

Colorado Court of Appeals 2 East 14th Avenue Denver, CO 80203	DATE FILED August 16, 2024
Arapahoe County 2024CV34	
Plaintiff-Appellant: Saad Hanna, v. Defendants-Appellees: Kimberly A Nelson, M.D. and Rose Medical Center.	Court of Appeals Case Number: 2024CA1424
ORDER OF THE COURT	

To: All Parties

After review of the motion to accept the late notice of appeal, the Court
DENIES the motion.

IT IS THEREFORE ORDERED that the appeal is DISMISSED, with
prejudice, for failure to timely appeal.

BY THE COURT
Dunn, J.
Pawar, J.
Moultrie, J.

- APPENDIX B, -

Colorado Supreme Court 2 East 14th Avenue Denver, CO 80203	DATE FILED December 16, 2024
Certiorari to the Court of Appeals, 2024CA1424 District Court, Arapahoe County, 2024CV34	
Petitioner: Saad Hanna, v. Respondents: Kimberly A. Nelson, M.D. and Rose Medical Center.	Supreme Court Case No: 2024SC578
ORDER OF COURT	

Upon consideration of the Petition for Writ of Certiorari to the Colorado Court of Appeals and after review of the record, briefs, and the judgment of said Court of Appeals,

IT IS ORDERED that said Petition for Writ of Certiorari shall be, and the same hereby is, DENIED.

BY THE COURT, EN BANC, DECEMBER 16, 2024.

APPENDIX C.

Review of exhibits

- 1- Day of surgery with Dr. Kimberly**
- 2- Appointment ENT clinic Dr. Kimberly**
- 3- Appointment ENT clinic Dr. Kimberly**
- 4- Appointment ENT clinic Dr. Kimberly**
- 5- Appointment ENT clinic Dr. Kimberly**
- 6- Appointment ENT clinic Dr. Kimberly**
- 7- Schedule appointment ENT clinic Dr
Kimberly**
- 8- Schedule appointment ENT clinic Dr.
Kimberly**
- 9- Enter ER Littleton Adventist Hospital**
- 10- Enter ER Rose Medical Center**
- 11- Enter ER UC health Hospital**
- 12- Enter ER Rose Medical Center**
- 13- Enter ER Rose Medical Center**
- 14- Appointment Details Dr. Andrew Winkler**
- 15- Diagnosis Details with Dr. Andrew
Winkler**
- 16- Schedule appointment surgery day with
Dr. Gregory Hogle**
- 17- Surgery day with Dr. Gregory Hogle**

DISCHARGE INSTRUCTIONS

- ☒ 1. It is important to have a responsible adult with you for up to 24 hours after surgery. You may not remember things clearly due to the anesthesia or sedation.
- ☒ 2. It is not unusual to feel somewhat dizzy or sleepy following surgery. For the next 24 hours, or longer if you are taking narcotic pain medication, do NOT drive a car, cook, operate machinery or perform any skills that require coordination, make important decisions, sign legal documents or drink alcoholic beverages.
- ☒ 3. **DIET:** Progress to your regular diet as tolerated. Avoid rich, spicy or fried foods for your first meal. Drink plenty of fluids to avoid dehydration or constipation.

January 29, 2024

☐ 4. **WOUND CARE:**

- ☐ Keep dressing on, clean and dry until follow up appointment.
- ☐ Remove dressing in _____ hours / _____ days.
- ☐ May shower in _____ hours / _____ days.
- ☐ No bathing, swimming or hot tubs for _____

- ☒ 5. To help prevent infection we encourage you and your caregiver to use frequent hand washing, especially before caring for the operative site.

- ☐ 6. **MEDICATIONS:** Do NOT take any pain medications on an empty stomach.

- ☒ Resume routine pre surgery medications. Other: Blood thinner Thursday
- ☐ No Prescription Prescription given: ☐ In office ☐ To family
- ☐ Prescription(s) to Patient at discharge:

Medication	Dose/Route/Frequency	Purpose	Next Dose Due
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Medication(s) given at Rose Surgical Center pertinent to at home care

Oxycodone 5mg was given for PAIN at 0951 → Next dose see prescription

PRINNESAL spray was given for pre-op at 0712

- ☐ 7. Special Instructions: _____

- ☐ 8. Additional Information Provided: _____

- ☒ 9. Call your surgeon at 303 750 8600 ★ for any questions/concerns; or to schedule your follow-up appointment in _____ days or _____ weeks.

WARNINGS: Call your surgeon promptly in case of:

1. Persistent or excessive bleeding.
2. Difficulty breathing or unexplained shortness of breath.
3. Fever/chills or temperature elevation greater than 101 degrees.
4. Foul smelling drainage from incision site.
5. Persistent nausea and vomiting.
6. Pain that is not relieved with your pain medication.
7. Redness at IV site.
8. Cold, numb or discolored extremity.
9. Calf pain, swelling, tenderness, discoloration or hot when touched.

*Early ambulation to prevent blood clots

IF YOU THINK YOU HAVE AN EMERGENCY AND YOU CAN NOT REACH YOUR SURGEON, CALL 911 OR SEEK HELP AT YOUR NEAREST HOSPITAL EMERGENCY ROOM.

Responsible Party Signature: Filed RN Signature: _____ Date/Time: _____

JAN 29 2024

CLERK OF THE COURT
ARAPAJO COUNTY, COLORADO



Exhibit - 1-

DR: NELSON, KIMBERLY
ID: 122931 DOS: 6/28/2022
DOB: 4/19/1967 AGE: 55 SEX: M
HANNA, SAAD

- APPENDIX D, -

Appointment Confirmation from your doctor's office

From: Your Physician (no-reply@eclinicalmail.com)

To: sadaghabi@yahoo.com

Date: Tuesday, July 5, 2022 at 12:49 PM MDT

Filed
DATE FILED
January 12 9 2024
CLERK OF THE DISTRICT COURT
ARAPAHOE COUNTY COLORADO

Rocky Mountain ENT Associates

1400 S POTOMAC ST STE 240

AURORA, CO 800124541



Map: [Map It!](#)

Dear Saad,

This confirms your appointment scheduled at Rocky Mountain ENT
Associates.

Please review the details of your appointment below.

Appointment Details

 Date: 07/05/2022	 Time: 3:10 PM MST7MDT
--	---

Location:

Rocky Mountain ENT Associates

1400 S POTOMAC ST STE 240 AURORA, 800124541 303-750-8600

Patient Name:

Saad

View the facility location using Google Maps?: [Map It!](#)

For more information regarding your appointment, please log on to your secure
Portal at <https://mycw39.eclinicalweb.com/region3/jsp/login.jsp>.

If you are unable to make this appointment, it is important that you call us at 303-
750-8600 as soon as possible so we can make other arrangements.

Exhibit -9-

- APPENDIX 10. -

12/6/23, 1:37 PM

Yahoo Mail - Appointment Reminder from your doctor's office

Appointment Reminder from your doctor's office

From: Your Physician (no-reply@eclinicalmail.com)

To: sadaghabi@yahoo.com

Date: Sunday, July 3, 2022 at 02:17 AM MDT

DATE FILED
January 29, 2024

JAN 29 2024

CLERK OF THE DISTRICT COURT
ARAPAHOE COUNTY, COLORADO

Rocky Mountain ENT Associates

1400 S POTOMAC ST STE 240

AURORA, CO 800124541



Map: [Map It!](#)

Dear Saad,

You have an appointment scheduled at Rocky Mountain ENT Associates.

Please review the details of your appointment below.

Appointment Details

 Date: 07/06/2022	 Time: 10:10 AM MST7MDT
--	--

Location:

Rocky Mountain ENT Associates

1400 S POTOMAC ST STE 240 AURORA, 800124541 303-750-8600

Patient Name:

Saad

View the facility location using Google Maps?: [Map It!](#)

For more information regarding your appointment, please log on to your secure Portal at <https://mycw39.eclinicalweb.com/region3/jsp/login.jsp>.

