Ayden Shaffer-Doan et v. Richard Grout
2005-418-CD

Folder 1

05-418-CD
A. Shaffer-Doan et al vs. Grout et al

Current Judge: Fredric Joseph Ammerman

Ayden Shaffer-Doan, Timothy Doan, Karen Shaffervs.Richard Grout MD, Sundar Chandrasekhar, DuBois Regional Medical Center, Gateway Area Medical Associates, Inc.

Medical Professional Liability Action

Date		Judge
3/24/2005	New Case Filed.	No Judge
	Filing: Civil Complaint Medical Professional Liability Action, Paid by: Kline & Specter Receipt number: 1897975 Dated: 03/24/2005 Amount: $85.00 (Check)	No Judge
	Certificate of Merit, RE: Four (4) Defendants filed by Atty. Specter no cert. copies.	No Judge
4/8/2005	Praecipe For Entry of Appearance, filed on behalf of DuBois Regional Medical Center, filed by s/ David R. Johnson, Esquire. No CC	No Judge
4/12/2005	Praecipe For Entry of Appearance, filed on behalf of Defendant Gateway Area Medical Associates, Inc. filed by John W. Blasko, Esquire. No CC	No Judge
4/13/2005	Preliminary Objections, Filed by Atty. Johnson 4 Cert. to Atty.	No Judge
4/14/2005	Certificate of Service, copy of Brief In Support of Preliminary Objections, served upon Shanin Specter, Esquire; John W Blasko, Esquire, and Michael A. Sosnowski, Esquire, on April 12, 2005. Filed by s/ Brad R. Korinski, Esquire. No CC	No Judge
4/15/2005	Praecipe For Entry of Appearance, filed on behalf of Defendant Richard Grout, M.D., by s/ Michael A. Sosnowski, Esquire. No CC	No Judge
4/20/2005	Sheriff Return, March 29, 2005 Served The Within Complaint & Certificate of Merit On Richard Grout, M.D. April 19, 2005, Complaint and Certificate of Merit returned "Not Found" as to Sundar Chandrasekhar, M.D. March 29, 2005, served Complaint & Certificate of Merit upon DRMC. March 29, 2005, Complaint & Certificate of Merit on Gateway Area Medical Assoc. So Answers, Chester A. Hawkins, Sheriff by s/Marilyn Hamm.	No Judge
4/22/2005	Answer with New Matter to Plaintiffs' Complaint, filed by s/ John L. Blasko, Esquire, No CC filed.	No Judge
4/26/2005	Certificate of Service, Defendant Gateway Area Medical Associates, Inc.'s Expert Interrogatories, the 25th of April, 2005 to: Shanin Spector, Esquire; Michael Sosnowski, Esquire; and David Johnson, Esquire. filed by s/ John W Blasko, Esquire. No CC	No Judge
	Certificate of Service, Defendant Gateway Area Medical Associates, Inc.'s Request for Production (Set Two), the 25th of April, 2005 to: Shanin Spector, Esquire; Michael Sosnowski, Esquire; and David Johnson, Esquire. filed by s/ John W Blasko, Esquire. No CC	No Judge
	Certificate of Service, Defendant Gateway Area Medical Associates, Inc.'s Request for Production (Set One), the 25th of April, 2005 to: Shanin Spector, Esquire; Michael Sosnowski, Esquire; and David Johnson, Esquire. filed by s/ John W Blasko, Esquire. No CC	No Judge
4/29/2005	Filing: Reinstate Complaint Paid by: Specter, Shanin (attorney for Shaffer-Doan, Ayden) Receipt number: 1900277 Dated: 04/29/2005 Amount: $7.00 (Check). 2CC & 1 Reinstated Complaint to Atty.	No Judge
5/6/2005	Order, AND NOW this 5th day of May, 2005, it is hereby ORDERED, ADJUGED and DECREED that oral argument on def. DuBois Regional Medical Center's preliminary objections to Plaintiffs' complaint, scheduled for the 8th day of June, 2005, at 1:30PM. By the Court, Fredric J. Ammerman, CC Atty Korinski	Fredric Joseph Ammerman
5/10/2005	Plaintiff's Response to Preliminary Objectionsd of Defendant, DuBois Regional Medical Center, filed by Atty. Specter 2 cert. to Atty.	Fredric Joseph Ammerman

Ayden Shaffer-Doan, Timothy Doan, Karen Shaffervs.Richard Grout MD, Sundar Chandrasekhar, DuBois Regional Medical Center, Gateway Area Medical Associates, Inc.

Medical Professional Liability Action

Date		Judge
5/10/2005	Amended Certificate of Merit as to DuBois Regional Mendical Center, filed by Atty. Casey 2 Cert. to Atty.	Fredric Joseph Ammerman
	Certificate of Merit as to Other Licensed Professional, Residents, Nurses, Nurse Practitioners and Other Employees Who Cared for Minor-Plaintiff, filed by Atty. Casey 2 Cert. to Atty.	Fredric Joseph Ammerman
	Plaintiffs' Response to New Matter of Defendant, Gateway Area Medical Associates, Inc., filed by Atty. Specter 2 Cert. to Atty.	Fredric Joseph Ammerman
5/13/2005	Affidavit of Service, Copy of Judge Ammerman's May 5, 2005, Scheduling Order along with a copy of the Preliminary Objections to Plaintiff's Complaint in the above captioned case served upon Shanin Specter, Esq. and Matthew A. Casey, Esq., John W. Blasko, Esq., and Michael A. Sosnowski, Esq. Filed By Brad R. Korinski, Esq. No CC	Fredric Joseph Ammerman
6/2/2005	Verified Return Of Service, Notice to Defendant & Complaint With Exhibits, served on Dr. Chandrasekhar on May 18, 2005. filed by s/ Timothy A. Toomey, Certified Process Server, L.R.I. NO CC	Fredric Joseph Ammerman
6/3/2005	Answer and New Matter to Plaintiffs' Complaint, filed by s/ Michael A. Sosnowski, Esquire. No CC	Fredric Joseph Ammerman
6/9/2005	Order, NOW, this 8th day of June, 2005, following argument on the Preliminary Objections filed on behalf of Def. DuBois Regional Med. Cntr., it is the Order: Defense has withdrawn its Preliminary Objections relative the sufficiency of the Plaintiffs' certificate of merit; The Preliminary Objections filed raising the issue of statute of limitations are dismissed without prefudice to the Def. to raise the issue in another form hereafter. BY THE COURT: /s/ Fredric J. Ammerman, Pres. Judge. 2CC Atty. Specter & Casey, 1CC Sosnowski, D. Johnson, J. Blasko, 1CC Def.	Fredric Joseph Ammerman
	Plaintiffs' Response to New Matter of Defendant Richard Grout, M.D., filed by s/ Matthew A. Casey, Esquire. No CC	Fredric Joseph Ammerman
6/13/2005	Praecipe For Entry of Appearance, filed on behalf of Sundar Chandrasekhar, M.D., Only, Filed by s/ Terry C. Cavanaugh, Esquire. No CC, Copy to C/A	Fredric Joseph Ammerman
6/23/2005	Answer And New Matter to Plaintiffs' Complaint, filed by s/ Terry C. Cavanaugh, Esquire. No CC	Fredric Joseph Ammerman
7/1/2005	Answer and New Matter filed by s/ David R. Johnson, Esquire. No CC	Fredric Joseph Ammerman
7/5/2005	Response To New Matter of Defendant Sundar Chandrasekhar, M.D., filed by Matthew A/ Casey, Esquire. 1CC to Atty	Fredric Joseph Ammerman
7/18/2005	Response To New Matter of Defendant Sundar Chandrasekhar, M.D., filed by s/ Matthew A. Casey, Esquire. No CC	Fredric Joseph Ammerman
8/29/2005	Certificate of Service, filed. That the Request to Plaintiffs for production of Expert Reports, in the above-referenced matter was mailed by regular mail to Shanin Specter Esq., Matthew A. Casey Esq., Terry C. Cavanaugh Esq., Michael Sosnowski Esq., David Johnson Esq., on August 26, 2005 filed by s/ John W. Blasko Esq. No CC.	Fredric Joseph Ammerman
9/1/2005	Motion To Compel, filed by s/ David R. Johnson, Esquire. No CC	Fredric Joseph Ammerman
9/2/2005	Request to Plaintiffs for Production of Expert Reports to Ayden Shaffer-Doan, a minor, by his parents and natural guardians Timothy Doan and Karen Shaffer, and Timothy Doan and Karen Shaffer, in their own rights, plaintiff on August 31, 2005 filed by s/ David R. Johnson Esq. No CC.	Fredric Joseph Ammerman

Ayden Shaffer-Doan, Timothy Doan, Karen Shaffervs.Richard Grout MD, Sundar Chandrasekhar, DuBois Regional Medical Center, Gateway Area Medical Associates, Inc.

Medical Professional Liability Action

Date		Judge
9/6/2005	Motion to Compel Answers t Discovery Requests, filed by Atty. Blasko no cert. copies. (Rule and Order attached)	Fredric Joseph Ammerman
9/7/2005	Order, NOW, this 6th day of September, 2005, it is Ordered that argument on defendant, DuBois Regional Medical Center's Motion to Compel is scheduled to occur on the 27th day of September, 2005 at 10:00 a.m. By The Court, /s/ Fredric J. Ammerman, Pres. Judge. 2CC Atty. Johnson	Fredric Joseph Ammerman
9/9/2005	Rule to Show Cause, AND NOW, this 7th day of September 2005, a Rule is hereby issued to show cause why the Defendant, Gateway Area Medical Associates, Inc's Motion to Compel Answers to Interrogatories and Request for Production of Documents should not be granted. Rule Returnable the 27th day of September 2005 in Courtroom #1 at 10:00. BY THE COURT: /s/ Fredric J. Ammerman. 3CC Atty Blasko	Fredric Joseph Ammerman
9/12/2005	Notice of Service of Answers to Request to Plaintiffs for Production of Expert Reports filed by s/ Michael A. Sosnowski Esq. No CC.	Fredric Joseph Ammerman
	Affidavit of Service filed. Notice has been made by e-mail to plaintiff's attorney and other counsel of Record that argument will occur on DRMC's Motion to compel on September 27, 2005 at 10:00, pursuant to order of court entered September 6, 2005 to Matthew A. Casey Esq., John W. Blasko Esq., Terry Cavanaugh Esq., Michael A. Sosnowski Esq., filed by s/ David R. Johnson Esq. No CC.	Fredric Joseph Ammerman
9/13/2005	Affidavit of Service filed. That a true and correct copy of the Honorable Fredric J. Ammerman's September 7, 2005, Order re defendant Gateway Area Medical Associates Inc's Motion to Compel Answers to Interrogatory and Request for Production of Documents, in the above-captioned case was served on Shanin Specter Esq. and Matthew A. Casey Esq., Michael A. Sosnowski Esq., David R. Johnson Esq., and Terry C. Cavanaugh on September 12, 2005 filed by s/ John W. Blasko Esq. No CC.	Fredric Joseph Ammerman
9/16/2005	Order, NOW, this 15th day of Sept., 2005, following a telephone conference among the Court and counsel in the case, with Counsel for the Plff. having requested that the Court enter an administrative order governing management of the case, and with the Court having received letters from each of counsel setting forth proposed schedules, it is Ordered as follows: (see original). By The Court, /s/ Fredric J. Ammerman, Pres. Judge. 1CC Attys: S. Specter, M. Casey, M. Sosnowski, T. Cavanaugh, D Johnson, J. Blasko	Fredric Joseph Ammerman
10/3/2005	Order NOW, this 27th day of September, 2005, upon written request and agreement of Counsel for all parties to continue argument, scheduled this date, on the Motion to Compel Answers to Interrogatories and Request for production of Documents presented by Defendant Gateway Medical Associates; it is the ORDER of this Court that said argument shall be continued until a motion to reschedule is submitted from Counsel. BY THE COURT: /s/ Fredric J. Ammerman, P. Judge. 1CC attys: S. Specter, M. Casey, Sosnowski, T. Cavanaugh, D. Johnson, J. Blasko	Fredric Joseph Ammerman
10/24/2005	Notice of Depositions of Plaintiffs filed by s/ Michael A. Sosnowski Esq. No CC.	Fredric Joseph Ammerman
1/4/2006	Order, NOW, this 4th day of Jan., 2006, case management conference has been re-scheduled to the 9th day of Feb., 2006 at 1:30 p.m., Courtroom 1. By The Court, Fredric J. Ammerman, Pres. Judge. 1CC Attys: Specter, M. Casey, Sosnowski, Cavanaugh, D. Johnson, Blasko	Fredric Joseph Ammerman

Current Judge: Fredric Joseph Ammerman

Ayden Shaffer-Doan, Timothy Doan, Karen Shaffervs.Richard Grout MD, Sundar Chandrasekhar, DuBois Regional Medical Center, Gateway Area Medical Associates, Inc.

Medical Professional Liability Action

Date		Judge
1/9/2006	Amended Order, NOW, this 4th day of Jan., 2006, case management conference has been re-scheduled to the 9th day of Feb., 2006 at 3:00 p.m., Courtroom no. 1. By The Court, /s/ Fredric J. Ammerman, Pres. Judge. 1CC Attys: S. Specter, M. Casey, Sosnowski, T. Cavanaugh, D. Johnson, J. Blasko	Fredric Joseph Ammerman
2/8/2006	Certificate of Service, filed. That the ANSWERS AND OBJECTIONS TO PLAINTIFFS' INTERROGATORIES AND REQUEST FOR PRODUCTIONS [First Set], in the above-referenced matter to Shanin Specter Esq., Matthew A. Casey Esq., Terry C. Cavanaugh Esq., Michael Sosnowski Esq., and David Johnson Esq., filed by s/ John W. Blasko Esq. No CC.	PFA Hearing Officer
2/13/2006	Order, Now, this 9th day of Feb., 2006, following case management conference among the Court and counsel it is the Order of this Court that the Court's Order of September 15, 2005, paragraph 2 be amended to reflect that by no later than April 15, 2006 the parties shall have completed all discovery in the case. By The Court, /s/ Fredric J. Ammerman, Pres. Judge. 1CC Attys: S. Specter, M. Casey, Sosnowski, Cavanaugh, D. Johnson, Blasko	Fredric Joseph Ammerman
3/15/2006	Motion to Compel Plaintiffs' Depositions, filed on behalf of Richard Grout, M.D. by Atty. Sosnowski	Fredric Joseph Ammerman
3/16/2006	Rule Returnable, NOW, this 16th day of March, 2006, a Rule is granted to show cause why the Motion to Compel Plaintiffs' Depositions on behalf of Def. Richard Grout M.D. should not be granted. This Rule is returnable on the 24th day of March, 2006, at 1:30 p.m. in Courtroom No. 1. By The Court, /s/ Fredric J. Ammerman, Pres. Judge. 1CC Atty. Sosnowski	Fredric Joseph Ammerman
3/27/2006	Praecipe To Withdraw Motion to Compel, Plaintiffs' Depositions, filed by s/ Michael A. Sosnowski, Esquire. No CC	Fredric Joseph Ammerman
	Notice of Depositions of Plaintiffs, filed by s/ Michael A. Sosnowski Esq. No CC.	Fredric Joseph Ammerman
5/19/2006	Amended Order, NOW, this 18th day of May, 2006, it is the Order of this Court as follows: (see original). By The Court, /s/ Fredric J. Ammerman, Pres. Judge. 1CC Attys: Spectoer & Casey Sosnowski, Cavanaugh, Johnson, Blasko	Fredric Joseph Ammerman
8/11/2006	Motion To Compel, filed by s/ Jeanette E. Oliver, Esquire. 1CC Atty	Fredric Joseph Ammerman
8/15/2006	Order, NOW, this 14th day of August, 2006, it is ordered that defendant's motion to compel is granted. Plffs. shall file full and complete answers to defendant's second set of interrogatories and requests for production within 30 days of this order. By The Court, /s/ Fredric J. Ammerman 2CC Atty. Oliver	Fredric Joseph Ammerman
8/25/2006	Affidavit of Service filed. That a true and correct copy of Judge Ammerman's August 14, 2006 order of Court was served upon Plaintiff's Counsel of record, Shanin Specter, filed by s/ Jeanette E. Oliver Esq. No CC.	Fredric Joseph Ammerman
1st Folder 9/29/2006	Exhibit List, filed by s/ Shanin Specter Esq. No CC.	Fredric Joseph Ammerman
	Plaintiffs' Motion For Leave to Amend Their Complaint to Include A Claim For Punitive Damages, filed by s/ Leon Aussprung, Esquire. No CC	Fredric Joseph Ammerman
10/3/2006	Rule to Show Cause, NOW, this 2nd day of Oct., 2006, a Rule is issued upon Defendants. Rule Returnable on the 22nd day of Nov., 2006 at 1:30 p.m. in Courtroom No. 1. By The Court, /s/ Fredric J. Ammerman, Pres. Judge. 1CC Atty. Specter	Fredric Joseph Ammerman

Current Judge: Fredric Joseph Ammerman

Ayden Shaffer-Doan, Timothy Doan, Karen Shaffervs.Richard Grout MD, Sundar Chandrasekhar, DuBois Regional Medical Center, Gateway Area Medical Associates, Inc.

Medical Professional Liability Action

Date		Judge
10/3/2006	Order, NOW, this 2nd day of Oct., 2006, Ordered that the Defendants shall submit a brief to the Court in response to the Plaintiffs' Motion for Leave to Amend their Complaint to Include a Claim for Punitive Damages; Brief is to be received by the Court at leat 15 days before argument on said Motion, which is scheduled for Nov. 22, 2006. By the Court, /s/ Fredric J. Ammerman, Pres. Judge. 1CC to Attys: Shanin Specter and Matthew Casey M. Sosnowski T. Cavanaugh D. Johnson J. Blasko	Fredric Joseph Ammerman
10/4/2006	New Matter Pursuant to Rule 2252 (d) Against Richard Grout, M.D., Sundar Chandrasekhar M.D., and Gateway Area Medical Associates, filed by s/ David R. Johnson Esq. No CC.	Fredric Joseph Ammerman
10/11/2006	Defendant, Gateway Area Medical Associates, Inc.'s Response to Plaintiffs' Motion For Leave to Amend Their Complaint, filed by s/ John W. Blasko, Esquire. No CC	Fredric Joseph Ammerman
11/7/2006	Reply to Plaintiffs' Motion for Leave to Amend Complaint to Include a Claim for Punitive Damages, filed by s/ Michael A. Sosnowski Esq. No CC.	Fredric Joseph Ammerman
	Table of Exhibits, filed by s/ Michael A. Sosnowski Esq. No CC.	Fredric Joseph Ammerman
11/13/2006	Defendant Sundar Chandrasekhar, M.D.'s Response to Plaintiffs' Motion For Leave to amend Their Complaint, filed by s/ Terry C. Cavanaugh, Esquire. No CC	Fredric Joseph Ammerman
11/16/2006 not in file as of 12-5-07	Supplemental Response And Opposition to Plaintiffs' Motion For Leave to Amend Their Complaint to File A Punitive Damages Claim, filed by s/ David R. Johnson, Esquire. No CC	Fredric Joseph Ammerman
11/28/2006	Order, NOW, this 22nd day of Nov., 2006, the Plaintiff withdraws his Motion for Leave to Amend Complaint to Include a Claim For Punitive Damages against Defendant Gateway Area Medical Association, without prejudice. The previously issued Rule to Show Cause in regard to the Motion for Leave to Amend Against Defendant Gateway is dismissed. By the Court, /s/ Fredric J. Ammerman, Pres. Judge. 1CC Attys: S. Specter, M. Casey, M. Sosnowski, T. Cavanaugh, D. Johnson, J. Blasko	Fredric Joseph Ammerman
12/6/2006	Motion for Partial Summary Judgment as to the Vicarious Liability of DuBois Regional Medical Center for Alleged Negligence of Defendant Doctors Grout and Chandrasekhar, filed by s/David R. Johnson, Esq. No CC	Fredric Joseph Ammerman
	Motion for Partial Summary Judgment as to All Claims Brought on Behalf of Parent-Plaintiffs, Karen Shaffer and Timothy Doan, filed by s/David R. Johnson, Esq. No CC	Fredric Joseph Ammerman
12/7/2006	Order, NOW, this 7th day of Dec., 2006, it is Ordered that oral argument on defendant's Motion For Partial Summary Judgment as to The Vicarious Liability of DuBois Regional Medical Center For Alleged Negligence of Defendant Doctors Grout And Chandrasekhar is scheduled for the 30th day of Jan., 2007, at 1:30 p.m. before Judge Reilly in Courtroom No. 3 of the Clfd. Co. Courthouse. By The Court, /s/ Fredric J. Ammerman, Judge. 5CC Atty. Johnson	Fredric Joseph Ammerman

Current Judge: Fredric Joseph Ammerman

Ayden Shaffer-Doan, Timothy Doan, Karen Shaffervs.Richard Grout MD, Sundar Chandrasekhar, DuBois Regional Medical Center, Gateway Area Medical Associates, Inc.

Medical Professional Liability Action

Date		Judge
12/7/2006	Order, NOW, on this 7th day of Dec., 2006, it is Ordered that oral argument on defendant's Motion For Partial Summary Judgment as to All Claims Brought on Behalf of Parent-Plaintiffs, Karen Shaffer And Timothy Doan is scheduled for the 30th day of Jan., 2007, at 1:30 p.m. in Courtroom 3. By The Court, /s/ Fredric J. Ammerman, Pres. Judge	Fredric Joseph Ammerman
12/13/2006	Joiner in Motion for Partial Summary Judgment, filed by Atty. Blasko No cert. copies. (no order attached)	Fredric Joseph Ammerman
	Motion for Partial Summary Judgment, filed by Atty. Sosnowski no cert. copies.	Fredric Joseph Ammerman
12/14/2006	Order, filed Cert. to Atty's S. Specter, M. Sosnowski, T. Cavanaugh, D. Johnson & J. Blasko. NOW, this 13th day of December, 2006, Jury Trial dates are Feb. 20 to Mar. 2, 2007. Pre-Trial Conference will be held on January 20, 2007 Plaintiffs' Motion for Leave to Amend their Complaint to Include a Claim for Punitive Damages be and is hereby DENIED.	Fredric Joseph Ammerman
12/18/2006	Certificate of Service, filed. The Orders attached hereto as Exhibits A and B have been served on all counsel of records, filed by s/ David R. Johnson Esq. No CC.	Fredric Joseph Ammerman
	Order, NOW, this 18th day of Dec., 2006, Ordered that Argument on defendant's Motion For Partial Summary Judgment As to All Claims Brought on Behalf of Parents-Plaintiffs is scheduled for the 30th day of Jan. 2007, at 1:30 p.m. Courtroom 3. By The Court, /s/ Fredric J. Ammerman, Pres. Judge. 1CC Atty. Sosnowski	Fredric Joseph Ammerman
12/21/2006	Plaintiffs' Motion in Limine to Preclude Defendant DuBois Regional Medical Center from Introducitng Testimony of Evidence at Trial Relating to Discounting Minor-Plaintiff's Future Damages to Present Value, filed by Atty. Leon Aussprung 1 Cert. copy to Atty.	Fredric Joseph Ammerman
12/27/2006	Order, this 22nd day of Dec., 2006, it is Ordered that a Settlement Conference is scheduled for the 18th day of Jan., 2007, at 10:00 in Courtroom No. 1. By The Court, /s/ Fredric J. Ammerman, Pres. Judge. 1CC Attys: S. Specter, M. Casey, M. Sosnowski, T. Cavanaugh, D. Johnson, J. Blasko	Fredric Joseph Ammerman
1/2/2007	Plaintiffs' Motion for Continuance fo the January 18, 2007 Settlement Conference, filed by Atty. Aussprong 1 Cert. to Atty.	Fredric Joseph Ammerman
1/3/2007	Answer to Plaintiffs' Motion for Continuance of the January 18, 2007 Settlement Coference, filed by s/ John W. Blasko Esq. No CC.	Fredric Joseph Ammerman
	Certificate of Service of Orders Dated December 7, 2006, filed by Atty. Sosnowski no cert. copies.	Fredric Joseph Ammerman
1/4/2007	Order AND NOW, this 3rd day of January 2007, upon consideration of Plaintiffs' Motion for Continuance of the January 18, 2007 Settlement Conference, it is hereby ORDERED and DECREED that said Settlement Conference is continued and is resheduled for January 16, 2007 at 1:30 p.m. BY THE COURT: /s/ Fredric J. Ammerman, P. Judge. 1CC Atty. Aussprung.	Fredric Joseph Ammerman
1/5/2007	Plaintiffs' Response in Opposition to Motion for Partial Summary Judgment as to Vicarious Liability of Dubois Regional Medical Center for Alleged Negligence of Defendant Doctors Grout and Chandrasekhar, filed by Atty. Rosenbaum 1 Cert. to Atty.	Fredric Joseph Ammerman

Ayder Shaffer-Doan, Timothy Doan, Karen Shaffervs.Richard Grout MD, Sundar Chandrasekhar, DuBois Regional Medical Center, Gateway Area Medical Associates, Inc.

Medical Professional Liability Action

Date		Judge
1/5/2007	Plaintiffs' Response in Opposition to Motions for Partial Summary Judgment as to all Claims Brought on Behalf of Parents-Plaintiffs, Karen Shaffer and Timothy Doan by Defendant DuBois Regional Medical Center, filed by Atty. Rosenbaum. 1 Cert. to Atty.	Fredric Joseph Ammerman
1/12/2007	Plaintiffs' Response in Opposition to the Joinder Motion for Partial Summary Judgment as to all Claims Brought on Behalf of Parent-Plaintiffs as to Gateway Area Medical Associates, Inc., filed by Atty. Rosenbaum 2 Cert. to Atty.	Fredric Joseph Ammerman
	Plaintiffs' Response in Opposition to Motion for Partial Summary Judgment as to all Claims Brought on Behalf of Parent-Plaintiffs of Richard Grout, M.D., filed by Atty. Rosenbaum 2 Cert. to Atty.	Fredric Joseph Ammerman
1/22/2007	Defendant, Sundar Chandrasekhar, M.D.'s Joinder in Motion For Partial Summary Judgment, filed by s/ Terry C. Cavanaugh, Esquire. No CC	Fredric Joseph Ammerman
	Certificate of Service, filed. That true and correct copy of Defendant's Notice of Taking Video Deposition of Dr. Charles Brill, in the above-referenced matter was mailed on this 19th day of January 2007 to Shanin Spencer Esq., Terry C. Cavanaugh Esq., Michael Sosnowski Esq., and David Johnson Esq., filed by s/ John W. Blasko Esq. No CC.	Fredric Joseph Ammerman
1/25/2007	Certificate of Service, filed. That a true and correct copy of Defendant's Amended Notice of Taking Video Deposition of Dr. Charles Brill, in the above-referenced matter was faxed and mailed on this 24th day of January 2007 to Shanin Specter Esq., Terry C. Cavanaugh Esq., Michael Sosnowski Esq., and David Johnson Esq., filed by s/ John W. Blasko Esq. No CC.	Fredric Joseph Ammerman
1/29/2007	Plaintiffs' Emergency Motion to Sever And Stay Claims Concerning Richard Grout, M.D., filed by Atty. from Kline & Spector. 1CC Atty	Fredric Joseph Ammerman
	Suggestion of Bankruptcy, filed by Atty. Sosnowski, No cert. copies.	Fredric Joseph Ammerman
1/31/2007	Praecipe For Entry of Appearance, filed. Kindly enter my appearance as co-counsel for Plaintiff, along with Shanin Specter, Esquire, of Kline & Specter, filed by s/ David C. Mason Esq. 2CC Atty Mason and copy to C/A.	Fredric Joseph Ammerman
	Certificate of Service, filed. Served a true and correct copy of a Praecipe for Entry of Appearance as co-counsel, filed in the above captioned matter on John W. Blasko Esq., David R. Johnson Esq., Fredri Goldfein Esq., Michael Sosnowski Esq. and Terry C. Cavanaugh Esq., filed by s/ David C. Mason Esq. 2CC Atty Mason.	Fredric Joseph Ammerman
2/2/2007	Order, NOW, this 30th day of Jan, 2007, Motion for Summary Judgment as to all claims brought on behalf of Parent/Plaintiff are granted and all claims filed on behalf of Timothy Doan and Karen Shaffer are stricken. By The Court, /s/ John K. Reilly, Jr. 1CC Attys: specter, Casey, Aussprung, Rosenbaum, D. Mason, Sosnowski, T. Cavanaugh, D. Johnson, J. Blasko	John K. Reilly Jr.
2/7/2007	Supplemental Motion For Partial Summary Judgment with Respect to the Claimed Ostensible Agency of Dr. Grout And Dr. Chandrasekhar, filed by s/ David R. Johnson, Esquire. No CC	Fredric Joseph Ammerman
	Praecipe To Amend Caption, filed by s/ intelligible (Attorney for Kline & Specter). No CC	Fredric Joseph Ammerman

Current Judge: Fredric Joseph Ammerman

Ayden Shaffer-Doan, Timothy Doan, Karen Shaffervs.Richard Grout MD, Sundar Chandrasekhar, DuBois Regional Medical Center, Gateway Area Medical Associates, Inc.

Medical Professional Liability Action

Date		Judge
2/9/2007	Order, NOW, this 8th day of Feb., 2007, argument on Supplemental Motion for Partial Summary Judgment with Respect to the Claimed Ostensible Agency of Dr. Grout and Dr. Chandrasekhar, shall be heard by Judge John K. Reilly, Jr. at 9:00 a.m. on Feb. 20, 2007 prior to the commencement of civil trial. By the Court, /s/ Fredric J. Ammerman, Pres. Judge. CC to: Johnson, Specter, Blasko, Cavanaugh, Sosnowski, Mason	Fredric Joseph Ammerman
3/16/2007	Petition For Leave to Approve Settlement of Minor's Action, filed by s/ Kline & Specter, Attys. for Plaintiff. 1CC Atty. Specter	Fredric Joseph Ammerman

3-19-2007 Order Approving Scheduling of Hearing.

KLINE & SPECTER
A PROFESSIONAL CORPORATION

FILED Atty pd. 85.00
m/1:44 BL
MAR 24 2005
William A. Shaw
Prothonotary/Clerk of Courts

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right, Plaintiffs, vs. RICHARD GROUT, M.D. 635 C. Maple Avenue Dubois, PA 15801 and SUNDAR CHANDRASEKHAR, M.D. c/o DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801 and DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801 and GATEWAY AREA MEDICAL ASSOCIATES, INC. 635 C Maple Avenue Dubois, PA 15801	Civil Division No. 05-418-CD **Civil Action - Medical Professional Liability Action** JURY TRIAL DEMANDED TYPE OF PLEADING: COMPLAINT COUNSEL OF RECORD FOR PLAINTIFFS: SHANIN SPECTER, ESQUIRE I.D. No. 40928 MATTHEW A. CASEY, ESQUIRE I.D. No. 84443 **KLINE & SPECTER** **A Professional Corporation** 19th Floor Philadelphia, PA 19102 215-772-1000

NOTICE TO DEFEND

YOU have been sued in Court. If you wish to defend against the claims set forth in the following pages, you must take action within twenty (20) days after this Complaint and Notice are served, by entering a written appearance personally or by attorney and filing in writing with the Court your defenses or objections to the claims set forth against you by the Court without further Notice for any money claimed in the Complaint or for any claim or relief requested by the Plaintiff. You may lose money or property or other rights important to you.

4-29-05 Document
Reinstated/~~Reissued~~ to ~~Sheriff~~/Attorney
for service.
GK
Deputy Prothonotary

YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE OR KNOW A LAWYER, THEN YOU SHOULD GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW TO FIND OUT WHERE YOU CAN GET LEGAL HELP:

DAVID S. MEHOLICK, COURT ADMINISTRATOR - CLEARFIELD COUNTY
COURTHOUSE CLEARFIELD, PA 16830 (814) 765-2641, Ext, 5982

CIVIL ACTION COMPLAINT - MALPRACTICE - MEDICAL [26051]

Plaintiffs, Ayden Shaffer-Doan, a minor, by his parents and natural guardians, Timothy Doan and Karen Shaffer, and Timothy Doan and Karen Shaffer, in their own right, by their attorneys, Kline & Specter, A Professional Corporation, hereby file this Civil Action Complaint and in support thereof state the following:

1. Plaintiff, Ayden Shaffer-Doan, is a minor, having been born on November 18, 2001. Minor-plaintiff resides with his parents and natural guardians, Timothy Doan and Karen Shaffer at R.D. #3, Box 308, Reynoldsville, Jefferson County, Pennsylvania 15851.

2. Defendant, Richard Grout, M.D. ("defendant Grout"), is a physician licensed to practice medicine in the Commonwealth of Pennsylvania. At all times material hereto, defendant Grout held himself out to the plaintiffs and to the public as a specialist in the field of pediatric medicine. Defendant Grout maintains an office for the practice of his specialty located at defendant Hospital and at Gateway Area Medical Associates, Inc., 635 C Maple Avenue, DuBois, Clearfield County, Pennsylvania 15801.

3. Defendant, Sundar Chandrasekhar, M.D. ("defendant Chandrasekhar"), is a physician licensed to practice medicine in the Commonwealth of Pennsylvania. At all times material hereto, defendant Chandrasekhar held himself out to the plaintiffs and the public in general as a specialist in the field of pediatric medicine. At all times material hereto, defendant

Chandrasekhar maintained an office for the practice of medicine at defendant Hospital and at defendant G.A.M.A.

4. Defendant, DuBois Regional Medical Center ("defendant Hospital"), at all times material hereto was a corporation or other jural entity, organized and existing under the laws of the Commonwealth of Pennsylvania, with a principal place of business in DuBois, Clearfield County, Pennsylvania. At all times material hereto, this defendant owned, operated and controlled a hospital located at 100 Hospital Avenue, DuBois, Clearfield County, Pennsylvania 15801.

Defendant, Gateway Area Medical Associates, Inc. ("defendant G.A.M.A."), at all times material hereto was a corporation or other jural entity, organized and existing under the laws of the Commonwealth of Pennsylvania, with a principal place of business in DuBois, Clearfield County, Pennsylvania. At all times relevant hereto defendant G.A.M.A. owned, operated and controlled a medical facility located at 635 C Maple Avenue, DuBois, Clearfield County, Pennsylvania 15801.

6. Plaintiff is asserting a professional liability claim against all defendants and the requisite certificates of merit, pursuant to Pa. R. Civ. P. 1042.3, are attached hereto as Exhibits "A" through "D", respectively.

7. At all times material hereto, defendants Grout and Chandrasekhar were actual and/or ostensible, agents, servants and/or employees of defendant Hospital and/or of defendant G.A.M.A.

OPERATIVE FACTS

8. Minor-plaintiff, Ayden Shaffer-Doan ("minor-plaintiff"), was approximately 18 days of age when he was admitted to Dubois Regional Medical Center in the early morning hours of December 6, 2001.

9. Minor-plaintiff's mother took him to the emergency room at defendant Hospital at around midnight that evening with complaints of diarrhea and decreased oral intake.

10. The triage notes record "reported possible seizure today".

11. Defendant Grout diagnosed minor-plaintiff as suffering from dehydration and admitted him at approximately 3:15 a.m. on December 6, 2001.

12. The nurse's note at 3:30 a.m. describes minor-plaintiff having "twitching of eyes ... rolled eyes back then turned pale to extremities then O2 sat down to 70's".

13. At 5:10 a.m. the nurse's note records "dr [doctor] notified: informed of pt [patient] condition, eye twitching, desats as well as periodic breathing and apneic episodes".

14. The nurse's note at 6:00 a.m. describes minor plaintiff as having a prolonged capillary refill time of 3 seconds and seizure activity.

15. At 7:45 a.m. the nurse's note records "seizure episodes", with his peripheral oxygen saturation (SpO2), measured with a pulse oximeter, dropping into the 70's.

16. At 8:00 a.m. minor-plaintiff had episodes of eye blinking, and at 8:30 a.m., he had periodic breathing, with "brief but frequent episodes".

17. Defendant Grout, upon information and belief, saw minor-plaintiff for the first time the following morning at about 8:00 a.m..

18. The nurse's notes describe seizure activity from 3:30 a.m. through 8:30 a.m., and the 8:00 a.m. nurse's note indicates that minor-plaintiff had two of these episodes while defendant Grout was in the room.

19. Defendant Grout ordered caffeine for minor-plaintiff at 8:00 a.m., presumably to treat the periodic breathing.

20. Defendant Grout's admit note, dictated at 8:29 a.m., describes minor-plaintiff's neurologic status as "drifts off to sleep unless stimulated".

21. Seizures were not discussed, diagnosed, investigated or treated, despite unambiguous evidence of seizure-like activity.

22. Instead of addressing seizures, defendant Grout ordered a chest x-ray and a renal ultrasound, neither of which investigate abnormal movements, seizures or a neurologic abnormality.

23. Minor-plaintiff continued to have evidence of seizure-like activity during the morning of December 6.

24. Between 9:00 a.m. and noon, he had repeated episodes of periodic breathing and desaturation to SpO2 of 70. These episodes were documented at 9:00, 9:30, 11:15, 11:25, 11:45 and 11:55 a.m., and at 12:00, 12:15, 12:20, 12:25, 12:40 and 12:45 p.m.

25. Despite receiving oxygen at 2 liters/minute, minor-plaintiff continued to have periods of desaturation.

26. Defendant Grout performed a lumbar puncture at about 1:00 p.m. on December 6th.

27. Despite data showing that minor-plaintiff was in status epilepticus, including desaturation episodes, lack of normal activity, lack of feeding and twitching, defendant Grout and the nursing staff still failed to investigate, diagnose and/or treat seizures.

28. Minor-plaintiff continued to have periodic breathing and desaturation episodes throughout the afternoon of the 6th. He was described as having "frequent desats, periodic breathing".

29. Minor-plaintiff had severe desaturation episodes recorded at 2:00, 3:40, 4:00, 4:10, 6:05, 7:10 and 7:30 p.m.

30. Minor-plaintiff, during the early evening hours of December 6th, had gone almost 16 hours without return to his neurologic baseline.

31. At 11:00 p.m. on December 6th, minor-plaintiff had tremors and, at 11:30 p.m., he had another desaturation episode.

32. At approximately 2:47 a.m. on December 7th, minor-plaintiff had an episode of eye twitching, after which his left pupil became dilated.

33. At 3:30 a.m., his left pupil was still larger than the right, and it reacted sluggishly to light.

34. At 4:00 a.m. minor-plaintiff's eyes were twitching, he had tremors, and his left pupil was more sluggish.

35. The nurse's note at 4:15 a.m. states " dr notified: pt having left pupil slightly more dilated & slightly sluggish ... Continues to have focal seizure (sic) and tremors of extremities ... Apneic episodes & periodic breathing".

36. A telephone order was given by defendant Chandrasekhar, who was apparently covering for defendant Grout, to order a cranial sonogram and EEG in the morning. Niether defendant Chandrasekhar, nor any other physician, saw minor-plaintiff until the next morning.

37. The nurse's 6:00 a.m. note from December 7th note records "awake thru night ...having ? focal seizures ... Continues to have episodes of periodic breathing, occasional apneic episodes ... HR irregular".

38. At 8:10 a.m., minor-plaintiff had another episode of mouth movements, arm movements and blinking. He had bradycardia at 5:00, 6:00, 6:40 and 8:10 a.m.. The nurse's notes record "having periods of posturing and flexing of arms that resemble seizures".

39. Defendant Chandrasekhar was present during an episode at 8:00 a.m., but ordered no treatment to stop seizures.

40. Despite the duration of his recurrent episodes (28 hours by 8 a.m. on December 7) and the severity of his compromise, neither Defendant Chandrasekhar nor Defendant Grout nor the nursing staff recognized the severity of minor-plaintiff's condition, and all defendants failed to timely institute required and appropriate treatment.

41. At 8:00 a.m., a CT scan of minor-plaintiff's head was ordered.

42. Despite minor-plaintiff's dilated and poorly reactive pupil, continued compromise and abnormal neurologic exam, no treatment for cerebral edema was ordered.

43. Defendants were so far from appreciating the severity of minor -plaintiff's condition that an order was sent by FAX to allow minor-plaintiff to breast feed. A nurse signed this order at 9:15 a.m. on December 7.

44. As the morning progressed, minor-plaintiff continued to deteriorate. He was clearly demonstrating ominous signs of evolving and impending neurologic, respiratory and circulatory failure, all of which went untreated.

45. It was not until approximately 11:22 a.m. that phenobarbital was given.

46. At approximately noon, minor-plaintiff had a CT scan. While it demonstrated cerebral edema, it was read as demonstrating subarachnoid hemorrhage.

47. Defendant Grout was called at approximately 1:15 p.m., and initiated arrangements to transfer minor-plaintiff to another hospital.

48. The transport team from Children's Hospital of Pittsburgh was called.

49. When the transport team arrived at approximately 2:50 p.m., they discovered a moribund, nearly dead baby, in whom they had to start CPR within minutes of their arrival.

50. Minor-plaintiff was in profound shock.

51. He was cold and obtunded, with weak pulses and a capillary refill time of 4-5 seconds; his temperature was 30 degrees.

52. No vital signs were documented by the nurses between approximately 5:00 a.m. and the arrival of the transport team.

53. Minor-plaintiff's abnormal movements and respiratory pattern were never evaluated by EEG or by a neurologist at defendant Hospital.

54. Minor-plaintiff was allowed by the nurses at defendant Hospital and by defendants Grout and Chandrasekhar to have untreated, recurrent and/or continuous seizures for most of 30 hours.

55. As a result, minor-plaintiff was caused to have profound encephalomalacia and other permamanent and catastrophic injuries.

56. Defendant Grout, defendant Chandrasekhar, and the nurses at defendant Hospital failed to treat minor-plaintiff's cardiopulmonary compromise, profound shock, and respiratory failure.

57. Minor-plaintiff's permanent brain damage and other injuries and damages set forth below were caused solely and wholly by reason of the negligence and carelessness of the defendants, as set forth more fully below, and were not caused or contributed thereto by any negligence on the part of the plaintiffs.

58. As a direct result of the negligence and carelessness of the defendants as set forth below, minor-plaintiff suffered injuries to the bones, muscles, nerves, nervous system, brain, tendons, tissues and blood vessels of his body, including, but not limited to, permanent and catastrophic brain damage, spastic quadriplegia, with its attendant signs, symptoms and sequelae together with severe shock, weakness, emotional and psychological injuries, blindness and other physical and emotional injuries and upset, the full extent of which are not yet known and some or a of which may be permanent in nature.

59. As a direct result of the negligence and carelessness of the defendants as set forth below, minor-plaintiff may be confined to a wheelchair for the remainder of his life.

60. As a direct result of the negligence and carelessness of defendants as set forth below, minor-plaintiff has suffered injuries which have precluded him and may in the future continue to preclude him from enjoying fully the ordinary pleasures of life and participating in

his ordinary activities and avocations; further, he has suffered and may in the future continue to undergo pain, suffering, embarrassment, depression, anxiety, bodily deformation, disability, mental anguish, loss of "well-being", and other such intangible losses, some or all of which may be permanent in nature.

61. As a direct result of the negligence and carelessness of the defendants as set forth below, plaintiffs Karen Shaffer and Timothy Doan, on behalf of their minor son, Ayden Shaffer-Doan, have incurred in the past and may in the future continue to incur substantial medical and medically-related expenses including, but not limited to, expenditures for medicine, hospitalizations, medical and surgical care, testing, physical therapy, occupational therapy, rehabilitative care, equipment and other care to attend to, treat, and attempt to alleviate, minimize and/or cure their son's conditions.

62. As a direct result of the negligence and carelessness of defendants as set forth below, minor-plaintiff may in the future incur substantial medical and medically-related expenses including but not limited to, expenditures for medicine, hospitalizations, medical and surgical care, testing, physical therapy, occupational therapy, rehabilitative care, equipment and other care to attend to, treat, and attempt to alleviate, minimize, and/or cure his condition.

63. As a direct result of the negligence and carelessness of defendants as set forth below, minor-plaintiff has been prevented in the past and may in the future continue to be prevented from performing his usual duties, occupations, and avocations.

64. As a direct result of the negligence and carelessness of defendants as set forth below, minor-plaintiff has suffered in the past and may in the future continue to suffer a loss of

earnings and earning capacity.

COUNT ONE - Negligence
Plaintiffs, Ayden Shaffer-Doan, a minor, by his parents and natural guardians, Timothy Doan and Karen Shaffer, and Timothy Doan and Karen Shaffer, in their own right vs. Richard Grout, M.D and Sundar Chandrasekhar, M.D.

65. Plaintiffs incorporate paragraphs 1 through 64 as if fully set forth herein.

66. Defendant Grout Hospital and defendant Chandrasekhar were careless and negligent in one or more of the following particular respects:

a. failure to ensure that minor-plaintiff was in the hands of appropriately trained and experienced physicians;
b. failure to properly supervise resident physicians at defendant hospital;
c. failure to properly supervise nurses at the hospital;
d. failure to keep apprised of and/or be aware of the condition of minor-plaintiff;
e. failure to properly instruct the nursing staff and/or resident physicians with respect to the management of minor plaintiff's care;
f. failure to properly instruct the nursing staff and/or resident physicians with respect to the conditions under which seizure required urgent neurological intervention;
g. failure to properly instruct the nursing staff with respect to the circumstances under which physicians should be called for evaluation;
h. failure to properly instruct the nursing staff with respect to the circumstances under which attending physicians should be called for evaluation;
i. failure to be aware of and/or respond promptly to minor-plaintiff's condition;
j. failure to prevent hyponatremic encephalopathy;
k. causing acute hyponatremia;
l. failure to diagnose hyponatremia;
m. failure to treat and correct hyponatremia;
o. failure to properly estimate the degree of dehydration;
p. failure to calculate a fluid deficit;
q. failure to identify the type of dehydration involved;
r. failure to diagnose and treat shock;
s. causing fluid overload;
t. failure to obtain a STAT neurological consult;
u. failure to timely arrange for transfer;
v. failure to appreciate the severity of minor-plaintiff's condition;
w. failure to prevent neurological emergency;
x. failure to get a STAT EEG;

y. failure to consult with a neurologist;
z. failure to investigate seizures;
aa. failure to diagnose seizures;
bb. failure to treat seizures;
cc. failure to recognize signs and symptoms of seizures;
dd. failure to order proper diagnostic tests in the face of seizures;
ee. failure to recognize status epilepticus;
ff. failure to prevent status epilepticus;
gg. failure to treat desaturation;
hh. failure appreciate the significant of periodic breathing episodes;
ii. failure to prevent neurologic emergency;
jj. failure to recognize an abnormal neurologic exam;
kk. failure to recognize signs and symptoms of systemic compromise;
ll. failure to come into the hospital in the face of neurologic abnormalities;
mm. failure to timely treat seizures;
nn. failure to timely treat cardiorespiratory failure;
oo. failure to prevent cardiorespiratory failure;
pp. failure to recognize and treat cardiorespiratory compromise;
qq. failure to recognize and treat cerebral edema;
rr. failure to prevent cerebral edema;
ss. failure to recognize the significance of minor-plaintiff's dilated pupil;
tt. failure to diagnose and treat hyponatremia;
uu. failure to timely give phenobarbitol;
vv. failure to timely transfer to the appropriate medical center; and
ww. failure to recognize and treat abnormal respiratory patterns.

67. Defendant Grout and defendant Chandrasekhar undertook and/or assumed a duty to render reasonable, proper, adequate, and appropriate care to plaintiffs and to avoid harm to them, which duty was breached by defendant Grout and defendant Chandrasekar.

68. Plaintiffs relied on the knowledge, treatment, and advice of defendant Grout and defendant Chandrasekhar.

69. The carelessness and negligence of defendant Grout and defendant Chandrasekhar, as set forth above, increased the risk of harm and was a substantial factor in causing the injuries and damages suffered by plaintiffs.

WHEREFORE, plaintiffs demand damages against defendant Grout and defendant Chandrasekhar, in an amount in excess of Fifty Thousand ($50,000.00) Dollars, and in excess of the prevailing arbitration limits, exclusive of prejudgment interest, post-judgment interest and costs.

COUNT TWO - Negligence
Plaintiffs, Ayden Shaffer-Doan, a minor, by his parents and natural guardians, Timothy Doan and Karen Shaffer, and Timothy Doan and Karen Shaffer, in their own right vs.
DuBois Regional Medical Center and Gateway Area Medical Associates, Inc.

70. Plaintiffs incorporate paragraphs 1 through 69 as if fully set forth herein.

71. Defendant Hospital and defendant G.A.M.A., individually, and acting through their authorized agents, servants, workmen, and employees, were careless and negligent in one or more of the following particular respects:

a. failure to ensure that minor-plaintiff was in the hands of appropriately trained and experienced physicians;
b. failure to properly supervise resident physicians at defendant hospital;
c. failure to properly supervise nurses at the hospital;
d. failure to keep apprised of and/or be aware of the condition of minor-plaintiff;
e. failure to properly instruct the nursing staff and/or resident physicians with respect to the management of minor plaintiff's care;
f. failure to properly instruct the nursing staff and/or resident physicians with respect to the conditions under which seizure required urgent neurological intervention;
g. failure to properly instruct the nursing staff with respect to the circumstances under which physicians should be called for evaluation;
h. failure to properly instruct the nursing staff with respect to the circumstances under which attending physicians should be called for evaluation;
i. failure to be aware of and/or respond promptly to minor-plaintiff's condition;
j. failure to prevent hyponatremic encephalopathy;
k. causing acute hyponatremia;
l. failure to diagnose hyponatremia;
m. failure to treat and correct hyponatremia;

o. failure to properly estimate the degree of dehydration;
p. failure to calculate a fluid deficit;
q. failure to identify the type of dehydration involved;
r. failure to diagnose and treat shock;
s. causing fluid overload;
t. failure to obtain a STAT neurological consult;
u. failure to timely arrange for transfer;
v. failure to appreciate the severity of minor-plaintiff's condition;
w. failure to prevent neurological emergency;
x. failure to get a STAT EEG;
y. failure to consult with a neurologist;
z. failure to investigate seizures;
aa. failure to diagnose seizures;
bb. failure to treat seizures;
cc. failure to recognize signs and symptoms of seizures;
dd. failure to order proper diagnostic tests in the face of seizures;
ee. failure to recognize status epilepticus;
ff. failure to prevent status epilepticus;
gg. failure to treat desaturation;
hh. failure appreciate the significant of periodic breathing episodes;
ii. failure to prevent neurologic emergency;
jj. failure to recognize an abnormal neurologic exam;
kk. failure to recognize signs and symptoms of systemic compromise;
ll. failure to come into the hospital in the face of neurologic abnormalities;
mm. failure to timely treat seizures;
nn. failure to timely treat cardiorespiratory failure;
oo. failure to prevent cardiorespiratory failure;
pp. failure to recognize and treat cardiorespiratory compromise;
qq. failure to recognize and treat cerebral edema;
rr. failure to prevent cerebral edema;
ss. failure to recognize the significance of minor-plaintiff's dilated pupil;
tt. failure to diagnose and treat hyponatremia;
uu. failure to timely give phenobarbitol;
vv. failure to timely transfer to the appropriate medical center; and
ww. failure to recognize and treat abnormal respiratory patterns.

72. Defendant Hospital and defendant G.A.M.A. undertook and/or assumed a duty to render reasonable, proper, adequate, and appropriate care to plaintiffs and to avoid harm to them, which duty was breached by defendants.

73. Plaintiffs relied on the knowledge, treatment, and advice of defendant Hospital and defendant G.A.M.A.

74. The carelessness and negligence of defendant Hospital and defendant G.A.M.A., as set forth above, increased the risk of harm and was a substantial factor in causing the injuries and damages suffered by plaintiffs.

WHEREFORE, plaintiffs demand damages against defendant Hospital and defendant G.A.M.A. in an amount in excess of Fifty Thousand ($50,000.00) Dollars, and in excess of the prevailing arbitration limits, exclusive of prejudgment interest, post-judgment interest and costs.

COUNT THREE: Negligence of Defendant Dubois Regional Medical Center under Thompson v. Nason
Plaintiffs, Ayden Shaffer-Doan, a minor, by his parents and natural guardians, Timothy Doan and Karen Shaffer, and Timothy Doan and Karen Shaffer, in their own right vs. Dubois Regional Medical Center

75. The paragraphs and allegations stated above are incorporated hereby by reference and made a part hereof as if set forth in full.

76. Defendant, Dubois Regional Medical Center, individually, and acting through their authorized agents servants, workmen and employees were careless and negligent in one or more of the following particular respects:

a. failing to have physicians appropriate in number, training and/or experience to diagnose, attend to and treat minor-plaintiff and/or make decisions regarding his care, when they knew or should have known of the lack of such measures and the need for such measures;
b. failing to ensure that minor-plaintiff received appropriate attention from appropriately trained, credentialed and experienced physicians in a prompt manner under the circumstances set forth above, when they knew or should have known of the lack of such measures and the need for such measures;
c. failing to adopt and/or enforce appropriate rules, guidelines, procedures or protocols with respect to the management of patients and/or transfer of

patients such as minor-plaintiff by appropriately trained physicians when they knew or should have known of the lack of such measures and the need for such measures;

d. failing to adopt and/or enforce appropriate rules, guidelines, procedures or protocols with respect to communication between and among health care professionals and transferring patients such as minor-plaintiff when they knew or should have known of the lack of such measures and the need for such measures;

e. failing to adopt and/or enforce appropriate rules, guidelines, procedures or protocols with respect to determining when, for patients like minor-plaintiff, there was a neurological emergency when they knew or should have known of the lack of such measures and the need for such measures;

f. failing to adopt and/or enforce appropriate rules, guidelines, procedures or protocols with respect to having physicians on-call and in the hospital during over-night hours when they knew or should have known of the lack of such measures and the need for such measures;

g. failing to adopt and/or enforce appropriate rules, guidelines, procedures or protocols with respect to the administration of appropriate medications for seizure activity in patients like minor-plaintiff when they knew or should have known of the lack of such measures and the need for such measures

h. failing to adopt and/or enforce rules, guidelines, procedures or appropriate protocols with respect to the involvement of attending physicians in the care of a patient such as minor-plaintiff and/or the supervision of residents and nurses in their care of patients such as minor-plaintiff when they knew or should have known of the lack of such measures and the need for such measures;

j. failing to have and to maintain appropriate facilities and equipment that would have enabled physicians to perform a timely evaluation of minor-plaintiff;

k. failing to ensure that appropriate facilities and equipment were immediately available at the hospital for evaluation and treatment of minor-plaintiff;

l. failing to have appropriate staff, including physicians, nursing staff and other personnel available for evaluation of minor-plaintiff;

m. accepting minor-plaintiff as a patient when they knew or should have known that they did not have appropriate facilities, equipment and/or healthcare professionals to attend to him and provide to him the level of care he needed and/or and the level of care it should have been anticipated he may need;

n. failing to select and retain only competent physicians, nurses and others;

o. failing to oversee all persons who practice medicine within its walls as to patient care; and

p. failing to formulate, adopt, and enforce adequate rules and policies to

ensure quality care for patients including failure to adopt policies, procedures, guidelines such as those plead above in paragraphs a through.

77. Defendant Hospital undertook and/or assumed a duty to render reasonable, proper, adequate and appropriate medical care to plaintiffs and to avoid harm to them, which duty was breached by defendant Hospital.

78. Plaintiffs relied on the knowledge, treatment and advice of defendant Hospital.

79. The carelessness and negligence of defendant Hospital, as set forth above, increased the risk of harm and was a substantial factor in causing the injuries and damages suffered by plaintiffs as set forth more fully above.

WHEREFORE, plaintiffs demand damages against defendant, Dubois Regional Medical Center, in an amount in excess of Fifty Thousand ($50,000.00) Dollars, and in excess of the prevailing arbitration limits, exclusive of prejudgment interest, post-judgment interest and costs.

COUNT FOUR: Negligence of Dubois Regional Medical Center for the Acts of its Residents, Nurses, Nurse Practitioners and Other Employees Who Cared for Minor-plaintiff
Plaintiffs V. Dubois Regional Medical Center

80. The paragraphs and allegations stated above are incorporated hereby by reference and made a part hereof as if set forth in full.

81. Defendant Dubois Regional Medical Center, acting through its authorized agents servants, workmen and employees were careless and negligent in one or more of the following particular respects:

a. failure to ensure that minor-plaintiff was in the hands of appropriately trained and experienced physicians;
b. failure to properly supervise resident physicians at defendant hospital;
c. failure to properly supervise nurses at the hospital;

d. failure to keep apprised of and/or be aware of the condition of minor-plaintiff;
e. failure to properly instruct the nursing staff and/or resident physicians with respect to the management of minor plaintiff's care;
f. failure to properly instruct the nursing staff and/or resident physicians with respect to the conditions under which seizure required urgent neurological intervention;
g. failure to properly instruct the nursing staff with respect to the circumstances under which physicians should be called for evaluation;
h. failure to properly instruct the nursing staff with respect to the circumstances under which attending physicians should be called for evaluation;
i. failure to be aware of and/or respond promptly to minor-plaintiff's condition;
j. failure to prevent hyponatremic encephalopathy;
k. causing acute hyponatremia;
l. failure to diagnose hyponatremia;
m. failure to treat and correct hyponatremia;
o. failure to properly estimate the degree of dehydration;
p. failure to calculate a fluid deficit;
q. failure to identify the type of dehydration involved;
r. failure to diagnose and treat shock;
s. causing fluid overload;
t. failure to obtain a STAT neurological consult;
u. failure to timely arrange for transfer;
v. failure to appreciate the severity of minor-plaintiff's condition;
w. failure to prevent neurological emergency;
x. failure to get a STAT EEG;
y. failure to consult with a neurologist;
z. failure to investigate seizures;
aa. failure to diagnose seizures;
bb. failure to treat seizures;
cc. failure to recognize signs and symptoms of seizures;
dd. failure to order proper diagnostic tests in the face of seizures;
ee. failure to recognize status epilepticus;
ff. failure to prevent status epilepticus;
gg. failure to treat desaturation;
hh. failure appreciate the significant of periodic breathing episodes;
ii. failure to prevent neurologic emergency;
jj. failure to recognize an abnormal neurologic exam;
kk. failure to recognize signs and symptoms of systemic compromise;
ll. failure to come into the hospital in the face of neurologic abnormalities;
mm. failure to timely treat seizures;

nn. failure to timely treat cardiorespiratory failure;
oo. failure to prevent cardiorespiratory failure;
pp. failure to recognize and treat cardiorespiratory compromise;
qq. failure to recognize and treat cerebral edema;
rr. failure to prevent cerebral edema;
ss. failure to recognize the significance of minor-plaintiff's dilated pupil;
tt. failure to diagnose and treat hyponatremia;
uu. failure to timely give phenobarbitol;
vv. failure to timely transfer to the appropriate medical center; and
ww. failure to recognize and treat abnormal respiratory patterns.

82. Defendant Hospital undertook and/or assumed a duty to render reasonable, proper, adequate and appropriate medical care to plaintiffs and to avoid harm to them, which duty was breached by defendants.

83. Plaintiffs relied on the knowledge, treatment and advice of defendant Hospital.

84. The carelessness and negligence of defendant Hospital, as set forth above, increased the risk of harm and was a substantial factor in causing the injuries and damages suffered by plaintiffs as set forth more fully above.

WHEREFORE, plaintiffs demand damages against defendant Dubois Regional Medical Center, in an amount in excess of Fifty Thousand ($50,000.00) Dollars, and in excess of the prevailing arbitration limits, exclusive of prejudgment interest, post-judgment interest and costs.

KLINE & SPECTER
A Professional Corporation

By: _____
SHANIN SPECTER, ESQUIRE
MATTHEW A. CASEY, ESQUIRE
Attorneys for Plaintiffs

Dated:

KLINE & SPECTER
A PROFESSIONAL CORPORATION

VERIFICATION

I, Karen Shaffer, hereby verify that I am the plaintiff in this action, and that the statements made in the foregoing Civil Action Complaint are true and correct, to the best of my knowledge, information and belief. The language of the document is that of counsel and not of the affiant. To the extent that the contents of the document are based on information furnished to counsel and obtained by him during the course of this lawsuit, the affiant has relied upon counsel in taking this verification. All statements are founded upon reasonable belief. This verification is made subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.

Karen Shaffer
KAREN SHAFFER

DATED: 3-23-05

KLINE & SPECTER
A PROFESSIONAL CORPORATION

VERIFICATION

I, Timothy Doan, hereby verify that I am the plaintiff in this action, and that the statements made in the foregoing Civil Action Complaint are true and correct, to the best of my knowledge, information and belief. The language of the document is that of counsel and not of the affiant. To the extent that the contents of the document are based on information furnished to counsel and obtained by him during the course of this lawsuit, the affiant has relied upon counsel in taking this verification. All statements are founded upon reasonable belief. This verification is made subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.

Timothy Doan

TIMOTHY DOAN

DATED:

A

A

KLINE & SPECTER
A PROFESSIONAL CORPORATION

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

A

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	Civil Division
Plaintiffs,	**Civil Action - Medical Professional Liability Action**
vs.	
RICHARD GROUT, M.D. 635 C. Maple Avenue Dubois, PA 15801	JURY TRIAL DEMANDED
and	TYPE OF PLEADING: COMPLAINT
SUNDAR CHANDRASEKHAR, M.D. c/o DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	COUNSEL OF RECORD FOR PLAINTIFFS: SHANIN SPECTER, ESQUIRE I.D. No. 40928 MATTHEW A. CASEY, ESQUIRE I.D. No. 84443
and	
DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	**KLINE & SPECTER** **A Professional Corporation** 19th Floor Philadelphia, PA 19102 215-772-1000
and	
GATEWAY AREA MEDICAL ASSOCIATES, INC. 635 C Maple Avenue Dubois, PA 15801	

Certificate of Merit as to Richard Grout, M.D.

I, Matthew A. Casey, certify that:

An appropriate licensed professional has supplied a written statement to the undersigned that there is a basis to conclude that the care, skill or knowledge exercised or exhibited by this defendant in the treatment, practice or work that is the subject of the complaint, fell outside acceptable professional standards and that such conduct was a cause in bringing about the harm.

Date: 3-23-05

MATTHEW A. CASEY, ESQUIRE

B

B

KLINE & SPECTER
A PROFESSIONAL CORPORATION

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

B

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	Civil Division
Plaintiffs,	**Civil Action - Medical Professional Liability Action**
vs.	
RICHARD GROUT, M.D. 635 C. Maple Avenue Dubois, PA 15801	JURY TRIAL DEMANDED
and	TYPE OF PLEADING: COMPLAINT
SUNDAR CHANDRASEKHAR, M.D. c/o DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	COUNSEL OF RECORD FOR PLAINTIFFS: SHANIN SPECTER, ESQUIRE I.D. No. 40928 MATTHEW A. CASEY, ESQUIRE I.D. No. 84443
and	
DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	**KLINE & SPECTER** **A Professional Corporation** 19th Floor Philadelphia, PA 19102 215-772-1000
and	
GATEWAY AREA MEDICAL ASSOCIATES, INC. 635 C Maple Avenue Dubois, PA 15801	

Certificate of Merit as to Sundar Chandrasekhar, M.D.

I, Matthew A. Casey, certify that:

An appropriate licensed professional has supplied a written statement to the undersigned that there is a basis to conclude that the care, skill or knowledge exercised or exhibited by this defendant in the treatment, practice or work that is the subject of the complaint, fell outside acceptable professional standards and that such conduct was a cause in bringing about the harm.

Date: 3-23-05

Matth C

MATTHEW A. CASEY, ESQUIRE

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KLINE & SPECTER
A PROFESSIONAL CORPORATION

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

C

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	Civil Division
Plaintiffs,	**Civil Action - Medical Professional Liability Action**
vs.	
RICHARD GROUT, M.D. 635 C. Maple Avenue Dubois, PA 15801	JURY TRIAL DEMANDED
and	TYPE OF PLEADING: COMPLAINT
SUNDAR CHANDRASEKHAR, M.D. c/o DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	COUNSEL OF RECORD FOR PLAINTIFFS: SHANIN SPECTER, ESQUIRE I.D. No. 40928 MATTHEW A. CASEY, ESQUIRE I.D. No. 84443
and	
DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	**KLINE & SPECTER** **A Professional Corporation** 19th Floor Philadelphia, PA 19102 215-772-1000
and	
GATEWAY AREA MEDICAL ASSOCIATES, INC. 635 C Maple Avenue Dubois, PA 15801	

Certificate of Merit as to Dubois Regional Medical Center

I, Matthew A. Casey, certify that:

The claim that this defendant deviated from an acceptable professional standard is based solely on allegations that other licensed professionals for whom this defendant is responsible deviated from an acceptable professional standard and an appropriate licensed professional has supplied a written statement to the undersigned that there is a basis to conclude that the care, skill

or knowledge exercised or exhibited by the other licensed professionals in the treatment, practice or work that is the subject of this complaint, fell outside acceptable professional standards and that such conduct was a cause in bringing about the harm.

Date: 3-23-05

Matth C

MATTHEW A. CASEY, ESQUIRE

D

D

KLINE & SPECTER
A PROFESSIONAL CORPORATION

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

D

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	Civil Division
Plaintiffs,	**Civil Action - Medical Professional Liability Action**
vs.	
RICHARD GROUT, M.D. 635 C. Maple Avenue Dubois, PA 15801	JURY TRIAL DEMANDED
and	TYPE OF PLEADING: COMPLAINT
SUNDAR CHANDRASEKHAR, M.D. c/o DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	COUNSEL OF RECORD FOR PLAINTIFFS: SHANIN SPECTER, ESQUIRE I.D. No. 40928 MATTHEW A. CASEY, ESQUIRE I.D. No. 84443
and	
DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	**KLINE & SPECTER** **A Professional Corporation** 19th Floor Philadelphia, PA 19102 215-772-1000
and	
GATEWAY AREA MEDICAL ASSOCIATES, INC. 635 C Maple Avenue Dubois, PA 15801	

Certificate of Merit as to Gateway Area Medical Associates

I, Matthew A. Casey, certify that:

The claim that this defendant deviated from an acceptable professional standard is based solely on allegations that other licensed professionals for whom this defendant is responsible deviated from an acceptable professional standard and an appropriate licensed professional has supplied a written statement to the undersigned that there is a basis to conclude that the care, skill

or knowledge exercised or exhibited by the other licensed professionals in the treatment, practice or work that is the subject of this complaint, fell outside acceptable professional standards and that such conduct was a cause in bringing about the harm.

Date: 3-23-05

MATTHEW A. CASEY, ESQUIRE

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

COVER SHEET

No. 05-418-CD

Type of Case: Civil Action - Medical Professional Liability Action

Type of Pleadings: Complaint w/Jury Trial Demand

Filed on Behalf of: Plaintiffs

Counsel of Record for Plaintiff: Shanin Specter, Esquire and Matthew A. Casey, Esquire

Parties:

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,

Plaintiffs,

vs.

RICHARD GROUT, M.D.; SUNDAR CHANDRASEKHAR, M.D., DUBOIS REGIONAL MEDICAL CENTER AND GATEWAY AREA MEDICAL ASSOCIATES, INC.

Defendants.

Attorneys/Firm: Shanin Specter, Esquire
I.D. No. 40928
Matthew A. Casey, Esquire
I.D. No. 84443
Kline & Specter
A Professional Corporation
1525 Locust Street
Philadelphia, PA 19102
215-772-1000

Matt C

SHANIN SPECTER, ESQUIRE
MATTHEW A. CASEY, ESQUIRE
Attorneys for Plaintiffs

Dated: 3-23-05

KLINE & SPECTER
A PROFESSIONAL CORPORATION

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right, Plaintiffs, vs. RICHARD GROUT, M.D. 635 C. Maple Avenue Dubois, PA 15801 and SUNDAR CHANDRASEKHAR, M.D. c/o DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801 and DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801 and GATEWAY AREA MEDICAL ASSOCIATES, INC. 635 C Maple Avenue Dubois, PA 15801	Civil Division 05-418-CD **Civil Action - Medical Professional Liability Action** JURY TRIAL DEMANDED TYPE OF PLEADING: COMPLAINT COUNSEL OF RECORD FOR PLAINTIFFS: SHANIN SPECTER, ESQUIRE I.D. No. 40928 MATTHEW A. CASEY, ESQUIRE I.D. No. 84443 **KLINE & SPECTER** **A Professional Corporation** 19th Floor Philadelphia, PA 19102 215-772-1000

Certificate of Merit as to Richard Grout, M.D.

I, Matthew A. Casey, certify that:

An appropriate licensed professional has supplied a written statement to the undersigned that there is a basis to conclude that the care, skill or knowledge exercised or exhibited by this defendant in the treatment, practice or work that is the subject of the complaint, fell outside acceptable professional standards and that such conduct was a cause in bringing about the harm.

Date: 3-23-05

Matth Ca

MATTHEW A. CASEY, ESQUIRE

KLINE & SPECTER
A PROFESSIONAL CORPORATION

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	Civil Division
Plaintiffs,	**Civil Action - Medical Professional Liability Action**
vs.	
RICHARD GROUT, M.D. 635 C. Maple Avenue Dubois, PA 15801	JURY TRIAL DEMANDED
and	TYPE OF PLEADING: COMPLAINT
SUNDAR CHANDRASEKHAR, M.D. c/o DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	COUNSEL OF RECORD FOR PLAINTIFFS: SHANIN SPECTER, ESQUIRE I.D. No. 40928 MATTHEW A. CASEY, ESQUIRE I.D. No. 84443
and	**KLINE & SPECTER** **A Professional Corporation**
DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	19th Floor Philadelphia, PA 19102 215-772-1000
and	
GATEWAY AREA MEDICAL ASSOCIATES, INC. 635 C Maple Avenue Dubois, PA 15801	

Certificate of Merit as to Sundar Chandrasekhar, M.D.

I, Matthew A. Casey, certify that:

An appropriate licensed professional has supplied a written statement to the undersigned that there is a basis to conclude that the care, skill or knowledge exercised or exhibited by this defendant in the treatment, practice or work that is the subject of the complaint, fell outside acceptable professional standards and that such conduct was a cause in bringing about the harm.

Date: 3-23-05

Matth C

MATTHEW A. CASEY, ESQUIRE

KLINE & SPECTER
A PROFESSIONAL CORPORATION

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	:	Civil Division
Plaintiffs,	:	**Civil Action - Medical Professional Liability Action**
vs	:	
RICHARD GROUT, M.D. 635 C. Maple Avenue Dubois, PA 15801	:	JURY TRIAL DEMANDED
and	:	TYPE OF PLEADING: COMPLAINT
SUNDAR CHANDRASEKHAR, M.D. c/o DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	:	COUNSEL OF RECORD FOR PLAINTIFFS: SHANIN SPECTER, ESQUIRE I.D. No. 40928 MATTHEW A. CASEY, ESQUIRE I.D. No. 84443
and	:	
DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	:	**KLINE & SPECTER** **A Professional Corporation** 19th Floor Philadelphia, PA 19102 215-772-1000
and	:	
GATEWAY AREA MEDICAL ASSOCIATES, INC. 635 C Maple Avenue Dubois, PA 15801	:	

Certificate of Merit as to Dubois Regional Medical Center

I, Matthew A. Casey, certify that:

The claim that this defendant deviated from an acceptable professional standard is based solely on allegations that other licensed professionals for whom this defendant is responsible deviated from an acceptable professional standard and an appropriate licensed professional has supplied a written statement to the undersigned that there is a basis to conclude that the care, skill

or knowledge exercised or exhibited by the other licensed professionals in the treatment, practice or work that is the subject of this complaint, fell outside acceptable professional standards and that such conduct was a cause in bringing about the harm.

