -PI	0.7 % -PI



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Flowsheets (all recorded) (continued)

Vital Signs ICU - Thu May 26, 2016 (continued)

	1235	1234	1233	1232	1231
Pulse	71 [191] -PI	68 -PI	68 [192] -PI	68 [193] -PI	69 [194] -PI
SpO2	99 % [195] -PI	99 % -PI	99 % [196] -PI	99 % [197] -PI	99 % [198] -PI
Total resp rate	11 -PI	11 [199] -PI		11 [200] -PI	11 -PI
Total exp minute volume	6.9 -PI	6.9 [201] -PI		6.9 [202] -PI	6.9 -PI
Insp tidal volume	0.67 -PI	0.67 [203] -PI	0.67 -PI	0.67 [204] -PI	0.67 -PI
Exp tidal volume	620 -PI	622 [205] -PI		633 [206] -PI	623 -PI
ETCO2	36 mmHg -PI	36 mmHg [207] -PI		35 mmHg [208] -PI	35 mmHg -PI
NIBP	(I) 86/39 mmHg -PI			(I) 84/44 mmHg -PI	
NBPM	50 -PI			53 -PI	
PIP	20 cm H2O -PI	20 cm H2O [209] -PI		20 cm H2O [210] -PI	20 cm H2O -PI
Insp isoflurane	0.5 % -PI	0.5 % [211] -PI		0.6 % [212] -PI	0.6 % -PI
PEEP	6 -PI	6 [213] -PI		6 [214] -PI	6 -PI
N2O flow rate	1 L/min -PI	1 L/min [215] -PI		1 L/min [216] -PI	1 L/min -PI
Recorded by	[PI] Interface, Philipsin 05/26/16 1235	[PI] Interface, Philipsin 05/26/16 1234	[PI] Interface, Philipsin 05/26/16 1233	[PI] Interface, Philipsin 05/26/16 1232	[PI] Interface, Philipsin 05/26/16 1231

Anesthesia Monitoring

	1230	1229	1228	1227	1226
	34.9 °C (94.8 °F) [217] -PI	34.8 °C (94.7 °F) -PI	34.8 °C (94.7 °F) [218] -PI	34.8 °C (94.7 °F) [219] -PI	34.8 °C (94.7 °F) [220] -PI
Recorded by	[PI] Interface, Philipsin 05/26/16 1235	[PI] Interface, Philipsin 05/26/16 1234	[PI] Interface, Philipsin 05/26/16 1233	[PI] Interface, Philipsin 05/26/16 1232	[PI] Interface, Philipsin 05/26/16 1231

OTHER

	1230	1229	1228	1227	1226
O2 flow rate	0.6 L/min -PI	0.6 L/min -PI	0.6 L/min [221] -PI	0.6 L/min -PI	0.6 L/min [222] -PI
Pulse	69 [223] -PI	72 -PI	73 [224] -PI	72 [225] -PI	73 [226] -PI
SpO2	99 % [227] -PI	99 % -PI	99 % [228] -PI	99 % [229] -PI	99 % [230] -PI
Total resp rate	11 -PI	11 -PI	11 [231] -PI	11 -PI	12 [232] -PI
Total exp minute volume	6.9 -PI	6.9 -PI	6.9 [233] -PI	7.3 -PI	7.5 [234] -PI
Insp tidal volume	0.67 -PI	0.67 -PI	0.67 [235] -PI	0.67 -PI	0.67 [236] -PI
Exp tidal volume	619 -PI	634 -PI	630 [237] -PI	623 -PI	615 [238] -PI
ETCO2	35 mmHg -PI	35 mmHg -PI	35 mmHg [239] -PI	34 mmHg -PI	34 mmHg [240] -PI
NIBP		(I) 85/42 mmHg -PI			(I) 81/42 mmHg -PI
NBPM		52 -PI			51 -PI
PIP	20 cm H2O -PI	20 cm H2O -PI	20 cm H2O [241] -PI	20 cm H2O -PI	19 cm H2O [242] -PI
Insp isoflurane	0.5 % -PI	0.6 % -PI	0.5 % [243] -PI	0.6 % -PI	0.6 % [244] -PI
PEEP	6 -PI	6 -PI	6 [245] -PI	6 -PI	6 [246] -PI
N2O flow rate	1 L/min -PI	1 L/min -PI	1 L/min [247] -PI	1 L/min -PI	1 L/min [248] -PI
Recorded by	[PI] Interface, Philipsin 05/26/16 1230	[PI] Interface, Philipsin 05/26/16 1229	[PI] Interface, Philipsin 05/26/16 1228	[PI] Interface, Philipsin 05/26/16 1227	[PI] Interface, Philipsin 05/26/16 1226

Anesthesia Monitoring

	1225	1224	1223	1222	1221
	34.8 °C (94.7 °F) [249] -PI	34.8 °C (94.7 °F) -PI	34.8 °C (94.7 °F) [250] -PI	34.8 °C (94.7 °F) [251] -PI	34.8 °C (94.7 °F) [252] -PI
Recorded by	[PI] Interface, Philipsin 05/26/16 1230	[PI] Interface, Philipsin 05/26/16 1229	[PI] Interface, Philipsin 05/26/16 1228	[PI] Interface, Philipsin 05/26/16 1227	[PI] Interface, Philipsin 05/26/16 1226

OTHER

	1225	1224	1223	1222	1221
O2 flow rate	0.6 L/min -PI		0.6 L/min [253] -PI	0.6 L/min -PI	0.6 L/min -PI
Pulse	72 -PI	71 [254] -PI	71 [255] -PI	70 [256] -PI	72 [257] -PI
SpO2	99 % -PI	99 % [258] -PI	99 % [259] -PI	99 % [260] -PI	99 % [261] -PI
Total resp rate	12 -PI		12 [262] -PI	12 -PI	12 -PI
Total exp minute volume	7.4 -PI		7.5 [263] -PI	7.5 -PI	7.5 -PI
Insp tidal volume	0.67 -PI	0.67 -PI	0.67 [264] -PI	0.67 -PI	0.67 -PI

Flowsheets (all recorded) (continued)

Vital Signs ICU - Thu May 26, 2016 (continued)

	1250	1249	1248	1247	1246
Recorded by	[PI] Interface, Philipsin 05/26/16 1250	[PI] Interface, Philipsin 05/26/16 1249	[PI] Interface, Philipsin 05/26/16 1248	[PI] Interface, Philipsin 05/26/16 1247	[PI] Interface, Philipsin 05/26/16 1246
	1245	1244	1243	1242	1241
OTHER					
O2 flow rate	0.6 L/min [125] -PI	0.6 L/min -PI	0.6 L/min [126] -PI		0.6 L/min -PI
Pulse	75 [127] -PI	68 [128] -PI	70 -PI	68 [129] -PI	70 [130] -PI
SpO2	99 % [131] -PI	99 % [132] -PI	98 % -PI	98 % [133] -PI	99 % [134] -PI
Total resp rate	11 [135] -PI	11 -PI	11 [136] -PI		11 -PI
Total exp minute volume	6.9 [137] -PI	6.9 -PI	7 [138] -PI		6.9 -PI
Insp tidal volume	0.67 [139] -PI	0.67 -PI	0.67 [140] -PI	0.67 -PI	0.67 -PI
Exp tidal volume	619 [141] -PI	639 -PI	599 [142] -PI		640 -PI
ETCO2	36 mmHg [143] -PI	36 mmHg -PI	36 mmHg [144] -PI		36 mmHg -PI
NIBP		94/42 mmHg -PI			90/44 mmHg -PI
NBPM		53 -PI			54 -PI
PIP	20 cm H2O [145] -PI	20 cm H2O -PI	21 cm H2O [146] -PI		20 cm H2O -PI
Insp Isoflurane	0.5 % [147] -PI	0.5 % -PI	0.5 % [148] -PI		0.5 % -PI
PEEP	6 [149] -PI	6 -PI	6 [150] -PI		6 -PI
N2O flow rate	1 L/min [151] -PI	1 L/min -PI	1 L/min [152] -PI		1 L/min -PI
Recorded by	[PI] Interface, Philipsin 05/26/16 1245	[PI] Interface, Philipsin 05/26/16 1244	[PI] Interface, Philipsin 05/26/16 1243	[PI] Interface, Philipsin 05/26/16 1242	[PI] Interface, Philipsin 05/26/16 1241

Anesthesia Monitoring

	34.9 °C (94.9 °F) [153] -PI	34.9 °C (94.9 °F) [154] -PI	34.9 °C (94.9 °F) -PI	34.9 °C (94.8 °F) [155] -PI	34.9 °C (94.8 °F) [156] -PI
Recorded by	[PI] Interface, Philipsin 05/26/16 1245	[PI] Interface, Philipsin 05/26/16 1244	[PI] Interface, Philipsin 05/26/16 1243	[PI] Interface, Philipsin 05/26/16 1242	[PI] Interface, Philipsin 05/26/16 1241
	1240	1239	1238	1237	1236
OTHER					
O2 flow rate	0.6 L/min [157] -PI	0.6 L/min -PI	0.6 L/min -PI	0.6 L/min [158] -PI	0.6 L/min -PI
Pulse	73 [159] -PI	72 [160] -PI	71 -PI	72 [161] -PI	73 [162] -PI
SpO2	99 % [163] -PI	99 % [164] -PI	98 % -PI	99 % [165] -PI	99 % [166] -PI
Total resp rate	11 [167] -PI	11 -PI	11 -PI	11 [168] -PI	11 -PI
Total exp minute volume	6.9 [169] -PI	6.9 -PI	6.9 -PI	6.9 [170] -PI	6.9 -PI
Insp tidal volume	0.67 [171] -PI	0.67 -PI	0.67 -PI	0.67 [172] -PI	0.67 -PI
Exp tidal volume	625 [173] -PI	628 -PI	616 -PI	624 [174] -PI	621 -PI
ETCO2	36 mmHg [175] -PI	36 mmHg -PI	36 mmHg -PI	36 mmHg [176] -PI	36 mmHg -PI
NIBP			(I) 89/44 mmHg -PI		
NBPM			54 -PI		
PIP	20 cm H2O [177] -PI	21 cm H2O -PI	20 cm H2O -PI	20 cm H2O [178] -PI	20 cm H2O -PI
Insp Isoflurane	0.5 % [179] -PI	0.5 % -PI	0.5 % -PI	0.5 % [180] -PI	0.5 % -PI
PEEP	6 [181] -PI	6 -PI	6 -PI	6 [182] -PI	6 -PI
N2O flow rate	1 L/min [183] -PI	1 L/min -PI	1 L/min -PI	1 L/min [184] -PI	1 L/min -PI
Recorded by	[PI] Interface, Philipsin 05/26/16 1240	[PI] Interface, Philipsin 05/26/16 1239	[PI] Interface, Philipsin 05/26/16 1238	[PI] Interface, Philipsin 05/26/16 1237	[PI] Interface, Philipsin 05/26/16 1236

Anesthesia Monitoring

	34.9 °C (94.8 °F) [185] -PI	34.9 °C (94.8 °F) [186] -PI	34.9 °C (94.8 °F) -PI	34.9 °C (94.8 °F) [187] -PI	34.9 °C (94.8 °F) [188] -PI
Recorded by	[PI] Interface, Philipsin 05/26/16 1240	[PI] Interface, Philipsin 05/26/16 1239	[PI] Interface, Philipsin 05/26/16 1238	[PI] Interface, Philipsin 05/26/16 1237	[PI] Interface, Philipsin 05/26/16 1236
	1235	1234	1233	1232	1231
OTHER					
O2 flow rate	0.6 L/min -PI	0.6 L/min [189] -PI		0.6 L/min [190] -PI	0.6 L/min -PI



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Flowsheet

JAMES, JARED P
MRN: 32622545
DOB: 8/12/1982, Sex: M
Acct #: 209322874
Enc. Date: 05/26/16

Flowsheets (all recorded) (continued)

Vital Signs ICU - Thu May 26, 2016 (continued)

N2O flow rate	1300	1259	1258	1257	1256
Recorded by	[PI] Interface, Philipsin 05/26/16 1300	[PI] Interface, Philipsin 05/26/16 1259	[PI] Interface, Philipsin 05/26/16 1258	[PI] Interface, Philipsin 05/26/16 1257	[PI] Interface, Philipsin 05/26/16 1256

Anesthesia Monitoring

Recorded by	34.9 °C (94.8 °F) -PI	34.9 °C (94.9 °F) [87] -PI	34.9 °C (94.8 °F) [88] -PI	34.9 °C (94.9 °F) [89] -PI	34.9 °C (94.9 °F) -PI
	[PI] Interface, Philipsin 05/26/16 1300	[PI] Interface, Philipsin 05/26/16 1259	[PI] Interface, Philipsin 05/26/16 1258	[PI] Interface, Philipsin 05/26/16 1257	[PI] Interface, Philipsin 05/26/16 1256

OTHER

O2 flow rate	1255	1254	1253	1252	1251
Pulse	0.6 L/min -PI	0.6 L/min -PI	0.6 L/min -PI		0.6 L/min -PI
SpO2	69 [90] -PI	70 [91] -PI	67 [92] -PI	68 -PI	68 [93] -PI
Total resp rate	98 % [94] -PI	99 % [95] -PI	99 % [96] -PI	99 % -PI	99 % [97] -PI
Total exp minute volume	8 -PI	8 -PI	8 -PI		11 -PI
Insp tidal volume	4.8 -PI	4.8 -PI	4.8 -PI		6.8 -PI
Exp tidal volume	633 -PI	715 -PI	701 -PI		0.67 [98] -PI
ETCO2	575 -PI	584 -PI	591 -PI		271 -PI
NIBP	39 mmHg -PI	39 mmHg -PI	39 mmHg -PI		37 mmHg -PI
NBPM			94/45 mmHg -PI		
PIP			57 -PI		
Insp Isoflurane	15 cm H2O -PI	16 cm H2O -PI	16 cm H2O -PI		12 cm H2O -PI
PEEP	0.3 % -PI	0.5 % -PI	0.5 % -PI		0.4 % -PI
N2O flow rate	5 -PI	6 -PI	6 -PI		6 -PI
Recorded by	0.9 L/min -PI	1 L/min -PI	1 L/min -PI	[PI] Interface, Philipsin 05/26/16 1252	[PI] Interface, Philipsin 05/26/16 1251
	[PI] Interface, Philipsin 05/26/16 1255	[PI] Interface, Philipsin 05/26/16 1254	[PI] Interface, Philipsin 05/26/16 1253		

Anesthesia Monitoring

Recorded by	34.9 °C (94.9 °F) [99] -PI	34.9 °C (94.9 °F) [100] -PI	34.9 °C (94.9 °F) [101] -PI	34.9 °C (94.9 °F) -PI	34.9 °C (94.9 °F) [102] -PI
	[PI] Interface, Philipsin 05/26/16 1255	[PI] Interface, Philipsin 05/26/16 1254	[PI] Interface, Philipsin 05/26/16 1253	[PI] Interface, Philipsin 05/26/16 1252	[PI] Interface, Philipsin 05/26/16 1251

OTHER

O2 flow rate	1250	1249	1248	1247	1246
Pulse	0.6 L/min -PI	0.6 L/min -PI	0.6 L/min [103] -PI	0.6 L/min -PI	0.6 L/min -PI
SpO2	68 [104] -PI	69 [105] -PI	71 [106] -PI	69 -PI	72 [107] -PI
Total resp rate	99 % [108] -PI	99 % [109] -PI	99 % [110] -PI	99 % -PI	99 % [111] -PI
Total exp minute volume	11 -PI	11 -PI	11 [112] -PI	11 -PI	11 -PI
Insp tidal volume	7 -PI	7 -PI	6.9 [113] -PI	6.9 -PI	6.9 -PI
Exp tidal volume	0.67 -PI	0.67 -PI	0.67 [114] -PI	0.67 -PI	0.67 -PI
ETCO2	642 -PI	647 -PI	634 [115] -PI	633 -PI	630 -PI
NIBP	36 mmHg -PI	36 mmHg -PI	36 mmHg [116] -PI	36 mmHg -PI	36 mmHg -PI
NBPM				93/41 mmHg -PI	
PIP				54 -PI	
Insp Isoflurane	21 cm H2O -PI	21 cm H2O -PI	21 cm H2O [117] -PI	20 cm H2O -PI	20 cm H2O -PI
PEEP	0.5 % -PI	0.5 % -PI	0.5 % [118] -PI	0.5 % -PI	0.5 % -PI
N2O flow rate	6 -PI	6 -PI	6 [119] -PI	6 -PI	6 -PI
Recorded by	1 L/min -PI	1 L/min -PI	1 L/min [120] -PI	1 L/min -PI	1 L/min -PI
	[PI] Interface, Philipsin 05/26/16 1250	[PI] Interface, Philipsin 05/26/16 1249	[PI] Interface, Philipsin 05/26/16 1248	[PI] Interface, Philipsin 05/26/16 1247	[PI] Interface, Philipsin 05/26/16 1246

Anesthesia Monitoring

Recorded by	34.9 °C (94.9 °F) [121] -PI	34.9 °C (94.9 °F) [122] -PI	34.9 °C (94.9 °F) [123] -PI	34.9 °C (94.9 °F) -PI	34.9 °C (94.9 °F) [124] -PI
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Flowsheets (all recorded) (continued)

Vital Signs ICU - Thu May 26, 2016 (continued)

	1310	1309	1308	1307	1306
ETCO2	48 mmHg -PI	47 mmHg -PI		46 mmHg -PI	45 mmHg -PI
NIBP			113/64 mmHg -PI		
NBPM			75 -PI		
PIP	14 cm H2O -PI	14 cm H2O -PI		14 cm H2O -PI	14 cm H2O -PI
Insp Isoflurane	0.3 % -PI	0.2 % -PI		0.2 % -PI	0.2 % -PI
PEEP	5 -PI	5 -PI		5 -PI	5 -PI
N2O flow rate	0.6 L/min -PI	0.6 L/min -PI		0.8 L/min -PI	0.8 L/min -PI
Recorded by	[PI] Interface, Philipsin 05/26/16 1310	[PI] Interface, Philipsin 05/26/16 1309	[PI] Interface, Philipsin 05/26/16 1308	[PI] Interface, Philipsin 05/26/16 1307	[PI] Interface, Philipsin 05/26/16 1306