If your physician's office sent you a link to a pre-appointment questionnaire, you can access it from the secure Patient Portal. Please complete the questionnaire at least one day before your visit. Also, be sure to complete any other pre-visit requests from your provider, such as paperwork or labs.

If you are unable to make this appointment, it is important that you call us at 303-750-8600 as soon as possible so we can make other arrangements.

Payment Receipt

From: donotreply@epayhealthcare.com

To: sadaghabi@yahoo.com

Date: Thursday, July 7, 2022 at 05:01 PM MDT

DATE FILED
January 29, 2024

JAN 29 2024

CLERK OF THE DISTRICT COURT
ARAPAHOE COUNTY, COLORADO

Payment Receipt

Thank you for your payment! Your payment transaction has been successfully processed. Please print this receipt for your records. Details of the payment are listed below

Receipt Number : 38026822

Payment Date : 07/07/2022

Description	Amount
ROCKY MOUNTAIN ENT ASSOCIATES	\$87.05
Total	\$87.05

[Click here to view more details](#)

Questions

If you have any questions about your bill or need technical assistance with logging in or making payments, call (844) 236-3525.

This email was sent from a notification-only address. **PLEASE DO NOT REPLY TO THIS EMAIL.**

Thank you,
Healthcare Paym

APPENDIX D. -
Exhibit - 4-



07/12/2022
Hanna, Saad
04/19/1967
{apptFacName}

CONSENT TO PROCEDURE
(Surgery, Diagnostic, Anesthesia)

Filed

JAN 29 2024

CLERK OF THE COMBINED COURTS
ARAPAHOE COUNTY, COLORADO

DATE FILED
January 29, 2024

Patient Name: _____

I authorize Dr. Lewark/Nelson/Sharp/Carter and any assistant working with him/her to conduct the following procedure(s):
Transnasal fiberoptic laryngoscopy ☒ nasopharyngoscopy

I understand the reason for the procedure is (are):

To examine the nasal cavity and nasopharynx (nasopharyngoscopy), or the nasal cavity, nasopharynx, oropharynx,
hypopharynx, and vocal folds (laryngoscopy)

RISKS

The reason(s) for the procedure and usual risks, pains and benefits have been explained to me. I know about the following problems which may occur: redness and/or swelling, infection, bleeding, nerve injury, numbness, pain or paralysis, opening of the incision after the procedure, heart failure or heart attack, pneumonia, possible need for blood transfusion, need for re-operation and/or allergic reactions. The risks may be serious leading to extended hospitalization and may possibly be fatal.

The significant risks of this procedure include: Mild discomfort, epistaxis (nose bleed), inability to make diagnosis, need for another procedure

ALTERNATIVES

Alternative measures including the decision not to have the procedure have been explained to me in plain language and include:
Examination via the oral cavity or anterior nasal cavity

ADDITIONAL PROCEDURES

I understand that during my procedure problems may arise and that a procedure other than that listed above may be required. In such a circumstance, I authorize my physician to perform whatever procedure may be in my best interest.

SPECIMEN DEPOSITION

I authorize the healthcare facility to examine, photograph, or preserve for scientific research or teaching purposes or to otherwise dispose of the tissue, organs or foreign objects resulting from the procedures authorized above.

VISITORS/PHOTOGRAPHY

Students and/or medical equipment representatives may be present during the procedure for observation only. Photography may be performed as part of your procedure and used for documentation.

BLOOD TRANSFUSION

Blood transfusion may be necessary. I understand there are risks associated with transfusions. If necessary, a serious transfusion reaction is possible, but unlikely. Infectious disease processes include hepatitis and human immunodeficiency virus (HIV) which can lead to acquired immunodeficiency syndrome (AIDS). This risk from transfused blood is low. There are alternatives to transfusion of blood bank blood in cases of elective transfusion. I understand there may be significant risks to my health should I not receive a transfusion if indicated.

GUARANTEE

I have been advised that the practice of medicine is not an exact science, and acknowledge that no guarantees have been made to me concerning the results of the procedure. I have been advised that at any time prior to the performance of the procedure, I may withdraw my consent and not have the procedure performed. I have been advised that I may delete any provisions in the form about which I do not agree or consent, and that I may add any provisions to the form, which I want included in my consent. I have been given the opportunity to ask questions concerning the procedure and such questions have been answered to my satisfaction. All applicable blanks in this form were filled in prior to my signing it.

Signature: _____
(of patient or person with authority to sign for patient)

Date: 7/12/22 Time: _____ ☐ AM ☐ PM

Relationship to Patient: _____

Translator: _____

Witness: S. Hanna

Date: 7/12/22 Time: _____

PHYSICIAN'S STATEMENT

I believe the patient is an appropriate candidate to undergo the above procedure(s). I have explained the procedure(s), risks, benefits, and alternatives. To the best of my knowledge the patient understands the procedure(s) and agrees to proceed.

Physician's Signature: _____

Date: 7/12/22 Time: _____

Exhibit - 5-

- APPENDIX 1.D, -

Appointment Confirmation from your doctor's office

From: Your Physician (no-reply@eclinicalmail.com)

To: sadaghabi@yahoo.com

Date: Friday, July 15, 2022 at 08:54 AM MDT

Filed

JAN 29 2024
DATE FILED
January 29, 2024
CLERK OF THE COURT
ARAPAHOE COUNTY, COLORADO

Rocky Mountain ENT Associates

1400 S POTOMAC ST STE 240

AURORA, CO 800124541



Map: [Map It!](#)

Dear Saad,

This confirms your appointment scheduled at Rocky Mountain ENT
Associates.

Please review the details of your appointment below.

Appointment Details

 Date: 07/15/2022	 Time: 8:50 AM MST7MDT
--	---

Location:

Rocky Mountain ENT Associates

1400 S POTOMAC ST STE 240 AURORA, 800124541 303-750-8600

Patient Name:

Saad

View the facility location using Google Maps?: [Map It!](#)

For more information regarding your appointment, please log on to your secure Portal at <https://mycw39.eclinicalweb.com/region3/jsp/login.jsp>.

If you are unable to make this appointment, it is important that you call us at 303-750-8600 as soon as possible so we can make other arrangements.

Exhibit - 6 -
- APPENDIX D. -

Appointment Confirmation from your doctor's office

From: Your Physician (no-reply@eclinicalmail.com)

To: sadaghabi@yahoo.com

Date: Friday, July 15, 2022 at 09:46 AM MDT

Filed

DATE FILED JAN 29 2024
January 29, 2024
CLERK OF THE DISTRICT COURT
JUDICIAL DISTRICT NO. 1, COLORADO

Rocky Mountain ENT Associates

1400 S POTOMAC ST STE 240

AURORA, CO 800124541



Map: [Map It!](#)

Dear Saad,

This confirms your appointment scheduled at Rocky Mountain ENT
Associates.

Please review the details of your appointment below.

Appointment Details

 Date: 07/18/2022	 Time: 8:30 AM MST7MDT
--	---

Location:

Rocky Mountain ENT Associates

1400 S POTOMAC ST STE 240 AURORA, 800124541 303-750-8600

Patient Name:

Saad

View the facility location using Google Maps?: [Map It!](#)

For more information regarding your appointment, please log on to your secure
Portal at <https://mycw39.eclinicalweb.com/region3/jsp/login.jsp>.

If you are unable to make
750-8600 as soon as possible.

You call us at 303-
ents.