Date: 3-23-05

Matth C

MATTHEW A. CASEY, ESQUIRE

KLINE & SPECTER
A PROFESSIONAL CORPORATION

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	Civil Division
Plaintiffs,	**Civil Action - Medical Professional Liability Action**
vs.	
RICHARD GROUT, M.D. 635 C. Maple Avenue Dubois, PA 15801	JURY TRIAL DEMANDED
and	TYPE OF PLEADING: COMPLAINT
SUNDAR CHANDRASEKHAR, M.D. c/o DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	COUNSEL OF RECORD FOR PLAINTIFFS: SHANIN SPECTER, ESQUIRE I.D. No. 40928 MATTHEW A. CASEY, ESQUIRE I.D. No. 84443
and	**KLINE & SPECTER** **A Professional Corporation**
DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	19th Floor Philadelphia, PA 19102 215-772-1000
and	
GATEWAY AREA MEDICAL ASSOCIATES, INC. 635 C Maple Avenue Dubois, PA 15801	

Certificate of Merit as to Gateway Area Medical Associates

I, Matthew A. Casey, certify that:

The claim that this defendant deviated from an acceptable professional standard is based solely on allegations that other licensed professionals for whom this defendant is responsible deviated from an acceptable professional standard and an appropriate licensed professional has supplied a written statement to the undersigned that there is a basis to conclude that the care, skill

or knowledge exercised or exhibited by the other licensed professionals in the treatment, practice or work that is the subject of this complaint, fell outside acceptable professional standards and that such conduct was a cause in bringing about the harm.

Date: 3-23-05

Matth Ca

MATTHEW A. CASEY, ESQUIRE

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,

Plaintiffs,

vs.

RICHARD GROUT, M.D., SUNDAR CHANDRASEKHAR, M.D., DUBOIS REGIONAL MEDICAL CENTER, and GATEWAY AREA MEDICAL ASSOCIATES,

Defendants.

CIVIL DIVISION

No. 05-418-CD

Issue No.

PRAECIPE FOR APPEARANCE

Code: 007

Filed on behalf of DuBois Regional Medical Center, one of the defendants.

Counsel of Record for This Party:

David R. Johnson, Esquire
PA I.D. #26409

THOMSON, RHODES & COWIE, P.C.
Firm #720
1010 Two Chatham Center
Pittsburgh, PA 15219

(412) 232-3400

PRAECIPE FOR APPEARANCE

TO: PROTHONOTARY

Kindly enter our appearance on behalf of DuBois Regional Medical Center, one of the defendants.

JURY TRIAL DEMANDED.

Respectfully submitted,

THOMSON, RHODES & COWIE, P.C.

David R. Johnson, Esquire
Attorneys for DuBois Regional Medical Center, one of the defendants.

CERTIFICATION OF SERVICE

I hereby certify that a true and correct copy of the within PRAECIPE FOR APPEARANCE has been served upon the following counsel of record and same placed in the U.S. Mails on this 6th day of April, 2005:

Shanin Specter, Esquire
Kline & Specter
1525 Locust Street
Philadelphia, PA 19102

John W. Blasko, Esquire
McQuaide Blasko
811 University Drive
State College, PA 16801-6699

Michael A. Sosnowski, Esquire
McIntyre, Dugas, Hartye & Schmitt
P.O. Box 533
Hollidaysburg, PA 16648

THOMSON, RHODES & COWIE, P.C.

David R. Johnson, Esquire
Attorneys for DuBois Regional Medical Center, one of the defendants.

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

AYDEN SHAFFER-DOAN, a minor by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER and TIMOTHY DOAN and KAREN SHAFFER, in their own right,

Plaintiffs,

vs.

RICHARD GROUT, M.D.; SUNDAR CHANDRASEKHAR, M.D.; DUBOIS REGIONAL MEDICAL CENTER, and GATEWAY AREA MEDICAL ASSOCIATES,

Defendants.

No.: 05-418-CD

Type of Case: Civil Action
Medical Professional Liability Action

JURY TRIAL DEMANDED

Type of Pleading:
PRAECIPE FOR ENTRY OF APPEARANCE

Filed on Behalf of Defendant
GATEWAY AREA MEDICAL ASSOCIATES

Counsel of Record for this
Party: JOHN W. BLASKO

Court I.D. No.: 06787

McQUAIDE, BLASKO, SCHWARTZ,
FLEMING & FAULKNER, INC.

811 University Drive
State College, PA 16801
(814) 238-4926

Counsel of Record for
Adverse Party:
Shanin Specter, Esquire
Matthew A. Casey, Esquire

Dated: 4/8/05

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	)	
Plaintiffs,	)	NO. 05-418-CD
vs.	)	JURY TRIAL DEMANDED
RICHARD GROUT, M.D.; SUNDAR CHANDRASEKHAR, M.D.; DUBOIS REGIONAL MEDICAL CENTER and GATEWAY AREA MEDICAL ASSOCIATES, INC.	)	
Defendants.	)	

PRAECIPE FOR APPEARANCE

TO PROTHONOTARY:

Kindly enter our appearance on behalf of Defendant, Gateway Area Medical Associates, Inc. in the above-captioned matter.

McQUAIDE, BLASKO, SCHWARTZ,
FLEMING & FAULKNER, INC.

BY _____
JOHN W. BLASKO
Counsel for Defendant
Gateway Area Medical
Associates, Inc.
811 University Drive
State College, PA 16801
(814) 238-4926

Dated 4/8/05

::ODMA\PCDOCS\DOCSLIB2\313179\1

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	)	
Plaintiffs,	)	NO. 05-418-CD
vs.	)	JURY TRIAL DEMANDED
RICHARD GROUT, M.D.; SUNDAR CHANDRASEKHAR, M.D.; DUBOIS REGIONAL MEDICAL CENTER and GATEWAY AREA MEDICAL ASSOCIATES, INC.	)	
Defendants.	)	

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of Defendant Gateway Area Medical Associates, Inc.'s Praecipe for Entry of Appearance, in the above-referenced matter was mailed by regular mail, first class, at the Post Office, State College, Pennsylvania, postage prepaid, this 8th day of April, 2005 to:

Shanin Specter, Esquire
Matthew A. Casey, Esquire
Kline & Specter
19th Floor
Philadelphia, PA 19102

Michael Sosnowski, Esquire
P.O. Box 533
Hollidaysburg, PA 16648

David Johnson, Esquire
Two Chatham Center, 10th Floor
Pittsburgh, PA 15219-3499

McQUAIDE, BLASKO, SCHWARTZ,
FLEMING & FAULKNER, INC.

By: _____
JOHN W. BLASKO
Attorneys for Defendant
Gateway Area Medical
Associates, Inc. .

::ODMA\PCDOCS\DOCSLIB2\313179\1

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,

Plaintiffs,

vs.

RICHARD GROUT, M.D., SUNDAR CHANDRASEKHAR, M.D., DUBOIS REGIONAL MEDICAL CENTER, and GATEWAY AREA MEDICAL ASSOCIATES,

Defendants.

Counsel of Record:

Shanin Specter, Esquire
Matthew A. Casey, Esquire
Kline & Specter
1525 Locust Street
Philadelphia, PA 19102

John W. Blasko, Esquire
McQuaide Blasko
811 University Drive
State College, PA 16801-6699

Michael A. Sosnowski, Esquire
McIntyre, Dugas, Hartye & Schmitt
P.O. Box 533
Hollidaysburg, PA 16648

CIVIL DIVISION

No. 05-418-CD

Issue No.

Code: 007

PRELIMIINARY OBJECTIONS TO PLAINTIFFS' COMPLAINT

Filed on behalf of DuBois Regional Medical Center, one of the defendants.

Counsel of Record for This Party:

David R. Johnson, Esquire
PA I.D. #26409

Brad R. Korinski, Esquire
Pa. I.D. #86831

THOMSON, RHODES & COWIE, P.C.
Firm #720
1010 Two Chatham Center
Pittsburgh, PA 15219

(412) 232-3400

FILED

APR 13 2005
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William A. Shaw
Prothonotary/Clerk of Courts
4 cents to Atty

PRELIMINARY OBJECTIONS TO PLAINTIFFS' COMPLAINT ON BEHALF OF DUBOIS REGIONAL MEDICAL CENTER

NOW COMES, DuBois Regional Medical Center, one of the defendants, by its attorneys, Thomson, Rhodes & Cowie, P.C., and files preliminary objections to plaintiffs' complaint for the following reasons set forth below.

1. Plaintiffs filed this professional negligence complaint on March 24, 2005. It arises from emergency healthcare treatment provided minor-plaintiff, Ayden Shaffer-Doan, on December 6, 2001 at the DuBois Regional Medical Center. It is alleged that the healthcare provided to minor-plaintiff resulted in his suffering injuries, some of which are contended to be permanent in nature. The claims against DuBois Regional Medical Center appear in counts III (corporate negligence) and IV (vicarious liability) of the complaint.

2. Plaintiffs initially filed a complaint under an identical theory of liability with this court at No. 03-475-CD on April 3, 2003. This defendant filed a non-pros to the action on June 11, 2003 owing to plaintiffs failure to file a certificate of merit. On January 30, 2004, plaintiffs voluntarily discontinued the prior action.

3. Minor-plaintiff's claim is brought by and through his parents and natural guardians, Karen Shaffer and Timothy Doan. Karen Shaffer and Timothy Doan ("parent-plaintiffs") also assert claims against the defendants in their own right. As indicated in paragraph 61 of the complaint, such claims apparently relate to the monies which parent-plaintiffs have expended, or can expect to expend in the future, for minor-plaintiff's healthcare services.

4. Any and all claims of parent-plaintiffs related to the healthcare treatment afforded to minor-plaintiff in 2001 are barred by the applicable two-year statute of limitations and were thus precluded at the time of the filing of the complaint.

5. Plaintiffs have filed a certificate of merit pertaining to DuBois Regional Medical Center. A copy of that certificate of merit is attached hereto as Exhibit "A." This certificate of merit contains the following language.

> I, Matthew M. Casey, certify that: The claim that this defendant deviated from an acceptable professional standard is based solely on allegations that **other licensed professionals for whom this defendant is responsible** deviated from an acceptable professional standard and an appropriate licensed professional has supplied a written statement to the undersigned that there is a basis to conclude that the care, skill or knowledge exercised or exhibited by the other licensed professionals in the treatment, practice or work that is the subject of this complaint fell outside acceptable professional standards and that such conduct was the cause in bringing about the harm. [emphasis added].

6. The complaint filed by the plaintiffs violates the rules and laws of this Commonwealth in the following respects.

(a) Parent-plaintiffs seek to recover damages in their own right for the monies which they have paid, or will in the future pay, for minor-plaintiff's healthcare services. The claim of the parent-plaintiffs is separate and independent from the cause of action of the minor-plaintiff. Thus, all claims advanced by the parent-plaintiffs are subject to the two-year statute of limitations governing tort actions. Clearly, their claims are out-of-time and should properly be dismissed through demurrer.

(b) Count III of plaintiffs' complaint brings a separate corporate negligence claim against DuBois Regional Medical Center. However, contrary to the dictates of Rule 1042.3 governing certificates of merit, plaintiffs have failed to file a certificate of merit to support this claim. The certificate of merit only supports a claim of vicarious liability.

(c) The certificate of merit filed as to DuBois Regional Medical Center does not identify those "other licensed professionals for whom this defendant is

responsible" and plaintiffs have not filed separate certificates of merit for those individuals. This is also contrary to Rule 1042.3.

A. Demurrer/Motion to Strike All Claims Brought By Karen Shaffer and Timothy Doan

7. Through this lawsuit, parent-plaintiffs seek to recover damages for the monies that they have expended, and will in the future expend, relative to the healthcare services required by minor-plaintiff by virtue of his alleged injuries.

8. A claim for medical expenses related to an injury suffered by a minor is vested in the parents of that minor and is a separate and distinct cause of action of the parents. Schmidt v. Kratzer, 168 A.2d 585 (Pa. 1961), Brough v. Strathman Supply Co., Inc., 358 F.2d 374, 378 (3d Cir. 1966). As a result, parent-plaintiffs' claims are subject to the usual two-year statute of limitations applying to tort actions.

9. This case was filed more than three years after the medical treatment to the minor-plaintiff that serves as the subject of this litigation. Indeed, parent-plaintiffs have previously filed, and then discontinued, a lawsuit that would have served to preserve their right to damages. Accordingly, the two-year statute of limitations with respect to any claims on behalf of parent-plaintiffs had expired by the time that this instant case was filed. Therefore, they are barred and precluded, as a matter of law, from seeking to recover damages, in their own right, for the injuries allegedly suffered by minor-plaintiff.

B. Motion to Strike for Failure to Follow Rule of Court

10. Count III of plaintiffs' complaint advances a corporate negligence claim against DuBois Regional Medical Center. Yet, plaintiffs have failed to file a corresponding certificate of merit as to the direct negligence of this defendant in the operation of its facilities. This requirement is incumbent upon plaintiffs pursuant to Rule 1042.3. Accordingly, as no certificate

of merit has been provided, plaintiffs' corporate negligence claims against DuBois Regional Medical Center should be stricken.

11. The certificate of merit filed by plaintiffs as to DuBois Regional Medical Center indicates that it is vicariously liable for the acts of various, other licensed professionals. However, plaintiffs do not identify those other licensed professional nor have they submitted separate certificates of merit pertaining to them. Again, plaintiffs have violated the requirements of Rule 1042.3. Therefore, plaintiffs' claims against DuBois Regional Medical Center sounding in vicarious liability should also be stricken.

WHEREFORE, DuBois Regional Medical Center, one of the defendants, files the foregoing preliminary objections and requests that this Honorable Court grant the relief requested therein.

Respectfully Submitted,

THOMSON, RHODES & COWIE, P.C.

David R. Johnson, Esquire
Brad R. Korinski, Esquire
Attorneys for DuBois Regional Medical Center, one of the defendants

KLINE & SPECTER
A PROFESSIONAL CORPORATION

IN THE COURT OF COMMON PLEAS OF
CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	Civil Division
Plaintiffs,	**Civil Action - Medical Professional Liability Action**
vs.	
RICHARD GROUT, M.D. 635 C. Maple Avenue Dubois, PA 15801	JURY TRIAL DEMANDED
and	TYPE OF PLEADING: COMPLAINT
SUNDAR CHANDRASEKHAR, M.D. c/o DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	COUNSEL OF RECORD FOR PLAINTIFFS: SHANIN SPECTER, ESQUIRE I.D. No. 40928 MATTHEW A. CASEY, ESQUIRE I.D. No. 84443
and	
DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	**KLINE & SPECTER** **A Professional Corporation** 19th Floor Philadelphia, PA 19102 215-772-1000
and	
GATEWAY AREA MEDICAL ASSOCIATES, INC. 635 C Maple Avenue Dubois, PA 15801	

Certificate of Merit as to Dubois Regional Medical Center

I, Matthew A. Casey, certify that:

The claim that this defendant deviated from an acceptable professional standard is based solely on allegations that other licensed professionals for whom this defendant is responsible deviated from an acceptable professional standard and an appropriate licensed professional has supplied a written statement to the undersigned that there is a basis to conclude that the care, skill

EXHIBIT
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KLINE & SPECTER
A PROFESSIONAL CORPORATION

or knowledge exercised or exhibited by the other licensed professionals in the treatment, practice or work that is the subject of this complaint, fell outside acceptable professional standards and that such conduct was a cause in bringing about the harm.

Date: 3-23-05

Matth Ca

MATTHEW A. CASEY, ESQUIRE

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the within document was served upon all counsel of record by United States, first class, postage pre-paid mail this 12th day of April, 2005:

Shanin Specter, Esquire
Matthew A. Casey, Esquire
Kline & Specter
1525 Locust Street
Philadelphia, PA 19102

John W. Blasko, Esquire
McQuaide Blasko
811 University Drive
State College, PA 16801-6699

Michael A. Sosnowski, Esquire
McIntyre, Dugas, Hartye & Schmitt
P.O. Box 533
Hollidaysburg, PA 16648

THOMSON, RHODES & COWIE, P.C.

Brad Korinski

David R. Johnson, Esquire
Brad R. Korinski, Esquire
DuBois Regional Medical Center,
one of the defendants.

THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	)	CIVIL DIVISION
	)	No. 05-418-CD
	)	Issue No.
Plaintiffs,	)	Code: 007
vs.	)	
RICHARD GROUT, M.D., SUNDAR CHANDRASEKHAR, M.D., DUBOIS REGIONAL MEDICAL CENTER, and GATEWAY AREA MEDICAL ASSOCIATES,	)	
Defendants.	)	

ORDER OF COURT

AND NOW, on this _____ day of _____, 2005, upon consideration of the preliminary objections to plaintiffs' complaint filed by defendant DuBois Regional Medical Center, it is hereby ORDERED, ADJUDGED and DECREED that said preliminary objections are hereby SUSTAINED.

BY THE COURT:

_____J.

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,

Plaintiffs,

vs.

RICHARD GROUT, M.D., SUNDAR CHANDRASEKHAR, M.D., DUBOIS REGIONAL MEDICAL CENTER, and GATEWAY AREA MEDICAL ASSOCIATES,

Defendants.

Counsel of Record:

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McQuaide Blasko
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Michael A. Sosnowski, Esquire
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P.O. Box 533
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CIVIL DIVISION

No. 05-418-CD

Issue No.

Code: 007

BRIEF IN SUPPORT OF PRELIMINARY OBJECTIONS

Filed on behalf of DuBois Regional Medical Center, one of the defendants.

Counsel of Record for This Party:

David R. Johnson, Esquire
PA I.D. #26409

Brad R. Korinski, Esquire
Pa. I.D. #86831

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Pittsburgh, PA 15219

(412) 232-3400

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NOW COMES, DuBois Regional Medical Center, one of the defendants, by its attorneys, Thomson, Rhodes & Cowie, P.C., and files this brief in support of preliminary objections to plaintiffs' complaint for this honorable court's consideration.

I. FACTUAL HISTORY

This lawsuit arises from claims that DuBois Regional Medical Center, together with the other named professional defendants, are liable for injuries allegedly suffered by minor-plaintiff related to the purported misdiagnosis of his medical condition and resultant improper treatment at DuBois Regional Medical Center on December 6-7, 2001. At the time of these complained of events, minor plaintiff was less than 2-months old. Plaintiffs, Karen Shaffer and Timothy Doan, the parents and natural guardians of minor-plaintiff, contend that minor-plaintiff's alleged injuries are permanent in nature and will require lifelong healthcare services.

Plaintiffs are not strangers to this court. On April 3, 2003, they instituted a lawsuit against the same defendants under identical legal theories at No. 03-475-CD. DuBois Regional Medical Center filed a non-pros on June 11, 2003 owing to plaintiffs' failure to timely file a certificate of merit against it within the 60-days afforded by the rules of civil procedure. Subsequently, plaintiffs also filed a voluntarily discontinuance to dismiss their claims against all of the defendants in that prior suit.

Plaintiffs have brought two counts pertaining to DuBois Regional Medical Center: count III - corporate negligence and count IV - vicarious liability.

In addition to the claims brought on behalf of minor-plaintiff for the injuries and damages sustained personally by him, Karen Shaffer and Timothy Doan ("parent-plaintiffs") have

advanced a claim for themselves in their own right through each count of the complaint and against all defendants. This claim is reflected in paragraph 61 of the complaint which states as follows.

> As a direct result of the negligence ... of the defendants as set forth below, plaintiffs Karen Shaffer and Timothy Doan ... have incurred in the past and may incur in the future continue to incur substantial medical and medically related expenses included, but not limited to, expenditures for medicine, hospitalizations, medical and surgical care, testing, physical therapy, occupational therapy, rehabilitative care, equipment and other care to attend to, treat, and attempt to alleviate, minimize and/or cure their son's conditions.

The claims advanced by the parent-plaintiffs are separate and distinct to them. Therefore, they are not protected by the lenient statute of limitations governing the claims of a minor and are instead subject to the normal two-year limitations period pertaining to tort actions. Parent-plaintiffs' claims are clearly beyond the statute of limitations and should be dismissed.

Moreover, plaintiffs have filed certificates of merit against all of the defendants. However, the certificate of merit filed as to DuBois Regional Medical Center (attached to this defendant's Preliminary Objections as Exhibit "A") only supports claims of vicarious liability, even though plaintiffs' have also unequivocally plead claims of corporate negligence. Moreover, this certificate of merit does not identify the "other licensed professionals" upon whose conduct the vicarious liability is based nor have plaintiffs filed separate certificates of merit for those persons.

II. LEGAL ARGUMENT

A. The Demurrer to Parent-Plaintiffs' Damage Claims Should Be Granted Since Their Claims Are Beyond the Applicable Statute of Limitations

Through all counts of the complaint, parent-plaintiffs seek to recover damages for the monies which they have expended toward minor-plaintiff's healthcare and for those sums which they may be required to expend in the future. As noted, parent-plaintiffs, no doubt cognizant of the looming statute of limitations, instituted a prior litigation against these same defendants on April 3, 2003. That litigation ended in a non-pros of plaintiffs' claims against the hospital on June 11, 2003 and in plaintiffs' voluntarily (albeit irrelevant) discontinuance of the action on January 30, 2004. That action also ended, permanently and forever, parent-plaintiffs' right to seek a recovery for economic damages which they have sustained relative to the alleged injuries suffered by their son, minor-plaintiff.

In personal injury cases involving minor-plaintiffs, Pennsylvania law recognizes the existence of two separate and distinct causes of action: one for the minor-plaintiff for pain and suffering for pain, wage loss and medical expenses, both past and future, and a separate, independent cause of action accruing to the parents for care and support of the minor-child up to the age of 18 - and, possibly, beyond that age if the child cannot take responsibility for its own maintenance and expenses. Thus, it is black-letter law in Pennsylvania that in any personal injury action brought on behalf of a minor-plaintiff that:

> "The minor-plaintiff is entitled to damages [in his or her own right] ... while [his or her] parents are entitled to damages for medical expenses they have incurred and will incur because of their [child's] injury and for the loss services during minority. The elements of damage suffered by the minor-plaintiff and the damage incurred by its parents in their own right are separate and distinct and do not overlap."

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Accordingly, a claim for medical expenses related to an injury sustained by a minor is vested in the parents of that minor and is a separate, independent and distinct cause of action of the parents. See, Brough v. Strathman Supply Co., Inc., 338 F.2d 374, 378 (3d Cir. 1966), citing Dellacasse v. Floyd, 2 A.2d 860 (Pa. 1939); Olivieri v. Adams, 280 F.Supp. 428, 429 (E.D. Pa. 1968) ["Under Pennsylvania law, personal injury to a minor gives rise to two separate causes of action, one for the parent's claim for medical expenses and loss of the minor's services during minority, the other for the minor's claim for pain and suffering and losses after minority."].

Since the claims of parent-plaintiffs are separate from those brought on behalf of minor-plaintiff, it naturally follows that those claims are not subject to the same lenient statute of limitations afforded to minor. Rather, the claims of parent-plaintiffs are subject to the normal two-year statute of limitations which governs all personal injury/tort actions. Here, the medical treatment complained of was rendered to minor-plaintiff on December 6-7, 2001. Parent-plaintiffs filed a lawsuit on April 3, 2003, but that lawsuit was subject to non-pros and eventually dismissed by parent-plaintiffs. Now, parent-plaintiffs seek to make identical claims through a complaint filed on March 24, 2005. These claims are clearly beyond the applicable statutory period. Thus, the demurrer should be granted and all claims made by parent-plaintiffs in all counts of the complaint should be hereby dismissed with prejudice.

B. Plaintiffs' Have Not Filed Appropriate Certificates of Merit and the Motion to Strike Should Be Granted as to Them

The certificate of merit filed against DuBois Regional Medical Center provides as follows:

> I, Matthew M. Casey, certify that: The claim that this defendant deviated from an acceptable professional standard is based solely

> on allegations that **other licensed professionals for whom this defendant is responsible** deviated from an acceptable professional standard and an appropriate licensed professional has supplied a written statement to the undersigned that there is a basis to conclude that the care, skill or knowledge exercised or exhibited by the other licensed professionals in the treatment, practice or work that is the subject of this complaint fell outside acceptable professional standards and that such conduct was the cause in bringing about the harm. [emphasis added].

The certificate of merit is legally deficient and contrary to the rules of civil procedure in two respects. First, in count III of the complaint, plaintiffs allege the corporate negligence of DuBois Regional Medical Center. Yet, there is no certificate of merit as to the Medical Center to support this independent professional liability claim. The above certificate of merit supports a claim for vicarious liability, only. Second, though plaintiffs indicate in the certificate of merit that their claims are based solely on the actions of "other licensed profcssionals" those "other licensed professionals" are nowhere identified in the certificate of merit nor have separate certificates of merit been filed to account for those allegedly culpable individuals. The explanatory note to Rule 1042.3(a)(2) specifically states that certificates of merit must be filed as to each of the other licensed professionals for whose conduct the defendant is responsible, whether or not they are named as defendants in the action.

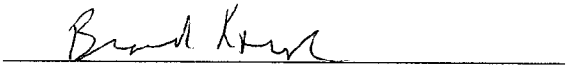
Because there is not a certificate of merit attached to the complaint to support plaintiffs' corporate negligence claims against DuBois Regional Medical Center, those allegations against it on that basis as set forth in count III of the complaint should be stricken. Likewise, since plaintiffs have not complied with rule of court in regards to the vicarious liability claims advanced by count IV by not declining to attach separate certificates of merit and failing to identify those "other licensed professionals" for whom the Medical Center is responsible, then plaintiffs' vicarious liability claims should also be stricken.

III. CONCLUSION

The legal authorities, precedent and reasoning stated above supports the preliminary objections filed on behalf of DuBois Regional Medical Center. On this basis, DuBois Regional Medical Center seeks that its preliminary objections to plaintiffs' complaint be sustained.

Respectfully Submitted,

THOMSON, RHODES & COWIE, P.C.



David R. Johnson, Esquire
Brad R. Korinski, Esquire
Attorneys for DuBois Regional Medical Center,
one of the defendants.

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the within document was served upon all counsel of record by United States, first class, postage pre-paid mail this 12th day of April, 2005:

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III. CONCLUSION

The legal authorities, precedent and reasoning stated above supports the preliminary objections filed on behalf of DuBois Regional Medical Center. On this basis, DuBois Regional Medical Center seeks that its preliminary objections to plaintiffs' complaint be sustained.

Respectfully Submitted,

THOMSON, RHODES & COWIE, P.C.

David R. Johnson, Esquire
Brad R. Korinski, Esquire
Attorneys for DuBois Regional Medical Center,
one of the defendants.

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the within document was served upon all counsel of record by United States, first class, postage pre-paid mail this 12th day of April, 2005:

Shanin Specter, Esquire
Matthew A. Casey, Esquire
Kline & Specter
1525 Locust Street
Philadelphia, PA 19102

John W. Blasko, Esquire
McQuaide Blasko
811 University Drive
State College, PA 16801-6699

Michael A. Sosnowski, Esquire
McIntyre, Dugas, Hartye & Schmitt
P.O. Box 533
Hollidaysburg, PA 16648

THOMSON, RHODES & COWIE, P.C.

Brad Korinski

David R. Johnson, Esquire
Brad R. Korinski, Esquire
DuBois Regional Medical Center,
one of the defendants.

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,

Plaintiffs,

vs.

RICHARD GROUT, M.D., SUNDAR CHANDRASEKHAR, M.D., DUBOIS REGIONAL MEDICAL CENTER, and GATEWAY AREA MEDICAL ASSOCIATES,

Defendants.

Counsel of Record:

Shanin Specter, Esquire
Matthew A. Casey, Esquire
Kline & Specter
1525 Locust Street
Philadelphia, PA 19102

John W. Blasko, Esquire
McQuaide Blasko
811 University Drive
State College, PA 16801-6699

Michael A. Sosnowski, Esquire
McIntyre, Dugas, Hartye & Schmitt
P.O. Box 533
Hollidaysburg, PA 16648

CIVIL DIVISION

No. 05-418-CD

Issue No.

Code: 007

BRIEF IN SUPPORT OF PRELIMINARY OBJECTIONS

Filed on behalf of DuBois Regional Medical Center, one of the defendants.

Counsel of Record for This Party:

David R. Johnson, Esquire
PA I.D. #26409

Brad R. Korinski, Esquire
Pa. I.D. #86831

THOMSON, RHODES & COWIE, P.C.
Firm #720
1010 Two Chatham Center
Pittsburgh, PA 15219

(412) 232-3400

BRIEF IN SUPPORT OF PRELIMINARY OBJECTIONS

NOW COMES, DuBois Regional Medical Center, one of the defendants, by its attorneys, Thomson, Rhodes & Cowie, P.C., and files this brief in support of preliminary objections to plaintiffs' complaint for this honorable court's consideration.

I. FACTUAL HISTORY

This lawsuit arises from claims that DuBois Regional Medical Center, together with the other named professional defendants, are liable for injuries allegedly suffered by minor-plaintiff related to the purported misdiagnosis of his medical condition and resultant improper treatment at DuBois Regional Medical Center on December 6-7, 2001. At the time of these complained of events, minor plaintiff was less than 2-months old. Plaintiffs, Karen Shaffer and Timothy Doan, the parents and natural guardians of minor-plaintiff, contend that minor-plaintiff's alleged injuries are permanent in nature and will require lifelong healthcare services.

Plaintiffs are not strangers to this court. On April 3, 2003, they instituted a lawsuit against the same defendants under identical legal theories at No. 03-475-CD. DuBois Regional Medical Center filed a non-pros on June 11, 2003 owing to plaintiffs' failure to timely file a certificate of merit against it within the 60-days afforded by the rules of civil procedure. Subsequently, plaintiffs also filed a voluntarily discontinuance to dismiss their claims against all of the defendants in that prior suit.

Plaintiffs have brought two counts pertaining to DuBois Regional Medical Center: count III - corporate negligence and count IV - vicarious liability.

In addition to the claims brought on behalf of minor-plaintiff for the injuries and damages sustained personally by him, Karen Shaffer and Timothy Doan ("parent-plaintiffs") have

advanced a claim for themselves in their own right through each count of the complaint and against all defendants. This claim is reflected in paragraph 61 of the complaint which states as follows.

> As a direct result of the negligence ... of the defendants as set forth below, plaintiffs Karen Shaffer and Timothy Doan ... have incurred in the past and may incur in the future continue to incur substantial medical and medically related expenses included, but not limited to, expenditures for medicine, hospitalizations, medical and surgical care, testing, physical therapy, occupational therapy, rehabilitative care, equipment and other care to attend to, treat, and attempt to alleviate, minimize and/or cure their son's conditions.

The claims advanced by the parent-plaintiffs are separate and distinct to them. Therefore, they are not protected by the lenient statute of limitations governing the claims of a minor and are instead subject to the normal two-year limitations period pertaining to tort actions. Parent-plaintiffs' claims are clearly beyond the statute of limitations and should be dismissed.

Moreover, plaintiffs have filed certificates of merit against all of the defendants. However, the certificate of merit filed as to DuBois Regional Medical Center (attached to this defendant's Preliminary Objections as Exhibit "A") only supports claims of vicarious liability, even though plaintiffs' have also unequivocally plead claims of corporate negligence. Moreover, this certificate of merit does not identify the "other licensed professionals" upon whose conduct the vicarious liability is based nor have plaintiffs filed separate certificates of merit for those persons.

II. LEGAL ARGUMENT

A. The Demurrer to Parent-Plaintiffs' Damage Claims Should Be Granted Since Their Claims Are Beyond the Applicable Statute of Limitations

Through all counts of the complaint, parent-plaintiffs seek to recover damages for the monies which they have expended toward minor-plaintiff's healthcare and for those sums which they may be required to expend in the future. As noted, parent-plaintiffs, no doubt cognizant of the looming statute of limitations, instituted a prior litigation against these same defendants on April 3, 2003. That litigation ended in a non-pros of plaintiffs' claims against the hospital on June 11, 2003 and in plaintiffs' voluntarily (albeit irrelevant) discontinuance of the action on January 30, 2004. That action also ended, permanently and forever, parent-plaintiffs' right to seek a recovery for economic damages which they have sustained relative to the alleged injuries suffered by their son, minor-plaintiff.

In personal injury cases involving minor-plaintiffs, Pennsylvania law recognizes the existence of two separate and distinct causes of action: one for the minor-plaintiff for pain and suffering for pain, wage loss and medical expenses, both past and future, and a separate, independent cause of action accruing to the parents for care and support of the minor-child up to the age of 18 - and, possibly, beyond that age if the child cannot take responsibility for its own maintenance and expenses. Thus, it is black-letter law in Pennsylvania that in any personal injury action brought on behalf of a minor-plaintiff that:

> "The minor-plaintiff is entitled to damages [in his or her own right] ... while [his or her] parents are entitled to damages for medical expenses they have incurred and will incur because of their [child's] injury and for the loss services during minority. The elements of damage suffered by the minor-plaintiff and the damage incurred by its parents in their own right are separate and distinct and do not overlap."

Schmidt v. Kratzer, 168 A.2d 585 (Pa. 1961).

Accordingly, a claim for medical expenses related to an injury sustained by a minor is vested in the parents of that minor and is a separate, independent and distinct cause of action of the parents. See, Brough v. Strathman Supply Co., Inc., 338 F.2d 374, 378 (3d Cir. 1966), citing Dellacasse v. Floyd, 2 A.2d 860 (Pa. 1939); Olivieri v. Adams, 280 F.Supp. 428, 429 (E.D. Pa. 1968) ["Under Pennsylvania law, personal injury to a minor gives rise to two separate causes of action, one for the parent's claim for medical expenses and loss of the minor's services during minority, the other for the minor's claim for pain and suffering and losses after minority."].

Since the claims of parent-plaintiffs are separate from those brought on behalf of minor-plaintiff, it naturally follows that those claims are not subject to the same lenient statute of limitations afforded to minor. Rather, the claims of parent-plaintiffs are subject to the normal two-year statute of limitations which governs all personal injury/tort actions. Here, the medical treatment complained of was rendered to minor-plaintiff on December 6-7, 2001. Parent-plaintiffs filed a lawsuit on April 3, 2003, but that lawsuit was subject to non-pros and eventually dismissed by parent-plaintiffs. Now, parent-plaintiffs seek to make identical claims through a complaint filed on March 24, 2005. These claims are clearly beyond the applicable statutory period. Thus, the demurrer should be granted and all claims made by parent-plaintiffs in all counts of the complaint should be hereby dismissed with prejudice.

B. Plaintiffs' Have Not Filed Appropriate Certificates of Merit and the Motion to Strike Should Be Granted as to Them

The certificate of merit filed against DuBois Regional Medical Center provides as follows:

> I, Matthew M. Casey, certify that: The claim that this defendant deviated from an acceptable professional standard is based solely

> on allegations that **other licensed professionals for whom this defendant is responsible** deviated from an acceptable professional standard and an appropriate licensed professional has supplied a written statement to the undersigned that there is a basis to conclude that the care, skill or knowledge exercised or exhibited by the other licensed professionals in the treatment, practice or work that is the subject of this complaint fell outside acceptable professional standards and that such conduct was the cause in bringing about the harm. [emphasis added].

The certificate of merit is legally deficient and contrary to the rules of civil procedure in two respects. First, in count III of the complaint, plaintiffs allege the corporate negligence of DuBois Regional Medical Center. Yet, there is no certificate of merit as to the Medical Center to support this independent professional liability claim. The above certificate of merit supports a claim for vicarious liability, only. Second, though plaintiffs indicate in the certificate of merit that their claims are based solely on the actions of "other licensed professionals" those "other licensed professionals" are nowhere identified in the certificate of merit nor have separate certificates of merit been filed to account for those allegedly culpable individuals. The explanatory note to Rule 1042.3(a)(2) specifically states that certificates of merit must be filed as to each of the other licensed professionals for whose conduct the defendant is responsible, whether or not they are named as defendants in the action.

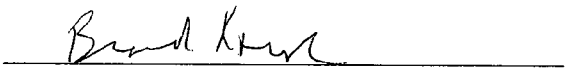
Because there is not a certificate of merit attached to the complaint to support plaintiffs' corporate negligence claims against DuBois Regional Medical Center, those allegations against it on that basis as set forth in count III of the complaint should be stricken. Likewise, since plaintiffs have not complied with rule of court in regards to the vicarious liability claims advanced by count IV by not declining to attach separate certificates of merit and failing to identify those "other licensed professionals" for whom the Medical Center is responsible, then plaintiffs' vicarious liability claims should also be stricken.

III. CONCLUSION

The legal authorities, precedent and reasoning stated above supports the preliminary objections filed on behalf of DuBois Regional Medical Center. On this basis, DuBois Regional Medical Center seeks that its preliminary objections to plaintiffs' complaint be sustained.

Respectfully Submitted,

THOMSON, RHODES & COWIE, P.C.



David R. Johnson, Esquire
Brad R. Korinski, Esquire
Attorneys for DuBois Regional Medical Center,
one of the defendants.

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the within document was served upon all counsel of record by United States, first class, postage pre-paid mail this 12th day of April, 2005:

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THOMSON, RHODES & COWIE, P.C.

Brad Korinski

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DuBois Regional Medical Center,
one of the defendants.

CA

05-418-CD

CERTIFICATE OF SERVICE

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Michael A. Sosnowski, Esquire
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P.O. Box 533
Hollidaysburg, PA 16648

FILED
01:02BK
APR 14 2005
William A. Shaw
Prothonotary/Clerk of Courts

cc
no cc

THOMSON, RHODES & COWIE, P.C.

Brad Korinski

David R. Johnson, Esquire
Brad R. Korinski, Esquire
DuBois Regional Medical Center,
one of the defendants.

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,

Plaintiffs,

vs.

RICHARD GROUT, M.D., SUNDAR CHANDRASEKHAR, M.D., DUBOIS REGIONAL MEDICAL CENTER, and GATEWAY AREA MEDICAL ASSOCIATES,

Defendants.

Counsel of Record:

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Matthew A. Casey, Esquire
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Hollidaysburg, PA 16648

CIVIL DIVISION

No. 05-418-CD

Issue No.

Code: 007

BRIEF IN SUPPORT OF PRELIMINARY OBJECTIONS

Filed on behalf of DuBois Regional Medical Center, one of the defendants.

Counsel of Record for This Party:

David R. Johnson, Esquire
PA I.D. #26409

Brad R. Korinski, Esquire
Pa. I.D. #86831

THOMSON, RHODES & COWIE, P.C.
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1010 Two Chatham Center
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(412) 232-3400

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right, Plaintiffs vs. RICHARD GROUT, M.D. 635 C. Maple Avenue Dubois, PA 15801 and SUNDAR CHANDRASEKHAR, M.D. c/o DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801; and DUBOIS REGIONAL MEDICAL CENTER, 100 Hospital Avenue Dubois, PA 15801; and GATEWAY AREA MEDICAL ASSOCIATES, 635 C Maple Avenue Dubois, PA 15801 Defendants	No. **2005 – 418 CD** **ISSUE:** **PRAECIPE FOR APPEARANCE** **Filed on behalf of Defendant,** RICHARD GROUT, M.D. **Attorney of Record for This Party:** Michael A. Sosnowski, Esquire PA I.D. #67207 McINTYRE, DUGAS, HARTYE & SCHMITT P.O. Box 533 Hollidaysburg, PA 16648 (814) 696-3581/696-9399 (Fax) JURY TRIAL DEMANDED

I HEREBY CERTIFY THAT A TRUE AND CORRECT COPY OF THE WITHIN WAS MAILED TO ALL COUNSEL OF RECORD THIS **14th** DAY OF **April, 2005**.

Michael A. Sosnowski

Attorney for Named Defendant

FILED (GW) NO CC
m/12:51/BW copy to C/A
APR 15 2005

William A. Shaw
Prothonotary/Clerk of Courts

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	:	No. **2005 – 418 CD**
Plaintiffs	:	
vs.	:	
RICHARD GROUT, M.D. 635 C. Maple Avenue Dubois, PA 15801, **and**	:	
SUNDAR CHANDRASEKHAR, M.D. c/o DUBCIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801, **et al**	:	
Defendants	:	JURY TRIAL DEMANDED

PRAECIPE FOR APPEARANCE

TO: PROTHONOTARY

Kindly enter my appearance as counsel of record for the Defendant, RICHARD GROUT, M.D., in the above-captioned action.

McINTYRE, DUGAS, HARTYE & SCHMITT

Michael A. Sosnowski

Attorneys for Defendant,
RICHARD GROUT, M.D.

Michael A. Sosnowski, Esquire
PA I.D. #67207
P.O. Box 533
Hollidaysburg, PA 16648-0533
(814) 696-3581

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

DOCKET # 100341
NO: 05-418-CD
SERVICE # 1 OF 4
COMPLAINT & CERTIFICATE OF MERIT

PLAINTIFF: AYDEN SHAFFER-DOAN a minor by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER and TIMOTHY DOAN and KAREN SHAFFER in their own right
vs.
DEFENDANT: RICHARD GROUT, M.D.; SUNDAR CHANDRASEKHAR, M.D.; DUBOIS REGIONAL MEDICAL CENTER and GATEWAY AREA MEDICAL ASSOCIATES, INC.

SHERIFF RETURN

NOW, March 29, 2005 AT 12:30 PM SERVED THE WITHIN COMPLAINT & CERTIFICATE OF MERIT ON RICHARD GROUT, M.D. DEFENDANT AT 635 C MAPLE AVE., DUBOIS, CLEARFIELD COUNTY, PENNSYLVANIA, BY HANDING TO KATHY RADAKER, OFFICE MGR. A TRUE AND ATTESTED COPY OF THE ORIGINAL COMPLAINT & CERTIFICATE OF MERIT AND MADE KNOWN THE CONTENTS THEREOF.

SERVED BY: COUDRIET / DEHAVEN

FILED
01:20 Bal
APR 20 2005

William A. Shaw
Prothonotary/Clerk of Courts

In The Court of Common Pleas of Clearfield County, Pennsylvania

Service # 2 of 4 Services

Sheriff Docket # **100341**

Case # 05-418-CD

AYDEN SHAFFER-DOAN a minor by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER and TIMOTHY DOAN and KAREN

vs.

RICHARD GROUT, M.D.; SUNDAR CHANDRASEKHAR, M.D.; DUBOIS REGIONAL MEDICAL CENTER and GATEWAY AREA MEDICAL

SHERIFF RETURNS

NOW April 19, 2005 AFTER DILIGENT SEARCH IN MY BAILIWICK I RETURNED THE WITHIN COMPLAINT & CERTIFICATE OF MERIT "NOT FOUND" AS TO SUNDAR CHANDRASEKHAR, M.D., DEFENDANT. LEFT THE AREA, ADDRESS UNKNOWN.

SERVED BY: /

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

DOCKET # 100341
NO: 05-418-CD
SERVICE # 3 OF 4
COMPLAINT & CERTIFICATE OF MERIT

PLAINTIFF: AYDEN SHAFFER-DOAN a minor by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER and TIMOTHY DOAN and KAREN SHAFFER in their own right
vs.
DEFENDANT: RICHARD GROUT, M.D.; SUNDAR CHANDRASEKHAR, M.D.; DUBOIS REGIONAL MEDICAL CENTER and GATEWAY AREA MEDICAL ASSOCIATES, INC.

SHERIFF RETURN

NOW, March 29, 2005 AT 11:20 AM SERVED THE WITHIN COMPLAINT & CERTIFICATE OF MERIT ON DUBOIS REGIONAL MEDICAL CENTER DEFENDANT AT 100 HOSPITAL AVE., DUBOIS, CLEARFIELD COUNTY, PENNSYLVANIA, BY HANDING TO GREG VOLPE, RISK MANAGEMENT A TRUE AND ATTESTED COPY OF THE ORIGINAL COMPLAINT & CERTIFICATE OF MERIT AND MADE KNOWN THE CONTENTS THEREOF.

SERVED BY: COUDRIET / DEHAVEN

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

DOCKET # 100341
NO: 05-418-CD
SERVICE # 4 OF 4
COMPLAINT & CERTIFICATE OF MERIT

PLAINTIFF: AYDEN SHAFFER-DOAN a minor by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER and TIMOTHY DOAN and KAREN SHAFFER in their own right
vs.
DEFENDANT: RICHARD GROUT, M.D.; SUNDAR CHANDRASEKHAR, M.D.; DUBOIS REGIONAL MEDICAL CENTER and GATEWAY AREA MEDICAL ASSOCIATES, INC.

SHERIFF RETURN

NOW, March 29, 2005 AT 12:30 PM SERVED THE WITHIN COMPLAINT & CERTIFICATE OF MERIT ON GATEWAY AREA MEDICAL ASSOCIATES DEFENDANT AT 635 C MAPLE AVE., DUBOIS, CLEARFIELD COUNTY, PENNSYLVANIA, BY HANDING TO KATHY RADAKER, OFFICE MGR. A TRUE AND ATTESTED COPY OF THE ORIGINAL COMPLAINT & CERTIFICATE OF MERIT AND MADE KNOWN THE CONTENTS THEREOF.

SERVED BY: COUDRIET / DEHAVEN

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

DOCKET # 100341
NO: 05-418-CD
SERVICES 4
COMPLAINT & CERTIFICATE OF MERIT

PLAINTIFF: AYDEN SHAFFER-DOAN a minor by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER and TIMOTHY DOAN and KAREN SHAFFER in their own right
vs.
DEFENDANT: RICHARD GROUT, M.D.; SUNDAR CHANDRASEKHAR, M.D.; DUBOIS REGIONAL MEDICAL CENTER and GATEWAY AREA MEDICAL ASSOCIATES, INC.

SHERIFF RETURN

RETURN COSTS

Description	Paid By	CHECK #	AMOUNT
SURCHARGE	KLINE	52219	40.00
SHERIFF HAWKINS	KLINE	52219	50.39

Sworn to Before Me This

_____ Day of _____ 2005

_____

So Answers,

Chester A. Hawkins
by Marilyn Hawkins
Sheriff

I hereby certify this to be a true and attested copy of the original statement filed in this case.

MAR 24 2005

Attest.

Prothonotary/
Clerk of Courts

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

COVER SHEET

No. 05-418-CD

Type of Case: Civil Action - Medical Professional Liability Action

Type of Pleadings: Complaint w/Jury Trial Demand

Filed on Behalf of: Plaintiffs

Counsel of Record for Plaintiff: Shanin Specter, Esquire and Matthew A. Casey, Esquire

Parties:

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,

Plaintiffs,

vs.

RICHARD GROUT, M.D.; SUNDAR CHANDRASEKHAR, M.D., DUBOIS REGIONAL MEDICAL CENTER AND GATEWAY AREA MEDICAL ASSOCIATES, INC.

Defendants.

Attorneys/Firm: Shanin Specter, Esquire
I.D. No. 40928
Matthew A. Casey, Esquire
I.D. No. 84443
Kline & Specter
A Professional Corporation
1525 Locust Street
Philadelphia, PA 19102
215-772-1000

SHANIN SPECTER, ESQUIRE
MATTHEW A. CASEY, ESQUIRE
Attorneys for Plaintiffs

Dated: 3-23-05

KLINE & SPECTER
A PROFESSIONAL CORPORATION

I hereby certify this to be a true and attested copy of the original statement filed in this case.

MAR 24 2005

Attest.

Prothonotary/
Clerk of Courts

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,

Plaintiffs,

vs.

RICHARD GROUT, M.D.
635 C. Maple Avenue
Dubois, PA 15801

and

SUNDAR CHANDRASEKHAR, M.D.
c/o DUBOIS REGIONAL MEDICAL CENTER
100 Hospital Avenue
Dubois, PA 15801

and

DUBOIS REGIONAL MEDICAL CENTER
100 Hospital Avenue
Dubois, PA 15801

and

GATEWAY AREA MEDICAL ASSOCIATES, INC.
635 C Maple Avenue
Dubois, PA 15801

Civil Division

No. 05-418-CD

Civil Action - Medical Professional Liability Action

JURY TRIAL DEMANDED

TYPE OF PLEADING:
COMPLAINT

COUNSEL OF RECORD FOR PLAINTIFFS:
SHANIN SPECTER, ESQUIRE
I.D. No. 40928
MATTHEW A. CASEY, ESQUIRE
I.D. No. 84443

KLINE & SPECTER
A Professional Corporation
19th Floor
Philadelphia, PA 19102
215-772-1000

NOTICE TO DEFEND

YOU have been sued in Court. If you wish to defend against the claims set forth in the following pages, you must take action within twenty (20) days after this Complaint and Notice are served, by entering a written appearance personally or by attorney and filing in writing with the Court your defenses or objections to the claims set forth against you by the Court without further Notice for any money claimed in the Complaint or for any claim or relief requested by the Plaintiff. You may lose money or property or other rights important to you.

YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE OR KNOW A LAWYER, THEN YOU SHOULD GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW TO FIND OUT WHERE YOU CAN GET LEGAL HELP:

DAVID S. MEHOLICK, COURT ADMINISTRATOR - CLEARFIELD COUNTY
COURTHOUSE CLEARFIELD, PA 16830 (814) 765-2641, Ext, 5982

CIVIL ACTION COMPLAINT - MALPRACTICE - MEDICAL [26051]

Plaintiffs, Ayden Shaffer-Doan, a minor, by his parents and natural guardians, Timothy Doan and Karen Shaffer, and Timothy Doan and Karen Shaffer, in their own right, by their attorneys, Kline & Specter, A Professional Corporation, hereby file this Civil Action Complaint and in support thereof state the following:

1. Plaintiff, Ayden Shaffer-Doan, is a minor, having been born on November 18, 2001. Minor-plaintiff resides with his parents and natural guardians, Timothy Doan and Karen Shaffer at R.D. #3, Box 308, Reynoldsville, Jefferson County, Pennsylvania 15851.

2. Defendant, Richard Grout, M.D. ("defendant Grout"), is a physician licensed to practice medicine in the Commonwealth of Pennsylvania. At all times material hereto, defendant Grout held himself out to the plaintiffs and to the public as a specialist in the field of pediatric medicine. Defendant Grout maintains an office for the practice of his specialty located at defendant Hospital and at Gateway Area Medical Associates, Inc., 635 C Maple Avenue, DuBois, Clearfield County, Pennsylvania 15801.

3. Defendant, Sundar Chandrasekhar, M.D. ("defendant Chandrasekhar"), is a physician licensed to practice medicine in the Commonwealth of Pennsylvania. At all times material hereto, defendant Chandrasekhar held himself out to the plaintiffs and the public in general as a specialist in the field of pediatric medicine. At all times material hereto, defendant

Chandrasekhar maintained an office for the practice of medicine at defendant Hospital and at defendant G.A.M.A.

4. Defendant, DuBois Regional Medical Center ("defendant Hospital"), at all times material hereto was a corporation or other jural entity, organized and existing under the laws of the Commonwealth of Pennsylvania, with a principal place of business in DuBois, Clearfield County, Pennsylvania. At all times material hereto, this defendant owned, operated and controlled a hospital located at 100 Hospital Avenue, DuBois, Clearfield County, Pennsylvania 15801.

Defendant, Gateway Area Medical Associates, Inc. ("defendant G.A.M.A."), at all times material hereto was a corporation or other jural entity, organized and existing under the laws of the Commonwealth of Pennsylvania, with a principal place of business in DuBois, Clearfield County, Pennsylvania. At all times relevant hereto defendant G.A.M.A. owned, operated and controlled a medical facility located at 635 C Maple Avenue, DuBois, Clearfield County, Pennsylvania 15801.

6. Plaintiff is asserting a professional liability claim against all defendants and the requisite certificates of merit, pursuant to Pa. R. Civ. P. 1042.3, are attached hereto as Exhibits "A" through "D", respectively.

7. At all times material hereto, defendants Grout and Chandrasekhar were actual and/or ostensible, agents, servants and/or employees of defendant Hospital and/or of defendant G.A.M.A.

OPERATIVE FACTS

8. Minor-plaintiff, Ayden Shaffer-Doan ("minor-plaintiff"), was approximately 18 days of age when he was admitted to Dubois Regional Medical Center in the early morning hours of December 6, 2001.

9. Minor-plaintiff's mother took him to the emergency room at defendant Hospital at around midnight that evening with complaints of diarrhea and decreased oral intake.

10. The triage notes record "reported possible seizure today".

11. Defendant Grout diagnosed minor-plaintiff as suffering from dehydration and admitted him at approximately 3:15 a.m. on December 6, 2001.

12. The nurse's note at 3:30 a.m. describes minor-plaintiff having "twitching of eyes ... rolled eyes back then turned pale to extremities then O2 sat down to 70's".

13. At 5:10 a.m. the nurse's note records "dr [doctor] notified: informed of pt [patient] condition, eye twitching, desats as well as periodic breathing and apneic episodes".

14. The nurse's note at 6:00 a.m. describes minor plaintiff as having a prolonged capillary refill time of 3 seconds and seizure activity.

15. At 7:45 a.m. the nurse's note records "seizure episodes", with his peripheral oxygen saturation (SpO2), measured with a pulse oximeter, dropping into the 70's.

16. At 8:00 a.m. minor-plaintiff had episodes of eye blinking, and at 8:30 a.m., he had periodic breathing, with "brief but frequent episodes".

17. Defendant Grout, upon information and belief, saw minor-plaintiff for the first time the following morning at about 8:00 a.m..

18. The nurse's notes describe seizure activity from 3:30 a.m. through 8:30 a.m., and the 8:00 a.m. nurse's note indicates that minor-plaintiff had two of these episodes while defendant Grout was in the room.

19. Defendant Grout ordered caffeine for minor-plaintiff at 8:00 a.m., presumably to treat the periodic breathing.

20. Defendant Grout's admit note, dictated at 8:29 a.m., describes minor-plaintiff's neurologic status as "drifts off to sleep unless stimulated".

21. Seizures were not discussed, diagnosed, investigated or treated, despite unambiguous evidence of seizure-like activity.

22. Instead of addressing seizures, defendant Grout ordered a chest x-ray and a renal ultrasound, neither of which investigate abnormal movements, seizures or a neurologic abnormality.

23. Minor-plaintiff continued to have evidence of seizure-like activity during the morning of December 6.

24. Between 9:00 a.m. and noon, he had repeated episodes of periodic breathing and desaturation to SpO2 of 70. These episodes were documented at 9:00, 9:30, 11:15, 11:25, 11:45 and 11:55 a.m., and at 12:00, 12:15, 12:20, 12:25, 12:40 and 12:45 p.m.

25. Despite receiving oxygen at 2 liters/minute, minor-plaintiff continued to have periods of desaturation.

26. Defendant Grout performed a lumbar puncture at about 1:00 p.m. on December 6th.

27. Despite data showing that minor-plaintiff was in status epilepticus, including desaturation episodes, lack of normal activity, lack of feeding and twitching, defendant Grout and the nursing staff still failed to investigate, diagnose and/or treat seizures.

28. Minor-plaintiff continued to have periodic breathing and desaturation episodes throughout the afternoon of the 6th. He was described as having "frequent desats, periodic breathing".

29. Minor-plaintiff had severe desaturation episodes recorded at 2:00, 3:40, 4:00, 4:10, 6:05, 7:10 and 7:30 p.m.

30. Minor-plaintiff, during the early evening hours of December 6th, had gone almost 16 hours without return to his neurologic baseline.

31. At 11:00 p.m. on December 6th, minor-plaintiff had tremors and, at 11:30 p.m., he had another desaturation episode.

32. At approximately 2:47 a.m. on December 7th, minor-plaintiff had an episode of eye twitching, after which his left pupil became dilated.

33. At 3:30 a.m., his left pupil was still larger than the right, and it reacted sluggishly to light.

34. At 4:00 a.m. minor-plaintiff's eyes were twitching, he had tremors, and his left pupil was more sluggish.

35. The nurse's note at 4:15 a.m. states " dr notified: pt having left pupil slightly more dilated & slightly sluggish ... Continues to have focal seizure (sic) and tremors of extremities ... Apneic episodes & periodic breathing".

36. A telephone order was given by defendant Chandrasekhar, who was apparently covering for defendant Grout, to order a cranial sonogram and EEG in the morning. Niether defendant Chandrasekhar, nor any other physician, saw minor-plaintiff until the next morning.

37. The nurse's 6:00 a.m. note from December 7th note records "awake thru night ...having ? focal seizures ... Continues to have episodes of periodic breathing, occasional apneic episodes ... HR irregular".

38. At 8:10 a.m., minor-plaintiff had another episode of mouth movements, arm movements and blinking. He had bradycardia at 5:00, 6:00, 6:40 and 8:10 a.m.. The nurse's notes record "having periods of posturing and flexing of arms that resemble seizures".

39. Defendant Chandrasekhar was present during an episode at 8:00 a.m., but ordered no treatment to stop seizures.

40. Despite the duration of his recurrent episodes (28 hours by 8 a.m. on December 7) and the severity of his compromise, neither Defendant Chandrasekhar nor Defendant Grout nor the nursing staff recognized the severity of minor-plaintiff's condition, and all defendants failed to timely institute required and appropriate treatment.

41. At 8:00 a.m., a CT scan of minor-plaintiff's head was ordered.

42. Despite minor-plaintiff's dilated and poorly reactive pupil, continued compromise and abnormal neurologic exam, no treatment for cerebral edema was ordered.

43. Defendants were so far from appreciating the severity of minor -plaintiff's condition that an order was sent by FAX to allow minor-plaintiff to breast feed. A nurse signed this order at 9:15 a.m. on December 7.

44. As the morning progressed, minor-plaintiff continued to deteriorate. He was clearly demonstrating ominous signs of evolving and impending neurologic, respiratory and circulatory failure, all of which went untreated.

45. It was not until approximately 11:22 a.m. that phenobarbital was given.

46. At approximately noon, minor-plaintiff had a CT scan. While it demonstrated cerebral edema, it was read as demonstrating subarachnoid hemorrhage.

47. Defendant Grout was called at approximately 1:15 p.m., and initiated arrangements to transfer minor-plaintiff to another hospital.

48. The transport team from Children's Hospital of Pittsburgh was called.

49. When the transport team arrived at approximately 2:50 p.m., they discovered a moribund, nearly dead baby, in whom they had to start CPR within minutes of their arrival.

50. Minor-plaintiff was in profound shock.

51. He was cold and obtunded, with weak pulses and a capillary refill time of 4-5 seconds; his temperature was 30 degrees.

52. No vital signs were documented by the nurses between approximately 5:00 a.m. and the arrival of the transport team.

53. Minor-plaintiff's abnormal movements and respiratory pattern were never evaluated by EEG or by a neurologist at defendant Hospital.

54. Minor-plaintiff was allowed by the nurses at defendant Hospital and by defendants Grout and Chandrasekhar to have untreated, recurrent and/or continuous seizures for most of 30 hours.

55. As a result, minor-plaintiff was caused to have profound encephalomalacia and other permamanent and catastrophic injuries.

56. Defendant Grout, defendant Chandrasekhar, and the nurses at defendant Hospital failed to treat minor-plaintiff's cardiopulmonary compromise, profound shock, and respiratory failure.

57. Minor-plaintiff's permanent brain damage and other injuries and damages set forth below were caused solely and wholly by reason of the negligence and carelessness of the defendants, as set forth more fully below, and were not caused or contributed thereto by any negligence on the part of the plaintiffs.

58. As a direct result of the negligence and carelessness of the defendants as set forth below, minor-plaintiff suffered injuries to the bones, muscles, nerves, nervous system, brain, tendons, tissues and blood vessels of his body, including, but not limited to, permanent and catastrophic brain damage, spastic quadriplegia, with its attendant signs, symptoms and sequelae together with severe shock, weakness, emotional and psychological injuries, blindness and other physical and emotional injuries and upset, the full extent of which are not yet known and some or a of which may be permanent in nature.

59. As a direct result of the negligence and carelessness of the defendants as set forth below, minor-plaintiff may be confined to a wheelchair for the remainder of his life.

60. As a direct result of the negligence and carelessness of defendants as set forth below, minor-plaintiff has suffered injuries which have precluded him and may in the future continue to preclude him from enjoying fully the ordinary pleasures of life and participating in

his ordinary activities and avocations; further, he has suffered and may in the future continue to undergo pain, suffering, embarrassment, depression, anxiety, bodily deformation, disability, mental anguish, loss of "well-being", and other such intangible losses, some or all of which may be permanent in nature.

61. As a direct result of the negligence and carelessness of the defendants as set forth below, plaintiffs Karen Shaffer and Timothy Doan, on behalf of their minor son, Ayden Shaffer-Doan, have incurred in the past and may in the future continue to incur substantial medical and medically-related expenses including, but not limited to, expenditures for medicine, hospitalizations, medical and surgical care, testing, physical therapy, occupational therapy, rehabilitative care, equipment and other care to attend to, treat, and attempt to alleviate, minimize and/or cure their son's conditions.

62. As a direct result of the negligence and carelessness of defendants as set forth below, minor-plaintiff may in the future incur substantial medical and medically-related expenses including but not limited to, expenditures for medicine, hospitalizations, medical and surgical care, testing, physical therapy, occupational therapy, rehabilitative care, equipment and other care to attend to, treat, and attempt to alleviate, minimize, and/or cure his condition.

63. As a direct result of the negligence and carelessness of defendants as set forth below, minor-plaintiff has been prevented in the past and may in the future continue to be prevented from performing his usual duties, occupations, and avocations.

64. As a direct result of the negligence and carelessness of defendants as set forth below, minor-plaintiff has suffered in the past and may in the future continue to suffer a loss of

earnings and earning capacity.

COUNT ONE - Negligence
Plaintiffs, Ayden Shaffer-Doan, a minor, by his parents and natural guardians, Timothy Doan and Karen Shaffer, and Timothy Doan and Karen Shaffer, in their own right
vs. Richard Grout, M.D and Sundar Chandrasekhar, M.D.

65. Plaintiffs incorporate paragraphs 1 through 64 as if fully set forth herein.

66. Defendant Grout Hospital and defendant Chandrasekhar were careless and negligent in one or more of the following particular respects:

a. failure to ensure that minor-plaintiff was in the hands of appropriately trained and experienced physicians;
b. failure to properly supervise resident physicians at defendant hospital;
c. failure to properly supervise nurses at the hospital;
d. failure to keep apprised of and/or be aware of the condition of minor-plaintiff;
e. failure to properly instruct the nursing staff and/or resident physicians with respect to the management of minor plaintiff's care;
f. failure to properly instruct the nursing staff and/or resident physicians with respect to the conditions under which seizure required urgent neurological intervention;
g. failure to properly instruct the nursing staff with respect to the circumstances under which physicians should be called for evaluation;
h. failure to properly instruct the nursing staff with respect to the circumstances under which attending physicians should be called for evaluation;
i. failure to be aware of and/or respond promptly to minor-plaintiff's condition;
j. failure to prevent hyponatremic encephalopathy;
k. causing acute hyponatremia;
l. failure to diagnose hyponatremia;
m. failure to treat and correct hyponatremia;
o. failure to properly estimate the degree of dehydration;
p. failure to calculate a fluid deficit;
q. failure to identify the type of dehydration involved;
r. failure to diagnose and treat shock;
s. causing fluid overload;
t. failure to obtain a STAT neurological consult;
u. failure to timely arrange for transfer;
v. failure to appreciate the severity of minor-plaintiff's condition;
w. failure to prevent neurological emergency;
x. failure to get a STAT EEG;

y. failure to consult with a neurologist;
z. failure to investigate seizures;
aa. failure to diagnose seizures;
bb. failure to treat seizures;
cc. failure to recognize signs and symptoms of seizures;
dd. failure to order proper diagnostic tests in the face of seizures;
ee. failure to recognize status epilepticus;
ff. failure to prevent status epilepticus;
gg. failure to treat desaturation;
hh. failure appreciate the significant of periodic breathing episodes;
ii. failure to prevent neurologic emergency;
jj. failure to recognize an abnormal neurologic exam;
kk. failure to recognize signs and symptoms of systemic compromise;
ll. failure to come into the hospital in the face of neurologic abnormalities;
mm. failure to timely treat seizures;
nn. failure to timely treat cardiorespiratory failure;
oo. failure to prevent cardiorespiratory failure;
pp. failure to recognize and treat cardiorespiratory compromise;
qq. failure to recognize and treat cerebral edema;
rr. failure to prevent cerebral edema;
ss. failure to recognize the significance of minor-plaintiff's dilated pupil;
tt. failure to diagnose and treat hyponatremia;
uu. failure to timely give phenobarbitol;
vv. failure to timely transfer to the appropriate medical center; and
ww. failure to recognize and treat abnormal respiratory patterns.

67. Defendant Grout and defendant Chandrasekhar undertook and/or assumed a duty to render reasonable, proper, adequate, and appropriate care to plaintiffs and to avoid harm to them, which duty was breached by defendant Grout and defendant Chandrasekar.

68. Plaintiffs relied on the knowledge, treatment, and advice of defendant Grout and defendant Chandrasekhar.

69. The carelessness and negligence of defendant Grout and defendant Chandrasekhar, as set forth above, increased the risk of harm and was a substantial factor in causing the injuries and damages suffered by plaintiffs.

WHEREFORE, plaintiffs demand damages against defendant Grout and defendant Chandrasekhar, in an amount in excess of Fifty Thousand ($50,000.00) Dollars, and in excess of the prevailing arbitration limits, exclusive of prejudgment interest, post-judgment interest and costs.

COUNT TWO - Negligence
Plaintiffs, Ayden Shaffer-Doan, a minor, by his parents and natural guardians, Timothy Doan and Karen Shaffer, and Timothy Doan and Karen Shaffer, in their own right vs. DuBois Regional Medical Center and Gateway Area Medical Associates, Inc.

70. Plaintiffs incorporate paragraphs 1 through 69 as if fully set forth herein.

71. Defendant Hospital and defendant G.A.M.A., individually, and acting through their authorized agents, servants, workmen, and employees, were careless and negligent in one or more of the following particular respects:

a. failure to ensure that minor-plaintiff was in the hands of appropriately trained and experienced physicians;
b. failure to properly supervise resident physicians at defendant hospital;
c. failure to properly supervise nurses at the hospital;
d. failure to keep apprised of and/or be aware of the condition of minor-plaintiff;
e. failure to properly instruct the nursing staff and/or resident physicians with respect to the management of minor plaintiff's care;
f. failure to properly instruct the nursing staff and/or resident physicians with respect to the conditions under which seizure required urgent neurological intervention;
g. failure to properly instruct the nursing staff with respect to the circumstances under which physicians should be called for evaluation;
h. failure to properly instruct the nursing staff with respect to the circumstances under which attending physicians should be called for evaluation;
i. failure to be aware of and/or respond promptly to minor-plaintiff's condition;
j. failure to prevent hyponatremic encephalopathy;
k. causing acute hyponatremia;
l. failure to diagnose hyponatremia;
m. failure to treat and correct hyponatremia;

o. failure to properly estimate the degree of dehydration;
p. failure to calculate a fluid deficit;
q. failure to identify the type of dehydration involved;
r. failure to diagnose and treat shock;
s. causing fluid overload;
t. failure to obtain a STAT neurological consult;
u. failure to timely arrange for transfer;
v. failure to appreciate the severity of minor-plaintiff's condition;
w. failure to prevent neurological emergency;
x. failure to get a STAT EEG;
y. failure to consult with a neurologist;
z. failure to investigate seizures;
aa. failure to diagnose seizures;
bb. failure to treat seizures;
cc. failure to recognize signs and symptoms of seizures;
dd. failure to order proper diagnostic tests in the face of seizures;
ee. failure to recognize status epilepticus;
ff. failure to prevent status epilepticus;
gg. failure to treat desaturation;
hh. failure appreciate the significant of periodic breathing episodes;
ii. failure to prevent neurologic emergency;
jj. failure to recognize an abnormal neurologic exam;
kk. failure to recognize signs and symptoms of systemic compromise;
ll. failure to come into the hospital in the face of neurologic abnormalities;
mm. failure to timely treat seizures;
nn. failure to timely treat cardiorespiratory failure;
oo. failure to prevent cardiorespiratory failure;
pp. failure to recognize and treat cardiorespiratory compromise;
qq. failure to recognize and treat cerebral edema;
rr. failure to prevent cerebral edema;
ss. failure to recognize the significance of minor-plaintiff's dilated pupil;
tt. failure to diagnose and treat hyponatremia;
uu. failure to timely give phenobarbitol;
vv. failure to timely transfer to the appropriate medical center; and
ww. failure to recognize and treat abnormal respiratory patterns.

72. Defendant Hospital and defendant G.A.M.A. undertook and/or assumed a duty to render reasonable, proper, adequate, and appropriate care to plaintiffs and to avoid harm to them, which duty was breached by defendants.

73. Plaintiffs relied on the knowledge, treatment, and advice of defendant Hospital and defendant G.A.M.A.

74. The carelessness and negligence of defendant Hospital and defendant G.A.M.A., as set forth above, increased the risk of harm and was a substantial factor in causing the injuries and damages suffered by plaintiffs.

WHEREFORE, plaintiffs demand damages against defendant Hospital and defendant G.A.M.A. in an amount in excess of Fifty Thousand ($50,000.00) Dollars, and in excess of the prevailing arbitration limits, exclusive of prejudgment interest, post-judgment interest and costs.

COUNT THREE: Negligence of Defendant Dubois Regional Medical Center under Thompson v. Nason
Plaintiffs, Ayden Shaffer-Doan, a minor, by his parents and natural guardians, Timothy Doan and Karen Shaffer, and Timothy Doan and Karen Shaffer, in their own right vs. Dubois Regional Medical Center

75. The paragraphs and allegations stated above are incorporated hereby by reference and made a part hereof as if set forth in full.

76. Defendant, Dubois Regional Medical Center, individually, and acting through their authorized agents servants, workmen and employees were careless and negligent in one or more of the following particular respects:

a. failing to have physicians appropriate in number, training and/or experience to diagnose, attend to and treat minor-plaintiff and/or make decisions regarding his care, when they knew or should have known of the lack of such measures and the need for such measures;
b. failing to ensure that minor-plaintiff received appropriate attention from appropriately trained, credentialed and experienced physicians in a prompt manner under the circumstances set forth above, when they knew or should have known of the lack of such measures and the need for such measures;
c. failing to adopt and/or enforce appropriate rules, guidelines, procedures or protocols with respect to the management of patients and/or transfer of

patients such as minor-plaintiff by appropriately trained physicians when they knew or should have known of the lack of such measures and the need for such measures;

d. failing to adopt and/or enforce appropriate rules, guidelines, procedures or protocols with respect to communication between and among health care professionals and transferring patients such as minor-plaintiff when they knew or should have known of the lack of such measures and the need for such measures;

e. failing to adopt and/or enforce appropriate rules, guidelines, procedures or protocols with respect to determining when, for patients like minor-plaintiff, there was a neurological emergency when they knew or should have known of the lack of such measures and the need for such measures;

f. failing to adopt and/or enforce appropriate rules, guidelines, procedures or protocols with respect to having physicians on-call and in the hospital during over-night hours when they knew or should have known of the lack of such measures and the need for such measures;

g. failing to adopt and/or enforce appropriate rules, guidelines, procedures or protocols with respect to the administration of appropriate medications for seizure activity in patients like minor-plaintiff when they knew or should have known of the lack of such measures and the need for such measures

h. failing to adopt and/or enforce rules, guidelines, procedures or appropriate protocols with respect to the involvement of attending physicians in the care of a patient such as minor-plaintiff and/or the supervision of residents and nurses in their care of patients such as minor-plaintiff when they knew or should have known of the lack of such measures and the need for such measures;

j. failing to have and to maintain appropriate facilities and equipment that would have enabled physicians to perform a timely evaluation of minor-plaintiff;

k. failing to ensure that appropriate facilities and equipment were immediately available at the hospital for evaluation and treatment of minor-plaintiff;

l. failing to have appropriate staff, including physicians, nursing staff and other personnel available for evaluation of minor-plaintiff;

m. accepting minor-plaintiff as a patient when they knew or should have known that they did not have appropriate facilities, equipment and/or healthcare professionals to attend to him and provide to him the level of care he needed and/or and the level of care it should have been anticipated he may need;

n. failing to select and retain only competent physicians, nurses and others;

o. failing to oversee all persons who practice medicine within its walls as to patient care; and

p. failing to formulate, adopt, and enforce adequate rules and policies to

ensure quality care for patients including failure to adopt policies, procedures, guidelines such as those plead above in paragraphs a through.