Anesthesia Monitoring

	34.9 °C (94.8 °F) [55] -PI	34.9 °C (94.8 °F) -PI	34.9 °C (94.8 °F) [56] -PI	34.9 °C (94.8 °F) [57] -PI	34.9 °C (94.8 °F) [58] -PI
Recorded by	[PI] Interface, Philipsin 05/26/16 1310	[PI] Interface, Philipsin 05/26/16 1309	[PI] Interface, Philipsin 05/26/16 1308	[PI] Interface, Philipsin 05/26/16 1307	[PI] Interface, Philipsin 05/26/16 1306

	1305	1304	1303	1302	1301
OTHER					
O2 flow rate			0.6 L/min -PI		0.6 L/min -PI
Pulse	69 -PI	73 [59] -PI	73 [60] -PI	66 [61] -PI	69 [62] -PI
SpO2	98 % -PI	99 % [63] -PI	99 % [64] -PI	99 % [65] -PI	99 % [66] -PI
Total resp rate			8 -PI		8 -PI
Total exp minute volume			4.1 -PI		4.1 -PI
Insp tidal volume			586 -PI		571 -PI
Exp tidal volume			501 -PI		508 -PI
ETCO2			43 mmHg -PI		43 mmHg -PI
NIBP	110/65 mmHg -PI			103/49 mmHg -PI	
NBPM	75 -PI			63 -PI	
PIP			14 cm H2O -PI		14 cm H2O -PI
Insp Isoflurane			0.2 % -PI		0.2 % -PI
PEEP			5 -PI		5 -PI
N2O flow rate			0.8 L/min -PI		0.8 L/min -PI
Recorded by	[PI] Interface, Philipsin 05/26/16 1305	[PI] Interface, Philipsin 05/26/16 1304	[PI] Interface, Philipsin 05/26/16 1303	[PI] Interface, Philipsin 05/26/16 1302	[PI] Interface, Philipsin 05/26/16 1301

Anesthesia Monitoring

	34.9 °C (94.8 °F) -PI	34.9 °C (94.8 °F) [67] -PI	34.9 °C (94.8 °F) [68] -PI	34.9 °C (94.8 °F) [69] -PI	34.9 °C (94.8 °F) [70] -PI
Recorded by	[PI] Interface, Philipsin 05/26/16 1305	[PI] Interface, Philipsin 05/26/16 1304	[PI] Interface, Philipsin 05/26/16 1303	[PI] Interface, Philipsin 05/26/16 1302	[PI] Interface, Philipsin 05/26/16 1301

	1300	1259	1258	1257	1256
OTHER					
O2 flow rate		0.6 L/min -PI	0.6 L/min -PI	0.6 L/min [71] -PI	0.6 L/min -PI
Pulse	66 -PI	66 [72] -PI	67 [73] -PI	67 [74] -PI	68 -PI
SpO2	98 % -PI	98 % [75] -PI	98 % [76] -PI	98 % [77] -PI	98 % -PI
Total resp rate		8 -PI	8 -PI	8 [78] -PI	8 -PI
Total exp minute volume		4.1 -PI	4.1 -PI	4.2 [79] -PI	4.2 -PI
Insp tidal volume		596 -PI	604 -PI	617 [80] -PI	622 -PI
Exp tidal volume		493 -PI	503 -PI	511 [81] -PI	515 -PI
ETCO2		42 mmHg -PI	42 mmHg -PI	41 mmHg [82] -PI	41 mmHg -PI
NIBP		100/50 mmHg -PI			97/46 mmHg -PI
NBPM		63 -PI			59 -PI
PIP		14 cm H2O -PI	14 cm H2O -PI	14 cm H2O [83] -PI	14 cm H2O -PI
Insp Isoflurane		0.2 % -PI	0.3 % -PI	0.3 % [84] -PI	0.3 % -PI
PEEP		5 -PI	5 -PI	5 [85] -PI	5 -PI



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Flowsheets (all recorded) (continued)

Vital Signs ICU - Thu May 26, 2016 (continued)

	1320	1319	1318	1317	1316
OTHER					
O2 flow rate	9.6 L/min -PI		9.6 L/min -PI	9.6 L/min [1] -PI	9.6 L/min -PI
Pulse	105 -PI	78 [2] -PI	71 -PI	70 [3] -PI	73 [4] -PI
SpO2	100 % -PI	100 % [5] -PI	99 % -PI	99 % [6] -PI	98 % [7] -PI
Total resp rate	9 -PI		10 -PI	16 [8] -PI	10 -PI
Total exp minute volume	2.7 -PI		2.9 -PI	6.6 [9] -PI	4.2 -PI
Insp tidal volume	206 -PI		317 -PI	311 [10] -PI	372 -PI
Exp tidal volume	468 -PI		343 -PI	295 [11] -PI	385 -PI
ETCO2	41 mmHg -PI		53 mmHg -PI	48 mmHg [12] -PI	49 mmHg -PI
NIBP				115/60 mmHg -PI	
NBPM				72 -PI	
PIP	4 cm H2O -PI			8 cm H2O [13] -PI	8 cm H2O -PI
PEEP				1 [14] -PI	1 -PI
Recorded by	[PI] Interface, Philipsin 05/26/16 1320	[PI] Interface, Philipsin 05/26/16 1319	[PI] Interface, Philipsin 05/26/16 1318	[PI] Interface, Philipsin 05/26/16 1317	[PI] Interface, Philipsin 05/26/16 1316

Anesthesia Monitoring

Core temp					34.9 °C (94.8 °F) [15] -PI
Recorded by					[PI] Interface, Philipsin 05/26/16 1316

	1315	1314	1313	1312	1311
OTHER					
O2 flow rate	0.4 L/min [16] -PI		0.4 L/min -PI	0.4 L/min [17] -PI	0.4 L/min -PI
Pulse	73 [18] -PI	73 -PI	69 [19] -PI	71 [20] -PI	70 [21] -PI
SpO2	98 % [22] -PI	98 % -PI	98 % [23] -PI	98 % [24] -PI	98 % [25] -PI
Total resp rate	8 [26] -PI		8 -PI	8 [27] -PI	8 -PI
Total exp minute volume	3.8 [28] -PI		3.9 -PI	3.9 [29] -PI	4 -PI
Insp tidal volume	561 [30] -PI		546 -PI	572 [31] -PI	567 -PI
Exp tidal volume	454 [32] -PI		467 -PI	476 [33] -PI	476 -PI
ETCO2	49 mmHg [34] -PI		48 mmHg -PI	48 mmHg [35] -PI	48 mmHg -PI
NIBP		116/65 mmHg -PI			116/65 mmHg -PI
NBPM		76 -PI			75 -PI
PIP	14 cm H2O [36] -PI		14 cm H2O -PI	14 cm H2O [37] -PI	14 cm H2O -PI
Insp Isoflurane	0.2 % [38] -PI		0.3 % -PI	0.3 % [39] -PI	0.3 % -PI
PEEP	5 [40] -PI		5 -PI	5 [41] -PI	5 -PI
N2O flow rate	0.6 L/min -PI		0.6 L/min -PI	0.6 L/min [42] -PI	0.6 L/min -PI
Recorded by	[PI] Interface, Philipsin 05/26/16 1315	[PI] Interface, Philipsin 05/26/16 1314	[PI] Interface, Philipsin 05/26/16 1313	[PI] Interface, Philipsin 05/26/16 1312	[PI] Interface, Philipsin 05/26/16 1311

Anesthesia Monitoring

Core temp	34.9 °C (94.9 °F) [43] -PI	34.9 °C (94.9 °F) -PI	34.9 °C (94.8 °F) [44] -PI	34.9 °C (94.8 °F) [45] -PI	34.9 °C (94.9 °F) [46] -PI
Recorded by	[PI] Interface, Philipsin 05/26/16 1315	[PI] Interface, Philipsin 05/26/16 1314	[PI] Interface, Philipsin 05/26/16 1313	[PI] Interface, Philipsin 05/26/16 1312	[PI] Interface, Philipsin 05/26/16 1311

	1310	1309	1308	1307	1306
OTHER					
O2 flow rate	0.4 L/min -PI	0.4 L/min -PI		0.6 L/min -PI	0.6 L/min -PI
Pulse	69 [47] -PI	72 -PI	68 [48] -PI	69 [49] -PI	69 [50] -PI
SpO2	98 % [51] -PI	98 % -PI	98 % [52] -PI	98 % [53] -PI	98 % [54] -PI
Total resp rate	8 -PI	8 -PI		8 -PI	8 -PI
Total exp minute volume	4 -PI	4 -PI		3.8 -PI	3.8 -PI
Insp tidal volume	567 -PI	561 -PI		548 -PI	536 -PI
Exp tidal volume	475 -PI	486 -PI		449 -PI	448 -PI

Battery

Informed Consent: An Ethical Obligation or Legal Compulsion?

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Abstract

Informed consent is a vital document while performing all surgical and aesthetic procedures, particularly in the current day practice. Proper documentation and counseling of patients is important in any informed consent.

Keywords: Informed consent, Ethical obligation, Legal compulsion

INTRODUCTION

Medical practice today is not simple because of various factors impinging on the doctor-patient relationship. Mutual trust forms the foundation for good relationship between doctor and patient. Today, patients tend to be well- or ill-informed about the disease and health. With the hype created in the print and visual media regarding 'beauty', 'shape, size and appearance of body parts', 'quality and quantity of hair', etc., patients tend to come to dermatologists with unreasonable demands and unrealistic expectations. Therefore, providing adequate information and educating the patient about realities and obtaining informed consent before subjecting a patient to any test/procedure/surgery is very essential.

ETHICAL ANGLE

The concept of consent arises from the ethical principle of patient autonomy[1] and basic human rights. [2] Patient's has all the freedom to decide what should or should not happen to his/her body and to gather information before undergoing a test/procedure/surgery. No one else has the right to coerce the patient to act in a particular way. Even a doctor can only act as a facilitator in patient's decision making.

LEGAL ANGLE

There is also a legal angle to this concept. No one has the right to even touch, let alone treat another person. Any such act, done without permission, is classified as "battery"[3] - physical assault and is punishable. Hence, obtaining consent is a must for anything other than a routine physical examination.

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Case ID: 1CCV-21-0000683

Title: JARED

Filing Date / Time: TUESDAY, MAY 25, 2021 02:26:27 PM

Filing Parties: JARED JAMES

Case Type: Circuit Court Civil

Lead Document(s):

Supporting Document(s): 1-Complaint

Document Name:

If the filing noted above includes a document, this Notice of Electronic Filing is service of the document under the Hawai'i Electronic Filing and Service Rules.

The following parties need to be conventionally served:
JARED JAMES

EXHIBIT “C-2”

TO

DEFENDANTS

**PATRICK J. O’DONNELL, M.D.; SUSAN
TAN, M.D.; AND KAPI’OLANI MEDICAL
SPECIALISTS’ MEMORANDUM IN
SUPPORT OF MOTION FOR
SUMMARY JUDGMENT**

FILED

UNDER

SEAL



MEDICAL INQUIRY AND CONCILIATION PANEL
OFFICE OF ADMINISTRATIVE HEARINGS
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Inquiry of

MICP No.

2017-052

Inquiring Party(ies),

Jared James

INQUIRY REGARDING RENDERING OF
PROFESSIONAL SERVICES

HEARINGS OFFICE

2017 JUL -5 P 1:16

DEPT. OF COMMERCE
AND CONSUMER AFFAIRS

Patrick O'Donnell Dr. Susan Tan, Dr. Selena Peters
Kapiolani Medical Center for Women and Children, Kapiolani Medical Health Care Provider(s).
Specialists
Hawaii Pacific Health, RAY VARA, Martha Smith
Kenneth Nakamura, Thomas Yamashida
Rosel Cerezo, Marianne Mariano
Mary Cris Balisacan, Merla Takmaka, Rhemelyn Ulep
Wendy Tabalanza

INQUIRY REGARDING RENDERING OF PROFESSIONAL SERVICES

I. Name(s) and address(es) of Inquiring Party(ies): Jane Doe, Jane Doe, Jane Doe
John Doe, John Doe, John Doe

Jared James

1170 Nuuanu Ave

37068

Honolulu HI 96837

II. Name(s) and address(es) of the Health Care Provider(s):

Kapiolani Medical Center for Women & Children
Kapiolani Medical Specialists

Martha Smith

Kenneth Nakamura, Chief Medical Officer
Thomas Yamashida, Surgery Department Manager
Rosel Cerezo, Marianne Mariano, Mary Cris
Balisacan, Merla Takmaka, Rhemelyn Ulep
Wendy Tabalanza, Beth Acoba, Cynthia Capilla

Jennifer Cummings, Jennifer Kunihiro
Timothy Fireash
Address: 1319 Punahou St, Honolulu HI 96826

Dr. Patrick O'Donnell 1319 Punahou St
Dr. Susan Tan Honolulu HI #112 96826

Dr. Selena Peters 1319 Punahou St #630 Honolulu HI 96826

Hawaii Pacific Health 55 Merchant St
Honolulu, HI 96813

Inquiries cannot be accepted by the MICP unless accompanied by: 1) the appropriate filing fee(s) of \$450 per named Inquiring Party OR an Ex-Parte Motion to Waive Filing Fees; and 2) a Certificate of Consultation. Inquiries and documents may be filed at the Medical Inquiry and Conciliation Panel located at 335 Merchant Street, Suite 100, Honolulu, Hawaii 96813

Ray Vara
55 Merchant St
Honolulu, HI
96813

EXHIBIT "C-2"

III. Description of the professional services that are the subject of your inquiry (attach additional pages if necessary):

A. When did they happen?

May 26th 2016

B. How did any problems happen?

Health care Providers

C. Which health care provider(s) and/or health care facilities do you believe were responsible for the alleged negligence?

All listed.

IV. What are the alleged negligent acts or omissions that fell below the applicable standard of care?

intentionally surgically operating on patient against his will skipping informed consent. ~~Intentional~~ Deception, ~~Intentional~~ Fraudulently Doctoring medical Records, Performing Unnecessary surgical procedures. Fraudulently Billing insurance. organizational Executives creating & maintaining and Policy environment where Patients are harmed. staff: not verifying informed consent &

DATED: Honolulu Hawaii, July 5 2017
(County) (Date)

Rosel Cerezo
Fraudulently
witnessing
informed
consent.

Signature

808 784 9201
Daytime telephone number

jared.james23@gmail.com
Email address:

* prefer Email

Name
Address

Attorney for Inquiring Party/Health Care Provider

MEDICAL INQUIRY AND CONCILIATION PANEL
STATE OF HAWAII

In the Matter of the Inquiry of

Inquiring Party(ies),

vs.

Health Care Provider(s).

MICP No. _____

INQUIRING PARTY(IES)/
HEALTH CARE PROVIDER(S)
PROCEEDING STATEMENT;
CERTIFICATE OF SERVICE

Hearing Date: _____
Time: _____

INQUIRING PARTY/HEALTH CARE PROVIDER'S PROCEEDING STATEMENT

I. NATURE OF THE INQUIRY

(Brief summary of inquiry/response to inquiry)

II. INQUIRING PARTY'S/HEALTH CARE PROVIDER'S THEORY OF THE INQUIRY

Acts or omissions by health care providers which inquiring party believes constitutes negligence by Health Care Providers (Health Care Provider's response to the inquiry)

III. UNDISPUTED FACTS

(List any significant facts which the parties agree upon)

1.

2. (List additional facts as needed)

IV. WITNESSES

A. Expert Witnesses

- 1.
2. (List additional expert witnesses as needed)

B. Lay Witnesses

- 1.
2. (List additional lay witnesses as needed)

V. EXHIBITS

(List and describe each exhibit)

- 1.
2. (List additional exhibits as needed)

VI. LEGAL QUESTIONS

(List any legal questions or issues that will be raised in the proceeding)

DATED: Honolulu, Hawaii, _____.

Inquiring Party/Health Care Provider OR
Attorney for Inquiring Party/Health Care Provider

CERTIFICATE OF SERVICE

I hereby certify that on this date, I caused a true and correct copy of the foregoing document to be duly served on the following person at the address indicated, via first class mail, postage prepaid, or hand-delivery (as indicated below):

	Hand-delivered	Mailed
<i>[Name of person served]</i>	()	()

DATED: Honolulu, Hawai'i, _____

NAME

EXHIBIT “D-2”

TO

DEFENDANTS

**PATRICK J. O’DONNELL, M.D.; SUSAN
TAN, M.D.; AND KAPI’OLANI MEDICAL
SPECIALISTS’ MEMORANDUM IN
SUPPORT OF MOTION FOR
SUMMARY JUDGMENT**

**FILED
UNDER
SEAL**



DEPT. OF COMMERCE
AND CONSUMER AFFAIRS

2017 JUL -5 P 4: 32

MEDICAL INQUIRY AND CONCILIATION PANEL
OFFICE OF ADMINISTRATIVE HEARINGS
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Inquiry of

MICP No. 2017-053

INQUIRY REGARDING RENDERING OF
PROFESSIONAL SERVICES

Inquiring Party(ies),

Jared James

medical center

vs.

Kapiolani Hospital for Women and Children
Dr. Selena Peters

Health Care Provider(s).

Kapiolani Medical
Specialists

Ray Vara
Martha Smith

Kenneth Nakamura Hawaii Pacific

Thomas Yamashida Health

INQUIRY REGARDING RENDERING OF PROFESSIONAL SERVICES

I. Name(s) and address(es) of Inquiring Party(ies):

Jared James

1170 Nuuanu Ave

37068

Honolulu HI 96837

II. Name(s) and address(es) of the Health Care Provider(s):

Dr. Selena Peters
1319 Punahou St
630
Honolulu HI 96826

Kapiolani Medical Center for
Women and Children
1319 Punahou St.
Honolulu HI 96826

Ray Vara
55 Merchant St
Honolulu HI 96813

Hawaii Pacific
Health
55 Merchant St
Honolulu HI 96813

Martha Smith
Kenneth Nakamura
Thomas Yamashida
Kapiolani Medical
Specialists
1319 Punahou St
Honolulu HI 9682

Inquiries cannot be accepted by the MICP unless accompanied by: 1) the appropriate filing fee(s) of \$450 per named Inquiring Party OR an Ex-Parte Motion to Waive Filing Fees; and 2) a Certificate of Consultation. Inquiries and documents may be filed at the Medical Inquiry and Conciliation Panel located at 335 Merchant Street, Suite 100, Honolulu, Hawaii 96813

EXHIBIT "D-2"

III. Description of the professional services that are the subject of your inquiry (attach additional pages if necessary):

A. When did they happen?

May 26 2016

B. How did any problems happen?

Dr. Selena Peters

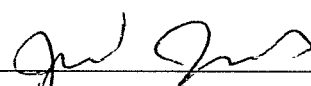
C. Which health care provider(s) and/or health care facilities do you believe were responsible for the alleged negligence?