APPENDIX D.
Exhibit 7-

Appointment Reminder from your doctor's office

From: Your Physician (no-reply@eclinicalmail.com)

To: sadaghabi@yahoo.com

Date: Sunday, July 17, 2022 at 06:52 AM MDT

Filed

DATE FILED JAN 29 2024
January 29, 2024

FILED IN CLERK OF DISTRICT COURT
DISTRICT OF COLORADO

Rocky Mountain ENT Associates

1400 S POTOMAC ST STE 240

AURORA, CO 800124541

Map: [Map It!](#)

Dear Saad,

You have an appointment scheduled at Rocky Mountain ENT Associates.

Please review the details of your appointment below.

Appointment Details

 Date: 07/20/2022	 Time: 2:50 PM <small>MST/MDT</small>
--	--

Location:

Rocky Mountain ENT Associates

1400 S POTOMAC ST STE 240 AURORA, 800124541 303-750-8600

Patient Name:

Saad

View the facility location using Google Maps?: [Map It!](#)

For more information regarding your appointment, please log on to your secure Portal at <https://mycw39.eclinicalweb.com/region3/jsp/login.jsp>.

If your physician's office sent you a link to a pre-appointment questionnaire, you can access it from the secure Patient Portal. Please complete the questionnaire at least one day before your visit. Also, be sure to complete any other pre-visit requests from your provider, such as paperwork or labs.

If you are unable to make this appointment, it is important that you call us at 303-750-8600 as soon as possible.

- APPENDIX D -

Filed

JAN 29 2024

CLERK OF THE DISTRICT COURT
ARAPAHOE COUNTY, COLORADO



AFTER VISIT SUMMARY

Saad S. Hanna DoB: 4/19/1967 7/9/2022 Littleton Adventist Hospital Emergency Department 303-730-5800

DATE FILED

January 29, 2024

Instructions

You were evaluated today for a nosebleed. Now that bleeding has been controlled, continued care at home with outpatient follow-up is appropriate. A packing device has been placed in your nose for continued bleeding control.

A humidifier in your bedroom can be helpful from nosebleeding related to dryness.

If you use nasal oxygen, use a humidifier with it.

DO NOT TOUCH OR BLOW YOUR NOSE!

Follow attached instructions, and return to emergency department if you have any concerns.

RETURN TO EMERGENCY DEPARTMENT IMMEDIATELY FOR:

- persistent bleeding
- lightheadedness or dizziness
- fever
- nose pain or headache
- any other concerns

Make sure to see your ENT on Monday morning for further evaluation and likely removal of packing. Advised him to have bilateral packing and need to be seen on Monday.



Read the attached information

Nosebleeds (English)



Go to Your ENT in 2 days (around 7/12/2022)

What's Next

You currently have no upcoming appointments scheduled.

Today's Visit

You were seen by Reed Zachary
Louderback, MD

Reason for Visit

Nose Bleed

Diagnosis

Epistaxis

Lab Tests Completed

BMP

CBC with Differential reflex Manual
Diff

PT INR

Medications Given

acetaminophen (TYLENOL) Last given
7/10/2022 12:55 AM

oxyCODONE (ROXICODONE) Last
given 7/10/2022 12:55 AM



Blood
Pressure
133/93



BMI
28.06



Weight
190 lb



Height
5' 9"



Temperature
(Tympanic)
97.3 °F



Pulse
80



Respiration
19



Oxygen
Saturation
94%

Exhibit - 9 -



Patient: HANNA, SAAD S
Account No: AM3013631285
Unit No: AM01372584
Location: EMERGENCY ROOM
Physician: Oswald, Jennifer Dani...
Date: 07/10/22

DATE FILED
January 29, 2024

Patient Visit Information

You were seen today for:

Encounter for removal of nasal packing

Filed

JAN 29 2024

CLERK OF THE DISTRICT COURT
ARIZONA COUNTY COURTS

Staff

Your caregivers today were:

Physician: Oswald, Jennifer Danielle MD
Nurse: MLD

Patient Instructions Reviewed

Nosebleed

received 07/10/22 - 2333

Follow-up

Please contact the following to make an appointment for follow-up care:

.Your Provider

Note:

Go to your appointment with Dr. Nelson this coming Tuesday. Return to the ER for any recurrent nosebleeding that is not stop by holding consistent pressure/nasal clamp to your nose for at least 10 minutes.

Note: Your health care plan may require a referral from your primary care provider prior to making an appointment.

*CAREPOINT ED Adult

=====
Thank you for trusting us with your medical care today. We know any visit to an emergency department can be stressful. Our goal in the emergency department is to always keep you comfortable and informed about your medical condition. I hope you feel better very soon. We care about you and want you to know if anything changes or you are concerned about anything we are here to help you and

- APPENDIX D -

Filed

JAN 29 2024

CLERK OF THE COMBINED COURTS
ARAPAHOE COUNTY, COLORADO

uhealth

AFTER VISIT SUMMARY

Saad Hanna MRN: 5615836 7/14/2022 UCHealth Emergency Care - Highlands Ranch Hospital 720-516-1200

DATE FILED

January 29, 2024

Instructions

Please come back to this ER on Sunday to have your packing removed. If you develop bleeding around your packing, come back to the ER right away.

I have prescribed you prophylactic antibiotics to take while the packing is in your nose.



Your medications have changed today

Refer to the Medication List for detailed information on how you take the medications.



Read the attached information

KRAMES EPISTAXIS (ADULT) (ENGLISH)



Pick up these medications at UCHealth Pharmacy - Highlands Ranch Hospital

cephalexin

Address: 1500 Park Central Drive, HIGHLANDS RANCH CO 80129

Hours: 9:00AM-7:00PM M-F, 9:00AM-7:00PM Sat-Sun

Phone: 720-516-0073



Go to UCHealth Emergency Care - Highlands Ranch Hospital on 7/17/2022

Why: for packing removal and repeat assessment

Specialty: Emergency Medicine

Contact: 1500 Park Central Drive

Highlands Ranch Colorado 80129
720-516-1200

What's Next

You currently have no upcoming appointments scheduled.

Today's Visit

You were seen by Matthew Edward Mendes, MD

Reason for Visit

Epistaxis

Diagnoses

- Epistaxis
- Anticoagulated

Lab Tests Completed

CBC with auto diff

PT / INR

Medications Given

ondansetron (ZOFTRAN) Last given at 7:00 PM

thrombin (recombinant) (RECOTHROM) Last given at 7:28 PM

Patient Portal

My Health Connection

View your After Visit Summary, schedule appointments, send messages, and refill medications by downloading the UCHealth Mobile App for Apple or Android.

Download the UCHealth Mobile App to create an account today or register online at:
<https://www.uhealth.org/access-my-health-connection/>

Exhibit - 11-



Patient: HANNA, SAAD S
Account No: AM3013648104
Unit No: AM01372584
Location: EMERGENCY ROOM
Physician: Horowitz, Michael How...
Date: 07/14/22

DATE FILED
January 29, 2024

Filed

JAN 29 2024

CLERK OF THE DISTRICT COURT
ARAPAHOE COUNTY, COLORADO

Patient Visit Information

You were seen today for:

Epistaxis

Staff

Your caregivers today were:

Physician: Horowitz, Michael Howard MD
Practitioner: Reetz, Benjamin
Nurse: DKM

Patient Instructions Reviewed

Nosebleed
Oxycodone/Acetaminophen (By mouth)

received 07/15/22 - 0227

Activity Restrictions or Additional Instructions

Follow up with the ENT in 4.5 hours in his clinic. Return to ED if significant bleed recurrence before your appointment. Fill the prescriptions. The antibiotic is to prevent infection. Take the Percocet as directed.