77. Defendant Hospital undertook and/or assumed a duty to render reasonable, proper, adequate and appropriate medical care to plaintiffs and to avoid harm to them, which duty was breached by defendant Hospital.

78. Plaintiffs relied on the knowledge, treatment and advice of defendant Hospital.

79. The carelessness and negligence of defendant Hospital, as set forth above, increased the risk of harm and was a substantial factor in causing the injuries and damages suffered by plaintiffs as set forth more fully above.

WHEREFORE, plaintiffs demand damages against defendant, Dubois Regional Medical Center, in an amount in excess of Fifty Thousand ($50,000.00) Dollars, and in excess of the prevailing arbitration limits, exclusive of prejudgment interest, post-judgment interest and costs.

COUNT FOUR: Negligence of Dubois Regional Medical Center for the Acts of its Residents, Nurses, Nurse Practitioners and Other Employees Who Cared for Minor-plaintiff
Plaintiffs V. Dubois Regional Medical Center

80. The paragraphs and allegations stated above are incorporated hereby by reference and made a part hereof as if set forth in full.

81. Defendant Dubois Regional Medical Center, acting through its authorized agents servants, workmen and employees were careless and negligent in one or more of the following particular respects:

a. failure to ensure that minor-plaintiff was in the hands of appropriately trained and experienced physicians;
b. failure to properly supervise resident physicians at defendant hospital;
c. failure to properly supervise nurses at the hospital;

d. failure to keep apprised of and/or be aware of the condition of minor-plaintiff;
e. failure to properly instruct the nursing staff and/or resident physicians with respect to the management of minor plaintiff's care;
f. failure to properly instruct the nursing staff and/or resident physicians with respect to the conditions under which seizure required urgent neurological intervention;
g. failure to properly instruct the nursing staff with respect to the circumstances under which physicians should be called for evaluation;
h. failure to properly instruct the nursing staff with respect to the circumstances under which attending physicians should be called for evaluation;
i. failure to be aware of and/or respond promptly to minor-plaintiff's condition;
j. failure to prevent hyponatremic encephalopathy;
k. causing acute hyponatremia;
l. failure to diagnose hyponatremia;
m. failure to treat and correct hyponatremia;
o. failure to properly estimate the degree of dehydration;
p. failure to calculate a fluid deficit;
q. failure to identify the type of dehydration involved;
r. failure to diagnose and treat shock;
s. causing fluid overload;
t. failure to obtain a STAT neurological consult;
u. failure to timely arrange for transfer;
v. failure to appreciate the severity of minor-plaintiff's condition;
w. failure to prevent neurological emergency;
x. failure to get a STAT EEG;
y. failure to consult with a neurologist;
z. failure to investigate seizures;
aa. failure to diagnose seizures;
bb. failure to treat seizures;
cc. failure to recognize signs and symptoms of seizures;
dd. failure to order proper diagnostic tests in the face of seizures;
ee. failure to recognize status epilepticus;
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gg. failure to treat desaturation;
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ii. failure to prevent neurologic emergency;
jj. failure to recognize an abnormal neurologic exam;
kk. failure to recognize signs and symptoms of systemic compromise;
ll. failure to come into the hospital in the face of neurologic abnormalities;
mm. failure to timely treat seizures;

nn. failure to timely treat cardiorespiratory failure;
oo. failure to prevent cardiorespiratory failure;
pp. failure to recognize and treat cardiorespiratory compromise;
qq. failure to recognize and treat cerebral edema;
rr. failure to prevent cerebral edema;
ss. failure to recognize the significance of minor-plaintiff's dilated pupil;
tt. failure to diagnose and treat hyponatremia;
uu. failure to timely give phenobarbitol;
vv. failure to timely transfer to the appropriate medical center; and
ww. failure to recognize and treat abnormal respiratory patterns.

82. Defendant Hospital undertook and/or assumed a duty to render reasonable, proper, adequate and appropriate medical care to plaintiffs and to avoid harm to them, which duty was breached by defendants.

83. Plaintiffs relied on the knowledge, treatment and advice of defendant Hospital.

84. The carelessness and negligence of defendant Hospital, as set forth above, increased the risk of harm and was a substantial factor in causing the injuries and damages suffered by plaintiffs as set forth more fully above.

WHEREFORE, plaintiffs demand damages against defendant Dubois Regional Medical Center, in an amount in excess of Fifty Thousand ($50,000.00) Dollars, and in excess of the prevailing arbitration limits, exclusive of prejudgment interest, post-judgment interest and costs.

KLINE & SPECTER
A Professional Corporation

By: _____
SHANIN SPECTER, ESQUIRE
MATTHEW A. CASEY, ESQUIRE
Attorneys for Plaintiffs

Dated:

KLINE & SPECTER
A PROFESSIONAL CORPORATION

VERIFICATION

I, Karen Shaffer, hereby verify that I am the plaintiff in this action, and that the statements made in the foregoing Civil Action Complaint are true and correct, to the best of my knowledge, information and belief. The language of the document is that of counsel and not of the affiant. To the extent that the contents of the document are based on information furnished to counsel and obtained by him during the course of this lawsuit, the affiant has relied upon counsel in taking this verification. All statements are founded upon reasonable belief. This verification is made subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.

Karen Shaffer
KAREN SHAFFER

DATED: 3-23-05

KLINE & SPECTER
A PROFESSIONAL CORPORATION

VERIFICATION

I, Timothy Doan, hereby verify that I am the plaintiff in this action, and that the statements made in the foregoing Civil Action Complaint are true and correct, to the best of my knowledge, information and belief. The language of the document is that of counsel and not of the affiant. To the extent that the contents of the document are based on information furnished to counsel and obtained by him during the course of this lawsuit, the affiant has relied upon counsel in taking this verification. All statements are founded upon reasonable belief. This verification is made subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.

Timothy Doan

TIMOTHY DOAN

DATED:

A

KLINE & SPECTER
A PROFESSIONAL CORPORATION

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	Civil Division
Plaintiffs,	**Civil Action - Medical Professional Liability Action**
vs.	
RICHARD GROUT, M.D. 635 C. Maple Avenue Dubois, PA 15801	JURY TRIAL DEMANDED
and	TYPE OF PLEADING: COMPLAINT
SUNDAR CHANDRASEKHAR, M.D. c/o DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	COUNSEL OF RECORD FOR PLAINTIFFS: SHANIN SPECTER, ESQUIRE I.D. No. 40928 MATTHEW A. CASEY, ESQUIRE I.D. No. 84443
and	
DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	**KLINE & SPECTER** **A Professional Corporation** 19th Floor Philadelphia, PA 19102 215-772-1000
and	
GATEWAY AREA MEDICAL ASSOCIATES, INC.: 635 C Maple Avenue Dubois, PA 15801	

Certificate of Merit as to Richard Grout, M.D.

I, Matthew A. Casey, certify that:

An appropriate licensed professional has supplied a written statement to the undersigned that there is a basis to conclude that the care, skill or knowledge exercised or exhibited by this defendant in the treatment, practice or work that is the subject of the complaint, fell outside acceptable professional standards and that such conduct was a cause in bringing about the harm.

Date: 3-23-05

Matth C

MATTHEW A. CASEY, ESQUIRE

B

KLINE & SPECTER
A PROFESSIONAL CORPORATION

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	Civil Division
Plaintiffs,	**Civil Action - Medical Professional Liability Action**
vs.	
RICHARD GROUT, M.D. 635 C. Maple Avenue Dubois, PA 15801	JURY TRIAL DEMANDED
and	TYPE OF PLEADING: COMPLAINT
SUNDAR CHANDRASEKHAR, M.D. c/o DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	COUNSEL OF RECORD FOR PLAINTIFFS: SHANIN SPECTER, ESQUIRE I.D. No. 40928 MATTHEW A. CASEY, ESQUIRE I.D. No. 84443
and	**KLINE & SPECTER** **A Professional Corporation** 19th Floor Philadelphia, PA 19102 215-772-1000
DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	
and	
GATEWAY AREA MEDICAL ASSOCIATES, INC. 635 C Maple Avenue Dubois, PA 15801	

Certificate of Merit as to Sundar Chandrasekhar, M.D.

I, Matthew A. Casey, certify that:

An appropriate licensed professional has supplied a written statement to the undersigned that there is a basis to conclude that the care, skill or knowledge exercised or exhibited by this defendant in the treatment, practice or work that is the subject of the complaint, fell outside acceptable professional standards and that such conduct was a cause in bringing about the harm.

Date: 3-23-05

Matth C

MATTHEW A. CASEY, ESQUIRE

or knowledge exercised or exhibited by the other licensed professionals in the treatment, practice or work that is the subject of this complaint, fell outside acceptable professional standards and that such conduct was a cause in bringing about the harm.

Date: 3-23-05

Matth C

MATTHEW A. CASEY, ESQUIRE

D

KLINE & SPECTER
A PROFESSIONAL CORPORATION

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	Civil Division
Plaintiffs,	**Civil Action - Medical Professional Liability Action**
vs.	
RICHARD GROUT, M.D. 635 C. Maple Avenue Dubois, PA 15801	JURY TRIAL DEMANDED
and	TYPE OF PLEADING: COMPLAINT
SUNDAR CHANDRASEKHAR, M.D. c/o DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	COUNSEL OF RECORD FOR PLAINTIFFS: SHANIN SPECTER, ESQUIRE I.D. No. 40928 MATTHEW A. CASEY, ESQUIRE I.D. No. 84443
and	
DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	**KLINE & SPECTER** **A Professional Corporation** 19th Floor Philadelphia, PA 19102 215-772-1000
and	
GATEWAY AREA MEDICAL ASSOCIATES, INC. 635 C Maple Avenue Dubois, PA 15801	

Certificate of Merit as to Gateway Area Medical Associates

I, Matthew A. Casey, certify that:

The claim that this defendant deviated from an acceptable professional standard is based solely on allegations that other licensed professionals for whom this defendant is responsible deviated from an acceptable professional standard and an appropriate licensed professional has supplied a written statement to the undersigned that there is a basis to conclude that the care, skill

or knowledge exercised or exhibited by the other licensed professionals in the treatment, practice or work that is the subject of this complaint, fell outside acceptable professional standards and that such conduct was a cause in bringing about the harm.

Date: 3-23-05

MATTHEW A. CASEY, ESQUIRE

KLINE & SPECTER
A PROFESSIONAL CORPORATION

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	:	Civil Division
Plaintiffs,	:	**Civil Action - Medical Professional Liability Action**
vs.	:	
RICHARD GROUT, M.D. 635 C. Maple Avenue Dubois, PA 15801	:	JURY TRIAL DEMANDED
and	:	TYPE OF PLEADING: COMPLAINT
SUNDAR CHANDRASEKHAR, M.D. c/o DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	:	COUNSEL OF RECORD FOR PLAINTIFFS: SHANIN SPECTER, ESQUIRE I.D. No. 40928 MATTHEW A. CASEY, ESQUIRE I.D. No. 84443
and	:	**KLINE & SPECTER** **A Professional Corporation** 19th Floor Philadelphia, PA 19102 215-772-1000
DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	:	
and	:	
GATEWAY AREA MEDICAL ASSOCIATES, INC. 635 C Maple Avenue Dubois, PA 15801	:	

Certificate of Merit as to Dubois Regional Medical Center

I, Matthew A. Casey, certify that:

The claim that this defendant deviated from an acceptable professional standard is based solely on allegations that other licensed professionals for whom this defendant is responsible deviated from an acceptable professional standard and an appropriate licensed professional has supplied a written statement to the undersigned that there is a basis to conclude that the care, skill

COPY

I hereby certify this to be a true and attested copy of the original statement filed in this case.

MAR 24 2005

Attest.

Prothonotary/
Clerk of Courts

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

COVER SHEET

No. 05-418-CD

Type of Case: Civil Action - Medical Professional Liability Action

Type of Pleadings: Complaint w/Jury Trial Demand

Filed on Behalf of: Plaintiffs

Counsel of Record for Plaintiff: Shanin Specter, Esquire and Matthew A. Casey, Esquire

Parties:

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,

Plaintiffs,

vs.

RICHARD GROUT, M.D.; SUNDAR CHANDRASEKHAR, M.D., DUBOIS REGIONAL MEDICAL CENTER AND GATEWAY AREA MEDICAL ASSOCIATES, INC.

Defendants.

Attorneys/Firm: Shanin Specter, Esquire
I.D. No. 40928
Matthew A. Casey, Esquire
I.D. No. 84443
Kline & Specter
A Professional Corporation
1525 Locust Street
Philadelphia, PA 19102
215-772-1000

SHANIN SPECTER, ESQUIRE
MATTHEW A. CASEY, ESQUIRE
Attorneys for Plaintiffs

Dated: 3-23-05

KLINE & SPECTER
A PROFESSIONAL CORPORATION

I hereby certify this to be a true and attested copy of the original statement filed in this case.

MAR 24 2005

Attest.

Prothonotary/
Clerk of Courts

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right, Plaintiffs, vs. RICHARD GROUT, M.D. 635 C. Maple Avenue Dubois, PA 15801 and SUNDAR CHANDRASEKHAR, M.D. c/o DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801 and DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801 and GATEWAY AREA MEDICAL ASSOCIATES, INC. 635 C Maple Avenue Dubois, PA 15801	Civil Division No. 05-418-CD **Civil Action - Medical Professional Liability Action** JURY TRIAL DEMANDED TYPE OF PLEADING: COMPLAINT COUNSEL OF RECORD FOR PLAINTIFFS: SHANIN SPECTER, ESQUIRE I.D. No. 40928 MATTHEW A. CASEY, ESQUIRE I.D. No. 84443 **KLINE & SPECTER** **A Professional Corporation** 19th Floor Philadelphia, PA 19102 215-772-1000

NOTICE TO DEFEND

YOU have been sued in Court. If you wish to defend against the claims set forth in the following pages, you must take action within twenty (20) days after this Complaint and Notice are served, by entering a written appearance personally or by attorney and filing in writing with the Court your defenses or objections to the claims set forth against you by the Court without further Notice for any money claimed in the Complaint or for any claim or relief requested by the Plaintiff. You may lose money or property or other rights important to you.

YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE OR KNOW A LAWYER, THEN YOU SHOULD GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW TO FIND OUT WHERE YOU CAN GET LEGAL HELP:

DAVID S. MEHOLICK, COURT ADMINISTRATOR - CLEARFIELD COUNTY
COURTHOUSE CLEARFIELD, PA 16830 (814) 765-2641, Ext, 5982

CIVIL ACTION COMPLAINT - MALPRACTICE - MEDICAL [26051]

Plaintiffs, Ayden Shaffer-Doan, a minor, by his parents and natural guardians, Timothy Doan and Karen Shaffer, and Timothy Doan and Karen Shaffer, in their own right, by their attorneys, Kline & Specter, A Professional Corporation, hereby file this Civil Action Complaint and in support thereof state the following:

1. Plaintiff, Ayden Shaffer-Doan, is a minor, having been born on November 18, 2001. Minor-plaintiff resides with his parents and natural guardians, Timothy Doan and Karen Shaffer at R.D. #3, Box 308, Reynoldsville, Jefferson County, Pennsylvania 15851.

2. Defendant, Richard Grout, M.D. ("defendant Grout"), is a physician licensed to practice medicine in the Commonwealth of Pennsylvania. At all times material hereto, defendant Grout held himself out to the plaintiffs and to the public as a specialist in the field of pediatric medicine. Defendant Grout maintains an office for the practice of his specialty located at defendant Hospital and at Gateway Area Medical Associates, Inc., 635 C Maple Avenue, DuBois, Clearfield County, Pennsylvania 15801.

3. Defendant, Sundar Chandrasekhar, M.D. ("defendant Chandrasekhar"), is a physician licensed to practice medicine in the Commonwealth of Pennsylvania. At all times material hereto, defendant Chandrasekhar held himself out to the plaintiffs and the public in general as a specialist in the field of pediatric medicine. At all times material hereto, defendant

Chandrasekhar maintained an office for the practice of medicine at defendant Hospital and at defendant G.A.M.A.

4. Defendant, DuBois Regional Medical Center ("defendant Hospital"), at all times material hereto was a corporation or other jural entity, organized and existing under the laws of the Commonwealth of Pennsylvania, with a principal place of business in DuBois, Clearfield County, Pennsylvania. At all times material hereto, this defendant owned, operated and controlled a hospital located at 100 Hospital Avenue, DuBois, Clearfield County, Pennsylvania 15801.

Defendant, Gateway Area Medical Associates, Inc. ("defendant G.A.M.A."), at all times material hereto was a corporation or other jural entity, organized and existing under the laws of the Commonwealth of Pennsylvania, with a principal place of business in DuBois, Clearfield County, Pennsylvania. At all times relevant hereto defendant G.A.M.A. owned, operated and controlled a medical facility located at 635 C Maple Avenue, DuBois, Clearfield County, Pennsylvania 15801.

6. Plaintiff is asserting a professional liability claim against all defendants and the requisite certificates of merit, pursuant to Pa. R. Civ. P. 1042.3, are attached hereto as Exhibits "A" through "D", respectively.

7. At all times material hereto, defendants Grout and Chandrasekhar were actual and/or ostensible, agents, servants and/or employees of defendant Hospital and/or of defendant G.A.M.A.

OPERATIVE FACTS

8. Minor-plaintiff, Ayden Shaffer-Doan ("minor-plaintiff"), was approximately 18 days of age when he was admitted to Dubois Regional Medical Center in the early morning hours of December 6, 2001.

9. Minor-plaintiff's mother took him to the emergency room at defendant Hospital at around midnight that evening with complaints of diarrhea and decreased oral intake.

10. The triage notes record "reported possible seizure today".

11. Defendant Grout diagnosed minor-plaintiff as suffering from dehydration and admitted him at approximately 3:15 a.m. on December 6, 2001.

12. The nurse's note at 3:30 a.m. describes minor-plaintiff having "twitching of eyes ... rolled eyes back then turned pale to extremities then O2 sat down to 70's".

13. At 5:10 a.m. the nurse's note records "dr [doctor] notified: informed of pt [patient] condition, eye twitching, desats as well as periodic breathing and apneic episodes".

14. The nurse's note at 6:00 a.m. describes minor plaintiff as having a prolonged capillary refill time of 3 seconds and seizure activity.

15. At 7:45 a.m. the nurse's note records "seizure episodes", with his peripheral oxygen saturation (SpO2), measured with a pulse oximeter, dropping into the 70's.

16. At 8:00 a.m. minor-plaintiff had episodes of eye blinking, and at 8:30 a.m., he had periodic breathing, with "brief but frequent episodes".

17. Defendant Grout, upon information and belief, saw minor-plaintiff for the first time the following morning at about 8:00 a.m..

18. The nurse's notes describe seizure activity from 3:30 a.m. through 8:30 a.m., and the 8:00 a.m. nurse's note indicates that minor-plaintiff had two of these episodes while defendant Grout was in the room.

19. Defendant Grout ordered caffeine for minor-plaintiff at 8:00 a.m., presumably to treat the periodic breathing.

20. Defendant Grout's admit note, dictated at 8:29 a.m., describes minor-plaintiff's neurologic status as "drifts off to sleep unless stimulated".

21. Seizures were not discussed, diagnosed, investigated or treated, despite unambiguous evidence of seizure-like activity.

22. Instead of addressing seizures, defendant Grout ordered a chest x-ray and a renal ultrasound, neither of which investigate abnormal movements, seizures or a neurologic abnormality.

23. Minor-plaintiff continued to have evidence of seizure-like activity during the morning of December 6.

24. Between 9:00 a.m. and noon, he had repeated episodes of periodic breathing and desaturation to SpO2 of 70. These episodes were documented at 9:00, 9:30, 11:15, 11:25, 11:45 and 11:55 a.m., and at 12:00, 12:15, 12:20, 12:25, 12:40 and 12:45 p.m.

25. Despite receiving oxygen at 2 liters/minute, minor-plaintiff continued to have periods of desaturation.

26. Defendant Grout performed a lumbar puncture at about 1:00 p.m. on December 6th.

27. Despite data showing that minor-plaintiff was in status epilepticus, including desaturation episodes, lack of normal activity, lack of feeding and twitching, defendant Grout and the nursing staff still failed to investigate, diagnose and/or treat seizures.

28. Minor-plaintiff continued to have periodic breathing and desaturation episodes throughout the afternoon of the 6th. He was described as having "frequent desats, periodic breathing".

29. Minor-plaintiff had severe desaturation episodes recorded at 2:00, 3:40, 4:00, 4:10, 6:05, 7:10 and 7:30 p.m.

30. Minor-plaintiff, during the early evening hours of December 6th, had gone almost 16 hours without return to his neurologic baseline.

31. At 11:00 p.m. on December 6th, minor-plaintiff had tremors and, at 11:30 p.m., he had another desaturation episode.

32. At approximately 2:47 a.m. on December 7th, minor-plaintiff had an episode of eye twitching, after which his left pupil became dilated.

33. At 3:30 a.m., his left pupil was still larger than the right, and it reacted sluggishly to light.

34. At 4:00 a.m. minor-plaintiff's eyes were twitching, he had tremors, and his left pupil was more sluggish.

35. The nurse's note at 4:15 a.m. states " dr notified: pt having left pupil slightly more dilated & slightly sluggish ... Continues to have focal seizure (sic) and tremors of extremities ... Apneic episodes & periodic breathing".

36. A telephone order was given by defendant Chandrasekhar, who was apparently covering for defendant Grout, to order a cranial sonogram and EEG in the morning. Niether defendant Chandrasekhar, nor any other physician, saw minor-plaintiff until the next morning.

37. The nurse's 6:00 a.m. note from December 7th note records "awake thru night ...having ? focal seizures ... Continues to have episodes of periodic breathing, occasional apneic episodes ... HR irregular".

38. At 8:10 a.m., minor-plaintiff had another episode of mouth movements, arm movements and blinking. He had bradycardia at 5:00, 6:00, 6:40 and 8:10 a.m.. The nurse's notes record "having periods of posturing and flexing of arms that resemble seizures".

39. Defendant Chandrasekhar was present during an episode at 8:00 a.m., but ordered no treatment to stop seizures.

40. Despite the duration of his recurrent episodes (28 hours by 8 a.m. on December 7) and the severity of his compromise, neither Defendant Chandrasekhar nor Defendant Grout nor the nursing staff recognized the severity of minor-plaintiff's condition, and all defendants failed to timely institute required and appropriate treatment.

41. At 8:00 a.m., a CT scan of minor-plaintiff's head was ordered.

42. Despite minor-plaintiff's dilated and poorly reactive pupil, continued compromise and abnormal neurologic exam, no treatment for cerebral edema was ordered.

43. Defendants were so far from appreciating the severity of minor -plaintiff's condition that an order was sent by FAX to allow minor-plaintiff to breast feed. A nurse signed this order at 9:15 a.m. on December 7.

44. As the morning progressed, minor-plaintiff continued to deteriorate. He was clearly demonstrating ominous signs of evolving and impending neurologic, respiratory and circulatory failure, all of which went untreated.

45. It was not until approximately 11:22 a.m. that phenobarbital was given.

46. At approximately noon, minor-plaintiff had a CT scan. While it demonstrated cerebral edema, it was read as demonstrating subarachnoid hemorrhage.

47. Defendant Grout was called at approximately 1:15 p.m., and initiated arrangements to transfer minor-plaintiff to another hospital.

48. The transport team from Children's Hospital of Pittsburgh was called.

49. When the transport team arrived at approximately 2:50 p.m., they discovered a moribund, nearly dead baby, in whom they had to start CPR within minutes of their arrival.

50. Minor-plaintiff was in profound shock.

51. He was cold and obtunded, with weak pulses and a capillary refill time of 4-5 seconds; his temperature was 30 degrees.

52. No vital signs were documented by the nurses between approximately 5:00 a.m. and the arrival of the transport team.

53. Minor-plaintiff's abnormal movements and respiratory pattern were never evaluated by EEG or by a neurologist at defendant Hospital.

54. Minor-plaintiff was allowed by the nurses at defendant Hospital and by defendants Grout and Chandrasekhar to have untreated, recurrent and/or continuous seizures for most of 30 hours.

55. As a result, minor-plaintiff was caused to have profound encephalomalacia and other permamanent and catastrophic injuries.

56. Defendant Grout, defendant Chandrasekhar, and the nurses at defendant Hospital failed to treat minor-plaintiff's cardiopulmonary compromise, profound shock, and respiratory failure.

57. Minor-plaintiff's permanent brain damage and other injuries and damages set forth below were caused solely and wholly by reason of the negligence and carelessness of the defendants, as set forth more fully below, and were not caused or contributed thereto by any negligence on the part of the plaintiffs.

58. As a direct result of the negligence and carelessness of the defendants as set forth below, minor-plaintiff suffered injuries to the bones, muscles, nerves, nervous system, brain, tendons, tissues and blood vessels of his body, including, but not limited to, permanent and catastrophic brain damage, spastic quadriplegia, with its attendant signs, symptoms and sequelae together with severe shock, weakness, emotional and psychological injuries, blindness and other physical and emotional injuries and upset, the full extent of which are not yet known and some or a of which may be permanent in nature.

59. As a direct result of the negligence and carelessness of the defendants as set forth below, minor-plaintiff may be confined to a wheelchair for the remainder of his life.

60. As a direct result of the negligence and carelessness of defendants as set forth below, minor-plaintiff has suffered injuries which have precluded him and may in the future continue to preclude him from enjoying fully the ordinary pleasures of life and participating in

his ordinary activities and avocations; further, he has suffered and may in the future continue to undergo pain, suffering, embarrassment, depression, anxiety, bodily deformation, disability, mental anguish, loss of "well-being", and other such intangible losses, some or all of which may be permanent in nature.

61. As a direct result of the negligence and carelessness of the defendants as set forth below, plaintiffs Karen Shaffer and Timothy Doan, on behalf of their minor son, Ayden Shaffer-Doan, have incurred in the past and may in the future continue to incur substantial medical and medically-related expenses including, but not limited to, expenditures for medicine, hospitalizations, medical and surgical care, testing, physical therapy, occupational therapy, rehabilitative care, equipment and other care to attend to, treat, and attempt to alleviate, minimize and/or cure their son's conditions.

62. As a direct result of the negligence and carelessness of defendants as set forth below, minor-plaintiff may in the future incur substantial medical and medically-related expenses including but not limited to, expenditures for medicine, hospitalizations, medical and surgical care, testing, physical therapy, occupational therapy, rehabilitative care, equipment and other care to attend to, treat, and attempt to alleviate, minimize, and/or cure his condition.

63. As a direct result of the negligence and carelessness of defendants as set forth below, minor-plaintiff has been prevented in the past and may in the future continue to be prevented from performing his usual duties, occupations, and avocations.

64. As a direct result of the negligence and carelessness of defendants as set forth below, minor-plaintiff has suffered in the past and may in the future continue to suffer a loss of

earnings and earning capacity.

COUNT ONE - Negligence
Plaintiffs, Ayden Shaffer-Doan, a minor, by his parents and natural guardians, Timothy Doan and Karen Shaffer, and Timothy Doan and Karen Shaffer, in their own right
vs. Richard Grout, M.D and Sundar Chandrasekhar, M.D.

65. Plaintiffs incorporate paragraphs 1 through 64 as if fully set forth herein.

66. Defendant Grout Hospital and defendant Chandrasekhar were careless and negligent in one or more of the following particular respects:

a. failure to ensure that minor-plaintiff was in the hands of appropriately trained and experienced physicians;
b. failure to properly supervise resident physicians at defendant hospital;
c. failure to properly supervise nurses at the hospital;
d. failure to keep apprised of and/or be aware of the condition of minor-plaintiff;
e. failure to properly instruct the nursing staff and/or resident physicians with respect to the management of minor plaintiff's care;
f. failure to properly instruct the nursing staff and/or resident physicians with respect to the conditions under which seizure required urgent neurological intervention;
g. failure to properly instruct the nursing staff with respect to the circumstances under which physicians should be called for evaluation;
h. failure to properly instruct the nursing staff with respect to the circumstances under which attending physicians should be called for evaluation;
i. failure to be aware of and/or respond promptly to minor-plaintiff's condition;
j. failure to prevent hyponatremic encephalopathy;
k. causing acute hyponatremia;
l. failure to diagnose hyponatremia;
m. failure to treat and correct hyponatremia;
o. failure to properly estimate the degree of dehydration;
p. failure to calculate a fluid deficit;
q. failure to identify the type of dehydration involved;
r. failure to diagnose and treat shock;
s. causing fluid overload;
t. failure to obtain a STAT neurological consult;
u. failure to timely arrange for transfer;
v. failure to appreciate the severity of minor-plaintiff's condition;
w. failure to prevent neurological emergency;
x. failure to get a STAT EEG;

y. failure to consult with a neurologist;
z. failure to investigate seizures;
aa. failure to diagnose seizures;
bb. failure to treat seizures;
cc. failure to recognize signs and symptoms of seizures;
dd. failure to order proper diagnostic tests in the face of seizures;
ee. failure to recognize status epilepticus;
ff. failure to prevent status epilepticus;
gg. failure to treat desaturation;
hh. failure appreciate the significant of periodic breathing episodes;
ii. failure to prevent neurologic emergency;
jj. failure to recognize an abnormal neurologic exam;
kk. failure to recognize signs and symptoms of systemic compromise;
ll. failure to come into the hospital in the face of neurologic abnormalities;
mm. failure to timely treat seizures;
nn. failure to timely treat cardiorespiratory failure;
oo. failure to prevent cardiorespiratory failure;
pp. failure to recognize and treat cardiorespiratory compromise;
qq. failure to recognize and treat cerebral edema;
rr. failure to prevent cerebral edema;
ss. failure to recognize the significance of minor-plaintiff's dilated pupil;
tt. failure to diagnose and treat hyponatremia;
uu. failure to timely give phenobarbitol;
vv. failure to timely transfer to the appropriate medical center; and
ww. failure to recognize and treat abnormal respiratory patterns.

67. Defendant Grout and defendant Chandrasekhar undertook and/or assumed a duty to render reasonable, proper, adequate, and appropriate care to plaintiffs and to avoid harm to them, which duty was breached by defendant Grout and defendant Chandrasekar.

68. Plaintiffs relied on the knowledge, treatment, and advice of defendant Grout and defendant Chandrasekhar.

69. The carelessness and negligence of defendant Grout and defendant Chandrasekhar, as set forth above, increased the risk of harm and was a substantial factor in causing the injuries and damages suffered by plaintiffs.

WHEREFORE, plaintiffs demand damages against defendant Grout and defendant Chandrasekhar, in an amount in excess of Fifty Thousand ($50,000.00) Dollars, and in excess of the prevailing arbitration limits, exclusive of prejudgment interest, post-judgment interest and costs.

COUNT TWO - Negligence
Plaintiffs, Ayden Shaffer-Doan, a minor, by his parents and natural guardians, Timothy Doan and Karen Shaffer, and Timothy Doan and Karen Shaffer, in their own right vs. DuBois Regional Medical Center and Gateway Area Medical Associates, Inc.

70. Plaintiffs incorporate paragraphs 1 through 69 as if fully set forth herein.

71. Defendant Hospital and defendant G.A.M.A., individually, and acting through their authorized agents, servants, workmen, and employees, were careless and negligent in one or more of the following particular respects:

a. failure to ensure that minor-plaintiff was in the hands of appropriately trained and experienced physicians;
b. failure to properly supervise resident physicians at defendant hospital;
c. failure to properly supervise nurses at the hospital;
d. failure to keep apprised of and/or be aware of the condition of minor-plaintiff;
e. failure to properly instruct the nursing staff and/or resident physicians with respect to the management of minor plaintiff's care;
f. failure to properly instruct the nursing staff and/or resident physicians with respect to the conditions under which seizure required urgent neurological intervention;
g. failure to properly instruct the nursing staff with respect to the circumstances under which physicians should be called for evaluation;
h. failure to properly instruct the nursing staff with respect to the circumstances under which attending physicians should be called for evaluation;
i. failure to be aware of and/or respond promptly to minor-plaintiff's condition;
j. failure to prevent hyponatremic encephalopathy;
k. causing acute hyponatremia;
l. failure to diagnose hyponatremia;
m. failure to treat and correct hyponatremia;

o. failure to properly estimate the degree of dehydration;
p. failure to calculate a fluid deficit;
q. failure to identify the type of dehydration involved;
r. failure to diagnose and treat shock;
s. causing fluid overload;
t. failure to obtain a STAT neurological consult;
u. failure to timely arrange for transfer;
v. failure to appreciate the severity of minor-plaintiff's condition;
w. failure to prevent neurological emergency;
x. failure to get a STAT EEG;
y. failure to consult with a neurologist;
z. failure to investigate seizures;
aa. failure to diagnose seizures;
bb. failure to treat seizures;
cc. failure to recognize signs and symptoms of seizures;
dd. failure to order proper diagnostic tests in the face of seizures;
ee. failure to recognize status epilepticus;
ff. failure to prevent status epilepticus;
gg. failure to treat desaturation;
hh. failure appreciate the significant of periodic breathing episodes;
ii. failure to prevent neurologic emergency;
jj. failure to recognize an abnormal neurologic exam;
kk. failure to recognize signs and symptoms of systemic compromise;
ll. failure to come into the hospital in the face of neurologic abnormalities;
mm. failure to timely treat seizures;
nn. failure to timely treat cardiorespiratory failure;
oo. failure to prevent cardiorespiratory failure;
pp. failure to recognize and treat cardiorespiratory compromise;
qq. failure to recognize and treat cerebral edema;
rr. failure to prevent cerebral edema;
ss. failure to recognize the significance of minor-plaintiff's dilated pupil;
tt. failure to diagnose and treat hyponatremia;
uu. failure to timely give phenobarbitol;
vv. failure to timely transfer to the appropriate medical center; and
ww. failure to recognize and treat abnormal respiratory patterns.

72. Defendant Hospital and defendant G.A.M.A. undertook and/or assumed a duty to render reasonable, proper, adequate, and appropriate care to plaintiffs and to avoid harm to them, which duty was breached by defendants.

73. Plaintiffs relied on the knowledge, treatment, and advice of defendant Hospital and defendant G.A.M.A.

74. The carelessness and negligence of defendant Hospital and defendant G.A.M.A., as set forth above, increased the risk of harm and was a substantial factor in causing the injuries and damages suffered by plaintiffs.

WHEREFORE, plaintiffs demand damages against defendant Hospital and defendant G.A.M.A. in an amount in excess of Fifty Thousand ($50,000.00) Dollars, and in excess of the prevailing arbitration limits, exclusive of prejudgment interest, post-judgment interest and costs.

COUNT THREE: Negligence of Defendant Dubois Regional Medical Center under Thompson v. Nason
Plaintiffs, Ayden Shaffer-Doan, a minor, by his parents and natural guardians, Timothy Doan and Karen Shaffer, and Timothy Doan and Karen Shaffer, in their own right vs. Dubois Regional Medical Center

75. The paragraphs and allegations stated above are incorporated hereby by reference and made a part hereof as if set forth in full.

76. Defendant, Dubois Regional Medical Center, individually, and acting through their authorized agents servants, workmen and employees were careless and negligent in one or more of the following particular respects:

a. failing to have physicians appropriate in number, training and/or experience to diagnose, attend to and treat minor-plaintiff and/or make decisions regarding his care, when they knew or should have known of the lack of such measures and the need for such measures;
b. failing to ensure that minor-plaintiff received appropriate attention from appropriately trained, credentialed and experienced physicians in a prompt manner under the circumstances set forth above, when they knew or should have known of the lack of such measures and the need for such measures;
c. failing to adopt and/or enforce appropriate rules, guidelines, procedures or protocols with respect to the management of patients and/or transfer of

patients such as minor-plaintiff by appropriately trained physicians when they knew or should have known of the lack of such measures and the need for such measures;

d. failing to adopt and/or enforce appropriate rules, guidelines, procedures or protocols with respect to communication between and among health care professionals and transferring patients such as minor-plaintiff when they knew or should have known of the lack of such measures and the need for such measures;

e. failing to adopt and/or enforce appropriate rules, guidelines, procedures or protocols with respect to determining when, for patients like minor-plaintiff, there was a neurological emergency when they knew or should have known of the lack of such measures and the need for such measures;

f. failing to adopt and/or enforce appropriate rules, guidelines, procedures or protocols with respect to having physicians on-call and in the hospital during over-night hours when they knew or should have known of the lack of such measures and the need for such measures;

g. failing to adopt and/or enforce appropriate rules, guidelines, procedures or protocols with respect to the administration of appropriate medications for seizure activity in patients like minor-plaintiff when they knew or should have known of the lack of such measures and the need for such measures

h. failing to adopt and/or enforce rules, guidelines, procedures or appropriate protocols with respect to the involvement of attending physicians in the care of a patient such as minor-plaintiff and/or the supervision of residents and nurses in their care of patients such as minor-plaintiff when they knew or should have known of the lack of such measures and the need for such measures;

j. failing to have and to maintain appropriate facilities and equipment that would have enabled physicians to perform a timely evaluation of minor-plaintiff;

k. failing to ensure that appropriate facilities and equipment were immediately available at the hospital for evaluation and treatment of minor-plaintiff;

l. failing to have appropriate staff, including physicians, nursing staff and other personnel available for evaluation of minor-plaintiff;

m. accepting minor-plaintiff as a patient when they knew or should have known that they did not have appropriate facilities, equipment and/or healthcare professionals to attend to him and provide to him the level of care he needed and/or and the level of care it should have been anticipated he may need;

n. failing to select and retain only competent physicians, nurses and others;

o. failing to oversee all persons who practice medicine within its walls as to patient care; and

p. failing to formulate, adopt, and enforce adequate rules and policies to

ensure quality care for patients including failure to adopt policies, procedures, guidelines such as those plead above in paragraphs a through.

77. Defendant Hospital undertook and/or assumed a duty to render reasonable, proper, adequate and appropriate medical care to plaintiffs and to avoid harm to them, which duty was breached by defendant Hospital.

78. Plaintiffs relied on the knowledge, treatment and advice of defendant Hospital.

79. The carelessness and negligence of defendant Hospital, as set forth above, increased the risk of harm and was a substantial factor in causing the injuries and damages suffered by plaintiffs as set forth more fully above.

WHEREFORE, plaintiffs demand damages against defendant, Dubois Regional Medical Center, in an amount in excess of Fifty Thousand ($50,000.00) Dollars, and in excess of the prevailing arbitration limits, exclusive of prejudgment interest, post-judgment interest and costs.

COUNT FOUR: Negligence of Dubois Regional Medical Center for the Acts of its Residents, Nurses, Nurse Practitioners and Other Employees Who Cared for Minor-plaintiff
Plaintiffs V. Dubois Regional Medical Center

80. The paragraphs and allegations stated above are incorporated hereby by reference and made a part hereof as if set forth in full.

81. Defendant Dubois Regional Medical Center, acting through its authorized agents servants, workmen and employees were careless and negligent in one or more of the following particular respects:

a. failure to ensure that minor-plaintiff was in the hands of appropriately trained and experienced physicians;
b. failure to properly supervise resident physicians at defendant hospital;
c. failure to properly supervise nurses at the hospital;

d. failure to keep apprised of and/or be aware of the condition of minor-plaintiff;
e. failure to properly instruct the nursing staff and/or resident physicians with respect to the management of minor plaintiff's care;
f. failure to properly instruct the nursing staff and/or resident physicians with respect to the conditions under which seizure required urgent neurological intervention;
g. failure to properly instruct the nursing staff with respect to the circumstances under which physicians should be called for evaluation;
h. failure to properly instruct the nursing staff with respect to the circumstances under which attending physicians should be called for evaluation;
i. failure to be aware of and/or respond promptly to minor-plaintiff's condition;
j. failure to prevent hyponatremic encephalopathy;
k. causing acute hyponatremia;
l. failure to diagnose hyponatremia;
m. failure to treat and correct hyponatremia;
o. failure to properly estimate the degree of dehydration;
p. failure to calculate a fluid deficit;
q. failure to identify the type of dehydration involved;
r. failure to diagnose and treat shock;
s. causing fluid overload;
t. failure to obtain a STAT neurological consult;
u. failure to timely arrange for transfer;
v. failure to appreciate the severity of minor-plaintiff's condition;
w. failure to prevent neurological emergency;
x. failure to get a STAT EEG;
y. failure to consult with a neurologist;
z. failure to investigate seizures;
aa. failure to diagnose seizures;
bb. failure to treat seizures;
cc. failure to recognize signs and symptoms of seizures;
dd. failure to order proper diagnostic tests in the face of seizures;
ee. failure to recognize status epilepticus;
ff. failure to prevent status epilepticus;
gg. failure to treat desaturation;
hh. failure appreciate the significant of periodic breathing episodes;
ii. failure to prevent neurologic emergency;
jj. failure to recognize an abnormal neurologic exam;
kk. failure to recognize signs and symptoms of systemic compromise;
ll. failure to come into the hospital in the face of neurologic abnormalities;
mm. failure to timely treat seizures;

nn. failure to timely treat cardiorespiratory failure;
oo. failure to prevent cardiorespiratory failure;
pp. failure to recognize and treat cardiorespiratory compromise;
qq. failure to recognize and treat cerebral edema;
rr. failure to prevent cerebral edema;
ss. failure to recognize the significance of minor-plaintiff's dilated pupil;
tt. failure to diagnose and treat hyponatremia;
uu. failure to timely give phenobarbitol;
vv. failure to timely transfer to the appropriate medical center; and
ww. failure to recognize and treat abnormal respiratory patterns.

82. Defendant Hospital undertook and/or assumed a duty to render reasonable, proper, adequate and appropriate medical care to plaintiffs and to avoid harm to them, which duty was breached by defendants.

83. Plaintiffs relied on the knowledge, treatment and advice of defendant Hospital.

84. The carelessness and negligence of defendant Hospital, as set forth above, increased the risk of harm and was a substantial factor in causing the injuries and damages suffered by plaintiffs as set forth more fully above.

WHEREFORE, plaintiffs demand damages against defendant Dubois Regional Medical Center, in an amount in excess of Fifty Thousand ($50,000.00) Dollars, and in excess of the prevailing arbitration limits, exclusive of prejudgment interest, post-judgment interest and costs.

KLINE & SPECTER
A Professional Corporation

By: _____
SHANIN SPECTER, ESQUIRE
MATTHEW A. CASEY, ESQUIRE
Attorneys for Plaintiffs

Dated:

KLINE & SPECTER
A PROFESSIONAL CORPORATION

VERIFICATION

I, Karen Shaffer, hereby verify that I am the plaintiff in this action, and that the statements made in the foregoing Civil Action Complaint are true and correct, to the best of my knowledge, information and belief. The language of the document is that of counsel and not of the affiant. To the extent that the contents of the document are based on information furnished to counsel and obtained by him during the course of this lawsuit, the affiant has relied upon counsel in taking this verification. All statements are founded upon reasonable belief. This verification is made subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.

Karen Shaffer
KAREN SHAFFER

DATED: 3-23-05

KLINE & SPECTER
A PROFESSIONAL CORPORATION

VERIFICATION

I, Timothy Doan, hereby verify that I am the plaintiff in this action, and that the statements made in the foregoing Civil Action Complaint are true and correct, to the best of my knowledge, information and belief. The language of the document is that of counsel and not of the affiant. To the extent that the contents of the document are based on information furnished to counsel and obtained by him during the course of this lawsuit, the affiant has relied upon counsel in taking this verification. All statements are founded upon reasonable belief. This verification is made subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.

Timothy Doan

TIMOTHY DOAN

DATED:

A

KLINE & SPECTER
A PROFESSIONAL CORPORATION

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	:	Civil Division
Plaintiffs,	:	**Civil Action - Medical Professional Liability Action**
vs.	:	
RICHARD GROUT, M.D. 635 C. Maple Avenue Dubois, PA 15801	:	JURY TRIAL DEMANDED
and	:	TYPE OF PLEADING: COMPLAINT
SUNDAR CHANDRASEKHAR, M.D. c/o DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	:	COUNSEL OF RECORD FOR PLAINTIFFS: SHANIN SPECTER, ESQUIRE I.D. No. 40928 MATTHEW A. CASEY, ESQUIRE I.D. No. 84443
and	:	**KLINE & SPECTER** **A Professional Corporation** 19th Floor Philadelphia, PA 19102 215-772-1000
DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	:	
and	:	
GATEWAY AREA MEDICAL ASSOCIATES, INC.: 635 C Maple Avenue Dubois, PA 15801	:	

Certificate of Merit as to Richard Grout, M.D.

I, Matthew A. Casey, certify that:

An appropriate licensed professional has supplied a written statement to the undersigned that there is a basis to conclude that the care, skill or knowledge exercised or exhibited by this defendant in the treatment, practice or work that is the subject of the complaint, fell outside acceptable professional standards and that such conduct was a cause in bringing about the harm.

Date: 3-23-05

MATTHEW A. CASEY, ESQUIRE

B

KLINE & SPECTER
A PROFESSIONAL CORPORATION

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	Civil Division
Plaintiffs,	**Civil Action - Medical Professional Liability Action**
vs.	
RICHARD GROUT, M.D. 635 C. Maple Avenue Dubois, PA 15801	JURY TRIAL DEMANDED
and	TYPE OF PLEADING: COMPLAINT
SUNDAR CHANDRASEKHAR, M.D. c/o DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	COUNSEL OF RECORD FOR PLAINTIFFS: SHANIN SPECTER, ESQUIRE I.D. No. 40928 MATTHEW A. CASEY, ESQUIRE I.D. No. 84443
and	**KLINE & SPECTER** **A Professional Corporation** 19th Floor Philadelphia, PA 19102 215-772-1000
DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	
and	
GATEWAY AREA MEDICAL ASSOCIATES, INC. 635 C Maple Avenue Dubois, PA 15801	

Certificate of Merit as to Sundar Chandrasekhar, M.D.

I, Matthew A. Casey, certify that:

An appropriate licensed professional has supplied a written statement to the undersigned that there is a basis to conclude that the care, skill or knowledge exercised or exhibited by this defendant in the treatment, practice or work that is the subject of the complaint, fell outside acceptable professional standards and that such conduct was a cause in bringing about the harm.

Date: 3-23-05

Matth C

MATTHEW A. CASEY, ESQUIRE

C

KLINE & SPECTER
A PROFESSIONAL CORPORATION

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right, Plaintiffs, vs. RICHARD GROUT, M.D. 635 C. Maple Avenue Dubois, PA 15801 and SUNDAR CHANDRASEKHAR, M.D. c/o DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801 and DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801 and GATEWAY AREA MEDICAL ASSOCIATES, INC. 635 C Maple Avenue Dubois, PA 15801	Civil Division **Civil Action - Medical Professional Liability Action** JURY TRIAL DEMANDED TYPE OF PLEADING: COMPLAINT COUNSEL OF RECORD FOR PLAINTIFFS: SHANIN SPECTER, ESQUIRE I.D. No. 40928 MATTHEW A. CASEY, ESQUIRE I.D. No. 84443 **KLINE & SPECTER** **A Professional Corporation** 19th Floor Philadelphia, PA 19102 215-772-1000

Certificate of Merit as to Dubois Regional Medical Center

I, Matthew A. Casey, certify that:

The claim that this defendant deviated from an acceptable professional standard is based solely on allegations that other licensed professionals for whom this defendant is responsible deviated from an acceptable professional standard and an appropriate licensed professional has supplied a written statement to the undersigned that there is a basis to conclude that the care, skill

or knowledge exercised or exhibited by the other licensed professionals in the treatment, practice or work that is the subject of this complaint, fell outside acceptable professional standards and that such conduct was a cause in bringing about the harm.

Date: 3-23-05

Matth C

MATTHEW A. CASEY, ESQUIRE

D

KLINE & SPECTER
A PROFESSIONAL CORPORATION

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	:	Civil Division
Plaintiffs,	:	**Civil Action - Medical Professional Liability Action**
vs.	:	
RICHARD GROUT, M.D. 635 C. Maple Avenue Dubois, PA 15801	:	JURY TRIAL DEMANDED
and	:	TYPE OF PLEADING: COMPLAINT
SUNDAR CHANDRASEKHAR, M.D. c/o DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	:	COUNSEL OF RECORD FOR PLAINTIFFS: SHANIN SPECTER, ESQUIRE I.D. No. 40928 MATTHEW A. CASEY, ESQUIRE I.D. No. 84443
and	:	**KLINE & SPECTER** **A Professional Corporation** 19th Floor Philadelphia, PA 19102 215-772-1000
DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	:	
and	:	
GATEWAY AREA MEDICAL ASSOCIATES, INC. 635 C Maple Avenue Dubois, PA 15801	:	

Certificate of Merit as to Gateway Area Medical Associates

I, Matthew A. Casey, certify that:

The claim that this defendant deviated from an acceptable professional standard is based solely on allegations that other licensed professionals for whom this defendant is responsible deviated from an acceptable professional standard and an appropriate licensed professional has supplied a written statement to the undersigned that there is a basis to conclude that the care, skill

or knowledge exercised or exhibited by the other licensed professionals in the treatment, practice or work that is the subject of this complaint, fell outside acceptable professional standards and that such conduct was a cause in bringing about the harm.

Date: 3-23-05

MATTHEW A. CASEY, ESQUIRE

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

AYDEN SHAFFER-DOAN, a minor by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER and TIMOTHY DOAN and KAREN SHAFFER, in their own right,

Plaintiffs,

vs.

RICHARD GROUT, M.D.; SUNDAR CHANDRASEKHAR, M.D.; DUBOIS REGIONAL MEDICAL CENTER, and GATEWAY AREA MEDICAL ASSOCIATES,

Defendants.

No.: 05-418-CD

Type of Case: Civil Action
Medical Professional Liability Action

JURY TRIAL DEMANDED

Type of Pleading:
ANSWER WITH NEW MATTER TO PLAINTIFFS' COMPLAINT

Filed on Behalf of Defendant
GATEWAY AREA MEDICAL ASSOCIATES, INC.

Counsel of Record for this Party: JOHN W. BLASKO

Court I.D. No.: 06787

McQUAIDE, BLASKO, SCHWARTZ, FLEMING & FAULKNER, INC.

811 University Drive
State College, PA 16801
(814) 238-4926

Counsel of Record for Adverse Party:
Shanin Specter, Esquire
Matthew A. Casey, Esquire

Dated: April 21, 2005

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	)	
Plaintiffs,	)	NO. 05-418-CD
vs.	)	JURY TRIAL DEMANDED
RICHARD GROUT, M.D.; SUNDAR CHANDRASEKHAR, M.D.; DUBOIS REGIONAL MEDICAL CENTER and GATEWAY AREA MEDICAL ASSOCIATES, INC.	)	
Defendants.	)	

NOTICE TO PLEAD

TO: Plaintiffs

YOU ARE HEREBY notified to plead to the within Answer with New Matter within twenty (20) days from the date of service hereof or a default judgment may be entered against you.

McQUAIDE, BLASKO, SCHWARTZ,
FLEMING & FAULKNER, INC.

By:_____
JOHN W. BLASKO
Attorneys for Defendant
Gateway Area Medical
Associates, Inc.

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	)	
Plaintiffs,	)	NO. 05-418-CD
vs.	)	JURY TRIAL DEMANDED
RICHARD GROUT, M.D.; SUNDAR CHANDRASEKHAR, M.D.; DUBOIS REGIONAL MEDICAL CENTER and GATEWAY AREA MEDICAL ASSOCIATES, INC.	)	
Defendants.	)	

DEFENDANT GATEWAY AREA MEDICAL ASSOCIATES, INC.'S ANSWER WITH NEW MATTER TO PLAINTIFFS' COMPLAINT

1. The averments of Paragraph 1 are denied in that Answering Defendant is without sufficient knowledge or information to form a belief as to the truth of the same.

2-4. The averments of 2 through 4, inclusive, are directed to Defendants other than Answering Defendant, and thus no response is required under the Rules of Civil Procedure.

5.(sic) The averments of Paragraph 5 are admitted to the extent that Gateway Area Medical Associates, Inc. is a pediatric practice with a business address as so identified.

6. The averments of Paragraph 6 set forth conclusions of law and/or statements of Plaintiffs' legal position and thus no response is required under the Rules of Civil Procedure.

7. The averments of Paragraph 7 are directed to Defendants other than Answering Defendant, and thus no response is required under the Rules of Civil Procedure.

OPERATIVE FACTS

8-64. The averments of Paragraphs 8 through 64, inclusive, set forth conclusions of law and/or statements of Plaintiffs' legal position and thus no response is required under the Rules of Civil Procedure. To the extent that a response is necessary, Answering Defendant hereby incorporates minor/plaintiff's medical records, which document the care and treatment rendered to minor/plaintiff throughout the time period referenced. To the extent that the averments of Paragraphs 8 through 64, inclusive, differ from that set forth herein and/or that reflected within the relevant medical records, said averments are denied as stated and/or denied per Pa.R.C.P. 1029(e). Furthermore, it is specifically denied that any injury and/or loss which may have been sustained by Plaintiffs was the direct or proximate result of any action or inaction by or on behalf of this Answering Defendant.

COUNT ONE-Negligence
Plaintiffs, Ayden Shaffer-Doan, a minor, by his parents and natural guardians, Timothy Doan and Karen Shaffer, and Timothy Doan and Karen Shaffer, in their own right vs. Richard Grout, M.D. and Sundar Chandrasekhar, M.D.

65. Answering Defendant hereby incorporates Paragraphs 1 through 64, inclusive, of this Answer with New Matter as if the same were set forth at length herein.

66-69. The averments of Paragraphs 66 through 69, inclusive of the subparagraphs thereunder, are directed to Defendants other than Answering Defendant and also set forth conclusions of law and/or statements of Plaintiffs' legal position and thus no response is required under the Rules of Civil Procedure. To the extent that a response is required, the averments of Paragraphs 66 through 69, inclusive of the subparagraphs thereunder, are denied per Pa.R.C.P. 1029(e).

WHEREFORE, Answering Defendant Gateway Area Medical Associates, Inc. respectfully requests this Honorable Court to enter judgment in its favor and against the Plaintiffs, and that the Complaint against it be dismissed, with prejudice.

COUNT TWO-Negligence
Plaintiffs, Ayden Shaffer-Doan, a minor, by his parents and natural guardians, Timothy Doan and Karen Shaffer, and Timothy Doan and Karen Shaffer, in their own right vs. DuBois Regional Medical Center and Gateway Area Medical Associates, Inc.

70. Answering Defendant hereby incorporates Paragraphs 1 through 69, inclusive, of this Answer with New Matter as if the same were set forth at length herein.

71-74. The averments of Paragraphs 71 through 74, inclusive of the subparagraphs thereunder, set forth conclusions of law and/or statements of Plaintiffs' legal position and thus no response is required under the Rules of Civil Procedure. To the extent that a response is required, the averments of Paragraphs 71 through 74, inclusive of the subparagraphs thereunder, are denied per Pa.R.C.P. 1029(e).

WHEREFORE, Answering Defendant Gateway Area Medical Associates, Inc. respectfully requests this Honorable Court to enter judgment in its favor and against the Plaintiffs, and that the Complaint against it be dismissed, with prejudice.

COUNT THREE Negligence of Defendant DuBois Regional Medical Center under Thompson v. Nason
Plaintiffs, Ayden Shaffer-Doan, a minor, by his parents and natural guardians, Timothy Doan and Karen Shaffer, and Timothy Doan and Karen Shaffer, in their own right vs. DuBois Regional Medical Center

75. Answering Defendant hereby incorporates Paragraphs 1 through 74, inclusive, of this Answer with New Matter as if the same were set forth at length herein.

76-79. The averments of Paragraphs 76 through 79, inclusive of the subparagraphs thereunder, are directed to a Defendant other than Answering Defendant and also set forth conclusions of law and/or statements of Plaintiffs' legal position and thus no response is required under the Rules of Civil Procedure. To the extent that a response is required, the averments of Paragraphs 76 through 79, inclusive of the subparagraphs thereunder, are denied per Pa.R.C.P. 1029(e).

WHEREFORE, Answering Defendant Gateway Area Medical Associates, Inc. respectfully requests this Honorable Court to enter judgment in its favor and against the Plaintiffs, and that the Complaint against it be dismissed, with prejudice.

COUNT FOUR Negligence of Defendant DuBois Regional Medical Center for the Acts of its Residents, Nurses, Nurse Practitioner and Other Employees Who cared for Minor/plaintiff Plaintiffs v. DuBois Regional Medical Center

80. Answering Defendant hereby incorporates Paragraphs 1 through 79, inclusive, of this Answer with New Matter as if the same were set forth at length herein.

81-84. The averments of Paragraphs 81 through 84, inclusive of the subparagraphs thereunder, are directed to a Defendant other than Answering Defendant and also set forth conclusions of law and/or statements of Plaintiffs' legal position and thus no response is required under the Rules of Civil Procedure. To the extent that a response is required, the averments of Paragraphs 81 through 84, inclusive of the subparagraphs thereunder, are denied per Pa.R.C.P. 1029(e).

WHEREFORE, Answering Defendant Gateway Area Medical Associates, Inc. respectfully requests this Honorable Court to enter judgment in its favor and against the Plaintiffs, and that the Complaint against it be dismissed, with prejudice.

NEW MATTER

85. Answering Defendant hereby incorporates Paragraphs 1 through 84, inclusive, of this Answer with New Matter as if the same were set forth at length herein.

86. Answering Defendant raises all affirmative defenses and other provisions of the Medical Care Availability and Reduction of Error Act of March, 2002, 40 P.S. §1301.101, et seq., as amended, and, as may be applicable to this cause of action.

87. There was no negligence or other actionable conduct committed by or on behalf of the Answering Defendant and therefore, this action should be dismissed.

89. Any alleged actions or omissions of the Answering Defendant which are alleged to constitute negligence were not a substantial cause or factual cause of any harm resulting to or sustained by the Plaintiffs.

90. The Plaintiffs, Timothy Doan and Karen Shaffer in their individual capacities have failed to file their action within the time limitations of the appropriate statute of limitations.

91. The investigation into this case is ongoing and discovery is continuing; therefore, in order to avoid waiver of any potentially applicable affirmative defenses, the Answering Defendant hereby pleads the defenses of estoppel, release, res judicata, and comparative/contributory negligence, insofar as same may be applicable.

WHEREFORE, Answering Defendant Gateway Area Medical Associates, Inc. respectfully requests this Honorable Court to enter judgment in its favor and against the Plaintiffs, and that the Complaint against it be dismissed, with prejudice.

Respectfully submitted,
McQUAIDE, BLASKO, SCHWARTZ,
FLEMING & FAULKNER, INC.

BY _____

JOHN W. BLASKO
FREDERICK BATTAGLIA
Counsel for Defendant
Gateway Area Medical
Associates, Inc.
811 University Drive
State College, PA 16801
(814) 238-4926

Dated 4/21/05

::ODMA\PCDOCS\DOCSLIB2\313179\1

Shaffer-Doan vs. Gateway Area Medical Associates

VERIFICATION

The undersigned verifies that as PRESIDENT, for Defendant, Gateway Area Medical Associates, Inc., he is authorized to make this verification in the within action; and that the Answer with New Matter to Plaintiffs' Complaint is true and correct to the best of his knowledge, information and belief. I understand that false statements herein are subject to the penalties of 18 Pa. C.S.A. §4904, related to unsworn falsification to authority.

W. John Lear, M.D.

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	)	
Plaintiffs,	)	NO. 05-418-CD
vs.	)	JURY TRIAL DEMANDED
RICHARD GROUT, M.D.; SUNDAR CHANDRASEKHAR, M.D.; DUBOIS REGIONAL MEDICAL CENTER and GATEWAY AREA MEDICAL ASSOCIATES, INC.	)	
Defendants.	)	

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of Defendant Gateway Area Medical Associates, Inc.'s Answer with New Matter to Plaintiffs' Complaint, in the above-referenced matter was mailed by regular mail, first class, at the Post Office, State College, Pennsylvania, postage prepaid, this 21st day of April, 2005 to:

Shanin Specter, Esquire
Matthew A. Casey, Esquire
Kline & Specter
19th Floor
Philadelphia, PA 19102

Michael Sosnowski, Esquire
P.O. Box 533
Hollidaysburg, PA 16648

David Johnson, Esquire
Two Chatham Center, 10th Floor
Pittsburgh, PA 15219-3499

McQUAIDE, BLASKO, SCHWARTZ,
FLEMING & FAULKNER, INC.

By: _____
JOHN W. BLASKO
Attorneys for Defendant
Gateway Area Medical
Associates, Inc. .

::ODMA\PCDOCS\DOCSLIB2\313316\1

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	)	
Plaintiffs,	)	NO. 05-418-CD
	)	Civil Action- Medical Professional Liability Action
vs.	)	JURY TRIAL DEMANDED
RICHARD GROUT, M.D.; SUNDAR CHANDRASEKHAR, M.D.; DUBOIS REGIONAL MEDICAL CENTER and GATEWAY AREA MEDICAL ASSOCIATES, INC.	)	
Defendants.	)	

FILED
m/12:15 l
APR 26 2005
William A. Shaw
Prothonotary/Clerk of Courts
no c/c

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of Defendant Gateway Area Medical Associates, Inc.'s Expert Interrogatories, in the above-referenced matter was mailed by regular mail, first class, at the Post Office, State College, Pennsylvania, postage prepaid, this 25th day of April, 2005 to:

Shanin Specter, Esquire
Matthew A. Casey, Esquire
Kline & Specter
1525 Locust Street, 19th Floor
Philadelphia, PA 19102

Michael Sosnowski, Esquire
P.O. Box 533
Hollidaysburg, PA 16648

David Johnson, Esquire
Two Chatham Center, 10th Floor
Pittsburgh, PA 15219-3499

McQUAIDE, BLASKO, SCHWARTZ,
FLEMING & FAULKNER, INC.

By: John W. Blasko
JOHN W. BLASKO
Attorneys for Defendant
Gateway Area Medical Associates, Inc.

::ODMA\PCDOCS\DOCSLIB2\314321\2

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	)	
Plaintiffs,	)	NO. 05-418-CD
	)	Civil Action- Medical Professional Liability Action
vs.	)	JURY TRIAL DEMANDED
RICHARD GROUT, M.D.; SUNDAR CHANDRASEKHAR, M.D.; DUBOIS REGIONAL MEDICAL CENTER and GATEWAY AREA MEDICAL ASSOCIATES, INC.	)	
Defendants.	)	

FILED
APR 26 2005
M 12:15 I
William A. Shaw
Prothonotary/Clerk of Courts
no C/C

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of Defendant Gateway Area Medical Associates, Inc.'s Request for Production (Set Two), in the above-referenced matter was mailed by regular mail, first class, at the Post Office, State College, Pennsylvania, postage prepaid, this 25th day of April, 2005 to:

Shanin Specter, Esquire
Matthew A. Casey, Esquire
Kline & Specter
1525 Locust Street, 19th Floor
Philadelphia, PA 19102

Michael Sosnowski, Esquire
P.O. Box 533
Hollidaysburg, PA 16648

David Johnson, Esquire
Two Chatham Center, 10th Floor
Pittsburgh, PA 15219-3499

McQUAIDE, BLASKO, SCHWARTZ,
FLEMING & FAULKNER, INC.

By: John W. Blasko/COT
JOHN W. BLASKO
Attorneys for Defendant
Gateway Area Medical Associates, Inc.

::ODMA\PCDOCS\DOCSLIB2\314321\1

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	)	
Plaintiffs,	)	NO. 05-418-CD
	)	Civil Action- Medical Professional Liability Action
vs.	)	JURY TRIAL DEMANDED
RICHARD GROUT, M.D.; SUNDAR CHANDRASEKHAR, M.D.; DUBOIS REGIONAL MEDICAL CENTER and GATEWAY AREA MEDICAL ASSOCIATES, INC.	)	
Defendants.	)	

FILED

APR 26 2005
M 12:15 W
William A. Shaw
Prothonotary/Clerk of Courts
no C/C

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of Defendant Gateway Area Medical Associates, Inc.'s Interrogatories and Request for Production (Set One), in the above-referenced matter was mailed by regular mail, first class, at the Post Office, State College, Pennsylvania, postage prepaid, this 25th day of April, 2005 to:

Shanin Specter, Esquire
Matthew A. Casey, Esquire
Kline & Specter
1525 Locust Street, 19th Floor
Philadelphia, PA 19102

Michael Sosnowski, Esquire
P.O. Box 533
Hollidaysburg, PA 16648

David Johnson, Esquire
Two Chatham Center, 10th Floor
Pittsburgh, PA 15219-3499

McQUAIDE, BLASKO, SCHWARTZ, FLEMING & FAULKNER, INC.

By: John W. Blasko/GT
JOHN W. BLASKO
Attorneys for Defendant
Gateway Area Medical Associates, Inc.

::ODMA\PCDOCS\DOCSLIB2\314321\1

KLINE & SPECTER
A PROFESSIONAL CORPORATION

FILED Atty pd 7.00
m/11:28/3M 2CC 1 Comp
APR 29 2005 to Atty
William A. Shaw
Prothonotary/Clerk of Courts

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	:	Civil Division
	:	No.2005-418CD
Plaintiffs,	:	**Civil Action - Medical Professional Liability Action**
vs.	:	
RICHARD GROUT, M.D., SUNDAR CHANDRASEKHAR, M.D., DUBOIS REGIONAL MEDICAL CENTER, AND GATEWAY AREA MEDICAL ASSOCIATES, INC.	:	JURY TRIAL DEMANDED
	:	COUNSEL FOR PLAINTIFFS
	:	SHANIN SPECTER, ESQUIRE I.D. No. 40928 MATTHEW A. CASEY, ESQUIRE I.D. No. 84443
	:	**KLINE & SPECTER** **A Professional Corporation** 1525 Locust Street Philadelphia, PA 19102 215-772-1000

PRAECIPE TO REINSTATE COMPLAINT

TO THE PROTHONOTARY:

Kindly reinstate Plaintiffs' Complaint filed on March 24, 2005. A copy is attached hereto as Exhibit "A".

KLINE & SPECTER
A Professional Corporation

BY: _____
SHANIN SPECTER
MATTHEW A. CASEY
I.D. Nos. 40928/84443
Attorneys for Plaintiff

Dated: 4-19-05

I hereby certify this to be a true and attested copy of the original statement filed in this case.

MAR 24 2005

Attest.

Prothonotary/
Clerk of Courts

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

COVER SHEET

No. 05-418-CD

Type of Case: Civil Action - Medical Professional Liability Action

Type of Pleadings: Complaint w/Jury Trial Demand

Filed on Behalf of: Plaintiffs

Counsel of Record for Plaintiff: Shanin Specter, Esquire and Matthew A. Casey, Esquire

Parties:

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,

Plaintiffs,

vs.

RICHARD GROUT, M.D.; SUNDAR CHANDRASEKHAR, M.D., DUBOIS REGIONAL MEDICAL CENTER AND GATEWAY AREA MEDICAL ASSOCIATES, INC.

Defendants.

Attorneys/Firm: Shanin Specter, Esquire
I.D. No. 40928
Matthew A. Casey, Esquire
I.D. No. 84443
Kline & Specter
A Professional Corporation
1525 Locust Street
Philadelphia, PA 19102
215-772-1000

SHANIN SPECTER, ESQUIRE
MATTHEW A. CASEY, ESQUIRE
Attorneys for Plaintiffs

Dated: 3-23-05

KLINE & SPECTER
A PROFESSIONAL CORPORATION

I hereby certify this to be a true and attested copy of the original statement filed in this case.

MAR 24 2005

Attest.

Prothonotary/
Clerk of Courts

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	Civil Division
	No. 05-418-CD
Plaintiffs,	**Civil Action - Medical Professional Liability Action**
vs.	
RICHARD GROUT, M.D. 635 C. Maple Avenue Dubois, PA 15801	JURY TRIAL DEMANDED
	TYPE OF PLEADING: COMPLAINT
and	
SUNDAR CHANDRASEKHAR, M.D. c/o DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	COUNSEL OF RECORD FOR PLAINTIFFS: SHANIN SPECTER, ESQUIRE I.D. No. 40928 MATTHEW A. CASEY, ESQUIRE I.D. No. 84443
and	
DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	**KLINE & SPECTER** **A Professional Corporation** 19th Floor Philadelphia, PA 19102 215-772-1000
and	
GATEWAY AREA MEDICAL ASSOCIATES, INC. 635 C Maple Avenue Dubois, PA 15801	

NOTICE TO DEFEND

YOU have been sued in Court. If you wish to defend against the claims set forth in the following pages, you must take action within twenty (20) days after this Complaint and Notice are served, by entering a written appearance personally or by attorney and filing in writing with the Court your defenses or objections to the claims set forth against you by the Court without further Notice for any money claimed in the Complaint or for any claim or relief requested by the Plaintiff. You may lose money or property or other rights important to you.

YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE OR KNOW A LAWYER, THEN YOU SHOULD GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW TO FIND OUT WHERE YOU CAN GET LEGAL HELP:

DAVID S. MEHOLICK, COURT ADMINISTRATOR - CLEARFIELD COUNTY
COURTHOUSE CLEARFIELD, PA 16830 (814) 765-2641, Ext, 5982

CIVIL ACTION COMPLAINT - MALPRACTICE - MEDICAL [26051]

Plaintiffs, Ayden Shaffer-Doan, a minor, by his parents and natural guardians, Timothy Doan and Karen Shaffer, and Timothy Doan and Karen Shaffer, in their own right, by their attorneys, Kline & Specter, A Professional Corporation, hereby file this Civil Action Complaint and in support thereof state the following:

1. Plaintiff, Ayden Shaffer-Doan, is a minor, having been born on November 18, 2001. Minor-plaintiff resides with his parents and natural guardians, Timothy Doan and Karen Shaffer at R.D. #3, Box 308, Reynoldsville, Jefferson County, Pennsylvania 15851.

2. Defendant, Richard Grout, M.D. ("defendant Grout"), is a physician licensed to practice medicine in the Commonwealth of Pennsylvania. At all times material hereto, defendant Grout held himself out to the plaintiffs and to the public as a specialist in the field of pediatric medicine. Defendant Grout maintains an office for the practice of his specialty located at defendant Hospital and at Gateway Area Medical Associates, Inc., 635 C Maple Avenue, DuBois, Clearfield County, Pennsylvania 15801.