All listed

IV. What are the alleged negligent acts or omissions that fell below the applicable standard of care?

Not monitoring sedated Patients vitals for 24 hours
Keeping patient sedated for extremely long period of time
against will without consent. Giving patient
Hypothermia, and continuing operation.
Hospital staff cited created in vain meant for patient harm

DATED: Honolulu Hawai'i, 7 5 17
(County) (Date)


Signature

808 784 9201
Daytime telephone number

jared.james23@gmail.com
Email address:

EXHIBIT “E”

TO

DEFENDANTS

**PATRICK J. O’DONNELL, M.D.; SUSAN
TAN, M.D.; AND KAPI’OLANI MEDICAL
SPECIALISTS’ MEMORANDUM IN
SUPPORT OF MOTION FOR
SUMMARY JUDGMENT**

**FILED
UNDER
SEAL**

DAVID Y. IGE
Governor

SHAN S. TSUTSUI
Lt. Governor

CATHERINE P. AWAKUNI COLÓN
Director

JO ANN M. UCHIDA TAKEUCHI
Deputy Director



OFFICE OF ADMINISTRATIVE HEARINGS
DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS
MEDICAL INQUIRY AND CONCILIATION PANEL
DESIGN CLAIMS CONCILIATION PANEL
STATE OF HAWAII

CRAIG H. UYEHARA
Senior Hearings Officer

RICHARD A. YOUNG
ROWENA A. SOMERVILLE
RODNEY K.F. CHING
Administrative Hearings Officers

September 6, 2017

DAVID A GRUEBNER ESQ
999 BISHOP STREET SUITE 1600
HONOLULU HI 96813

JOHN-ANDERSON L MEYER ESQ
1001 BISHOP STREET SUITE 1800
HONOLULU HI 96813

ARTHUR F ROECA ESQ
841 BISHOP STREET SUITE 900
HONOLULU HI 96813

Re: ***James v. Kapiolani Medical Center for Women and Children, etal.***
MICP no. 2017-052 and MICP no. 2017-053

Dear Counsel:

I am in receipt of Mr. James' more definite statement, a copy of which is enclosed. After considering the statement and David A. Gruebner, Esq.'s request to dismiss as to Roy Vara, Martha Smith, and Kenneth Nakamura, and am allowing the Inquiry to proceed as to all of the named parties. Accordingly, a panel will appointed shortly. Thank you.

Sincerely,

CATHERINE P. AWAKUNI COLÓN
Director

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

CRAIG H. UYEHARA
Senior Hearings Officer

CHU:ts
cc: Jared James

ALSTON HUNT
FLOYD & ING

2017 SEP -7 A 10:47

Subject: Jared James

Facts:

Briefly the facts are:

1. Dr. Patrick O'Donnell intentionally cut out pieces of patients Jared James face and oxygen system without consent or privilege, while patient was sedated.
2. Patient was referred by patient's primary care provider to ENT surgeon Dr. Patrick O'Donnell's at his office at Kapiolani Women's and Children's Medical Center [Kapiolani Medical Specialists, Hawaii Pacific Health]. Patient was exclusively referred for the previously diagnosed condition of nasal valve collapse (vestibular stenosis).
3. Patient met with Dr. Patrick O'Donnell on February 26, 2016. Patient explained his medical history including a previous septoplasty and turbinate reduction in 2011, and his desire not to have these areas retraumatized. Patient exclusively requested an 'alar batten graft' procedure to fix the previously diagnosed condition of 'nasal valve collapse' with cartilage coming from the ear. Dr. Patrick O'Donnell did an examination that was exclusively confirmatory for nasal valve collapse, and then Dr. Patrick O'Donnell agreed to the requested 'alar batten graft' procedure using ear cartilage, and went over the risks for that exclusively agreed on procedure.
4. Patient came in for surgery on May 26, 2016. Surgeon Dr. Patrick O'Donnell skipped the informed consent process, and Dr. Susan Tan Skipped the informed consent process. Dr. Selena Peters did improper and incomplete informed consent. Patient was sedated against his will for 2+ hours before the documented surgery started at about 11:30am. This undocumented and unmonitored sedation gave patient unintended periodontic hypothermia. Patient had hypothermia from the very beginning of the monitored surgery at 11:30am but the 2+ hour surgical procedures were performed anyway. Procedures performed by Dr. Patrick O'Donnell and Dr. Susan Tan were against patient's will and against his best-interest. These procedures were intentionally performed on sedated patient against his will, after surgeons intentionally skipped the informed consent process, but instead still fraudulently stated to have done informed consent in medical records.
5. While patient was sedated Dr. Patrick O'Donnell and Dr. Susan Tan cut out the septal cartilage in the tip of the patients face and nose, and cut that up and used it to brace patients collapsing vestibules. Dr. Patrick O'Donnell and Dr. Susan Tan cut out patients inferior turbinate tissue. Dr. Patrick O'Donnell and Dr. Susan stuck a rod into patients face and broke bones inside of patients face and skull.
6. Surgeons, anesthesiologist, and surgical staff performed these surgical operations on patient against his will without consent or privilege, making these actions surgical battery by all participants.
7. Discharge papers fraudulently claim only a 'turbinate reduction' was performed.
8. Post-OP Dr. Patrick O'Donnell repeatedly and demonstrably lied to patient about what he did to patient in surgery, and Dr. Susan Tan has never talked to patient.
9. Kapiolani Women's and Children's Medical Center was made aware that they performed numerous surgical operations on patient against patients will while patient was sedated (surgical battery).

10. Dr. Patrick O'Donnell confirms that there is no patient signed informed consent document. Dr. Patrick O'Donnell confirms his 'standard practice' is to bypass the legislature mandated informed consent processes.
11. Executive Officers and Management Ray Vara, Martha Smith, and Kenneth Nakamura allowed processes at their healthcare facilities, such as surgeon and staff bypassing formal informed consent, thereby breaching their respective duty to patient Jared James, and by those actions directly and indirectly created an environment that caused patient harm.
12. Rosel Cerezo and Dr. Patrick O'Donnell fraudulently signed and witnessed a fraudulent informed consent document on March 1, 2016.
13. Merla Takenaka fraudulents claims, and documents, patient was conscious and un-sedated just prior to documented surgery appx. 11:30am May 26, 2016, albeit with a hypothermic core-temperature of 94-degrees.
14. Empty Nose Syndrome is formally classified as an iatrogenic disease meaning it is caused by surgery. Empty Nose Syndrome causes pain and suffocation and has a high likelihood of suicide, debility, and is currently incurable.

MICP No. 2017-052

Parties:

Surgeons: Dr. Patrick O'Donnell, Dr. Susan Tan: Committed surgical battery on patient 5/26/2016 without consent or priveledge and are liable for all damages as direct and concurrent tortfeasors.

Anesthesiologist: Dr. Selena Peters: Committed negligence in verification of surgical informed consent for patient that she kept sedated on 5/26/2016. Dr. Selena Peters is a concurrent tortfeasor with joint liability for all harm to patient.

Surgical Staff (a) Merla Takenaka and Mary Cris Balisacan: participated in very specific aspects of patients 'surgical battery' on 5/26/2016, and committed intentional harmful and offensive touching, intentional non-verification of surgical informed consent, and are concurrent tortfeasors and liable for all harm to patient.

Surgical Staff (b): Marianne Mariano, Rhemielyn Ulep, Wendy Tabalanza, Beth Acoba, Cynthia Capilla, Jennifer Cummings, Jennifer Kunihiro, Timothy Fiveash: Committed negligence in verifying surgical informed consent, and harmful offensive touching. Parties are also concurrent tortfeasors and jointly liable for all patient harm.

Dr. Patrick O'Donnell's Staff: Rosel Cerezo: Fraudulently signed as witness on the informed consent document, along with Dr. Patrick O'Donnell on March 1, 2016. Parties are concurrent tortfeasor to surgical battery on 5/26/16, and jointly liable for all damages to patient.

Management Executives: Roy Vara, Martha Smith, and Kenneth Nakamura: Had duty to patient to monitor ongoing corporate activity and fix problems that would knowingly or have substantial likelihood to cause patient harm, like illegal informed consent processes, and no-utility practices like sedation examinations, but not limited too (subject to discovery). Parties breached these duties and as a result patient was harmed. Therefore negligence, therefore as concurrent tortfeasors full joint liability for all harm to patient.

Healthcare Organizations: Kapiolani Medical Center for Women and Children [KMCWC], Kapiolani Medical Specialists [KMS], Hawaii Pacific Health [HPH]: Liable for harm to patient through employee conduct outline above, specifically surgical battery on May 26, 2016.

MICP No. 2017-053

Parties:

Anesthesiologist: Dr. Selena Peters: Improper and insufficient informed consent 5/26/2016. Dr. Selena Peters intentionally kept patient sedated for over two hours pre-surgery against patients will without consent or privilege. Dr. Selena Peters egregiously committed false imprisonment of patient isolating his own consciousness in his own head away from his body. Dr. Selena Peters kept patient sedated for over two hours while surgical procedures were done to patient against his will. Dr. Selena Peters had numerous duties to the patient that she breached. Dr. Selena Peters is a concurrent tortfeasor with joint liability for all harm to patient.

Surgical Staff (a) Merla Takenaka and Mary Cris Balisacan (addition): participated in very specific aspects of patients 'surgical battery' on 5/26/2016, intentional harmful and offensive touching, intentional non-verification of surgical informed consent, intentional infliction of emotional distress, concurrent tortfeasor status, and liability for all harm to patient.

Management Executives: Roy Vara, Martha Smith, and Kenneth Nakamura: Had duty to patient to monitor ongoing corporate activity and fix problems that would knowingly or have substantial likelihood to cause patient harm, like illegal informed consent processes (surgical and anesthesia), and no-utility practices like sedation examinations, but not limited too (subject to discovery). Parties breached these duties and as a result patient was harmed. Therefore negligence, therefore as concurrent tortfeasors full joint liability for all harm to patient.

Healthcare Organizations: Kapiolani Medical Center for Women and Children [KMCWC], Kapiolani Medical Specialists [KMS], Hawaii Pacific Health [HPH]: Liable for harm to patient through employee conduct outline above, specifically surgical battery on May 26, 2016.

Damages:

Empty nose syndrome (diagnosed), changing of facial structure, changing of smile, changing breathing processes (every breathe awake or asleep), severe pain in; nose, face, and with every breathe, including pain so severe it causes loss of consciousness, suffocation, severe emotional distress, humiliation, embarrassment, dehumanization, anguish, loss of income, loss of autonomy, severe PTSD, severe depression, severe anxiety, loss of ability to appropriately function socially, isolation, extreme loss of energy, inability to get restful sleep, suicidal thought and ideation, horror, and ongoing horror.

RETURN SERVICE REQUESTED

HONOLULU HI 96813



ALSTON HUNT
FLOYD & ING

[illegible]

EXHIBIT “I”

TO

DEFENDANTS

**PATRICK J. O’DONNELL, M.D.; SUSAN
TAN, M.D.; AND KAPI’OLANI MEDICAL
SPECIALISTS’ MEMORANDUM IN
SUPPORT OF MOTION FOR
SUMMARY JUDGMENT**

FILED

UNDER

SEAL

Date: February 25, 2026

John-Anderson L. Meyer, Esq.
Janna Wehilani Ahu, Esq.
Dentons US LLP 1001 Bishop Street,
Suite 1800 Honolulu, Hawai'i 96813
Via Electronic Mail:
anderson.meyer@dentons.com;
janna.ahu@dentons.com

Re: *Jared James v. Patrick J. O'Donnell, M.D., et al.*, Civil No. 1CCV-21-0000683 (SMK)
Service of Plaintiff's Answers to Defendants' First Request for Production of Documents

Dear Counsel:

Enclosed herewith, please find Plaintiff Jared James' Answers to Defendants Patrick J. O'Donnell, M.D.; Susan Tan, M.D.; and Kapi'olani Medical Specialists' First Request for Production of Documents, served herewith pursuant to Rule 34 of the Hawai'i Rules of Civil Procedure.

Plaintiff expressly reserves the right to supplement these documents pursuant to **HRCP Rule 26(e)** as discovery proceeds, as additional information becomes available, and consistent with any amendment to the operative pleading.

Please confirm receipt of this email and its attachment by return email at your earliest convenience.

Respectfully submitted,

/s/ Jared James
Jared James
Pro Se Litigant
2421 Tusitala St. 402
Honolulu, HI 96815
jaredjames23@gmail.com
(808) 800-6588
Plaintiff

EXHIBIT "I"

Jared James
Pro Se Litigant
2421 Tusitala St. 402
Honolulu, HI 96815
jaredjames23@gmail.com
(808) 800-6588
Plaintiff

IN THE CIRCUIT COURT OF THE FIRST CIRCUIT

STATE OF HAWAII

JARED JAMES,

Civil No. 1CCV-21-0000683 (SMK)

Plaintiff,

vs.

PATRICK J. O'DONNELL, M.D.; SUSAN

TAN, M.D.; SELINA PETERS, M.D.;
MERLA TAKENAKA RN; KAPIOLANI
MEDICAL SPECIALISTS; KAPIOLANI
MEDICAL CENTER FOR WOMEN AND
CHILDREN; HAWAII PACIFIC HEALTH,
DOES 1-10; DOE CORPORATIONS;
DOE GOVERNMENT AGENCIES 1-5

Defendants.

**PLAINTIFF JARED JAMES'
ANSWERS TO DEFENDANTS
PATRICK J. O'DONNELL, M.D.;
SUSAN TAN, M.D.; AND KAPI'OLANI
MEDICAL SPECIALISTS' FIRST
REQUEST FOR PRODUCTION OF
DOCUMENTS**

JUDGE: Honorable Shirley M. Kawamura

Trial: May 18, 2026

PLAINTIFF JARED JAMES' ANSWERS TO DEFENDANTS PATRICK J. O'DONNELL,
M.D.; SUSAN TAN, M.D.; AND KAPI'OLANI MEDICAL SPECIALISTS' FIRST
REQUEST FOR PRODUCTION OF DOCUMENTS.

Plaintiff Jared James, appearing pro se, hereby responds to the First Request for Production of Documents propounded by Defendants Patrick J. O'Donnell, M.D., Susan Tan, M.D., and Kapi'olaani Medical Specialists. These responses are served pursuant to Rule 34 of the Hawai'i Rules of Civil Procedure.

GENERAL OBJECTIONS

The following General Objections apply to each and every Request for Production and are incorporated by reference into each specific response below as if fully set forth therein. The assertion of any specific objection does not waive any General Objection.

1. Attorney-Client Privilege and Work Product. To the extent applicable, communications protected by the attorney-client privilege and materials prepared in anticipation of litigation are protected under HRCP Rule 26(b)(3). Plaintiff will produce a privilege log if any materials are withheld on that basis.

2. Hawai'i Constitutional Privacy (Art. I, §6). Hawai'i's constitutional right to privacy is broader than its federal counterpart. Financial records, medical records beyond those directly at issue in this action, and personal information unrelated to this litigation are protected. Haw. Const. art. I, § 6; Cohan v. Ayabe, 2012 WL 3597437.

3. Overbreadth and Disproportionality. To the extent any Request seeks documents spanning broad time periods or across financial, personal, and medical categories without nexus to the claims and injuries at issue, such requests are overbroad and disproportionate to the needs of this case as required by HRCP Rule 26(b)(1).

4. Intentional Tort Framing. Plaintiff's claims sound primarily in intentional tort, fraud, battery, and breach of contract, not merely negligence. Plaintiff's responses are provided in the context of the intentional and fraudulent conduct at the core of the operative complaint. Plaintiff objects to any characterization of claims that misrepresents their nature.

5. Continuing Nature of Responses. All responses are subject to supplementation under HRCF Rule 26(e) as additional information becomes available through discovery. Plaintiff expressly reserves the right to supplement or amend these responses.

6. Time Constraints. Plaintiff is responding within the time period ordered by the Court. Due to the time available to compile records dating back to 2016, certain responses are based on records presently available and Plaintiff's current recollection. Plaintiff will supplement pursuant to HRCF Rule 26(e) as additional records are obtained. Production will occur on a rolling basis as records are gathered and organized.

7. Privilege Log. Plaintiff is not currently withholding any responsive material on the basis of attorney-client privilege or work product. Plaintiff reserves the right to assert privilege and produce a log if applicable materials are later identified.

SPECIFIC RESPONSES

REQUEST NO. 1: Copies of any statements made by You, Defendants, and/or any witness to the care and treatment provided by Defendants to you.

RESPONSE: Subject to the General Objections incorporated herein, Plaintiff will produce all responsive, non-privileged written statements in his possession. Plaintiff states that he possesses no formal written statements from witnesses separate from what is already contained in the pleadings, the MICP filings, and the medical records already identified herein. Plaintiff will supplement this response if additional responsive materials are identified.

REQUEST NO. 2: Any and all medical records and reports, including, but not limited to, all clinical and nursing notes.

RESPONSE: Subject to the General Objections, Plaintiff has compiled and possesses his KMCWC medical records. Plaintiff points to his previously filed Exhibits A-000 through A#96, which contain the relevant medical records and addendums in his possession. Plaintiff will produce copies of any additional responsive medical records not already in Defendants' possession. Defendants, as the providers and custodians of the underlying records, are already in possession of

the originals. If Defendants contend they do not have copies of any document within Exhibits A-000 through A#96, Plaintiff will provide copies upon reasonable request.

REQUEST NO. 3: Any and all of your federal and state tax returns from 2016 to 2025.