Medication Dose and Instructions

Amoxicillin/Potassium Clav (Augmentin 875-125 Tablet) 875 MG/125 MG TAB
1 TAB ORAL EVERY 12 HOURS For Prophylaxis 3 Days, #6 TAB REF 0
07/15/22 2:25am Status: VERIFIED
KING SOOPERS #620131 (303)615-2995
100 LITTLETON BLVD LITTLETON, CO 80120

Oxycodone/Apap (PERCOCET 5/325 MG) 1 EACH TAB
1 TAB ORAL EVERY 6 HOURS AS NEEDED As Needed for Pain #6 TAB REF 0
Instructions: Take one tab every 6 hours for pain as needed
07/15/22 2:25am Status: VERIFIED
KING SOOPERS #620131 (303)615-2995
100 LITTLETON BLVD LITTLETON, CO 80120

Follow-up

Exhibit - 12 -
- APPENDIX D, -

Rose Medical Center (COCYE) Main ED
EMERGENCY PROVIDER REPORT
REPORT#: 0718-0011 REPORT STATUS: ESign
DATE: 07/18/22 TIME: 0158

DATE FILED
January 29, 2024

PATIENT: HANNA, SAAD S
ACCOUNT#: AM3013654282
DOB: 04/19/67 AGE: 55 SEX:
ADM DATE: 07/18/22
ED ADMIT DT: 07/18/22
REP SERV DT: 07/18/22
UNIT #: AM01372584
ROOM/BSD: ER - HBAA
PCP PHYS: Granchelli, Ann Marie MD
INI AUTH: Brewer, James Paul MD
LAST SIG: Brewer, James Paul MD
REP SERV TM: 0158
* ALL edits or amendments must be made on the electronic/computer document *

Brewer, James Paul 07/18/22 0158:
HPI GREET

General
Initial Greet Date/Time 07/18/22 0158

Clinical Note
Clinical Note
Room: FT 2, Rm 6
PCP: Unknown
Ear nose and throat: Dr. Kimberly Nelson

CHIEF COMPLAINT
Nasal bleed

HPI:
55-year-old male presenting to the emergency department with nosebleed. Acquisition of history is somewhat limited as the patient is notably uncomfortable and acutely bleeding.

To review demonstrates the patient underwent septoplasty on June 28 by Dr. Kimberly Nelson. Since that time he has been into the emergency department now 4 times for evaluation of bleeding. He has had multiple nasal packings and replacement of packings during these visits. Patient is known to have a mechanical mitral valve and is currently maintained on warfarin, goal INR 2.5.

Last seen here in the emergency department 7/14 with Rhino Rocket placed to left nare, dual lumen and single lumen Rhino Rocket placed to the right nare.

Reports this evening developing spontaneous bleeding through his Rhino Rocket packing. He denies any new trauma. He has been taking Augmentin as prescribed from 7/14

Exhibit - 13-

Name: Saad Hanna | DOB: 4/19/1967 | MRN: 5615836 | PCP: Felicia Doherty, PAC | Legal Name: Saad Hanna

Appointment Details

DATE FILED
January 29, 2024

Visit Notes

Progress Notes

Andrew Winkler, MD at 3/9/2023 9:45 AM

Saad returns to discuss his symptoms. He is still breathing poorly from the nose. He apparently underwent a septoplasty at Rose MC, which was complicated by epistaxis that required balloon packs and readmission to the hospital. He would like to know if this is a "normal" complication of this surgery. If it was a septoplasty alone, then no, this is not a normal complication. However, I am unsure of exactly what was done during his surgery. Exam today reveals no septal perforation. The patient should return pm.

MyChart® licensed from Epic Systems Corporation © 1999 - 2024

Filed

JAN 29 2024

CLERK OF THE DISTRICT COURT
ARAPAHOE COUNTY, COLORADO

Exhibit 14-

- APPENDIX D. -

uchealth

MYC
by EP

Current Health Issues

Case review your health issues and verify that the list is up to date. Call 911 if you have an emergency.

Diastolic dysfunction
Started 8/29/2016

[Learn more](#)

Hypertiglyceridemia
Started 10/13/2016

[Learn more](#)

Cardiac murmur
Started 8/29/2016

[Learn more](#)

Remove

Remove

Remove

Aortic valve insufficiency
Started 10/11/2016

[Learn more](#)

Thyroid nodule
Started 8/17/2016

[Learn more](#)

Subclinical hypothyroidism
Started 8/17/2016

[Learn more](#)

Remove

Remove

Remove

Aortic insufficiency
Started 2/20/2017

[Learn more](#)

Chronic rhinitis
Started 3/16/2023

[Learn more](#)

Nasal valve collapse
Started 6/12/2023

[Learn more](#)

Remove

Remove

Remove

Hypertrophy of inferior nasal
septum
Started 6/12/2023

[Learn more](#)

Nasal septal deviation
Started 6/12/2023

[Learn more](#)

Report a health issue

Filed

JAN 29 2024

CLERK OF THE CLERK
AKA: NIGEL G. BROWN

Exhibit-15-

APPENDIX D.

Dr. Gregory A. Hogle D.O.

4600 Hale Parkway Suite 450

Denver, Colorado 80220

Office: (303) 333-2119 | Fax: (303) 333-2016

PATIENT: Saad

Instructions for Surgery

DATE FILED

January 29, 2024

- Surgery Date/Time **: Thursday November 3 @ 7:30 AM

** Time may be changed due to surgery scheduling adjustments

Check in at Admissions **NO LATER THAN** 6:00 AM on the day of the surgery
(1½ hrs prior to surgery / 2 hrs for Main O.R.)

Surgery Location: ☐ RoseMedical Wolf Bldg (2nd floor) ☒ Rose Surgical Founders Bldg (Suite 200)

- TODAY:** Call your Primary Care Physician (PCP) to schedule an appointment that is no later than 1 week prior to your surgery (but no sooner than 30 days) to get a History and Physical Examination (required for all surgeries) and any other tests checked in the list below. If you do not have a PCP or if unable to get an appointment, call us immediately. Failure to obtain required exam/tests will result in cancellation of surgery. (Bring this form with you to your PCP)
 - Please ask your doctor's office to fax the pre-op exam/lab results to our office as soon as possible, but no later than 3 days prior to your surgery. Our fax number is **303-333-2016**
- 10 DAYS PRIOR TO SURGERY:** no aspirin, ibuprofen or naproxen (Motrin, Aleve, Advil); Tylenol is okay.
 - No herbal medications including St. John's wort, Turmeric/Curcumin, Kava, Ephedrine (Mahuang), Gingo biloba DHEA (dehydroepiandrosterone), and Yohime (Yohimbine).
 - No blood thinners before surgery (Warfarin/Coumadin, Heparin, Lovenox, Plavix). Your doctor will advise you about the date to stop the medication before surgery.
- 1 DAY PRIOR TO SURGERY:** You may receive a phone call from the anesthesiologist the night before your surgery. Please be sure to answer the phone or call back immediately to obtain important information.
- 8 HOURS PRIOR TO SURGERY:**
 - For ages 3 and older: Stop solids 8 hours before surgery; may continue with water & other clear liquids, except coffee and sports drinks. Stop any liquids 4 hours prior to surgery.
 - For a child 2 years and under: No solid foods for 7 hours before surgery. No formula for 4 hours before surgery. No clear liquids for 2 hours before surgery.
- DAY OF SURGERY:** Take important medications with a sip of water early in the morning on the day of surgery:
 - Blood pressure medication
 - Seizure medication
 - Decrease the usual dose of insulin: check with your doctor
 - Decrease the usual dose of oral diabetes medication: check with your doctor.