3. Defendant, Sundar Chandrasekhar, M.D. ("defendant Chandrasekhar"), is a physician licensed to practice medicine in the Commonwealth of Pennsylvania. At all times material hereto, defendant Chandrasekhar held himself out to the plaintiffs and the public in general as a specialist in the field of pediatric medicine. At all times material hereto, defendant

Chandrasekhar maintained an office for the practice of medicine at defendant Hospital and at defendant G.A.M.A.

4. Defendant, DuBois Regional Medical Center ("defendant Hospital"), at all times material hereto was a corporation or other jural entity, organized and existing under the laws of the Commonwealth of Pennsylvania, with a principal place of business in DuBois, Clearfield County, Pennsylvania. At all times material hereto, this defendant owned, operated and controlled a hospital located at 100 Hospital Avenue, DuBois, Clearfield County, Pennsylvania 15801.

Defendant, Gateway Area Medical Associates, Inc. ("defendant G.A.M.A."), at all times material hereto was a corporation or other jural entity, organized and existing under the laws of the Commonwealth of Pennsylvania, with a principal place of business in DuBois, Clearfield County, Pennsylvania. At all times relevant hereto defendant G.A.M.A. owned, operated and controlled a medical facility located at 635 C Maple Avenue, DuBois, Clearfield County, Pennsylvania 15801.

6. Plaintiff is asserting a professional liability claim against all defendants and the requisite certificates of merit, pursuant to Pa. R. Civ. P. 1042.3, are attached hereto as Exhibits "A" through "D", respectively.

7. At all times material hereto, defendants Grout and Chandrasekhar were actual and/or ostensible, agents, servants and/or employees of defendant Hospital and/or of defendant G.A.M.A.

OPERATIVE FACTS

8. Minor-plaintiff, Ayden Shaffer-Doan ("minor-plaintiff"), was approximately 18 days of age when he was admitted to Dubois Regional Medical Center in the early morning hours of December 6, 2001.

9. Minor-plaintiff's mother took him to the emergency room at defendant Hospital at around midnight that evening with complaints of diarrhea and decreased oral intake.

10. The triage notes record "reported possible seizure today".

11. Defendant Grout diagnosed minor-plaintiff as suffering from dehydration and admitted him at approximately 3:15 a.m. on December 6, 2001.

12. The nurse's note at 3:30 a.m. describes minor-plaintiff having "twitching of eyes ... rolled eyes back then turned pale to extremities then O2 sat down to 70's".

13. At 5:10 a.m. the nurse's note records "dr [doctor] notified: informed of pt [patient] condition, eye twitching, desats as well as periodic breathing and apneic episodes".

14. The nurse's note at 6:00 a.m. describes minor plaintiff as having a prolonged capillary refill time of 3 seconds and seizure activity.

15. At 7:45 a.m. the nurse's note records "seizure episodes", with his peripheral oxygen saturation (SpO2), measured with a pulse oximeter, dropping into the 70's.

16. At 8:00 a.m. minor-plaintiff had episodes of eye blinking, and at 8:30 a.m., he had periodic breathing, with "brief but frequent episodes".

17. Defendant Grout, upon information and belief, saw minor-plaintiff for the first time the following morning at about 8:00 a.m..

18. The nurse's notes describe seizure activity from 3:30 a.m. through 8:30 a.m., and the 8:00 a.m. nurse's note indicates that minor-plaintiff had two of these episodes while defendant Grout was in the room.

19. Defendant Grout ordered caffeine for minor-plaintiff at 8:00 a.m., presumably to treat the periodic breathing.

20. Defendant Grout's admit note, dictated at 8:29 a.m., describes minor-plaintiff's neurologic status as "drifts off to sleep unless stimulated".

21. Seizures were not discussed, diagnosed, investigated or treated, despite unambiguous evidence of seizure-like activity.

22. Instead of addressing seizures, defendant Grout ordered a chest x-ray and a renal ultrasound, neither of which investigate abnormal movements, seizures or a neurologic abnormality.

23. Minor-plaintiff continued to have evidence of seizure-like activity during the morning of December 6.

24. Between 9:00 a.m. and noon, he had repeated episodes of periodic breathing and desaturation to SpO2 of 70. These episodes were documented at 9:00, 9:30, 11:15, 11:25, 11:45 and 11:55 a.m., and at 12:00, 12:15, 12:20, 12:25, 12:40 and 12:45 p.m.

25. Despite receiving oxygen at 2 liters/minute, minor-plaintiff continued to have periods of desaturation.

26. Defendant Grout performed a lumbar puncture at about 1:00 p.m. on December 6th.

27. Despite data showing that minor-plaintiff was in status epilepticus, including desaturation episodes, lack of normal activity, lack of feeding and twitching, defendant Grout and the nursing staff still failed to investigate, diagnose and/or treat seizures.

28. Minor-plaintiff continued to have periodic breathing and desaturation episodes throughout the afternoon of the 6th. He was described as having "frequent desats, periodic breathing".

29. Minor-plaintiff had severe desaturation episodes recorded at 2:00, 3:40, 4:00, 4:10, 6:05, 7:10 and 7:30 p.m.

30. Minor-plaintiff, during the early evening hours of December 6th, had gone almost 16 hours without return to his neurologic baseline.

31. At 11:00 p.m. on December 6th, minor-plaintiff had tremors and, at 11:30 p.m., he had another desaturation episode.

32. At approximately 2:47 a.m. on December 7th, minor-plaintiff had an episode of eye twitching, after which his left pupil became dilated.

33. At 3:30 a.m., his left pupil was still larger than the right, and it reacted sluggishly to light.

34. At 4:00 a.m. minor-plaintiff's eyes were twitching, he had tremors, and his left pupil was more sluggish.

35. The nurse's note at 4:15 a.m. states " dr notified: pt having left pupil slightly more dilated & slightly sluggish ... Continues to have focal seizure (sic) and tremors of extremities ... Apneic episodes & periodic breathing".

36. A telephone order was given by defendant Chandrasekhar, who was apparently covering for defendant Grout, to order a cranial sonogram and EEG in the morning. Niether defendant Chandrasekhar, nor any other physician, saw minor-plaintiff until the next morning.

37. The nurse's 6:00 a.m. note from December 7th note records "awake thru night ...having ? focal seizures ... Continues to have episodes of periodic breathing, occasional apneic episodes ... HR irregular".

38. At 8:10 a.m., minor-plaintiff had another episode of mouth movements, arm movements and blinking. He had bradycardia at 5:00, 6:00, 6:40 and 8:10 a.m.. The nurse's notes record "having periods of posturing and flexing of arms that resemble seizures".

39. Defendant Chandrasekhar was present during an episode at 8:00 a.m., but ordered no treatment to stop seizures.

40. Despite the duration of his recurrent episodes (28 hours by 8 a.m. on December 7) and the severity of his compromise, neither Defendant Chandrasekhar nor Defendant Grout nor the nursing staff recognized the severity of minor-plaintiff's condition, and all defendants failed to timely institute required and appropriate treatment.

41. At 8:00 a.m., a CT scan of minor-plaintiff's head was ordered.

42. Despite minor-plaintiff's dilated and poorly reactive pupil, continued compromise and abnormal neurologic exam, no treatment for cerebral edema was ordered.

43. Defendants were so far from appreciating the severity of minor -plaintiff's condition that an order was sent by FAX to allow minor-plaintiff to breast feed. A nurse signed this order at 9:15 a.m. on December 7.

44. As the morning progressed, minor-plaintiff continued to deteriorate. He was clearly demonstrating ominous signs of evolving and impending neurologic, respiratory and circulatory failure, all of which went untreated.

45. It was not until approximately 11:22 a.m. that phenobarbital was given.

46. At approximately noon, minor-plaintiff had a CT scan. While it demonstrated cerebral edema, it was read as demonstrating subarachnoid hemorrhage.

47. Defendant Grout was called at approximately 1:15 p.m., and initiated arrangements to transfer minor-plaintiff to another hospital.

48. The transport team from Children's Hospital of Pittsburgh was called.

49. When the transport team arrived at approximately 2:50 p.m., they discovered a moribund, nearly dead baby, in whom they had to start CPR within minutes of their arrival.

50. Minor-plaintiff was in profound shock.

51. He was cold and obtunded, with weak pulses and a capillary refill time of 4-5 seconds; his temperature was 30 degrees.

52. No vital signs were documented by the nurses between approximately 5:00 a.m. and the arrival of the transport team.

53. Minor-plaintiff's abnormal movements and respiratory pattern were never evaluated by EEG or by a neurologist at defendant Hospital.

54. Minor-plaintiff was allowed by the nurses at defendant Hospital and by defendants Grout and Chandrasekhar to have untreated, recurrent and/or continuous seizures for most of 30 hours.

55. As a result, minor-plaintiff was caused to have profound encephalomalacia and other permamanent and catastrophic injuries.

56. Defendant Grout, defendant Chandrasekhar, and the nurses at defendant Hospital failed to treat minor-plaintiff's cardiopulmonary compromise, profound shock, and respiratory failure.

57. Minor-plaintiff's permanent brain damage and other injuries and damages set forth below were caused solely and wholly by reason of the negligence and carelessness of the defendants, as set forth more fully below, and were not caused or contributed thereto by any negligence on the part of the plaintiffs.

58. As a direct result of the negligence and carelessness of the defendants as set forth below, minor-plaintiff suffered injuries to the bones, muscles, nerves, nervous system, brain, tendons, tissues and blood vessels of his body, including, but not limited to, permanent and catastrophic brain damage, spastic quadriplegia, with its attendant signs, symptoms and sequelae together with severe shock, weakness, emotional and psychological injuries, blindness and other physical and emotional injuries and upset, the full extent of which are not yet known and some or a of which may be permanent in nature.

59. As a direct result of the negligence and carelessness of the defendants as set forth below, minor-plaintiff may be confined to a wheelchair for the remainder of his life.

60. As a direct result of the negligence and carelessness of defendants as set forth below, minor-plaintiff has suffered injuries which have precluded him and may in the future continue to preclude him from enjoying fully the ordinary pleasures of life and participating in

his ordinary activities and avocations; further, he has suffered and may in the future continue to undergo pain, suffering, embarrassment, depression, anxiety, bodily deformation, disability, mental anguish, loss of "well-being"; and other such intangible losses, some or all of which may be permanent in nature.

61. As a direct result of the negligence and carelessness of the defendants as set forth below, plaintiffs Karen Shaffer and Timothy Doan, on behalf of their minor son, Ayden Shaffer-Doan, have incurred in the past and may in the future continue to incur substantial medical and medically-related expenses including, but not limited to, expenditures for medicine, hospitalizations, medical and surgical care, testing, physical therapy, occupational therapy, rehabilitative care, equipment and other care to attend to, treat, and attempt to alleviate, minimize and/or cure their son's conditions.

62. As a direct result of the negligence and carelessness of defendants as set forth below, minor-plaintiff may in the future incur substantial medical and medically-related expenses including but not limited to, expenditures for medicine, hospitalizations, medical and surgical care, testing, physical therapy, occupational therapy, rehabilitative care, equipment and other care to attend to, treat, and attempt to alleviate, minimize, and/or cure his condition.

63. As a direct result of the negligence and carelessness of defendants as set forth below, minor-plaintiff has been prevented in the past and may in the future continue to be prevented from performing his usual duties, occupations, and avocations.

64. As a direct result of the negligence and carelessness of defendants as set forth below, minor-plaintiff has suffered in the past and may in the future continue to suffer a loss of

earnings and earning capacity.

COUNT ONE - Negligence
Plaintiffs, Ayden Shaffer-Doan, a minor, by his parents and natural guardians, Timothy Doan and Karen Shaffer, and Timothy Doan and Karen Shaffer, in their own right
vs. Richard Grout, M.D and Sundar Chandrasekhar, M.D.

65. Plaintiffs incorporate paragraphs 1 through 64 as if fully set forth herein.

66. Defendant Grout Hospital and defendant Chandrasekhar were careless and negligent in one or more of the following particular respects:

a. failure to ensure that minor-plaintiff was in the hands of appropriately trained and experienced physicians;
b. failure to properly supervise resident physicians at defendant hospital;
c. failure to properly supervise nurses at the hospital;
d. failure to keep apprised of and/or be aware of the condition of minor-plaintiff;
e. failure to properly instruct the nursing staff and/or resident physicians with respect to the management of minor plaintiff's care;
f. failure to properly instruct the nursing staff and/or resident physicians with respect to the conditions under which seizure required urgent neurological intervention;
g. failure to properly instruct the nursing staff with respect to the circumstances under which physicians should be called for evaluation;
h. failure to properly instruct the nursing staff with respect to the circumstances under which attending physicians should be called for evaluation;
i. failure to be aware of and/or respond promptly to minor-plaintiff's condition;
j. failure to prevent hyponatremic encephalopathy;
k. causing acute hyponatremia;
l. failure to diagnose hyponatremia;
m. failure to treat and correct hyponatremia;
o. failure to properly estimate the degree of dehydration;
p. failure to calculate a fluid deficit;
q. failure to identify the type of dehydration involved;
r. failure to diagnose and treat shock;
s. causing fluid overload;
t. failure to obtain a STAT neurological consult;
u. failure to timely arrange for transfer;
v. failure to appreciate the severity of minor-plaintiff's condition;
w. failure to prevent neurological emergency;
x. failure to get a STAT EEG;

y. failure to consult with a neurologist;
z. failure to investigate seizures;
aa. failure to diagnose seizures;
bb. failure to treat seizures;
cc. failure to recognize signs and symptoms of seizures;
dd. failure to order proper diagnostic tests in the face of seizures;
ee. failure to recognize status epilepticus;
ff. failure to prevent status epilepticus;
gg. failure to treat desaturation;
hh. failure appreciate the significant of periodic breathing episodes;
ii. failure to prevent neurologic emergency;
jj. failure to recognize an abnormal neurologic exam;
kk. failure to recognize signs and symptoms of systemic compromise;
ll. failure to come into the hospital in the face of neurologic abnormalities;
mm. failure to timely treat seizures;
nn. failure to timely treat cardiorespiratory failure;
oo. failure to prevent cardiorespiratory failure;
pp. failure to recognize and treat cardiorespiratory compromise;
qq. failure to recognize and treat cerebral edema;
rr. failure to prevent cerebral edema;
ss. failure to recognize the significance of minor-plaintiff's dilated pupil;
tt. failure to diagnose and treat hyponatremia;
uu. failure to timely give phenobarbitol;
vv. failure to timely transfer to the appropriate medical center; and
ww. failure to recognize and treat abnormal respiratory patterns.

67. Defendant Grout and defendant Chandrasekhar undertook and/or assumed a duty to render reasonable, proper, adequate, and appropriate care to plaintiffs and to avoid harm to them, which duty was breached by defendant Grout and defendant Chandrasekar.

68. Plaintiffs relied on the knowledge, treatment, and advice of defendant Grout and defendant Chandrasekhar.

69. The carelessness and negligence of defendant Grout and defendant Chandrasekhar, as set forth above, increased the risk of harm and was a substantial factor in causing the injuries and damages suffered by plaintiffs.

WHEREFORE, plaintiffs demand damages against defendant Grout and defendant Chandrasekhar, in an amount in excess of Fifty Thousand ($50,000.00) Dollars, and in excess of the prevailing arbitration limits, exclusive of prejudgment interest, post-judgment interest and costs.

COUNT TWO - Negligence
Plaintiffs, Ayden Shaffer-Doan, a minor, by his parents and natural guardians, Timothy Doan and Karen Shaffer, and Timothy Doan and Karen Shaffer, in their own right vs. DuBois Regional Medical Center and Gateway Area Medical Associates, Inc.

70. Plaintiffs incorporate paragraphs 1 through 69 as if fully set forth herein.

71. Defendant Hospital and defendant G.A.M.A., individually, and acting through their authorized agents, servants, workmen, and employees, were careless and negligent in one or more of the following particular respects:

a. failure to ensure that minor-plaintiff was in the hands of appropriately trained and experienced physicians;
b. failure to properly supervise resident physicians at defendant hospital;
c. failure to properly supervise nurses at the hospital;
d. failure to keep apprised of and/or be aware of the condition of minor-plaintiff;
e. failure to properly instruct the nursing staff and/or resident physicians with respect to the management of minor plaintiff's care;
f. failure to properly instruct the nursing staff and/or resident physicians with respect to the conditions under which seizure required urgent neurological intervention;
g. failure to properly instruct the nursing staff with respect to the circumstances under which physicians should be called for evaluation;
h. failure to properly instruct the nursing staff with respect to the circumstances under which attending physicians should be called for evaluation;
i. failure to be aware of and/or respond promptly to minor-plaintiff's condition;
j. failure to prevent hyponatremic encephalopathy;
k. causing acute hyponatremia;
l. failure to diagnose hyponatremia;
m. failure to treat and correct hyponatremia;

o. failure to properly estimate the degree of dehydration;
p. failure to calculate a fluid deficit;
q. failure to identify the type of dehydration involved;
r. failure to diagnose and treat shock;
s. causing fluid overload;
t. failure to obtain a STAT neurological consult;
u. failure to timely arrange for transfer;
v. failure to appreciate the severity of minor-plaintiff's condition;
w. failure to prevent neurological emergency;
x. failure to get a STAT EEG;
y. failure to consult with a neurologist;
z. failure to investigate seizures;
aa. failure to diagnose seizures;
bb. failure to treat seizures;
cc. failure to recognize signs and symptoms of seizures;
dd. failure to order proper diagnostic tests in the face of seizures;
ee. failure to recognize status epilepticus;
ff. failure to prevent status epilepticus;
gg. failure to treat desaturation;
hh. failure appreciate the significant of periodic breathing episodes;
ii. failure to prevent neurologic emergency;
jj. failure to recognize an abnormal neurologic exam;
kk. failure to recognize signs and symptoms of systemic compromise;
ll. failure to come into the hospital in the face of neurologic abnormalities;
mm. failure to timely treat seizures;
nn. failure to timely treat cardiorespiratory failure;
oo. failure to prevent cardiorespiratory failure;
pp. failure to recognize and treat cardiorespiratory compromise;
qq. failure to recognize and treat cerebral edema;
rr. failure to prevent cerebral edema;
ss. failure to recognize the significance of minor-plaintiff's dilated pupil;
tt. failure to diagnose and treat hyponatremia;
uu. failure to timely give phenobarbitol;
vv. failure to timely transfer to the appropriate medical center; and
ww. failure to recognize and treat abnormal respiratory patterns.

72. Defendant Hospital and defendant G.A.M.A. undertook and/or assumed a duty to render reasonable, proper, adequate, and appropriate care to plaintiffs and to avoid harm to them, which duty was breached by defendants.

73. Plaintiffs relied on the knowledge, treatment, and advice of defendant Hospital and defendant G.A.M.A.

74. The carelessness and negligence of defendant Hospital and defendant G.A.M.A., as set forth above, increased the risk of harm and was a substantial factor in causing the injuries and damages suffered by plaintiffs.

WHEREFORE, plaintiffs demand damages against defendant Hospital and defendant G.A.M.A. in an amount in excess of Fifty Thousand ($50,000.00) Dollars, and in excess of the prevailing arbitration limits, exclusive of prejudgment interest, post-judgment interest and costs.

COUNT THREE: Negligence of Defendant Dubois Regional Medical Center under Thompson v. Nason
Plaintiffs, Ayden Shaffer-Doan, a minor, by his parents and natural guardians, Timothy Doan and Karen Shaffer, and Timothy Doan and Karen Shaffer, in their own right vs. Dubois Regional Medical Center

75. The paragraphs and allegations stated above are incorporated hereby by reference and made a part hereof as if set forth in full.

76. Defendant, Dubois Regional Medical Center, individually, and acting through their authorized agents servants, workmen and employees were careless and negligent in one or more of the following particular respects:

a. failing to have physicians appropriate in number, training and/or experience to diagnose, attend to and treat minor-plaintiff and/or make decisions regarding his care, when they knew or should have known of the lack of such measures and the need for such measures;
b. failing to ensure that minor-plaintiff received appropriate attention from appropriately trained, credentialed and experienced physicians in a prompt manner under the circumstances set forth above, when they knew or should have known of the lack of such measures and the need for such measures;
c. failing to adopt and/or enforce appropriate rules, guidelines, procedures or protocols with respect to the management of patients and/or transfer of

patients such as minor-plaintiff by appropriately trained physicians when they knew or should have known of the lack of such measures and the need for such measures;

d. failing to adopt and/or enforce appropriate rules, guidelines, procedures or protocols with respect to communication between and among health care professionals and transferring patients such as minor-plaintiff when they knew or should have known of the lack of such measures and the need for such measures;

e. failing to adopt and/or enforce appropriate rules, guidelines, procedures or protocols with respect to determining when, for patients like minor-plaintiff, there was a neurological emergency when they knew or should have known of the lack of such measures and the need for such measures;

f. failing to adopt and/or enforce appropriate rules, guidelines, procedures or protocols with respect to having physicians on-call and in the hospital during over-night hours when they knew or should have known of the lack of such measures and the need for such measures;

g. failing to adopt and/or enforce appropriate rules, guidelines, procedures or protocols with respect to the administration of appropriate medications for seizure activity in patients like minor-plaintiff when they knew or should have known of the lack of such measures and the need for such measures

h. failing to adopt and/or enforce rules, guidelines, procedures or appropriate protocols with respect to the involvement of attending physicians in the care of a patient such as minor-plaintiff and/or the supervision of residents and nurses in their care of patients such as minor-plaintiff when they knew or should have known of the lack of such measures and the need for such measures;

j. failing to have and to maintain appropriate facilities and equipment that would have enabled physicians to perform a timely evaluation of minor-plaintiff;

k. failing to ensure that appropriate facilities and equipment were immediately available at the hospital for evaluation and treatment of minor-plaintiff;

l. failing to have appropriate staff, including physicians, nursing staff and other personnel available for evaluation of minor-plaintiff;

m. accepting minor-plaintiff as a patient when they knew or should have known that they did not have appropriate facilities, equipment and/or healthcare professionals to attend to him and provide to him the level of care he needed and/or and the level of care it should have been anticipated he may need;

n. failing to select and retain only competent physicians, nurses and others;

o. failing to oversee all persons who practice medicine within its walls as to patient care; and

p. failing to formulate, adopt, and enforce adequate rules and policies to

ensure quality care for patients including failure to adopt policies, procedures, guidelines such as those plead above in paragraphs a through.

77. Defendant Hospital undertook and/or assumed a duty to render reasonable, proper, adequate and appropriate medical care to plaintiffs and to avoid harm to them, which duty was breached by defendant Hospital.

78. Plaintiffs relied on the knowledge, treatment and advice of defendant Hospital.

79. The carelessness and negligence of defendant Hospital, as set forth above, increased the risk of harm and was a substantial factor in causing the injuries and damages suffered by plaintiffs as set forth more fully above.

WHEREFORE, plaintiffs demand damages against defendant, Dubois Regional Medical Center, in an amount in excess of Fifty Thousand ($50,000.00) Dollars, and in excess of the prevailing arbitration limits, exclusive of prejudgment interest, post-judgment interest and costs.

COUNT FOUR: Negligence of Dubois Regional Medical Center for the Acts of its Residents, Nurses, Nurse Practitioners and Other Employees Who Cared for Minor-plaintiff
Plaintiffs V. Dubois Regional Medical Center

80. The paragraphs and allegations stated above are incorporated hereby by reference and made a part hereof as if set forth in full.

81. Defendant Dubois Regional Medical Center, acting through its authorized agents servants, workmen and employees were careless and negligent in one or more of the following particular respects:

a. failure to ensure that minor-plaintiff was in the hands of appropriately trained and experienced physicians;
b. failure to properly supervise resident physicians at defendant hospital;
c. failure to properly supervise nurses at the hospital;

d. failure to keep apprised of and/or be aware of the condition of minor-plaintiff;
e. failure to properly instruct the nursing staff and/or resident physicians with respect to the management of minor plaintiff's care;
f. failure to properly instruct the nursing staff and/or resident physicians with respect to the conditions under which seizure required urgent neurological intervention;
g. failure to properly instruct the nursing staff with respect to the circumstances under which physicians should be called for evaluation;
h. failure to properly instruct the nursing staff with respect to the circumstances under which attending physicians should be called for evaluation;
i. failure to be aware of and/or respond promptly to minor-plaintiff's condition;
j. failure to prevent hyponatremic encephalopathy;
k. causing acute hyponatremia;
l. failure to diagnose hyponatremia;
m. failure to treat and correct hyponatremia;
o. failure to properly estimate the degree of dehydration;
p. failure to calculate a fluid deficit;
q. failure to identify the type of dehydration involved;
r. failure to diagnose and treat shock;
s. causing fluid overload;
t. failure to obtain a STAT neurological consult;
u. failure to timely arrange for transfer;
v. failure to appreciate the severity of minor-plaintiff's condition;
w. failure to prevent neurological emergency;
x. failure to get a STAT EEG;
y. failure to consult with a neurologist;
z. failure to investigate seizures;
aa. failure to diagnose seizures;
bb. failure to treat seizures;
cc. failure to recognize signs and symptoms of seizures;
dd. failure to order proper diagnostic tests in the face of seizures;
ee. failure to recognize status epilepticus;
ff. failure to prevent status epilepticus;
gg. failure to treat desaturation;
hh. failure appreciate the significant of periodic breathing episodes;
ii. failure to prevent neurologic emergency;
jj. failure to recognize an abnormal neurologic exam;
kk. failure to recognize signs and symptoms of systemic compromise;
ll. failure to come into the hospital in the face of neurologic abnormalities;
mm. failure to timely treat seizures;

nn. failure to timely treat cardiorespiratory failure;
oo. failure to prevent cardiorespiratory failure;
pp. failure to recognize and treat cardiorespiratory compromise;
qq. failure to recognize and treat cerebral edema;
rr. failure to prevent cerebral edema;
ss. failure to recognize the significance of minor-plaintiff's dilated pupil;
tt. failure to diagnose and treat hyponatremia;
uu. failure to timely give phenobarbitol;
vv. failure to timely transfer to the appropriate medical center; and
ww. failure to recognize and treat abnormal respiratory patterns.

82. Defendant Hospital undertook and/or assumed a duty to render reasonable, proper, adequate and appropriate medical care to plaintiffs and to avoid harm to them, which duty was breached by defendants.

83. Plaintiffs relied on the knowledge, treatment and advice of defendant Hospital.

84. The carelessness and negligence of defendant Hospital, as set forth above, increased the risk of harm and was a substantial factor in causing the injuries and damages suffered by plaintiffs as set forth more fully above.

WHEREFORE, plaintiffs demand damages against defendant Dubois Regional Medical Center, in an amount in excess of Fifty Thousand ($50,000.00) Dollars, and in excess of the prevailing arbitration limits, exclusive of prejudgment interest, post-judgment interest and costs.

KLINE & SPECTER
A Professional Corporation

By: _____
SHANIN SPECTER, ESQUIRE
MATTHEW A. CASEY, ESQUIRE
Attorneys for Plaintiffs

Dated:

KLINE & SPECTER
A PROFESSIONAL CORPORATION

VERIFICATION

I, Karen Shaffer, hereby verify that I am the plaintiff in this action, and that the statements made in the foregoing Civil Action Complaint are true and correct, to the best of my knowledge, information and belief. The language of the document is that of counsel and not of the affiant. To the extent that the contents of the document are based on information furnished to counsel and obtained by him during the course of this lawsuit, the affiant has relied upon counsel in taking this verification. All statements are founded upon reasonable belief. This verification is made subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.

Karen Shaffer
KAREN SHAFFER

DATED: 3-23-05

KLINE & SPECTER
A PROFESSIONAL CORPORATION

VERIFICATION

I, Timothy Doan, hereby verify that I am the plaintiff in this action, and that the statements made in the foregoing Civil Action Complaint are true and correct, to the best of my knowledge, information and belief. The language of the document is that of counsel and not of the affiant. To the extent that the contents of the document are based on information furnished to counsel and obtained by him during the course of this lawsuit, the affiant has relied upon counsel in taking this verification. All statements are founded upon reasonable belief. This verification is made subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.

Timothy Doan

TIMOTHY DOAN

DATED:

A

KLINE & SPECTER
A PROFESSIONAL CORPORATION

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	Civil Division
Plaintiffs,	**Civil Action - Medical Professional Liability Action**
vs.	
RICHARD GROUT, M.D. 635 C. Maple Avenue Dubois, PA 15801	JURY TRIAL DEMANDED
and	TYPE OF PLEADING: COMPLAINT
SUNDAR CHANDRASEKHAR, M.D. c/o DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	COUNSEL OF RECORD FOR PLAINTIFFS: SHANIN SPECTER, ESQUIRE I.D. No. 40928 MATTHEW A. CASEY, ESQUIRE I.D. No. 84443
and	
DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	**KLINE & SPECTER** **A Professional Corporation** 19th Floor Philadelphia, PA 19102 215-772-1000
and	
GATEWAY AREA MEDICAL ASSOCIATES, INC. 635 C Maple Avenue Dubois, PA 15801	

Certificate of Merit as to Richard Grout, M.D.

I, Matthew A. Casey, certify that:

An appropriate licensed professional has supplied a written statement to the undersigned that there is a basis to conclude that the care, skill or knowledge exercised or exhibited by this defendant in the treatment, practice or work that is the subject of the complaint, fell outside acceptable professional standards and that such conduct was a cause in bringing about the harm.

Date: 3-23-05

Matth C

MATTHEW A. CASEY, ESQUIRE

B

KLINE & SPECTER
A PROFESSIONAL CORPORATION

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	Civil Division
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RICHARD GROUT, M.D. 635 C. Maple Avenue Dubois, PA 15801	JURY TRIAL DEMANDED
and	TYPE OF PLEADING: COMPLAINT
SUNDAR CHANDRASEKHAR, M.D. c/o DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	COUNSEL OF RECORD FOR PLAINTIFFS: SHANIN SPECTER, ESQUIRE I.D. No. 40928 MATTHEW A. CASEY, ESQUIRE I.D. No. 84443
and	
DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	**KLINE & SPECTER** **A Professional Corporation** 19th Floor Philadelphia, PA 19102 215-772-1000
and	
GATEWAY AREA MEDICAL ASSOCIATES, INC. 635 C Maple Avenue Dubois, PA 15801	

Certificate of Merit as to Sundar Chandrasekhar, M.D.

I, Matthew A. Casey, certify that:

An appropriate licensed professional has supplied a written statement to the undersigned that there is a basis to conclude that the care, skill or knowledge exercised or exhibited by this defendant in the treatment, practice or work that is the subject of the complaint, fell outside acceptable professional standards and that such conduct was a cause in bringing about the harm.

Date: 3-23-05

Matth C

MATTHEW A. CASEY, ESQUIRE

C

KLINE & SPECTER
A PROFESSIONAL CORPORATION

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	:	Civil Division
Plaintiffs,	:	**Civil Action - Medical Professional Liability Action**
vs.	:	
RICHARD GROUT, M.D. 635 C. Maple Avenue Dubois, PA 15801	:	JURY TRIAL DEMANDED
and	:	TYPE OF PLEADING: COMPLAINT
SUNDAR CHANDRASEKHAR, M.D. c/o DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	:	COUNSEL OF RECORD FOR PLAINTIFFS: SHANIN SPECTER, ESQUIRE I.D. No. 40928 MATTHEW A. CASEY, ESQUIRE I.D. No. 84443
and	:	**KLINE & SPECTER** **A Professional Corporation** 19th Floor Philadelphia, PA 19102 215-772-1000
DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	:	
and	:	
GATEWAY AREA MEDICAL ASSOCIATES, INC. 635 C Maple Avenue Dubois, PA 15801	:	

Certificate of Merit as to Dubois Regional Medical Center

I, Matthew A. Casey, certify that:

The claim that this defendant deviated from an acceptable professional standard is based solely on allegations that other licensed professionals for whom this defendant is responsible deviated from an acceptable professional standard and an appropriate licensed professional has supplied a written statement to the undersigned that there is a basis to conclude that the care, skill

or knowledge exercised or exhibited by the other licensed professionals in the treatment, practice or work that is the subject of this complaint, fell outside acceptable professional standards and that such conduct was a cause in bringing about the harm.

Date: 3-23-05

Matth C

MATTHEW A. CASEY, ESQUIRE

D

KLINE & SPECTER
A PROFESSIONAL CORPORATION

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right, Plaintiffs, vs. RICHARD GROUT, M.D. 635 C. Maple Avenue Dubois, PA 15801 and SUNDAR CHANDRASEKHAR, M.D. c/o DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801 and DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801 and GATEWAY AREA MEDICAL ASSOCIATES, INC. 635 C Maple Avenue Dubois, PA 15801	Civil Division **Civil Action - Medical Professional Liability Action** JURY TRIAL DEMANDED TYPE OF PLEADING: COMPLAINT COUNSEL OF RECORD FOR PLAINTIFFS: SHANIN SPECTER, ESQUIRE I.D. No. 40928 MATTHEW A. CASEY, ESQUIRE I.D. No. 84443 **KLINE & SPECTER** **A Professional Corporation** 19th Floor Philadelphia, PA 19102 215-772-1000

Certificate of Merit as to Gateway Area Medical Associates

I, Matthew A. Casey, certify that:

The claim that this defendant deviated from an acceptable professional standard is based solely on allegations that other licensed professionals for whom this defendant is responsible deviated from an acceptable professional standard and an appropriate licensed professional has supplied a written statement to the undersigned that there is a basis to conclude that the care, skill

or knowledge exercised or exhibited by the other licensed professionals in the treatment, practice or work that is the subject of this complaint, fell outside acceptable professional standards and that such conduct was a cause in bringing about the harm.

Date: 3-23-05

MATTHEW A. CASEY, ESQUIRE

CA

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	)	CIVIL DIVISION
	)	No. 05-418-CD
	)	Issue No.
Plaintiffs,	)	Code: 007
vs.	)	
RICHARD GROUT, M.D., SUNDAR CHANDRASEKHAR, M.D., DUBOIS REGIONAL MEDICAL CENTER, and GATEWAY AREA MEDICAL ASSOCIATES,	)	
Defendants.	)	

ORDER OF COURT

AND NOW on this 5th day of May, 2005, it is hereby ORDERED, ADJUGED and DECREED that oral argument on defendant DuBois Regional Medical Center's preliminary objections to plaintiffs' complaint is scheduled for the 8th day of June, 2005, at 1:30 a.m./p.m. before Judge Ammerman in Courtroom No. 1 of the Clearfield County Courthouse.

BY THE COURT:

Judge J. Ammerman

FILED
01:00 CC Atty Konnski
MAY 06 2005

William A. Shaw
Prothonotary/Clerk of Courts

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents: and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	:	Civil Division
	:	NO. 05-418-CD
Plaintiffs,	:	**Civil Action - Medical Professional Liability Action**
vs.	:	
RICHARD GROUT, M.D. 635 C. Maple Avenue Dubois, PA 15801	:	JURY TRIAL DEMANDED
	:	TYPE OF PLEADING: COMPLAINT
and	:	
SUNDAR CHANDRASEKHAR, M.D. c/o DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	:	COUNSEL OF RECORD FOR PLAINTIFFS: SHANIN SPECTER, ESQUIRE I.D. No. 40928 MATTHEW A. CASEY, ESQUIRE I.D. No. 84443
and	:	
DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	:	**KLINE & SPECTER** **A Professional Corporation** 19th Floor Philadelphia, PA 19102 215-772-1000
and	:	
GATEWAY AREA MEDICAL ASSOCIATES, INC. 635 C Maple Avenue Dubois, PA 15801	:	

ORDER

AND NOW, this _____day of _____, 2005, upon consideration of the Preliminary Objections of Defendant, Dubois Regional Medical Center, and Plaintiffs' Response hereto, it is hereby **ORDERED** and **DECREED** that:

The Preliminary Objections of Defendant, Dubois Regional Medical Center, are OVERRULED in their entirety.

BY THE COURT:

_____

J.

KLINE & SPECTER
A PROFESSIONAL CORPORATION

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right, Plaintiffs, vs. RICHARD GROUT, M.D. 635 C. Maple Avenue Dubois, PA 15801 and SUNDAR CHANDRASEKHAR, M.D. c/o DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801 and DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801 and GATEWAY AREA MEDICAL ASSOCIATES, INC. 635 C Maple Avenue Dubois, PA 15801	Civil Division NO. 05-418-CD **Civil Action - Medical Professional Liability Action** JURY TRIAL DEMANDED NO. 05-418 COUNSEL OF RECORD FOR PLAINTIFFS: SHANIN SPECTER, ESQUIRE I.D. No. 40928 MATTHEW A. CASEY, ESQUIRE I.D. No. 84443 **KLINE & SPECTER** **A Professional Corporation** 19th Floor Philadelphia, PA 19102 215-772-1000

PLAINTIFF'S RESPONSE TO PRELIMINARY OBJECTIONS OF DEFENDANT, DUBOIS REGIONAL MEDICAL CENTER

Plaintiffs Ayden Shaffer-Doan, a minor, by his parents and natural guardians, Timothy Doan and Karen Shaffer, and Timothy Doan and Karen Shaffer, in their own right, by and through their undersigned counsel, hereby respond to defendant, Dubois Regional Medical Center's Preliminary Objections, and aver as follows:

1. Denied as stated. The Complaint is in writing and speaks for itself. Plaintiffs' Complaint, with certificates of merit, is attached hereto as Exhibit "A".

2. Admitted in part; denied in part. It is admitted only that parent-plaintiffs, through counsel different from their present counsel, filed a medical negligence case versus various medical providers, including Dubois Regional Medical Center, and that action was discontinued on January 30, 2004 following a praecipe for non-pros relating to certificates of merit. It is denied that parent-plaintiffs had any knowledge of, nor that they consented to, this discontinuation of their case. In any event, as more particularly set forth below, the defense of statute of limitations, under Pa.R.C.P. 1030, can be asserted only in a responsive pleading as new matter. See Pa.R.C.P. 1028. Accordingly, any allegations in the instant preliminary objections should be stricken as improper.

By way of further response, no response to moving defendant's preliminary objections is even necessary as moving defendant failed to include the required notice to plead under Pa.R.C.P. 1026.

3.- 4. Denied as stated. Plaintiffs incorporate herein as if fully set forth their response to paragraph 2, above.

5.- 6. Denied. Moving defendant wrongly contends that the certificates of merit attached to plaintiffs' Complaint are insufficient to support a corporate negligence claim. Furthermore, with respect to moving defendant's "other licensed professionals" objection, moving defendant has clearly failed to contemplate recent revisions to Pa.R.C.P. 1042.3 that make clear that the statement regarding other licensed professionals "is not required to identify the specific licensed professionals who deviated from an acceptable standard of care." See NOTE

to Pa.R.C.P. 1042.3(2). Plaintiffs attach a copy of this revision, which includes the new language in underlined text, as Exhibit "B" hereto. For moving defendant's information, this revision can also be found online at:

http://www.courts.state.pa.us/Index/supctcmtes/civilrulescmte/426civrule.pdf

In any event, by way of further response, to avoid any confusion regarding plaintiffs' certificates of merit, which, under Pa.R.C.P. 1042.3, must be filed in this case *by May 23, 2005*, plaintiffs have amended their certificate of merit as to Dubois Regional Medical Center and has filed an additional certificate of merit regarding "other licensed professionals" in order to apprise moving defendants with as much specificity as possible regarding the claims being asserted against them. See these certificates of merit attached hereto as Exhibit "C". Plaintiffs do so without waiver of their assertion that the instant preliminary objections have no basis under the law of this Commonwealth and that they are, apparently, designed merely to further delay the litigation of this case.

A. Demurrer/Motion to Strike All Claims Brought By Karen Shaffer and Timothy Doan

7. - 9. Denied. The allegations set forth in paragraphs seven through nine should be stricken as they violate Pa.R.C.P. 1028, which requires that a statute of limitations defense to be filed in a responsive pleading as new matter. In any event, by way of further response and without waiver of plaintiffs' substantive response to moving defendant's statute of limitations defense when it is appropriately brought before this court, parent-plaintiffs had other counsel involved when the preceding complaint was filed and then discontinued. They were neither aware of, nor did they consent to, the discontinuation of the Complaint. By way of further

response, it is respectfully submitted that the earlier filing tolled the statute of limitations for the parental claim. Plaintiffs hereby reserve the right to more specifically respond to the statute of limitations defense when it is properly brought before this court.

10.-11. Denied. As set forth above, moving defendant wrongly asserts that the certificates of merit attached to plaintiffs' Complaint are insufficient to support a corporate negligence claim. Furthermore, with respect to moving defendant's "other licensed professionals" objection, moving defendant has clearly failed to contemplate recent revisions to Pa.R.C.P. 1042.3 that make clear that the statement regarding other licensed professionals "is not required to identify the specific licensed professionals who deviated from an acceptable standard of care." See NOTE to Pa.R.C.P. 1042.3(2). Plaintiffs attach a copy of this revision, which includes the new language in underlined text, as Exhibit "B" hereto. For moving defendant's information, this revision can also be found online at:

http://www.courts.state.pa.us/Index/supctcmtes/civilrulescmte/426civrule.pdf

In any event, by way of further response, to avoid any confusion regarding plaintiffs' certificates of merit, which, under Pa.R.C.P. 1042.3, must be filed in this case *by May 23, 2005*, plaintiffs have amended their certificate of merit as to Dubois Regional Medical Center and has filed an additional certificate of merit regarding "other licensed professionals" in order to apprise moving defendants with as much specificity as possible regarding the claims being asserted against them. See these certificates of merit attached hereto as Exhibit "C". Plaintiffs do so without waiver of their assertion that the instant preliminary objections have no basis under the law of this Commonwealth and that they are, apparently, designed merely to further delay the litigation of this case.

WHEREFORE, plaintiffs, Ayden Shaffer-Doan, a minor, by his parents and natural guardians, Timothy Doan and Karen Shaffer, and Timothy Doan and Karen Shaffer, in their own right respectfully request that this Honorable Court overrule the preliminary objections of defendant, Dubois Regional Medical Center, in their entirety.

KLINE & SPECTER, P.C.

BY: _____

SHANIN SPECTER
MATTHEW A. CASEY
I.D. Nos. 40928/84443
Attorneys for Plaintiffs

Dated: 5-8-05

KLINE & SPECTER
A PROFESSIONAL CORPORATION

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents: and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	:	Civil Division
	:	NO. 05-418
Plaintiffs,	:	**Civil Action - Medical Professional Liability Action**
vs.	:	
RICHARD GROUT, M.D. 635 C. Maple Avenue Dubois, PA 15801	:	JURY TRIAL DEMANDED
and	:	
SUNDAR CHANDRASEKHAR, M.D. c/o DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	:	COUNSEL OF RECORD FOR PLAINTIFFS: SHANIN SPECTER, ESQUIRE I.D. No. 40928 MATTHEW A. CASEY, ESQUIRE I.D. No. 84443
and	:	
DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	:	**KLINE & SPECTER** **A Professional Corporation** 19th Floor Philadelphia, PA 19102 215-772-1000
and	:	
GATEWAY AREA MEDICAL ASSOCIATES, INC. 635 C Maple Avenue Dubois, PA 15801	:	

MEMORANDUM OF LAW IN OPPOSITION TO THE PRELIMINARY OBJECTIONS FILED BY DEFENDANT DUBOIS REGIONAL MEDICAL CENTER

I. INTRODUCTION

This cause of action arises from events that occurred on December 6, 2001 and December 7, 2001. The case involves catastrophic injuries to minor-plaintiff, Ayden Shaffer-Doan, arising

out of negligent medical care at the hands of various defendants, including objectioning defendant, Dubois Regional Medical Center ("Dubois").

II. LEGAL ARGUMENT

Moving defendant's preliminary objections allege two things: First, that plaintiffs' certificate of merit for defendant Dubois Regional Medical Center is insufficient both to support a corporate negligence claim and in its purported failure to identify "other licensed professionals" for whom defendant Dubois is responsible. Secondly, Dubois argues that the statute of limitations has expired for the parents' claim for medical expenses. Dubois failed to endorse its preliminary objections with a notice to plead under Pa.R.C.P. 1026, but plaintiff nonetheless responds in opposition to the relief sought by these preliminary objections.

Each argument is totally devoid of merit.

Moving defendant wrongly contends that the certificates of merit attached to plaintiffs' Complaint are insufficient to support a corporate negligence claim. On their face, the certificates of merit meet all of requirements of Pa.R.C.P. 1042.3, and are sufficient to support plaintiffs' corporate negligence claims. Furthermore, with respect to moving defendant's "other licensed professionals" objection, moving defendant has clearly failed to contemplate recent revisions to Pa.R.C.P. 1042.3 that make clear that the statement regarding other licensed professionals "is not required to identify the specific licensed professionals who deviated from an acceptable standard of care." See NOTE to Pa.R.C.P. 1042.3(2). Plaintiffs attach a copy of this revision, which includes the new language in underlined text, as Exhibit "B" hereto. For moving defendant's information, this revision can also be found online at:

http://www.courts.state.pa.us/Index/supctcmtes/civilrulescmte/426civrule.pdf

In any event, to avoid any confusion regarding plaintiffs' certificates of merit, which, under Pa.R.C.P. 1042.3, must be filed in this case *by May 23, 2005*, plaintiffs have amended their certificate of merit as to Dubois Regional Medical Center and have filed an additional certificate of merit regarding "other licensed professionals" in order to apprise moving defendants with as much specificity as possible regarding the claims being asserted against them. See these certificates of merit attached hereto as Exhibit "C". Plaintiffs do so without waiver of their assertion that the instant preliminary objections have no basis under the law of this Commonwealth and that they are, apparently, designed merely to further delay the litigation of this case.

Moving defendant's second argument is equally unfounded. Pa.R.C.P. 1028 requires that a statute of limitations defense be filed in a responsive pleading as new matter. Despite this, moving defendant has improperly burdened this Court with preliminary objections in the nature of demurrer. In any event, without waiver of plaintiffs' substantive response to moving defendant's statute of limitations defense when it is appropriately brought before this court, parent-plaintiffs had other counsel involved when the preceding complaint was filed and then discontinued. They were neither aware of, nor did they consent to, the discontinuation of the Complaint. It is respectfully submitted that the earlier filing tolled the statute of limitations for the parental claim. Plaintiffs hereby reserve the right to more specifically respond to the statute of limitations defense when it is properly brought before this court.

III. CONCLUSION

For all of the foregoing reasons, plaintiff respectfully requests that this Honorable Court

overrule the preliminary objections of defendant, Dubois Regional Medical Center, in their entirety.

KLINE & SPECTER, P.C.

BY: _____

SHANIN SPECTER
MATTHEW A. CASEY
I.D. Nos. 40928/84443
Attorneys for Plaintiff

KLINE & SPECTER
A PROFESSIONAL CORPORATION

CERTIFICATE OF SERVICE

I, MATTHEW A. CASEY, ESQUIRE, certify that on May 9, 2005, a true and correct copy of Plaintiffs' Response to Preliminary Objections of Defendant Dubois Regional Medical Center., was served via First Class U.S. Mail upon the following counsel:

David R. Johnson, Esquire
Thomson, Rhodes & Cowie, P.C.
Firm #720
1010 Two Chatham Center
Pittsburgh, PA 15219

John W. Blasko, Esquire
McQuaide Blasko
811 University Drive
State College, PA 16801

Michael A. Sosnowski, Esquire
McIntyre, Dugas, Hartye & Schmitt
P.O. Box 533
Hollidaysburg, PA 16648

MATTHEW A. CASEY, ESQUIRE

Exhibit A

I hereby certify this to be a true and attested copy of the original statement filed in this case.

MAR 24 2005

Attest.

Prothonotary/
Clerk of Courts

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

COVER SHEET

No. 05-418-CD

Type of Case: Civil Action - Medical Professional Liability Action

Type of Pleadings: Complaint w/Jury Trial Demand

Filed on Behalf of: Plaintiffs

Counsel of Record for Plaintiff: Shanin Specter, Esquire and Matthew A. Casey, Esquire

Parties:

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,

Plaintiffs,

vs.

RICHARD GROUT, M.D.; SUNDAR CHANDRASEKHAR, M.D., DUBOIS REGIONAL MEDICAL CENTER AND GATEWAY AREA MEDICAL ASSOCIATES, INC.

Defendants.

Attorneys/Firm: Shanin Specter, Esquire
I.D. No. 40928
Matthew A. Casey, Esquire
I.D. No. 84443
Kline & Specter
A Professional Corporation
1525 Locust Street
Philadelphia, PA 19102
215-772-1000

SHANIN SPECTER, ESQUIRE
MATTHEW A. CASEY, ESQUIRE
Attorneys for Plaintiffs

Dated: 3-23-05

KLINE & SPECTER
A PROFESSIONAL CORPORATION

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right, Plaintiffs, vs. RICHARD GROUT, M.D. 635 C. Maple Avenue Dubois, PA 15801 and SUNDAR CHANDRASEKHAR, M.D. c/o DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801 and DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801 and GATEWAY AREA MEDICAL ASSOCIATES, INC. 635 C Maple Avenue Dubois, PA 15801	Civil Division No. 05-418-CD **Civil Action - Medical Professional Liability Action** JURY TRIAL DEMANDED TYPE OF PLEADING: COMPLAINT COUNSEL OF RECORD FOR PLAINTIFFS: SHANIN SPECTER, ESQUIRE I.D. No. 40928 MATTHEW A. CASEY, ESQUIRE I.D. No. 84443 **KLINE & SPECTER** **A Professional Corporation** 19th Floor Philadelphia, PA 19102 215-772-1000

NOTICE TO DEFEND

YOU have been sued in Court. If you wish to defend against the claims set forth in the following pages, you must take action within twenty (20) days after this Complaint and Notice are served, by entering a written appearance personally or by attorney and filing in writing with the Court your defenses or objections to the claims set forth against you by the Court without further Notice for any money claimed in the Complaint or for any claim or relief requested by the Plaintiff. You may lose money or property or other rights important to you.

YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE OR KNOW A LAWYER, THEN YOU SHOULD GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW TO FIND OUT WHERE YOU CAN GET LEGAL HELP:

DAVID S. MEHOLICK, COURT ADMINISTRATOR - CLEARFIELD COUNTY
COURTHOUSE CLEARFIELD, PA 16830 (814) 765-2641, Ext, 5982

CIVIL ACTION COMPLAINT - MALPRACTICE - MEDICAL [26051]

Plaintiffs, Ayden Shaffer-Doan, a minor, by his parents and natural guardians, Timothy Doan and Karen Shaffer, and Timothy Doan and Karen Shaffer, in their own right, by their attorneys, Kline & Specter, A Professional Corporation, hereby file this Civil Action Complaint and in support thereof state the following:

1. Plaintiff, Ayden Shaffer-Doan, is a minor, having been born on November 18, 2001. Minor-plaintiff resides with his parents and natural guardians, Timothy Doan and Karen Shaffer at R.D. #3, Box 308, Reynoldsville, Jefferson County, Pennsylvania 15851.

2. Defendant, Richard Grout, M.D. ("defendant Grout"), is a physician licensed to practice medicine in the Commonwealth of Pennsylvania. At all times material hereto, defendant Grout held himself out to the plaintiffs and to the public as a specialist in the field of pediatric medicine. Defendant Grout maintains an office for the practice of his specialty located at defendant Hospital and at Gateway Area Medical Associates, Inc., 635 C Maple Avenue, DuBois, Clearfield County, Pennsylvania 15801.

3. Defendant, Sundar Chandrasekhar, M.D. ("defendant Chandrasekhar"), is a physician licensed to practice medicine in the Commonwealth of Pennsylvania. At all times material hereto, defendant Chandrasekhar held himself out to the plaintiffs and the public in general as a specialist in the field of pediatric medicine. At all times material hereto, defendant

Chandrasekhar maintained an office for the practice of medicine at defendant Hospital and at defendant G.A.M.A.

4. Defendant, DuBois Regional Medical Center ("defendant Hospital"), at all times material hereto was a corporation or other jural entity, organized and existing under the laws of the Commonwealth of Pennsylvania, with a principal place of business in DuBois, Clearfield County, Pennsylvania. At all times material hereto, this defendant owned, operated and controlled a hospital located at 100 Hospital Avenue, DuBois, Clearfield County, Pennsylvania 15801.

Defendant, Gateway Area Medical Associates, Inc. ("defendant G.A.M.A."), at all times material hereto was a corporation or other jural entity, organized and existing under the laws of the Commonwealth of Pennsylvania, with a principal place of business in DuBois, Clearfield County, Pennsylvania. At all times relevant hereto defendant G.A.M.A. owned, operated and controlled a medical facility located at 635 C Maple Avenue, DuBois, Clearfield County, Pennsylvania 15801.

6. Plaintiff is asserting a professional liability claim against all defendants and the requisite certificates of merit, pursuant to Pa. R. Civ. P. 1042.3, are attached hereto as Exhibits "A" through "D", respectively.

7. At all times material hereto, defendants Grout and Chandrasekhar were actual and/or ostensible, agents, servants and/or employees of defendant Hospital and/or of defendant G.A.M.A.

OPERATIVE FACTS

8. Minor-plaintiff, Ayden Shaffer-Doan ("minor-plaintiff"), was approximately 18 days of age when he was admitted to Dubois Regional Medical Center in the early morning hours of December 6, 2001.

9. Minor-plaintiff's mother took him to the emergency room at defendant Hospital at around midnight that evening with complaints of diarrhea and decreased oral intake.

10. The triage notes record "reported possible seizure today".

11. Defendant Grout diagnosed minor-plaintiff as suffering from dehydration and admitted him at approximately 3:15 a.m. on December 6, 2001.

12. The nurse's note at 3:30 a.m. describes minor-plaintiff having "twitching of eyes ... rolled eyes back then turned pale to extremities then O2 sat down to 70's".

13. At 5:10 a.m. the nurse's note records "dr [doctor] notified: informed of pt [patient] condition, eye twitching, desats as well as periodic breathing and apneic episodes".

14. The nurse's note at 6:00 a.m. describes minor plaintiff as having a prolonged capillary refill time of 3 seconds and seizure activity.

15. At 7:45 a.m. the nurse's note records "seizure episodes", with his peripheral oxygen saturation (SpO2), measured with a pulse oximeter, dropping into the 70's.

16. At 8:00 a.m. minor-plaintiff had episodes of eye blinking, and at 8:30 a.m., he had periodic breathing, with "brief but frequent episodes".

17. Defendant Grout, upon information and belief, saw minor-plaintiff for the first time the following morning at about 8:00 a.m..

18. The nurse's notes describe seizure activity from 3:30 a.m. through 8:30 a.m., and the 8:00 a.m. nurse's note indicates that minor-plaintiff had two of these episodes while defendant Grout was in the room.

19. Defendant Grout ordered caffeine for minor-plaintiff at 8:00 a.m., presumably to treat the periodic breathing.

20. Defendant Grout's admit note, dictated at 8:29 a.m., describes minor-plaintiff's neurologic status as "drifts off to sleep unless stimulated".

21. Seizures were not discussed, diagnosed, investigated or treated, despite unambiguous evidence of seizure-like activity.

22. Instead of addressing seizures, defendant Grout ordered a chest x-ray and a renal ultrasound, neither of which investigate abnormal movements, seizures or a neurologic abnormality.

23. Minor-plaintiff continued to have evidence of seizure-like activity during the morning of December 6.

24. Between 9:00 a.m. and noon, he had repeated episodes of periodic breathing and desaturation to SpO2 of 70. These episodes were documented at 9:00, 9:30, 11:15, 11:25, 11:45 and 11:55 a.m., and at 12:00, 12:15, 12:20, 12:25, 12:40 and 12:45 p.m.

25. Despite receiving oxygen at 2 liters/minute, minor-plaintiff continued to have periods of desaturation.

26. Defendant Grout performed a lumbar puncture at about 1:00 p.m. on December 6th.

27. Despite data showing that minor-plaintiff was in status epilepticus, including desaturation episodes, lack of normal activity, lack of feeding and twitching, defendant Grout and the nursing staff still failed to investigate, diagnose and/or treat seizures.

28. Minor-plaintiff continued to have periodic breathing and desaturation episodes throughout the afternoon of the 6th. He was described as having "frequent desats, periodic breathing".

29. Minor-plaintiff had severe desaturation episodes recorded at 2:00, 3:40, 4:00, 4:10, 6:05, 7:10 and 7:30 p.m.

30. Minor-plaintiff, during the early evening hours of December 6th, had gone almost 16 hours without return to his neurologic baseline.

31. At 11:00 p.m. on December 6th, minor-plaintiff had tremors and, at 11:30 p.m., he had another desaturation episode.

32. At approximately 2:47 a.m. on December 7th, minor-plaintiff had an episode of eye twitching, after which his left pupil became dilated.

33. At 3:30 a.m., his left pupil was still larger than the right, and it reacted sluggishly to light.

34. At 4:00 a.m. minor-plaintiff's eyes were twitching, he had tremors, and his left pupil was more sluggish.

35. The nurse's note at 4:15 a.m. states " dr notified: pt having left pupil slightly more dilated & slightly sluggish ... Continues to have focal seizure (sic) and tremors of extremities ... Apneic episodes & periodic breathing".

36. A telephone order was given by defendant Chandrasekhar, who was apparently covering for defendant Grout, to order a cranial sonogram and EEG in the morning. Niether defendant Chandrasekhar, nor any other physician, saw minor-plaintiff until the next morning.

37. The nurse's 6:00 a.m. note from December 7th note records "awake thru night ...having ? focal seizures ... Continues to have episodes of periodic breathing, occasional apneic episodes ... HR irregular".

38. At 8:10 a.m., minor-plaintiff had another episode of mouth movements, arm movements and blinking. He had bradycardia at 5:00, 6:00, 6:40 and 8:10 a.m.. The nurse's notes record "having periods of posturing and flexing of arms that resemble seizures".

39. Defendant Chandrasekhar was present during an episode at 8:00 a.m., but ordered no treatment to stop seizures.

40. Despite the duration of his recurrent episodes (28 hours by 8 a.m. on December 7) and the severity of his compromise, neither Defendant Chandrasekhar nor Defendant Grout nor the nursing staff recognized the severity of minor-plaintiff's condition, and all defendants failed to timely institute required and appropriate treatment.

41. At 8:00 a.m., a CT scan of minor-plaintiff's head was ordered.

42. Despite minor-plaintiff's dilated and poorly reactive pupil, continued compromise and abnormal neurologic exam, no treatment for cerebral edema was ordered.

43. Defendants were so far from appreciating the severity of minor -plaintiff's condition that an order was sent by FAX to allow minor-plaintiff to breast feed. A nurse signed this order at 9:15 a.m. on December 7.

44. As the morning progressed, minor-plaintiff continued to deteriorate. He was clearly demonstrating ominous signs of evolving and impending neurologic, respiratory and circulatory failure, all of which went untreated.

45. It was not until approximately 11:22 a.m. that phenobarbital was given.

46. At approximately noon, minor-plaintiff had a CT scan. While it demonstrated cerebral edema, it was read as demonstrating subarachnoid hemorrhage.

47. Defendant Grout was called at approximately 1:15 p.m., and initiated arrangements to transfer minor-plaintiff to another hospital.

48. The transport team from Children's Hospital of Pittsburgh was called.

49. When the transport team arrived at approximately 2:50 p.m., they discovered a moribund, nearly dead baby, in whom they had to start CPR within minutes of their arrival.

50. Minor-plaintiff was in profound shock.

51. He was cold and obtunded, with weak pulses and a capillary refill time of 4-5 seconds; his temperature was 30 degrees.

52. No vital signs were documented by the nurses between approximately 5:00 a.m. and the arrival of the transport team.

53. Minor-plaintiff's abnormal movements and respiratory pattern were never evaluated by EEG or by a neurologist at defendant Hospital.

54. Minor-plaintiff was allowed by the nurses at defendant Hospital and by defendants Grout and Chandrasekhar to have untreated, recurrent and/or continuous seizures for most of 30 hours.

55. As a result, minor-plaintiff was caused to have profound encephalomalacia and other permamanent and catastrophic injuries.

56. Defendant Grout, defendant Chandrasekhar, and the nurses at defendant Hospital failed to treat minor-plaintiff's cardiopulmonary compromise, profound shock, and respiratory failure.

57. Minor-plaintiff's permanent brain damage and other injuries and damages set forth below were caused solely and wholly by reason of the negligence and carelessness of the defendants, as set forth more fully below, and were not caused or contributed thereto by any negligence on the part of the plaintiffs.

58. As a direct result of the negligence and carelessness of the defendants as set forth below, minor-plaintiff suffered injuries to the bones, muscles, nerves, nervous system, brain, tendons, tissues and blood vessels of his body, including, but not limited to, permanent and catastrophic brain damage, spastic quadriplegia, with its attendant signs, symptoms and sequelae together with severe shock, weakness, emotional and psychological injuries, blindness and other physical and emotional injuries and upset, the full extent of which are not yet known and some or a of which may be permanent in nature.

59. As a direct result of the negligence and carelessness of the defendants as set forth below, minor-plaintiff may be confined to a wheelchair for the remainder of his life.

60. As a direct result of the negligence and carelessness of defendants as set forth below, minor-plaintiff has suffered injuries which have precluded him and may in the future continue to preclude him from enjoying fully the ordinary pleasures of life and participating in

his ordinary activities and avocations; further, he has suffered and may in the future continue to undergo pain, suffering, embarrassment, depression, anxiety, bodily deformation, disability, mental anguish, loss of "well-being", and other such intangible losses, some or all of which may be permanent in nature.

61. As a direct result of the negligence and carelessness of the defendants as set forth below, plaintiffs Karen Shaffer and Timothy Doan, on behalf of their minor son, Ayden Shaffer-Doan, have incurred in the past and may in the future continue to incur substantial medical and medically-related expenses including, but not limited to, expenditures for medicine, hospitalizations, medical and surgical care, testing, physical therapy, occupational therapy, rehabilitative care, equipment and other care to attend to, treat, and attempt to alleviate, minimize and/or cure their son's conditions.

62. As a direct result of the negligence and carelessness of defendants as set forth below, minor-plaintiff may in the future incur substantial medical and medically-related expenses including but not limited to, expenditures for medicine, hospitalizations, medical and surgical care, testing, physical therapy, occupational therapy, rehabilitative care, equipment and other care to attend to, treat, and attempt to alleviate, minimize, and/or cure his condition.

63. As a direct result of the negligence and carelessness of defendants as set forth below, minor-plaintiff has been prevented in the past and may in the future continue to be prevented from performing his usual duties, occupations, and avocations.

64. As a direct result of the negligence and carelessness of defendants as set forth below, minor-plaintiff has suffered in the past and may in the future continue to suffer a loss of

earnings and earning capacity.

COUNT ONE - Negligence
Plaintiffs, Ayden Shaffer-Doan, a minor, by his parents and natural guardians, Timothy Doan and Karen Shaffer, and Timothy Doan and Karen Shaffer, in their own right
vs. Richard Grout, M.D and Sundar Chandrasekhar, M.D.

65. Plaintiffs incorporate paragraphs 1 through 64 as if fully set forth herein.

66. Defendant Grout Hospital and defendant Chandrasekhar were careless and negligent in one or more of the following particular respects:

a. failure to ensure that minor-plaintiff was in the hands of appropriately trained and experienced physicians;
b. failure to properly supervise resident physicians at defendant hospital;
c. failure to properly supervise nurses at the hospital;
d. failure to keep apprised of and/or be aware of the condition of minor-plaintiff;
e. failure to properly instruct the nursing staff and/or resident physicians with respect to the management of minor plaintiff's care;
f. failure to properly instruct the nursing staff and/or resident physicians with respect to the conditions under which seizure required urgent neurological intervention;
g. failure to properly instruct the nursing staff with respect to the circumstances under which physicians should be called for evaluation;
h. failure to properly instruct the nursing staff with respect to the circumstances under which attending physicians should be called for evaluation;
i. failure to be aware of and/or respond promptly to minor-plaintiff's condition;
j. failure to prevent hyponatremic encephalopathy;
k. causing acute hyponatremia;
l. failure to diagnose hyponatremia;
m. failure to treat and correct hyponatremia;
o. failure to properly estimate the degree of dehydration;
p. failure to calculate a fluid deficit;
q. failure to identify the type of dehydration involved;
r. failure to diagnose and treat shock;
s. causing fluid overload;
t. failure to obtain a STAT neurological consult;
u. failure to timely arrange for transfer;
v. failure to appreciate the severity of minor-plaintiff's condition;
w. failure to prevent neurological emergency;
x. failure to get a STAT EEG;

y. failure to consult with a neurologist;
z. failure to investigate seizures;
aa. failure to diagnose seizures;
bb. failure to treat seizures;
cc. failure to recognize signs and symptoms of seizures;
dd. failure to order proper diagnostic tests in the face of seizures;
ee. failure to recognize status epilepticus;
ff. failure to prevent status epilepticus;
gg. failure to treat desaturation;
hh. failure appreciate the significant of periodic breathing episodes;
ii. failure to prevent neurologic emergency;
jj. failure to recognize an abnormal neurologic exam;
kk. failure to recognize signs and symptoms of systemic compromise;
ll. failure to come into the hospital in the face of neurologic abnormalities;
mm. failure to timely treat seizures;
nn. failure to timely treat cardiorespiratory failure;
oo. failure to prevent cardiorespiratory failure;
pp. failure to recognize and treat cardiorespiratory compromise;
qq. failure to recognize and treat cerebral edema;
rr. failure to prevent cerebral edema;
ss. failure to recognize the significance of minor-plaintiff's dilated pupil;
tt. failure to diagnose and treat hyponatremia;
uu. failure to timely give phenobarbitol;
vv. failure to timely transfer to the appropriate medical center; and
ww. failure to recognize and treat abnormal respiratory patterns.

67. Defendant Grout and defendant Chandrasekhar undertook and/or assumed a duty to render reasonable, proper, adequate, and appropriate care to plaintiffs and to avoid harm to them, which duty was breached by defendant Grout and defendant Chandrasekar.

68. Plaintiffs relied on the knowledge, treatment, and advice of defendant Grout and defendant Chandrasekhar.

69. The carelessness and negligence of defendant Grout and defendant Chandrasekhar, as set forth above, increased the risk of harm and was a substantial factor in causing the injuries and damages suffered by plaintiffs.

WHEREFORE, plaintiffs demand damages against defendant Grout and defendant Chandrasekhar, in an amount in excess of Fifty Thousand ($50,000.00) Dollars, and in excess of the prevailing arbitration limits, exclusive of prejudgment interest, post-judgment interest and costs.

COUNT TWO - Negligence
Plaintiffs, Ayden Shaffer-Doan, a minor, by his parents and natural guardians, Timothy Doan and Karen Shaffer, and Timothy Doan and Karen Shaffer, in their own right vs. DuBois Regional Medical Center and Gateway Area Medical Associates, Inc.

70. Plaintiffs incorporate paragraphs 1 through 69 as if fully set forth herein.

71. Defendant Hospital and defendant G.A.M.A., individually, and acting through their authorized agents, servants, workmen, and employees, were careless and negligent in one or more of the following particular respects:

a. failure to ensure that minor-plaintiff was in the hands of appropriately trained and experienced physicians;
b. failure to properly supervise resident physicians at defendant hospital;
c. failure to properly supervise nurses at the hospital;
d. failure to keep apprised of and/or be aware of the condition of minor-plaintiff;
e. failure to properly instruct the nursing staff and/or resident physicians with respect to the management of minor plaintiff's care;
f. failure to properly instruct the nursing staff and/or resident physicians with respect to the conditions under which seizure required urgent neurological intervention;
g. failure to properly instruct the nursing staff with respect to the circumstances under which physicians should be called for evaluation;
h. failure to properly instruct the nursing staff with respect to the circumstances under which attending physicians should be called for evaluation;
i. failure to be aware of and/or respond promptly to minor-plaintiff's condition;
j. failure to prevent hyponatremic encephalopathy;
k. causing acute hyponatremia;
l. failure to diagnose hyponatremia;
m. failure to treat and correct hyponatremia;

o. failure to properly estimate the degree of dehydration;
p. failure to calculate a fluid deficit;
q. failure to identify the type of dehydration involved;
r. failure to diagnose and treat shock;
s. causing fluid overload;
t. failure to obtain a STAT neurological consult;
u. failure to timely arrange for transfer;
v. failure to appreciate the severity of minor-plaintiff's condition;
w. failure to prevent neurological emergency;
x. failure to get a STAT EEG;
y. failure to consult with a neurologist;
z. failure to investigate seizures;
aa. failure to diagnose seizures;
bb. failure to treat seizures;
cc. failure to recognize signs and symptoms of seizures;
dd. failure to order proper diagnostic tests in the face of seizures;
ee. failure to recognize status epilepticus;
ff. failure to prevent status epilepticus;
gg. failure to treat desaturation;
hh. failure appreciate the significant of periodic breathing episodes;
ii. failure to prevent neurologic emergency;
jj. failure to recognize an abnormal neurologic exam;
kk. failure to recognize signs and symptoms of systemic compromise;
ll. failure to come into the hospital in the face of neurologic abnormalities;
mm. failure to timely treat seizures;
nn. failure to timely treat cardiorespiratory failure;
oo. failure to prevent cardiorespiratory failure;
pp. failure to recognize and treat cardiorespiratory compromise;
qq. failure to recognize and treat cerebral edema;
rr. failure to prevent cerebral edema;
ss. failure to recognize the significance of minor-plaintiff's dilated pupil;
tt. failure to diagnose and treat hyponatremia;
uu. failure to timely give phenobarbitol;
vv. failure to timely transfer to the appropriate medical center; and
ww. failure to recognize and treat abnormal respiratory patterns.

72. Defendant Hospital and defendant G.A.M.A. undertook and/or assumed a duty to render reasonable, proper, adequate, and appropriate care to plaintiffs and to avoid harm to them, which duty was breached by defendants.

73. Plaintiffs relied on the knowledge, treatment, and advice of defendant Hospital and defendant G.A.M.A.

74. The carelessness and negligence of defendant Hospital and defendant G.A.M.A., as set forth above, increased the risk of harm and was a substantial factor in causing the injuries and damages suffered by plaintiffs.

WHEREFORE, plaintiffs demand damages against defendant Hospital and defendant G.A.M.A. in an amount in excess of Fifty Thousand ($50,000.00) Dollars, and in excess of the prevailing arbitration limits, exclusive of prejudgment interest, post-judgment interest and costs.

COUNT THREE: Negligence of Defendant Dubois Regional Medical Center under Thompson v. Nason
Plaintiffs, Ayden Shaffer-Doan, a minor, by his parents and natural guardians, Timothy Doan and Karen Shaffer, and Timothy Doan and Karen Shaffer, in their own right vs. Dubois Regional Medical Center

75. The paragraphs and allegations stated above are incorporated hereby by reference and made a part hereof as if set forth in full.