RESPONSE: Objection. This Request seeks highly private financial information protected under Article I, §6 of the Hawai'i Constitution and is overbroad and not proportional to the needs of the case under HRCF Rule 26(b)(1). Without waiving this objection, Plaintiff will produce non-privileged documents reasonably sufficient to evidence income for any period directly relevant to a claimed loss of earning capacity, if any, subject to a mutually agreeable confidentiality or protective order.

REQUEST NO. 4: Copies of any photographs, films, videotapes, or other visual or audio recording related to the care and treatment.

RESPONSE: Subject to the General Objections, Plaintiff will produce the diagram drawn by Dr. Patrick O'Donnell from the 7-day post-surgery follow-up (Exhibit A#89). Plaintiff further notes that a Stryker video recording device was present during the surgery, but Defendants have claimed in this litigation that no surgical video exists. Plaintiff possesses no surgical video recording and no other recordings of the procedure. Plaintiff will produce all responsive non-privileged visual or audio materials in his possession.

REQUEST NO. 5: Any and all documents pertaining to temporary disability, unemployment, worker's compensation, settlement, insurance, or any other payments made to You.

RESPONSE: Subject to the General Objections and Hawai'i's constitutional privacy protections, Plaintiff will produce responsive, non-privileged documents in his possession that are relevant to his damages claims in this action. To the extent any responsive documents relate to collateral sources that are not admissible or relevant, Plaintiff will produce only those responsive, non-privileged documents that are relevant and proportional to the damages claims at issue, and reserves all objections.

REQUEST NO. 6: Any and all documents relied upon in calculating damages claimed.

RESPONSE: Subject to the General Objections, Plaintiff relies on the medical records evidencing his injuries, including the development of Empty Nose Syndrome (ENS), chronic sleep deprivation, permanent voice alteration, PTSD, and the unconsented removal and/or fracture of his nasal structures (Exhibits A-000 through A#96). Plaintiff will also produce all billing records, invoices, and receipts in his possession related to ongoing medical costs, corrective procedures, and treatment for Empty Nose Syndrome and related conditions resulting from Defendants' unconsented surgical acts. **Expert analysis** regarding future damages, life care planning, and lost earning capacity will be provided pursuant to the Court's scheduling order.

REQUEST NO. 7 & 8: Personal diaries, calendars, journals, reports; and social media posts regarding the incident, injuries, or Defendants.

RESPONSE: Objection. These Requests are overbroad, unduly intrusive, and not proportional under HRCP Rule 26(b)(1) to the extent they seek private diaries, journals, or personal writings beyond matters directly concerning the Incident, alleged injuries, or claimed damages. Subject to and without waiving the objection, Plaintiff will produce any non-privileged personal writings in his possession that directly concern the May 26, 2016 procedure and the specific injuries alleged in this action. Plaintiff does not maintain social media accounts containing posts responsive to this request.

REQUEST NO. 9 & 10: Documents related to fringe benefits and private health insurance records.

RESPONSE: Subject to the General Objections, Plaintiff will produce documents related to the health insurance coverage applicable to the May 26, 2016 surgery. Plaintiff possesses no other documents responsive to these requests.

REQUEST NO. 11, 12, 13, 14, & 15: Documents related to home ownership/rent, investment income, Social Security, and Worker's Compensation.

RESPONSE: Objection. These Requests seek private financial information that is irrelevant and not proportional to the claims and defenses in this action under HRCP

Rule 26(b)(1) and implicate Hawai'i constitutional privacy protections. Plaintiff is not asserting claims for Social Security benefits, investment income, or worker's compensation benefits in this action. Accordingly, Plaintiff will not produce documents responsive to these Requests absent further order of the Court.

REQUEST NO. 16: Any and all documents evidencing expenses incurred or losses suffered as a result of injuries.

RESPONSE: Subject to the General Objections, Plaintiff will produce all billing records, invoices, and receipts in his possession related to his ongoing medical costs, corrective procedures, and treatment for Empty Nose Syndrome and related injuries resulting from Defendants' unconsented surgical acts. Plaintiff will supplement this response as additional records are compiled.

REQUEST NO. 17 & 18: Opinions and documents to/from any expert or consultant.

RESPONSE: Subject to General Objection No. 1 (Work Product) and HRCP Rule 26(b)(4), consulting expert materials are protected from disclosure. Plaintiff has not yet retained a testifying expert for trial. Plaintiff will supplement this response and produce responsive documents in accordance with the Court's scheduling order for expert disclosures if an expert is retained.

REQUEST NO. 19: Any and all documents and exhibits that you have prepared or caused to be prepared for this lawsuit.

RESPONSE: Objection. This request seeks documents protected by the work-product doctrine, as it requests materials prepared by Plaintiff in anticipation of litigation. HRCP Rule 26(b)(3). Without waiving this objection, Plaintiff refers Defendants to his filed exhibits (Exhibits A-AAA through A#96), which are already in Defendants' possession.

REQUEST NO. 20: Any and all documents related to your criminal record.

RESPONSE: Plaintiff has no criminal record. Accordingly, no documents responsive to this request exist and no production is possible.

REQUEST NO. 21: All exhibits you intend to introduce into evidence at trial.

RESPONSE: Subject to the General Objections, Plaintiff intends to introduce Exhibits A-AAA through A#96, the Table of Contents for which has already been provided to the Court and Defendants. Plaintiff reserves the right to supplement this response as discovery continues and as additional exhibits are identified consistent with the Court's pretrial order.

REQUEST NO. 22 & 23: All other documents relating to the care and treatment; and documents witnesses will rely upon.

RESPONSE: Subject to the General Objections, see Plaintiff's responses to Requests 2 and 21, incorporated herein by reference. Plaintiff will produce any additional, non-privileged documents as they are identified pursuant to HRCF Rule 26(e).

REQUEST NO. 24: Documents evidencing communications with any non-party concerning this action.

RESPONSE: Objection to the extent this Request seeks privileged communications, work product, or communications unrelated to the May 26, 2016 procedure and the claims asserted in this action. Subject to and without waiving the objection, Plaintiff will produce non-privileged written communications in his possession with non-parties that directly concern the Incident and the injuries alleged herein.

RESERVATION OF RIGHTS: Plaintiff expressly reserves the right to supplement or amend these responses pursuant to HRCF Rule 26(e) as discovery proceeds, as additional information becomes available, and consistent with any amendment to the operative pleading. Nothing in these responses constitutes a waiver of any right, privilege, objection, or defense available to Plaintiff.

VERIFICATION

I, Jared James, declare under penalty of perjury under the laws of the State of Hawai'i that the foregoing Responses to Defendants' First Request for Production of Documents are true and correct to the best of my knowledge, information, and belief.

I further declare that these responses are based upon my personal knowledge, my review of records in my possession, and reasonable inquiry conducted in good faith.

I reserve the right to supplement or amend these responses pursuant to Rule 26(e) of the Hawai'i Rules of Civil Procedure as additional information becomes available.

Executed on this 25th day of February, 2026, in Honolulu, Hawai'i.

/s/ Jared James

JARED JAMES

Pro Se Litigant

2421 Tusitala St. 402

Honolulu, HI 96815

jaredjames23@gmail.com

(808) 800-6588

Plaintiff

EXHIBIT “J”

TO

DEFENDANTS

**PATRICK J. O’DONNELL, M.D.; SUSAN
TAN, M.D.; AND KAPI’OLANI MEDICAL
SPECIALISTS’ MEMORANDUM IN
SUPPORT OF MOTION FOR
SUMMARY JUDGMENT**

FILED

UNDER

SEAL

JOHN-ANDERSON L. MEYER 8541
JANNA WEHILANI AHU 10588

DENTONS US LLP
1001 Bishop Street, Suite 1800
Honolulu, Hawai'i 96813-3689
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janna.ahu@dentons.com

Attorneys for Defendants
PATRICK J. O'DONNELL, M.D.;
SUSAN TAN, M.D.; and
KAPI'OLANI MEDICAL SPECIALISTS

IN THE CIRCUIT COURT OF THE FIRST CIRCUIT

STATE OF HAWAII

JARED JAMES,

Plaintiff,

vs.

PATRICK J. O'DONNELL, M.D.; SUSAN
TAN, M.D.; SELENA PETERS, M.D.;
MERLA TAKENAKA RN; KAPIOLANI
MEDICAL SPECIALISTS; KAPIOLANI
MEDICAL CENTER FOR WOMAN AND
CHILDREN; HAWAII PACIFIC HEALTH,

Defendants.

Civil No. 1CCV-21-0000683 (SMK)

**DEFENDANTS PATRICK J.
O'DONNELL, M.D.; SUSAN TAN, M.D.;
AND KAPI'OLANI MEDICAL
SPECIALISTS' DISCLOSURE OF
EXPERT WITNESSES AND
OPINIONS; EXHIBIT "A"**

Trial: May 18, 2026

Judge: Honorable Shirley M. Kawamura

**DEFENDANTS PATRICK J. O'DONNELL, M.D.; SUSAN TAN, M.D.;
AND KAPI'OLANI MEDICAL SPECIALISTS' DISCLOSURE OF
EXPERT WITNESSES AND OPINIONS**

Defendants PATRICK J. O'DONNELL, M.D., SUSAN TAN, M.D., and KAPI'OLANI MEDICAL SPECIALISTS (collectively, "KMS Defendants"), by and through their counsel, Dentons US LLP, hereby disclose the following expert witnesses pursuant to Rule 26 of the Hawai'i Rules of Civil Procedure and the *Trial Setting Status Conference Order; Attachments A-C* filed on January 29, 2025 [Dkt. 181].

I. EXPERT WITNESSES

KMS Defendants may call the following retained expert witnesses at trial:

	WITNESS
1.	Marc A. Stiefel, M.D. 599 West State Street, Suite 201 Doylestown, PA 18901 Dr. Stiefel will offer opinions in this case as an Otolaryngologist expert. Dr. Stiefel's written Expert Report, Curriculum Vitae, Fee Schedule, and Testimonial History are attached as Exhibit "A."

Expert witnesses identified by KMS Defendants may use the data, documents, material and/or information reviewed, relied upon, attached to, referred to, and/or identified in their reports/declarations, as exhibits at trial. Discovery is continuing.

KMS Defendants reserve the right to name and call at trial additional witnesses identified during the course of discovery, including any lay or expert witnesses, rebuttal witnesses, all witnesses named by Plaintiff or any other party, and all custodians of records and lay or expert witnesses who are qualified to testify as to the foundation and/or authenticity of documents to be offered or entered into evidence and other witnesses as deemed necessary or as warranted by ongoing discovery.

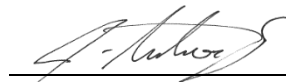
II. RESERVATION AS TO ADDITIONAL WITNESSES

KMS Defendants have made these expert disclosures without having completed their discovery, including the deposition of Plaintiff and Plaintiff's experts, and thus reserve the right to disclose additional experts and/or supplement or amend their expert disclosures as to those experts disclosed herein to reflect discovery hereinafter obtained or conducted or further investigation hereinafter conducted and/or to rebut the testimony and opinions of Plaintiff and Plaintiff's expert witnesses and the purported foundations and bases therefor. Plaintiff's deadline to disclose his expert witnesses and their opinions and reports was January 20, 2026. KMS Defendants have not received Plaintiff's expert disclosures to date.

KMS Defendants reserve the right to call to testify or question any and all other experts, representatives, or witnesses who have been disclosed, designated, and/or called upon by Plaintiff or any other party, regarding any of the claims or defenses at issue in this action.

KMS Defendants further reserve the right to supplement and/or amend these disclosures up through and including the time of trial, and expressly reserve the right to withdraw the designation of any expert and advises that any previously designated expert will not be called upon to testify as a witness at trial and re-designate the same as a consulting expert only, who cannot be called upon by Plaintiff.

DATED: Honolulu, Hawai'i, February 17, 2026.



JOHN-ANDERSON L. MEYER
JANNA WEHILANI AHU

Attorneys for Defendants
PATRICK J. O'DONNELL, M.D.;
SUSAN TAN, M.D.; and KAPIOLANI
MEDICAL SPECIALISTS



Pinnacle ENT
ASSOCIATES LLC

EAR, NOSE, & THROAT
ADULT & PEDIATRIC CARE

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February 13, 2026

To: John-Anderson L. Meyer, Esq.
Dentons US LLP
1001 Bishop Street
Suite 1800
Honolulu, HI 96813
(808) 524 1800

Re: Care of Jared James by Patrick J. O'Donnell, MD

Dear Mr. Meyer:

I am a board-certified Otolaryngologist in private practice in Doylestown, PA. I have been asked to review the records for the above-mentioned case and provide an independent, expert opinion regarding the medical care of Jared James. As part of the scope of my practice in general otolaryngology, I regularly see and treat, both medically and surgically, patients with diseases of the nasal cavity and sinuses, including deviated nasal septum and nasal airway obstruction. Thus, I feel I am in an excellent position to discuss the care of Mr. James as it pertains to these issues.

For the purposes of providing such an expert opinion I have reviewed the following medical records:

1. Medical record of Jared James from Hawai'i Pacific Health
2. Anesthesia records from Hawai'i Pacific Health

Case Summary

Please allow me to briefly summarize Mr. James' history, compiled from the records I have reviewed, for the sake of completeness.

Jared James, born August 12, 1982, presented to Dr. Patrick O'Donnell on February 26, 2016, complaining of nasal obstruction and difficulty breathing. He had a past medical history significant for depression, for which he was taking sertraline daily. Mr. James had a previous surgical history of nasal septal surgery and turbinate reduction performed in Alaska in 2011. Initially, after that surgery, he did admit to having some benefit. However, his nasal symptoms eventually worsened, causing him to again seek medical attention. At this visit, Mr. James noted significant collapse of the outside part of his nose when breathing in. Mr.

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Ear, Nose and Throat Network

EXHIBIT "A"

James had tried Nasonex nasal steroid spray and nasal breathing strips with minimal success. A physical examination by Dr. O'Donnell at that visit revealed normal turbinates and a midline septum. There was some significant external nasal valve collapse noted on inspiration, which did improve when a Cottle maneuver was performed. A nasal endoscopy was completed at that visit and was documented to be within normal limits. Dr. O'Donnell diagnosed Mr. James with external nasal valve collapse. It was felt that Mr. James could benefit from surgical intervention, including alar batten grafts. Dr. O'Donnell wanted to discuss the surgical options with his partner, Dr. Tan, prior to proceeding with surgery.

Dr. O'Donnell did make an amendment to this office note on February 29, 2016. This addendum stated that, after speaking with Dr. Tan and Mr. James, a decision was made to move forward with surgery. The proposed procedure was inferior turbinate reduction and alar batten grafting of the external nasal valve. It was also discussed that harvesting ear cartilage from the concha may be necessary in order to obtain sufficient graft material for the procedure. Mr. James was made aware of the risks of the surgery, including the chance that he could experience no significant improvement in his symptoms. He was also advised of the chance of possible cosmetic changes to the nose and ear. Mr. James was interested in proceeding with surgery and the necessary arrangements were to be made.

On March 3, an associate from Dr. O'Donnell's office called Mr. James to schedule the surgery which consisted of bilateral lateral alar batten grafting using conchal auricular cartilage and inferior turbinate reduction. The surgery was scheduled on April 8, 2016 at 1:30 PM. Mr. James did verbalize his understanding of the proposed procedure. Unfortunately, two days prior to this date, Mr. James became ill. Therefore, the procedure was postponed until May 26, 2016.

Mr. James eventually successfully underwent his procedure at Kapi`olani Medical Center for Women and Children in Honolulu, Hawai`i on May 26, 2016. By all accounts, the procedure seems to have gone smoothly. Dr. O'Donnell, assisted by Dr. Tan, performed bilateral nasal alar batten grafts using cartilage harvested from the nasal septum and partial resection of the inferior turbinates bilaterally. The right ear was prepped and draped as the donor site for surgery. However, based on my reading of the operative report, once Dr. O'Donnell started the surgery and further examined Mr. James' nasal septum under anesthesia, he found that adequate nasal cartilage was available to use as a graft. Therefore, he did not need to harvest the ear cartilage to serve as a cartilage donor, and Dr. Tan apparently had no active role in the procedure. No complications were encountered during the surgery and it seems to have taken approximately 90 minutes. Mr. James was transferred to the postanesthesia care unit and recovered successfully and without incident. He was discharged the same day back to his home on Keflex antibiotics, oxycodone for pain, and nasal saline spray.

Mr. James was next seen back in the office by Dr. O'Donnell 6 days later, on June 2, 2016. This was his first postoperative follow-up visit. Merocel packs and Doyle splints were removed from the nose at this visit. Dr. O'Donnell noted the septum appeared straight and to be healing well. The turbinates were within normal limits and there was no obvious nasal valve collapse noted. Mr. James was instructed to avoid any trauma to his nose and asked to follow-up again in 3 months.

On September 12, 2016, Mr. James was again seen in the office by Dr. O'Donnell. At this visit, he reported to Dr. O'Donnell that he experienced no significant improvement in his nasal symptoms following his procedure. Mr. James felt he continued to have nasal valve collapse despite the recent surgical intervention. As a result, he continued to use Breathe Right nasal strips and nasal cones. Mr. James expressed frustration at his lack of progress. He questioned Dr. O'Donnell's decision not to use auricular cartilage. Dr. O'Donnell explained to Mr. James that during the surgery, some deviated cartilaginous septum was still noted and this was resected, leaving an adequate amount of cartilage for the alar batten graft. Dr. O'Donnell felt that to minimize morbidity a decision was made to use the septal cartilage versus harvesting separate donor cartilage from the auricle. He noted that this was a possibility that had been discussed with

Mr. James in the preoperative area on the day of surgery.

Physical examination on September 12, 2016 revealed a well-healed and midline nasal septum with no perforation or residual deflection. The turbinates were again within normal limits. There was some residual nasal valve collapse with maximal inspiration. Very minimal collapse was noted with normal breathing. The remainder of the exam was unremarkable.

Dr. O'Donnell had a thorough discussion of the surgery and the outcome with Mr. James. It was recommended that he try a nasal steroid spray or consider a possible second opinion at a tertiary care center such as UCSF. Dr. O'Donnell asked Mr. James to report back on his progress so he could help manage his condition in the future.