Exhibit -16-

Requested Labs/X-Rays

Filed

- ☒ History & Physical
- ☐ EKG
- ☐ SMA7
- ☐ CBC / DIFF
- ☐ UA

- ☐ Hemoglobin / Hematocrit (only)
- ☐ UCG (urine pregnancy)
- ☐ Basic Chem Panel
- ☐ Full Chem Panel

- ☐ PTT
- ☐ PT
- ☐ Platelets
- ☐ Serum Glucose
- ☒ Other: COVID test

JAN 29 2024

within 30 day of surgery - APPENDIX D, ALSO Clearance from cardiologist

within 48 hrs of surgery

Filed

JAN 29 2024

DISCHARGE INSTRUCTIONS

CLERK OF THE COURT
ADAMS COUNTY, MISSOURI

- ☐ 1. It is important to have a responsible adult with you for up to 24 hours after surgery. You may not remember things clearly due to the anesthesia or sedation.
- ☐ 2. It is not unusual to feel somewhat dizzy or sleepy following surgery. For the next 24 hours or longer if you are taking narcotic pain medication, do NOT drive a car, cook, operate machinery or perform any skills that require coordination, make important decisions, sign legal documents or drink alcoholic beverages.
- ☒ 3. **DIET:** Progress to your regular diet as tolerated. Avoid rich, spicy or fried foods ~~for 14 days~~ hot, or salty foods for 14 days. Drink plenty of fluids to avoid dehydration or constipation.
- ☐ 4. **WOUND CARE:**
 - ☐ Keep dressing on, clean and dry until follow up appointment.
 - ☐ Remove dressing in _____ hours / _____ days.
 - ☐ May shower in _____ hours / _____ days.
 - ☐ No bathing, swimming or hot tubs for _____
- ☐ 5. To help prevent infection we encourage you and your caregiver to use frequent hand washing, especially before caring for the operative site.
- ☒ 6. **MEDICATIONS:** Do NOT take any pain medications on an empty stomach.

- ☐ Regular diet
- ☐ Moustache dressing as needed
- ☐ Keep splint on nose dry
- ☐ Keep head/shoulders elevated for 14 days
- ☐ No nose blowing, lifting, forward bending, active exercise, traveling out of town for 14 days
- ☐ No cleaning inside of nose with qtip/tissue for 4 months after splints are removed.

- ☐ Resume routine pre surgery medications. Other: _____
- ☐ No Prescription Prescription given: ☐ In office ☐ To family
- ☐ Prescription(s) to Patient at discharge:

Medication	Dose/Route/Frequency	Purpose	Next Dose Due
Celebrex	200 Mg		
Percocet	10 / 325	pain	10 pm
Augmentin	875 mg	pain	2 pm

Medication(s) given at Rose Surgical Center pertinent to at home care

Oxycodone 5mg was given for pain at 10 am
Toradolol 15 mg was given for pain at 10 am
 _____ was given for _____ at _____

- ☒ 7. **Special Instructions:** Afrin Spray: 3 puffs to each side nose every 4 hrs as needed for increased oozing for ** 3 days only **
 on 4th Day: Begin saline nasal spray 4 times daily

- ☐ 8. Additional Information Provided: _____
- ☒ 9. Call your surgeon at Dr. Hogle @ 303-333-2119 ~~for post-operative instructions~~ to schedule your follow-up appointment in 10 - 11 days or _____ weeks.

WARNINGS: Call your surgeon promptly in case of:

1. Persistent or excessive bleeding.
2. Difficulty breathing or unexplained shortness of breath. ~ call 911
3. Fever/chills or temperature elevation greater than 101 degrees.
4. Foul smelling drainage from incision site.
5. Persistent nausea and vomiting.
6. Pain that is not relieved with your pain medication.
7. Redness at IV site.
8. Cold, numb or discolored extremity.
9. Calf pain, swelling, tenderness, discoloration or hot when touched.

*Early ambulation to prevent blood clots

IF YOU THINK YOU HAVE AN
EMERGENCY AND YOU CAN
NOT REACH YOUR SURGEON,
CALL 911 OR SEEK HELP AT
YOUR NEAREST HOSPITAL
EMERGENCY ROOM.

Responsible Party Signature: _____ RN Signature: _____ Date/Time: _____



ROSE

Sr

D

DR: HOGLE, GREGORY
 ID: 122931 DOS: 11/3/2022
 DOB: 4/19/1967 AGE: 55 SEX: M
 HANNA, SAAD

RSC27 (08/11)

Patient Label

Saad Hanna
 DOB: 4/19/1967

Septoplasty

Exhibit -17

- APPENDIX . D. -

District Court, Arapahoe County, Colorado Court Address: ARAPAHOE COUNTY JUSTICE CENTER 7325 S. POTOMAC STREET CENTENNIAL, CO 80112		Filed JAN 29 2024 January 29, 2024 CLERK OF THE COMBINED COURTS ARAPAHOE COUNTY, COLORADO
Plaintiff Saad- Hanna v. Defendant Kimberly -A- Nelson	▲ COURT USE ONLY ▲ Case Number: 24CV34 Division: 15 Courtroom:	
DISTRICT COURT CIVIL SUMMONS		

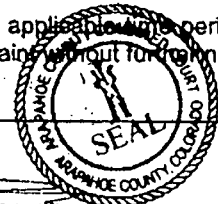
TO THE ABOVE NAMED DEFENDANT: Kimberly - A - Nelson

YOU ARE HEREBY SUMMONED and required to file with the Clerk of this Court an answer or other response to the attached Complaint. If service of the Summons and Complaint was made upon you within the State of Colorado, you are required to file your answer or other response within 21 days after such service upon you. If service of the Summons and Complaint was made upon you outside of the State of Colorado, you are required to file your answer or other response within 35 days after such service upon you. Your answer or counterclaim must be accompanied with the applicable filing fee.

If you fail to file your answer or other response to the Complaint in writing within the applicable time period, the Court may enter judgment by default against you for the relief demanded in the Complaint without further notice.

Dated: 1-29-2024

[Signature]
Clerk of Court/Clerk



[Signature]
Signature of Plaintiff

1474 W- Lake , Ave
Address of Plaintiff

Littleton, CO 80120

720-425-6167
Plaintiff's Phone Number

This Summons is issued pursuant to Rule 4, C.R.C.P., as amended. A copy of the Complaint must be served with this Summons. This form should not be used where service by publication is desired.

WARNING: A valid summons may be issued by a lawyer and it need not contain a court case number, the signature of a court officer, or a court seal. The plaintiff has 14 days from the date this summons was served on you to file the case with the court. You are responsible for contacting the court to find out whether the case has been filed and obtain the case number. If the plaintiff files the case within this time, then you must respond as explained in this summons. If the plaintiff files more than 14 days after the date the summons was served on you, the case may be dismissed upon motion and you may be entitled to seek attorney's fees from the plaintiff.

TO THE CLERK: If the summons is issued by the clerk of the court, the signature block for the clerk or deputy should be provided by stamp, or typewriter, in the space to the left of the attorney's name.

FORM 1.2. DISTRICT COURT CIVIL (CV) CASE COVER SHEET FOR INITIAL PLEADING OF COMPLAINT, COUNTERCLAIM, CROSS-CLAIM OR THIRD PARTY COMPLAINT AND JURY DEMAND

January 29, 2024

District Court <u>Arapahoe</u> ARAPAHOE COMBINED COURT County, Colorado Court Address: <u>7325 S. POTOMAC STREET</u> <u>CENTENNIAL, CO 80112</u>		Filed JAN 29 2024 <small>CLERK OF THE COMBINED COURT ARAPAHOE COUNTY, COLORADO</small> ▲ COURT USE ONLY ▲
Plaintiff(s): Saad-Hanna v. Defendant(s): Kimberly- A -Nelson		
Attorney or Party Without Attorney (Name and Address): Saad-Hanna, 1474 W- Lake Ave- Littleton, CO 80120 Phone Number: 720-425-6167 E-mail: sadaghabi@ yahoo.com FAX Number: Atty. Reg. #:		Case Number: 24CV 34 15
DISTRICT COURT CIVIL (CV) CASE COVER SHEET FOR INITIAL PLEADING OF COMPLAINT, COUNTERCLAIM, CROSS-CLAIM OR THIRD PARTY COMPLAINT AND JURY DEMAND		