76. Defendant, Dubois Regional Medical Center, individually, and acting through their authorized agents servants, workmen and employees were careless and negligent in one or more of the following particular respects:

a. failing to have physicians appropriate in number, training and/or experience to diagnose, attend to and treat minor-plaintiff and/or make decisions regarding his care, when they knew or should have known of the lack of such measures and the need for such measures;
b. failing to ensure that minor-plaintiff received appropriate attention from appropriately trained, credentialed and experienced physicians in a prompt manner under the circumstances set forth above, when they knew or should have known of the lack of such measures and the need for such measures;
c. failing to adopt and/or enforce appropriate rules, guidelines, procedures or protocols with respect to the management of patients and/or transfer of

patients such as minor-plaintiff by appropriately trained physicians when they knew or should have known of the lack of such measures and the need for such measures;

d. failing to adopt and/or enforce appropriate rules, guidelines, procedures or protocols with respect to communication between and among health care professionals and transferring patients such as minor-plaintiff when they knew or should have known of the lack of such measures and the need for such measures;

e. failing to adopt and/or enforce appropriate rules, guidelines, procedures or protocols with respect to determining when, for patients like minor-plaintiff, there was a neurological emergency when they knew or should have known of the lack of such measures and the need for such measures;

f. failing to adopt and/or enforce appropriate rules, guidelines, procedures or protocols with respect to having physicians on-call and in the hospital during over-night hours when they knew or should have known of the lack of such measures and the need for such measures;

g. failing to adopt and/or enforce appropriate rules, guidelines, procedures or protocols with respect to the administration of appropriate medications for seizure activity in patients like minor-plaintiff when they knew or should have known of the lack of such measures and the need for such measures

h. failing to adopt and/or enforce rules, guidelines, procedures or appropriate protocols with respect to the involvement of attending physicians in the care of a patient such as minor-plaintiff and/or the supervision of residents and nurses in their care of patients such as minor-plaintiff when they knew or should have known of the lack of such measures and the need for such measures;

j. failing to have and to maintain appropriate facilities and equipment that would have enabled physicians to perform a timely evaluation of minor-plaintiff;

k. failing to ensure that appropriate facilities and equipment were immediately available at the hospital for evaluation and treatment of minor-plaintiff;

l. failing to have appropriate staff, including physicians, nursing staff and other personnel available for evaluation of minor-plaintiff;

m. accepting minor-plaintiff as a patient when they knew or should have known that they did not have appropriate facilities, equipment and/or healthcare professionals to attend to him and provide to him the level of care he needed and/or and the level of care it should have been anticipated he may need;

n. failing to select and retain only competent physicians, nurses and others;

o. failing to oversee all persons who practice medicine within its walls as to patient care; and

p. failing to formulate, adopt, and enforce adequate rules and policies to

ensure quality care for patients including failure to adopt policies, procedures, guidelines such as those plead above in paragraphs a through.

77. Defendant Hospital undertook and/or assumed a duty to render reasonable, proper, adequate and appropriate medical care to plaintiffs and to avoid harm to them, which duty was breached by defendant Hospital.

78. Plaintiffs relied on the knowledge, treatment and advice of defendant Hospital.

79. The carelessness and negligence of defendant Hospital, as set forth above, increased the risk of harm and was a substantial factor in causing the injuries and damages suffered by plaintiffs as set forth more fully above.

WHEREFORE, plaintiffs demand damages against defendant, Dubois Regional Medical Center, in an amount in excess of Fifty Thousand ($50,000.00) Dollars, and in excess of the prevailing arbitration limits, exclusive of prejudgment interest, post-judgment interest and costs.

COUNT FOUR: Negligence of Dubois Regional Medical Center for the Acts of its Residents, Nurses, Nurse Practitioners and Other Employees Who Cared for Minor-plaintiff
Plaintiffs V. Dubois Regional Medical Center

80. The paragraphs and allegations stated above are incorporated hereby by reference and made a part hereof as if set forth in full.

81. Defendant Dubois Regional Medical Center, acting through its authorized agents servants, workmen and employees were careless and negligent in one or more of the following particular respects:

a. failure to ensure that minor-plaintiff was in the hands of appropriately trained and experienced physicians;
b. failure to properly supervise resident physicians at defendant hospital;
c. failure to properly supervise nurses at the hospital;

d. failure to keep apprised of and/or be aware of the condition of minor-plaintiff;
e. failure to properly instruct the nursing staff and/or resident physicians with respect to the management of minor plaintiff's care;
f. failure to properly instruct the nursing staff and/or resident physicians with respect to the conditions under which seizure required urgent neurological intervention;
g. failure to properly instruct the nursing staff with respect to the circumstances under which physicians should be called for evaluation;
h. failure to properly instruct the nursing staff with respect to the circumstances under which attending physicians should be called for evaluation;
i. failure to be aware of and/or respond promptly to minor-plaintiff's condition;
j. failure to prevent hyponatremic encephalopathy;
k. causing acute hyponatremia;
l. failure to diagnose hyponatremia;
m. failure to treat and correct hyponatremia;
o. failure to properly estimate the degree of dehydration;
p. failure to calculate a fluid deficit;
q. failure to identify the type of dehydration involved;
r. failure to diagnose and treat shock;
s. causing fluid overload;
t. failure to obtain a STAT neurological consult;
u. failure to timely arrange for transfer;
v. failure to appreciate the severity of minor-plaintiff's condition;
w. failure to prevent neurological emergency;
x. failure to get a STAT EEG;
y. failure to consult with a neurologist;
z. failure to investigate seizures;
aa. failure to diagnose seizures;
bb. failure to treat seizures;
cc. failure to recognize signs and symptoms of seizures;
dd. failure to order proper diagnostic tests in the face of seizures;
ee. failure to recognize status epilepticus;
ff. failure to prevent status epilepticus;
gg. failure to treat desaturation;
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ii. failure to prevent neurologic emergency;
jj. failure to recognize an abnormal neurologic exam;
kk. failure to recognize signs and symptoms of systemic compromise;
ll. failure to come into the hospital in the face of neurologic abnormalities;
mm. failure to timely treat seizures;

nn. failure to timely treat cardiorespiratory failure;
oo. failure to prevent cardiorespiratory failure;
pp. failure to recognize and treat cardiorespiratory compromise;
qq. failure to recognize and treat cerebral edema;
rr. failure to prevent cerebral edema;
ss. failure to recognize the significance of minor-plaintiff's dilated pupil;
tt. failure to diagnose and treat hyponatremia;
uu. failure to timely give phenobarbitol;
vv. failure to timely transfer to the appropriate medical center; and
ww. failure to recognize and treat abnormal respiratory patterns.

82. Defendant Hospital undertook and/or assumed a duty to render reasonable, proper, adequate and appropriate medical care to plaintiffs and to avoid harm to them, which duty was breached by defendants.

83. Plaintiffs relied on the knowledge, treatment and advice of defendant Hospital.

84. The carelessness and negligence of defendant Hospital, as set forth above, increased the risk of harm and was a substantial factor in causing the injuries and damages suffered by plaintiffs as set forth more fully above.

WHEREFORE, plaintiffs demand damages against defendant Dubois Regional Medical Center, in an amount in excess of Fifty Thousand ($50,000.00) Dollars, and in excess of the prevailing arbitration limits, exclusive of prejudgment interest, post-judgment interest and costs.

KLINE & SPECTER
A Professional Corporation

By: _____
SHANIN SPECTER, ESQUIRE
MATTHEW A. CASEY, ESQUIRE
Attorneys for Plaintiffs

Dated:

KLINE & SPECTER
A PROFESSIONAL CORPORATION

VERIFICATION

I, Karen Shaffer, hereby verify that I am the plaintiff in this action, and that the statements made in the foregoing Civil Action Complaint are true and correct, to the best of my knowledge, information and belief. The language of the document is that of counsel and not of the affiant. To the extent that the contents of the document are based on information furnished to counsel and obtained by him during the course of this lawsuit, the affiant has relied upon counsel in taking this verification. All statements are founded upon reasonable belief. This verification is made subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.

Karen Shaffer
KAREN SHAFFER

DATED: 3-23-05

KLINE & SPECTER
A PROFESSIONAL CORPORATION

VERIFICATION

I, Timothy Doan, hereby verify that I am the plaintiff in this action, and that the statements made in the foregoing Civil Action Complaint are true and correct, to the best of my knowledge, information and belief. The language of the document is that of counsel and not of the affiant. To the extent that the contents of the document are based on information furnished to counsel and obtained by him during the course of this lawsuit, the affiant has relied upon counsel in taking this verification. All statements are founded upon reasonable belief. This verification is made subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.

Timothy Doan

TIMOTHY DOAN

DATED:

A

KLINE & SPECTER
A PROFESSIONAL CORPORATION

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	Civil Division
Plaintiffs,	**Civil Action - Medical Professional Liability Action**
vs.	
RICHARD GROUT, M.D. 635 C. Maple Avenue Dubois, PA 15801	JURY TRIAL DEMANDED
and	TYPE OF PLEADING: COMPLAINT
SUNDAR CHANDRASEKHAR, M.D. c/o DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	COUNSEL OF RECORD FOR PLAINTIFFS: SHANIN SPECTER, ESQUIRE I.D. No. 40928 MATTHEW A. CASEY, ESQUIRE I.D. No. 84443
and	
DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	**KLINE & SPECTER** **A Professional Corporation** 19th Floor Philadelphia, PA 19102 215-772-1000
and	
GATEWAY AREA MEDICAL ASSOCIATES, INC. 635 C Maple Avenue Dubois, PA 15801	

Certificate of Merit as to Richard Grout, M.D.

I, Matthew A. Casey, certify that:

An appropriate licensed professional has supplied a written statement to the undersigned that there is a basis to conclude that the care, skill or knowledge exercised or exhibited by this defendant in the treatment, practice or work that is the subject of the complaint, fell outside acceptable professional standards and that such conduct was a cause in bringing about the harm.

Date: 3-23-05

Matth C

MATTHEW A. CASEY, ESQUIRE

B

KLINE & SPECTER
A PROFESSIONAL CORPORATION

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	Civil Division
Plaintiffs,	**Civil Action - Medical Professional Liability Action**
vs.	
RICHARD GROUT, M.D. 635 C. Maple Avenue Dubois, PA 15801	JURY TRIAL DEMANDED
and	TYPE OF PLEADING: COMPLAINT
SUNDAR CHANDRASEKHAR, M.D. c/o DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	COUNSEL OF RECORD FOR PLAINTIFFS: SHANIN SPECTER, ESQUIRE I.D. No. 40928 MATTHEW A. CASEY, ESQUIRE I.D. No. 84443
and	
DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	**KLINE & SPECTER** **A Professional Corporation** 19th Floor Philadelphia, PA 19102 215-772-1000
and	
GATEWAY AREA MEDICAL ASSOCIATES, INC. 635 C Maple Avenue Dubois, PA 15801	

Certificate of Merit as to Sundar Chandrasekhar, M.D.

I, Matthew A. Casey, certify that:

An appropriate licensed professional has supplied a written statement to the undersigned that there is a basis to conclude that the care, skill or knowledge exercised or exhibited by this defendant in the treatment, practice or work that is the subject of the complaint, fell outside acceptable professional standards and that such conduct was a cause in bringing about the harm.

Date: 3-23-05

Matth C

MATTHEW A. CASEY, ESQUIRE

C

KLINE & SPECTER
A PROFESSIONAL CORPORATION

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	:	Civil Division
Plaintiffs,	:	**Civil Action - Medical Professional Liability Action**
vs.	:	
RICHARD GROUT, M.D. 635 C. Maple Avenue Dubois, PA 15801	:	JURY TRIAL DEMANDED
and	:	TYPE OF PLEADING: COMPLAINT
SUNDAR CHANDRASEKHAR, M.D. c/o DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	:	COUNSEL OF RECORD FOR PLAINTIFFS: SHANIN SPECTER, ESQUIRE I.D. No. 40928 MATTHEW A. CASEY, ESQUIRE I.D. No. 84443
and	:	**KLINE & SPECTER** **A Professional Corporation** 19th Floor Philadelphia, PA 19102 215-772-1000
DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	:	
and	:	
GATEWAY AREA MEDICAL ASSOCIATES, INC. 635 C Maple Avenue Dubois, PA 15801	:	

Certificate of Merit as to Dubois Regional Medical Center

I, Matthew A. Casey, certify that:

The claim that this defendant deviated from an acceptable professional standard is based solely on allegations that other licensed professionals for whom this defendant is responsible deviated from an acceptable professional standard and an appropriate licensed professional has supplied a written statement to the undersigned that there is a basis to conclude that the care, skill

or knowledge exercised or exhibited by the other licensed professionals in the treatment, practice or work that is the subject of this complaint, fell outside acceptable professional standards and that such conduct was a cause in bringing about the harm.

Date: 3-23-05

Matth C

MATTHEW A. CASEY, ESQUIRE

D

KLINE & SPECTER
A PROFESSIONAL CORPORATION

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	Civil Division
Plaintiffs,	**Civil Action - Medical Professional Liability Action**
vs.	
RICHARD GROUT, M.D. 635 C. Maple Avenue Dubois, PA 15801	JURY TRIAL DEMANDED
	TYPE OF PLEADING: COMPLAINT
and	
SUNDAR CHANDRASEKHAR, M.D. c/o DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	COUNSEL OF RECORD FOR PLAINTIFFS: SHANIN SPECTER, ESQUIRE I.D. No. 40928 MATTHEW A. CASEY, ESQUIRE I.D. No. 84443
and	
DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	**KLINE & SPECTER** **A Professional Corporation** 19th Floor Philadelphia, PA 19102 215-772-1000
and	
GATEWAY AREA MEDICAL ASSOCIATES, INC. 635 C Maple Avenue Dubois, PA 15801	

Certificate of Merit as to Gateway Area Medical Associates

I, Matthew A. Casey, certify that:

The claim that this defendant deviated from an acceptable professional standard is based solely on allegations that other licensed professionals for whom this defendant is responsible deviated from an acceptable professional standard and an appropriate licensed professional has supplied a written statement to the undersigned that there is a basis to conclude that the care, skill

or knowledge exercised or exhibited by the other licensed professionals in the treatment, practice or work that is the subject of this complaint, fell outside acceptable professional standards and that such conduct was a cause in bringing about the harm.

Date: 3-23-05

MATTHEW A. CASEY, ESQUIRE

Exhibit B

RECYCLED

Rule 1042.3. Certificate of Merit

(a) In any action based upon an allegation that a licensed professional deviated from an acceptable professional standard, the attorney for the plaintiff, or the plaintiff if not represented, shall file with the complaint or within sixty days after the filing of the complaint, a certificate of merit signed by the attorney or party that either

(1) ***

(2) the claim that the defendant deviated from an acceptable professional standard is based solely on allegations that other licensed professionals for whom this defendant is responsible deviated from an acceptable professional standard, or

NOTE: [Certificates of merit must be filed as to the other licensed professionals whether or not they are named defendants in the action.]

A certificate of merit, based on the statement of an appropriate licensed professional required by subdivision (a)(1), must be filed as to the other licensed professionals for whom the defendant is responsible. The statement is not required to identify the specific licensed professionals who deviated from an acceptable standard of care.

(3) ***

***

Exhibit C

ح

RECYCLED

KLINE & SPECTER
A PROFESSIONAL CORPORATION

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	:	Civil Division
	:	NO. 05-418-CD
Plaintiffs,	:	**Civil Action - Medical Professional Liability Action**
vs.	:	
RICHARD GROUT, M.D. 635 C. Maple Avenue Dubois, PA 15801	:	JURY TRIAL DEMANDED
	:	TYPE OF PLEADING: COMPLAINT
and	:	
SUNDAR CHANDRASEKHAR, M.D. c/o DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	:	COUNSEL OF RECORD FOR PLAINTIFFS: SHANIN SPECTER, ESQUIRE I.D. No. 40928 MATTHEW A. CASEY, ESQUIRE I.D. No. 84443
and	:	
DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	:	**KLINE & SPECTER** **A Professional Corporation** 19th Floor Philadelphia, PA 19102 215-772-1000
and	:	
GATEWAY AREA MEDICAL ASSOCIATES, INC. 635 C Maple Avenue Dubois, PA 15801	:	

Amended Certificate of Merit as to Dubois Regional Medical Center

I, Matthew A. Casey, certify that:

An appropriate licensed professional has supplied a written statement to the undersigned that there is a basis to conclude both that the care, skill or knowledge exercised or exhibited by this defendant in the treatment, practice or work that is the subject of the complaint, fell outside acceptable professional standards and that such conduct was a cause in bringing about the harm (a corporate negligence claim), and that other licensed professionals for whom this defendant is

responsible deviated from an acceptable professional standard and that such conduct was a cause in bringing about the harm.

Date: 5-9-05

MATTHEW A. CASEY, ESQUIRE

KLINE & SPECTER
A PROFESSIONAL CORPORATION

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	:	Civil Division
	:	NO. 05-418-CD
Plaintiffs,	:	**Civil Action - Medical Professional Liability Action**
vs.	:	
RICHARD GROUT, M.D. 635 C. Maple Avenue Dubois, PA 15801	:	JURY TRIAL DEMANDED
	:	TYPE OF PLEADING: COMPLAINT
and	:	
SUNDAR CHANDRASEKHAR, M.D. c/o DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	:	COUNSEL OF RECORD FOR PLAINTIFFS: SHANIN SPECTER, ESQUIRE I.D. No. 40928 MATTHEW A. CASEY, ESQUIRE I.D. No. 84443
and	:	
DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	:	**KLINE & SPECTER** **A Professional Corporation** 19th Floor Philadelphia, PA 19102 215-772-1000
and	:	
GATEWAY AREA MEDICAL ASSOCIATES, INC., 635 C Maple Avenue Dubois, PA 15801	:	

Certificate of Merit as to Other Licensed Professionals, Residents, Nurses, Nurse Practitioners and Other Employees Who Cared for Minor-Plaintiff

I, Matthew A. Casey, certify that:

An appropriate licensed professional has supplied a written statement to the undersigned that there is a basis to conclude that the care, skill or knowledge exercised or exhibited by other licensed professionals, residents, nurses, nurse practitioners, and other employees who cared for minor-plaintiff in the treatment, practice or work that is the subject of the complaint, fell outside

acceptable professional standards and that such conduct was a cause in bringing about the harm.

Date: 5-9-05

MATTHEW A. CASEY, ESQUIRE

KLINE & SPECTER
A PROFESSIONAL CORPORATION

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	Civil Division
Plaintiffs,	NO. 05-418-CD
vs.	**Civil Action - Medical Professional Liability Action**
RICHARD GROUT, M.D. 635 C. Maple Avenue Dubois, PA 15801	JURY TRIAL DEMANDED
and	TYPE OF PLEADING: COMPLAINT
SUNDAR CHANDRASEKHAR, M.D. c/o DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	COUNSEL OF RECORD FOR PLAINTIFFS: SHANIN SPECTER, ESQUIRE I.D. No. 40928 MATTHEW A. CASEY, ESQUIRE I.D. No. 84443
and	**KLINE & SPECTER** **A Professional Corporation** 19th Floor Philadelphia, PA 19102 215-772-1000
DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	
and	
GATEWAY AREA MEDICAL ASSOCIATES, INC. 635 C Maple Avenue Dubois, PA 15801	

Amended Certificate of Merit as to Dubois Regional Medical Center

I, Matthew A. Casey, certify that:

An appropriate licensed professional has supplied a written statement to the undersigned that there is a basis to conclude both that the care, skill or knowledge exercised or exhibited by this defendant in the treatment, practice or work that is the subject of the complaint, fell outside acceptable professional standards and that such conduct was a cause in bringing about the harm (a corporate negligence claim), and that other licensed professionals for whom this defendant is

responsible deviated from an acceptable professional standard and that such conduct was a cause in bringing about the harm.

Date: 5-9-05

MATTHEW A. CASEY, ESQUIRE

KLINE & SPECTER
A PROFESSIONAL CORPORATION

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents: and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	Civil Division
	NO. 05-418-CD
Plaintiffs,	**Civil Action - Medical Professional Liability Action**
vs.	
RICHARD GROUT, M.D. 635 C. Maple Avenue Dubois, PA 15801	JURY TRIAL DEMANDED
	TYPE OF PLEADING: COMPLAINT
and	
SUNDAR CHANDRASEKHAR, M.D. c/o DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	COUNSEL OF RECORD FOR PLAINTIFFS: SHANIN SPECTER, ESQUIRE I.D. No. 40928 MATTHEW A. CASEY, ESQUIRE I.D. No. 84443
and	
DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	**KLINE & SPECTER** **A Professional Corporation** 19th Floor Philadelphia, PA 19102 215-772-1000
and	
GATEWAY AREA MEDICAL ASSOCIATES, INC., 635 C Maple Avenue Dubois, PA 15801	

Certificate of Merit as to Other Licensed Professionals, Residents, Nurses, Nurse Practitioners and Other Employees Who Cared for Minor-Plaintiff

I, Matthew A. Casey, certify that:

An appropriate licensed professional has supplied a written statement to the undersigned that there is a basis to conclude that the care, skill or knowledge exercised or exhibited by other licensed professionals, residents, nurses, nurse practitioners, and other employees who cared for minor-plaintiff in the treatment, practice or work that is the subject of the complaint, fell outside

acceptable professional standards and that such conduct was a cause in bringing about the harm.

Date: 5-9-05

MATTHEW A. CASEY, ESQUIRE

KLINE & SPECTER
A PROFESSIONAL CORPORATION

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents: and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	Civil Division 2005-418-CD
Plaintiffs,	**Civil Action - Medical Professional Liability Action**
vs.	
RICHARD GROUT, M.D. 635 C. Maple Avenue Dubois, PA 15801	JURY TRIAL DEMANDED
and	TYPE OF PLEADING: COMPLAINT
SUNDAR CHANDRASEKHAR, M.D. c/o DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	COUNSEL OF RECORD FOR PLAINTIFFS: SHANIN SPECTER, ESQUIRE I.D. No. 40928 MATTHEW A. CASEY, ESQUIRE I.D. No. 84443
and	**KLINE & SPECTER** **A Professional Corporation** 19th Floor Philadelphia, PA 19102 215-772-1000
DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	
and	
GATEWAY AREA MEDICAL ASSOCIATES, INC. 635 C Maple Avenue Dubois, PA 15801	

PLAINTIFFS' RESPONSE TO NEW MATTER OF DEFENDANT, GATEWAY AREA MEDICAL ASSOCIATES, INC.

85. The allegations set forth in paragraph 85 of Defendant's New Matter constitute conclusions of law to which no response is required. To the extent a response

to said allegations is required, they are specifically denied.

86. The allegations set forth in paragraph 86 of Defendant's New Matter constitute conclusions of law to which no response is required. To the extent a response to said allegations is required, they are specifically denied.

87. The allegations set forth in paragraph 87 of Defendant's New Matter constitute conclusions of law to which no response is required. To the extent a response to said allegations is required, they are specifically denied.

88. The allegations set forth in paragraph 88 of Defendant's New Matter constitute conclusions of law to which no response is required. To the extent a response to said allegations is required, they are specifically denied.

89. The allegations set forth in paragraph 89 of Defendant's New Matter constitute conclusions of law to which no response is required. To the extent a response to said allegations is required, they are specifically denied.

90. The allegations set forth in paragraph 90 of Defendant's New Matter constitute conclusions of law to which no response is required. To the extent a response to said allegations is required, they are specifically denied.

91. The allegations set forth in paragraph 91 of Defendant's New Matter constitute conclusions of law to which no response is required. To the extent a response to said allegations is required, they are specifically denied.

WHEREFORE, plaintiffs hereby demands judgment in their favor and against all defendants.

KLINE & SPECTER, P.C.

BY: _____

SHANIN SPECTER
MATTHEW A. CASEY
I.D. Nos. 40928/84443
Attorneys for Plaintiff

Dated: 5-9-05

KLINE & SPECTER
A PROFESSIONAL CORPORATION

VERIFICATION

I, Matthew A. Casey, Esquire, counsel for plaintiffs in the foregoing action, hereby verify that the statements made in Plaintiffs' Response to New Matter of Defendant Gateway Area Medical Associates, Inc., are true and correct to the best of my personal knowledge or information and belief. I understand that false statements hereunder made are subject to the penalties of 18 Pa. C.S.§4904 relating to unsworn falsification to authorities.

MATTHEW A. CASEY, ESQUIRE

Dated: 5-9-05

KLINE & SPECTER
A PROFESSIONAL CORPORATION

CERTIFICATE OF SERVICE

I, MATTHEW A. CASEY, ESQUIRE, certify that on May 9, 2005, a true and correct copy of Plaintiffs' Response to New Matter of Defendant Gateway Area Medical Associates, Inc., was served via First Class U.S. Mail upon the following counsel:

David R. Johnson, Esquire
Thomson, Rhodes & Cowie, P.C.
Firm #720
1010 Two Chatham Center
Pittsburgh, PA 15219

John W. Blasko, Esquire
McQuaide Blasko
811 University Drive
State College, PA 16801

Michael A. Sosnowski, Esquire
McIntyre, Dugas, Hartye & Schmitt
P.O. Box 533
Hollidaysburg, PA 16648

MATTHEW A. CASEY, ESQUIRE

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,

Plaintiffs,

vs.

RICHARD GROUT, M.D., SUNDAR CHANDRASEKHAR, M.D., DUBOIS REGIONAL MEDICAL CENTER, and GATEWAY AREA MEDICAL ASSOCIATES,

Defendants.

Counsel of Record:

Shanin Specter, Esquire
Matthew A. Casey, Esquire
Kline & Specter
1525 Locust Street
Philadelphia, PA 19102

John W. Blasko, Esquire
McQuaide Blasko
811 University Drive
State College, PA 16801-6699

Michael A. Sosnowski, Esquire
McIntyre, Dugas, Hartye & Schmitt
P.O. Box 533
Hollidaysburg, PA 16648

CIVIL DIVISION

No. 05-418-CD

Issue No.

AFFIDAVIT OF SERVICE

Code: 007

Filed on behalf of the defendants.

Counsel of Record for These Parties:

David R. Johnson, Esquire
PA I.D. #26409

Brad R. Korinski, Esquire
PA I.D. #86831

THOMSON, RHODES & COWIE, P.C.
Firm #720
1010 Two Chatham Center
Pittsburgh, PA 15219

(412) 232-3400

U.S. POSTAL SERVICE **CERTIFICATE OF MAILING**

MAY BE USED FOR DOMESTIC AND INTERNATIONAL MAIL, DOES NOT PROVIDE FOR INSURANCE—POSTMASTER

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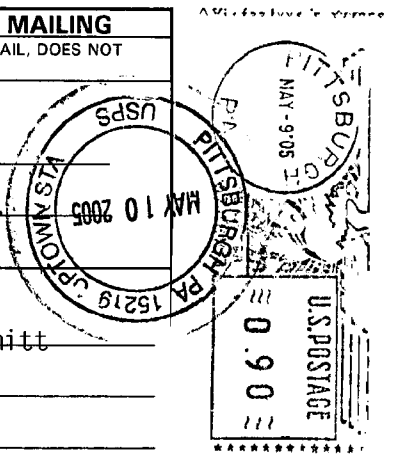
David R. Johnson, Esquire
Brad R. Korinski, Esquire
Thomson, Rhodes & Cowie, P.C.
~~Two Chatham Center, 10th Floor~~
Pittsburgh, PA 15219

One piece of ordinary mail addressed to:
Michael A. Sosnowski, Esquire
~~McIntyre, Dugas, Hartye & Schmitt~~
P.O. Box 533
~~Hollidaysburg, PA 16648~~

BRK/DRJ - 14186

PS Form 3817, Mar. 1989 *U.S. G.P.O.: 1992 - 329-823/69237



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Pittsburgh, PA 15219

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~~McQuaide Blasko~~
811 University Drive
~~State College, PA 16801-6699~~

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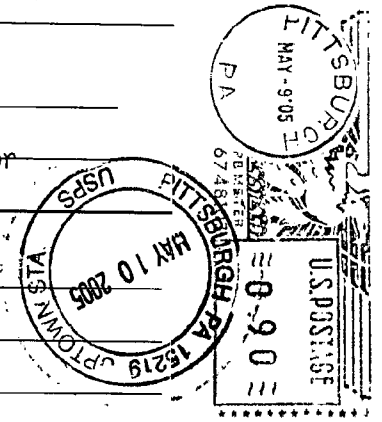

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Pittsburgh, PA 15219

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~~Kline & Specter~~
1525 Locust Street
~~Philadelphia, PA 19102~~

BRK/DRJ - 14186

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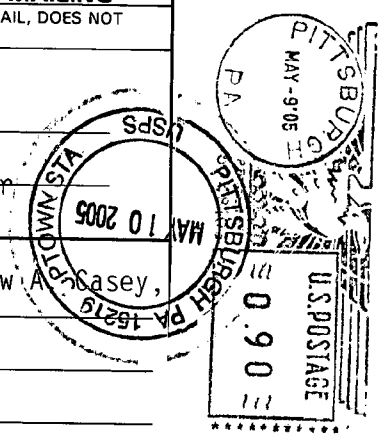

No. 05-418-CD
Clearfield County

AFFIDAVIT OF SERVICE

Before me, the undersigned authority, personally appeared Brad R. Korinski, Esquire, who, being duly sworn, deposes and says that a true and correct copy of the Judge Ammerman's May 5, 2005, Scheduling Order, along with a true and correct copy the Preliminary Objections to Plaintiffs' Complaint in the above-captioned case was served upon counsel of record, Shanin Specter, Esquire and Matthew A. Casey, Esquire, Kline & Specter, 1525 Locust Street, Philadelphia, Pennsylvania, 19102; John W. Blasko, Esquire, McQuaide Blasko, 811 University Drive, State College, Pennsylvania, 16801-6699; and Michael A. Sosnowski, Esquire, McIntyre, Dugas, Hartye & Schmitt, P.O. Box 533, Hollidaysburg, Pennsylvania, 16648, by United States, first class, postage pre-paid mail on May 10, 2005, as shown by the certificates of mailing attached hereto.

THOMSON, RHODES & COWIE, P.C.

Brad R. Korinski, Esquire

Sworn to and subscribed before me

this 11 day of May, 2005.

Notary Public

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Kathleen A. Freiss, Notary Public
City Of Pittsburgh, Allegheny County
My Commission Expires Nov. 24, 2007
Member, Pennsylvania Association Of Notaries

U.S. POSTAL SERVICE **CERTIFICATE OF MAILING**

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Thomson, Rhodes & Cowie, P.C.
~~Two Chatham Center, 10th Floor~~
Pittsburgh, PA 15219

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~~McIntyre, Dugas, Hartye & Schmitt~~
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~~Hollidaysburg, PA 16648~~

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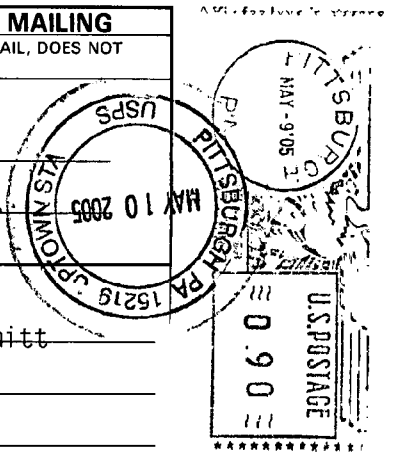

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~~State College, PA 16801-6699~~

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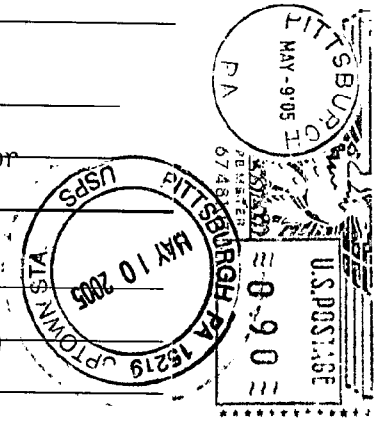

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Pittsburgh, PA 15219

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1525 Locust Street
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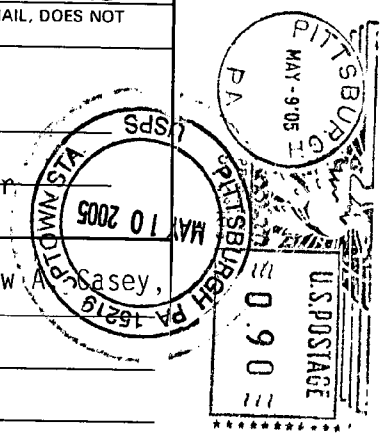


CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the within document was served upon all counsel of record by United States, first class, postage pre-paid mail this 11th day of May, 2005:

Shanin Specter, Esquire
Matthew A. Casey, Esquire
Kline & Specter
1525 Locust Street
Philadelphia, PA 19102

John W. Blasko, Esquire
McQuaide Blasko
811 University Drive
State College, PA 16801-6699

Michael A. Sosnowski, Esquire
McIntyre, Dugas, Hartye & Schmitt
P.O. Box 533
Hollidaysburg, PA 16648

THOMSON, RHODES & COWIE, P.C.

Brad Korinski

David R. Johnson, Esquire
Brad R. Korinski, Esquire
DuBois Regional Medical Center,
one of the defendants.

VERIFIED RETURN OF SERVICE

Commonwealth of Pennsylvania **County of Clearfield** **Common Pleas Court**

Case Number: 05-418-CD

Plaintiff:
AYDEN SHAFFER DOAN, A MINOR, BY HIS PARENTS AND NATURAL GUARDIANS, TIMOTHY DOAN AND KAREN SHAFFER, AND TIMOTHY DOAN AND KAREN SHAFFER, IN THEIR OWN RIGHT,
vs.
Defendant:
RICHARD GROUT, M.D.,

FILED no cc
m/ 1:09 BN
JUN 02 2005 GK
William A. Shaw
Prothonotary/Clerk of Courts

For:
Thomas R. Kline
KLINE & SPECTER
The Ninteenth Floor
1525 Locust Street
Philadelphia, PA 19102

Received by L.R.I. (Attorney's Support Services) on the 16th day of May, 2005 at 4:15 pm to be served on **DR. CHANDRASEKHAR, HOME ADDRESS 4014 PARKSIDE DRIVE JUPITER, FLORIDA 33458 561-626-4902 WORK 5325 GREENWOOD AVENUE SUITE 302 WEST PALM BEACH, FL 33407 561-844-9858.**

I, Timothy A. Toomey, do hereby affirm that on the **18th day of May, 2005 at 12:20 pm, I:**

Individually Served the within named person with a true copy of this **NOTICE TO DEFENDANT & COMPLAINT WITH EXHIBITS** with the date and hour endorsed thereon by me, pursuant to State Statutes.

Additional Information pertaining to this Service:
SERVED AT WORK 5325 GREENWOOD AVENUE SUITE 302 WEST PALM BEACH, FL 33407

I certify that I am over the age of 18, have no interest in the above action, and am a Certified Process Server in good standing in the judicial circuit in which the process was served. Under penalties of perjury, I declare that I have read the forgoing Verified Return of service and the facts stated in it are True.
Pursuant to F.S. 92.525(2), Notary not required. Date: 5/18/05 .

Timothy A. Toomey
Certified Process Server #822

L.R.I. (Attorney's Support Services)
7731 N.W. 6th Court
Pembroke Pines, FL 33024
(954) 925-2787

Our Job Serial Number: 2005002978

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

DOCKET # 100341
NO: 05-418-CD
SERVICE # 4 OF 4
COMPLAINT & CERTIFICATE OF MERIT

PLAINTIFF: AYDEN SHAFFER-DOAN a minor by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER and TIMOTHY DOAN and KAREN SHAFFER in their own right
vs.
DEFENDANT: RICHARD GROUT, M.D.; SUNDAR CHANDRASEKHAR, M.D.; DUBOIS REGIONAL MEDICAL CENTER and GATEWAY AREA MEDICAL ASSOCIATES, INC.

SHERIFF RETURN

NOW, March 29, 2005 AT 12:30 PM SERVED THE WITHIN COMPLAINT & CERTIFICATE OF MERIT ON GATEWAY AREA MEDICAL ASSOCIATES DEFENDANT AT 635 C MAPLE AVE., DUBOIS, CLEARFIELD COUNTY, PENNSYLVANIA, BY HANDING TO KATHY RADAKER, OFFICE MGR. A TRUE AND ATTESTED COPY OF THE ORIGINAL COMPLAINT & CERTIFICATE OF MERIT AND MADE KNOWN THE CONTENTS THEREOF.

SERVED BY: COUDRIET / DEHAVEN

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

DOCKET # 100341
NO: 05-418-CD
SERVICE # 3 OF 4
COMPLAINT & CERTIFICATE OF MERIT

PLAINTIFF: AYDEN SHAFFER-DOAN a minor by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER and TIMOTHY DOAN and KAREN SHAFFER in their own right
vs.
DEFENDANT: RICHARD GROUT, M.D.; SUNDAR CHANDRASEKHAR, M.D.; DUBOIS REGIONAL MEDICAL CENTER and GATEWAY AREA MEDICAL ASSOCIATES, INC.

SHERIFF RETURN

NOW, March 29, 2005 AT 11:20 AM SERVED THE WITHIN COMPLAINT & CERTIFICATE OF MERIT ON DUBOIS REGIONAL MEDICAL CENTER DEFENDANT AT 100 HOSPITAL AVE., DUBOIS, CLEARFIELD COUNTY, PENNSYLVANIA, BY HANDING TO GREG VOLPE, RISK MANAGEMENT A TRUE AND ATTESTED COPY OF THE ORIGINAL COMPLAINT & CERTIFICATE OF MERIT AND MADE KNOWN THE CONTENTS THEREOF.

SERVED BY: COUDRIET / DEHAVEN

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

DOCKET # 100341
NO: 05-418-CD
SERVICE # 1 OF 4
COMPLAINT & CERTIFICATE OF MERIT

PLAINTIFF: AYDEN SHAFFER-DOAN a minor by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER and TIMOTHY DOAN and KAREN SHAFFER in their own right
vs.
DEFENDANT: RICHARD GROUT, M.D.; SUNDAR CHANDRASEKHAR, M.D.; DUBOIS REGIONAL MEDICAL CENTER and GATEWAY AREA MEDICAL ASSOCIATES, INC.

SHERIFF RETURN

NOW, March 29, 2005 AT 12:30 PM SERVED THE WITHIN COMPLAINT & CERTIFICATE OF MERIT ON RICHARD GROUT, M.D. DEFENDANT AT 635 C MAPLE AVE., DUBOIS, CLEARFIELD COUNTY, PENNSYLVANIA, BY HANDING TO KATHY RADAKER, OFFICE MGR. A TRUE AND ATTESTED COPY OF THE ORIGINAL COMPLAINT & CERTIFICATE OF MERIT AND MADE KNOWN THE CONTENTS THEREOF.

SERVED BY: COUDRIET / DEHAVEN

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right, Plaintiffs vs. RICHARD GROUT, M.D. 635 C. Maple Avenue Dubois, PA 15801 and SUNDAR CHANDRASEKHAR, M.D. c/o DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801; and DUBOIS REGIONAL MEDICAL CENTER, 100 Hospital Avenue Dubois, PA 15801; and GATEWAY AREA MEDICAL ASSOCIATES, 635 C Maple Avenue Dubois, PA 15801 Defendants	No. **2005 – 418 CD** **ISSUE:** **ANSWER AND NEW MATTER TO PLAINTIFFS' COMPLAINT** **Filed on behalf of Defendant,** RICHARD GROUT, M.D. **Attorney of Record for This Party:** Michael A. Sosnowski, Esquire PA I.D. #67207 McINTYRE, DUGAS, HARTYE & SCHMITT P.O. Box 533 Hollidaysburg, PA 16648 (814) 696-3581/696-9399 (Fax) JURY TRIAL DEMANDED

I HEREBY CERTIFY THAT A TRUE AND CORRECT COPY OF THE WITHIN WAS MAILED TO ALL COUNSEL OF RECORD THIS **2nd** DAY OF **June, 2005**.

Michael A. Sosnowski

Attorney for Named Defendant

FILED

JUN 03 2005 (6)
at 1:30 /
William A. Shaw
Prothonotary/Clerk of Courts
no c/c

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right, Plaintiffs	:	No. **2005 – 418 CD**
vs.	:	
RICHARD GROUT, M.D. 635 C. Maple Avenue DBois, PA 15801 and	:	
SUNDAR CHANDRASEKHAR, M.D. c/o DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue DuBois, PA 15801 and	:	
DUBOIS REGIONAL MEDICAL CENTER, 100 Hospital Avenue DuBois, PA 15801 and	:	
GATEWAY AREA MEDICAL ASSOCIATES, 635 C Maple Avenue DuBois, PA 15801 Defendants	:	JURY TRIAL DEMANDED

ANSWER AND NEW MATTER TO PLAINTIFFS' COMPLAINT

AND NOW, comes the Defendant, RICHARD GROUT, M.D., by and through his attorneys, MCINTYRE, DUGAS, HARTYE & SCHMITT, and files the following Answer and New Matter to Plaintiffs' Complaint:

1. The minor-Plaintiff's age is admitted to the best of Dr. Grout's best knowledge and information. After reasonable investigation, Dr. Grout is without

knowledge or information sufficient to admit or deny the remaining averments of Paragraph No. 1.

2. The averments of Paragraph No. 2 are admitted, except that Dr. Grout's practice is entirely private and not affiliated with Defendant hospital.

3-5. The averments of Paragraph Nos. 3 – 5 are directed to other parties. Accordingly, no response is required from Dr. Grout.

6. The averments of Paragraph No. 6 are conclusions of law to which no response is required.

7. The averments of Paragraph No. 7 are admitted in part and denied in part with respect to Dr. Grout. It is admitted that he was an agent of Defendant G.A.M.A. However, he was not an agent, servant or employee of Defendant hospital in any fashion. Rather, he was an independent practitioner of medicine who maintained staff privileges at Defendant hospital only.

OPERATIVE FACTS

8-64. The averments of Paragraphs 8 – 64 set forth alleged facts, partial quotations from medical records, conclusions of law and/or statements of Plaintiffs' legal position. To the extent that factual averments are set forth, these are admitted only to the extent they are consistent with minor-Plaintiff's medical records from Defendant hospital for the time in question. To the extent these factual averments deviate from those records in any way, including by quotations which are incomplete or out of context, they are denied. Similarly, to the extent conclusions of law and/or statements of Plaintiffs' legal position are set forth, no response is required from Dr. Grout. To the

extent a response is deemed necessary, said averments are generally denied pursuant to PARCP 1029 (e). Finally, it is specifically denied that Plaintiffs' sustained any injury or loss directly or proximately caused by Dr. Grout.

COUNT ONE – Negligence
Plaintiffs, Ayden Shaffer-Doan, a minor, by his parents and natural guardians, Timothy Doan and Karen Shaffer, and Timothy Doan and Karen Shaffer, in their own right vs. Richard Grout, M.D. and Sundar Chandrasekhar, M.D.

65. Dr. Grout incorporates his response to Paragraphs No. 1 – 64 as if the same were set forth at length herein.

66. With respect to Dr. Grout, the averments of Paragraph No. 66, including all subparagraphs contained therein, are generally denied pursuant to PARCP 1029 (e).

67-69. The averments of Paragraphs No. 67 – 69 consist of conclusions of law to which no response is required. To the extent a response is deemed necessary, these averments are generally denied pursuant to PARCP 1029 (e).

WHEREFORE, Defendant, Richard Grout, M.D., denies he is liable to any party and demands that judgment be entered in his favor and that this matter be dismissed with prejudice.

COUNT TWO – Negligence
Plaintiffs, Ayden Shaffer-Doan, a minor, by his parents and natural guardians, Timothy Doan and Karen Shaffer, and Timothy Doan and Karen Shaffer, in their own right vs. DuBois Regional Medical Center and Gateway Area Medical Associates, Inc.

70. Dr. Grout incorporates his response to Paragraphs No. 1 – 69 as if the same were set forth at length herein.

71-74. The averments of Paragraphs No. 71 – 74 are directed to other parties. Accordingly, no response is required from Dr. Grout. To the extent a response is deemed necessary, these averments consist of conclusions of law which are generally denied pursuant to PARCP 1029 (e), as well as statements of law to which no response is required.

WHEREFORE, Defendant, Richard Grout, M.D., denies he is liable to any party and demands that judgment be entered in his favor and that this matter be dismissed with prejudice.

COUNT THREE: Negligence of Defendant
DuBois Regional Medical Center under Thompson v. Nason
Plaintiffs, Ayden Shaffer-Doan, a minor, by his parents and natural guardians, Timothy Doan and Karen Shaffer, and Timothy Doan and Karen Shaffer, in their own right
vs. DuBois Regional Medical Center

75. Dr. Grout incorporates his response to Paragraphs No. 1 – 74 as if the same were set forth at length herein.

76-79. The averments of Paragraphs 76 – 79, including all subparagraphs contained therein, are directed to another party. Accordingly, no response is required from Dr. Grout.

WHEREFORE, Defendant, Richard Grout, M.D., denies he is liable to any party and demands that judgment be entered in his favor and that this matter be dismissed with prejudice.

COUNT FOUR: Negligence of DuBois Regional Medical Center for acts of its residents, nurses, nurse practitioners and other employees who cared for minor-Plaintiff
Plaintiffs v. DuBois Regional Medical Center

80. Dr. Grout incorporates his response to Paragraphs No. 1 – 79 as if the same were set forth at length herein.

81-84. The averments of Paragraphs 81 – 84, including all subparagraphs contained therein, are directed to another party. Accordingly, no response is required from Dr. Grout.

WHEREFORE, Defendant, Richard Grout, M.D., denies he is liable to any party and demands that judgment be entered in his favor and that this matter be dismissed with prejudice.

NEW MATTER

85. The events at issue in this case occurred on December 6 and 7, 2001.

86. The action at this caption and docket number was initiated through the filing of a Complaint on March 24, 2005.

87. Minor-Plaintiff's parents have been listed as parties in this case, and claims have been made for medical special damages which could only be recovered by the parents. Paragraph No. 61 of Plaintiffs' Complaint is incorporated herein by reference.

88. Any claims by the Plaintiffs-parents, including the attempts at claims in this case, are barred by the applicable Statute of Limitations.

89. In order not to waive any potential affirmative defenses, Dr. Grout raises any and all affirmative defenses available through the Medical Care Availability and Reduction of Error Act of March, 2002, 40 P.S. 1301.101, et seq., as amended.

WHEREFORE, Defendant, Richard Grout. M.D., denies he is liable to any party and demands that judgment be entered in his favor and that this matter be dismissed with prejudice.

Respectfully submitted,

McINTYRE, DUGAS, HARTYE & SCHMITT

Michael A. Sosnowski

Attorneys for Defendant,
RICHARD GROUT, M.D.

Michael A. Sosnowski, Esquire
PA I.D. #67207
P.O. Box 533
Hollidaysburg, PA 16648-0533
(814) 696-3581

TO: WITHIN NAMED PARTIES

YOU ARE HEREBY NOTIFIED TO
FILE A WRITTEN RESPONSE TO
THE ENCLOSED **NEW MATTER**
WITHIN TWENTY (20) DAYS FROM
SERVICE HEREOF OR A JUDGMENT
MAY BE ENTERED AGAINST YOU.

Michael A. Sosnowski

Attorneys for Defendant
Richard Grout, MD

VERIFICATION

I, **RICHARD GROUT, M.D.**, am one of the defendants in this action. In that capacity I am represented by counsel. I have furnished to my counsel factual information upon which the foregoing **ANSWER AND NEW MATTER TO PLAINTIFFS' COMPLAINT** is based. To the extent that it is based on the factual information provided to counsel, I verify that those facts are true and correct to the best of my knowledge, information and belief. However, the language is that of counsel and, to the extent that it goes beyond the factual information which I have provided to counsel, I have relied upon counsel in making this verification.

I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. Section 4904, relating to unsworn falsifications to authorities.

Richard E. Grout, M.D.
RICHARD GROUT, M.D.

Date: June 2, 2005

IN THE COURT OF COMMON PLEAS

OF CLEARFIELD COUNTY, PENNSYLVANIA

CIVIL DIVISION

AYDEN SHAFFER-DOAN, a minor by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right	:	
-vs-	:	No. 05-418-CD
RICHARD GROUT, M.D., SUNDAR CHANDRASEKHAR, M.D., DUBOIS REGIONAL MEDICAL CENTER and GATEWAY AREA MEDICAL ASSOCIATES	:	

O R D E R

NOW, this 8th day of June, 2005, following argument on the Preliminary Objections filed on behalf of Defendant DuBois Regional Medical Center, it is the ORDER of this Court as follows:

1. Defense has withdrawn its Preliminary Objections relative the sufficiency of the Plaintiffs' certificate of merit;

2. The Preliminary Objections filed raising the issue of statute of limitations are hereby dismissed, without prejudice to the Defendant to raise the issue in another form hereafter.

BY THE COURT,

President Judge

KLINE & SPECTER
A PROFESSIONAL CORPORATION

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents: and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right, Plaintiffs, vs. RICHARD GROUT, M.D. 635 C. Maple Avenue Dubois, PA 15801 and SUNDAR CHANDRASEKHAR, M.D. c/o DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801 and DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801 and GATEWAY AREA MEDICAL ASSOCIATES, INC. 635 C Maple Avenue Dubois, PA 15801	Civil Division 05-418-CD **Civil Action - Medical Professional Liability Action** JURY TRIAL DEMANDED TYPE OF PLEADING: COMPLAINT COUNSEL OF RECORD FOR PLAINTIFFS: SHANIN SPECTER, ESQUIRE I.D. No. 40928 MATTHEW A. CASEY, ESQUIRE I.D. No. 84443 **KLINE & SPECTER** **A Professional Corporation** 19th Floor Philadelphia, PA 19102 215-772-1000

FILED NO CC
m/12:53BH
JUN 09 2005 (GK)
William A. Shaw
Prothonotary/Clerk of Courts

PLAINTIFFS' RESPONSE TO NEW MATTER OF DEFENDANT RICHARD GROUT, M.D.

85. Admitted.

86. Admitted. By way of further response, an earlier action was filed on April 3, 2003.

87. It is admitted only that the minor-plaintiff's parents "have been listed as parties in this case." The further allegations set forth in paragraph 87 of Defendant's New Matter constitute conclusions of law to which no response is required. To the extent a response to said allegations is required, they are specifically denied.

88. The allegations set forth in paragraph 88 of Defendant's New Matter constitute conclusions of law to which no response is required. To the extent a response to said allegations is required, they are specifically denied.

89. The allegations set forth in paragraph 89 of Defendant's New Matter constitute conclusions of law to which no response is required. To the extent a response to said allegations is required, they are specifically denied. By way of further response, any and all affirmative defenses not raised by answering defendant should be deemed waived.

WHEREFORE, plaintiffs hereby demands judgment in their favor and against all defendants.

KLINE & SPECTER, P.C.

BY: _____

SHANIN SPECTER
MATTHEW A. CASEY
I.D. Nos. 40928/84443
Attorneys for Plaintiff

Dated: 6-7-05

KLINE & SPECTER
A PROFESSIONAL CORPORATION

VERIFICATION

I, Matthew A. Casey, Esquire, counsel for plaintiffs in the foregoing action, hereby verify that the statements made in Plaintiffs' Response to New Matter of Defendant Richard Grout, M.D., are true and correct to the best of my personal knowledge or information and belief. I understand that false statements hereunder made are subject to the penalties of 18 Pa. C.S.§4904 relating to unsworn falsification to authorities.

MATTHEW A. CASEY, ESQUIRE

Dated: 6-7-05

KLINE & SPECTER
A PROFESSIONAL CORPORATION

CERTIFICATE OF SERVICE

I, MATTHEW A. CASEY, ESQUIRE, certify that on June 7, 2005, a true and correct copy of Plaintiffs' Response to New Matter of Defendant Richard Grout, M.D., was served via First Class U.S. Mail upon the following counsel:

David R. Johnson, Esquire
Thomson, Rhodes & Cowie, P.C.
Firm #720
1010 Two Chatham Center
Pittsburgh, PA 15219

John W. Blasko, Esquire
McQuaide Blasko
811 University Drive
State College, PA 16801

Michael A. Sosnowski, Esquire
McIntyre, Dugas, Hartye & Schmitt
P.O. Box 533
Hollidaysburg, PA 16648

MATTHEW A. CASEY, ESQUIRE

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own, right,

Plaintiffs,

vs.

RICHARD GROUT, M.D.
635 C. Maple Avenue
Dubois, PA 15801

and

SUNDAR CHANDRASEKHAR, M.D.
c/o DUBOIS REGIONAL MEDICAL CENTER
100 Hospital Avenue
Dubois, PA 15801

and

DUBOIS REGIONAL MEDICAL CENTER
100 Hospital Avenue
Dubois, PA 15801

and

GATEWAY AREA MEDICAL ASSOCIATES, INC.
635 C Maple Avenue
Dubois, PA 15801

Defendants.

CIVIL DIVISION

No. 05-418CD
Civil Action – Medical Professional Liability Action

Issue No.:
TYPE OF PLEADING:
PRAECIPE FOR APPEARANCE

Filed on Behalf of Defendant, SUNDAR CHANDRASEKHAR, M.D.

Code:

Counsel of Record For This Party:
Terry C. Cavanaugh, Esquire
PA. I.D. #16702

WHITE AND WILLIAMS LLP
Firm #683
1001 Frick Building
Pittsburgh, PA 15219
(412) 566-3520

JURY TRIAL DEMANDED

FILED no cc
JUN 13 2005 Copy to
William A. Shaw
Prothonotary/Clerk of Courts CIA

DOCS_PIT 21665v1

PRAECIPE FOR APPEARANCE

TO: WILLIAM A. SHAW, SR., PROTHONOTARY

KINDLY enter my Appearance on behalf of one of the Defendants, SUNDAR CHANDRASEKHAR, M.D., ONLY, in the above-captioned case.

WHITE AND WILLIAMS LLP

By: _____
Terry C. Cavanaugh, Esquire

Attorneys for Defendant, SUNDAR CHANDRASEKHAR, M.D.

CERTIFICATE OF SERVICE

I, Terry C. Cavanaugh, Esquire hereby certify that true and correct copies of the foregoing PRAECIPE FOR APPEARANCE have been served this 8th day of June, 2005, by U.S. first-class mail, postage prepaid, to counsel of record listed below:

Shanin Specter, Esquire
Matthew A. Casey, Esquire
Kline & Specter
19th Floor, 1525 Locust Street
Philadelphia, PA 19102
(Counsel for Plaintiffs)

John W. Blasko, Esquire
McQuaide, Blasko, Schwartz, Fleming & Faulkner, Inc.
811 University Drive
State College, PA 16801-6699
(Counsel for Co-Defendant Gateway Area Medical Associates, Inc.)

David R. Johnson, Esquire
Thomson, Rhodes & Cowie, P.C.
Two Chatham Center, 10th Floor
Pittsburgh, PA 15219
(Counsel for Co-Defendant DuBois Regional Medical Center)

Michael A. Sosnowski, Esquire
McIntyre, Dugas, Hartye & Schmitt
P.O. Box 533
Hollidaysburg, PA 16648
(Counsel for Co-Defendant Richard Grout, M.D.)

WHITE AND WILLIAMS LLP

By: _____
Terry C. Cavanaugh, Esquire

Attorneys for Defendant, SUNDAR CHANDRASEKHAR, M.D.

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER , in their own right

Plaintiffs,

v.

RICHARD GROUT, M.D. and SUNDAR CHANDRASEKHAR, M.D. c/o DUBOIS REGIONAL MEDICAL CENTER and DUBOIS REGIONAL MEDICAL CENTER and GATEWAY AREA MEDICAL ASSOCIATES, INC.

Defendants.

CIVIL ACTION – MEDICAL PROFESSIONAL LIABILITY ACTION

CASE NO.: 05-418-CD

ANSWER AND NEW MATTER TO PLAINTIFFS' COMPLAINT

Filed on behalf of Defendants, SUNDAR CHANDRASEKHAR, M.D.

Counsel of record for these parties:
Terry C. Cavanaugh, Esquire
PA I.D. # 16702

WHITE AND WILLIAMS LLP
Firm #683
Frick Building, Suite 1001
437 Grant Street
Pittsburgh, PA 15219

(412) 566-3520

JURY TRIAL DEMANDED

NOTICE TO PLEAD

TO: Plaintiffs

You are hereby notified to file a written response to the enclosed **New Matter** within twenty (20) days from the date of service hereof or a judgment may be entered against you.

By _____
Terry C. Cavanaugh, Esquire

FILED NO CC
m 11:23BY
JUN 23 2005
William A. Shaw
Prothonotary/Clerk of Courts

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER , in their own right

Plaintiffs,

v.

RICHARD GROUT, M.D. and SUNDAR CHANDRASEKHAR, M.D. c/o DUBOIS REGIONAL MEDICAL CENTER and DUBOIS REGIONAL MEDICAL CENTER and GATEWAY AREA MEDICAL ASSOCIATES, INC.

Defendants.

CIVIL ACTION – MEDICAL PROFESSIONAL LIABILITY ACTION

CASE NO.: 05-418-CD

JURY TRIAL DEMANDED

ANSWER AND NEW MATTER TO PLAINTIFFS' COMPLAINT

AND NOW comes Defendant Sundar Chandrasekhar, M.D., by and through his counsel, White and Williams LLP and Terry C. Cavanaugh, Esquire, and files the within Answer with New Matter to plaintiffs' Complaint and in support thereof avers the following:

1. At this time and after reasonable investigation, this Defendant is without knowledge or information sufficient to form a belief as to the truth of the averments set forth in paragraph 1 of plaintiffs' Complaint. Accordingly, said averments are denied as stated and strict proof thereof is demanded at the time of trial.

2. The averments set forth in paragraph 2 of plaintiffs' Complaint are directed to a party other than the undersigned Defendant. Accordingly, no response is required.

3. The averments set forth in paragraph 3 of plaintiffs' Complaint are admitted in part; denied in part. It is admitted only that at all times material hereto, that Dr. Chandrasekhar was a pediatrician, licensed to practice medicine in the Commonwealth of Pennsylvania. At all

times material hereto, Dr. Chandrasekhar was an employee of Gateway Area Medical Associates.

4. The averments set forth in paragraph 4 of plaintiffs' Complaint are directed to a party other than the undersigned Defendant. Accordingly, no response is required.

5(sic). The averments set forth in paragraph 5 of plaintiffs' Complaint are directed to a party other than the undersigned Defendant. Accordingly, no response is required.

6. The averments set forth in paragraph 6 of plaintiffs' Complaint are denied as stated. It is admitted only that plaintiffs are asserting a professional liability action against Dr. Chandrasekhar. To the extent that the remaining averments set forth in paragraph 6 of plaintiffs' Complaint are directed to parties other than the undersigned Defendant, no response is required.

7. The averments set forth in paragraph 7 of plaintiffs' Complaint constitute conclusions of law to which no response is required. To the extent that a response is deemed necessary, at all times material hereto, Dr. Chandrasekhar was an employee of Gateway Area Medical Associates. To the extent the remaining averments set forth in paragraph 7 of plaintiffs' Complaint are directed to parties other than the undersigned Defendant, no response is required.

OPERATIVE FACTS

8. The averments set forth in paragraph 8 of plaintiffs' Complaint are denied generally pursuant to Pa.R.C.P. 1029(e). By way of further response, this Defendant avers that the minor-plaintiff's medical records speak for themselves and to the extent that the averments set forth in paragraph 8 of plaintiffs' Complaint differ, do not accurately reflect and/or exceed the scope of the minor-plaintiff's medical records, said averments are specifically denied.

9. The averments set forth in paragraph 9 of plaintiffs' Complaint are denied generally pursuant to Pa.R.C.P. 1029(e). By way of further response, this Defendant avers that

the minor-plaintiff's medical records speak for themselves and to the extent that the averments set forth in paragraph 9 of plaintiffs' Complaint differ, do not accurately reflect and/or exceed the scope of the minor-plaintiff's medical records, said averments are specifically denied.

10. The averments set forth in paragraph 10 of plaintiffs' Complaint are denied generally pursuant to Pa.R.C.P. 1029(e). By way of further response, this Defendant avers that the minor-plaintiff's medical records speak for themselves and to the extent that the averments set forth in paragraph 10 of plaintiffs' Complaint differ, do not accurately reflect and/or exceed the scope of the minor-plaintiff's medical records, said averments are specifically denied.

11. The averments set forth in paragraph 11 of plaintiffs' Complaint are denied generally pursuant to Pa.R.C.P. 1029(e). By way of further response, this Defendant avers that the minor-plaintiff's medical records speak for themselves and to the extent that the averments set forth in paragraph 11 of plaintiffs' Complaint differ, do not accurately reflect and/or exceed the scope of the minor-plaintiff's medical records, said averments are specifically denied.

12. The averments set forth in paragraph 12 of plaintiffs' Complaint are denied generally pursuant to Pa.R.C.P. 1029(e). By way of further response, this Defendant avers that the minor-plaintiff's medical records speak for themselves and to the extent that the averments set forth in paragraph 12 of plaintiffs' Complaint differ, do not accurately reflect and/or exceed the scope of the minor-plaintiff's medical records, said averments are specifically denied.

13. The averments set forth in paragraph 13 of plaintiffs' Complaint are denied generally pursuant to Pa.R.C.P. 1029(e). By way of further response, this Defendant avers that the minor-plaintiff's medical records speak for themselves and to the extent that the averments set forth in paragraph 13 of plaintiffs' Complaint differ, do not accurately reflect and/or exceed the scope of the minor-plaintiff's medical records, said averments are specifically denied.

14. The averments set forth in paragraph 14 of plaintiffs' Complaint are denied generally pursuant to Pa.R.C.P. 1029(e). By way of further response, this Defendant avers that the minor-plaintiff's medical records speak for themselves and to the extent that the averments set forth in paragraph 14 of plaintiffs' Complaint differ, do not accurately reflect and/or exceed the scope of the minor-plaintiff's medical records, said averments are specifically denied.

15. The averments set forth in paragraph 15 of plaintiffs' Complaint are denied generally pursuant to Pa.R.C.P. 1029(e). By way of further response, this Defendant avers that the minor-plaintiff's medical records speak for themselves and to the extent that the averments set forth in paragraph 15 of plaintiffs' Complaint differ, do not accurately reflect and/or exceed the scope of the minor-plaintiff's medical records, said averments are specifically denied.

16. The averments set forth in paragraph 16 of plaintiffs' Complaint are denied generally pursuant to Pa.R.C.P. 1029(e). By way of further response, this Defendant avers that the minor-plaintiff's medical records speak for themselves and to the extent that the averments set forth in paragraph 16 of plaintiffs' Complaint differ, do not accurately reflect and/or exceed the scope of the minor-plaintiff's medical records, said averments are specifically denied.

17. The averments set forth in paragraph 17 of plaintiffs' Complaint are denied generally pursuant to Pa.R.C.P. 1029(e). By way of further response, this Defendant avers that the minor-plaintiff's medical records speak for themselves and to the extent that the averments set forth in paragraph 17 of plaintiffs' Complaint differ, do not accurately reflect and/or exceed the scope of the minor-plaintiff's medical records, said averments are specifically denied.

18. The averments set forth in paragraph 18 of plaintiffs' Complaint are denied generally pursuant to Pa.R.C.P. 1029(e). By way of further response, this Defendant avers that the minor-plaintiff's medical records speak for themselves and to the extent that the averments

set forth in paragraph 18 of plaintiffs' Complaint differ, do not accurately reflect and/or exceed the scope of the minor-plaintiff's medical records, said averments are specifically denied.

19. The averments set forth in paragraph 19 of plaintiffs' Complaint are denied generally pursuant to Pa.R.C.P. 1029(e). By way of further response, this Defendant avers that the minor-plaintiff's medical records speak for themselves and to the extent that the averments set forth in paragraph 19 of plaintiffs' Complaint differ, do not accurately reflect and/or exceed the scope of the minor-plaintiff's medical records, said averments are specifically denied.

20. The averments set forth in paragraph 20 of plaintiffs' Complaint are denied generally pursuant to Pa.R.C.P. 1029(e). By way of further response, this Defendant avers that the minor-plaintiff's medical records speak for themselves and to the extent that the averments set forth in paragraph 20 of plaintiffs' Complaint differ, do not accurately reflect and/or exceed the scope of the minor-plaintiff's medical records, said averments are specifically denied.

21. The averments set forth in paragraph 21 of plaintiffs' Complaint are denied generally pursuant to Pa.R.C.P. 1029(e). By way of further response, this Defendant avers that the minor-plaintiff's medical records speak for themselves and to the extent that the averments set forth in paragraph 21 of plaintiffs' Complaint differ, do not accurately reflect and/or exceed the scope of the minor-plaintiff's medical records, said averments are specifically denied.

22. The averments set forth in paragraph 22 of plaintiffs' Complaint are denied generally pursuant to Pa.R.C.P. 1029(e). By way of further response, this Defendant avers that the minor-plaintiff's medical records speak for themselves and to the extent that the averments set forth in paragraph 22 of plaintiffs' Complaint differ, do not accurately reflect and/or exceed the scope of the minor-plaintiff's medical records, said averments are specifically denied.

23. The averments set forth in paragraph 23 of plaintiffs' Complaint are denied generally pursuant to Pa.R.C.P. 1029(e). By way of further response, this Defendant avers that the minor-plaintiff's medical records speak for themselves and to the extent that the averments set forth in paragraph 23 of plaintiffs' Complaint differ, do not accurately reflect and/or exceed the scope of the minor-plaintiff's medical records, said averments are specifically denied.

24. The averments set forth in paragraph 24 of plaintiffs' Complaint are denied generally pursuant to Pa.R.C.P. 1029(e). By way of further response, this Defendant avers that the minor-plaintiff's medical records speak for themselves and to the extent that the averments set forth in paragraph 24 of plaintiffs' Complaint differ, do not accurately reflect and/or exceed the scope of the minor-plaintiff's medical records, said averments are specifically denied.

25. The averments set forth in paragraph 25 of plaintiffs' Complaint are denied generally pursuant to Pa.R.C.P. 1029(e). By way of further response, this Defendant avers that the minor-plaintiff's medical records speak for themselves and to the extent that the averments set forth in paragraph 25 of plaintiffs' Complaint differ, do not accurately reflect and/or exceed the scope of the minor-plaintiff's medical records, said averments are specifically denied.

26. The averments set forth in paragraph 26 of plaintiffs' Complaint are denied generally pursuant to Pa.R.C.P. 1029(e). By way of further response, this Defendant avers that the minor-plaintiff's medical records speak for themselves and to the extent that the averments set forth in paragraph 26 of plaintiffs' Complaint differ, do not accurately reflect and/or exceed the scope of the minor-plaintiff's medical records, said averments are specifically denied.

27. The averments set forth in paragraph 27 of plaintiffs' Complaint are denied generally pursuant to Pa.R.C.P. 1029(e). By way of further response, this Defendant avers that the minor-plaintiff's medical records speak for themselves and to the extent that the averments

set forth in paragraph 27 of plaintiffs' Complaint differ, do not accurately reflect and/or exceed the scope of the minor-plaintiff's medical records, said averments are specifically denied.

28. The averments set forth in paragraph 28 of plaintiffs' Complaint are denied generally pursuant to Pa.R.C.P. 1029(e). By way of further response, this Defendant avers that the minor-plaintiff's medical records speak for themselves and to the extent that the averments set forth in paragraph 28 of plaintiffs' Complaint differ, do not accurately reflect and/or exceed the scope of the minor-plaintiff's medical records, said averments are specifically denied.

29. The averments set forth in paragraph 29 of plaintiffs' Complaint are denied generally pursuant to Pa.R.C.P. 1029(e). By way of further response, this Defendant avers that the minor-plaintiff's medical records speak for themselves and to the extent that the averments set forth in paragraph 29 of plaintiffs' Complaint differ, do not accurately reflect and/or exceed the scope of the minor-plaintiff's medical records, said averments are specifically denied.

30. The averments set forth in paragraph 30 of plaintiffs' Complaint are denied generally pursuant to Pa.R.C.P. 1029(e). By way of further response, this Defendant avers that the minor-plaintiff's medical records speak for themselves and to the extent that the averments set forth in paragraph 30 of plaintiffs' Complaint differ, do not accurately reflect and/or exceed the scope of the minor-plaintiff's medical records, said averments are specifically denied.

31. The averments set forth in paragraph 31 of plaintiffs' Complaint are denied generally pursuant to Pa.R.C.P. 1029(e). By way of further response, this Defendant avers that the minor-plaintiff's medical records speak for themselves and to the extent that the averments set forth in paragraph 31 of plaintiffs' Complaint differ, do not accurately reflect and/or exceed the scope of the minor-plaintiff's medical records, said averments are specifically denied.

32. The averments set forth in paragraph 32 of plaintiffs' Complaint are denied generally pursuant to Pa.R.C.P. 1029(e). By way of further response, this Defendant avers that the minor-plaintiff's medical records speak for themselves and to the extent that the averments set forth in paragraph 32 of plaintiffs' Complaint differ, do not accurately reflect and/or exceed the scope of the minor-plaintiff's medical records, said averments are specifically denied.

33. The averments set forth in paragraph 33 of plaintiffs' Complaint are denied generally pursuant to Pa.R.C.P. 1029(e). By way of further response, this Defendant avers that the minor-plaintiff's medical records speak for themselves and to the extent that the averments set forth in paragraph 33 of plaintiffs' Complaint differ, do not accurately reflect and/or exceed the scope of the minor-plaintiff's medical records, said averments are specifically denied.

34. The averments set forth in paragraph 34 of plaintiffs' Complaint are denied generally pursuant to Pa.R.C.P. 1029(e). By way of further response, this Defendant avers that the minor-plaintiff's medical records speak for themselves and to the extent that the averments set forth in paragraph 34 of plaintiffs' Complaint differ, do not accurately reflect and/or exceed the scope of the minor-plaintiff's medical records, said averments are specifically denied.

35. The averments set forth in paragraph 35 of plaintiffs' Complaint are denied generally pursuant to Pa.R.C.P. 1029(e). By way of further response, this Defendant avers that the minor-plaintiff's medical records speak for themselves and to the extent that the averments set forth in paragraph 35 of plaintiffs' Complaint differ, do not accurately reflect and/or exceed the scope of the minor-plaintiff's medical records, said averments are specifically denied.

36. The averments set forth in paragraph 36 of plaintiffs' Complaint are denied generally pursuant to Pa.R.C.P. 1029(e). By way of further response, this Defendant avers that the minor-plaintiff's medical records speak for themselves and to the extent that the averments

set forth in paragraph 36 of plaintiffs' Complaint differ, do not accurately reflect and/or exceed the scope of the minor-plaintiff's medical records, said averments are specifically denied.

37. The averments set forth in paragraph 37 of plaintiffs' Complaint are denied generally pursuant to Pa.R.C.P. 1029(e). By way of further response, this Defendant avers that the minor-plaintiff's medical records speak for themselves and to the extent that the averments set forth in paragraph 37 of plaintiffs' Complaint differ, do not accurately reflect and/or exceed the scope of the minor-plaintiff's medical records, said averments are specifically denied.

38. The averments set forth in paragraph 38 of plaintiffs' Complaint are denied generally pursuant to Pa.R.C.P. 1029(e). By way of further response, this Defendant avers that the minor-plaintiff's medical records speak for themselves and to the extent that the averments set forth in paragraph 38 of plaintiffs' Complaint differ, do not accurately reflect and/or exceed the scope of the minor-plaintiff's medical records, said averments are specifically denied.