No other visits between Mr. James and Dr. O'Donnell are documented in the chart. However, on Friday, December 19, 2016, Dr. O'Donnell made an addendum to the medical record stating he had spoken with Mr. James in person on December 19. Dr. O'Donnell noted that Mr. James looked very well appearing, and no longer had markings from Breathe Rite strips on the nasal dorsum. Mr. James reported feeling okay but still had significant difficulty breathing through his nose. Dr. O'Donnell attempted to refer Mr. James to a facial plastic specialist, Dr. Dan Knott, at UCSF. Mr. James declined stating he would rather seek out his own medical care.

I have reviewed no other medical records relating to Mr. James' medical care subsequent to that conversation with Dr. O'Donnell on December 16, 2016.

Expert Opinion

After reviewing the medical records available to me regarding the care of Jared James by Dr. Patrick O'Donnell, I find no evidence that Dr. O'Donnell breached the standard of care in any way. Dr. O'Donnell first saw Mr. James in the office and appropriately evaluated him, noting his previous history of nasal surgery. He diagnosed Mr. James with external nasal valve collapse and, after thoughtful consideration and in consultation with his partner Dr. Tan, offered to repair the nasal valve collapse surgically. Alar batten grafting is a standard and common surgical procedure to strengthen the external nasal valve and prevent it from collapsing. This is most commonly done by reinforcing the nasal valve with additional cartilage. Strengthening the external valve with this cartilage prevents it from collapsing, especially during inspiration, thereby improving nasal breathing.

The most common source of a cartilage graft for alar batten grafting is the nasal septum. Most of the time, this procedure is done in conjunction with a septoplasty. By removing the crooked cartilage of the nasal septum, the nasal airway is further improved. This crooked cartilage then serves as a donor site for the external nasal valve procedure.

In the case of Mr. James, he had previously had a septoplasty performed in Alaska in 2011, 5 years prior to his presentation with Dr. O'Donnell. Therefore, Dr. O'Donnell had no idea the extent of cartilage resection that Mr. James previously underwent. Some surgeons will remove the least amount of cartilage possible, leaving enough cartilage for future procedures if necessary. Others will remove all of the cartilage they can from the nasal septum, sparing only enough to serve as supporting struts for the nasal skeleton. A third option is to remove all the cartilage, but trim out and reshape the crooked areas, and then place the cartilage back within the mucoperichondrial pocket to reinforce the nasal septum and keep it in situ in the patient's nose, should it be needed for an additional procedure down the line. Dr. O'Donnell had no idea which method was employed in the previous septoplasty for Mr. James, and thereby had no idea whether or not any cartilage would be present in the nose that would be suitable to act as a graft for his needs—this information could not have been gleaned from the examination and nasal endoscopy he had previously

performed on February 26, 2016. He therefore, appropriately, decided to consent Mr. James for harvesting of an autologous donor site, in this case the right auricle. When additional cartilage is necessary to repair the nose, it is most commonly taken from the ear. Other donor sites can be used, including the outer table of the skull and ribs.

Since there are unknowns when performing any surgery, surgeons tend to hope for the best and plan for the worst. For any surgery where the status of the preferred graft site is unknown, it is commonplace to consent the patient to harvest a graft from an additional site, a procedure to be performed if needed. This need is left up to the intraoperative discretion of the primary surgeon and his team. Whenever possible, it is the surgeon's preference not to harvest cartilage from outside the nose and to exclusively use nasal septal cartilage. Harvesting cartilage from an additional donor site increases the risks of surgery. The patient can have a cosmetic deformity and additional scarring to that site, causing an unwanted outcome. Plus, there is another surgical site, which is then a possible location for an infection. For these reasons, it is much preferred to use the deviated nasal septal cartilage, which is generally superfluous at the completion of a septoplasty anyway. If an appropriate amount of septal cartilage can be repurposed to strengthen the external nasal valve, that is the best possible outcome for everyone involved.

Hoping for the best and planning for the worst is exactly what Dr. O'Donnell did in this case. He consented Mr. James for possible use of his ear cartilage as a graft. This was noted on the surgical consent and discussed with Mr. James in the preoperative holding area prior to the surgery. During the operation, Dr. O'Donnell found that the nasal septal cartilage that remained was adequate to use as a graft. Therefore, he did not need to harvest the auricular cartilage, and he was able to spare Mr. James the morbidity of a second donor site and possible negative outcomes related to that site. Based on the operative note, Dr. O'Donnell was able to perform an adequate alar batten graft in a standard fashion. I can find no indication that Dr. O'Donnell performed a subpar surgery as a result of his use of nasal septal cartilage instead of auricular cartilage. Furthermore, it is not possible to say within a reasonable degree of medical certainty that Mr. James would have had a different or improved surgical outcome had Dr. O'Donnell used auricular cartilage in this procedure, in lieu of the nasal septal cartilage that he ultimately did use. In summary, Dr. O'Donnell performed an appropriate procedure, in an appropriate fashion, using an appropriate cartilage graft, that met the standard of care expected of an otolaryngologist.

Dr. O'Donnell also performed an inferior turbinate reduction on Mr. James, concomitantly with his septoplasty and nasal valve repair. These procedures are commonly done in conjunction with one another, in order to open the nasal airway as widely as possible and give patients the best possible outcome with respect to improving their breathing. Based on the description of the procedure in the operative report, Dr. O'Donnell performed a submucous resection of the bilateral inferior turbinates with a coblation turbinate reduction wand. Submucous reduction of the inferior turbinates is the most commonly used procedure to perform the inferior turbinate surgery. By reducing the bulk of the internal tissue of the inferior turbinate, and leaving the external mucosa and underlying bone intact, the overall structure of the inferior turbinate is largely unchanged, and therefore it has limited effect on the overall nasal anatomy. This significantly decreases the risk of empty nose syndrome, which in the distant past used to happen when the majority of, or the entire inferior turbinate, was removed. Due to this unintended morbidity, submucous resection has replaced removal of the inferior turbinate as the procedure of choice. To further reposition the turbinate out of the path of nasal airflow without significantly affecting its overall size, an outfracture of the nasal turbinates is generally performed once a submucous resection has been completed. In this case, Dr. O'Donnell performed a conservative submucous resection of the inferior turbinates, followed by outfracture of the turbinates, in an attempt to give Mr. James the best chance for improved breathing following his surgery. The surgical procedure performed by Dr. O'Donnell on the inferior turbinates met the standard of care and in no way put Mr. James at an elevated risk of a negative surgical outcome.

When Mr. James returned to Dr. O'Donnell's office 3 months after surgery, unfortunately he did not have

the expected outcome he would have liked. He was again appropriately interviewed and examined at that visit, and found to have some mild residual nasal valve collapse with maximal inspiration. This is a common finding. When anyone tends to take a deep breath through their nose, there is always some degree of nasal valve collapse, due to the rapid airflow and decreased pressure of the air entering the nasal cavity. Nasal airflow is a highly subjective complaint and it is difficult to objectively assess in patients. Surgeons try to optimize airflow by controlling the 3 anatomic areas in which obstruction most likely occurs: The nasal septum, the inferior turbinates, and the external nasal valve. Dr. O'Donnell tried to address all 3 of these areas during Mr. James's surgery. He straightened a deviated septum, he shrunk the inferior

turbinates, and he reinforced the external nasal valve with a cartilage graft. It was obviously Dr. O'Donnell's hope that Mr. James would find his nasal breathing improved after completing this procedure. However, it was disclosed to him preoperatively, and documented appropriately in the notes from the preoperative visit, that a risk of nasal surgery is that there may be no significant subjective improvement in nasal symptoms.

Any experienced otolaryngologist will tell you that despite a surgery going technically well, and seeing the anatomy significantly improve postoperatively, the results do not always match expectations. That seems to have happened in this case. Mr. James continued to report difficulty breathing through his nose despite Dr. O'Donnell's best efforts. The fact that Mr. James did not note any subjective improvement does not mean

that Dr. O'Donnell in any way breached the standard of care. By appropriately disclosing to Mr. James that he may not experience any improvement in his nose postoperatively, and performing an proper surgery in an attempt to relieve Mr. James of his nasal obstruction, Dr. O'Donnell most certainly met the standard of care. When Mr. James still had the same complaints postoperatively, Dr. O'Donnell appropriately referred him to a tertiary care center and to facial plastics surgeon who could possibly offer him additional treatment options.

I make these assertions based on the medical records and materials provided to me as of the date on this letter and my opinion is stated within a reasonable degree of medical certainty. I reserve the right to change my opinion as necessary should new information or documentation come to light.

Respectfully,



Marc Stiefel, MD

MARC A. STIEFEL, MD

599 West State Street, Suite 201 • Doylestown, PA 18901
215 345 5323 • mstiefel@dh.org

EMPLOYMENT

2006 – Present	Pinnacle ENT Associates- Doylestown Division Doylestown, PA Otolaryngology, Private Practice
----------------	---

POST-GRADUATE TRAINING

2005 – 2006	New York Eye and Ear Infirmary New York, NY Chief Resident, Otolaryngology
2002 – 2005	New York Eye and Ear Infirmary New York, NY Resident, Otolaryngology
2001 – 2002	Saint Vincent's Hospital Manhattan New York, NY Intern, General Surgery

EDUCATION

1997 – 2001	New York Medical College Valhalla, NY M.D.
1993 – 1997	Cornell University Ithaca, NY B.S. in Biological Sciences

ACADEMIC APPOINTMENTS

Associate Clinical Professor of Otolaryngology- Head and Neck Surgery, University of Pennsylvania,
2012- Present

BOARD CERTIFICATION

American Board of Otolaryngology, 2007 – Present (*Recertified in 2017*)

MEDICAL LICENSURE

Pennsylvania, 2006 - Present
New York, 2004 – 2006, 2013- Present

HOSPITAL APPOINTMENTS

Penn Medicine- Doylestown Health, Doylestown, Pennsylvania- 2006 – Present
Doylestown Surgery Center, Doylestown, Pennsylvania- 2020- Present

HOSPITAL COMMITTEES

Doylestown Hospital Director of Surgical Service Line- July 2021- Present
Doylestown Hospital Operating Room Committee- July 2021- Present
Doylestown Hospital Medical Executive Committee, Member, 2020- Present
Doylestown Hospital Chief Medical Officer Search Committee- 2024
Doylestown Hospital Institutional Review Board, Chairperson, 2015- 2017
Doylestown Hospital Institutional Review Board, Member, 2008- 2014

Doylestown Hospital Information Technology Steering Committee, 2008- Present
Doylestown Hospital Biomedical Ethics Committee, 2007-2008

PROFESSIONAL ACTIVITIES

Executive Board Member, Align ENT and Allergy, 2022- Present
Pinnacle ENT Associates, Board Member, 2012- 2022
Expert Medical Review, 2010- Present

PROFESSIONAL ORGANIZATIONS

American Academy of Otolaryngology- Head and Neck Surgery
The Pennsylvania Academy of Otolaryngology- Head and Neck Surgery

PERSONAL ACTIVITIES

Historic Carversville Society- Board Member, 2014- 2025
Camp Doctor- Camp Scatico, Elizaville, NY, 2013- Present

AWARDS

Philadelphia Magazine's Top Doctors, 2021-2025
Castle Connolly Top Doctor, 2021-2025
Resident Teaching Award, New York Eye and Ear Infirmary, June 2006
Citation in Scholarship, New York Medical College, May 2001
Alpha Omega Alpha Honor Society, New York Medical College Chapter, Elected Fall 2000

PRESENTATIONS

Changes in Native Cellular Fluorescence in Human Papillary Thyroid Carcinoma Cells After Treatment with 3,3'-Diindolylmethane, Combined Otolaryngology Spring Meeting, May 2006

PUBLICATIONS

Stiefel M, Shaner A, Schaefer S. The Edwin Smith Papyrus: The birth of analytical thinking in medicine and otolaryngology. *Laryngoscope* 2006 Feb; 116(2): 182-8.

Taylor J, **Stiefel M**, Park S. Schwannoma of the true vocal fold: A rare diagnosis. *Ear Nose Throat J* 2006 Jan; 85(1): 52-3.

Harrington J, **Stiefel M**, Gianos E. Arginase deficiency presenting with cerebral oedema and failure to thrive. *J Inherit Metab Dis* 2000 Jul; 23(5): 517-8.

Harrington J, Gianos E, **Stiefel M**. Index of suspicion: Case 3 (Familial dysautonomia). *Pediatr Rev* 2000 Jul; 21(7): 243-7.



Pinnacle ENT ASSOCIATES LLC

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Marc A. Stiefel, MD

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Expert Fee Schedule for Marc A. Stiefel, MD

Document, record and deposition review	\$500 per hour
Phone calls	\$500 per hour
Report preparation	\$500 per hour
Deposition and Trial Appearance, ½ day	\$2500
Deposition and Trial Appearance, Full day	\$5000

All time will be billed in 15 minute increments with no minimum.

There is no retainer fee. Client will be invoiced upon completion of work.

Travel time for appearances over 1 hour round trip may be billed.

Please give at least 72 hours notice when cancelling an appearance to avoid billing.

Marc Stiefel, M.D.'s History of Deposition and Trial Testimony for Past 3 years

Case Name	Case No.	City and State
KISZLE ANN ETRATA ULANDEZ, Individually and as Personal Representatives of the Estate of Elizabeth Alcantara Etrata; Rael Etrata; and Rowen Etrata, Individually v. JARED THELER, M.D.; JEFFREY SAKAMOTO, M.D.; THE EMERGENCY GROUP, INC.; THE QUEEN'S MEDICAL CENTER and DOE DEFENDANTS 1-10.	1CCV-24-0000647	Honolulu, HI

EXHIBIT “K”

TO

DEFENDANTS

**PATRICK J. O’DONNELL, M.D.; SUSAN
TAN, M.D.; AND KAPI’OLANI MEDICAL
SPECIALISTS’ MEMORANDUM IN
SUPPORT OF MOTION FOR
SUMMARY JUDGMENT**

FILED

UNDER

SEAL

Date: February 25, 2026

John-Anderson L. Meyer, Esq.
Janna Wehilani Ahu, Esq.
Dentons US LLP 1001 Bishop Street,
Suite 1800 Honolulu, Hawai'i 96813
Via Electronic Mail:
anderson.meyer@dentons.com;
janna.ahu@dentons.com

Re: *Jared James v. Patrick J. O'Donnell, M.D., et al.*, Civil No. 1CCV-21-0000683 (SMK) Service of Plaintiff's Answers to Defendants' First Request for Answers to Interrogatories

Dear Counsel:

Enclosed herewith, please find Plaintiff Jared James' Answers to Defendants Patrick J. O'Donnell, M.D.; Susan Tan, M.D.; and Kapi'olani Medical Specialists' First Request for Answers to Interrogatories, served herewith pursuant to **Rule 33(b)** of the Hawai'i Rules of Civil Procedure.

Plaintiff expressly reserves the right to supplement these answers pursuant to **HRCP Rule 26(e)** as discovery proceeds, as additional information becomes available, and consistent with any amendment to the operative pleading.

Please confirm receipt of this email and its attachment by return email at your earliest convenience.

Respectfully submitted,

/s/ Jared James
Jared James
Pro Se Litigant
2421 Tusitala St. 402
Honolulu, HI 96815
jaredjames23@gmail.com
(808) 800-6588
Plaintiff

EXHIBIT "K"

Jared James
Pro Se Litigant
2421 Tusitala St. 402
Honolulu, HI 96815
jaredjames23@gmail.com
(808) 800-6588
Plaintiff

IN THE CIRCUIT COURT OF THE FIRST CIRCUIT

STATE OF HAWAII

JARED JAMES,

Civil No. 1CCV-21-0000683 (SMK)

Plaintiff,

vs.

PATRICK J. O'DONNELL, M.D.; SUSAN

TAN, M.D.; SELINA PETERS, M.D.;
MERLA TAKENAKA RN; KAPIOLANI
MEDICAL SPECIALISTS; KAPIOLANI
MEDICAL CENTER FOR WOMEN AND
CHILDREN; HAWAII PACIFIC HEALTH,
DOES 1-10; DOE CORPORATIONS;
DOE GOVERNMENT AGENCIES 1-5

Defendants.

**PLAINTIFF JARED JAMES'
ANSWERS TO DEFENDANTS
PATRICK J. O'DONNELL, M.D.;
SUSAN TAN, M.D.; AND KAPI'OLANI
MEDICAL SPECIALISTS' FIRST
REQUEST FOR ANSWERS TO
INTERROGATORIES**

JUDGE: Honorable Shirley M. Kawamura

**PLAINTIFF JARED JAMES' ANSWERS TO DEFENDANTS PATRICK J.
O'DONNELL, M.D.; SUSAN TAN, M.D.; AND KAP'OLANI MEDICAL SPECIALISTS'
FIRST REQUEST FOR ANSWERS TO INTERROGATORIES**

GENERAL OBJECTIONS

The following General Objections apply to each and every Interrogatory and are incorporated by reference into each specific answer below as if fully set forth therein. The assertion of any specific objection does not waive any General Objection.

1. Attorney-Client Privilege and Work Product. All communications between Plaintiff and counsel and all documents prepared in anticipation of litigation are protected under HRCP Rules 26(b)(3) and (b)(4). Plaintiff will produce a privilege log identifying any withheld materials.

2. Hawaii Constitutional Privacy (Art. I, § 6). Hawaii's constitutional right to privacy is broader than its federal counterpart. Financial records, medical records beyond those directly at issue in this action, and social media content implicating personal matters unrelated to this litigation are protected. Haw. Const. art. I, § 6; Cohan v. Ayabe, 2012 WL 3597437.

3. Expert Witness Protection (HRCP 26(b)(4)). Consulting experts are protected from disclosure. Draft reports and communications between Plaintiff's counsel and any testifying expert constitute protected work product.

4. Overbreadth and Disproportionality. To the extent any Interrogatory seeks information spanning from 2016 to present across all financial, personal, and medical categories, such requests are overbroad and disproportionate to the needs of this case as required by HRCP Rule 26(b)(1).

5. Contention Interrogatories Are Premature. Interrogatories 2 through 13 seek detailed factual contentions in a case where discovery — including expert discovery — is ongoing. Plaintiff reserves the right to supplement all answers following the completion of fact and expert discovery.