1. This cover sheet shall be filed with the initial pleading of a complaint, counterclaim, cross-claim or third party complaint in every district court civil (CV) case. It shall not be filed in Domestic Relations (DR), Probate (PR), Juvenile (JA, JR, JD, JV), or Mental Health (MH) cases or in Water (CW) proceedings subject to sections 37-92-302 to 37-92-305, C.R.S. Failure to file this cover sheet is not a jurisdictional defect in the pleading but may result in a clerk's show cause order requiring its filing.
2. Simplified Procedure under C.R.C.P. 16.1 applies to this case unless (check one box below if this party asserts that C.R.C.P. 16.1 does not apply):

☐ This is a class action, forcible entry and detainer, Rule 106, Rule 120, or other similar expedited proceeding, or

☒ This party is seeking a monetary judgment against another party of more than \$100,000.00, exclusive of interest and costs, as supported by the following certification:

By my signature below and in compliance with C.R.C.P. 11, based upon information reasonably available to me at this time, I certify that the value of this party's claims against one of the other parties is reasonably believed to exceed \$100,000.

Or

- APPENDIX E. -

18TH JUDICIAL, COUNTY COURT, COLORADO <input checked="" type="checkbox"/> Arapahoe County - 7325 South Potomac St., Centennial, CO 80112 (303) 645-6600 <input type="checkbox"/> Douglas County - 4000 Justice Way, Castle Rock, CO 80109 (720) 437-6200 <input type="checkbox"/> Elbert County - 751 Ute St., Kiowa 80117 (303) 621-2131 <input type="checkbox"/> Lincoln County - 103 Third Ave, Hugo, CO 80821 (719) 743-2455		DATE FILED January 29, 2024 ▲ COURT USE ONLY ▲
Plaintiff(s): <u>Saad-Hann Pro-se</u> <u>1474 W- Lake- Ave Littleton, CO 80120</u> v. Defendant(s): <u>Kimberly -A- Nelson</u> <u>1400 S- Potomac St, Suite 240 Aurora, CO 80012</u> <u>(Rocky Mountain ENT Associates).</u>		<div style="font-size: 1.2em; font-weight: bold;">Filed</div> <div style="font-size: 1.1em;">JAN 29 2024</div> <div style="font-size: 0.8em; margin-top: 10px;">CLERK OF THE COMBINED COURT ARAPAHOE COUNTY COLORADO</div> <div style="font-size: 1.5em; margin-top: 20px;">24CN34</div> <div style="margin-top: 10px;">Case Number:</div> <div style="margin-top: 10px;">Division: 15</div>
My Name: <u>Saad - Hanna</u> Street Address: <u>1474 W - Lake Ave</u> City: <u>Littleton</u> State: <u>CO</u> Zip: <u>80120</u> Phone: <u>720-425-6167</u> Email: <u>sadaghabi@yahoo.com</u>		
DISTRICT COURT COMPLAINT - CIVIL		

1. Jurisdiction

I can file this case in ☒ Arapahoe ☐ Douglas County because: (Choose one)

(Check all that apply)

- ☒ The Defendant lives in this County
- ☐ The Defendant company does business in this County
- ☐ The actions took place in this County

2. Defendant Information

The contact information for the people responding to the lawsuit is:

Registered Agent - The person that will accept legal documents for a company.

Find a company's Registered Agent at www.sos.state.co.us

☒ Defendant 1 Name: Kimberly - A- Nelson

☐ Registered Agent: (if a company): Rocky Mountain ENT Associate

☐ Street Address: 1400 S Potomac, St Suite 240

☐ City/State/Zip: Aurora, CO 80012

☒ Defendant 2 Name: Littleton Adventist Hospital

☐ Registered Agent: (if a company): Littleton Adventist Hospital

☐ Street Address: 7700 S-Boadway

☐ City/State/Zip: _____

☒ Defendant 3 Name: Rose Medical Center
☐ Registered Agent: (if a company): Rose Medical Center
☐ Street Address: 4567 E- 9th Ave
☐ City/State/Zip: Denver, CO 80220

List any additional Defendants on a separate piece of paper.

3. Grounds

List the legal ground(s) that allow you to start a lawsuit.

These are often called the Claims for Relief or Causes of Action.

☒ Claim 1 - Improper Surgery

Against whom? (Check one)

☐ All Defendants

OR

☒ Just These Defendant(s): Kimberly -A- Nelson

☐ Claim 2 - Ignore treatment proper way

Against whom? (Check one)

☐ All Defendants

OR

☒ Just These Defendant(s): Kimberly -A-Nelson

☐ Claim 3 - Doesn't Follow Medical Protocol Procedure in right way.

Against whom? (Check one)

☐ All Defendants

OR

☒ Just These Defendant(s): Kimberly - A- Nelson

☐ Claim 4 - Wrongful Treatment hard to breathing as normal

Against whom? (Check one)

☒ All Defendants

OR

☐ Just These Defendant(s): _____

List any additional Claims on a separate piece of paper.

- APPENDIX E -

4. Facts

These are the facts of my case:

The facts must qualify you for the legal grounds you are raising.

Attach additional pages as needed.

- 1) Dr. Kimberly she made surgery at 06-28-2022 in Rose Hospital for Deviated Septum because I am suffering from breathing, she signs me up for it. the surgery continued for 30 minutes she told me a surgery is easy no consequences and I will be breathing normal. she told me I should went to her clinic after 5 days to remove nose splinter from both sides
- 2) I went to Dr. Kimberly clinic at 7/05/2022 at 3.10 pm to remove nose splinter both sides, when she removed it I can't breath from right side of my nose at all she decided to stitch my twice times without anesthesia, she acknowledges I have mechanical. Heat valve and I am on Warfarin(blood thinner) she continued stitched me and she Insert splinter both sides trying to breath normal
- 3) Dr Kimberly sign me up to appointment to removed the splinter but I went to her clinic at 07/ 6-7-12-15 suffering form bleeding and remove the stitches and splinter, unfortunately she wasn't there was colleague Dr he did that and still my right nose doesn't breathe as before.surgery Colleague Dr tole me if you have and emergency situation just call us and they were take care of it.
- 4) Through that time I went to ER 5 times suffering from severe bleeding form lift side nose, I started with Littleton Adventist at 07/09/2022 located at 7700 S Broadway. Littleton, CO80122 suffering from severe bleeding for lift side nose . The Hospital discharge me at 07/10/2022 12.55 AM they insert in my nose ballon splinter in case if bleeding again without consequences bleeding again.
- 5) At 07/10/2022 I went to Rose Medical Center ER located 4567 E 9th Ave, Denver, CO 80220 in night suffering from severe bleeding too, I went to Hospital Rose hopefully to contact Dr Kimberly could be help me there, unfortunately no asked about me, Rose Hospital discharged me after insert ballon splinter again no one care what I am in pain hard times
- 6) At 07/14/2022 I went to ER UC Health Hospital at Highlands Ranch located 1500 Park Central Drive Highlands Ranch 80129, Suffering from severe bleeding in lift side nose night too, Hospital I got treatment as before and after that they were discharged me at same day and they were insert both sides nose balloon splinter for hold bleeding.
- 7) At 07/14/2022 I went to ER Rose Medical Center Hospital at night, Suffering form severe bleeding form lift side nose and painful I spent couples hours got treatment and they discharged me at 07/15/2022, It contain Insert both sides nose balloon splinter after that discharged me again even I spoke with ER doctor to contact Dr. Kimberly to getting help for hard situation in.
- 8) At 07/18/2022 I went to ER Rose Medical Center Hospital at night suffering from severe bleeding lift side nose pain and fatigue This time was hard one complication health consequences, They asked me about who did nose surgery Dr. I gave them her name to contact her she didn't responded for there called, I spent 3 days in life support machine and she didn't even Dr. Kimberly
- 9) I discharged from Rose Hospital at 07/21/2022 afternoon. I was in surgery for stop bleeding complications they gave me blood transfusion help me back to life because my blood level was 6-7 rate, my lungs were stop and my heart to .