39 The averments set forth in paragraph 39 of plaintiffs' Complaint are denied generally pursuant to Pa.R.C.P. 1029(e). By way of further response, this Defendant avers that the minor-plaintiff's medical records speak for themselves and to the extent that the averments set forth in paragraph 39 of plaintiffs' Complaint differ, do not accurately reflect and/or exceed the scope of the minor-plaintiff's medical records, said averments are specifically denied.

40. The averments set forth in paragraph 40 of plaintiffs' Compliant constitute conclusions of law to which no response is required. To the extent that a response is deemed necessary, said averments are specifically denied and strict proof thereof is demanded at the time of trial. By way of further response, at all times material hereto, it is specifically denied that Answering Defendant was negligent, reckless or careless in any way or that any conduct on his part caused or contributed to the injuries allegedly sustained by minor-plaintiff. To the contrary,

the medical services provided by this Defendant was in all aspects rendered in a timely and appropriate fashion consistent with the accepted standards of medical care in the community. Strict proof of each and every act and/or failure to act is demanded at the time of trial. To the extent that the remaining averments set forth in paragraph 40 are directed to parties other than the undersigned Defendant, no response is required.

41. The averments set forth in paragraph 41 of plaintiffs' Complaint are denied generally pursuant to Pa.R.C.P. 1029(e). By way of further response, this Defendant avers that the minor-plaintiff's medical records speak for themselves and to the extent that the averments set forth in paragraph 41 of plaintiffs' Complaint differ, do not accurately reflect and/or exceed the scope of the minor-plaintiff's medical records, said averments are specifically denied.

42. The averments set forth in paragraph 42 of plaintiffs' Complaint are denied generally pursuant to Pa.R.C.P. 1029(e). By way of further response, this Defendant avers that the minor-plaintiff's medical records speak for themselves and to the extent that the averments set forth in paragraph 42 of plaintiffs' Complaint differ, do not accurately reflect and/or exceed the scope of the minor-plaintiff's medical records, said averments are specifically denied.

43. The averments set forth in paragraph 43 of plaintiffs' Complaint are denied generally pursuant to Pa.R.C.P. 1029(e). By way of further response, this Defendant avers that the minor-plaintiff's medical records speak for themselves and to the extent that the averments set forth in paragraph 43 of plaintiffs' Complaint differ, do not accurately reflect and/or exceed the scope of the minor-plaintiff's medical records, said averments are specifically denied.

44. The averments set forth in paragraph 44 of plaintiffs' Complaint are denied generally pursuant to Pa.R.C.P. 1029(e). By way of further response, this Defendant avers that the minor-plaintiff's medical records speak for themselves and to the extent that the averments

set forth in paragraph 44 of plaintiffs' Complaint differ, do not accurately reflect and/or exceed the scope of the minor-plaintiff's medical records, said averments are specifically denied.

45. The averments set forth in paragraph 45 of plaintiffs' Complaint are denied generally pursuant to Pa.R.C.P. 1029(e). By way of further response, this Defendant avers that the minor-plaintiff's medical records speak for themselves and to the extent that the averments set forth in paragraph 45 of plaintiffs' Complaint differ, do not accurately reflect and/or exceed the scope of the minor-plaintiff's medical records, said averments are specifically denied.

46. The averments set forth in paragraph 46 of plaintiffs' Complaint are denied generally pursuant to Pa.R.C.P. 1029(e). By way of further response, this Defendant avers that the minor-plaintiff's medical records speak for themselves and to the extent that the averments set forth in paragraph 46 of plaintiffs' Complaint differ, do not accurately reflect and/or exceed the scope of the minor-plaintiff's medical records, said averments are specifically denied.

47. The averments set forth in paragraph 47 of plaintiffs' Complaint are denied generally pursuant to Pa.R.C.P. 1029(e). By way of further response, this Defendant avers that the minor-plaintiff's medical records speak for themselves and to the extent that the averments set forth in paragraph 47 of plaintiffs' Complaint differ, do not accurately reflect and/or exceed the scope of the minor-plaintiff's medical records, said averments are specifically denied.

48. The averments set forth in paragraph 48 of plaintiffs' Complaint are denied generally pursuant to Pa.R.C.P. 1029(e). By way of further response, this Defendant avers that the minor-plaintiff's medical records speak for themselves and to the extent that the averments set forth in paragraph 48 of plaintiffs' Complaint differ, do not accurately reflect and/or exceed the scope of the minor-plaintiff's medical records, said averments are specifically denied.

49. The averments set forth in paragraph 49 of plaintiffs' Complaint are denied generally pursuant to Pa.R.C.P. 1029(e). By way of further response, this Defendant avers that the minor-plaintiff's medical records speak for themselves and to the extent that the averments set forth in paragraph 49 of plaintiffs' Complaint differ, do not accurately reflect and/or exceed the scope of the minor-plaintiff's medical records, said averments are specifically denied.

50. The averments set forth in paragraph 50 of plaintiffs' Complaint are denied generally pursuant to Pa.R.C.P. 1029(e). By way of further response, this Defendant avers that the minor-plaintiff's medical records speak for themselves and to the extent that the averments set forth in paragraph 50 of plaintiffs' Complaint differ, do not accurately reflect and/or exceed the scope of the minor-plaintiff's medical records, said averments are specifically denied.

51 The averments set forth in paragraph 51 of plaintiffs' Complaint are denied generally pursuant to Pa.R.C.P. 1029(e). By way of further response, this Defendant avers that the minor-plaintiff's medical records speak for themselves and to the extent that the averments set forth in paragraph 51 of plaintiffs' Complaint differ, do not accurately reflect and/or exceed the scope of the minor-plaintiff's medical records, said averments are specifically denied.

52. The averments set forth in paragraph 52 of plaintiffs' Complaint are denied generally pursuant to Pa.R.C.P. 1029(e). By way of further response, this Defendant avers that the minor-plaintiff's medical records speak for themselves and to the extent that the averments set forth in paragraph 52 of plaintiffs' Complaint differ, do not accurately reflect and/or exceed the scope of the minor-plaintiff's medical records, said averments are specifically denied.

53. The averments set forth in paragraph 53 of plaintiffs' Complaint are denied generally pursuant to Pa.R.C.P. 1029(e). By way of further response, this Defendant avers that the minor-plaintiff's medical records speak for themselves and to the extent that the averments

set forth in paragraph 53 of plaintiffs' Complaint differ, do not accurately reflect and/or exceed the scope of the minor-plaintiff's medical records, said averments are specifically denied.

54. The averments set forth in paragraph 54 of plaintiffs' Complaint are denied generally pursuant to Pa.R.C.P. 1029(e). By way of further response, this Defendant avers that the minor-plaintiff's medical records speak for themselves and to the extent that the averments set forth in paragraph 54 of plaintiffs' Complaint differ, do not accurately reflect and/or exceed the scope of the minor-plaintiff's medical records, said averments are specifically denied.

55. The averments set forth in paragraph 55 of plaintiffs' Complaint constitute conclusions of law to which no response is required. To the extent the response is deemed necessary, said averments are specifically denied and strict proof thereof is demanded at the time of trial.

56. The averments set forth in paragraph 56 of plaintiffs' Complaint constitute conclusions of law to which no response is required. To the extent the response is deemed necessary, said averments are specifically denied and strict proof thereof is demanded at the time of trial.

57. The averments set forth in paragraph 57 of plaintiffs' Complaint constitute conclusions of law to which no response is required. To the extent that a response is deemed necessary, said averments are specifically denied and strict proof thereof is demanded at the time of trial. By way of further response, at all times material hereto, it is specifically denied that Answering Defendant was negligent, reckless or careless in any way or that any conduct on his part caused or contributed to the injuries allegedly sustained by minor-plaintiff. To the contrary, the medical services provided by this Defendant was in all aspects rendered in a timely and appropriate fashion consistent with the accepted standards of medical care in the community.

Strict proof of each and every act and/or failure to act is demanded at the time of trial. To the extent that the remaining averments set forth in paragraph 57 are directed to parties other than the undersigned Defendant, no response is required.

58. The averments set forth in paragraph 58 of plaintiffs' Complaint constitute conclusions of law to which no response is required. To the extent that a response is deemed necessary, said averments are specifically denied and strict proof thereof is demanded at the time of trial. By way of further response, at all times material hereto, it is specifically denied that Answering Defendant was negligent, reckless or careless in any way or that any conduct on his part caused or contributed to the injuries allegedly sustained by minor-plaintiff. To the contrary, the medical services provided by this Defendant was in all aspects rendered in a timely and appropriate fashion consistent with the accepted standards of medical care in the community. Strict proof of each and every act and/or failure to act is demanded at the time of trial. To the extent that the remaining averments set forth in paragraph 58 are directed to parties other than the undersigned Defendant, no response is required.

59. The averments set forth in paragraph 59 of plaintiffs' Complaint constitute conclusions of law to which no response is required. To the extent that a response is deemed necessary, said averments are specifically denied and strict proof thereof is demanded at the time of trial. By way of further response, at all times material hereto, it is specifically denied that Answering Defendant was negligent, reckless or careless in any way or that any conduct on his part caused or contributed to the injuries allegedly sustained by minor-plaintiff. To the contrary, the medical services provided by this Defendant was in all aspects rendered in a timely and appropriate fashion consistent with the accepted standards of medical care in the community. Strict proof of each and every act and/or failure to act is demanded at the time of trial. To the

extent that the remaining averments set forth in paragraph 59 are directed to parties other than the undersigned Defendant, no response is required.

60. The averments set forth in paragraph 60 of plaintiffs' Complaint constitute conclusions of law to which no response is required. To the extent that a response is deemed necessary, said averments are specifically denied and strict proof thereof is demanded at the time of trial. By way of further response, at all times material hereto, it is specifically denied that Answering Defendant was negligent, reckless or careless in any way or that any conduct on his part caused or contributed to the injuries allegedly sustained by minor-plaintiff. To the contrary, the medical services provided by this Defendant was in all aspects rendered in a timely and appropriate fashion consistent with the accepted standards of medical care in the community. Strict proof of each and every act and/or failure to act is demanded at the time of trial. To the extent that the remaining averments set forth in paragraph 60 are directed to parties other than the undersigned Defendant, no response is required.

61. The averments set forth in paragraph 61 of plaintiffs' Complaint constitute conclusions of law to which no response is required. To the extent that a response is deemed necessary, said averments are specifically denied and strict proof thereof is demanded at the time of trial. By way of further response, at all times material hereto, it is specifically denied that Answering Defendant was negligent, reckless or careless in any way or that any conduct on his part caused or contributed to the injuries allegedly sustained by minor-plaintiff. To the contrary, the medical services provided by this Defendant was in all aspects rendered in a timely and appropriate fashion consistent with the accepted standards of medical care in the community. Strict proof of each and every act and/or failure to act is demanded at the time of trial. To the

extent that the remaining averments set forth in paragraph 61 are directed to parties other than the undersigned Defendant, no response is required.

62. The averments set forth in paragraph 62 of plaintiffs' Complaint constitute conclusions of law to which no response is required. To the extent that a response is deemed necessary, said averments are specifically denied and strict proof thereof is demanded at the time of trial. By way of further response, at all times material hereto, it is specifically denied that Answering Defendant was negligent, reckless or careless in any way or that any conduct on his part caused or contributed to the injuries allegedly sustained by minor-plaintiff. To the contrary, the medical services provided by this Defendant was in all aspects rendered in a timely and appropriate fashion consistent with the accepted standards of medical care in the community. Strict proof of each and every act and/or failure to act is demanded at the time of trial. To the extent that the remaining averments set forth in paragraph 62 are directed to parties other than the undersigned Defendant, no response is required.

63. The averments set forth in paragraph 63 of plaintiffs' Complaint constitute conclusions of law to which no response is required. To the extent that a response is deemed necessary, said averments are specifically denied and strict proof thereof is demanded at the time of trial. By way of further response, at all times material hereto, it is specifically denied that Answering Defendant was negligent, reckless or careless in any way or that any conduct on his part caused or contributed to the injuries allegedly sustained by minor-plaintiff. To the contrary, the medical services provided by this Defendant was in all aspects rendered in a timely and appropriate fashion consistent with the accepted standards of medical care in the community. Strict proof of each and every act and/or failure to act is demanded at the time of trial. To the

extent that the remaining averments set forth in paragraph 63 are directed to parties other than the undersigned Defendant, no response is required.

64. The averments set forth in paragraph 64 of plaintiffs' Complaint constitute conclusions of law to which no response is required. To the extent that a response is deemed necessary, said averments are specifically denied and strict proof thereof is demanded at the time of trial. By way of further response, at all times material hereto, it is specifically denied that Answering Defendant was negligent, reckless or careless in any way or that any conduct on his part caused or contributed to the injuries allegedly sustained by minor-plaintiff. To the contrary, the medical services provided by this Defendant was in all aspects rendered in a timely and appropriate fashion consistent with the accepted standards of medical care in the community. Strict proof of each and every act and/or failure to act is demanded at the time of trial. To the extent that the remaining averments set forth in paragraph 64 are directed to parties other than the undersigned Defendant, no response is required.

WHEREFORE, Defendant, Sundar Chandrasekhar, M.D., demands judgment against plaintiffs, in addition to all costs and fees provided for by applicable law.

COUNT ONE – Negligence
Plaintiffs, Ayden Shaffer-Doan, a minor, by his parents and natural guardians, Timothy Doan and Karen Shaffer, and Timothy Doan and Karen Shaffer, in their own right
vs. Richard Grout, M.D. and Sundar Chandrasekhar, M.D.

65. This Defendant incorporates by reference as though fully set forth herein at length, his responses to paragraphs 1 through 64 of plaintiffs' Complaint.

66. The allegations contained in paragraph 66 and subparagraphs (a) through (ww) of plaintiffs' Complaint constitute conclusions of law to which no response is required. To the extent that a response may be necessary, said averments are specifically denied and strict proof thereof is demanded at the time of trial. By way of further response, Answering Defendant

specifically denies that he was negligent, careless or reckless in any way or that any conduct on his part caused or contributed to the injuries allegedly sustained by minor-plaintiff. To the contrary, the medical services provided by Answering Defendant was in all aspects rendered in a timely and appropriate fashion consistent with the accepted standards of medical care in the community. Strict proof of each and every act and/or failure to act is demanded at the time of trial. To the extent that the remaining allegations contained in paragraph 66 of plaintiffs' Complaint are directed to parties other than the undersigned defendant, no response is required.

67. The allegations contained in paragraph 67 of plaintiffs' Complaint constitute conclusions of law to which no response is required. To the extent that a response may be necessary, said averments are specifically denied and strict proof thereof is demanded at the time of trial. By way of further response, Answering Defendant specifically denies that he was negligent, careless or reckless in any way or that any conduct on his part caused or contributed to the injuries allegedly sustained by minor-plaintiff. To the contrary, the medical services provided by Answering Defendant was in all aspects rendered in a timely and appropriate fashion consistent with the accepted standards of medical care in the community. Strict proof of each and every act and/or failure to act is demanded at the time of trial. To the extent that the remaining allegations contained in paragraph 67 of plaintiffs' Complaint are directed to parties other than the undersigned defendant, no response is required.

68. The allegations contained in paragraph 68 of plaintiffs' Complaint constitute conclusions of law to which no response is required. To the extent that a response may be necessary, said averments are specifically denied and strict proof thereof is demanded at the time of trial. By way of further response, Answering Defendant specifically denies that he was negligent, careless or reckless in any way or that any conduct on his part caused or contributed to

the injuries allegedly sustained by minor-plaintiff. To the contrary, the medical services provided by Answering Defendant was in all aspects rendered in a timely and appropriate fashion consistent with the accepted standards of medical care in the community. Strict proof of each and every act and/or failure to act is demanded at the time of trial. To the extent that the remaining allegations contained in paragraph 68 of plaintiffs' Complaint are directed to parties other than the undersigned defendant, no response is required.

69. The allegations contained in paragraph 69 of plaintiffs' Complaint constitute conclusions of law to which no response is required. To the extent that a response may be necessary, said averments are specifically denied and strict proof thereof is demanded at the time of trial. By way of further response, Answering Defendant specifically denies that he was negligent, careless or reckless in any way or that any conduct on his part caused or contributed to the injuries allegedly sustained by minor-plaintiff. To the contrary, the medical services provided by Answering Defendant was in all aspects rendered in a timely and appropriate fashion consistent with the accepted standards of medical care in the community. Strict proof of each and every act and/or failure to act is demanded at the time of trial. To the extent that the remaining allegations contained in paragraph 69 of plaintiffs' Complaint are directed to parties other than the undersigned defendant, no response is required.

WHEREFORE, Defendant, Sundar Chandrasekhar, M.D., demands judgment against plaintiffs, in addition to all costs and fees provided for by applicable law.

COUNT TWO – Negligence
Plaintiffs, Ayden Shaffer-Doan, a minor, by his parents and natural guardians, Timothy Doan and Karen Shaffer, and Timothy Doan and Karen Shaffer, in their own right vs. DuBois Regional Medical Center and Gateway Area Medical Associates, Inc.

70. This Defendant incorporates by reference as though fully set forth herein at length, his responses to paragraphs 1 through 69 of plaintiffs' Complaint.

71. The averments set forth in paragraph 71 of plaintiffs' Complaint are directed to a party other than the undersigned Defendant. Accordingly no response is required.

72. The averments set forth in paragraph 72 of plaintiffs' Complaint are directed to a party other than the undersigned Defendant. Accordingly no response is required.

73. The averments set forth in paragraph 73 of plaintiffs' Complaint are directed to a party other than the undersigned Defendant. Accordingly no response is required.

74. The averments set forth in paragraph 74 of plaintiffs' Complaint are directed to a party other than the undersigned Defendant. Accordingly no response is required.

WHEREFORE, Defendant, Sundar Chandrasekhar, M.D., demands judgment against plaintiffs, in addition to all costs and fees provided for by applicable law.

COUNT THREE – Negligence of Defendant Dubois Regional Medical Center under Thompson v. Nason
Plaintiffs, Ayden Shaffer-Doan, a minor, by his parents and natural guardians, Timothy Doan and Karen Shaffer, and Timothy Doan and Karen Shaffer, in their own right vs. Dubois Regional Medical Center

75. This Defendant incorporates by reference as though fully set forth herein at length, his responses to paragraphs 1 through 74 of plaintiffs' Complaint.

76. The averments set forth in paragraph 76 of plaintiffs' Complaint are directed to a party other than the undersigned Defendant. Accordingly no response is required.

77. The averments set forth in paragraph 77 of plaintiffs' Complaint are directed to a party other than the undersigned Defendant. Accordingly no response is required.

78. The averments set forth in paragraph 78 of plaintiffs' Complaint are directed to a party other than the undersigned Defendant. Accordingly no response is required.

79. The averments set forth in paragraph 79 of plaintiffs' Complaint are directed to a party other than the undersigned Defendant. Accordingly no response is required.

WHEREFORE, Defendant, Sundar Chandrasekhar, M.D., demands judgment against plaintiffs, in addition to all costs and fees provided for by applicable law.

COUNT FOUR: Negligence of Dubois Regional Medical Center for the Acts of its Resident, Nurses, Nurse Practitioners and Other Employees Who Care for Minor-plaintiff
Plaintiffs v. Dubois Regional Medical Center

80. This Defendant incorporates by reference as though fully set forth herein at length, his responses to paragraphs 1 through 79 of plaintiffs' Complaint.

81. The averments set forth in paragraph 81 of plaintiffs' Complaint are directed to a party other than the undersigned Defendant. Accordingly no response is required.

82. The averments set forth in paragraph 82 of plaintiffs' Complaint are directed to a party other than the undersigned Defendant. Accordingly no response is required.

83. The averments set forth in paragraph 83 of plaintiffs' Complaint are directed to a party other than the undersigned Defendant. Accordingly no response is required.

84. The averments set forth in paragraph 84 of plaintiffs' Complaint are directed to a party other than the undersigned Defendant. Accordingly no response is required.

WHEREFORE, Defendant, Sundar Chandrasekhar, M.D., demands judgment against plaintiffs, in addition to all costs and fees provided for by applicable law.

NEW MATTER

85. Section 606 of Health Care Services Malpractice Act of Pennsylvania, 40 P.S. § 1301.606 provides that "in the absence of a special contract in writing, a healthcare provider is neither a warrantor or a guarantor of a cure." This provision is pleaded as an affirmative defense insofar as there was no special contract in writing in this case.

86. This Defendant raises all affirmative defenses set forth or available as a result of the provisions in the Health Care Services Malpractice Act of Pennsylvania, 40 P.S. § 1301 et. seq.

87. The plaintiffs' Complaint fails to state any cause of action against this Defendant.

88. Defendant pleads the doctrine of intervening and superceding causes as affirmative defenses.

89. Defendant pleads "payment" as an affirmative defense to the extent that any amount less than the amount billed for medical services to the plaintiffs after the alleged incident was accepted as payment in full.

90. Defendant is not liable for any pre-existing medical conditions which caused the claimed injuries and/or damages.

91. To the extent that evidence develops during discovery to demonstrate the application of the Two Schools of Thought Doctrine, Defendant pleads that doctrine as providing a complete defense for any alleged negligence and/or malpractice.

92. At all times material hereto this action, the care and treatment rendered to minor-plaintiff by Answering Defendant was skillful, appropriate and in accordance with the applicable standards of care in the medical community.

93 Parent-Plaintiffs' claims are entirely barred by the applicable Statute of Limitations as in excess of two years elapsed following the incident until this action was commenced.

94. Any claim which plaintiffs may make regarding entitlement to damages for delay is barred on the grounds that such a claim, or its source of authorization, is violative of the due process requirements of the United States and Pennsylvania Constitutions.

95. Plaintiffs may have entered into a Release which has the effect of discharging this Defendant from liability in this matter. If so, this Defendant claims benefits of said Release.

Respectfully submitted,

WHITE AND WILLIAMS LLP

By: _____
Terry C. Cavanaugh, Esquire
Attorney for Defendant,
Sundar Chandrasekhar, M.D.

Dated:

VERIFICATION

I, Sundar Chandrasekhar, M.D., has read the foregoing **Answer and New Matter to the Plaintiffs' Complaint**. The statements therein are correct to the best of my personal knowledge or information and belief. This statement and verification is made subject to the penalties of 18 Pa. C.S.A. § 4904 relating to unsworn falsification to authorities, which provides that if I make knowingly false statements, I may be subject to criminal penalties.

Sundar Chandrasekhar, M.D.

DATED 06/17/2005

CERTIFICATE OF SERVICE

I, Terry C. Cavanaugh, Esquire, hereby certify that true and correct copies of the foregoing Answer and New Matter to Plaintiffs' Complaint has been served this 21st day of June, 2005, by U.S first-class mail, postage prepaid, to all counsel of record:

Shanin Specter, Esquire
Matthew A. Casey, Esquire
Kline & Specter
19th Floor, 1525 Locust Street
Philadelphia, PA 19102
(Counsel for Plaintiffs)

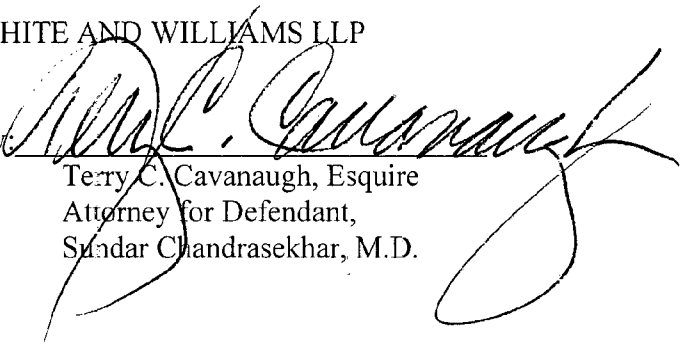
John W. Blasko, Esquire
McQuaide, Blasko, Schwartz, Fleming & Faulkner, Inc.
811 University Drive
State College, PA 16801-6699
(Counsel for Co-Defendant Gateway Area Medical Associates, Inc.)

David R. Johnson, Esquire
Thomson, Rhodes & Cowie, P.C.
Two Chatham Center, 10th Floor
Pittsburgh, PA 15219
(Counsel for Co-Defendant DuBois Regional Medical Center)

Michael A. Sosnowski, Esquire
McIntyre, Dugas, Hartye & Schmitt
P.O. Box 533
Hollidaysburg, PA 16648
(Counsel for Co-Defendant Richard Grout, M.D.)

Respectfully submitted,

WHITE AND WILLIAMS LLP

By: 

Terry C. Cavanaugh, Esquire
Attorney for Defendant,
Sundar Chandrasekhar, M.D.

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,

Plaintiffs,

vs.

RICHARD GROUT, M.D., SUNDAR CHANDRASEKHAR, M.D., DUBOIS REGIONAL MEDICAL CENTER, and GATEWAY AREA MEDICAL ASSOCIATES,

Defendants.

CIVIL DIVISION

No. 05-418-CD

Issue No.

ANSWER AND NEW MATTER

Code: 007

Filed on behalf of DuBois Regional Medical Center, one of the defendants.

Counsel of Record for This Party:

David R. Johnson, Esquire
PA I.D. #26409

THOMSON, RHODES & COWIE, P.C.
Firm #720
1010 Two Chatham Center
Pittsburgh, PA 15219

(412) 232-3400

NOTICE TO PLEAD:

To: Plaintiffs

You are hereby notified to file a written response to the enclosed ANSWER AND NEW MATTER within twenty (20) days of service hereof or a default judgment may be entered against you.

Attorneys for defendant.

ANSWER AND NEW MATTER

NOW COMES, DuBois Regional Medical Center, one of the defendants, by its attorneys, Thomson, Rhodes & Cowie, P.C., and files the following answer and new matter in response to plaintiffs' complaint.

ANSWER

1. Defendant is advised and therefore believes and avers that the Pennsylvania Rules of Civil Procedure do not require it to set forth its answers and defenses except as stated below.

2. If and to the extent that any factual averment in the complaint is not responded to in the paragraphs which follow, said allegation is denied for the reason that, after a reasonable investigation, this defendant lacks sufficient information or knowledge upon which to form a belief as to the truth of the averments therein.

3. Each of the paragraphs of this answer should be read so as to incorporate by reference each of the other paragraphs of this answer.

4. Paragraph 1 of the complaint is admitted in part and denied in part. The first sentence is admitted. The second sentence is denied for the reason that, after a

reasonable investigation, defendant has insufficient information or knowledge to form a belief as to the truth of the averments therein.

5. The following paragraphs of the complaint refer solely to other defendants for which reason no response is required: 2, 3, and 5.

6. Paragraph 4 of the complaint is denied as stated. To the contrary, defendant is a non-profit healthcare institution located at the address specified in the complaint.

7. Paragraph 6 of the complaint is admitted in part and denied in part. It is admitted that plaintiffs have asserted a professional liability action and have attached certificates of merit; however, any statement, suggestion or implication that the allegations in the complaint have merit is denied.

8. Paragraph 7 of the complaint is denied. It is specifically denied that defendants Grout and Chandrasekhar were either actual or ostensible agents, servants and/or employees of DuBois Regional Medical Center. Both Dr. Grout and Dr. Chandrasekhar were independent practitioners who were not agents, servants and/or employees of the hospital at any relevant time.

9. The following paragraphs of the complaint are admitted: 8, 23, 26, 41, 45, 47 and 48.

10. Paragraphs 9 through 16, 18 through 20, 25, 31 through 35, 37 through 38 and 51 of the complaint are denied for the reason that they incompletely, inaccurately and/or misleadingly describe events which occurred. While these paragraphs to some extent extract or reference words or phrases from the medical records, they do not reflect the context in which the notes were made and they ignore other words and phrases necessary to give fair meaning to the referenced language.

11. The following paragraphs of the complaint are denied for the reason that, after a reasonable investigation, this defendant has insufficient information or knowledge to form a belief as to the truth of the averments therein: 17, 50, 52, 68, 73, 78 and 83.

12. Paragraphs 21, 22, 24, 27 through 30, 36, 39 through 40, 42 through 44, 46, 49, 53 are denied since the allegations set forth in these paragraphs have identified selected events and/or isolated portions of the extensive hospital record and have linked these references to conclusions which have been alleged by plaintiff's attorneys, all of which are denied because the allegations and conclusions are not set forth in the record, constitute references to the state of mind of various healthcare providers which, after reasonable investigation, are not presently known by the defendants, editorialize upon matters stated or suggested by the record, and/or allege statements which, after reasonable investigation, defendant has insufficient information or knowledge upon which to reach conclusions regarding the accuracy thereof.

13. Paragraphs 54 and 55 of the complaint are denied.

14. Paragraphs 56 through 64, 66 (including sub-paragraphs (a) through (ww)), 67, 69, 71 (including sub-paragraphs (a) through (ww)), 72, 74, 76 (including sub-paragraphs (a) through (p)), 77, 79, 81 (including sub-paragraphs (a) through (ww)), 82 and 84 of the complaint constitute conclusions of law to which no further response is required. However, if any response is deemed necessary, these paragraphs and sub-paragraphs are denied. Paragraphs 71, 76 and 81 of the complaint also include general agency allegations, without specifying the persons who are alleged to be agents, servants and/or employees of the defendant; since the identity of the alleged agents is not specified, defendant, after reasonable investigation, cannot determine whether the references pertain to persons who were or were not agents of this defendant and, for this reason, all such allegations of agency are denied.

15. Paragraphs 65, 70, 75 and 80 of the complaint solely incorporate by reference other paragraphs, for which no separate response is required. However, to the extent that any additional response is deemed necessary, defendant incorporates by reference its answers to those paragraphs which have been incorporated by the plaintiffs.

WHEREFORE, plaintiffs' complaint should be dismissed and judgment should be entered in favor of this defendant.

NEW MATTER

16. All causes of action in this matter are barred on the basis of res judicata.

17. Plaintiffs previously filed a lawsuit against this defendant, asserting the same claims as set forth herein. Said lawsuit was dismissed via a non suit because of plaintiffs' failure to properly prosecute said claim and plaintiffs' failure to secure a certificate of merit. No appeal of the dismissal occurred. Thus, plaintiffs' present lawsuit is barred because of:

(a) The doctrine of claim preclusion.

(b) The doctrine of issue preclusion.

(c) Collateral estoppel.

(d) Res judicata.

(e) The doctrine of lis pendens.

(f) Waiver and/or estoppel through failure to prosecute a prior pending action.

18. All claims by the parent plaintiffs, Timothy Doan and Karen Shaffer, are barred by the applicable two year statute of limitations.

19. This lawsuit was filed more than two years after the alleged claim of the plaintiffs arose.

20. Since this lawsuit was filed more than two years after the alleged claims of the plaintiffs arose, the Pennsylvania statute of limitations regarding such claims bars any causes of action, injuries or damages sustained by or on behalf of the parent plaintiffs, Timothy Doan and/or Karen Shaffer.

21. All claims for expenses, costs, medical bills, and/or other monetary damages occurring, arising, alleged or claimed during or pertaining to minor plaintiff's first 18 years of life are barred by the applicable two year statute of limitations.

22. During minor plaintiff's minority, plaintiff's parents, Timothy Doan and Karen Shaffer, have the legal duty to support minor plaintiff, i.e., to care for him, and to pay for his medical bills and other necessary expenses.

23. Because of the parent plaintiffs' legal duty to support minor plaintiff, any monetary damages accruing during the first 18 years of minor plaintiff's life, as well as any damages expected to accrue during the first 18 years of minor plaintiff's life are barred because they constitute monies owed by, monies paid by, and/or obligations of the parents and, consequently, they are part of the parents' claim rather than that of minor plaintiff. All such injuries, damages, amounts, projected damages and related claims are barred by the applicable two year statute of limitations.

24. In the absence of a special contract in writing, a healthcare provider is neither a warrantor nor a guarantor of a cure. This provision is pleaded as an affirmative defense insofar as there was no special contract in writing in this case.

25. This defendant pleads the applicability of the Pennsylvania Comparative Negligence Statute as an affirmative defense.

26. While denying all negligence and all liability, this defendant avers that if it is found to have been negligent in any respect, any liability resulting therefrom would be diminished or barred by operation of the Pennsylvania Comparative Negligence Statute.

27. Plaintiffs' complaint fails to state any cause of action against this defendant.

28. Defendant pleads the doctrines of intervening and superseding causes as affirmative defenses.

29. Defendant pleads "payment" as an affirmative defense to the extent that any amount less than the amount billed for medical services to the plaintiff after the alleged incident was accepted as payment in full.

30. Defendant is not liable for any pre-existing medical conditions which caused the claimed injuries and/or damages.

31. To the extent that evidence develops during discovery to demonstrate the application of the two schools of thought doctrine, defendant pleads that doctrine as providing a complete defense for any alleged negligence and/or malpractice.

32. This defendant raises all affirmative defenses set forth or available as a result of the provisions of House Bill 1802 which became Pennsylvania law in 2002.

33. To the extent plaintiffs base their claim in whole or in part on any act occurring more than two years prior to the filing of the lawsuit, the claims are barred by the applicable statute of limitations, which is pleaded as an affirmative defense.

34. Defendant pleads all applicable statutes of limitations as affirmative defenses.

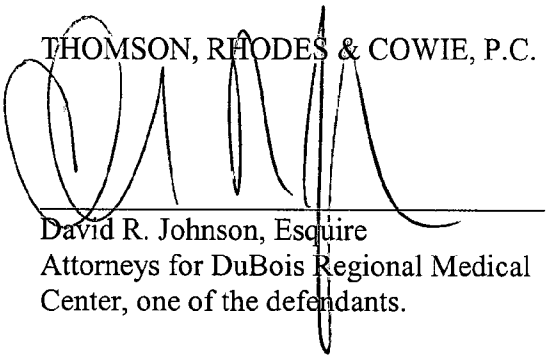
35. If and to the extent that plaintiffs' claims were not filed within the time limitations imposed by law, said lawsuit is barred by the applicable statutes of limitations.

WHEREFORE, plaintiffs' complaint should be dismissed and judgment should be entered in favor of this defendant.

JURY TRIAL DEMANDED.

Respectfully submitted,

THOMSON, RHODES & COWIE, P.C.



David R. Johnson, Esquire
Attorneys for DuBois Regional Medical Center, one of the defendants.

Shaffer-Doan v. Grout
No. 05-418-CD

VERIFICATION

I, Gregory J. Volpe in the capacity of Director of Risk MGT at DuBois Regional Medical Center, have read the foregoing ANSWER AND NEW MATTER. The statements therein are correct to the best of my personal knowledge or information and belief.

This statement and verification is made subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities, which provides that if I make knowingly false averments I may be subject to criminal penalties.

Gregory J. Volpe

Date: June 27th, 2005

CERTIFICATION OF SERVICE

I hereby certify that a true and correct copy of the within ANSWER AND NEW MATTER has been served upon the following counsel of record and same placed in the U.S. Mails on this 29th day of June, 2005:

Matthew A. Casey, Esquire
Kline & Specter
1525 Locust Street
Philadelphia, PA 19102

John W. Blasko, Esquire
McQuaide Blasko
811 University Drive
State College, PA 16801-6699

Terry Cavanaugh, Esquire
White & Williams
437 Grant Street, Suite 1001
Pittsburgh, PA 15219

Michael A. Sosnowski, Esquire
McIntyre, Dugas, Hartye & Schmitt
P.O. Box 533
Hollidaysburg, PA 16648

THOMSON, RHODES & COWIE, P.C.

David R. Johnson, Esquire
Attorneys for DuBois Regional Medical Center, one of the defendants.

KLINE & SPECTER
A PROFESSIONAL CORPORATION

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents: and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	Civil Division 2005-418-CD
Plaintiffs,	**Civil Action - Medical Professional Liability Action**
vs.	
RICHARD GROUT, M.D. SUNDAR CHANDRASEKHAR, M.D. DUBOIS REGIONAL MEDICAL CENTER AND GATEWAY AREA MEDICAL ASSOCIATES	JURY TRIAL DEMANDED TYPE OF PLEADING: **RESPONSE TO NEW MATTER OF DEFENDANT SUNDAR CHANDRASEKHAR, M.D.**

COUNSEL OF RECORD FOR PLAINTIFFS:
SHANIN SPECTER, ESQUIRE
I.D. No. 40928
MATTHEW A. CASEY, ESQUIRE
I.D. No. 84443

KLINE & SPECTER
A Professional Corporation
19th Floor
Philadelphia, PA 19102
215-772-1000

PLAINTIFFS' RESPONSE TO NEW MATTER OF DEFENDANT SUNDAR CHANDRASEKHAR, M.D.

85. The allegations set forth in paragraph 85 of Defendant's New Matter constitute conclusions of law to which no response is required. To the extent a response to said allegations is required, they are specifically denied.

86. The allegations set forth in paragraph 86 of Defendant's New Matter constitute conclusions of law to which no response is required. To the extent a response

to said allegations is required, they are specifically denied.

87. The allegations set forth in paragraph 87 of Defendant's New Matter constitute conclusions of law to which no response is required. To the extent a response to said allegations is required, they are specifically denied.

88. The allegations set forth in paragraph 88 of Defendant's New Matter constitute conclusions of law to which no response is required. To the extent a response to said allegations is required, they are specifically denied.

89. The allegations set forth in paragraph 89 of Defendant's New Matter constitute conclusions of law to which no response is required. To the extent a response to said allegations is required, they are specifically denied.

90. The allegations set forth in paragraph 90 of Defendant's New Matter constitute conclusions of law to which no response is required. To the extent a response to said allegations is required, they are specifically denied.

91. The allegations set forth in paragraph 91 of Defendant's New Matter constitute conclusions of law to which no response is required. To the extent a response to said allegations is required, they are specifically denied.

92. The allegations set forth in paragraph 92 of Defendant's New Matter constitute conclusions of law to which no response is required. To the extent a response to said allegations is required, they are specifically denied.

93. The allegations set forth in paragraph 93 of Defendant's New Matter constitute conclusions of law to which no response is required. To the extent a response to said allegations is required, they are specifically denied.

94. The allegations set forth in paragraph 94 of Defendant's New Matter constitute conclusions of law to which no response is required. To the extent a response to said allegations is required, they are specifically denied.

95. The allegations set forth in paragraph 95 of Defendant's New Matter constitute conclusions of law to which no response is required. To the extent a response to said allegations is required, they are specifically denied.

WHEREFORE, plaintiffs hereby demands judgment in their favor and against all defendants.

KLINE & SPECTER
A Professional Corporation

BY _____

SHANIN SPECTER
MATTHEW A. CASEY
I.D. Nos. 40928/84443
Attorneys for Plaintiff

Dated: 6-29-05

KLINE & SPECTER
A PROFESSIONAL CORPORATION

VERIFICATION

I, Matthew A. Casey, Esquire, counsel for plaintiffs in the foregoing action, hereby verify that the statements made in Plaintiffs' Response to New Matter of Defendant Sundar Chandrasekhar, M.D., are true and correct to the best of my personal knowledge or information and belief. I understand that false statements hereunder made are subject to the penalties of 18 Pa. C.S.§4904 relating to unsworn falsification to authorities.

MATTHEW A. CASEY, ESQUIRE

Dated: 6-29-05

KLINE & SPECTER
A PROFESSIONAL CORPORATION

CERTIFICATE OF SERVICE

I, MATTHEW A. CASEY, ESQUIRE, certify that on June 29, 2005, a true and correct copy of Plaintiffs' Response to New Matter of Defendant Sundar Chandrasekhar, M.D., was served via First Class U.S. Mail upon the following counsel:

Terry C. Cavanaugh, Esquire
White & Williams, LLP
The Frick Building
437 Grant Street, Suite 1001
Pittsburgh, PA 15219

David R. Johnson, Esquire
Thomson, Rhodes & Cowie, P.C.
Firm #720
1010 Two Chatham Center
Pittsburgh, PA 15219

John W. Blasko, Esquire
McQuaide Blasko
811 University Drive
State College, PA 16801

Michael A. Sosnowski, Esquire
McIntyre, Dugas, Hartye & Schmitt
P.O. Box 533
Hollidaysburg, PA 16648

MATTHEW A. CASEY, ESQUIRE

KLINE & SPECTER
A PROFESSIONAL CORPORATION

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents: and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	Civil Division 2005-418-CD
Plaintiffs,	**Civil Action - Medical Professional Liability Action**
vs.	
RICHARD GROUT, M.D. SUNDAR CHANDRASEKHAR, M.D. DUBOIS REGIONAL MEDICAL CENTER AND GATEWAY AREA MEDICAL ASSOCIATES	JURY TRIAL DEMANDED TYPE OF PLEADING: **RESPONSE TO NEW MATTER OF DEFENDANT SUNDAR CHANDRASEKHAR, M.D.**
	COUNSEL OF RECORD FOR PLAINTIFFS: SHANIN SPECTER, ESQUIRE I.D. No. 40928 MATTHEW A. CASEY, ESQUIRE I.D. No. 84443
	KLINE & SPECTER **A Professional Corporation** 19th Floor Philadelphia, PA 19102 215-772-1000

PLAINTIFFS' RESPONSE TO NEW MATTER OF DEFENDANT DUBOIS REGIONAL MEDICAL CENTER

16 The allegations set forth in paragraph 16 of Defendant's New Matter constitute conclusions of law to which no response is required. To the extent a response to said allegations is required, they are specifically denied.

17. The allegations set forth in paragraph 17 of Defendant's New Matter constitute conclusions of law to which no response is required

18. The allegations set forth in paragraph 18 of Defendant's New Matter constitute conclusions of law to which no response is required. To the extent a response to said allegations is required, they are specifically denied.

19. The allegations set forth in paragraph 19 of Defendant's New Matter constitute conclusions of law to which no response is required. To the extent a response to said allegations is required, they are specifically denied.

20. The allegations set forth in paragraph 20 of Defendant's New Matter constitute conclusions of law to which no response is required. To the extent a response to said allegations is required, they are specifically denied.

21. The allegations set forth in paragraph 21 of Defendant's New Matter constitute conclusions of law to which no response is required. To the extent a response to said allegations is required, they are specifically denied.

22. It is admitted that plaintiffs previously filed a lawsuit against this defendant. All other allegations set forth in paragraph 22 constitute conclusions of law to which no response is required. To the extent a response to said allegations is required, they are specifically denied.

23. The allegations set forth in paragraph 23 of Defendant's New Matter constitute conclusions of law to which no response is required. To the extent a response to said allegations is required, they are specifically denied.

24. The allegations set forth in paragraph 24 of Defendant's New Matter constitute conclusions of law to which no response is required. To the extent a response to said allegations is required, they are specifically denied.

25. The allegations set forth in paragraph 25 of Defendant's New Matter constitute conclusions of law to which no response is required. To the extent a response to said allegations is required, they are specifically denied.

26. The allegations set forth in paragraph 26 of Defendant's New Matter constitute conclusions of law to which no response is required. To the extent a response to said allegations is required, they are specifically denied.

27. The allegations set forth in paragraph 26 of Defendant's New Matter constitute conclusions of law to which no response is required. To the extent a response to said allegations is required, they are specifically denied.

28. The allegations set forth in paragraph 28 of Defendant's New Matter constitute conclusions of law to which no response is required. To the extent a response to said allegations is required, they are specifically denied.

29. The allegations set forth in paragraph 29 of Defendant's New Matter constitute conclusions of law to which no response is required. To the extent a response to said allegations is required, they are specifically denied.

30. The allegations set forth in paragraph 30 of Defendant's New Matter constitute conclusions of law to which no response is required. To the extent a response to said allegations is required, they are specifically denied.

31. The allegations set forth in paragraph 31 of Defendant's New Matter constitute conclusions of law to which no response is required. To the extent a response to said allegations is required, they are specifically denied.

32. The allegations set forth in paragraph 32 of Defendant's New Matter constitute conclusions of law to which no response is required. To the extent a response to said allegations is required, they are specifically denied.

33. The allegations set forth in paragraph 33 of Defendant's New Matter constitute conclusions of law to which no response is required. To the extent a response to said allegations is required, they are specifically denied.

34. The allegations set forth in paragraph 34 of Defendant's New Matter constitute conclusions of law to which no response is required. To the extent a response to said allegations is required, they are specifically denied.

35. The allegations set forth in paragraph 35 of Defendant's New Matter constitute conclusions of law to which no response is required. To the extent a response to said allegations is required, they are specifically denied.

WHEREFORE, plaintiffs hereby demands judgment in their favor and against all defendants.

KLINE & SPECTER
A Professional Corporation

BY: _____

SHANIN SPECTER
MATTHEW A. CASEY
I.D. Nos. 40928/84443
Attorneys for Plaintiff

Dated: 7-15-05

KLINE & SPECTER
A PROFESSIONAL CORPORATION

VERIFICATION

I, Matthew A. Casey, Esquire, counsel for plaintiffs in the foregoing action, hereby verify that the statements made in Plaintiffs' Response to New Matter of Defendant Dubois Regional Medical Center, are true and correct to the best of my personal knowledge or information and belief. I understand that false statements hereunder made are subject to the penalties of 18 Pa. C.S.§4904 relating to unsworn falsification to authorities.

MATTHEW A. CASEY, ESQUIRE

Dated: 7-15-05

KLINE & SPECTER
A PROFESSIONAL CORPORATION

CERTIFICATE OF SERVICE

I, MATTHEW A. CASEY, ESQUIRE, certify that on July 15, 2005, a true and correct copy of Plaintiffs' Response to New Matter of Defendant Dubois Regional Medical Center, M.D., was served via First Class U.S. Mail upon the following counsel:

Terry C. Cavanaugh, Esquire
White & Williams, LLP
The Frick Building
437 Grant Street, Suite 1001
Pittsburgh, PA 15219

David R. Johnson, Esquire
Thomson, Rhodes & Cowie, P.C.
Firm #720
1010 Two Chatham Center
Pittsburgh, PA 15219

John W. Blasko, Esquire
McQuaide Blasko
811 University Drive
State College, PA 16801

Michael A. Sosnowski, Esquire
McIntyre, Dugas, Hartye & Schmitt
P.O. Box 533
Hollidaysburg, PA 16648

MATTHEW A. CASEY, ESQUIRE

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

AYDEN SHAFFER-DOAN, a minor by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER and TIMOTHY DOAN and KAREN SHAFFER, in their own right,

Plaintiffs,

vs.

RICHARD GROUT, M.D.; SUNDAR CHANDRASEKHAR, M.D.; DUBOIS REGIONAL MEDICAL CENTER, and GATEWAY AREA MEDICAL ASSOCIATES,

Defendants.

No.: 05-418-CD

Type of Case: Civil Action
Medical Professional Liability Action

JURY TRIAL DEMANDED

Type of Pleading: CERTIFICATE OF SERVICE-REQUEST TO PLAINTIFFS FOR PRODUCTION OF EXPERT REPORTS

Filed on Behalf of Defendant GATEWAY AREA MEDICAL ASSOCIATES, INC.

Counsel of Record for this Party: JOHN W. BLASKO

Court I.D. No.: 06787

McQUAIDE, BLASKO, FLEMING & FAULKNER, INC.

811 University Drive
State College, PA 16801
(814) 238-4926

Counsel of Record for Adverse Party:
Shanin Specter, Esquire
Matthew A. Casey, Esquire

Dated: August 26, 2005

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	)	Civil Action-Medical Professional Liability Action
Plaintiffs,	)	NO. 05-418-CD
vs.	)	JURY TRIAL DEMANDED
RICHARD GROUT, M.D.; SUNDAR CHANDRASEKHAR, M.D.; DUBOIS REGIONAL MEDICAL CENTER and GATEWAY AREA MEDICAL ASSOCIATES, INC.	)	
Defendants.	)	

CERTIFICATE OF SERVICE

I hereby certify that the ***REQUEST TO PLAINTIFFS FOR PRODUCTION OF EXPERT REPORTS***, in the above-referenced matter was mailed by regular mail, first class, at the Post Office, State College, Pennsylvania, postage prepaid, this 26th day of August, 2005 to:

Original
Shanin Specter, Esquire
Matthew A. Casey, Esquire
Kline & Specter
19th Floor
Philadelphia, PA 19102

Copy
Terry C. Cavanaugh, Esquire
1001 Frick Building
Pittsburgh, PA 15219

Copy
Michael Sosnowski, Esquire
P.O. Box 533
Hollidaysburg, PA 16648

Copy
David Johnson, Esquire
Two Chatham Center, 10th Floor
Pittsburgh, PA 15219-3499

McQUAIDE, BLASKO, SCHWARTZ,
FLEMING & FAULKNER, INC.

By: _____
JOHN W. BLASKO
Attorneys for Defendant
Gateway Area Medical
Associates, Inc. .

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,

Plaintiffs,

vs.

RICHARD GROUT, M.D., SUNDAR CHANDRASEKHAR, M.D., DUBOIS REGIONAL MEDICAL CENTER, and GATEWAY AREA MEDICAL ASSOCIATES,

Defendants.

CIVIL DIVISION

No. 05-418-CD

Issue No.

MOTION TO COMPEL

Code: 007

Filed on behalf of DuBois Regional Medical Center, one of the defendants.

Counsel of Record for This Party:

David R. Johnson, Esquire
PA I.D. #26409

THOMSON, RHODES & COWIE, P.C.
Firm #720
1010 Two Chatham Center
Pittsburgh, PA 15219

(412) 232-3400

MOTION TO COMPEL

NOW COMES DuBois Regional Medical Center, one of the defendants, and files the following motion to compel discovery responses for the reasons set forth below.

1. Interrogatories and a request for production were served on plaintiffs on April 20, 2005.

2. Responses have not yet been received.

3. Responses are required in order to prepare this case for trial.

WHEREFORE, defendant respectfully requests that the court order that plaintiffs file full and complete answers to interrogatories within 20 days.

Respectfully submitted,

THOMSON, RHODES & COWIE, P.C.

David R. Johnson, Esquire
Attorneys for DuBois Regional Medical Center, one of the defendants.

CERTIFICATION OF SERVICE

I hereby certify that a true and correct copy of the within MOTION TO COMPEL has been served upon the following counsel of record and same placed in the U.S. Mails on this 30th day of Aug., 2005:

Matthew A. Casey, Esquire
Kline & Specter
1525 Locust Street
Philadelphia, PA 19102

John W. Blasko, Esquire
McQuaide Blasko
811 University Drive
State College, PA 16801-6699

Terry Cavanaugh, Esquire
White & Williams
437 Grant Street, Suite 1001
Pittsburgh, PA 15219

Michael A. Sosnowski, Esquire
McIntyre, Dugas, Hartye & Schmitt
P.O. Box 533
Hollidaysburg, PA 16648

THOMSON, RHODES & COWIE, P.C.

David R. Johnson, Esquire
Attorneys for DuBois Regional Medical Center, one of the defendants.

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	)	CIVIL DIVISION
	)	No. 05-418-CD
Plaintiffs,	)	
vs.	)	
RICHARD GROUT, M.D., SUNDAR CHANDRASEKHAR, M.D., DUBOIS REGIONAL MEDICAL CENTER, and GATEWAY AREA MEDICAL ASSOCIATES,	)	
Defendants.	)	

ORDER OF COURT

AND NOW, this _____ day of _____, 2005, it is hereby ordered that defendant's motion to compel is granted. Plaintiffs shall file full and complete answers to interrogatories and responses to requests for production within 20 days of this order. Upon failure to comply with any aspect of this order, sanctions will be imposed.

BY THE COURT:

_____J.

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,

Plaintiffs,

vs.

RICHARD GROUT, M.D., SUNDAR CHANDRASEKHAR, M.D., DUBOIS REGIONAL MEDICAL CENTER, and GATEWAY AREA MEDICAL ASSOCIATES,

Defendants.

CIVIL DIVISION

No. 05-418-CD

Issue No.

REQUEST TO PLAINTIFFS FOR PRODUCTION OF EXPERT REPORTS

Code: 007

Filed on behalf of DuBois Regional Medical Center, one of the defendants.

Counsel of Record for This Party:

David R. Johnson, Esquire
PA I.D. #26409

THOMSON, RHODES & COWIE, P.C.
Firm #720
1010 Two Chatham Center
Pittsburgh, PA 15219

(412) 232-3400

REQUEST TO PLAINTIFFS FOR PRODUCTION OF EXPERT REPORTS

NOW COMES DuBois Regional Medical Center, one of the defendants, by its attorneys, Thomson, Rhodes & Cowie, P.C., and file the following requests to plaintiffs for production of expert reports required by Rule 1042.28(a)(1) of the Pennsylvania Rules of Civil Procedure.

TO: AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right, plaintiffs

FROM: DUBOIS REGIONAL MEDICAL CENTER, defendant

Pursuant to Pennsylvania Rule of Civil Procedure 1042.28(b) you are requested within 180 days of service of this request to furnish to me, attorney for the defendant above named, expert reports summarizing the expert testimony that you will offer to support the claims of professional negligence that you have made against the defendants above named. You are required to serve copies of all expert reports on all other parties.

Dated: 8/31/05

David R. Johnson, Esquire

CERTIFICATION OF SERVICE

I hereby certify that a true and correct copy of the within REQUEST TO PLAINTIFFS FOR PRODUCTION OF EXPERT REPORTS has been served upon the following counsel of record and same placed in the U.S. Mails on this 31st day of Aug., 2005:

Matthew A. Casey, Esquire
Kline & Specter
1525 Locust Street
Philadelphia, PA 19102

John W. Blasko, Esquire
McQuaide Blasko
811 University Drive
State College, PA 16801-6699

Terry Cavanaugh, Esquire
White & Williams
437 Grant Street, Suite 1001
Pittsburgh, PA 15219

Michael A. Sosnowski, Esquire
McIntyre, Dugas, Hartye & Schmitt
P.O. Box 533
Hollidaysburg, PA 16648

THOMSON, RHODES & COWIE, P.C.

David R. Johnson, Esquire
Attorneys for DuBois Regional Medical Center, one of the defendants.

CA

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	)	Civil Action-Medical Professional Liability Action
Plaintiffs,	)	NO. 05-418-CD
vs.	)	JURY TRIAL DEMANDED
RICHARD GROUT, M.D.; SUNDAR CHANDRASEKHAR, M.D.; DUBOIS REGIONAL MEDICAL CENTER and GATEWAY AREA MEDICAL ASSOCIATES, INC.	)	
Defendants.	)	

RULE TO SHOW CAUSE

AND NOW, this 7th day of September, 2005, a Rule is hereby issued to show cause why the Defendant, Gateway Area Medical Associates, Inc.'s Motion to Compel Answers to Interrogatories and Request for Production of Documents should not be granted.

Rule returnable the 27 day of Sept., 2005, in Clearfield County Courthouse, Courtroom 1 at 10:00 o'clock.

FILED 3cc
012:30BA Atty Blasko
SEP 09 2005
William A. Shaw
Prothonotary/Clerk of Courts

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

AYDEN SHAFFER-DOAN, a minor by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER and TIMOTHY DOAN and KAREN SHAFFER, in their own right,

Plaintiffs,

vs.

RICHARD GROUT, M.D.; SUNDAR CHANDRASEKHAR, M.D.; DUBOIS REGIONAL MEDICAL CENTER, and GATEWAY AREA MEDICAL ASSOCIATES,

Defendants.

No.: 05-418-CD

Type of Case: Civil Action
Medical Professional Liability Action

JURY TRIAL DEMANDED

Type of Pleading:
MOTION TO COMPEL ANSWERS TO DISCOVERY REQUESTS

Filed on Behalf of Defendant
GATEWAY AREA MEDICAL ASSOCIATES, INC.

Counsel of Record for this Party: JOHN W. BLASKO

Court I.D. No.: 06787

McQUAIDE, BLASKO, FLEMING & FAULKNER, INC.

811 University Drive
State College, PA 16801
(814) 238-4926

Counsel of Record for Adverse Party:
Shanin Specter, Esquire
Matthew A. Casey, Esquire

Dated: 9/2/05

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	)	Civil Action-Medical Professional Liability Action
Plaintiffs,	)	NO. 05-418-CD
vs.	)	JURY TRIAL DEMANDED
RICHARD GROUT, M.D.; SUNDAR CHANDRASEKHAR, M.D.; DUBOIS REGIONAL MEDICAL CENTER and GATEWAY AREA MEDICAL ASSOCIATES, INC.	)	
Defendants.	)	

MOTION TO COMPEL ANSWERS TO INTERROGATORIES AND REQUEST FOR PRODUCTION OF DOCUMENTS

NOW COMES, the Defendant, Gateway Area Medical Associates, Inc., by its attorneys, McQuaide, Blasko, Fleming & Faulkner, Inc., represents the following:

1. The Plaintiffs instituted the present action by filing a Complaint on or about March 24, 2005.

2. On April 25, 2005 Defendant Gateway filed Interrogatories and Request for Production (Set One) and Expert Interrogatories and Request for Production (Set Two) which were duly served on Plaintiffs' counsel.

3. As of the date of this motion, the Plaintiffs have failed to file full and complete responses to the discovery requests.

4. The Plaintiffs' failure to respond within thirty (30) days as provided by the applicable rule of civil procedure constitute a waiver of any objections to the discovery requests.

5. The Defendant is prejudiced in preparing a defense in this case or proceeding with further discovery because of Plaintiffs' failure to respond to the discovery requests.

WHEREFORE, it is respectfully requested that the Court enter an Order compelling Plaintiffs to fully respond to the discovery requests, and, that any and all objections thereto are waived.

McQUAIDE, BLASKO, FLEMING,
& FAULKNER, INC.

Dated:

BY _____
JOHN W. BLASKO
Counsel for Defendant
Gateway Area Medical Associates,
Inc.

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	)	Civil Action-Medical Professional Liability Action
Plaintiffs,	)	NO. 05-418-CD
vs.	)	JURY TRIAL DEMANDED
RICHARD GROUT, M.D.; SUNDAR CHANDRASEKHAR, M.D.; DUBOIS REGIONAL MEDICAL CENTER and GATEWAY AREA MEDICAL ASSOCIATES, INC.	)	
Defendants.	)	

CERTIFICATE OF SERVICE

I hereby certify that the MOTION TO COMPEL ANSWERS TO INTERROGATORIES AND REQUEST FOR PRODUCTION OF DOCUMENTS, in the above-referenced matter was mailed by regular mail, first class, at the Post Office, State College, Pennsylvania, postage prepaid, this 2nd day of September, 2005 to:

Shanin Specter, Esquire
Matthew A. Casey, Esquire
Kline & Specter
19th Floor
Philadelphia, PA 19102

Terry C. Cavanaugh, Esquire
1001 Frick Building
Pittsburgh, PA 15219

Michael Sosnowski, Esquire
P.O. Box 533
Hollidaysburg, PA 16648

David Johnson, Esquire
Two Chatham Center, 10th Floor
Pittsburgh, PA 15219-3499

McQUAIDE, BLASKO, SCHWARTZ,
FLEMING & FAULKNER, INC.

By: _____
JOHN W. BLASKO
Attorneys for Defendant
Gateway Area Medical
Associates, Inc.

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	)	Civil Action-Medical Professional Liability Action
Plaintiffs,	)	NO. 05-418-CD
vs.	)	JURY TRIAL DEMANDED
RICHARD GROUT, M.D.; SUNDER CHANDRASEKHAR, M.D.; DUBOIS REGIONAL MEDICAL CENTER and GATEWAY AREA MEDICAL ASSOCIATES, INC.	)	
Defendants.	)	

ORDER

AND NOW, this _____day of _____, 2005, upon consideration of the Motion to Compel, it is Ordered that the Plaintiffs file full and complete responses to the Gateway Area Medical Associates, Inc.'s Interrogatories and Request for Production (Set One) and Expert Interrogatories and Request for Production (Set Two) within twenty (20) days from the date of this Order. Any and all objections to the discovery requests are waived by failure to respond within thirty days as required by the Rules of Civil Procedure.

BY THE COURT,

_____

J.

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	)	CIVIL DIVISION
	)	No. 05-418-CD
Plaintiffs,	)	
vs.	)	
RICHARD GROUT, M.D., SUNDAR CHANDRASEKHAR, M.D., DUBOIS REGIONAL MEDICAL CENTER, and GATEWAY AREA MEDICAL ASSOCIATES,	)	
Defendants.	)	

ORDER OF COURT

AND NOW, this 6th day of September, 2005, it is hereby ORDERED, ADJUDGED and DECREED that argument on defendant, DuBois Regional Medical Center's Motion to Compel is scheduled to occur on the 27th day of September, 2005 at 10:00 a.m./~~p.m.~~.

BY THE COURT:

Fredric J. Ammerman J.

FILED 2cc Atty Johnson
019:33BOL
SEP 07 2005
GK
William A. Shaw
Prothonotary/Clerk of Courts

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,

Plaintiffs

vs.

RICHARD GROUT, M.D.
635 C. Maple Avenue
Dubois, PA 15801

and

SUNDAR CHANDRASEKHAR, M.D.
c/o DUBOIS REGIONAL MEDICAL CENTER
100 Hospital Avenue
Dubois, PA 15801; and

DUBOIS REGIONAL MEDICAL CENTER,
100 Hospital Avenue
Dubois, PA 15801; and

GATEWAY AREA MEDICAL ASSOCIATES,
635 C Maple Avenue
Dubois, PA 15801

Defendants

No. **2005 – 418 CD**

ISSUE:
NOTICE OF SERVICE TO REQUEST TO PLAINTIFFS FOR PRODUCTION OF EXPERT REPORTS

Filed on behalf of Defendant,
RICHARD GROUT, M.D.
Attorney of Record for This Party:

Michael A. Sosnowski, Esquire
PA I.D. #67207

McINTYRE, DUGAS, HARTYE & SCHMITT
P.O. Box 533
Hollidaysburg, PA 16648
(814) 696-3581/696-9399 (Fax)

JURY TRIAL DEMANDED

I HEREBY CERTIFY THAT A TRUE AND CORRECT COPY OF THE WITHIN WAS MAILED TO ALL COUNSEL OF RECORD THIS **9th** DAY OF **September, 2005**.

Michael A. Sosnowski
Attorney for Named Defendant

FILED NO CC
m/1:44 BL
SEP 12 2005

William A. Shaw
Prothonotary/Clerk of Courts

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	:	No. **2005 – 418 CD**
Plaintiffs	:	
vs.	:	
RICHARD GROUT, M.D. 635 C. Maple Avenue Dubois, PA 15801	:	
and	:	
SUNDAR CHANDRASEKHAR, M.D. c/o DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	:	
and	:	
DUBOIS REGIONAL MEDICAL CENTER, 100 Hospital Avenue Dubois, PA 15801	:	
and	:	
GATEWAY AREA MEDICAL ASSOCIATES, 635 C Maple Avenue Dubois, PA 15801	:	
Defendants	:	JURY TRIAL DEMANDED

NOTICE OF SERVICE OF ANSWERSTO REQUEST TO PLAINTIFFS FOR PRODUCTION OF EXPERT REPORTS

TO: PROTHONOTARY

You are hereby notified that on the 9th day of September, 2005, Defendant, **Richard Grout, M.D.,** served Request to Plaintiffs for Production of Expert Reports by mailing the original of same via First Class U.S. Mail, postage prepaid, addressed to the following:

Matthew Casey, Esquire
Kline & Specter, P.C.
1525 Locust Street
Philadelphia, PA 19102

Respectfully submitted,

McINTYRE, DUGAS, HARTYE & SCHMITT

By Michael A. Sosnowski
Attorneys for Defendant,
Richard Grout, M.D.

Michael A. Sosnowski, Esquire
PA I.D. 67207
P.O. Box 533
Hollidaysburg, PA 16648
(814) 696-3581

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,

Plaintiffs,

vs.

RICHARD GROUT, M.D., SUNDAR CHANDRASEKHAR, M.D., DUBOIS REGIONAL MEDICAL CENTER, and GATEWAY AREA MEDICAL ASSOCIATES,

Defendants.

CIVIL DIVISION

No. 05-418-CD

Issue No.

AFFIDAVIT OF SERVICE

Code: 007

Filed on behalf of DuBois Regional Medical Center, one of the defendants.

Counsel of Record for This Party:

David R. Johnson, Esquire
PA I.D. #26409

THOMSON, RHODES & COWIE, P.C.
Firm #720
1010 Two Chatham Center
Pittsburgh, PA 15219

(412) 232-3400

AFFIDAVIT OF SERVICE

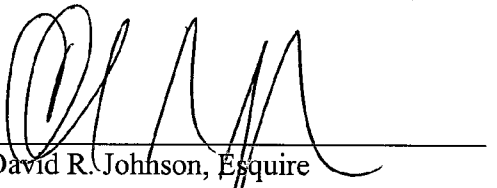
Notice has been made by e-mail to plaintiffs' attorney and other counsel of Record that argument will occur on DRMC's motion to compel on September 27, 2005 at 10:00 a.m., pursuant to order of court entered September 6, 2005.

Notice was sent to:

Matthew A. Casey, Esquire (via e-mail to matt.casey@klinespecter.com)
John W. Blasko, Esquire (via e-mail to jwblasko@mcquaideblasko.com)
Terry Cavanaugh, Esquire (via e-mail to cavanaught@whiteandwilliams.com)
Michael A. Sosnowski, Esquire (via e-mail to msosnowski@mdhslaw.com)

Respectfully submitted,

THOMSON, RHODES & COWIE, P.C.



David R. Johnson, Esquire
Attorneys for DuBois Regional Medical Center, one of the defendants.

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

AYDEN SHAFFER-DOAN, a minor by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER and TIMOTHY DOAN and KAREN SHAFFER, in their own right, Plaintiffs, vs. RICHARD GROUT, M.D.; SUNDAR CHANDRASEKHAR, M.D.; DUBOIS REGIONAL MEDICAL CENTER, and GATEWAY AREA MEDICAL ASSOCIATES, Defendants.	No.: 05-418-CD Type of Case: Civil Action Medical Professional Liability Action JURY TRIAL DEMANDED Type of Pleading: AFFIDAVIT OF SERVICE Filed on Behalf of Defendant GATEWAY AREA MEDICAL ASSOCIATES, INC. Counsel of Record for this Party: JOHN W. BLASKO Court I.D. No.: 06787 McQUAIDE, BLASKO, FLEMING & FAULKNER, INC. 811 University Drive State College, PA 16801 (814) 238-4926 Counsel of Record for Adverse Party: Shanin Specter, Esquire Matthew A. Casey, Esquire

Dated: 9/12/05

FILED

SEP 13 2005

William A. Shaw
Prothonotary/Clerk of Courts

No C/C

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	)	Civil Action-Medical Professional Liability Action
Plaintiffs,	)	NO. 05-418-CD
vs.	)	JURY TRIAL DEMANDED
RICHARD GROUT, M.D.; SUNDAR CHANDRASEKHAR, M.D.; DUBOIS REGIONAL MEDICAL CENTER and GATEWAY AREA MEDICAL ASSOCIATES, INC.	)	
Defendants.	)	

RULE TO SHOW CAUSE

AND NOW, this 7th day of September, 2005, a Rule is hereby issued to show cause why the Defendant, Gateway Area Medical Associates, Inc.'s Motion to Compel Answers to Interrogatories and Request for Production of Documents should not be granted.

Rule returnable the 27 day of Sept., 2005, in Clearfield County Courthouse, Courtroom 1 at 10:00 o'clock.

Judge

I hereby certify this to be a true and attested copy of the original statement filed in this case.

SEP 09 2005

Attest.

Prothonotary/
Clerk of Courts

CA

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

FILED
SEP 16 2005
William A. Shaw
Prothonotary/Clerk of Courts

cc Attys:
S. Spicher
M. Casey
M. Sosnowski
T. Cavanaugh
D. Johnson
J. Blasko

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right, Plaintiffs	*	
vs.	*	NO. 05-418-CD
RICHARD GROUT, M.D., SUNDAR CHANDRASEKHAR, M.D., DuBOIS REGIONAL MEDICAL CENTER and GATEWAY AREA MEDICAL ASSOCIATES, INC., Defendants	*	

ORDER

NOW, this 15th day of September, 2005, following a telephone conference among the Court and counsel in the case, with Counsel for the Plaintiff having requested that the Court enter an administrative order governing management of the case, and with the Court having received letters from each of counsel setting forth proposed schedules, it is the ORDER of this Court as follows:

1) On January 4, 2006 at 1:30 o'clock p.m. the Court will conduct a case management conference with counsel for all parties. The conference shall be held in Courtroom No. 1 of the Clearfield County Courthouse, Clearfield, Pennsylvania.

2) By no later than March 31, 2006 the parties shall have completed all discovery in the case.

3) The last day for the Plaintiff to file expert reports relative issues of liability and damages shall be May 31, 2006.

4) The last day for the Defense to file its' expert reports in response to Plaintiffs' expert reports shall be August 31, 2006.

5) The last day for the Plaintiffs' to file its' rebuttal expert reports shall be October 1, 2006.

6) The last day for the filing of any rebuttal Defense expert reports shall be October 31, 2006.

7) The last day for any party to file a Motion in Limine (with brief) and/or Motions for Summary Judgment (with brief) shall be October 31, 2006.

8) In the event that the parties should elect to proceed to mediation it shall be held in November of 2006.

9) The Court Administrator shall cause the case to be placed on the Trial List in December of 2006 in order that the jury may be selected in January, 2007.

10) Jury Trial, which is estimated to be ten (10) days in length, will be held on February 19, 20, 21, 22, 23, 26, 27, 28, March 1 and 2, 2007.

BY THE COURT,

FREDRIC J. AMMERMAN
President Judge

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right, Plaintiffs	*	
vs.	*	NO. 05-418-CD
RICHARD GROUT, M.D., SUNDAR CHANDRASEKHAR, M.D., DuBOIS REGIONAL MEDICAL CENTER and GATEWAY AREA MEDICAL ASSOCIATES, INC., Defendants	*	

ORDER

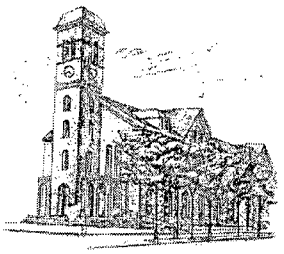
NOW, this 27th day of September, 2005, upon written request and agreement of Counsel for all parties to continue argument, scheduled this date, on the Motion to Compel Answers to Interrogatories and Request for Production of Documents presented by Defendant Gateway Medical Associates; it is the ORDER of this Court that said argument shall be continued until a motion to reschedule is submitted from Counsel.

BY THE COURT,

Fredric J. Ammerman

FREDRIC J. AMMERMAN
President Judge

FILED 1cc Attys: S. Specter
M. Casey
Sosnowski
T. Cavanaugh
D. Johnson
J. Blasko
01:02 BN
OCT 03 2005
William A. Shaw
Prothonotary/Clerk of Courts



Clearfield County Office of the Prothonotary and Clerk of Courts

William A. Shaw Prothonotary/Clerk of Courts
David S. Ammerman Solicitor
Jacki Kendrick Deputy Prothonotary
Bonnie Hudson Administrative Assistant

To: All Concerned Parties

From: William A. Shaw, Prothonotary

Date: September 19, 2005

Over the past several weeks, it has come to my attention that there is some confusion on court orders over the issue of service. To attempt to clear up this question, from this date forward until further notice, this or a similar memo will be attached to each order, indicating responsibility for service on each order or rule. If you have any questions, please contact me at (814) 765-2641, ext. 1331. Thank you.

Sincerely,

William A. Shaw
Prothonotary

_____You are responsible for serving all appropriate parties.

__X__The Prothonotary's office has provided service to the following parties:

__X__Plaintiff(s)/Attorney(s)

__X__Defendant(s)/Attorney(s)

_____Other

_____Special Instructions:

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,

Plaintiffs

vs.