6. Intentional Tort Framing. Defendants define 'medical negligence' or 'negligence' to encompass all claims in the Amended Complaint. Plaintiff objects to this characterization to the extent it mischaracterizes the nature of the claims asserted, which include intentional torts — including battery, fraud, and false imprisonment — that are distinct from and more serious than negligence claims. Plaintiff's answers are provided in the context of the intentional and fraudulent conduct that is the actual basis for the operative complaint.

7. Continuing Nature of Responses. All responses are subject to supplementation under HRCF Rule 26(e) as additional information becomes available through discovery.

8. Tolling Preservation. Plaintiff's claims are subject to tolling under HRS § 657-20 (fraudulent concealment) and the pendency of the Hawaii Medical Inquiry and Conciliation Panel ('MICP') proceeding, formally terminated on or about March 21, 2018, which tolled any applicable statute of limitations during its pendency and for sixty (60) days thereafter pursuant to HRS § 671-12. This tolling objection and preservation is incorporated into each answer below.

9. Amendment Preservation. Plaintiff's responses are based on operative pleading as of date served; will supplement under HRCF 26(e). Plaintiff reserves all rights to supplement, amend, or reframe the factual basis for claims in this action consistent with any amendment to the pleadings, as discovery is ongoing and Plaintiff's legal theories continue to be developed.

Note Regarding Time Constraints: Time Constraints. Plaintiff is responding within the time period ordered by the Court. Due to the limited time available to compile historical medical, billing, and employment records dating back to 2016, certain information is based on records presently available and Plaintiff's current recollection. Plaintiff will supplement these responses pursuant to HRCF Rule 26(e) as additional records are obtained.

Plaintiff's references throughout these answers to the adenoidectomy and/or removal of adenoid tissue are made on information and belief based on Plaintiff's review of Defendants' operative records and research into this medical field. Plaintiff reserves the right to supplement all answers referencing this procedure.

Plaintiff is not currently withholding any responsive material on the basis of attorney-client privilege or work product. Therefore, no privilege log is required at this time. Plaintiff reserves the right to assert privilege and produce a log if applicable materials are later identified.

INTERROGATORY QUESTIONS/ANSWERS

INTERROGATORY NO. 1. Identify each Person(s) answering these Interrogatories, supplying information or assisting in any way with the preparation of the answers to these Interrogatories, and specify each Interrogatory that each Person answered or

assisted in answering. (Do not identify anyone who simply typed or reproduced the responses.)

ANSWER:

Jared James, Plaintiff, pro se. Mr. James answered or assisted with all Interrogatories, Nos. 1 through 24, based on his personal knowledge, his review of records in his possession, and reasonable inquiry conducted in good faith.

INTERROGATORY NO. 2: Describe with particularity all Documents and/or Things and/or any and all facts which support your allegations of "Medical Malpractice" against Defendant PATRICK J. O'DONNELL, M.D. as alleged in your Amended Complaint.

ANSWER:

Plaintiff objects to the characterization of his claims as "Medical Malpractice" to the extent such framing implies negligence. The claims asserted against Defendant Dr. Patrick J. O'Donnell in Plaintiff's Amended Complaint sound primarily in intentional tort, fraud, battery, and breach of contract — not negligence. Plaintiff further objects that this Interrogatory is a premature contention interrogatory. Without waiving these objections, and subject to supplementation following completion of expert discovery, Plaintiff states as follows:

The following facts and documents support Plaintiff's claims against Dr. O'Donnell:

(a) February 26, 2016 — Pre-Operative Agreement. During Plaintiff's first and only pre-operative consultation with Dr. O'Donnell, Dr. O'Donnell agreed to perform a narrow and specific procedure: using ear cartilage exclusively to brace Plaintiff's nasal vestibules to address nostril collapse. Dr. O'Donnell expressly represented that his colleague, Dr. Susan Tan, would participate as co-surgeon, and that Plaintiff's insurance would cover the agreed procedure. The parties shook hands. Plaintiff stated, "I trust you," thereby sealing the agreement. No consent was given — express, implied, or otherwise — for any procedure other than the agreed narrow scope.

(b) February 29, 2016 — False Addendum. Dr. O'Donnell inserted a false addendum into Plaintiff's medical records misrepresenting that a clinical communication had occurred to modify the surgical plan. No such communication took place. This constitutes an affirmative falsification of medical records.

(c) March 1, 2016 — Fabricated Informed Consent Documentation. On or about March 1, 2016, Dr. O'Donnell and Rozel Cerezo fabricated an informed consent document and signed and/or caused signatures to be placed as 'witnesses' to an informed-consent process that never occurred, and to a patient signature that was not affixed by Plaintiff.

(d) May 26, 2016 — Eleven Unconsented Surgical Acts. While Plaintiff was chemically incapacitated without consent, Dr. O'Donnell performed the following unconsented surgical acts: (1) septal soft-tissue incision; (2) septal cartilage cutting; (3) removal of septal tissue and cartilage from the front of Plaintiff's nose; (4) 'fashioning' of septal cartilage; (5) insertion of cartilage into a pocket in Plaintiff's right nostril; (6) insertion of cartilage into Plaintiff's left nostril; (7) penetration and cauterization of Plaintiff's right inferior turbinate; (8) penetration and cauterization of Plaintiff's left inferior turbinate; (9) outfracture of Plaintiff's right inferior turbinate bone; (10) outfracture of Plaintiff's left inferior turbinate bone; and (11) amputation and removal of Plaintiff's adenoid tissue. None of these procedures were within the scope of the agreed procedure, and none were consented to by Plaintiff.

(e) May 26, 2016 — Ghost Surgery. Dr. O'Donnell proceeded with surgery without the agreed co-surgeon, Dr. Susan Tan. Defendants have judicially admitted in their Answer to the Second Amended Complaint (Dkt. 84, filed June 20, 2023) that Dr. Tan was not present at and had no active role in the May 26, 2016 surgical procedures. The operative record listing Dr. Tan as assisting surgeon was therefore false.

(f) Post-Operative Misrepresentations (June and August 2016). During post-operative follow-up appointments approximately seven (7) days and three (3) months after surgery, Dr. O'Donnell drew a diagram and falsely represented to Plaintiff that he had only removed cartilage from the 'back' of Plaintiff's septum. In fact, Dr. O'Donnell had removed cartilage from the front of Plaintiff's nose. This misrepresentation was made to conceal the true structural damage and minimize the apparent severity of the unconsented acts. Dr. O'Donnell also affirmatively represented during these appointments that Dr. Tan had been present for the surgery, which defendants have since admitted was false.

(g) September 16, 2016 — Medical Records, Page 257 (Admission of Standard Practice). In his own signed medical record entry dated September 16, 2016 (page 257 of Plaintiff's medical records), Dr. O'Donnell acknowledged that the consent form scanned into the EMR prior to surgery 'was not signed by the patient,' and described his 'standard practice' of pre-loading unsigned consent forms into the EMR with the expectation that patients would sign them on the morning of surgery in a private preoperative encounter with no independent witness and no institutional verification mechanism. Dr. O'Donnell further disclosed in this entry that the paper chart had 'already been shredded' as of September 16, 2016 — approximately 113 days post-surgery, while the MICP proceeding was pending or imminent — permanently destroying the only physical document that could have confirmed the state of the consent form at the time of surgery.

Supporting Documents Include: Plaintiff's medical records in their entirety (including but not limited to medical records page 257); the fabricated informed consent documentation; the false February 29, 2016 addendum; the operative record falsely listing Dr. Tan as co-surgeon; post-operative appointment records; Defendants' Answer to the Second Amended Complaint (Dkt. 84, June 20, 2023) (judicial admission of Dr. Tan's absence); and any billing records submitted to HMSA and/or Hawaii Medicaid (Med-QUEST) for the May 26, 2016 procedures and related post-operative visits. Plaintiff reserves the right to supplement this answer following expert disclosure and completion of discovery.

INTERROGATORY NO. 3: Describe with particularity all Documents and/or Things and/or any and all facts which support your allegations of "Medical Malpractice" against Defendant SUSAN TAN, M.D. as alleged in your Amended Complaint.

ANSWER:

Plaintiff objects to the characterization of his claims as 'Medical Malpractice' to the extent such framing implies negligence. Plaintiff further objects that this Interrogatory is a premature contention interrogatory. Without waiving these objections, Plaintiff states as follows:

The claims against Dr. Susan Tan require explanation of their present posture. Defendants' own Answer to the Second Amended Complaint (Dkt. 84, filed June 20, 2023) constitutes a judicial admission that Dr. Susan Tan was not present at and had no active role in the May 26, 2016 surgical procedures. Prior to that judicial admission, every official source available to Plaintiff — including Defendants' own operative medical records, which listed Dr. Tan as co-surgeon, and Dr. O'Donnell's post-operative representations at the seven-day and three-month follow-up appointments — represented or implied that Dr. Tan had been present and had participated in Plaintiff's surgery.

Accordingly, the facts supporting claims against Dr. Tan are as follows:

(a) False Listing in Operative Records. Plaintiff's intraoperative record for the May 26, 2016 surgical procedure (Hospital Account No. 209322874) identifies 'Tan, Susan L, MD' as the 'Assisting' surgeon. Defendants have judicially admitted this representation was false. The false identification of Dr. Tan as a participating surgeon in the official operative documentation — which was used for billing and regulatory purposes — constitutes an act supporting fraud claims.

(b) Claims Pled in the Alternative. To the extent Dr. Tan had any role — whether in the operating room, as a supervising physician, in any advisory or

instructional capacity, or in the preparation or authorization of operative documentation — such participation in the unconsented surgical acts and/or the false documentation would support the claims asserted. Plaintiff's claims against Dr. Tan are pled in the alternative: either she was present and participated in unconsented surgical acts, or she was absent and her name was used without her knowledge or consent to falsify operative records, the latter constituting evidence of the broader fraudulent scheme.

(c) RICO Predicate Act. The false operative record listing Dr. Tan as assisting surgeon constitutes a predicate act of wire fraud and/or mail fraud to the extent that operative documentation was incorporated into fraudulent billing claims transmitted through interstate electronic networks and/or the U.S. mail to Med-QUEST (Hawaii Medicaid) and HMSA.

Supporting Documents Include: Plaintiff's medical records including the operative record; Defendants' Answer to the Second Amended Complaint (Dkt. 84) (judicial admission); billing records for the May 26, 2016 procedure. This answer will be supplemented following completion of discovery.

INTERROGATORY NO. 4: Describe with particularity all Documents and/or Things and/or any and all facts which support your allegations of "Medical Malpractice" against Defendant KAPI`OLANI MEDICAL SPECIALISTS as alleged in your Amended Complaint.

ANSWER:

Plaintiff objects to the characterization of his claims as 'Medical Malpractice' to the extent such framing implies negligence. Plaintiff further objects that this Interrogatory is a premature contention interrogatory. Without waiving these objections, Plaintiff states as follows:

(a) Respondeat Superior / Vicarious Liability. At all relevant times, Defendant Dr. Patrick J. O'Donnell was employed by and/or acting as an agent of Kapi'olani Medical Specialists ('KMS'). All of the acts and omissions described in Plaintiff's answer to Interrogatory No. 2 above were committed by Dr. O'Donnell within the course and scope of his employment and/or agency relationship with KMS. KMS is therefore vicariously liable under the doctrine of respondeat superior for each and every act of Dr. O'Donnell described herein.

(b) Institutional 'Standard Practice.' Dr. O'Donnell's September 16, 2016 medical record entry (page 257) describes a 'standard practice' of pre-loading unsigned consent forms into the EMR and relying on unwitnessed, unverified morning-of-surgery encounters to claim consent. This 'standard practice' is an institutional protocol — not an individual deviation — for which KMS bears

independent institutional responsibility. The practice structurally prevents verification of whether valid consent was obtained, creating a systemic risk and institutional mechanism for consent fabrication.

(c) Billing and Administrative Acts. KMS, through its administrative and billing infrastructure, participated in the submission of billing claims to HMSA and Med-QUEST (Hawaii Medicaid) for the May 26, 2016 procedures and related post-operative visits. To the extent those billing submissions falsely represented that services were rendered pursuant to lawful, valid informed consent and accurately documented as to the surgical team, KMS bears direct responsibility for those submissions.

Supporting Documents Include: Same as Interrogatory No. 2 above, plus any KMS employment, credentialing, and agency agreements with Dr. O'Donnell; KMS billing records; KMS institutional policies and procedures regarding informed consent documentation. This answer will be supplemented following completion of discovery.

INTERROGATORY NO. 5: Describe with particularity all Documents and/or Things and/or any and all facts which support your allegations of intentional infliction of emotional distress against Defendant PATRICK J. O'DONNELL, M.D., as alleged in your Amended Complaint.

ANSWER:

Plaintiff objects that this Interrogatory is a premature contention interrogatory. Without waiving this objection, Plaintiff states as follows:

Under Hawaii law, IIED requires conduct that is intentional or reckless, outrageous, and that causes extreme emotional distress. *Hac v. Univ. of Haw.*, 102 Haw. 92, 106-07, 73 P.3d 46, 60-61 (2003). Conduct is outrageous when it is without just cause or excuse and beyond all bounds of decency. The following acts of Dr. O'Donnell meet and exceed this standard:

(a) Fabrication of informed consent documentation before surgery, creating a false official record of authorization for procedures Plaintiff never agreed to (February 29 and March 1, 2016);

(b) Performing eleven (11) separate, distinct, and invasive unconsented surgical acts on Plaintiff's anesthetized, helpless body — including amputating an organ (adenoid) and fracturing bilateral turbinate bones — in the complete absence of valid consent;

(c) Proceeding with surgery without the agreed co-surgeon (Dr. Tan), whose absence Dr. O'Donnell then actively concealed from Plaintiff during post-operative appointments by falsely representing that Dr. Tan had participated;

(d) During post-operative appointments (approximately seven days and three months after surgery), actively deceiving Plaintiff about the nature, location, and extent of the surgical alterations performed — specifically, drawing a false diagram claiming cartilage was removed from the 'back' of Plaintiff's septum when Dr. O'Donnell had in fact removed cartilage from the front — to minimize the apparent severity of the unconsented conduct and prevent Plaintiff from understanding what had been done to his body;

(e) Destroying (or allowing the destruction of) the paper chart — the only physical document that could have confirmed the true state of the consent form at the time of surgery — within 113 days of the surgery while the MICP proceeding was pending or imminent (as disclosed in medical records page 257);

(f) Operating through a deliberately designed 'standard practice' (medical records page 257) that structurally prevents any patient from detecting fabricated consent by creating a record environment where unsigned consent forms appear authenticated, while the physical evidence that could verify or refute them is routinely destroyed.

As a direct result of Dr. O'Donnell's conduct, Plaintiff has suffered: persistent PTSD and its functional consequences; recurring feelings of horror, violation, and bodily betrayal; chronic and compounding sleep deprivation from Empty Nose Syndrome caused by the unconsented turbinate destruction; extreme deterioration of mood and capacity for emotional engagement; physical pain from ordinary daily expressions such as smiling, talking, and kissing; permanent impairment of the capacity for intimate and relational connection; and loss of relationships. These injuries are described with greater particularity in Plaintiff's answer to Interrogatory No. 17 below.

Supporting Documents Include: Same as Interrogatory No. 2 above. This answer will be supplemented following completion of discovery.

INTERROGATORY NO. 6: Describe with particularity all Documents and/or Things and/or any and all facts which support your allegations of intentional infliction of emotional distress against Defendant SUSAN TAN, M.D., as alleged in your Amended Complaint.

ANSWER:

Plaintiff objects that this Interrogatory is a premature contention interrogatory. Without waiving this objection, Plaintiff states as follows:

As described in Plaintiff's answer to Interrogatory No. 3 above, Defendants have judicially admitted that Dr. Tan was not present at the May 26, 2016 surgery. The claims against Dr. Tan are therefore pled in the alternative and the IIED factual basis against Dr. Tan is correspondingly framed:

(a) Alternative 1 — Dr. Tan Was Present. To the extent Dr. Tan participated in any of the unconsented surgical acts described in Plaintiff's answer to Interrogatory No. 5, she is equally responsible for the outrageous conduct described therein and for the resulting emotional distress.

(b) Alternative 2 — Dr. Tan Was Absent and Her Identity Was Used to Falsify Records. The false listing of Dr. Tan as co-surgeon in the operative records — which Plaintiff relied upon for years as the official account of who performed his surgery — independently caused Plaintiff severe and distinct psychological injury: the years-long deception about who had operated on his body; the shock of learning through Defendants' own 2023 judicial admission that the surgeon Plaintiff had believed participated had in fact never been present; and the further psychological harm of having been systematically deceived about the identity of the person who performed eleven unconsented surgical acts on Plaintiff's body while he was anesthetized and helpless.

Supporting Documents Include: Medical records; operative record falsely listing Dr. Tan; Defendants' Answer to the Second Amended Complaint (Dkt. 84). This answer will be supplemented following completion of discovery.

INTERROGATORY NO. 7: Describe with particularity all Documents and/or Things and/or any and all facts which support your allegations of intentional infliction of emotional distress against Defendant KAPI`OLANI MEDICAL SPECIALISTS, as alleged in your Amended Complaint.

ANSWER:

Plaintiff objects that this Interrogatory is a **premature contention interrogatory**. Without waiving this objection, Plaintiff states as follows:

(a) Vicarious Liability. KMS is vicariously liable under respondeat superior for the IIED conduct of Dr. O'Donnell as described in Plaintiff's answer to Interrogatory No. 5 above, as Dr. O'Donnell committed those acts within the course and scope of his employment and/or agency with KMS.

(b) Independent Institutional Liability. KMS bears independent institutional responsibility for the 'standard practice' described in Dr. O'Donnell's September 16, 2016 medical record entry (page 257) — a systemic institutional protocol that structurally enabled the fabrication of consent documentation and prevented Plaintiff from discovering what had been done to him. This institutional design is independently outrageous and constitutes ratification or facilitation of the outrageous conduct by KMS.

Supporting Documents Include: Same as Interrogatories Nos. 2, 4, and 5 above. This answer will be supplemented following completion of discovery.

INTERROGATORY NO. 8: Describe with particularity all Documents and/or Things and/or any and all facts which support your allegations of “Product Liability” against Defendant PATRICK J. O'DONNELL, M.D., as alleged in your Amended Complaint.