- APPENDIX - E. -

My suffering starting from 7/5/ 2022 until 7/21/2022
these days was harder days in my life no food no sleep no
normal life hopeless to find someone rescue me I felt that
I am lone no chance to continue my life again, Struggle to
find any medical specialist ENT recue me after visiting 5
times Dr. Kimberly clinic and 5 times hospitals without
hope, finally after whole torture I am recue, Even in ER
at 7/18/2022 they the Doctors trying to reach Dr.
Kimberly but she didn't answer their call . at that moment
I felt that was and of my life because she wouldn't like
being cooperative with me and the Doctors too. Dr.
Kimberly litterlly ignore, reckless, careless didn't care
human life.

Filed

JAN 29 2024

CLERK OF THE COMBINED COURTS
ARAPAHOE COUNTY, COLORADO

- APPENDIX E. -

- 10) I visited Dr Kimberly ENT Specialist clinic 4 times, she never contacted me or tried to help me. I visited 5 times ER Hospital to rescue me until reached death for septum nose surgery with pain, fatigue, no nutrition, stranded rescue, hopeless someone getting me for rescue, suffering alone was not nice experience for small surgery, each hospital I visited no show for ENT specialist checked me up
- 11) I did another septum nose surgery because I am suffering from pain hard breathing from right side nose, I did it at 11/3/2022 Rose Hospital with Dr. Gregory A. Hogle at same address at 7.30 am, I think could be breathing and fixed the problem, unfortunately doesn't worked anymore because the damage is happening, until now suffering hard breathing and pain in my nose both sides
- 12) I visited two of ENT Specialist to check up they were recommending me to make another surgery because the damage was huge I am suffering from I suffer from psychological problems due to incorrect medical practice until now, in addition to difficulty breathing and shortness of breath.

5. Request for Relief: What do you want the Court to do?

I ask the court to appoint an expert in medical affairs to find out the reasons for the damage that occurred to me, the extent of the error that occurred as a result of this operation, and whether the complications that occurred were necessary to go through or could they have been avoided, Material and moral compensation for the health, psychological, and moral damages, suffering, and moral damages that were wrongfully caused, negligence, and medical error, which I did not expect and was not a party to., I wasn't a lone suffering my mother and my wife too.

6. Type of trial: (Check only one box)

☐ Court trial to the judge

OR

☒ Jury trial (if applicable, not all civil trials are entitled to jury, extra fee required)

WARNING: ALL FEES ARE NON-REFUNDABLE. IN SOME CASES, A REQUEST FOR A JURY TRIAL MAY BE DENIED PURSUANT TO LAW EVEN THOUGH A JURY FEE HAS BEEN PAID.

Note: All Plaintiffs filing this complaint must sign.

[Signature]
Signature of Plaintiff(s)

1474-W-Lake-Ave. Littleton, CO 80120
Address(es) of Plaintiff(s)


720-425-6167
Telephone Number(s) of Plaintiff(s)

- APPENDIX E. -

☐ Another party has previously filed a cover sheet stating that C.R.C.P. 16.1 does not apply to this case.

3. ☐ This party makes a **Jury Demand** at this time and pays the requisite fee. See C.R.C.P. 38. (Checking this box is optional.)

Date: 1.29.2024



Signature of Party

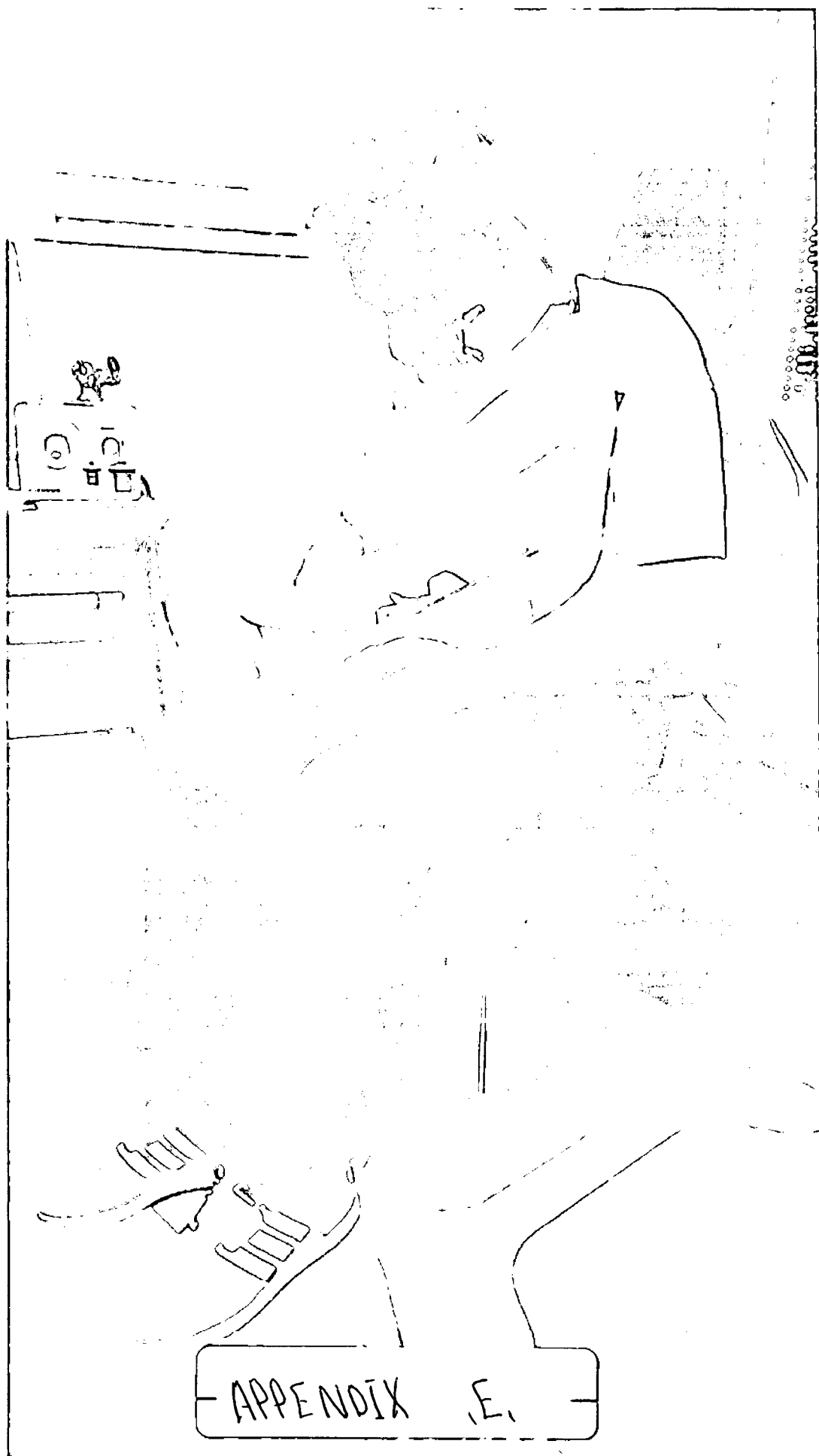
Date: _____

Signature of Attorney for Party (if any) _____

NOTICE

This cover sheet must be served on all other parties along with the initial pleading of a complaint, counterclaim, cross-claim, or third party complaint.