RICHARD GROUT, M.D.
635 C. Maple Avenue
Dubois, PA 15801

and

SUNDAR CHANDRASEKHAR, M.D.
c/o DUBOIS REGIONAL MEDICAL CENTER
100 Hospital Avenue
Dubois, PA 15801; and

DUBOIS REGIONAL MEDICAL CENTER,
100 Hospital Avenue
Dubois, PA 15801; and

GATEWAY AREA MEDICAL ASSOCIATES,
635 C Maple Avenue
Dubois, PA 15801

Defendants

No. **2005 – 418 CD**

ISSUE:
NOTICE OF DEPOSITIONS OF PLAINTIFFS

Filed on behalf of Defendant,
RICHARD GROUT, M.D.
Attorney of Record for This Party:

Michael A. Sosnowski, Esquire
PA I.D. #67207

McINTYRE, DUGAS, HARTYE & SCHMITT
P.O. Box 533
Hollidaysburg, PA 16648
(814) 696-3581/696-9399 (Fax)

JURY TRIAL DEMANDED

I HEREBY CERTIFY THAT A TRUE AND CORRECT COPY OF THE WITHIN WAS MAILED TO ALL COUNSEL OF RECORD THIS **21st** DAY OF **OCTOBER, 2005**.

Michael A. Sosnowski
Attorney for Named Defendant

FILED NO CC
m/1:50 BY
OCT 24 2005
William A. Shaw
Prothonotary/Clerk of Courts

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	:	No. **2005 – 418 CD**
Plaintiffs	:	
vs.	:	
RICHARD GROUT, M.D. 635 C. Maple Avenue Dubois, PA 15801	:	
and	:	
SUNDAR CHANDRASEKHAR, M.D. c/o DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	:	
and	:	
DUBOIS REGIONAL MEDICAL CENTER, 100 Hospital Avenue Dubois, PA 15801	:	
and	:	
GATEWAY AREA MEDICAL ASSOCIATES, 635 C Maple Avenue Dubois, PA 15801	:	
Defendants	:	JURY TRIAL DEMANDED

NOTICE OF DEPOSITIONS

TO: Matthew Casey, Esquire
Kline & Specter, P.C.
1525 Locust Street
Philadelphia, PA 19102
(Counsel for Plaintiffs)

Please take notice that the Depositions of **Karen Shaffer** and **Timothy Doan** shall be taken upon oral examination by an official Court Reporter at the law office of MCINTYRE, DUGAS, HARTYE & SCHMITT, 1816 Old Route 220 North, Duncansville, PA, on Tuesday, the **21st** day of **February, 2006** commencing at **1:00 P.M.**

The scope of said Deposition testimony will include inquiry into all facts concerning the happening of the incident complained of and all other matters relevant to the issues raised in the case. You are invited to attend and participate.

McINTYRE, DUGAS, HARTYE & SCHMITT

Michael A. Sosnowski

Attorney for Defendant

Michael A. Sosnowski, Esquire
PA I.D.#: 67207
P.O. Box 533
Hollidaysburg, PA 16648-0533
(814) 696-3581

KA

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right, Plaintiffs	*	
vs.	*	NO. 05-418-CD
RICHARD GROUT, M.D., SUNDAR CHANDRASEKHAR, M.D., DuBOIS REGIONAL MEDICAL CENTER and GATEWAY AREA MEDICAL ASSOCIATES, INC., Defendants	*	

ORDER

NOW, this 4th day of January, 2006, the Court noting that due to a scheduling error on the part of Plaintiffs' counsel, the case management conference scheduled for this date has been re-scheduled to the **9th day of February, 2006 at 1:30 p.m.** The conference shall be held in Courtroom No. 1 of the Clearfield County Courthouse, Clearfield, Pennsylvania.

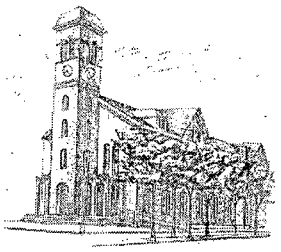
BY THE COURT,

Fredric J Ammerman

FREDRIC J. AMMERMAN
President Judge

FILED (6P)
01:00 BH
JAN 04 2006
William A. Shaw
Prothonotary/Clerk of Courts

1CC Attys: Specter
M. Casey
Sosnowski
Cavanaugh
D. Johnson
Blasko



Clearfield County Office of the Prothonotary and Clerk of Courts

William A. Shaw Prothonotary/Clerk of Courts
David S. Ammerman Solicitor
Jacki Kendrick Deputy Prothonotary
Bonnie Hudson Administrative Assistant

To: All Concerned Parties

From: William A. Shaw, Prothonotary

It has come to my attention that there is some confusion on court orders over the issue of service. To attempt to clear up this question, from this date forward until further notice, this or a similar memo will be attached to each order, indicating responsibility for service on each order or rule. If you have any questions, please contact me at (814) 765-2641, ext. 1331. Thank you.

Sincerely,

William A. Shaw
Prothonotary

DATE: 1/4/06

_____You are responsible for serving all appropriate parties.

__X__The Prothonotary's office has provided service to the following parties:

__X__Plaintiff(s)/Attorney(s)

__X__Defendant(s)/Attorney(s)

_____Other

_____Special Instructions:

CA

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right, Plaintiffs	*	
vs.	*	NO. 05-418-CD
RICHARD GROUT, M.D., SUNDAR CHANDRASEKHAR, M.D., DuBOIS REGIONAL MEDICAL CENTER and GATEWAY AREA MEDICAL ASSOCIATES, INC., Defendants	*	

AMENDED ORDER

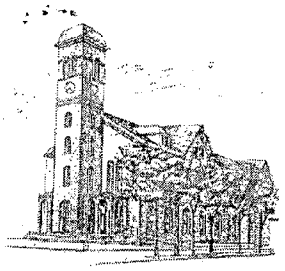
NOW, this 4th day of January, 2006, the Court noting that due to a scheduling error on the part of Plaintiffs' counsel, the case management conference scheduled for this date has been re-scheduled to the **9th day of February, 2006 at 3:00 p.m.** The conference shall be held in Courtroom No. 1 of the Clearfield County Courthouse, Clearfield, Pennsylvania.

BY THE COURT,

FREDRIC J. AMMERMAN
President Judge

FILED
2/3:38/01
JAN 09 2006
William A. Shaw
Prothonotary/Clerk of Courts

1 CC Attys: S. Specter
M. Casey
Sosnowski
T. Cavanaugh
D. Johnson
J. Blasko



Clearfield County Office of the Prothonotary and Clerk of Courts

William A. Shaw Prothonotary/Clerk of Courts
David S. Ammerman Solicitor
Jacki Kendrick Deputy Prothonotary
Bonnie Hudson Administrative Assistant

To: All Concerned Parties

From: William A. Shaw, Prothonotary

It has come to my attention that there is some confusion on court orders over the issue of service. To attempt to clear up this question, from this date forward until further notice, this or a similar memo will be attached to each order, indicating responsibility for service on each order or rule. If you have any questions, please contact me at (814) 765-2641, ext. 1331. Thank you.

Sincerely,

William A. Shaw
Prothonotary

DATE: 1/9/06

_____You are responsible for serving all appropriate parties.

__X__The Prothonotary's office has provided service to the following parties:

__X__Plaintiff(s)/Attorney(s)

__X__Defendant(s)/Attorney(s)

_____Other

_____Special Instructions:

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

AYDEN SHAFFER-DOAN, a minor by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER and TIMOTHY DOAN and KAREN SHAFFER, in their own right,

Plaintiffs,

vs.

RICHARD GROUT, M.D.; SUNDAR CHANDRASEKHAR, M.D.; DUBOIS REGIONAL MEDICAL CENTER, and GATEWAY AREA MEDICAL ASSOCIATES,

Defendants.

No.: 05-418-CD

Type of Case: Civil Action
Medical Professional Liability Action

JURY TRIAL DEMANDED

Type of Pleading:
CERTIFICATE OF SERVICE FOR ANSWERS AND OBJECTIONS TO PLAINTIFFS' INTERROGATORIES AND REQUEST FOR PRODUCTION OF DOCUMENTS [FIRST SET]

Filed on Behalf of Defendant
GATEWAY AREA MEDICAL ASSOCIATES, INC.

Counsel of Record for this Party: JOHN W. BLASKO

Court I.D. No.: 06787

McQUAIDE, BLASKO, FLEMING & FAULKNER, INC.

811 University Drive
State College, PA 16801
(814) 238-4926

Counsel of Record for Adverse Party:
Shanin Specter, Esquire
Matthew A. Casey, Esquire

Dated: 2/7/06

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	)	Civil Action-Medical Professional Liability Action
Plaintiffs,	)	NO. 05-418-CD
vs.	)	JURY TRIAL DEMANDED
RICHARD GROUT, M.D.; SUNDAR CHANDRASEKHAR, M.D.; DUBOIS REGIONAL MEDICAL CENTER and GATEWAY AREA MEDICAL ASSOCIATES, INC.	)	
Defendants.	)	

CERTIFICATE OF SERVICE

I hereby certify that the ANSWERS AND OBJECTIONS TO PLAINTIFFS' INTERROGATORIES AND REQUEST FOR PRODUCTION OF DOCUMENTS [FIRST SET], in the above-referenced matter was mailed by regular mail, first class, at the Post Office, State College, Pennsylvania, postage prepaid, this 7th day of February, 2006 to:

Original
Shanin Specter, Esquire
Matthew A. Casey, Esquire
Kline & Specter
19th Floor
Philadelphia, PA 19102

Copy
Terry C. Cavanaugh, Esquire
1001 Frick Building
Pittsburgh, PA 15219

Copy
Michael Sosnowski, Esquire
P.O. Box 533
Hollidaysburg, PA 16648

Copy
David Johnson, Esquire
Two Chatham Center, 10th Floor
Pittsburgh, PA 15219-3499

McQUAIDE, BLASKO, SCHWARTZ,
FLEMING & FAULKNER, INC.

By:_____
JOHN W. BLASKO
Attorneys for Defendant
Gateway Area Medical
Associates, Inc.

::ODMA\PCDOCS\DOCSLIB2\320818\1

CA

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,
PENNSYLVANIA
CIVIL DIVISION

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right, Plaintiffs	*	
vs.	*	NO. 05-418-CD
RICHARD GROUT, M.D., SUNDAR CHANDRASEKHAR, M.D., DuBOIS REGIONAL MEDICAL CENTER and GATEWAY AREA MEDICAL ASSOCIATES, INC., Defendants	*	

ORDER

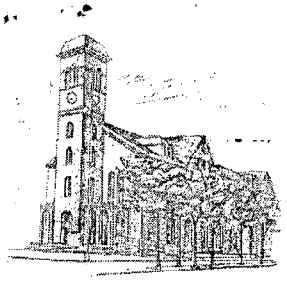
NOW, this 9th day of February, 2006, following case management conference among the Court and counsel it is the ORDER this Court that the Court's Order of September 15, 2005, paragraph 2 thereof be amended to reflect that by no later than April 15, 2006 the parties shall have completed all discovery in the case.

BY THE COURT,

FREDRIC J. AMMERMAN
President Judge

FILED (GK)
02:56 BY
FEB 13 2006
William A. Shaw
Prothonotary/Clerk of Courts

1 CC Attys:
S. Specter
M. Casey
Sosnowski
Cavanaugh
D. Johnson
Blasko



Clearfield County Office of the Prothonotary and Clerk of Courts

William A. Shaw Prothonotary/Clerk of Courts
David S. Ammerman Solicitor
Jacki Kendrick Deputy Prothonotary
Bonnie Hudson Administrative Assistant

To: All Concerned Parties

From: William A. Shaw, Prothonotary

It has come to my attention that there is some confusion on court orders over the issue of service. To attempt to clear up this question, from this date forward until further notice, this or a similar memo will be attached to each order, indicating responsibility for service on each order or rule. If you have any questions, please contact me at (814) 765-2641, ext. 1331. Thank you.

Sincerely,

William A. Shaw
Prothonotary

DATE: 2/13/06

_____You are responsible for serving all appropriate parties.

__X__The Prothonotary's office has provided service to the following parties:

__X__Plaintiff(s)/Attorney(s)

__X__Defendant(s)/Attorney(s)

_____Other

_____Special Instructions:

CA

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	:	No. **2005 – 418 CD**
	:	**ISSUE:**
	:	**MOTION TO COMPEL PLAINTIFFS' DEPOSITIONS**
Plaintiffs	:	
	:	**Filed on behalf of Defendant,** RICHARD GROUT, M.D.
	:	**Attorney of Record for This Party:**
vs.	:	
	:	Michael A. Sosnowski, Esquire
RICHARD GROUT, M.D., SUNDAR CHANDRASEKHAR, M.D., DUBOIS REGIONAL MEDICAL CENTER, and GATEWAY AREA MEDICAL ASSOCIATES INC.,	:	PA I.D. #67207 McINTYRE, HARTYE & SCHMITT P.O. Box 533 Hollidaysburg, PA 16648 (814) 696-3581/696-9399 (Fax)
Defendants	:	JURY TRIAL DEMANDED

I HEREBY CERTIFY THAT A TRUE AND CORRECT COPY OF THE WITHIN WAS MAILED TO ALL COUNSEL OF RECORD THIS **14th** DAY OF **MARCH, 2006**.

Michael A. Sosnowski

Attorney for Named Defendant

FILED

MAR 15 2006

M/ 1:30/w

William A. Shaw
Prothonotary/Clerk of Courts

No C/C

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	:	No. **2005 – 418 CD**
Plaintiffs	:	
vs.	:	
RICHARD GROUT, M.D.,SUNDAR CHANDRASEKHAR, M.D., DUBOIS REGIONAL MEDICAL CENTER, and GATEWAY AREA MEDICAL ASSOCIATES, INC.	:	
Defendants	:	JURY TRIAL DEMANDED

ORDER OF COURT

AND NOW, this _____ day of March, 2006, the Court having considered the Motion to Compel Plaintiffs' Depositions, it is hereby ordered that said Motion is GRANTED. The depositions of Karen Shaffer and Timothy Doan shall take place on April 7, 2006, beginning at 11:00 am, at the residence of the plaintiffs in Reynoldsville, PA.

BY THE COURT:

_____

J.

CP

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	:	No. **2005 – 418 CD**
Plaintiffs	:	
vs.	:	
RICHARD GROUT, M.D.,SUNDAR CHANDRASEKHAR, M.D., DUBOIS REGIONAL MEDICAL CENTER, and GATEWAY AREA MEDICAL ASSOCIATES, INC.	:	
Defendants	:	JURY TRIAL DEMANDED

RULE RETURNABLE

AND NOW, this 16 day of March, 2006, a Rule is hereby granted to show cause why the **Motion to Compel Plaintiffs' Depositions** on behalf of Defendant, Richard Grout, M.D. should not be granted.

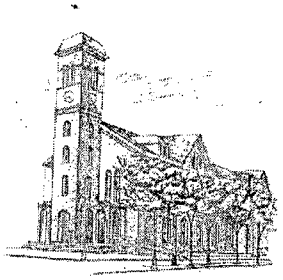
This Rule is returnable on the 24th day of March, 2006, at 1:30 p.m. in Court Room No. 1.

BY THE COURT,

J.

FILED 1 cc
013:00BOX Atty Sosnowski
MAR 16 2006 (GP)

William A. Shaw
Prothonotary/Clerk of Courts



Clearfield County Office of the Prothonotary and Clerk of Courts

William A. Shaw Prothonotary/Clerk of Courts
David S. Ammerman Solicitor
Jacki Kendrick Deputy Prothonotary
Bonnie Hudson Administrative Assistant

To: All Concerned Parties

From: William A. Shaw, Prothonotary

It has come to my attention that there is some confusion on court orders over the issue of service. To attempt to clear up this question, from this date forward until further notice, this or a similar memo will be attached to each order, indicating responsibility for service on each order or rule. If you have any questions, please contact me at (814) 765-2641, ext. 1331. Thank you.

Sincerely,

William A. Shaw
Prothonotary

DATE: 3/16/06

__X__ You are responsible for serving all appropriate parties.

_____ The Prothonotary's office has provided service to the following parties:

_____ Plaintiff(s)/Attorney(s)

_____ Defendant(s)/Attorney(s)

_____ Other

_____ Special Instructions:

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	:	No. **2005 – 418 CD**
Plaintiffs	:	
vs.	:	
RICHARD GROUT, M.D.,SUNDAR CHANDRASEKHAR, M.D., DUBOIS REGIONAL MEDICAL CENTER, and GATEWAY AREA MEDICAL ASSOCIATES, INC.	:	
Defendants	:	JURY TRIAL DEMANDED

MOTION TO COMPEL PLAINTIFFS' DEPOSITIONS

DEFENDANT, Richard Grout, M.D., through his counsel, McIntyre, Hartye & Schmitt, submits the following Motion to Compel Plaintiffs' Depositions, averring in support thereof as follows:

1. This medical malpractice action alleges that all Defendants were negligent in the care of minor Ayden Shaffer-Doan, during a hospitalization at DuBois Regional Medical Center on December 6-7, 2001.

2. This case is proceeding under a Case Management Order entered by the Court on September 15, 2005.

3. The Case Management Order sets deadlines for, among other things, the completion of discovery. The discovery deadline in the September 15, 2005, Order, was

December 6 and 7, 2001; they are also the principal care providers for their child, and is with him as he sees the various specialists involved in his care.

10. Because of the significance of the parent plaintiffs, defendants would be significantly prejudiced if they are precluded from deposing them, especially because of an arbitrary condition placed by plaintiffs' counsel.

11. Since counsel are available on April 7, 2006, there will be no prejudice to plaintiffs (or any party) if plaintiffs depositions occur then. Defense counsel will agree once again to take these depositions in the plaintiffs' home in Reynoldsville.

WHEREFORE, Defendant, Richard Grout, M.D., respectfully requests that the Court enter an order compelling the plaintiffs depositions to be taken on April 7, 2006.

Respectfully submitted,

McINTYRE, HARTYE & SCHMITT

By Michael A. Sosnowski
Attorneys for Defendant,
Richard Grout, M.D.

Michael A. Sosnowski, Esquire
PA I.D. 67207
P.O. Box 533
Hollidaysburg, PA 16648
(814) 696-3581

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	:	No. **2005 – 418 CD**
	:	**ISSUE:**
	:	**PRAECIPE TO WITHDRAW MOTION TO COMPEL PLAINTIFFS' DEPOSITIONS**
Plaintiffs	:	
	:	**Filed on behalf of Defendant,** RICHARD GROUT, M.D.
	:	**Attorney of Record for This Party:**
vs.	:	
	:	Michael A. Sosnowski, Esquire
RICHARD GROUT, M.D., SUNDAR CHANDRASEKHAR, M.D., DUBOIS REGIONAL MEDICAL CENTER, and GATEWAY AREA MEDICAL ASSOCIATES INC.,	:	PA I.D. #67207 McINTYRE, HARTYE & SCHMITT P.O. Box 533 Hollidaysburg, PA 16648 (814) 696-3581/696-9399 (Fax)
	:	
Defendants	:	JURY TRIAL DEMANDED

I HEREBY CERTIFY THAT A TRUE AND CORRECT COPY OF THE WITHIN WAS MAILED TO ALL COUNSEL OF RECORD THIS **24th** DAY OF **MARCH, 2006**.

Michael A. Sosnowski
Attorney for Named Defendant

FILED no cc
m 11:24 BD
MAR 27 2006
cm

William A. Shaw
Prothonotary/Clerk of Courts

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	:	No. **2005 – 418 CD**
Plaintiffs	:	
vs.	:	
RICHARD GROUT, M.D.,SUNDAR CHANDRASEKHAR, M.D., DUBOIS REGIONAL MEDICAL CENTER, and GATEWAY AREA MEDICAL ASSOCIATES, INC.	:	
Defendants	:	JURY TRIAL DEMANDED

PRAECIPE TO WITHDRAW MOTION
TO COMPEL PLAINTIFFS' DEPOSITIONS

TO: Prothonotary

Kindly withdraw the **Motion to Compel** filed on behalf of DEFENDANT, Richard Grout, M.D., through his counsel, McIntyre, Hartye & Schmitt, in the above captioned matter. This matter is currently scheduled for Argument on March 24, 2006.

Respectfully submitted,

McINTYRE, HARTYE & SCHMITT

By Michael A. Sosnowski
Attorneys for Defendant,
Richard Grout, M.D.

Michael A. Sosnowski, Esquire
PA I.D. 67207
P.O. Box 533
Hollidaysburg, PA 16648
(814) 696-3581

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	:	No. **2005 – 418 CD**
	:	**ISSUE:**
	:	**NOTICE OF DEPOSITIONS OF PLAINTIFFS**
Plaintiffs	:	
	:	**Filed on behalf of Defendant,** RICHARD GROUT, M.D.
	:	**Attorney of Record for This Party:**
vs.	:	
	:	Michael A. Sosnowski, Esquire
RICHARD GROUT, M.D., SUNDAR CHANDRASEKHAR, M.D., DUBOIS REGIONAL MEDICAL CENTER, and GATEWAY AREA MEDICAL ASSOCIATES, INC.	:	PA I.D. #67207
	:	McINTYRE, HARTYE & SCHMITT
	:	P.O. Box 533
Defendants	:	Hollidaysburg, PA 16648
	:	(814) 696-3581/696-9399 (Fax)
	:	
	:	JURY TRIAL DEMANDED

I HEREBY CERTIFY THAT A TRUE AND CORRECT COPY OF THE WITHIN WAS MAILED TO ALL COUNSEL OF RECORD THIS **24th** DAY OF **March, 2006.**

Michael A. Sosnowski

Attorney for Named Defendant

FILED
m/1:24(6)
MAR 27 2006
no cc
William A. Shaw
Prothonotary/Clerk of Courts

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	:	No. **2005 – 418 CD**
Plaintiffs	:	
vs.	:	
RICHARD GROUT, M.D.,SUNDAR CHANDRASEKHAR, M.D., DUBOIS REGIONAL MEDICAL CENTER, and GATEWAY AREA MEDICAL ASSOCIATES, INC.	:	
Defendants	:	JURY TRIAL DEMANDED

NOTICE OF DEPOSITIONS

TO: Matthew Casey, Esquire
Kline & Specter, P.C.
1525 Locust Street
Philadelphia, PA 19102
(Counsel for Plaintiffs)

Please take notice that the Depositions of **Karen Shaffer** and **Timothy Doan** shall be taken upon oral examination by an official Court Reporter at the residence of the Plaintiffs located at **6677 Route 310, Reynoldsville, PA 15851**, commencing on **April 7, 2006** at **11:00 a.m.**

The scope of said Deposition testimony will include inquiry into all facts concerning the happening of the incident complained of and all other matters relevant to the issues raised in the case. You are invited to attend and participate.

McINTYRE, HARTYE & SCHMITT
Attorney for Defendant

Michael A. Sosnowski, Esquire
PA I.D.#: 67207
P.O. Box 533
Hollidaysburg, PA 16648-0533
(814) 696-3581

cc: Schreiber Reporting Service
All counsel of record

CA

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,
Plaintiffs

vs.

RICHARD GROUT, M.D., SUNDAR CHANDRASEKHAR, M.D., DuBOIS REGIONAL MEDICAL CENTER and GATEWAY AREA MEDICAL ASSOCIATES, INC.,
Defendants

NO. 05-418-CD

FILED
09:53 BD
MAY 19 2006
William A. Shaw
Prothonotary/Clerk of Courts

1CC Attys: Speicher Casey Sosnowski Cavanaugh Johnson Blasko

AMENDED ORDER

NOW, this 18th day of May, 2006, it is the ORDER of this Court as follows:

1) The last day for the Plaintiff to file expert reports relative to issues of liability and damages shall be July 17, 2006;

2) The last day for the Defense to file their expert reports in response to Plaintiffs' expert reports shall be October 16, 2006;

3) The last day for the Plaintiffs' to file their rebuttal expert reports shall be November 15, 2006;

4) The last day for the filing of any rebuttal Defense expert reports shall be December 15, 2006;

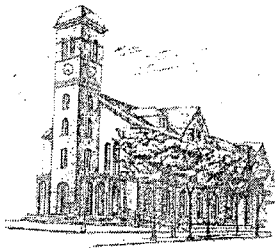
5) The last day for any party to file a Motion in Limine (with brief) and/or Motions for Summary Judgment (with brief) shall be December 15, 2006;

6) The Court Administrator shall cause the case to be placed on the Trial List in December of 2006 in order that the jury may be selected in January, 2007.

7) Jury Trial, which is estimated to be ten (10) days in length, will be held on February 19, 20, 21, 22, 23, 26, 27, 28, March 1 and 2, 2007.

BY THE COURT,

FREDRIC J. AMMERMAN
President Judge



Clearfield County Office of the Prothonotary and Clerk of Courts

William A. Shaw Prothonotary/Clerk of Courts
David S. Ammerman Solicitor
Jacki Kendrick Deputy Prothonotary
Bonnie Hudson Administrative Assistant

To: All Concerned Parties

From: William A. Shaw, Prothonotary

It has come to my attention that there is some confusion on court orders over the issue of service. To attempt to clear up this question, from this date forward until further notice, this or a similar memo will be attached to each order, indicating responsibility for service on each order or rule. If you have any questions, please contact me at (814) 765-2641, ext. 1331. Thank you.

Sincerely,

William A. Shaw
Prothonotary

DATE: 5/19/06

_____You are responsible for serving all appropriate parties.

__X__The Prothonotary's office has provided service to the following parties:

__X__Plaintiff(s)/Attorney(s)

__X__Defendant(s)/Attorney(s)

_____Other

_____Special Instructions:

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,

Plaintiffs,

vs.

RICHARD GROUT, M.D., SUNDAR CHANDRASEKHAR, M.D., DUBOIS REGIONAL MEDICAL CENTER, and GATEWAY AREA MEDICAL ASSOCIATES,

Defendants.

CIVIL DIVISION

No. 05-418-CD

Issue No.

MOTION TO COMPEL

Code: 007

Filed on behalf of DuBois Regional Medical Center, one of the defendants.

Counsel of Record for This Party:

David R. Johnson, Esquire
PA I.D. #26409

Jeanette E. Oliver, Esquire
PA I.D. #201336

THOMSON, RHODES & COWIE, P.C.
Firm #720
1010 Two Chatham Center
Pittsburgh, PA 15219

(412) 232-3400

MOTION TO COMPEL

NOW COMES DuBois Regional Medical Center, one of the defendants, and files the following motion to compel discovery responses for the reasons set forth below.

1. A second set of Interrogatories and Request for Production of Documents were served upon plaintiffs' counsel on February 21, 2006.

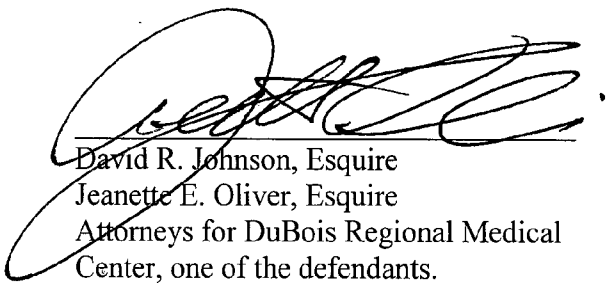
2. To date, no responses have been received.

3. Responses are required in order to prepare this case for trial.

WHEREFORE, defendant respectfully requests that the court order that plaintiffs file full and complete answers to this defendant's second set of interrogatories and requests for production of documents within 30 days or suffer such sanctions as this court may impose.

Respectfully submitted,

THOMSON, RHODES & COWIE, P.C.



David R. Johnson, Esquire
Jeanette E. Oliver, Esquire
Attorneys for DuBois Regional Medical Center, one of the defendants.

CERTIFICATION OF SERVICE

I hereby certify that a true and correct copy of the within MOTION TO COMPEL has been served upon the following counsel of record and same placed in the U.S. Mails on this 9th day of Aug, 2006:

Shanin Specter, Esquire
Kline & Specter
1525 Locust Street
Philadelphia, PA 19102

John W. Blasko, Esquire
McQuaide Blasko
811 University Drive
State College, PA 16801-6699

Terry Cavanaugh, Esquire
White & Williams
437 Grant Street, Suite 1001
Pittsburgh, PA 15219

Michael A. Sosnowski, Esquire
McIntyre, Dugas, Hartye & Schmitt
P.O. Box 533
Hollidaysburg, PA 16648

THOMSON, RHODES & COWIE, P.C.

David R. Johnson, Esquire
Jeanette E. Oliver, Esquire
Attorneys for DuBois Regional Medical Center, one of the defendants.

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	)	CIVIL DIVISION
	)	No. 05-418-CD
Plaintiffs,	)	
vs.	)	
RICHARD GROUT, M.D., SUNDAR CHANDRASEKHAR, M.D., DUBOIS REGIONAL MEDICAL CENTER, and GATEWAY AREA MEDICAL ASSOCIATES,	)	
Defendants.	)	

ORDER OF COURT

AND NOW, this 14 day of August, 2006, it is hereby ordered that defendant's motion to compel is granted. Plaintiffs shall file full and complete answers to defendant's second set of interrogatories and requests for production within 30 days of this order. Upon failure to comply with any aspect of this order, sanctions may be imposed.

BY THE COURT:

J.

FILED 2cc
AUG 15 2006 Atty Oliver
William A. Shaw
Prothonotary/Clerk of Courts

FILED

AUG 15 2006

William A. Shaw
Prothonotary/Clerk of Courts

DATE: 8/15/06

X You are responsible for serving all appropriate parties.

____ The Prothonotary's office has provided service to the following parties:

____ Plaintiff(s) ____ Plaintiff(s) Attorney ____ Other

____ Defendant(s) ____ Defendant(s) Attorney

____ Special Instructions:

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,

Plaintiffs,

vs.

RICHARD GROUT, M.D., SUNDAR CHANDRASEKHAR, M.D., DUBOIS REGIONAL MEDICAL CENTER, and GATEWAY AREA MEDICAL ASSOCIATES,

Defendants.

Counsel of Record:

Shanin Specter, Esquire
Matthew A. Casey, Esquire
Kline & Specter
1525 Locust Street
Philadelphia, PA 19102

John W. Blasko, Esquire
McQuaide Blasko
811 University Drive
State College, PA 16801-6699

Michael A. Sosnowski, Esquire
McIntyre, Dugas, Hartye & Schmitt
P.O. Box 533
Hollidaysburg, PA 16648

CIVIL DIVISION

No. 05-418-CD

Issue No.

AFFIDAVIT OF SERVICE

Code: 007

Filed on behalf of the defendants.

Counsel of Record for These Parties:

David R. Johnson, Esquire
PA I.D. #26409

Jeanette E. Oliver, Esquire
PA I.D. #201336

THOMSON, RHODES & COWIE, P.C.
Firm #720
1010 Two Chatham Center
Pittsburgh, PA 15219

(412) 232-3400

No. 05-418-CD
Clearfield County

AFFIDAVIT OF SERVICE

Before me, the undersigned authority, personally appeared Jeanette E. Oliver, Esquire, who, being duly sworn, deposes and says that a true and correct copy of the Judge Ammerman's August 14, 2006, order of Court was served upon plaintiff's counsel of record, Shanin Specter, Esquire, Kline & Specter, 1525 Locust Street, Philadelphia, Pennsylvania, by United States, first class, postage pre-paid mail on August 22, 2006.

THOMSON, RHODES & COWIE, P.C.

Jeanette E. Oliver

Sworn to and subscribed before me

this 22 day of August, 2006.

Notary Public

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Kathleen A. Freiss, Notary Public
City Of Pittsburgh, Allegheny County
My Commission Expires Nov. 24, 2007
Member, Pennsylvania Association Of Notaries

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the within document was served upon all counsel of record by United States, first class, postage pre-paid mail this 22nd day of Aug, 2006:

Shanin Specter, Esquire
Kline & Specter
1525 Locust Street
Philadelphia, PA 19102

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811 University Drive
State College, PA 16801-6699

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McIntyre, Dugas, Hartye & Schmitt
P.O. Box 533
Hollidaysburg, PA 16648

THOMSON, RHODES & COWIE, P.C.

David R. Johnson, Esquire
Jeanette E. Oliver, Esquire
DuBois Regional Medical Center,
one of the defendants.

KLINE & SPECTER
A PROFESSIONAL CORPORATION

IN THE COURT OF COMMON PLEAS
CIVIL DIVISION
CLEARFIELD COUNTY, PENNSYLANIA

AYDEN SHAFFER-DOAN, a minor by his parents and natural guardian, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	:	NO.: 05-418-CD
	:	Civil Action - Medical Professional Liability Action
Plaintiffs,	:	JURY TRIAL DEMANDED
vs.	:	
RICHARD GROUT, M.D., SUNDAR CHANDRASEKHAR, M.D., DUBOIS REGIONAL MEDICAL CENTER and GATEWAY AREA MEDICAL ASSOCIATES, INC.	:	COUNSEL OF RECORD FOR PLAINTIFFS:
	:	SHANIN SPECTER, ESQUIRE
	:	ID. NO.: 40928
	:	MARCIA F. ROSENBAUM, ESQUIRE
	:	ID. NO.: 46832
	:	LEON AUSSPRUNG, ESQUIRE
	:	ID NO.: 80183
	:	**KLINE & SPECTER,**
	:	A Professional Corporation
	:	19th Floor
	:	1525 Locust Street
	:	Philadelphia, PA 19102
	:	(215) 772-1000

EXHIBIT LIST

Exhibit A	Complaint
Exhibit B	Report and CV of Richard Paul Bonfiglio, M.D.
Exhibit C	Deposition of Patricia Peoples, R.N.
Exhibit D	Chronological Summary of Nursing Notes
Exhibit E	Deposition of Richard Grout, M.D.
Exhibit F	Deposition of Sundar Chandrasekhar
Exhibit G	Report and CV of Linda Snelling, M.D.
Exhibit H	Report and CV of Walter J. Molofsky, M.D.
Exhibit I	Report and CV of Dennis S. Atkinson, Jr., M.D.
Exhibit J	Proposed Amended Complaint
Exhibit K	Amended Scheduling Order

A

KLINE & SPECTER
A PROFESSIONAL CORPORATION

I hereby certify this to be a true and attested copy of the original statement filed in this case.

MAR 24 2005

Attest.

Prothonotary/
Clerk of Courts

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,

Plaintiffs,

vs.

RICHARD GROUT, M.D.
635 C. Maple Avenue
Dubois, PA 15801

and

SUNDAR CHANDRASEKHAR, M.D.
c/o DUBOIS REGIONAL MEDICAL CENTER
100 Hospital Avenue
Dubois, PA 15801

and

DUBOIS REGIONAL MEDICAL CENTER
100 Hospital Avenue
Dubois, PA 15801

and

GATEWAY AREA MEDICAL ASSOCIATES, INC.
635 C Maple Avenue
Dubois, PA 15801

Civil Division

No. 05-418-CD

Civil Action - Medical Professional Liability Action

JURY TRIAL DEMANDED

TYPE OF PLEADING:
COMPLAINT

COUNSEL OF RECORD FOR PLAINTIFFS:
SHANIN SPECTER, ESQUIRE
I.D. No. 40928
MATTHEW A. CASEY, ESQUIRE
I.D. No. 84443

KLINE & SPECTER
A Professional Corporation
19th Floor
Philadelphia, PA 19102
215-772-1000

NOTICE TO DEFEND

YOU have been sued in Court. If you wish to defend against the claims set forth in the following pages, you must take action within twenty (20) days after this Complaint and Notice are served, by entering a written appearance personally or by attorney and filing in writing with the Court your defenses or objections to the claims set forth against you by the Court without further Notice for any money claimed in the Complaint or for any claim or relief requested by the Plaintiff. You may lose money or property or other rights important to you.

YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE OR KNOW A LAWYER, THEN YOU SHOULD GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW TO FIND OUT WHERE YOU CAN GET LEGAL HELP:

DAVID S. MEHOLICK, COURT ADMINISTRATOR - CLEARFIELD COUNTY
COURTHOUSE CLEARFIELD, PA 16830 (814) 765-2641, Ext, 5982

CIVIL ACTION COMPLAINT - MALPRACTICE - MEDICAL [26051]

Plaintiffs, Ayden Shaffer-Doan, a minor, by his parents and natural guardians, Timothy Doan and Karen Shaffer, and Timothy Doan and Karen Shaffer, in their own right, by their attorneys, Kline & Specter, A Professional Corporation, hereby file this Civil Action Complaint and in support thereof state the following:

1. Plaintiff, Ayden Shaffer-Doan, is a minor, having been born on November 18, 2001. Minor-plaintiff resides with his parents and natural guardians, Timothy Doan and Karen Shaffer at R.D. #3, Box 308, Reynoldsville, Jefferson County, Pennsylvania 15851.

2. Defendant, Richard Grout, M.D. ("defendant Grout"), is a physician licensed to practice medicine in the Commonwealth of Pennsylvania. At all times material hereto, defendant Grout held himself out to the plaintiffs and to the public as a specialist in the field of pediatric medicine. Defendant Grout maintains an office for the practice of his specialty located at defendant Hospital and at Gateway Area Medical Associates, Inc., 635 C Maple Avenue, DuBois, Clearfield County, Pennsylvania 15801.

3. Defendant, Sundar Chandrasekhar, M.D. ("defendant Chandrasekhar"), is a physician licensed to practice medicine in the Commonwealth of Pennsylvania. At all times material hereto, defendant Chandrasekhar held himself out to the plaintiffs and the public in general as a specialist in the field of pediatric medicine. At all times material hereto, defendant

Chandrasekhar maintained an office for the practice of medicine at defendant Hospital and at defendant G.A.M.A.

4. Defendant, DuBois Regional Medical Center ("defendant Hospital"), at all times material hereto was a corporation or other jural entity, organized and existing under the laws of the Commonwealth of Pennsylvania, with a principal place of business in DuBois, Clearfield County, Pennsylvania. At all times material hereto, this defendant owned, operated and controlled a hospital located at 100 Hospital Avenue, DuBois, Clearfield County, Pennsylvania 15801.

Defendant, Gateway Area Medical Associates, Inc. ("defendant G.A.M.A."), at all times material hereto was a corporation or other jural entity, organized and existing under the laws of the Commonwealth of Pennsylvania, with a principal place of business in DuBois, Clearfield County, Pennsylvania. At all times relevant hereto defendant G.A.M.A. owned, operated and controlled a medical facility located at 635 C Maple Avenue, DuBois, Clearfield County, Pennsylvania 15801.

6. Plaintiff is asserting a professional liability claim against all defendants and the requisite certificates of merit, pursuant to Pa. R. Civ. P. 1042.3, are attached hereto as Exhibits "A" through "D", respectively.

7. At all times material hereto, defendants Grout and Chandrasekhar were actual and/or ostensible, agents, servants and/or employees of defendant Hospital and/or of defendant G.A.M.A.

OPERATIVE FACTS

8. Minor-plaintiff, Ayden Shaffer-Doan ("minor-plaintiff"), was approximately 18 days of age when he was admitted to Dubois Regional Medical Center in the early morning hours of December 6, 2001.

9. Minor-plaintiff's mother took him to the emergency room at defendant Hospital at around midnight that evening with complaints of diarrhea and decreased oral intake.

10. The triage notes record "reported possible seizure today".

11. Defendant Grout diagnosed minor-plaintiff as suffering from dehydration and admitted him at approximately 3:15 a.m. on December 6, 2001.

12. The nurse's note at 3:30 a.m. describes minor-plaintiff having "twitching of eyes ... rolled eyes back then turned pale to extremities then O2 sat down to 70's".

13. At 5:10 a.m. the nurse's note records "dr [doctor] notified: informed of pt [patient] condition, eye twitching, desats as well as periodic breathing and apneic episodes".

14. The nurse's note at 6:00 a.m. describes minor plaintiff as having a prolonged capillary refill time of 3 seconds and seizure activity.

15. At 7:45 a.m. the nurse's note records "seizure episodes", with his peripheral oxygen saturation (SpO2), measured with a pulse oximeter, dropping into the 70's.

16. At 8:00 a.m. minor-plaintiff had episodes of eye blinking, and at 8:30 a.m., he had periodic breathing, with "brief but frequent episodes".

17. Defendant Grout, upon information and belief, saw minor-plaintiff for the first time the following morning at about 8:00 a.m..

18. The nurse's notes describe seizure activity from 3:30 a.m. through 8:30 a.m., and the 8:00 a.m. nurse's note indicates that minor-plaintiff had two of these episodes while defendant Grout was in the room.

19. Defendant Grout ordered caffeine for minor-plaintiff at 8:00 a.m., presumably to treat the periodic breathing.

20. Defendant Grout's admit note, dictated at 8:29 a.m., describes minor-plaintiff's neurologic status as "drifts off to sleep unless stimulated".

21. Seizures were not discussed, diagnosed, investigated or treated, despite unambiguous evidence of seizure-like activity.

22. Instead of addressing seizures, defendant Grout ordered a chest x-ray and a renal ultrasound, neither of which investigate abnormal movements, seizures or a neurologic abnormality.

23. Minor-plaintiff continued to have evidence of seizure-like activity during the morning of December 6.

24. Between 9:00 a.m. and noon, he had repeated episodes of periodic breathing and desaturation to SpO2 of 70. These episodes were documented at 9:00, 9:30, 11:15, 11:25, 11:45 and 11:55 a.m., and at 12:00, 12:15, 12:20, 12:25, 12:40 and 12:45 p.m.

25. Despite receiving oxygen at 2 liters/minute, minor-plaintiff continued to have periods of desaturation.

26. Defendant Grout performed a lumbar puncture at about 1:00 p.m. on December 6th.

27. Despite data showing that minor-plaintiff was in status epilepticus, including desaturation episodes, lack of normal activity, lack of feeding and twitching, defendant Grout and the nursing staff still failed to investigate, diagnose and/or treat seizures.

28. Minor-plaintiff continued to have periodic breathing and desaturation episodes throughout the afternoon of the 6th. He was described as having "frequent desats, periodic breathing".

29. Minor-plaintiff had severe desaturation episodes recorded at 2:00, 3:40, 4:00, 4:10, 6:05, 7:10 and 7:30 p.m.

30. Minor-plaintiff, during the early evening hours of December 6th, had gone almost 16 hours without return to his neurologic baseline.

31. At 11:00 p.m. on December 6th, minor-plaintiff had tremors and, at 11:30 p.m., he had another desaturation episode.

32. At approximately 2:47 a.m. on December 7th, minor-plaintiff had an episode of eye twitching, after which his left pupil became dilated.

33. At 3:30 a.m., his left pupil was still larger than the right, and it reacted sluggishly to light.

34. At 4:00 a.m. minor-plaintiff's eyes were twitching, he had tremors, and his left pupil was more sluggish.

35. The nurse's note at 4:15 a.m. states " dr notified: pt having left pupil slightly more dilated & slightly sluggish ... Continues to have focal seizure (sic) and tremors of extremities ... Apneic episodes & periodic breathing".

36. A telephone order was given by defendant Chandrasekhar, who was apparently covering for defendant Grout, to order a cranial sonogram and EEG in the morning. Niether defendant Chandrasekhar, nor any other physician, saw minor-plaintiff until the next morning.

37. The nurse's 6:00 a.m. note from December 7th note records "awake thru night ...having ? focal seizures ... Continues to have episodes of periodic breathing, occasional apneic episodes ... HR irregular".

38. At 8:10 a.m., minor-plaintiff had another episode of mouth movements, arm movements and blinking. He had bradycardia at 5:00, 6:00, 6:40 and 8:10 a.m.. The nurse's notes record "having periods of posturing and flexing of arms that resemble seizures".

39. Defendant Chandrasekhar was present during an episode at 8:00 a.m., but ordered no treatment to stop seizures.

40. Despite the duration of his recurrent episodes (28 hours by 8 a.m. on December 7) and the severity of his compromise, neither Defendant Chandrasekhar nor Defendant Grout nor the nursing staff recognized the severity of minor-plaintiff's condition, and all defendants failed to timely institute required and appropriate treatment.

41. At 8:00 a.m., a CT scan of minor-plaintiff's head was ordered.

42. Despite minor-plaintiff's dilated and poorly reactive pupil, continued compromise and abnormal neurologic exam, no treatment for cerebral edema was ordered.

43. Defendants were so far from appreciating the severity of minor -plaintiff's condition that an order was sent by FAX to allow minor-plaintiff to breast feed. A nurse signed this order at 9:15 a.m. on December 7.

44. As the morning progressed, minor-plaintiff continued to deteriorate. He was clearly demonstrating ominous signs of evolving and impending neurologic, respiratory and circulatory failure, all of which went untreated.

45. It was not until approximately 11:22 a.m. that phenobarbital was given.

46. At approximately noon, minor-plaintiff had a CT scan. While it demonstrated cerebral edema, it was read as demonstrating subarachnoid hemorrhage.

47. Defendant Grout was called at approximately 1:15 p.m., and initiated arrangements to transfer minor-plaintiff to another hospital.

48. The transport team from Children's Hospital of Pittsburgh was called.

49. When the transport team arrived at approximately 2:50 p.m., they discovered a moribund, nearly dead baby, in whom they had to start CPR within minutes of their arrival.

50. Minor-plaintiff was in profound shock.

51. He was cold and obtunded, with weak pulses and a capillary refill time of 4-5 seconds; his temperature was 30 degrees.

52. No vital signs were documented by the nurses between approximately 5:00 a.m. and the arrival of the transport team.

53. Minor-plaintiff's abnormal movements and respiratory pattern were never evaluated by EEG or by a neurologist at defendant Hospital.

54. Minor-plaintiff was allowed by the nurses at defendant Hospital and by defendants Grout and Chandrasekhar to have untreated, recurrent and/or continuous seizures for most of 30 hours.

55. As a result, minor-plaintiff was caused to have profound encephalomalacia and other permamanent and catastrophic injuries.

56. Defendant Grout, defendant Chandrasekhar, and the nurses at defendant Hospital failed to treat minor-plaintiff's cardiopulmonary compromise, profound shock, and respiratory failure.

57. Minor-plaintiff's permanent brain damage and other injuries and damages set forth below were caused solely and wholly by reason of the negligence and carelessness of the defendants, as set forth more fully below, and were not caused or contributed thereto by any negligence on the part of the plaintiffs.

58. As a direct result of the negligence and carelessness of the defendants as set forth below, minor-plaintiff suffered injuries to the bones, muscles, nerves, nervous system, brain, tendons, tissues and blood vessels of his body, including, but not limited to, permanent and catastrophic brain damage, spastic quadriplegia, with its attendant signs, symptoms and sequelae together with severe shock, weakness, emotional and psychological injuries, blindness and other physical and emotional injuries and upset, the full extent of which are not yet known and some or a of which may be permanent in nature.

59. As a direct result of the negligence and carelessness of the defendants as set forth below, minor-plaintiff may be confined to a wheelchair for the remainder of his life.

60. As a direct result of the negligence and carelessness of defendants as set forth below, minor-plaintiff has suffered injuries which have precluded him and may in the future continue to preclude him from enjoying fully the ordinary pleasures of life and participating in

his ordinary activities and avocations; further, he has suffered and may in the future continue to undergo pain, suffering, embarrassment, depression, anxiety, bodily deformation, disability, mental anguish, loss of "well-being"; and other such intangible losses, some or all of which may be permanent in nature.

61. As a direct result of the negligence and carelessness of the defendants as set forth below, plaintiffs Karen Shaffer and Timothy Doan, on behalf of their minor son, Ayden Shaffer-Doan, have incurred in the past and may in the future continue to incur substantial medical and medically-related expenses including, but not limited to, expenditures for medicine, hospitalizations, medical and surgical care, testing, physical therapy, occupational therapy, rehabilitative care, equipment and other care to attend to, treat, and attempt to alleviate, minimize and/or cure their son's conditions.

62. As a direct result of the negligence and carelessness of defendants as set forth below, minor-plaintiff may in the future incur substantial medical and medically-related expenses including but not limited to, expenditures for medicine, hospitalizations, medical and surgical care, testing, physical therapy, occupational therapy, rehabilitative care, equipment and other care to attend to, treat, and attempt to alleviate, minimize, and/or cure his condition.

63. As a direct result of the negligence and carelessness of defendants as set forth below, minor-plaintiff has been prevented in the past and may in the future continue to be prevented from performing his usual duties, occupations, and avocations.

64. As a direct result of the negligence and carelessness of defendants as set forth below, minor-plaintiff has suffered in the past and may in the future continue to suffer a loss of

earnings and earning capacity.

COUNT ONE - Negligence
Plaintiffs, Ayden Shaffer-Doan, a minor, by his parents and natural guardians, Timothy Doan and Karen Shaffer, and Timothy Doan and Karen Shaffer, in their own right
vs. Richard Grout, M.D and Sundar Chandrasekhar, M.D.

65. Plaintiffs incorporate paragraphs 1 through 64 as if fully set forth herein.

66. Defendant Grout Hospital and defendant Chandrasekhar were careless and negligent in one or more of the following particular respects:

a. failure to ensure that minor-plaintiff was in the hands of appropriately trained and experienced physicians;
b. failure to properly supervise resident physicians at defendant hospital;
c. failure to properly supervise nurses at the hospital;
d. failure to keep apprised of and/or be aware of the condition of minor-plaintiff;
e. failure to properly instruct the nursing staff and/or resident physicians with respect to the management of minor plaintiff's care;
f. failure to properly instruct the nursing staff and/or resident physicians with respect to the conditions under which seizure required urgent neurological intervention;
g. failure to properly instruct the nursing staff with respect to the circumstances under which physicians should be called for evaluation;
h. failure to properly instruct the nursing staff with respect to the circumstances under which attending physicians should be called for evaluation;
i. failure to be aware of and/or respond promptly to minor-plaintiff's condition;
j. failure to prevent hyponatremic encephalopathy;
k. causing acute hyponatremia;
l. failure to diagnose hyponatremia;
m. failure to treat and correct hyponatremia;
o. failure to properly estimate the degree of dehydration;
p. failure to calculate a fluid deficit;
q. failure to identify the type of dehydration involved;
r. failure to diagnose and treat shock;
s. causing fluid overload;
t. failure to obtain a STAT neurological consult;
u. failure to timely arrange for transfer;
v. failure to appreciate the severity of minor-plaintiff's condition;
w. failure to prevent neurological emergency;
x. failure to get a STAT EEG;

y. failure to consult with a neurologist;
z. failure to investigate seizures;
aa. failure to diagnose seizures;
bb. failure to treat seizures;
cc. failure to recognize signs and symptoms of seizures;
dd. failure to order proper diagnostic tests in the face of seizures;
ee. failure to recognize status epilepticus;
ff. failure to prevent status epilepticus;
gg. failure to treat desaturation;
hh. failure appreciate the significant of periodic breathing episodes;
ii. failure to prevent neurologic emergency;
jj. failure to recognize an abnormal neurologic exam;
kk. failure to recognize signs and symptoms of systemic compromise;
ll. failure to come into the hospital in the face of neurologic abnormalities;
mm. failure to timely treat seizures;
nn. failure to timely treat cardiorespiratory failure;
oo. failure to prevent cardiorespiratory failure;
pp. failure to recognize and treat cardiorespiratory compromise;
qq. failure to recognize and treat cerebral edema;
rr. failure to prevent cerebral edema;
ss. failure to recognize the significance of minor-plaintiff's dilated pupil;
tt. failure to diagnose and treat hyponatremia;
uu. failure to timely give phenobarbitol;
vv. failure to timely transfer to the appropriate medical center; and
ww. failure to recognize and treat abnormal respiratory patterns.

67. Defendant Grout and defendant Chandrasekhar undertook and/or assumed a duty to render reasonable, proper, adequate, and appropriate care to plaintiffs and to avoid harm to them, which duty was breached by defendant Grout and defendant Chandrasekar.

68. Plaintiffs relied on the knowledge, treatment, and advice of defendant Grout and defendant Chandrasekhar.

69. The carelessness and negligence of defendant Grout and defendant Chandrasekhar, as set forth above, increased the risk of harm and was a substantial factor in causing the injuries and damages suffered by plaintiffs.

WHEREFORE, plaintiffs demand damages against defendant Grout and defendant Chandrasekhar, in an amount in excess of Fifty Thousand ($50,000.00) Dollars, and in excess of the prevailing arbitration limits, exclusive of prejudgment interest, post-judgment interest and costs.

COUNT TWO - Negligence
Plaintiffs, Ayden Shaffer-Doan, a minor, by his parents and natural guardians, Timothy Doan and Karen Shaffer, and Timothy Doan and Karen Shaffer, in their own right vs. DuBois Regional Medical Center and Gateway Area Medical Associates, Inc.

70. Plaintiffs incorporate paragraphs 1 through 69 as if fully set forth herein.

71. Defendant Hospital and defendant G.A.M.A., individually, and acting through their authorized agents, servants, workmen, and employees, were careless and negligent in one or more of the following particular respects:

a. failure to ensure that minor-plaintiff was in the hands of appropriately trained and experienced physicians;
b. failure to properly supervise resident physicians at defendant hospital;
c. failure to properly supervise nurses at the hospital;
d. failure to keep apprised of and/or be aware of the condition of minor-plaintiff;
e. failure to properly instruct the nursing staff and/or resident physicians with respect to the management of minor plaintiff's care;
f. failure to properly instruct the nursing staff and/or resident physicians with respect to the conditions under which seizure required urgent neurological intervention;
g. failure to properly instruct the nursing staff with respect to the circumstances under which physicians should be called for evaluation;
h. failure to properly instruct the nursing staff with respect to the circumstances under which attending physicians should be called for evaluation;
i. failure to be aware of and/or respond promptly to minor-plaintiff's condition;
j. failure to prevent hyponatremic encephalopathy;
k. causing acute hyponatremia;
l. failure to diagnose hyponatremia;
m. failure to treat and correct hyponatremia;

o. failure to properly estimate the degree of dehydration;
p. failure to calculate a fluid deficit;
q. failure to identify the type of dehydration involved;
r. failure to diagnose and treat shock;
s. causing fluid overload;
t. failure to obtain a STAT neurological consult;
u. failure to timely arrange for transfer;
v. failure to appreciate the severity of minor-plaintiff's condition;
w. failure to prevent neurological emergency;
x. failure to get a STAT EEG;
y. failure to consult with a neurologist;
z. failure to investigate seizures;
aa. failure to diagnose seizures;
bb. failure to treat seizures;
cc. failure to recognize signs and symptoms of seizures;
dd. failure to order proper diagnostic tests in the face of seizures;
ee. failure to recognize status epilepticus;
ff. failure to prevent status epilepticus;
gg. failure to treat desaturation;
hh. failure appreciate the significant of periodic breathing episodes;
ii. failure to prevent neurologic emergency;
jj. failure to recognize an abnormal neurologic exam;
kk. failure to recognize signs and symptoms of systemic compromise;
ll. failure to come into the hospital in the face of neurologic abnormalities;
mm. failure to timely treat seizures;
nn. failure to timely treat cardiorespiratory failure;
oo. failure to prevent cardiorespiratory failure;
pp. failure to recognize and treat cardiorespiratory compromise;
qq. failure to recognize and treat cerebral edema;
rr. failure to prevent cerebral edema;
ss. failure to recognize the significance of minor-plaintiff's dilated pupil;
tt. failure to diagnose and treat hyponatremia;
uu. failure to timely give phenobarbitol;
vv. failure to timely transfer to the appropriate medical center; and
ww. failure to recognize and treat abnormal respiratory patterns.

72. Defendant Hospital and defendant G.A.M.A. undertook and/or assumed a duty to render reasonable, proper, adequate, and appropriate care to plaintiffs and to avoid harm to them, which duty was breached by defendants.

73. Plaintiffs relied on the knowledge, treatment, and advice of defendant Hospital and defendant G.A.M.A.

74. The carelessness and negligence of defendant Hospital and defendant G.A.M.A., as set forth above, increased the risk of harm and was a substantial factor in causing the injuries and damages suffered by plaintiffs.

WHEREFORE, plaintiffs demand damages against defendant Hospital and defendant G.A.M.A. in an amount in excess of Fifty Thousand ($50,000.00) Dollars, and in excess of the prevailing arbitration limits, exclusive of prejudgment interest, post-judgment interest and costs.

COUNT THREE: Negligence of Defendant Dubois Regional Medical Center under Thompson v. Nason
Plaintiffs, Ayden Shaffer-Doan, a minor, by his parents and natural guardians, Timothy Doan and Karen Shaffer, and Timothy Doan and Karen Shaffer, in their own right vs. Dubois Regional Medical Center

75. The paragraphs and allegations stated above are incorporated hereby by reference and made a part hereof as if set forth in full.

76. Defendant, Dubois Regional Medical Center, individually, and acting through their authorized agents servants, workmen and employees were careless and negligent in one or more of the following particular respects:

a. failing to have physicians appropriate in number, training and/or experience to diagnose, attend to and treat minor-plaintiff and/or make decisions regarding his care, when they knew or should have known of the lack of such measures and the need for such measures;
b. failing to ensure that minor-plaintiff received appropriate attention from appropriately trained, credentialed and experienced physicians in a prompt manner under the circumstances set forth above, when they knew or should have known of the lack of such measures and the need for such measures;
c. failing to adopt and/or enforce appropriate rules, guidelines, procedures or protocols with respect to the management of patients and/or transfer of

patients such as minor-plaintiff by appropriately trained physicians when they knew or should have known of the lack of such measures and the need for such measures;

d. failing to adopt and/or enforce appropriate rules, guidelines, procedures or protocols with respect to communication between and among health care professionals and transferring patients such as minor-plaintiff when they knew or should have known of the lack of such measures and the need for such measures;

e. failing to adopt and/or enforce appropriate rules, guidelines, procedures or protocols with respect to determining when, for patients like minor-plaintiff, there was a neurological emergency when they knew or should have known of the lack of such measures and the need for such measures;

f. failing to adopt and/or enforce appropriate rules, guidelines, procedures or protocols with respect to having physicians on-call and in the hospital during over-night hours when they knew or should have known of the lack of such measures and the need for such measures;

g. failing to adopt and/or enforce appropriate rules, guidelines, procedures or protocols with respect to the administration of appropriate medications for seizure activity in patients like minor-plaintiff when they knew or should have known of the lack of such measures and the need for such measures

h. failing to adopt and/or enforce rules, guidelines, procedures or appropriate protocols with respect to the involvement of attending physicians in the care of a patient such as minor-plaintiff and/or the supervision of residents and nurses in their care of patients such as minor-plaintiff when they knew or should have known of the lack of such measures and the need for such measures;

j. failing to have and to maintain appropriate facilities and equipment that would have enabled physicians to perform a timely evaluation of minor-plaintiff;

k. failing to ensure that appropriate facilities and equipment were immediately available at the hospital for evaluation and treatment of minor-plaintiff;

l. failing to have appropriate staff, including physicians, nursing staff and other personnel available for evaluation of minor-plaintiff;

m. accepting minor-plaintiff as a patient when they knew or should have known that they did not have appropriate facilities, equipment and/or healthcare professionals to attend to him and provide to him the level of care he needed and/or and the level of care it should have been anticipated he may need;

n. failing to select and retain only competent physicians, nurses and others;

o. failing to oversee all persons who practice medicine within its walls as to patient care; and

p. failing to formulate, adopt, and enforce adequate rules and policies to

ensure quality care for patients including failure to adopt policies, procedures, guidelines such as those plead above in paragraphs a through.

77. Defendant Hospital undertook and/or assumed a duty to render reasonable, proper, adequate and appropriate medical care to plaintiffs and to avoid harm to them, which duty was breached by defendant Hospital.

78. Plaintiffs relied on the knowledge, treatment and advice of defendant Hospital.

79. The carelessness and negligence of defendant Hospital, as set forth above, increased the risk of harm and was a substantial factor in causing the injuries and damages suffered by plaintiffs as set forth more fully above.

WHEREFORE, plaintiffs demand damages against defendant, Dubois Regional Medical Center, in an amount in excess of Fifty Thousand ($50,000.00) Dollars, and in excess of the prevailing arbitration limits, exclusive of prejudgment interest, post-judgment interest and costs.

COUNT FOUR: Negligence of Dubois Regional Medical Center for the Acts of its Residents, Nurses, Nurse Practitioners and Other Employees Who Cared for Minor-plaintiff
Plaintiffs V. Dubois Regional Medical Center

80. The paragraphs and allegations stated above are incorporated hereby by reference and made a part hereof as if set forth in full.

81. Defendant Dubois Regional Medical Center, acting through its authorized agents servants, workmen and employees were careless and negligent in one or more of the following particular respects:

a. failure to ensure that minor-plaintiff was in the hands of appropriately trained and experienced physicians;
b. failure to properly supervise resident physicians at defendant hospital;
c. failure to properly supervise nurses at the hospital;

d. failure to keep apprised of and/or be aware of the condition of minor-plaintiff;
e. failure to properly instruct the nursing staff and/or resident physicians with respect to the management of minor plaintiff's care;
f. failure to properly instruct the nursing staff and/or resident physicians with respect to the conditions under which seizure required urgent neurological intervention;
g. failure to properly instruct the nursing staff with respect to the circumstances under which physicians should be called for evaluation;
h. failure to properly instruct the nursing staff with respect to the circumstances under which attending physicians should be called for evaluation;
i. failure to be aware of and/or respond promptly to minor-plaintiff's condition;
j. failure to prevent hyponatremic encephalopathy;
k. causing acute hyponatremia;
l. failure to diagnose hyponatremia;
m. failure to treat and correct hyponatremia;
o. failure to properly estimate the degree of dehydration;
p. failure to calculate a fluid deficit;
q. failure to identify the type of dehydration involved;
r. failure to diagnose and treat shock;
s. causing fluid overload;
t. failure to obtain a STAT neurological consult;
u. failure to timely arrange for transfer;
v. failure to appreciate the severity of minor-plaintiff's condition;
w. failure to prevent neurological emergency;
x. failure to get a STAT EEG;
y. failure to consult with a neurologist;
z. failure to investigate seizures;
aa. failure to diagnose seizures;
bb. failure to treat seizures;
cc. failure to recognize signs and symptoms of seizures;
dd. failure to order proper diagnostic tests in the face of seizures;
ee. failure to recognize status epilepticus;
ff. failure to prevent status epilepticus;
gg. failure to treat desaturation;
hh. failure appreciate the significant of periodic breathing episodes;
ii. failure to prevent neurologic emergency;
jj. failure to recognize an abnormal neurologic exam;
kk. failure to recognize signs and symptoms of systemic compromise;
ll. failure to come into the hospital in the face of neurologic abnormalities;
mm. failure to timely treat seizures;

nn. failure to timely treat cardiorespiratory failure;
oo. failure to prevent cardiorespiratory failure;
pp. failure to recognize and treat cardiorespiratory compromise;
qq. failure to recognize and treat cerebral edema;
rr. failure to prevent cerebral edema;
ss. failure to recognize the significance of minor-plaintiff's dilated pupil;
tt. failure to diagnose and treat hyponatremia;
uu. failure to timely give phenobarbitol;
vv. failure to timely transfer to the appropriate medical center; and
ww. failure to recognize and treat abnormal respiratory patterns.

82. Defendant Hospital undertook and/or assumed a duty to render reasonable, proper, adequate and appropriate medical care to plaintiffs and to avoid harm to them, which duty was breached by defendants.

83. Plaintiffs relied on the knowledge, treatment and advice of defendant Hospital.

84. The carelessness and negligence of defendant Hospital, as set forth above, increased the risk of harm and was a substantial factor in causing the injuries and damages suffered by plaintiffs as set forth more fully above.

WHEREFORE, plaintiffs demand damages against defendant Dubois Regional Medical Center, in an amount in excess of Fifty Thousand ($50,000.00) Dollars, and in excess of the prevailing arbitration limits, exclusive of prejudgment interest, post-judgment interest and costs.

KLINE & SPECTER
A Professional Corporation

By: _____
SHANIN SPECTER, ESQUIRE
MATTHEW A. CASEY, ESQUIRE
Attorneys for Plaintiffs

Dated:

KLINE & SPECTER
A PROFESSIONAL CORPORATION

VERIFICATION

I, Karen Shaffer, hereby verify that I am the plaintiff in this action, and that the statements made in the foregoing Civil Action Complaint are true and correct, to the best of my knowledge, information and belief. The language of the document is that of counsel and not of the affiant. To the extent that the contents of the document are based on information furnished to counsel and obtained by him during the course of this lawsuit, the affiant has relied upon counsel in taking this verification. All statements are founded upon reasonable belief. This verification is made subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.

Karen Shaffer
KAREN SHAFFER

DATED: 3-23-05

KLINE & SPECTER
A PROFESSIONAL CORPORATION

VERIFICATION

I, Timothy Doan, hereby verify that I am the plaintiff in this action, and that the statements made in the foregoing Civil Action Complaint are true and correct, to the best of my knowledge, information and belief. The language of the document is that of counsel and not of the affiant. To the extent that the contents of the document are based on information furnished to counsel and obtained by him during the course of this lawsuit, the affiant has relied upon counsel in taking this verification. All statements are founded upon reasonable belief. This verification is made subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.

Timothy Doan

TIMOTHY DOAN

DATED:

KLINE & SPECTER
A PROFESSIONAL CORPORATION

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right, Plaintiffs, vs. RICHARD GROUT, M.D. 635 C. Maple Avenue Dubois, PA 15801 and SUNDAR CHANDRASEKHAR, M.D. c/o DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801 and DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801 and GATEWAY AREA MEDICAL ASSOCIATES, INC. 635 C Maple Avenue Dubois, PA 15801	Civil Division **Civil Action - Medical Professional Liability Action** JURY TRIAL DEMANDED TYPE OF PLEADING: COMPLAINT COUNSEL OF RECORD FOR PLAINTIFFS: SHANIN SPECTER, ESQUIRE I.D. No. 40928 MATTHEW A. CASEY, ESQUIRE I.D. No. 84443 **KLINE & SPECTER** **A Professional Corporation** 19th Floor Philadelphia, PA 19102 215-772-1000

Certificate of Merit as to Richard Grout, M.D.

I, Matthew A. Casey, certify that:

An appropriate licensed professional has supplied a written statement to the undersigned that there is a basis to conclude that the care, skill or knowledge exercised or exhibited by this defendant in the treatment, practice or work that is the subject of the complaint, fell outside acceptable professional standards and that such conduct was a cause in bringing about the harm.

Date: 3-23-05

Matth Ca

MATTHEW A. CASEY, ESQUIRE

B

KLINE & SPECTER
A PROFESSIONAL CORPORATION

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right, Plaintiffs, vs. RICHARD GROUT, M.D. 635 C. Maple Avenue Dubois, PA 15801 and SUNDAR CHANDRASEKHAR, M.D. c/o DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801 and DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801 and GATEWAY AREA MEDICAL ASSOCIATES, INC. 635 C Maple Avenue Dubois, PA 15801	Civil Division **Civil Action - Medical Professional Liability Action** JURY TRIAL DEMANDED TYPE OF PLEADING: COMPLAINT COUNSEL OF RECORD FOR PLAINTIFFS: SHANIN SPECTER, ESQUIRE I.D. No. 40928 MATTHEW A. CASEY, ESQUIRE I.D. No. 84443 **KLINE & SPECTER** **A Professional Corporation** 19th Floor Philadelphia, PA 19102 215-772-1000

Certificate of Merit as to Sundar Chandrasekhar, M.D.

I, Matthew A. Casey, certify that:

An appropriate licensed professional has supplied a written statement to the undersigned that there is a basis to conclude that the care, skill or knowledge exercised or exhibited by this defendant in the treatment, practice or work that is the subject of the complaint, fell outside acceptable professional standards and that such conduct was a cause in bringing about the harm.

Date: 3-23-05

Matth C

MATTHEW A. CASEY, ESQUIRE

KLINE & SPECTER
A PROFESSIONAL CORPORATION

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	:	Civil Division
Plaintiffs,	:	**Civil Action - Medical Professional Liability Action**
vs.	:	
RICHARD GROUT, M.D. 635 C. Maple Avenue Dubois, PA 15801	:	JURY TRIAL DEMANDED
and	:	TYPE OF PLEADING: COMPLAINT
SUNDAR CHANDRASEKHAR, M.D. c/o DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	:	COUNSEL OF RECORD FOR PLAINTIFFS: SHANIN SPECTER, ESQUIRE I.D. No. 40928 MATTHEW A. CASEY, ESQUIRE I.D. No. 84443
and	:	**KLINE & SPECTER** **A Professional Corporation** 19th Floor Philadelphia, PA 19102 215-772-1000
DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	:	
and	:	
GATEWAY AREA MEDICAL ASSOCIATES, INC. 635 C Maple Avenue Dubois, PA 15801	:	

Certificate of Merit as to Dubois Regional Medical Center

I, Matthew A. Casey, certify that:

The claim that this defendant deviated from an acceptable professional standard is based solely on allegations that other licensed professionals for whom this defendant is responsible deviated from an acceptable professional standard and an appropriate licensed professional has supplied a written statement to the undersigned that there is a basis to conclude that the care, skill

or knowledge exercised or exhibited by the other licensed professionals in the treatment, practice or work that is the subject of this complaint, fell outside acceptable professional standards and that such conduct was a cause in bringing about the harm.

Date: 3-23-05

Matt Casey

MATTHEW A. CASEY, ESQUIRE

KLINE & SPECTER
A PROFESSIONAL CORPORATION

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	:	Civil Division
Plaintiffs,	:	**Civil Action - Medical Professional Liability Action**
vs.	:	
RICHARD GROUT, M.D. 635 C. Maple Avenue Dubois, PA 15801	:	JURY TRIAL DEMANDED
and	:	TYPE OF PLEADING: COMPLAINT
SUNDAR CHANDRASEKHAR, M.D. c/o DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	:	COUNSEL OF RECORD FOR PLAINTIFFS: SHANIN SPECTER, ESQUIRE I.D. No. 40928 MATTHEW A. CASEY, ESQUIRE I.D. No. 84443
and	:	**KLINE & SPECTER** **A Professional Corporation** 19th Floor Philadelphia, PA 19102 215-772-1000
DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	:	
and	:	
GATEWAY AREA MEDICAL ASSOCIATES, INC. 635 C Maple Avenue Dubois, PA 15801	:	

Certificate of Merit as to Gateway Area Medical Associates

I, Matthew A. Casey, certify that:

The claim that this defendant deviated from an acceptable professional standard is based solely on allegations that other licensed professionals for whom this defendant is responsible deviated from an acceptable professional standard and an appropriate licensed professional has supplied a written statement to the undersigned that there is a basis to conclude that the care, skill

or knowledge exercised or exhibited by the other licensed professionals in the treatment, practice or work that is the subject of this complaint, fell outside acceptable professional standards and that such conduct was a cause in bringing about the harm.

Date: 3-23-05

MATTHEW A. CASEY, ESQUIRE

B

RICHARD PAUL BONFIGLIO, M.D.
Physical Medicine and Rehabilitation

PHYSICAL MEDICINE AND REHABILITATION EVALUATION

SHAFFER-DOAN, AYDEN

SEPTEMBER 19, 2005

REFERRED BY:

Matthew A. Casey

Kline & Specter

The Nineteenth Floor

1525 Locust Street

Philadelphia, PA 19102

REASON FOR REFERRAL:

Medical evaluation regarding future care needs and prognosis.