ANSWER:

Plaintiff's Amended Complaint does not assert a standalone claim denominated 'Product Liability' in the traditional products liability sense (i.e., manufacturing defect, design defect, or failure to warn asserted against a product manufacturer or distributor). To the extent any allegation in Plaintiff's Amended Complaint could be characterized as relating to a product, instrument, or device used in the surgical procedure — or to the extent this Interrogatory is construed to encompass any aspect of the claims asserted — **discovery and expert analysis are ongoing**. Plaintiff reserves all rights to supplement this answer and to amend the operative pleading consistent with facts developed through discovery.

INTERROGATORY NO. 9: Describe with particularity all Documents and/or Things and/or any and all facts which support your allegations of “Product Liability” against Defendant SUSAN TAN, M.D., as alleged in your Amended Complaint.

ANSWER:

See Plaintiff's answer to Interrogatory No. 8 above, incorporated herein by reference. Plaintiff's Amended Complaint does not assert a standalone 'Product Liability' claim. Plaintiff reserves all rights to **supplement** this answer and to amend the operative pleading consistent with facts developed through discovery.

INTERROGATORY NO. 10: Describe with particularity all Documents and/or Things and/or any and all facts which support your allegations of “Product Liability” against Defendant KAPI`OLANI MEDICAL SPECIALISTS, as alleged in your Amended Complaint.

ANSWER:

See Plaintiff's answer to Interrogatory No. 8 above, incorporated herein by reference. Plaintiff's Amended Complaint does not assert a standalone 'Product Liability' claim. Plaintiff reserves all rights to **supplement** this answer and to amend the operative pleading consistent with facts developed through discovery.

INTERROGATORY NO. 11: Describe with particularity all Documents and/or Things and/or any and all facts which support your allegations of "Breach of Contract" against Defendant PATRICK J. O'DONNELL, M.D., as alleged in your Amended Complaint.

ANSWER:

Plaintiff objects that this Interrogatory is a premature contention interrogatory. Without waiving this objection, Plaintiff states as follows:

The Contract. On February 26, 2016, during Plaintiff's first and only pre-operative consultation with Dr. O'Donnell, the parties entered into a specific, express oral agreement for medical services. The terms were strictly defined: Plaintiff requested a highly narrow procedure consisting only of using ear cartilage to brace Plaintiff's nasal vestibules to address nostril collapse. Dr. O'Donnell expressly agreed to this specific and narrow scope.

Material Conditions. As a material condition of the agreement, Dr. O'Donnell represented and agreed that: (1) the procedure would be performed by himself and his colleague Dr. Susan Tan as a two-surgeon operation; and (2) Plaintiff's medical insurance would cover the agreed procedure. These were not peripheral representations — they were conditions on which Plaintiff's willingness to undergo any procedure expressly depended. Following these explicit mutual agreements, the parties shook hands, and Plaintiff stated, 'I trust you,' making an agreement. Plaintiff fully performed his obligations by submitting to preoperative intake on May 26, 2016 and tendering his insurance and payment information.

First Breach — Personnel Condition. Dr. O'Donnell breached the personnel condition of the agreement by failing to have Dr. Susan Tan participate as co-surgeon. Defendants have judicially admitted in their Answer to the Second Amended Complaint (Dkt. 84, June 20, 2023) that Dr. Tan was not present at and had no active role in the May 26, 2016 surgical procedures.

Second Breach — Scope Condition. Dr. O'Donnell entirely abandoned the agreed narrow procedure. Instead of using ear cartilage to brace Plaintiff's nasal vestibules, Dr. O'Donnell — while Plaintiff was chemically incapacitated without consent — performed eleven (11) completely different, unauthorized, and highly invasive surgical procedures including septal cartilage mutilation, bilateral turbinate penetration, cauterization, and outfracture, and the amputation of Plaintiff's adenoid. None of these procedures were within the scope of the agreed procedure. None were consented to.

Supporting Documents Include: Plaintiff's medical records; the operative report; billing records; Defendants' Answer to the Second Amended Complaint (Dkt. 84). This answer will be supplemented following completion of discovery.

INTERROGATORY NO. 12: Describe with particularity all Documents and/or Things and/or any and all facts which support your allegations of "Breach of Contract" against Defendant SUSAN TAN, M.D., as alleged in your Amended Complaint.

ANSWER:

To the extent Plaintiff's Amended Complaint asserts a breach of contract claim against Dr. Susan Tan, Plaintiff states as follows: The contract described in Plaintiff's answer to Interrogatory No. 11 above was formed between Plaintiff and Dr. O'Donnell on February 26, 2016. Dr. Tan was identified as a material condition of that contract — her participation as co-surgeon was an express term on which Plaintiff's agreement to proceed depended. Defendants have judicially admitted (Dkt. 84, June 20, 2023) that Dr. Tan was not present and had no active role in the surgery.

To the extent Dr. Tan had any role in agreeing to participate as co-surgeon and then failed to appear, or had any role in authorizing the false listing of her name in the operative records, such conduct is relevant to the breach of contract claims and to the broader fraud and battery claims. Plaintiff reserves all rights to supplement this answer following completion of discovery.

INTERROGATORY NO 13. Describe with particularity all Documents and/or Things and/or any and all facts which support your allegations of "Breach of Contract" against Defendant KAPI`OLANI MEDICAL SPECIALISTS, as alleged in your Amended Complaint.

ANSWER:

Plaintiff objects that this Interrogatory is a premature contention interrogatory. Without waiving this objection, Plaintiff states as follows:

(a) Respondeat Superior. KMS is vicariously liable for the breach of contract by Dr. O'Donnell as described in Plaintiff's answer to Interrogatory No. 11 above, as those acts were committed within the course and scope of Dr. O'Donnell's employment and/or agency with KMS.

(b) Receipt of Benefit. KMS and/or its institutional affiliates received insurance reimbursement, Medicaid (Med-QUEST) payments, and/or other compensation for the unauthorized procedures that were performed in breach of the parties' agreement, rather than for the contracted procedure. Plaintiff is entitled to

restitutionary relief and/or disgorgement of all amounts obtained by Defendants through the breach.

Supporting Documents Include: Medical records; operative records; billing records; KMS employment/agency records for Dr. O'Donnell; insurance payment records. This answer will be **supplemented following completion of discovery.**

INTERROGATORY NO. 14: Identify each person who has information relating to the care and treatment you received from Defendants PATRICK J. O'DONNELL, M.D., SUSAN TAN, M.D., and KAPI`OLANI MEDICAL SPECIALISTS that is the subject of your claims and/or the injuries you contend resulted from an act and/or omission by Defendants PATRICK J. O'DONNELL, M.D., SUSAN TAN, M.D., and KAPI`OLANI MEDICAL SPECIALISTS, and describe the substance of their information.

ANSWER:

Without waiving any objections, the following persons are known or believed to have information relating to the care and treatment at issue and/or the injuries claimed:

1. Jared James (Plaintiff). Personal knowledge of all events: the February 26, 2016 pre-operative agreement with Dr. O'Donnell; the May 26, 2016 preoperative experience including early chemical incapacitation; the post-operative representations made by Dr. O'Donnell; Plaintiff's physical and psychological injuries and their ongoing impact.

2. Dr. Patrick J. O'Donnell (Defendant). Knowledge of: the February 26, 2016 pre-operative consultation and the terms of the agreement; the consent documentation and its fabrication; the February 29, 2016 addendum; the surgical plan and procedures performed; the operative record and the false listing of Dr. Tan; the post-operative misrepresentations regarding the location and nature of surgical alterations; and the shredding of the paper chart (disclosed in medical records page 257).

3. Dr. Susan Tan (Defendant). Knowledge of: whether she was present at or had any role in the May 26, 2016 surgery; how and why her name appears in the operative record as co-surgeon; any communications with Dr. O'Donnell regarding Plaintiff's procedure.

4. Dr. Selena Peters (Defendant). Knowledge of: the administration of anesthesia to Plaintiff on May 26, 2016, including the timing of anesthesia administration (alleged to have occurred approximately 2.5 hours before the scheduled procedure); the preoperative sequence of events on May 26, 2016.

5. Merla Takenaka, RN (Defendant). Knowledge of: the alteration of Plaintiff's recorded check-in time in the official medical records from approximately 8:00 a.m. to 9:00 a.m.; the preoperative events on May 26, 2016, including Plaintiff's isolation, deprivation of belongings, and early anesthesia. Knowledge of the fraudulent signature on the anesthesia/sedation consent form.

6. Rozel Cerezo. Knowledge of: the fabricated informed consent documentation; the witness attestation affixed to the consent form representing that a lawful informed-consent process occurred; the events surrounding consent documentation on or about March 1, 2016.

7. All clinical and nursing staff present at Kapi'olani Medical Center for Women and Children on May 26, 2016, including all persons in or near the operating room, the preoperative room, and the recovery area during Plaintiff's procedure. The identities of all such personnel are to be determined through discovery.

8. RICO Investigator Wendy T. Yamashita (formerly, DCCA RICO). Knowledge of: Plaintiff's complaint against Dr. Susan Tan, confirmed received and closed in official written correspondence dated September 13, 2017 and September 15, 2017; the regulatory review process; the subsequent disappearance of the complaint record from RICO's database.

9. RICO Investigations Manager Sean J. Kinilau (DCCA RICO). Knowledge of: the August 2, 2023 written communication stating that RICO's database contained no record of Plaintiff's complaint against Dr. Tan; the circumstances under which that record was destroyed, purged, or rendered inaccessible.

10. All treating, evaluating, and consulting physicians who have provided care to Plaintiff following the May 26, 2016 surgery, including but not limited to physicians treating Plaintiff for Empty Nose Syndrome, PTSD, nasal reconstruction, and related conditions. The identities of all such providers will be supplemented as **medical records are compiled**.

11. Any expert witnesses retained or to be retained by Plaintiff. Names and areas of expertise will be disclosed consistent with the Court's scheduling order.

Plaintiff reserves the right to supplement this answer as additional **witnesses are identified through discovery**.

INTERROGATORY NO. 15: Identify all social media or internet accounts you have created and/or maintain, including but not limited to, Facebook, Instagram, Twitter, X, TikTok, Reddit, and/or YouTube, and describe all of documents, videos, or posts uploaded to these accounts, regarding this action, any of the Defendants, the procedure that is the subject of this action, your health condition, and/or your damages claims.

ANSWER:

Plaintiff objects to this Interrogatory to the extent it seeks disclosure of private social media content not related to this action, as such disclosure would violate Plaintiff's right to privacy under **Article I, Section 6 of the Hawaii Constitution**, and is overbroad and disproportionate to the needs of this case to the extent it seeks all content on all accounts regardless of relevance.

Plaintiff objects to this Interrogatory to the extent it seeks information that is not relevant to any claim or defense in this action or is not proportional to the needs of the case under HRCF Rule 26(b)(1), including private social media content unrelated to the May 26, 2016 procedure, alleged injuries, damages, or Defendants. Subject to and without waiving this objection, Plaintiff responds as follows:

Without waiving these objections, Plaintiff states: Plaintiff has maintained and/or currently maintains accounts on the following social media and internet platforms: Facebook, Instagram, YouTube, Reddit. Plaintiff will produce, subject to an appropriate protective order, any posts, videos, or content on any such accounts that specifically relate to: this action; any of the named Defendants; the surgical procedures that are the subject of this action; Plaintiff's health condition as affected by those procedures; or Plaintiff's damages claims.

Plaintiff further states that Plaintiff maintained a Reddit account at some point following the May 26, 2016 procedures, on which Plaintiff discussed aspects of Plaintiff's medical condition and experiences related to the procedures at issue. Plaintiff does not currently recall the precise account username, and has been unable to locate or access the account despite reasonable inquiry. Plaintiff believes the username contained terms related to Empty Nose Syndrome, but cannot confirm the exact handle. Plaintiff is unable to confirm whether the account remains active, has been deleted, or has been archived. To the extent any such account or content is located through discovery or through Plaintiff's continued inquiry, Plaintiff will promptly produce all relevant content. Plaintiff reserves the right to supplement this answer.

Plaintiff will produce responsive, non-privileged social media content relevant to the claims and defenses in this case. To the extent production implicates personal identifying information or third-party privacy interests, Plaintiff requests that such production be subject to an appropriate protective order.

Plaintiff will supplement this response pursuant to HRCP Rule 26(e) as additional responsive information is identified.

INTERROGATORY NO. 16: For each verbal communication that you had with Defendants PATRICK J. O'DONNELL, M.D., SUSAN TAN, M.D., and/or KAPI`OLANI MEDICAL SPECIALISTS and/or any physician, nurse, or any other person working with Defendants PATRICK J. O'DONNELL, M.D., SUSAN TAN, M.D., and/or KAPI`OLANI MEDICAL SPECIALISTS regarding the care and treatment that is the subject of your claims and/or the injuries you contend resulted from an act and/or omission by Defendants PATRICK J. O'DONNELL, M.D., SUSAN TAN, M.D., and KAPI`OLANI MEDICAL SPECIALISTS, identify each person with whom you spoke, date and time of the contact, the substance of what was said, and each person who heard or may have heard any part of what was said.

ANSWER:

Plaintiff responds as follows: The communications identified below reflect those verbal communications presently recalled by Plaintiff after reasonable inquiry. Because the events occurred on May 26, 2016 and involved anesthesia and perioperative medications affecting consciousness and memory, Plaintiff cannot presently identify every verbal communication, the exact time of each communication, or the full identities of all individuals involved. In addition, the identities of certain clinical and support staff remain within Defendants' possession, custody, or control and have not yet been fully disclosed. Plaintiff therefore provides the communications presently recalled and will supplement this response pursuant to HRCP Rule 26(e) upon receipt of staff rosters, operative reports, anesthesia records, perioperative nursing documentation, scheduling logs, and related discovery.

Plaintiff objects that this Interrogatory is compound and overbroad. Without waiving these objections, Plaintiff states the following verbal communications, to the best of Plaintiff's present recollection. Plaintiff reserves the right to supplement this answer:

Communication 1 — February 26, 2016 (Pre-Operative Consultation).

Person(s): Plaintiff Jared James and Defendant Dr. Patrick J. O'Donnell.

Substance: Dr. O'Donnell and Plaintiff discussed the proposed surgical procedure. Plaintiff requested a narrow, specific procedure: using ear cartilage exclusively to brace Plaintiff's nasal vestibules to address nostril collapse. Dr. O'Donnell agreed to this specific scope. Dr. O'Donnell represented that his colleague Dr. Susan Tan would participate as co-surgeon. Dr. O'Donnell represented that Plaintiff's medical insurance would cover the agreed procedure. The parties shook hands. Plaintiff stated, 'I trust you.'

Other Persons Present: Unknown at this time; to be determined **through discovery**.

Communication 2 — May 26, 2016 (Pre-Operative Period).

Person(s): Plaintiff and various clinical staff at Kapi'olani Medical Center for Women and Children, identities to be determined **through discovery**.

Substance: Plaintiff was brought to a preoperative area. Plaintiff's recollection of specific verbal exchanges from this period is limited by the fact that Plaintiff was chemically incapacitated — intravenous anesthesia was administered approximately 2.5 hours before his scheduled surgery, rendering him unconscious and incapable of communication or participation. Any communications that occurred after administration of anesthesia were not perceived or consented to by Plaintiff.

Communication 3 — Approximately June 2, 2016 (Seven-Day Post-Operative Follow-Up).

Person(s): Plaintiff Jared James and Defendant Dr. Patrick J. O'Donnell.

Substance: During a post-operative follow-up appointment approximately seven (7) days after surgery, Dr. O'Donnell drew a diagram and represented to Plaintiff that he had only removed cartilage from the 'back' of Plaintiff's septum. This representation was false — Dr. O'Donnell had removed cartilage from the front of Plaintiff's nose. Dr. O'Donnell also represented during this appointment that Dr. Susan Tan had been present at and participated in the surgery. This representation was likewise false, as Defendants have since judicially admitted.

Other Persons Present: Unknown at this time; to be determined **through discovery**.

Communication 4 — Approximately August 26, 2016 (Three-Month Post-Operative Follow-Up).

Person(s): Plaintiff Jared James and Defendant Dr. Patrick J. O'Donnell.

Substance: During a post-operative follow-up appointment approximately three (3) months after surgery, Dr. O'Donnell made further affirmative representations regarding the nature and location of the surgical alterations consistent with the false narrative described in Communication 3 above, and again misrepresented that the procedure had been performed as agreed. Dr. O'Donnell again represented that Dr. Tan had participated in the procedure.

Other Persons Present: Unknown at this time; to be determined **through discovery**.

In addition to the communications specifically identified above, Plaintiff recalls that verbal communications occurred in the following contexts, though further exact details are unknown and subject to supplementation:

- 1) Pre-surgical scheduling discussions;
- 2) Pre-operative intake and preparation;
- 3) Consent-related discussions;
- 4) Post-anesthesia care unit (PACU) and recovery discussions (Merla Takenaka);
- 5) Billing and insurance-related communications.

Plaintiff will identify additional individuals and details as discovery progresses.

Plaintiff reserves the right to **supplement** this answer as additional recollections are confirmed and as discovery reveals further communications with Defendants or their staff.

INTERROGATORY NO. 17: Describe all of the injuries that you allege resulted from an act and/or omission by Defendants PATRICK J. O'DONNELL, M.D., SUSAN TAN, M.D., and KAPI`OLANI MEDICAL SPECIALISTS.

ANSWER:

Plaintiff alleges the following injuries, all of which are permanent unless otherwise noted, as a direct and proximate result of Defendants' acts and omissions:

A. PHYSICAL INJURIES

(1) Empty Nose Syndrome ('ENS'). Plaintiff developed symptoms consistent with Empty Nose Syndrome following the surgeries performed on May 26, 2016 and contends the condition resulted from those surgical acts performed without consent. ENS produces: a constant and unrelenting sensation of suffocation and airway obstruction despite objectively patent nasal passages; chronic and compounding sleep deprivation that accumulates nightly and does not resolve; inability to obtain restorative sleep; extreme and debilitating fatigue; and continuous difficulty breathing that is exacerbated by physical exertion, environmental conditions, and emotional stress.