- APPENDIX E. -





APPENDIX E



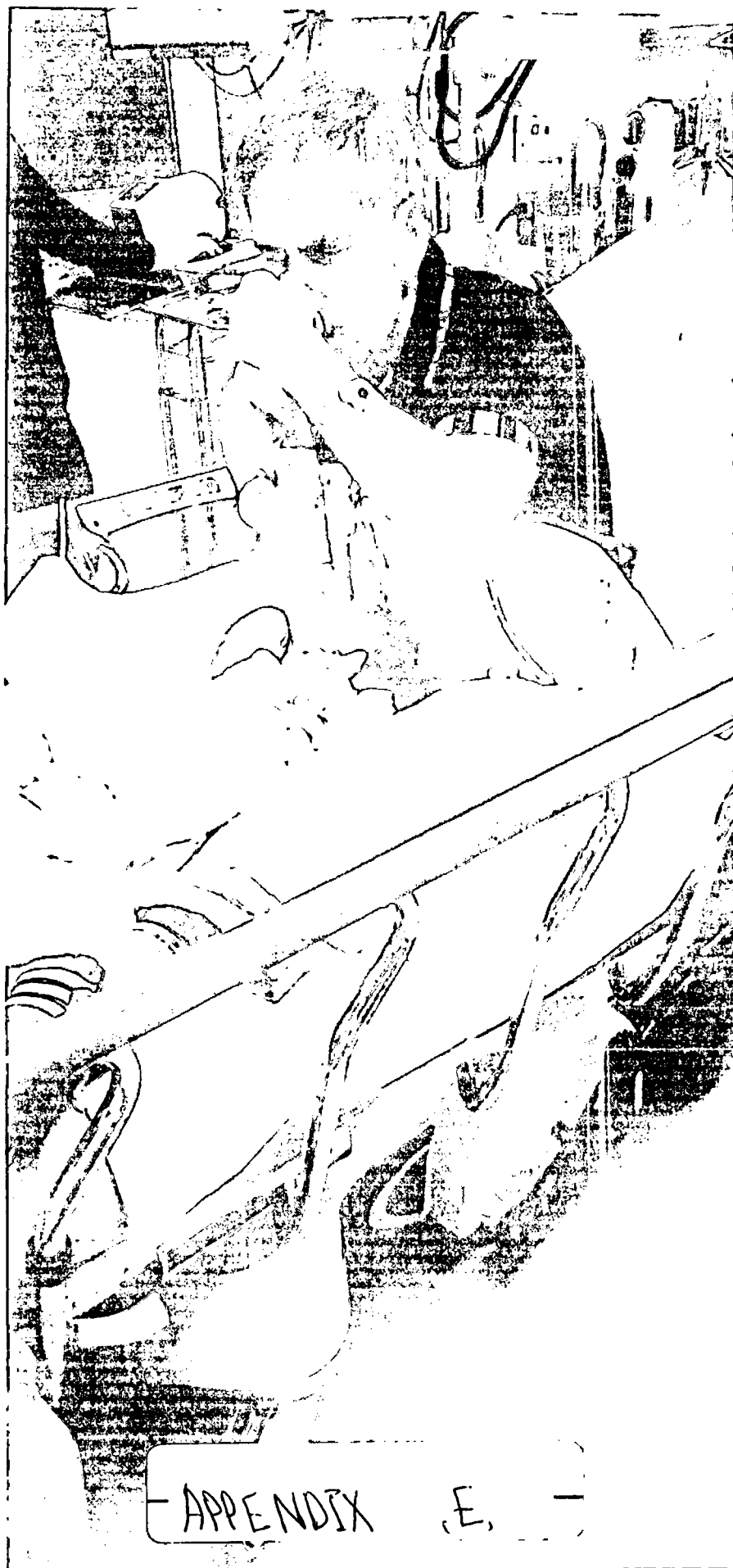
- APPENDIX "E" -

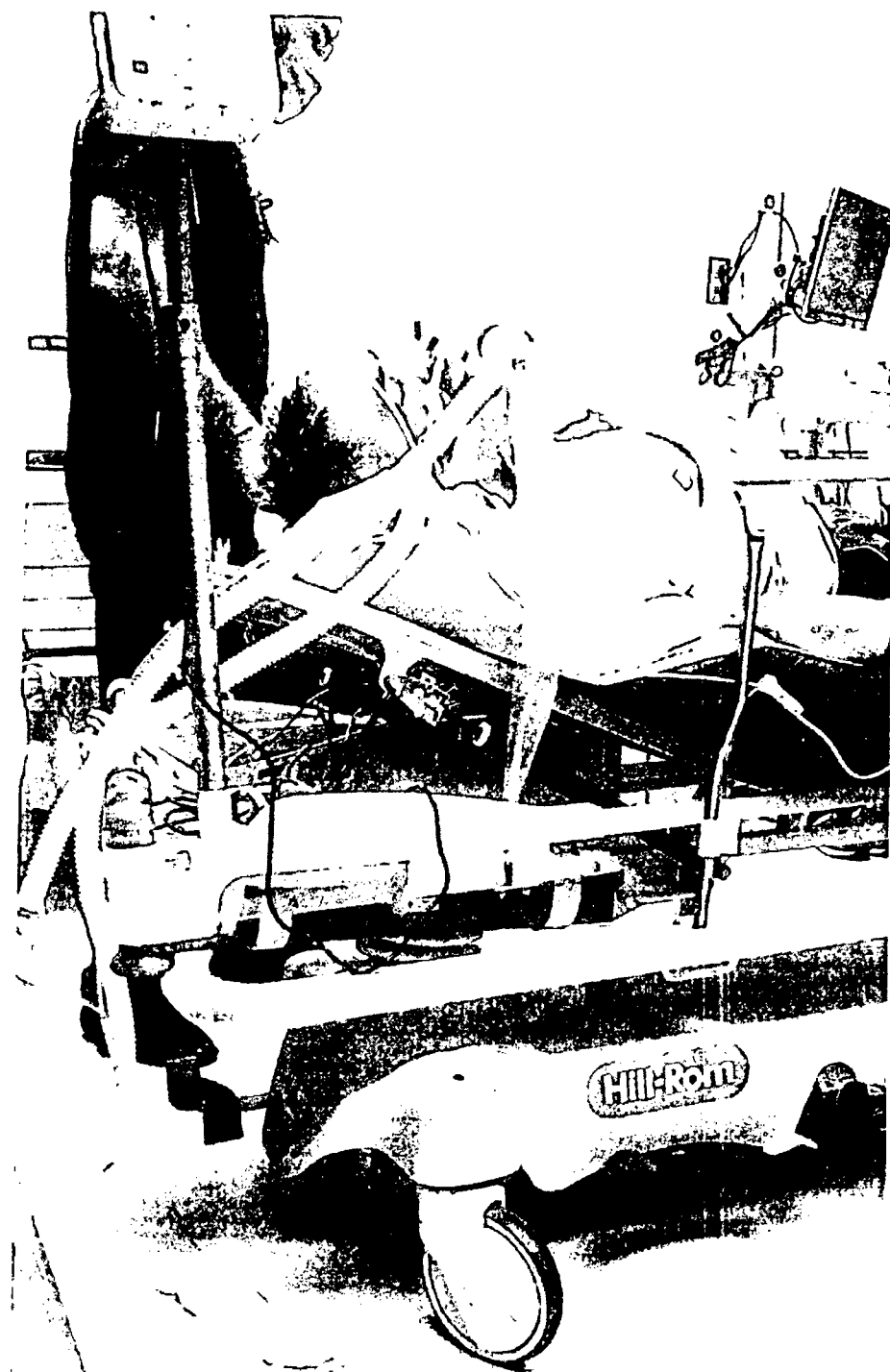


- APPENDIX E. -



— APPENDIX .E. —





- APPENDIX E, -



- APPENDIX E -



— APPENDIX E. —

DATE FILED
January 29, 2024



APPENDIX E