(2) Permanent Structural Mutilation and Disfigurement of Nasal Anatomy. Including: removal of septal cartilage and tissue from the front of Plaintiff's nose; irreversible alteration of the nasal septum; destruction of bilateral inferior turbinate tissue; and outfracture of bilateral inferior turbinate bones, producing sharp cartilaginous and bony edges that cause physical pain upon ordinary facial movements including smiling, talking, and kissing.

(3) Physical Pain from Ordinary Daily Activities. Including but not limited to smiling, talking, and kissing, caused by the sharp structural edges left at the site of anterior cartilage and tissue removal and the interaction of normal facial musculature with those surgically created edges.

(4) Persistent Voice and Resonance Changes. Plaintiff experienced persistent voice and resonance changes following the surgeries performed on May 26, 2016. Since the procedure, Plaintiff has experienced altered vocal tone, changes in resonance quality, and difficulty projecting or sustaining normal vocal sound. These changes were not present prior to the surgery and have continued thereafter.

B. PSYCHOLOGICAL AND EMOTIONAL INJURIES

(5) Post-Traumatic Stress Disorder ('PTSD'). Including its functional sequelae: persistent hypervigilance and trauma responses triggered by medical environments and related stimuli; impaired executive function and memory consolidation; reduced capacity for sustained cognitive effort; and recurring intrusive memories and feelings of horror, violation, and bodily betrayal arising from having been rendered unconscious and subjected to multiple invasive surgical acts without consent.

(6) Severe and Persistent Emotional and Psychological Injury. Including: extreme psychological distress arising from (i) the chronic, disabling symptoms of Empty Nose Syndrome; (ii) the knowledge that surgery was performed against Plaintiff's will while Plaintiff was chemically incapacitated; (iii) the shock and horror of learning, after the fact, that multiple unauthorized procedures were performed including the amputation of Plaintiff's adenoid tissue without consent; (iv) the discovery that the surgeon Plaintiff believed had participated was in fact absent; (v) the discovery that the official records upon which Plaintiff had relied to understand and investigate his own injuries had been fabricated; and (vi)

profound deterioration of mood, emotional capacity, and the ability to engage in positive, kind, and loving interactions with others.

C. RELATIONAL AND HEDONIC INJURIES

(7) Permanent Impairment of Capacity for Intimate and Affectionate Relationships. The violation of Plaintiff's bodily autonomy has produced enduring psychological insecurity, diminished capacity for trust, emotional withdrawal, and material impairment of Plaintiff's ability to form and sustain meaningful intimate and interpersonal bonds. Physical pain from ordinary expressions of affection (smiling, talking, kissing) further compounds this relational impairment.

(8) Loss of Relationships. Loss of relationships with acquaintances, friends, close personal friends, and family members attributable to the social and relational burden created by Plaintiff's physical symptoms, psychological injury, and the nature of the unconsented acts.

(9) Loss of Enjoyment of Life (Hedonic Damages). Permanent diminishment of Plaintiff's capacity to experience the ordinary pleasures of human existence — physical comfort, social ease, affectionate interaction, undisturbed sleep, and bodily well-being. The chronic, compounding, and unrelenting physical and psychological burden imposed by Defendants' acts has permanently altered the quality and range of Plaintiff's daily experience.

D. DIGNITARY AND AUTONOMY INJURIES

(10) Dignitary Harm. surgical procedures were performed by persons whose full identity and participation was concealed from Plaintiff before, during, and after the procedure, without valid consent.

E. ECONOMIC INJURIES

(11) Loss of Past and Future Earning Capacity. Resulting from the physical and neurological consequences of Defendants' acts, including the chronic sleep deprivation and cognitive impairment caused by ENS and PTSD.

(12) Ongoing Corrective Medical Expenses. Including all costs associated with treatment of ENS, nasal reconstruction, PTSD treatment, voice-related evaluation and treatment, and future life-care planning.

This list is not exhaustive. Plaintiff reserves the right to supplement this answer as additional injuries are identified and as **expert analysis** is completed.

INTERROGATORY NO. 18: If any of the injuries that you allege resulted from an act and/or omission by Defendants PATRICK J. O'DONNELL, M.D., SUSAN TAN, M.D., and KAPI'OLANI MEDICAL SPECIALISTS will probably be permanent, describe each injury and identify each person who provided the prognosis.

ANSWER:

Based on the nature of the injuries described in Plaintiff's answer to Interrogatory No. 17 above, the following injuries are permanent:

(1) Empty Nose Syndrome (ENS) — The inferior turbinate structures destroyed in the unconsented procedure cannot be fully regenerated. Plaintiff contends the following injuries are permanent based on their persistence and available medical information. Prognosis provided by: Plaintiff's treating physician(s) for ENS to be **Dr. Tam**.

(2) Structural Mutilation and Disfigurement of Nasal Anatomy — The removal of septal cartilage and tissue, destruction of inferior turbinate tissue, and outfracture of bilateral turbinate bones are permanent alterations. Plaintiff contends the these injuries are permanent based on available medical information.

(3) Permanent Alteration of Voice — Permanent alteration of voice and speech resonance is irreversible. Plaintiff contends the following these are permanent based on their persistence and available medical information.

(4) PTSD and Psychological Injury — The severity, duration, and circumstances of Plaintiff's trauma, including the ongoing nature of the physical triggers (ENS symptoms, daily physical pain), support a prognosis of persistent psychological injury. Prognosis provided by: Plaintiff's treating mental health professional(s) — **Dr. Hyman**.

(5) Relational and Hedonic Impairments — Arising from and compounding the permanent physical and psychological injuries above. Prognosis by: treating mental health professional(s) and/or expert(s) — **Dr. Hyman**.

Plaintiff will supplement this answer with the names, addresses, and contact information for all treating providers upon completion of compilation of medical records and identification of all treating professionals.

INTERROGATORY NO. 19: If any of the injuries that you allege resulted from an act and/or omission by Defendants PATRICK J. O'DONNELL, M.D., SUSAN TAN, M.D., and KAPI`OLANI MEDICAL SPECIALISTS detrimentally affected your performance at work or your non-work activities, describe how your performance or activity has been detrimentally affected and state the inclusive dates when your performance at work or your non-work activities were affected.

ANSWER:

Work Performance: As a direct result of the physical and psychological injuries described in Plaintiff's answer to Interrogatory No. 17 above, Plaintiff's capacity for employment and productive economic activity has been materially and continuously impaired from May 26, 2016 to the present and continuing into the future. The chronic and compounding sleep deprivation caused by Empty Nose Syndrome — which does not resolve nightly and accumulates over time — has produced extreme and debilitating fatigue and cognitive impairment that directly and materially reduces Plaintiff's capacity for sustained work performance, complex cognitive tasks, focused effort, and reliable attendance. PTSD-related impairments, including reduced executive function, impaired memory consolidation, and hypervigilance, further reduce Plaintiff's vocational capacity. Plaintiff has suffered past and future loss of income and earning capacity as a result. The precise computation of this loss will be provided through **expert economic analysis** and will be **supplemented**.

Non-Work Activities: From May 26, 2016 to the present and continuing, Plaintiff has been substantially limited in the following non-work activities and life functions that were part of Plaintiff's life prior to the unconsented procedures: (a) restorative sleep, which is now consistently and significantly disrupted and rarely if ever undisturbed; (b) physical activity, which Plaintiff can engage in only at a greatly reduced level due to serious and recurring breathing symptoms that were not present before; (c) ordinary expressions of human emotion and affection — including smiling, talking, and kissing — which Plaintiff can engage in only with significant physical pain and discomfort; (d) social interactions, intimate relationships, and relational engagement, which Plaintiff can maintain only in a markedly diminished capacity compared to before; (e) the ordinary pleasures of daily life that constitute Plaintiff's hedonic enjoyment of existence, which Plaintiff continues to experience only in a greatly reduced measure. These impairments have been continuous since May 26, 2016 and are expected to continue permanently.

INTERROGATORY NO. 20: “If you claim any medical expenses resulting from or directly chargeable to any physical and/or mental injury or condition which you claim

you have suffered as a result of the care and treatment provided by Defendants PATRICK J. O'DONNELL, M.D., SUSAN TAN, M.D., and KAPI'OLANI MEDICAL SPECIALISTS, list the following information in the format set forth below;

ANSWER:

1. Name of Person(s) To Whom Owed or Paid
2. Nature of Service or Product
3. Amount and How Paid
4. Inclusive Dates Expenses Incurred"

ANSWER:

Plaintiff claims medical expenses as a result of the injuries described herein. **Plaintiff is in the process of compiling complete medical billing records and will supplement this answer.** To the extent Plaintiff currently has information regarding medical expenses incurred, a responsive table is provided below. This list is expressly not exhaustive and will be supplemented.

Provider	Date(s))	Service	Amount	Billed To	Paid By
Kapi'olani Medical Center / KMS	May 26, 2016	Numerous Nose and Sinus surgeries	Unknown (itemized billing requested)	HMSA and/or Med-QUEST (to be confirmed)	Unknown
KMS / Dr. O'Donnell	May 26, 2016	Surgical professional fees	Unknown (itemized billing requested)	HMSA and/or Med-QUEST (to be confirmed)	Unknown
KMS / Dr. O'Donnell	7-day and 3 month follow-up	Post-operative follow-up visit	Unknown (itemized billing requested)	HMSA and/or Med-QUEST (to be confirmed)	Unknown
Dr. Tam	After May 26, 2016	Consultation relating to ENS symptoms	Unknown	HMSA and/or Med-QUEST (to be confirmed)	Unknown

Dr. Hyman	After May 26, 2016	Mental health evaluation/therapy relating to PTSD/emotional distress	Unknown	HMSA and/or Med-QUEST (to be confirmed)	Unknow n
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NOTE: Plaintiff will **supplement this answer** with a complete accounting of all medical expenses upon compilation of medical billing records from all treating providers. This list is continuing.

INTERROGATORY NO. 21: “If you claim any non-medical expenses resulting from or directly chargeable to the physical and/or mental injury or condition which you claim you suffered as a result of the care and treatment provided by Defendants PATRICK J. O’DONNELL, M.D., SUSAN TAN, M.D., and KAPI`OLANI MEDICAL SPECIALISTS other than the medical expenses listed in your answer to Interrogatory No. 34 above, list them in the format set forth below:

ANSWER: (Assumption: Defendants meant to reference Interrogatory No. 20)

1. Name of Person(s) To Whom Owed or Paid
2. Nature of Service of Product
3. Amount and How Paid
4. Inclusive Dates Expenses Incurred”

ANSWER:

Note: Defendants' Interrogatory references 'Interrogatory No. 34,' which does not exist in this set. Plaintiff assumes the intended reference is to Interrogatory No. 20 and answers accordingly.

Plaintiff claims non-medical expenses as a result of the injuries described herein.

Plaintiff is in the process of compiling complete records and will supplement this answer. To the extent Plaintiff currently has information regarding non-medical expenses, a responsive table is provided below. This list is expressly not exhaustive and will be supplemented.

1. Humidification devices;
2. Replacement humidifiers and filters;
3. Increased household electricity costs associated with continuous humidifier use;

4. Specialized clothing and environmental modifications necessary to manage cold air sensitivity and respiratory discomfort;
5. Travel expenses associated with medical appointments.

Non-medical expenses may include but are not limited to: transportation costs to and from medical appointments; costs associated with adaptive accommodations required by Plaintiff's injuries; and lost income and economic losses described in Plaintiff's answer to Interrogatory No. 23 below. **This answer will be supplemented.**

INTERROGATORY NO. 22: For each monetary payment received by you or anyone on your behalf (e.g., a medical provider) from Medicare, Medicaid, the Social Security Administration, worker's compensation, an insurance company, or any other person or entity in connection with the injuries that you contend were the result of an act and/or omission by Defendants PATRICK J. O'DONNELL, M.D., SUSAN TAN, M.D., and KAPI'OLANI MEDICAL SPECIALISTS, identify the date of each payment, the dollar amount, the identity of each payer and recipient, and what the payment was for.

ANSWER:

Plaintiff objects to this Interrogatory to the extent it seeks information for purposes inconsistent with Hawaii's collateral source rule, which provides that compensation or benefits received by a plaintiff from sources independent of the defendant do not reduce the defendant's liability. The identification of third-party payments does not affect Defendants' obligation to pay full compensatory damages for the injuries they caused.

Based on records presently available and Plaintiff's recollection, medical expenses relating to the May 26, 2016 procedure and certain follow-up care were submitted to HMSA and/or Med-QUEST. Plaintiff does not presently have complete payment breakdowns. Plaintiff will supplement this response upon receipt of complete billing and payment records.

Without waiving this objection, Plaintiff states: To the extent Plaintiff has received any payments from Medicare, Medicaid (Med-QUEST), Social Security, workers' compensation, any insurance company, or any other source in connection with the injuries alleged herein, **Plaintiff will provide responsive information.** Plaintiff is in the process of compiling this information and will supplement this answer.

Plaintiff further notes that, to the extent Defendants or their institutional affiliates received reimbursement from HMSA, Med-QUEST, or any other payor for the unauthorized procedures performed on May 26, 2016, or for related post-operative visits on approximately June 2, 2016 and August 26, 2016, such payments constitute funds received in exchange for services falsely represented to have been authorized by valid

informed consent, and Plaintiff contends that Defendants are not entitled to retain such payments.

INTERROGATORY NO. 23: Describe your past, present, and future loss of income and/or impairment of earning capacity that resulted from the injuries that you contend were the result of an act and/or omission by Defendants PATRICK J. O'DONNELL, M.D., SUSAN TAN, M.D., and KAPI`OLANI MEDICAL SPECIALISTS, including the identity of each person or entity that paid or would have paid your wages, earnings or income; the amount of each loss with an explanation of the computation; the inclusive dates of when you would have obtained the wages, earnings or income if not for the injuries that you contend were the result of an act and/or omission by Defendants PATRICK J. O'DONNELL, M.D., SUSAN TAN, M.D., and KAPI`OLANI MEDICAL SPECIALISTS, and the amount of each sick leave payment you received and by whom paid.

ANSWER:

Plaintiff objects that this Interrogatory calls for expert economic analysis that is ongoing. Without waiving this objection, Plaintiff states as follows:

As a direct result of the physical and psychological injuries described in Plaintiff's answer to Interrogatory No. 17 above — specifically the chronic and compounding sleep deprivation caused by Empty Nose Syndrome, the cognitive and functional impairments caused by PTSD, and the permanent physical injuries including pain from ordinary activities — Plaintiff's capacity for employment and income-generating activity has been materially and continuously impaired from May 26, 2016 to the present and is expected to remain impaired into the future.

Past Loss of Earning Capacity: Plaintiff has experienced diminished earning capacity from May 26, 2016 to the present due to the above-described physical and psychological injuries. The specific computation of past lost income and lost earning capacity will be provided through a **forensic economist expert**. Plaintiff will identify the relevant employer(s) and income information and will supplement this answer.

Future Loss of Earning Capacity: Given the permanent nature of Plaintiff's injuries (ENS, PTSD, structural nasal mutilation), Plaintiff's earning capacity is expected to remain impaired for the remainder of Plaintiff's working life. The present value of this future loss will be calculated and provided through expert economic analysis and will be supplemented.

This answer will be supplemented upon completion of expert economic analysis and in accordance with the Court's scheduling order.

INTERROGATORY NO. 24: State the amount and nature of all future expenses and/or monetary losses you anticipate will be incurred by you as a result of the injuries that you contend were the result of an act and/or omission by Defendants PATRICK J. O'DONNELL, M.D., SUSAN TAN, M.D., and KAPI`OLANI MEDICAL SPECIALISTS.

ANSWER:

Plaintiff objects that this Interrogatory calls for expert medical and economic analysis that is ongoing. Without waiving this objection, Plaintiff states that the following categories of future expenses and monetary losses are anticipated as a direct result of the injuries described herein:

(1) Future Medical Expenses for ENS Management. Empty Nose Syndrome is a permanent, chronic condition with no definitive cure. Plaintiff anticipates ongoing lifetime costs for ENS management including specialist consultations, nasal irrigations, humidification devices, potential surgical interventions, and related treatment. The projected lifetime cost will be provided through life care planning and medical expert analysis.

(2) Nasal Reconstructive Surgery. Corrective surgical procedures to address the structural mutilation of Plaintiff's nasal anatomy. The anticipated cost, number of procedures, and surgical plan will be provided through expert medical analysis.

(3) Ongoing PTSD and Psychological Treatment. Continued psychiatric and psychological treatment, including therapy and medication management. Estimated ongoing lifetime costs to be provided through treating provider and expert analysis.

(4) Voice-Related Evaluation and Treatment. Evaluation and ongoing management of the permanent voice alteration caused by surgeries on May 26, 2016.

(5) Future Lost Earning Capacity. As described in Plaintiff's answer to Interrogatory No. 23 above.

(6) Life Care Planning Costs. Future life care planning expenses necessitated by the permanent nature and scope of Plaintiff's injuries, including all long-term medical management, adaptive needs, and related economic losses.

(7) Ongoing ENT follow-up evaluations (anticipated periodically, approximately annually or as medically indicated);

(8) Continued mental health therapy for psychological distress (ongoing);

(9) Potential specialized evaluation or treatment for empty nose syndrome symptoms;

(10) Replacement of humidification equipment and related environmental control devices as needed;

(11) Future diagnostic imaging or specialist consultations as recommended.

The precise amounts for each category of future expense will be provided through expert medical, economic, and life care planning analysis. Plaintiff will supplement this answer in accordance with the Court's scheduling order for expert disclosures.

VERIFICATION

I, Jared James, declare under penalty of perjury under the laws of the State of Hawai'i that the foregoing Answers to Defendants Patrick J. O'Donnell, M.D.; Susan Tan, M.D.; and Kapi'olani Medical Specialists' First Request for Answers to Interrogatories are true and correct to the best of my knowledge, information, and belief.

I further declare that these answers are based upon my personal knowledge, my review of records in my possession, and reasonable inquiry conducted in good faith.

I reserve the right to supplement or amend these answers pursuant to Rule 26(e) of the Hawai'i Rules of Civil Procedure as additional information becomes available.

Executed on this 25 day of February, 2026, in Honolulu, Hawai'i.

/s/ Jared James
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