Telephone: 724-327-8255 • Fax: 724-325-2783
4125 Old William Penn Highway • Murrysville, PA 15668
Email: rpbonfiglio@aol.com

RECORDS REVIEWED:

medical records from Dubois Regional Medical Center
medical records from Children's Hospital of Pittsburgh
medical records from Mary Ellen Huss, vision teacher
medical records from Early Intervention
medical records from The Children's Institute
medical records from PA Elk Project (Early Intervention Program)
medical records from Cen-Clear Child Services, Inc.
medical records from Ira Bergman, M.D.
medical records from Dr. Alexies Samonte, The Pediatric Center
medical records from Children's Rehabilitation Services
medical records from Wendy Strouse Watt, O.D.
medical records from W. John Siar, M.D.
medical records from Clearfield-Jefferson MH/MR

EXAMINATION LOCATION:

patient's home
6677 Route 310
Reynoldsville, PA 15851

PRESENT FOR EVALUATION:

Karen Shaffer-patient's mother
Denise Shaffer-homehealth aid (not related)

CLINICAL HISTORY:

Ayden Shaffer is a 3-year, 10-month-old right-handed white male born on November 18, 2001. He was born after a reportedly uncomplicated, full term pregnancy, and uncomplicated labor and delivery. His birth weight was seven pounds, seven ounces and his length was twenty-one inches.

Ayden was doing well until early December 2001 when he developed lethargy and decreased appetite. He was taken to the Dubois Regional Medical Center Emergency Department on December 5, 2001 and was diagnosed as being dehydrated and treatment included intravenous fluids. An EEG done on December 7, 2001 was consistent with prolonged seizure activity and generalized encephalopathy.

Ayden was transferred to Children's Hospital of Pittsburgh on December 7, 2001. He was found to be apneic and bradycardic. Management included intubation, mechanical ventilation, and medications. His course was complicated by seizures and coma. A brain CT scan on December 7, 2001 showed a large cortical infarct. A brain MRI on December 11, 2001, showed generalized

edema with relative sparing of the frontal cortex, portions of the basal ganglia, thalami, and dorsal brainstem. He was diagnosed as having an acute encephalopathy with cerebral edema due to hyponatremia. He was discharged from the hospital on December 20, 2001 A repeat brain CT scan on January 2, 2002 showed increased encephalomalacia with some sparing of the frontal lobes especially superiorly, basal ganglia, brain stem, and cerebellum. An EEG on January 2, 2002, showed excessive multifocal sharp waves, some in trains, especially in the right frontal area.

A repeat EEG on July 1, 2002, showed continued multifocal sharp waves, intermittent focal slowing in the left frontal area, abnormal background at times consistent with a modified hypsarrhythmic pattern, and paroxysmal fast activity with electrodecremental responses, especially in the left hemisphere. A brain CT scan on July 1, 2002 showed global volume loss with white matter encephalomalacia, especially in the temporal and occipital regions and large subarachnoid space due to volume loss, but no evidence of intracranial hemorrhage.

An EEG on January 3, 2003 showed almost continuous left hemispheric sharp and slow wave discharges, especially frontocentrally, rare right hemispheric sharp and slow waves, especially frontocentrally, and intermittent focal slowing in the left hemisphere, especially frontally.

Ayden has not again been admitted to a hospital since his discharge from Children's Hospital of Pittsburgh in December 2001. Additionally, no surgeries have been undertaken. He did undergo

outpatient dental work in Children's Hospital of Pittsburgh on August 3, 2005.

Blood work is done every six months including liver function tests and was most recently done last week. No other recent diagnostic testing has been undertaken. An echocardiogram was done before his dental work and was reportedly normal.

CURRENT MEDICAL CONDITION:

Ayden Shaffer-Doan can do some self feeding with finger foods if they are placed in his hands. However, he otherwise remains completely dependent on others for all activities of daily living and mobility. He has diffuse weakness with his left side seeming somewhat stronger, but his right side being more coordinated. He remains completely incontinent of bladder and bowel.

Ayden has a recurrent rash on his neck, but no skin breakdown has occurred. He occasionally "jerks," but no recent seizure activity has been detected. Neither heterotopic ossification, nor osteoporosis has been reported; no fractures have been detected. No increased warmth, redness, or swelling of any of his limb joints has been noted.

Ayden has not had any recent, recognized blood pressure control problem or cardiac arrhythmia. Neither anemia, nor malnutrition has been reported. No pneumonia has been diagnosed. The patient does have occasional gagging. He is especially bothered by certain textures when eating. His diet is supplemented with two cans of Pediasure per day. His diet also includes some baby foods and other soft foods. Ayden was treated for a urinary tract infection in March 2005. He

has not had an ongoing problem with constipation or diarrhea.

No recent seizure activity has been detected. He has been found to have cortical visual impairment. No hearing problem has been found; the most recent hearing testing was done on April 15, 2005.

Ayden can roll prone to supine and back. However, he cannot crawl, stand, or walk independently. He can sit unsupported for only short periods of time. He is unable to make his needs known with words or gestures.

Ayden's typical day begins with his arising around 7:30 to 7:45 a.m. His diaper is changed and he has breakfast around 8:15 a.m. He is then dressed. He receives stretching and stimulation therapies provided by his home health aid. Lunch is provided to him around noon. He usually has a nap around 2:00 p.m. that lasts about forty-five minutes. He plays with his siblings after school and has supper around 5:00 p.m. Ayden is usually bathed in the evenings and retires around 10:00 p.m.

Ayden is seen once per year and as needed by Dr. Fatula, his pediatrician. He is also followed in a Linkage Clinic by Dr. Mary Louise Russell, a physician specializing in Physical Medicine and Rehabilitation; he is seen once every six months. Dr. Goldstein, a neurologist, sees him every six months. He is not being followed presently by an orthopedic surgeon, neurosurgeon, cardiologist, gastroenterologist, nephrologist, otolaryngologist, urologist, pulmonologist, podiatrist, or psychiatrist. His dental care is provided by Children's Hospital Dental Clinic. He is scheduled to go back in January 2006. Previous evaluations by Wendy Strouse Watt, O.D. have

diagnosed myopia, astigmatism, and amblyopia.

Ayden attends Riverview Intermediate Unit preschool two days per week for two hours. While in school he receives about forty-five minutes of physical therapy once per week, forty-five minutes of speech therapy once per week, and thirty minutes of vision therapy once per week. His teacher is a developmental specialist. At home, he also receives physical and occupational therapies each for an hour once per week and speech therapy for forty-five minutes once per week; a developmental teacher also comes to his home concomitantly with the speech therapist. Vision therapy is also provided to him in his home for one hour once per week. His home health aid is now coming thirty-three hours per week; no formal nursing (RN or LPN) care is being provided.

PAST MEDICAL HISTORY:

Ayden Shaffer-Doan does not have a history of hypertension, diabetes, tuberculosis, cancer, peptic ulcer disease, breathing problems, kidney or liver disease, phlebitis, or thyroid disease. He has not undergone any surgeries other than dental procedures. No subsequent trauma has been noted.

CURRENT MEDICATIONS, DRUG ALLERGIES, & ADAPTIVE EQUIPMENT:

Ayden is presently receiving Valproic acid two milliliters each morning and at bedtime and one milliliter in the middle of the day and Carnitor 330 milligrams daily. He has no known drug

allergies.

Adaptive equipment currently available to Ayden includes bilateral ankle foot orthoses (AFO's), a stander, a PONY walker, a therapy bench, a light box, a SWASH brace, a creeper crawler, and a long sitter. He presently spends about forty-five minutes per day in the stander. A new walker is being obtained for him at school. He does not presently have a wheelchair and he sleeps in a regular bed, not a hospital bed. A regular car seat is used when he travels in a motor vehicle. He also does not have a Hoyer lift, suction equipment, or communication device. He does have one switch.

REVIEW OF SYSTEMS:

Ayden has not had any recent, recognized neck, chest, abdominal, lower back, or headache pain. His current weight is around twenty-seven pounds and his height is thirty-eight and one-half inches. He generally sleeps through the night unless he is sick. His hearing is intact, but he has a central visual deficit.

Ayden has not had any recent recognized chest pain or cardiac arrhythmias. No recent shortness of breath, dyspnea on exertion, orthopnea, cough, or hemoptysis has been noted. He has occasional constipation, but no recent constipation, diarrhea, abdominal pain, hematemasis, hematochezia, or melena. No urinary tract calculi, urinary tract infection, or ureteral reflux has been detected.

SOCIAL HISTORY:

Ayden lives with his parents and siblings in a two-story house. The house was build with wide doorways and hallways to accommodate him. There is also a "handicap shower" and a ramp to the entrance. Ayden has four siblings. There are also two step children via his father. Ayden seems to like to listen to music and play with his siblings.

Ayden's mother, Karen Shaffer, was born on April 29, 1968 and is a high school and college graduate. She has a bachelor of science degree in accounting and is a CPA. She works about twenty hours per week from her home. His father, Tim Doan, was born on July 9, 1963 and is a high school graduate. He works full time doing excavating. He has a history of kidney stones, but no other recognized medical problems. Ayden's siblings do not have any recognized medical problems.

PHYSICAL EXAMINATION:

Ayden Shaffer-Doan is a 3-year, 10-month-old with obvious neurological deficits. He is observed rolling and scooting, but cannot stand or walk independently. No pain behavior is noted. Bilateral ankle foot orthoses (AFO's) are removed for the evaluation.

No external trauma is found on examination of his head and no scars are noted. His head circumference is forty-two centimeters. No bruit is detected on auscultation.

Examination of his neck does not discern any tenderness overlying his cervical spine or

paracervical muscle regions. His carotid pulses are two plus and symmetrical and no bruit is identified on auscultation. No scars are noted. His back examination does not find any tenderness or scoliosis.

Cardiac examination detects normal heart sounds and no murmur is discerned. His lungs are clear to auscultation. Abdominal examination finds normal bowel sounds and no tenderness or rebound is noted.

Neurological examination shows that he is awake and alert and generally happy, but occasionally irritable. He displays marked psychomotor delay and impaired cognitive and linguistic abilities.

Cranial nerve testing shows occasional tracking and brief fixation. He has generally conjugate gaze and no nystagmus is detected. His facial movements are symmetrical. He responds to conversational level voice.

The patient's sitting balance is impaired and postural instability is evident. He does have some voluntary movement of all four limbs, but incoordination is evident. His muscle stretch reflexes are two plus and symmetrical on his upper and lower limbs. Babinski testing detects upgoing great toes bilaterally, but no ankle clonus is detected.

Developmental examination includes gross motor evaluation that shows incomplete head control and occasional drooling. He also displays self stimulating activities with a particular oral focus; he attempts repeatedly to bite his hands. Rolling prone to supine and back is noted. Sitting

unassisted is limited to brief periods.

Fine motor evaluation shows that he can hold objects placed in his hands and passes objects from his left to his right hand. No fisting is noted.

Ayden responds to others and is more responsive with familiar voices. He produces sounds and appears to imitate sounds, but no words are noted.

Examination of his shoulders, elbows, and wrists bilaterally does not detect any calor, erythema, or effusion. However, he has diffuse tightness of these joints and range of motion is not taken to the extremes of his range. Further examination of his upper limbs finds two plus and symmetrical brachial and radial pulses and normal capillary refill on the fingertips of both hands.

Examination of his hips, knees, and ankles bilaterally does not detect any calor, erythema, or effusion. However, he has diffuse tightness of these joints and range of motion is not taken to the extremes of his range.

Further examination of his lower limbs detects two plus and symmetrical pedal pulses. No pedal edema is noted and no calf tenderness is detected.

IMPRESSIONS:

1.Status post iatrogenic hyponatremia.

2.Hyponatremic cerebral necrosis.

3.Status post cerebral edema.

4.Status post large cortical infarct and diffuse cerebral edema.

5.Status post encephalopathy.

6.Status post coma.

7.Seizure disorder.

8.Status post apnea and bradycardia.

9.Status post intubation.

10.Diffuse brain injury with involvement of most of his brain with sparing of the basal ganglia.

11.Global developmental delay.

12.Cerebral palsy.

13.Impaired cognition/mental retardation.

14.Global aphasia.

15.Dependence for activities of daily living.

16.Diplegia.

17.Probable neurogenic bladder.

18.Probable neurogenic bowel.

19.Cortical visual impairment.

20.Astigmatism.

21.Myopia.

22.Amblyopia.

23.Microcephaly.

CASE ANALYSIS & RECOMMENDATIONS:

Ayden Shaffer-Doan is status post hyponatremic cerebral necrosis with associated cerebral edema, a large cortical infarct, and resultant encephalopathy. He has resultant diplegia, cerebral palsy, global developmental delay, impaired cognition, and global aphasia. He remains dependent on others for all activities of daily living and mobility and is incontinent of bowel and bladder.

A home health aid is presently supplementing the care provided by his family thirty-three hours per week. However, Ayden should be receiving twenty-four hours per day nursing care, either RN or LPN. His skilled needs include joint range of motion and musculotendinous stretching, tone management, contracture prevention, vital sign monitoring, medication provision, monitoring for seizure activity, skin management, monitoring of his respiratory system, and general medical condition monitoring. This nursing care would allow his parents to return to providing him the normal care that parents provide; it would also allow them to provide greater care to his siblings.

Because of his neurological condition and his potential for associated multiple acute medical problems, Ayden needs careful medical monitoring and management. He should be followed four times per year and as needed by a primary care physician with experience and specialization in managing children with complex medical needs. This physician should provide comprehensive coordination and prescription of his care to meet his daily, medical, and rehabilitative needs and to prevent or timely deal with secondary complications.

Ayden should also be seen by a neurologist every six months to monitor for seizures and follow his neurological development. He remains at increased risk for future seizures. Periodic EEG's will be needed to evaluate for a persistent or new seizure focus.

The patient also needs to be followed twice per year by an orthopedic surgeon during his developmental years up to age eighteen and then once every five years. He is at increased risk for scoliosis, hip dysplasia, and other related musculoskeletal disorders. Periodic spine and hip x-rays will be needed.

Ayden should also be followed every six months by a urologist. The same motor weakness and incoordination impairing his upper and lower limbs likely also affects his urological system. Despite his ability to void, he is at great risk for detrusor/sphincter incoordination. Without ongoing medical management this can lead to secondary complications including recurrent urinary tract infections, urinary tract calculi, and renal injury.

Ayden should be followed by a physician specializing in Physical Medicine and Rehabilitation every three to six months during his developmental years and then annually. This physician should direct and prescribe the ongoing rehabilitation effort.

Ayden needs ongoing rehabilitation services including physical, occupational, speech, and vision therapies. The physical therapy should be directed toward maintaining his joint mobility, managing his tone, facilitating motor development, and preventing disuse muscle atrophy. The occupational therapy should continue to focus on improving his upper limb function and his participation in basic activities of daily living. Speech therapy needs to focus on developing a

way for him to communicate his needs, desires, and preferences and to improve his tolerance of various food textures.

Equestrian therapy would help to improve his balance and motor control. He should also have recreational therapy to help develop avocational interests within his residual capabilities. Continued vision therapy is also needed to maximize his visual function despite his cortical visual impairment. Ayden should also be followed every three months by a dietician to monitor his caloric and nutritional intake.

Ayden's ongoing care should be coordinated by a case manager. Because of the extent and nature of his daily, medical, and rehabilitative care, he will need two to four hours per month of case management.

Ayden will need adaptive equipment including a manual wheelchair, wheelchair cushion, orthoses, a stander, bath or shower chair, augmentative communication device, environmental control system, adapted computer, adapted walkers, therapy bench, light box, and hospital bed. Ayden should be standing two to three hours per day in a supported standing position with his stander.

Although various alternate living arrangements are available, it would be medically preferable for Ayden to continue living in his home setting. All institutional settings, including extended care facilities and group homes, would present him with an increased risk of infections with organisms with multiple antibiotic resistances.

Ayden resides with his family in a house with widened doorways and hallways. However, it is two stories. As he grows, getting him up and down the stairs will become more difficult. A lift or elevator will be needed. Space for therapy and the nurses will be needed. A bathroom large enough to accommodate a wheelchair will also be needed. A ceiling mounted lift device going from his bed to the bathroom would facilitate his daily care and reduce the physical strain on his caregivers. He should be transported in a van with a wheelchair lift.

With appropriate ongoing daily, medical, and rehabilitative care, Ayden has a normal life expectancy.

Richard Paul Bonfiglio, M.D.
Physical Medicine & Rehabilitation

BIOGRAPHICAL DATA

NAME:	Richard Paul Bonfiglio, MD
Social Security Number	281-48-3523
Tax ID Number	25-1825652
Date of Birth:	July 2,1954
Place of Birth:	Lima, Ohio
Business Address:	P.O. Box 185 Murrysville, PA 15668 Telephone: (724) 327-8255 Fax: (724) 325-2783
Home Address:	3902 Chris Court Murrysville, PA 15668

Primary Clinical Office:

HEALTHSOUTH Harmarville Rehabilitation Hospital
Guys Run Road
Pittsburgh, Pennsylvania 15238-0460
(412) 826-2722 FAX (412) 828-7705

Additional Clinical Offices:

Suburban General Hospital
100 South Jackson Avenue
Pittsburgh, Pennsylvania 15202-3499
(412) 734-6925

The Western Pennsylvania Hospital-
HEALTHSOUTH Harmarville Outpatient Rehabilitation Ctr
5124 Liberty Avenue
Pittsburgh, Pennsylvania 15224
(412) 683-7313

Bryn Mawr Rehabilitation Hospital
414 Paoli Pike
Malvern, Pennsylvania 19355
(610) 251-5452

Spine Solutions
96 Craigdell Road
Lower Burrell, Pennsylvania 15068
(724) 304-0032

EDUCATION AND TRAINING

1972 – 1978	University of Michigan Medical School Inteflex Program Ann Arbor, Michigan M.D. – 1978
1978 – 1979	Riverside Methodist Hospital Columbus, Ohio Internship
1978 – 1981	Ohio State University Hospital Columbus, Ohio Physical Medicine & Rehabilitation Residency
1980-1981	Ohio State University Hospital Columbus, Ohio Chief Resident – Physical Medicine and Rehabilitation

TABLE OF CONTENTS

CURRICULUM VITAE
FOR
RICHARD PAUL BONFIGLIO, MD

Continuing Professional Education and Training

- Electromyography Review Course, Ohio State University, Columbus, Ohio – July 1979
- American Academy of Physical Medicine and Rehabilitation Meeting, Honolulu, Hawaii – November 1979
- Arizona Physical Medicine and Rehabilitation Meeting, Phoenix, Arizona – April 1980
- Upper and Lower Extremity Prosthetics Course, Northwestern University, Chicago, Illinois – June 1980
- Disability Evaluation Course – The Extremities, State of Ohio Bureau of Worker's Compensation, Columbus, Ohio – July 1980
- Electromyography Review Course, Ohio State University, Columbus, Ohio – July 1980
- American Academy of Physical Medicine and Rehabilitation Meeting, Washington, D.C. – October 1980
- A Day in the Lab with Justus Lehmann Course, Harper Hospital, Detroit, Michigan – November 1980
- Upper and Lower Extremity Orthotics Course, Northwestern University, Chicago, Illinois – December 1980
- American Spinal Injury Association Meeting, New Orleans, Louisiana – March 1981
- Electromyography Review Course, Ohio State University, Columbus, Ohio – July 1982
- American Academy of Physical Medicine and Rehabilitation Meeting, Houston, Texas – November 1982

- Chessie Occupational Medicine, Greenbrier, West Virginia – November, 1983
- American Academy of Physical Medicine and Rehabilitation Meeting, Los Angeles, California – November 1983
- American Mining Congress, Phoenix Arizona – September 1984
- American Academy of Physical Medicine and Rehabilitation Meeting, Boston, Massachusetts – October 1984
- Chessie Occupational Medicine Seminar, Greenbrier, West Virginia – November 1984
- American Academy of Physical Medicine and Rehabilitation Meeting, Kansas City, Missouri – October 1985
- Arthritis Disability Assessment Seminar, Sioux Falls, South Dakota – October 1985
- Industrial Health Foundation Seminar, Orlando Florida – December 1985
- American Academy of Physical Medicine and Rehabilitation Meeting, Baltimore, Maryland – October 1986
- "Leadership Development", Association of Academic Physiatrists Spring Meeting, San Diego, California – February 1987
- American Academy of Physical Medicine and Rehabilitation Meeting, Orlando, Florida – October 1987
- Managing Hospital in the '90's, Joint China – Unites States Conference, Beijing, China – November 1987
- American Academy of Physical Medicine and Rehabilitation Meeting, Seattle, Washington – November 1988
- Associations of Academic Physiatrists Meeting, Phoenix, Arizona – March 1989

- American Academy of Physical Medicine and Rehabilitation Meeting, San Antonio, Texas – November 1989
- Association of Academic Physiatrists Meeting, Tampa, Florida – March 1990
- American Academy of Physical Medicine and Rehabilitation Meeting, Phoenix, Arizona – October 1990
- Association of Academic Physiatrists Meeting, San Diego, California – March 1991
- Occupational Rehabilitation Course: Focus on Low Back Dysfunction, Baylor College of Medicine, Houston, Texas – April 1991
- American Academy of Physical Medicine and Rehabilitation Meeting, Washington, D.C. – October 1991
- Association of Academic Physiatrists Meeting, Orlando, Florida – February 1992
- "Successful Strategies of the Physiatrist's Practice", American Academy of Physical Medicine and Rehabilitation, Philadelphia, Pennsylvania – June 1992
- Annual Alumni Scientific Day/The Carl H. Marquette Lectureship, Jefferson Medical College, Philadelphia, Pennsylvania – June 1992
- Fourth Annual Meeting, Puerto Rico Section Physical Medicine and Rehabilitation, Humacao, Puerto Rico – September 1992
- American Academy of Physical Medicine and Rehabilitation Meeting, San Francisco, California – November 1992
- Association of Academic Physiatrists Meeting, San Francisco, California – November 1992
- Association of Academic Physiatrists Meeting, Albuquerque, New Mexico – March 1993
- American Congress of Rehabilitation Medicine Meeting, Denver, Colorado – June 1993

- Ninth Annual Alumni Scientific Day, Jefferson Medical College, Philadelphia, Pennsylvania – June 1993
- American Academy of Physical Medicine and Rehabilitation Meeting, Miami Beach, Florida – October 1993
- Association of Academic Physiatrists Meeting, Miami Beach, Florida – October 1993
- "Looking to the Future: Trends and Treatment Options in the 21st Century", The 7th Annual Guest Lectureship on Brain Injury, Bryn Mawr Rehab, Malvern, Pennsylvania – October 1993
- Physiatric Association of Spine, Sports and Occupational Rehabilitation Meeting, Miami Beach, Florida – November 1993
- Association of Academic Physiatrists Meeting, Albuquerque, Mew Mexico – March 1993
- Behavior Management Training, Bryn Mawr Rehab, Malvern, Pennsylvania – December 1993
- Basic Statistics with Statistical Process Control, AIR Academy, Bryn Mawr Rehab, Malvern, Pennsylvania – March 1994
- International Rehabilitation Medicine Association VII Conference, Washington, D.C. – April 1994
- Physiatric Association of Spine, Sports and Occupational Rehabilitation Meeting, Anaheim, California – October 1994
- American Academy of Physical Medicine and Rehabilitation Meeting, Anaheim, California – October 1994
- Clinical Management of Persons with Mental Retardation and Related Disabilities, Embreeville, Pennsylvania – April 1995
- American Academy of Physical Medicine and Rehabilitation Meeting, Orlando, Florida – November 1995
-

- Physiatric Association of Spine, Sports and Occupations Rehabilitation Annual Scientific Session and Meeting, Vancouver, British Columbia – October 1996

- American Academy of Physical Medicine and Rehabilitation Meeting, Chicago, Illinois – October 1996

- Ethical Issues in Primary Care, Lake Area Health Education Center Conference, Erie, Pennsylvania – December 1996

- Evaluation Center Training, HEALTHSOUTH Training Meeting, Newark, New Jersey – August 1997

- Third International Symposium of Pain (SIMBIDOR), Sao Paulo, Brazil – September 1997

- American Academy of Physical Medicine and Rehabilitation Meeting, Atlanta, Georgia – November 1997

- Brain Injury Association National Meeting, Philadelphia, Pennsylvania – November 1997

- Association of Academic Physiatrists Meeting, San Antonio, Texas – February 1998

- Ninth National Educational Conference, American Association of Legal Nurse Consultants, Dallas, Texas – April 1998

- Commonwealth of Pennsylvania Department of Labor and Industry Bureau of Workers' Compensation IRE Physician Briefing, Pittsburgh, Pennsylvania – June 1998

- Sports Medicine Symposium of the Young Athlete, Monroeville Pennsylvania – June 1998

- II Simposio Multidisciplinary de Lesoes por Esforcos Repetitivos, Sao Paulo, Brazil – August 1998

- Community Blues Conference, Nemacolin Woodlands Resort, Farmington, Pennsylvania – September 1998

- The Total Case Manager V: Case Management into the Next Millennium, Northeast Ohio Case Management Network (NEOCMN), Cleveland, Ohio – May 1999

- First Annual Rex H. Newton, M.D. Distinguished Lectureship, Allegheny County Medical Society, HEALTHSOUTH, March 2000

- Current Trends in Head Injury, Sponsored by The Pennsylvania Medical Society of Physical Medicine and Rehabilitation – October 2000

- American Academy of Physical Medicine and Rehabilitation Annual Assembly, San Francisco, California – November 2000

- II Simposio Multidisciplinary de Losoes por Esforcos Repetitivos, Sao Paulo, Brazil – May 2002

- NIH Consensus Development Conference on Total Knee Replacement, National Institute of Health, Natcher Conference Center, Washington, D.C. – December 2003

CERTIFICATION AND LICENSURE

Specialty Certification

1981	American Board of Physical and Rehabilitation Medicine, Certified in Physical and Rehabilitation Medicine, #1839
1996-2001	American Board of Independent Medical Examiners, Certified in Independent Medical Examinations
1998	Fellow, American Academy of Disability Evaluating Physicians
1998	Impairment Rating Evaluation Physician, Commonwealth of Pennsylvania Department of Labor and Industry Bureau of Workers' Compensation

Medical Licensure

1979 – 1984	State of Ohio # 43789
1981 – Present	State of Pennsylvania # MD025969E
1985 – 1987	State of Alabama # 11956
1987 – 1992	State of Illinois #360074573
1992 – 1996	State of Maryland #D42888

PROFESSIONAL EXPEREINCE

Previous Medical Staff, Administrative and Clinical Positions

1979-1981	Medical Consultant, State of Ohio Industrial Commission, Medical Division, Columbus, Ohio
	Medical Consultant, Social Security Disability Determination Bureau, Columbus, Ohio
1981-1985	Medical Director, Outpatient Department, Harmarville Rehabilitation Center, Pittsburgh Pennsylvania
	Attending Physician, Harmarville Rehabilitation Center, Pittsburgh, Pennsylvania
1982-1983	Medical Director, State of Ohio Industrial Commission, Rehabilitation Division, Columbus, Ohio
1985-1986	Director, MedCORE Services, Lakeshore MedCORE Clinic, Lakeshore Rehabilitation Complex, Birmingham, Alabama
	Attending Physician, Lakeshore Rehabilitation Complex, Birmingham, Alabama
1986	Medical Director, Outpatient Services, Lakeshore Rehabilitation Complex, Birmingham, Alabama
1986-1987	Associate Medical Director, HEALTHSOUTH Rehabilitation Center, Birmingham, Alabama
	Attending Physician, Medical Center East Hospital Birmingham, Alabama

1986-1987	Medical Director, Medical Center East Rehabilitation Unit, Birmingham, Alabama
1987-1991	Medical Director and Residency Program Director, Schwab Rehabilitation Center, Chicago, Illinois
	Attending Physician, Schwab Rehabilitation Center, Chicago, Illinois
	Chairman, Department of Physical Medicine and Rehabilitation, Mount Sinai Hospital Medical Center, Chicago, Illinois
	Consulting Medical Staff, LaRabida Children's Hospital, Chicago, Illinois
1989-1991	Team Physician, Northeastern Illinois University, Chicago, Illinois
	Consulting Medical Staff, California Gardens Nursing Center, Chicago, Illinois
1990-1991	Consulting Medical Staff, Swedish Covenant Hospital, Chicago, Illinois
	Vice President, Medical Affairs Schwab Rehabilitation Center, Chicago, Illinois
1991-1993	Vice President, Medical Affairs, Bryn Mawr Rehabilitation Hospital, Malvern, Pennsylvania
1991-1994	Medical Director, Bryn Mawr Rehabilitation Hospital, Malvern, Pennsylvania
1992-1995	Attending Physician, Maryland General Hospital, Baltimore, Maryland

1992-1996 Consulting Medical Staff, Paoli Memorial Hospital, Paoli, Pennsylvania

Consulting Medical Staff, Bryn Mawr Hospital, Bryn Mawr, Pennsylvania

April 1993 – July 1993

Acting Medical Director, Maryland General/Bryn Mawr Rehabilitation Center, Baltimore Maryland

1993-1996 Consulting Medical Staff, Lankenau Hospital, Philadelphia, Pennsylvania

1996-1997 Attending Physician, HEALTHSOUTH Great Lakes Rehabilitation Hospital, Erie, Pennsylvania

Attending Physician, HEALTHSOUTH Lake Erie Institute of Rehabilitation, Erie, Pennsylvania

Medical Director, HEALTHSOUTH Great Lakes Rehabilitation Hospital, Erie, Pennsylvania

Medical Director, HEALTHSOUTH Lake Erie Institute of Rehabilitation, Erie, Pennsylvania

Member, Board of Governors, HEALTHSOUTH Lake Erie Institute of Rehabilitation, Erie, Pennsylvania

Active Medical Staff, Hamot Medical Center, Erie, Pennsylvania

Associate Medical Staff, Metro Health Center, Erie, Pennsylvania

North Shore Clinical Associates Member, Erie, Pennsylvania

Acting Administrator during August, HEALTHSOUTH Great Lakes Rehabilitation Hospital, Erie, Pennsylvania

1997-2001 Division Chief, Western Pennsylvania Hospital, Department of Physical Medicine and Rehabilitation, Pittsburgh, Pennsylvania

Medical Director of Rehabilitation Services, Suburban General Hospital, Pittsburgh Pennsylvania

1998-1999 Medical Director Oncology Program, HEALTHSOUTH Harmarville Rehabilitation Hospital, Pittsburgh, Pennsylvania

Member, Senior Health Services Strategic Planning Steering Committee, Western Pennsylvania Hospital, Pittsburgh, Pennsylvania

Member, Provider Criteria Committee, Community Blue Policy Council for the Western Region, Pittsburgh, Pennsylvania

July 1999 – 2001

Medical Director, Expedited Reviews, Murrysville, Pennsylvania

June 2000 – September 2000

Interim Medical Director, Rehabilitation Unit, The Western Pennsylvania Hospital, Pittsburgh, Pennsylvania

Current Medical Staff, Administrative and Clinical Positions

April 1997 – Present

Member, Board of Governors, HEALTHSOUTH Harmarville Rehabilitation Hospital, Pittsburgh, Pennsylvania

Active Medical Staff, HEALTHSOUTH Harmarville Rehabilitation Hospital, Pittsburgh, Pennsylvania

Medical Director, HEALTHSOUTH Harmarville Rehabilitation Hospital, Pittsburgh, Pennsylvania

July 1997 – Present

Consulting Medical Staff, Bryn Mawr Rehabilitation Hospital, Bryn Mawr, Pennsylvania

September 1997 – Present

Medical Director, The Western Pennsylvania Hospital – HEALTHSOUTH Harmarville Outpatient, Pittsburgh, Pennsylvania

Active Medical Staff, The Western Pennsylvania Hospital, Pittsburgh, Pennsylvania

November 1997 – Present

Active Medical Staff, Suburban General Hospital, Pittsburgh, Pennsylvania

February 1998 – Present

Consulting Medical Staff, St. Francis Nursing Center East, Pittsburgh, Pennsylvania

April 1999 – Present

Consulting Medical Staff, Manor Care Nursing Center, Pittsburgh, Pennsylvania

July 2000 – Present

Admitting Privileges, The Western Pennsylvania Hospital Inpatient Rehabilitation Unit, Pittsburgh, Pennsylvania

November 2003 – Present

Member, Physician Advisory Board, HEALTHSOUTH, Pittsburgh, Pennsylvania

Regional Medical Director, HEALTHSOUTH, Pittsburgh, Pennsylvania

ACADEMIC APPOINTMENTS

1978 – 1981

Clinical Instructor, Department of Physical Medicine and Rehabilitation, Ohio State University, Columbus, Ohio

1983 – 1991

Clinical Assistant Professor, Physical Medicine and Rehabilitation, Ohio State University, Columbus, Ohio

1985 – 1986

Clinical Instructor, Physical Medicine and Rehabilitation, University of Alabama, Birmingham, Alabama

1987 – 1991

Assistant Professor, Department of Physical Medicine and Rehabilitation, Chicago Medical School, Chicago, Illinois

Assistant Professor, Department of Physical Medicine and Rehabilitation, Rush Medical College, Chicago, Illinois

1989 – 1991

Adjunct Professor, Exercise Science/Cardiac Rehabilitation Program, Northeastern Illinois University, Chicago, Illinois

1992 – 1994

Clinical Associated Professor, University of Pennsylvania School of Medicine, Department of Rehabilitation Medicine, Philadelphia, Pennsylvania

1993 – 1997

Clinical Assistant Professor, Thomas Jefferson University Medical College Department of Rehabilitation Medicine, Philadelphia, Pennsylvania

1998 – 2000

Courtesy Associate Professor, Department of Rehabilitation Counseling, University of Florida, Gainsville, Florida

1996 – Present

Faculty, Rehabilitation Training Institute, University of Florida, Gainsville Florida

1997 – Present

Preceptor, Ambulatory Education for Internal Medicine Residency Program, The Western Pennsylvania Hospital, Pittsburgh Pennsylvania

1998 – Present

Adjunct Assistant Professor of Environmental and Occupational Health Graduate School of Public Health, Department of Environmental and Occupational Health, University of Pittsburgh, Pittsburgh, Pennsylvania

1999 – Present

Preceptor, Geriatric Education, The Western Pennsylvania Hospital, Pittsburgh, Pennsylvania

2000 to Present July

Clinical Assistant Professor, Department of Physical Medicine and Rehabilitation, Temple University, Philadelphia, Pennsylvania

EDITORIAL EXPERIENCE

1991 – Present Manuscript Reviewer, Archives of Physical Medicine and Rehabilitation

1993 – Present Manuscript Reviewer, American Journal of Physical Medicine and Rehabilitation

HONORS & AWARDS

1980 – 1981	Chief Resident, Physical Medicine and Rehabilitation, Ohio State University, Columbus, Ohio
March 1989	Master of Ceremonies, 25th Anniversary Awards Dinner, Association of Academic Physiatrists, Phoenix, Arizona
June 1993	Speaker, Farewell Dinner for Graduation Seniors in Ohio State University Physical Medicine and Rehabilitation Residency Program
October 1993	Physician Recognition Award in Continuing Medical Education, American Medical Association
1995 – 1996	Qualifying Examination Reviewer, American Board Independent Medical Examiners
1996	Physician Recognition Award in Continuing Medical Education, American Medical Association
April 1996	Rex Newton, M.D. Award, Pennsylvania Society of Physical Medicine and Rehabilitation for "Endometriosis Presenting as Piriformis Syndrome: A Case Report", Kenneth D. Wu, M.D., Richard P. Bonfiglio, M.D., Jay W. Siegfried, M.D., Frances J. Bonner, Jr., M.D.
September 1997	Inaugural Presenter, Professor Satiko Tomikawa Imamura Institute of Physical Medicine
1998	American Academy of Physical Medicine and Rehabilitation Medical Expert Directory
November 1998	American Academy of Physical Medicine and Rehabilitation Experts Directory for Rehabilitation of the Injured Worker
August 1999	Physician Recognition Award in Continuing Medical Education, American Medical Association

October 1999	HEALTHSOUTH Medical Director Award for Medical Staff Expansion
August 2001	Physician Recognition Award in Continuing Medical Education, American Medical Association
November 2003	HEALTHSOUTH Medical Leadership and Clinical Excellence Award

PROFESSIONAL COMMITTEES

1984 - 1991	Scientific Program Committee Member, American Academy of Physical Medicine and Rehabilitation
1988 – 1991	Scientific Program Committee Member, Association of Academic Physiatrists
	Awards Committee Member, Illinois Society of Physical Medicine and Rehabilitation
1989 – 1991	Program Committee Member, Physical Medicine and Rehabilitation Resident Regional Research Conference, Illinois Society of Physical Medicine and Rehabilitation
1990	Scientific Program Committee Chairperson, American Academy of Physical Medicine and Rehabilitation
	Honorary Benefit Committee Member, Legal Clinic for the Disabled
1990 – 1997	Self-Assessment Examination Subcommittee Member, American Academy of Physical Medicine and Rehabilitation

1991 – 1993	Regional Advisory Council Committee Member, Midwest Regional Head Injury Center for Rehabilitation and Prevention
	Membership Committee Chairperson, Association of Academic Physiatrists
1991 – 1994	Industrial Rehabilitation Medicine Special Interest Group Chairperson, American Academy of Physical Medicine and Rehabilitation
1991 – 1996	Study Guide Chapter Committee Member, American Academy of Physical Medicine and Rehabilitation
1992 – 1993	Nominating Committee Member, American Academy of Physical Medicine and Rehabilitation
1992 – 1994	Facility Standards of Subcommittee Member, American Academy of Physical Medicine and Rehabilitation
1993 – 1998	Founding Board Member, Physiatric Association of Spine, Sports and Occupational Rehabilitation Physicians
May 1994	Member, National Advisory Committee for Work Hardening Programs, Commission of Accreditation of Rehabilitation Facilities
1995	Health Policy and Legislation Committee, Physiactric Association of Spine, Sports and Occupational Rehabilitation
	Chairperson, Marketing Committee, Physiatric Association of Spine, Sports and Occupational Rehabilitation Physicians
	Member, National Advisory Committee for Health Promotion and Wellness Programs, Commission on Accreditation of Rehabilitation Facilities
1995 – 1997	Standards Committee, American Board of Independent Medical Examiners

1995 – 1998	Marketing and Communications Committee, Physiatric Association of Spine, Sports and Occupational Rehabilitation Physicians
1995 – 1999	Marketing Task Force, American Academy of Physical Medicine and Rehabilitation
1996 – 1998	National Integrated Spine Care Task Force, HEALTHSOUTH
	Research Committee, Physiatric Association of Spine, Sports and Occupational Rehabilitation Physicians
	Strategic Planning Task Force, Physiatric Association of Spine, Sports and Occupational Rehabilitation Physicians
1997 – 1998	First Member-at-Large, Physiatric Association of Spine, Sports and Occupational Rehabilitation Physicians
1998 – 2000	Legislative Committee, Allegheny County Medical Society
1998 – 2001	Occupational and Environmental Medicine Group, Allegheny County Medical Society
	Medical Legal Committee, Allegheny County Medical Society
1999 – 2001	Member, Medical Records Committee, Suburban General Hospital, Pittsburgh, Pennsylvania
	Member, Continuing Medical Education/Library Committee, Suburban General Hospital
	Physician Advisory Committee – Senior Health Services – The Western Pennsylvania Hospital
	Member, Medical Records Committee, Suburban General Hospital
	Member, Continuing Medical Education/Library Committee Suburban General Hospital

Present Professional Committees

1997 – Present

Chairperson, Institutional Review Board, HEALTHSOUTH Harmarville Rehabilitation Hospital

Chairperson, Continuing Medical Education Committee, HEALTHSOUTH Harmarville Rehabilitation Hospital

Member, Physician Health Committee, HEALTHSOUTH Harmarville Rehabilitation Hospital

1998 – Present

Member, Combined Ethics Committee HEALTHSOUTH Greater Pittsburgh Rehabilitation Hospital and HEALTHSOUTH Harmarville Rehabilitation Hospital

1999 – Present

Clinical Advisory Board, American Running and Fitness Association

MEMBERSHIP IN PROFESSIONAL AND SCIENTIFIC SOCIETIES

Current Memberships

- Allegheny County Medical Society
- American Academy of Disability Evaluating Physicians

- American Academy of Physical Medicine and Rehabilitation
- American Academy of Physical Medicine and Rehabilitation – Brain Injury
- American Academy of Physical Medicine and Rehabilitation – Cancer Rehab
- American Academy of Physical Medicine and Rehabilitation – Cardiopulmonary Rehab
- American Academy of Physical Medicine and Rehabilitation – Geriatric Rehab
- American Academy of Physical Medicine and Rehabilitation – Occupational Rehab
- American Academy of Physical Medicine and Rehabilitation – Pain Rehab
- American Academy of Physical Medicine and Rehabilitation – Pediatric Rehab
- American Academy of Physical Medicine and Rehabilitation – Spinal Cord Injury/NeuroRehab
- American Academy of Physical Medicine and Rehabilitation – Sports Medicine
- American Academy of Physical Medicine and Rehabilitation – Stroke & Neurologic Diseases
- American Association of ElectroDiagnostic Medicine
- American College of Rehabilitation Medicine
- American Congress of Rehabilitation Medicine
- American Medical Association
- American Running and Fitness Association

- Association of Academic Physiatrists
- Brain Injury Special Interest Group of the American Academy of Physical Medicine and Rehabilitation
- Clara Jean Ersoz, M.D., Medical Directors Forum, Hospital Council of Western Pennsylvania
- Geriatric Rehabilitation Special Interest Group of the American Academy of Physical Medicine and Rehabilitation
- Industrial Rehabilitation Special Interest Group of the American Academy of Physical Medicine and Rehabilitation
- International Rehabilitation Medicine Association
- North American Spine Society
- Pediatric Rehabilitation Special Interest Group of the American Academy of Physical Medicine and Rehabilitation
- Pennsylvania Academy of Physical Medicine and Rehabilitation
- Pennsylvania Medical Society
- Physiatric Association of Spine, Sports and Occupational Rehabilitation Physicians
- Physicians for Social Responsibility
- Pittsburgh Association of Occupational Physicians Committee
- Pittsburgh Pain Society
- Spinal Cord Injury Special Interest Group of the American Academy of Physical Medicine and Rehabilitation

Past Memberships in Professional and Scientific Societies

- Alabama Association of Rehabilitation
- Alabama Society of Physical Medicine and Rehabilitation
- Chester County Medical Society
- Chicago Medical Society
- Chicago Society of Physical Medicine and Rehabilitation
- Group on Institutional Planning, Association of American Medical Colleges
- Illinois Head Injury Association, Inc.
- Illinois State Medical Society
- Illinois Society of Physical Medicine and Rehabilitation
- Keystone Head Injury Foundation
- National Spinal Cord Injury Association
- Ohio Academy of Physical Medicine and Rehabilitation
- Philadelphia Society of Physical Medicine and Rehabilitation

ACCREDITATION AND EXAMINATION EXPEREINCE

1987 – 1994	Medical Surveyor, Commission on Accreditation of Rehabilitation Facilities
1988 – 1992	Member, Physician Advisor Panel, Celtic Life Insurance Company
May 1988	Guest Oral Examiner, American Board of Physical Medicine and Rehabilitation, Rochester, Minnesota
1990 – 1997	Item Writer, Self-Assessment Examination, Academy of Physical Medicine and Rehabilitation
May 1990	Guest Oral Examiner, American Board of Physical Medicine and Rehabilitation, Rochester, Minnesota
May 1992	Guest Oral Examiner, American Board of Physical Medicine and Rehabilitation, Rochester, Minnesota
1994 – 1995	Examination Item Writer, American Board of Physical Medicine and Rehabilitation
May 1994	Guest Oral Examiner, American Board of Physical Medicine and Rehabilitation, Rochester, Minnesota
1995 – 1997	Examination Item Writer, American Board of Independent Medical Examiners
May 2001	Guest Oral Examiner, American Board of Physical Medicine and Rehabilitation, Rochester, Minnesota

LECTURES FOR MEDICAL STUDENTS & RESIDENTS

1979

1. **"Comprehensive Management of Spinal Cord Injured Patients"**, Riverside Methodist Hospital Grand Rounds, Columbus, Ohio – April 1979

1980

2. **"Spinal Cord Injuries: Lecture for Allied Medicine 530"**, Ohio State University School of Allied Medicine, Columbus, Ohio – February 1980

3. **"Spinal Cord Injury Management"**, Grand Hospital Family Practice Grand Rounds, Columbus, Ohio – February 1980

4. **"Introduction to Various Aspects of Disability"**, Handicapped Drivers Training Seminar, Columbus, Ohio – September 1980

1981

5. **"Spinal Cord Injuries: Lecture for Allied Medicine 530"**, Ohio State University School of Allied Medicine, Columbus, Ohio – February 1981

6. **"Skeletal Muscle Diseases: Lecture for Allied Medicine 530"**, Ohio State University School of Allied Medicine, Columbus, Ohio – February 1981

1983

7. "**Introduction to Disability Evaluation**", Lecture for Ohio State Residents' Disability Course, Columbus, Ohio – March 1983

8. **"Innovations in Industrial Rehabilitation**", Great Lakes Rehabilitation Association Conference, Columbus, Ohio – April 1983

9. **"Iontophoresis and Traditional Electrical Stimulation",** Lecture for University of Pittsburgh Residents in Physical Medicine and Rehabilitation, Modality Lecture Series, Pittsburgh, Pennsylvania – September 1983

10. **"TENS, Acupuncture, Acupressure",** Lecture for University of Pittsburgh Residents in Physical Medicine and Rehabilitation, Modality Lecture Series, Pittsburgh, Pennsylvania – September 1983

1985

11. **Disability Determination"**, Shadyside Hospital Family Practice Residency Continuing Education Lectures, Pittsburgh Pennsylvania – January 1985

12. **"Testimony: Medical Expert Witness",** Lecture for Ohio State University Residents in Physical Medicine and Rehabilitation, Disability Lecture Series, Columbus, Ohio – July 1985

13. **"Electrical Stimulation",** Lecture for University of Pittsburgh Residents in Physical Medicine and Rehabilitation, Modality Lecture Series, Pittsburgh, Pennsylvania – December 1985

1986

14. **"Spinal Cord Injury"**, Lecture for UAB Sophomore Medical Students' Correlative Neurology Class, Birmingham, Alabama – January 1986

1987

15. **"Rehabilitation: Current Concepts & Anticipated Future Directions"**, Mount Sinai Hospital Medical Center, Chicago, Illinois – May 1987

16. **"Rehabilitation of Injured Workers"**, Lectures for Columbia University Residents in Physical Medicine and Rehabilitation, New York, New York – May 1987

17. **"Industrial Medicine"**, Lecture for Cook County Hospital Residents in Occupational Medicine, Chicago, Illinois – July 1987

18. **"Introduction to Rehabilitation for Industrially Injured Patients"**, Lecture for Northwestern University Medical School Residents in Physical Medicine and Rehabilitation, Chicago, Illinois – August 1987

19. **"Medical Testimony"**, Lecture for Northwestern University Medical School Residents in Physical Medicine and Rehabilitation, Chicago, Illinois – August 1987

20. **"Low Back Pain Management"**, Lecture for Northwestern University Medical School Residents in Physical Medicine and Rehabilitation, Chicago, Illinois – August 1987

21. **"Headache and Neck Pain Management"**, Lecture for Northwestern University Medical School Residents in Physical Medicine and Rehabilitation, Chicago, Illinois – August 1987

22. **"Management of the Closed Head Injured Patient"**, Martha Washington Hospital, Chicago, Illinois – September 1987

23. **"Comprehensive Musculoskeletal Evaluation"**, Lecture for Cook County Hospital Residents in Occupational Medicine, Chicago, Illinois – October 1987

24. **"Introduction to Pediatric Rehabilitation"**, Lecture for University of Chicago Residents in Pediatrics, LaRabida Hospital, Chief of Service Rounds, Chicago, Illinois – November 1987

1987

25. **"Medical Evaluation of the Industrially Injured Worker"**, Lecture for Hines VA Hospital Residents in Physical Medicine and Rehabilitation, Edward J. Hines, Jr., Veterans Hospital, Grand Rounds, Hines, Illinois – November 1987

1988

26. **"Management of Closed Head Injury Patients"**, Norwegian American Hospital, Chicago, Illinois – January 1988

27. **"Introduction to Electromyography"**, Mount Sinai Medical Center Internal Medicine Department Grand Rounds, Chicago, Illinois – March 1988

28. **"Pain Management in Children"**, Department of Pediatrics Grand Rounds, University of Chicago, Illinois – April 1988

29. **"Low Back Pain"**, Lecture for Occupational Medicine Residents, University of Illinois College of Medicine, Chicago, Illinois – April 1988

30. **"Introduction to Rehabilitation Medicine",** Mount Sinai Hospital North Grand Rounds, Chicago, Illinois – May 1988

31. **"Traumatic Brain Injury in Children",** Mount Sinai Hospital Medical Center Pediatric Grand Rounds, Chicago, Illinois – May 1988

32. **"Pain Management in Children",** Department of Pediatrics Grand Rounds, Loyola University Stritch School of Medicine Residents, Maywood, Illinois – July 1988

33. **"Industrial Medicine in Private Practice Setting",** Lecture for Ohio State University Residents in Physical Medicine and Rehabilitation, Ohio State University, Columbus, Ohio – August 1988

34. **"What is Rehabilitation Medicine?",** Lecture for Cook County Hospital Residents in Family Practice, Chicago, Illinois – September 1988

35. **"Spinal Cord Injury Management",** Grand Rounds, Schwab Rehabilitation Center, Chicago, Illinois – October 1988

1989

36. **"Introduction to Physical Medicine and Rehabilitation**", Lecture to Second Year Medical Students, Loyola University Medical Center, Maywood, Illinois – February 1989

37. **"Selecting and Establishing a Practice in Physiatry**", Lecture for Ohio State University Residents in Physical Medicine and Rehabilitation, Columbus, Ohio – February 1989

38. **"Introduction to Physical Medicine and Rehabilitation**", Lecture for Loyola Medical School Students, Chicago, Illinois – March 1989

39. **"Common Injuries and Their Prevention**", Health/Fitness Instructor Workshop, Northeastern Illinois University, Chicago, Illinois, April 1989

40. **"Occupational Medicine"**, Department of Rehabilitation Medicine, Grand Rounds, Northwestern University Medical School, Chicago, Illinois – August 1989

41. **"Epidemiology of Disease and Disability"**, Preventive Medicine Course, Lecture for the Chicago Medical School Students, Chicago, Illinois – August 1989

42. **"Introduction to Clinical Medicine"**, Lecture to Second Year Medical Students, Chicago Medical School, Chicago, Illinois – 1989

1990

43. **Introduction to Clinical Medicine**", Lecture to Second Year Medical Students, Chicago Medical School, Chicago, Illinois – 1990

44. **"Introduction to Industrial Rehabilitation Medicine**", Moss Rehabilitation, Inc., Philadelphia Pennsylvania – May 1990

45. "**Common Injuries and their Prevention**", Health/Fitness Instructor Workshop, American College of Sports Medicine, Northeastern Illinois University, Chicago, Illinois – October 1990

46. **"Job Interviewing and Contract Negotiation: What Myron May Not Have Told You"**, William Beaumont Hospital, Detroit Michigan – December 1990

47. **"Medical Testimony"**, William Beaumont Hospital, Detroit, Michigan – December 1990

48. **"Upper Limb Cumulative Trauma"**, William Beaumont Hospital, Detroit, Michigan – December 1990

1991

49. **Introduction to Clinical Medicine**", Lecture to Second Year Medical Students, Chicago, Illinois – 1991

50. **"Athletic Lower Back Injury Rehabilitation"**, Sophomore Medicine Students, University of Health Sciences, The Chicago Medical School, North Chicago, Illinois – January 1991

51. **"Industrial Rehabilitation"**, Grand Rounds, Metro Health Medical Center Cleveland, Ohio – March 1991

52. **"Common Injuries and Their Prevention"**, Health/Fitness Instructor Workshop, American College of Sports Medicine, Northeastern Illinois University, Chicago, Illinois – April 1991

53. **"Depositions/Documentation"**, Occupational Rehabilitation Medicine Course: Focus on Low Back Dysfunction Baylor College of Medicine, Houston, Texas – April 1991

54. **"Disability Evaluations"**, Occupational Rehabilitation Medicine Course: Focus of Low Back Dysfunction, Baylor College of Medicine, Houston, Texas – April 1991

55. **"Getting the Job You Always Wanted (Despite the Interviewing and Contract Negotiation Maze)"**, Schwab Rehabilitation Center, Chicago, Illinois – April 1991

56. **"Evaluation a Practice Position"**, Northwestern University Medical School, Chicago Illinois – April 1991

57. **"Occupational Medicine: An Update"**, Occupational Mental Health Workshop, University of Illinois Chicago, Chicago, Illinois – May 1991

58. **"Medical Testimony and Documentation"**, Northwestern University Medical School, Chicago, Illinois – May 1991

59. **"Industrial Rehabilitation Medicine"**, Lecture for University of Pennsylvania Medical Center Residents in the Department of Rehabilitation Medicine, Philadelphia, Pennsylvania – December 1991

1992

60. **"Industrial Rehabilitation Medicine"**, Grand Rounds, University of Pennsylvania Medical Center, Philadelphia, Pennsylvania – January 1992

61. **"Industrial Rehabilitation Medicine"**, Grand Rounds, Bryn Mawr Hospital, Bryn Mawr, Pennsylvania – June 1992

62. **"Comprehensive Management of Low Back Pain"**, Temple University Hospital Physical Medicine and Rehabilitation Alumni Day Symposium, Philadelphia, Pennsylvania – June 1992

63. **"Industrial Rehabilitation Medicine: Medical Assessment and Management"**, Hospital of the University of Pennsylvania/Graduate Hospital Residency Program Lecture Series – November 1992

1993

64. **"Chronic Repetitive Injuries in the Workplace"**, Lecture for Northwestern University Medical School Residents, Department of Physical Medicine and Rehabilitation, Chicago, Illinois – April 1993

65. **"Physiatric Therapeutics"**, Lecture for Thomas Jefferson University Hospital, Department of Rehabilitation Medicine Residents, Philadelphia, Pennsylvania – June 1993

66. **"The Future of Industrial Rehabilitation Medicine"**, Honored Speaker, Resident Farewell Day, Ohio State University, Columbus, Ohio – June 1993

67. **"Documentation Issues and Medical Testimony"**, Honored Speaker, Resident Farewell Day, Ohio State University, Columbus, Ohio – June 1993

1994

68. **"Introduction to Industrial Rehabilitation Medicine: The Non-Cutting Edge"**, Grand Rounds, National Rehabilitation Hospital, Washington, D.C. – January 1994

69. **"Introduction to Industrial Rehabilitation Medicine: The Non-Cutting Edge"**, Lecture to Second Year Medical Students, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania – April 1994

70. **"Forensic Rehabilitation"**, Presentation to Post Doctoral Fellows in Forensic Psychology, University of Pennsylvania, Philadelphia, Pennsylvania – April 1994

71. **"Disability Assessment"**, Lecture for Graduate Hospital Physical Medicine and Rehabilitation Residency Training Program, Philadelphia, Pennsylvania – August 1994

72. **"Documentation Issues and Medical Testimony in Industrial Medicine"**, Industrial Medicine Seminar, Charlotte Institute of Rehabilitation, Charlotte, North Carolina – November 1994

73. **"Industrial Rehabilitation Medicine: The Non-Cutting Edge"**, Industrial Medicine Seminar, Charlotte Institute of Rehabilitation, Charlotte, North Carolina – November 1994

1995

74. **"Industrial Rehabilitation Medicine Overview"**, Lecture for Physical Medicine and Rehabilitation Residents, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania – August 1995

1996

75. **"Industrial Rehabilitation Medicine: The Non-Cutting Edge Approach for Management of Spine Disorders & Disability Assessment"**, Lecture for Physical Medicine and Rehabilitation

Residents, Graduate Hospital, Philadelphia, Pennsylvania – February 1996

76. **"Recognizing Patients Who Are Rehabilitation Candidates",** Lecture for Family Practice Residents Hamot Medical Center, Erie, Pennsylvania – November 1996

1997

77. **"Rehabilitation Consultant" Meeting the Needs of Your Patients",** Lecture for Residents and Medical Students Metro Hospital, Erie, Pennsylvania – February 1997

78. **"Understanding Pain"**, Lecture for Family Practice Residents Hamot Medical Center, Erie, Pennsylvania – March 1997

79. **"Introduction to Industrial Rehabilitation Medicine",** Lecture for Physical Medicine and Rehabilitation Residents, University of Pittsburgh Medical School, Pittsburgh, Pennsylvania – July 1997

80. **"How to Get the Right Job in Physical Medicine and Rehabilitation",** HEALTHSOUTH Harmarville Rehabilitation Hospital Resident Lecture Series, Pittsburgh, Pennsylvania – October 1997

81. **"Industrial Rehabilitation Medicine: The Non-Cutting Edge Approach for Management of Spine Disorders",** Lecture for Internal Medicine Residents, The Western Pennsylvania Hospital, Pittsburgh, Pennsylvania, October 1997

1998

82. **"Industrial Rehabilitation Medicine Approach to Patients with Spine Pain",** Lecture for Family Practice Residents, The Western Pennsylvania Hospital, Pittsburgh, Pennsylvania – February 1998

83. **"The Future of Rehabilitation Medicine",** Lecture for Internal Medicine Residents, The Western Pennsylvania Hospital, Pittsburgh, Pennsylvania – February 1998

84. **"Industrial Rehabilitation Medicine Approach to Patients with Spine Pain",** Lecture for Internal Medicine Residents, The Western Pennsylvania Hospital, Pittsburgh, Pennsylvania – March 1998

85. **"Assessment and Management of Injured Workers: Disability Evaluation, Ergonomics and Return to Work Strategies",** Lecture for Internal Medicine Residents, The Western Pennsylvania Hospital, Pittsburgh, Pennsylvania – August 1998

86. **"Preparation for Deposition, Courtroom Testimony, Documentation and Record Keeping and Ethical Issues",** St. Francis Medical Center Physical Medicine and Rehabilitation Residency Program, Pittsburgh, Pennsylvania – September 1998

87. **"Expert Witness Testimony: Preparation for Deposition, Courtroom Testimony, Documentation and Record Keeping and Ethical Issues",** Brown Bag Lecture Series, Hines Veterans Administration Hospital, Chicago, Illinois – October 1998

88. **"Independent Medical Evaluation: Comprehensive Musculoskeletal Evaluations Including 'How to Identify Malingering'",** Brown Bag Lecture Series, Hines Veterans Administration Hospital, Chicago, Illinois – October 1998

89. **"Assessment and Management of Injured Workers: Disability Evaluation, Ergonomics and Return to Work Strategies",** Brown Bag Lecture Series, Hines Veterans Administration Hospital, Chicago, Illinois – October 1998

1999

90. **"Assessment and Management of Individuals with Musculoskeletal Injuries",** Occupational Medicine Course, University of Pittsburgh Graduate School of Public Health, Department of Environmental and Occupational Health, Pittsburgh Pennsylvania – February 1999

2001

91. **"Misconceptions Regarding Independent Medical Evaluations"**, University of Pittsburgh Department of Occupational Medicine, Graduate School of Public Health, Pittsburgh Pennsylvania – February 2001

92. **"Medical Testimony: Preparation of Deposition and Courtroom Testimony, Documentation and Record Keeping and Ethical Issues"**, University of Pittsburgh Department of Occupational Medicine, Graduate School of Public Health, Pittsburgh, Pennsylvania – February 2001

93. **"Workers Compensation and Disability Determination"**, Medical Residents, St. Francis Hospital, Pittsburgh, Pennsylvania – June 2001

94. **"The Use of Independent Medical Evaluations (IME) in Litigation"**, American Association of Legal Nurse Consultants, Pittsburgh Chapter, Pittsburgh, Pennsylvania – October 2001

95. **"Rehabilitation Update"**, St. Francis Medical Residence, St. Francis Hospital, Pittsburgh, Pennsylvania – October 2001

96. **"Geriatric Rehabilitation"**, The Western Pennsylvania Hospital Residents and Interns, The Western Pennsylvania Hospital, Pittsburgh, Pennsylvania – November 2001

2002

97. **"Cumulative Trauma Disorders"**, University of Pittsburgh Department of Occupational Medicine, Graduate School of Public Health, Pittsburgh, Pennsylvania – February 2002

98. **"Distinguishing Organic Disease versus Psychogenic Enhancement versus Malingering"**, University of Pittsburgh Department of Occupational Medicine, Graduate School of Public Health, Pittsburgh, Pennsylvania – February 2001

2003

99. **"Common Medical Conditions in the Elderly"**, Community College of Allegheny County, Allegheny Campus, Byers Hall, Pittsburgh, Pennsylvania – May 2003

MEDICAL PRESENTATIONS

1979

1. **"Electromyographic Changes Following the Operative Use of the Pneumatice Tourniquet"**, American Academy of Physical Medicine and Rehabilitation, Honolulu, Hawaii – November 1979

1980

2. **"Triple Level Cervical Instability in a Rheumatoid Arthritic"**, American Academy of Physical Medicine and Rehabilitation, Washington, D.C. – October 1980

1981

3. **"An Unusual Differential of Superior Mesenteric Artery Syndrome"**, American Spinal Injury Association, New Orleans, Louisiana – March 1981

1982

4. **"Cost Effectiveness of Early Intervention in Industrial Injuries"**, American Academy of Physical Medicine and Rehabilitation, Houston, Texas – November 1982

5. **"Early Intervention with Industrial Injuries"**, American Academy of Physical Medicine and Rehabilitation, Houston, Texas – November 1982

1983

6. **"Industry-Based Rehabilitation"**, Industrial Commission of Ohio, Rehabilitation Division, Columbus, Ohio – February 1983

7. **"Industry Disability"**, American Congress of Rehabilitation Medicine, Los Angeles, California – November 1983

8. **"Rehabilitation of Injured Workers: Comparison of Three Management Strategies",** American Academy of Physical Medicine and Rehabilitation, Los Angeles, California – November 1983

9. **"Outpatient Care of Chronic Back Pain",** Chessie. Occupational Medicine Seminar, Greenbrier, West Virginia – November 1983

1984

10. **"Cumulative Trauma Disorders",** Western Pennsylvania Safety Council, Cumulative Trauma Seminar, Pittsburgh, Pennsylvania – May 1994

11. **"Cumulative Trauma Disorders",** Chessie Occupational Medicine Seminar, Greenbrier, West Virginia – November 1984

12. **"Medical Management of the Industrially Injured Patient",** Occupational Injury Education Program, Pittsburgh, Pennsylvania – November 1984

1985

13. **"Early Treatment for Injured Workers: The Case for Rehabilitation",** Harmarville Rehabilitation Center Grand Rounds, Pittsburgh, Pennsylvania – June 1985

14. **"Physiatry – A New Improved Approach",** Intracorp Seminar, Birmingham, Alabama – June 1985

15. **"Physiatry – A New Improved Approach",** Intracorp Seminar, Birmingham, Alabama – August 1985

16. **"Journal Club"**, University of Alabama In Birmingham, Birmingham, Alabama – August 1985

17. **"Testimony: Medical Expert Witness"**, Harmarville Rehabilitation Center Grand Rounds, Pittsburgh, Pennsylvania – September 1985

18. **"Medical Predictors of Vocational Success: A Clinical Perspective"**, American Congress of Rehabilitation Medicine, Kansas City, Missouri – October 1985

19. **"Syllabus Update: Rehabilitation in Spinal Cord Disorder"**, Coordinator for American Academy of Physical Medicine and Rehabilitation, Kansas City, Missouri – October 1985

20. **"Stroke – Update 1985"**, Coordinator for American Academy of Physical Medicine and Rehabilitation, Kansas City, Missouri – October 1985
21. **"Disability Evaluation of Industrial Workers"**, American Academy of Physical Medicine and Rehabilitation, Kansas City, Missouri – October 1995

22. **"Work Evaluation/Vocational Rehabilitation Scientific Paper Sessions"**, Discussant, American Academy of Physical Medicine and Rehabilitation, Kansas City, Missouri – October 1985

23. **"Prevention of Nuclear Holocaust"**, Coordinator for American Academy of Physical Medicine and Rehabilitation, Kansas City, Missouri – October 1985

24. **"Multiple Sclerosis"**, Coordinator for America Academy of Physical Medicine and Rehabilitation, Kansas City, Missouri – October 1995

25. **"Spinal Cord Regeneration"**, Coordinator for American Academy of Physical Medicine and Rehabilitation, Kansas City, Missouri – October 1985

26. **"Neurogenic Bladder"**, Coordinator for American Academy of Physical Medicine and Rehabilitation, Kansas City, Missouri – October 1985

27. **"Osteoporosis"**, Coordinator for American Academy of Physical Medicine and Rehabilitation, Kansas City, Missouri – October 1985

28. **"Medical Aspects of Vocational Impairment and Disability Evaluation"**, Arthritis Disability Assessment Seminar, Sioux Falls, South Dakota – October 1985

29. **"Back Problems in Industry: Issues and Answers for Today's Occupational Physician"**, Industrial Health Foundation, Inc. Seminar, Orlando, Florida – December 1985

1986

30. **"Comprehensive Evaluation of Rehabilitation of Personal Injuries"**, Alabama Trial Lawyers Association Meeting, Birmingham, Alabama – January 1986

31. **"Wage Loss versus Percentage of Disability"**, Alabama Trial Lawyers Association Meeting, Birmingham, Alabama – January 1986

32. **"The Expert Witness"**, Lakeshore MedCORE Clinic Seminar, Mobile, Alabama – May 1986

33. **"Alternatives to Inpatient Rehabilitation"**, Coordinator, American Academy of Physical Medicine and Rehabilitation, Baltimore, Maryland – October 1986

34. **"Prognosticating Factors in Determining Vocation Rehabilitation Candidacy",** American Academy of Physical Medicine and Rehabilitation, Baltimore, Maryland – October 1986

35. **"Testimony – Part of Disability Evaluation",** American Academy of Physical Medicine and Rehabilitation, Baltimore, Maryland – October 1986

36. **"Spinal Cord Injury",** Discussant, American Academy of Physical Medicine and Rehabilitation, Baltimore, Maryland -October 1986

37. **"Clinical Hypnosis – Homage to Mesmer",** Coordinator, American Academy of Physical Medicine and Rehabilitation, Baltimore, Maryland – October 1986

38. **"Comprehensive Outpatient Rehabilitation Facilities Development",** Discussant, American Academy of Physical Medicine and Rehabilitation, Baltimore, Maryland – October 1986

39. **"Single Fiber EMG",** Coordinator, American Academy of Physical Medicine and Rehabilitation, Baltimore, Maryland – October 1986

1987

40. **"Serious Railroad Injuries and Vocational Rehabilitation",** Association of American Railroads Claims Personnel Seminar, Schamburg, Illinois – May 1987

41. **"Introduction to Rehabilitation",** Bethany Methodist Hospital Department of Surgery Meeting, Chicago, Illinois – June 1987

42. **"Common Injuries of the Running Athlete: Case Presentations",** Coordinator, American Academy of Physical Medicine and Rehabilitation, Orlando, Florida – October 1987

43. **"Setting Up a Sports Medicine Practice"**, Coordinator, American Academy of Physical Medicine and Rehabilitation, Orlando, Florida – October 1987

44. **"Visual Evoked Potentials"**, Coordinator, American Academy of Physical Medicine and Rehabilitation, Orlando, Florida – October 1987

45. **"Applying Leadership Skills in Conflict Management"**, Coordinator, American Academy of Physical Medicine and Rehabilitation/Association of Academic Physiatrists, Orlando, Florida – October 1987

46. **"Medical Testimony Workshop"**, Coordinator, American Academy of Physical Medicine and Rehabilitation, Orlando, Florida – October 1987

47. **"Negotiating Skills"**, Coordinator/Discussant, American Academy of Physical Medicine and Rehabilitation, Orlando, Florida – October 1987

48. **"A New PM&R Frontier: Occupational Injury Rehabilitation"**, American Academy of Physical Medicine and Rehabilitation, Orlando, Florida – October 1987

49. **"Future Directions for Hospital-Based Rehabilitation, Managing Hospitals in the '90s"**, Joint China – United States Conference, Beijing, China – November 1987

50. **"Evaluation of the Industrial Injured Worker – Back Injury"**, Lecture for Chicago Medical School Physical Medicine and Rehabilitation Residents, Chicago, Illinois – November 1987

1988

51. **"Case Management of the Closed Head Injury Patient", Grand Rounds",** Martha Washington Hospital, Chicago, Illinois – January 1988

52. **"Serious Railroad Injuries and Vocational Rehabilitation",** General Claims Conference, Schamburg, Illinois – May 1988

53. **"Introduction to Rehabilitation",** Psychiatry Grand Rounds, Department of Psychiatry and Behavioral Sciences, Mt. Sinai Hospital Medical Center, Chicago, Illinois – June 1988

54. **"The Business and Legal Aspects of Physiatric Practice: Preparing for Testimony and Under Oath Mock Courtroom Testimony",** University of Colorado Health Sciences Center, Department of Rehabilitation Medicine, Vail, Colorado – September 1988

55. **"Rehabilitation of Patients at Risk for Pressure Ulcers",** Pressure Sores: An Update on Prevention and Management, The University of Chicago Wound Healing Research Center Second National Symposium, Chicago, Illinois – October 1988

56. **"HELO Brace: A New Treatment for Knew Hyperextension",** American Academy of Physical Medicine and Rehabilitation, Seattle, Washington – November 1988

57. **"Multiphasic Ankle Foot Orthosis",** American Academy of Physical Medicine and Rehabilitation, Seattle, Washington – November 1988

58. **"Prefabrication of Adjustable Below and Above Knee Prosthetic Sockets: Indication for Use in Postoperative Setting",** American Academy of Physical Medicine and Rehabilitation, Seattle, Washington – November 1988

59. **"Efficacy of TENS for Postoperative Hip Fracture Pain Management",** American Academy of Physical Medicine and Rehabilitation, Seattle, Washington – November 1988

60. **"Gastrointestinal Perforations",** American Academy of Physical Medicine and Rehabilitation, Seattle, Washington – November 1988

61. **"Rehabilitation of a Two-Year Old Boy with Acquired Quadrilateral Amputation"**, American Academy of Physical Medicine and Rehabilitation, Seattle, Washington – November 1988

62. **"A Comparative Controlled Study of the Efficacy of D-Glucose Polysaccharide (DGP) and Povidone Iodine in the Management of Pressure Ulcers (Decubitus Ulcers)"**, American Academy of Physical Medicine and Rehabilitation, Seattle, Washington – November 1988

63. **"Ankle Taping in Hemiplegia: Alternative Ankle Foot Orthosis"**, American Academy of Physical Medicine and Rehabilitation, Seattle, Washington – November 1988

64. **"Industrial Injury Prevention or Ergonomics for the Non-Engineer"**, Discussant, American Congress of Rehabilitation Medicine, Seattle, Washington – November 1988

65. **"Negotiating an Employment Contract"**, Coordinator, American Academy of Physical Medicine and Rehabilitation, Seattle, Washington – November 1988

66. **"Case Presentation: Utilizing and Interactive Format"**, Coordinator/Speaker, American Association of Physical Medicine and Rehabilitation, Seattle, Washington – November 1988

67. **"Study Guide Update: Rehabilitation of Musculoskeletal and Soft Tissue Disorders"**, Coordinator, American Academy of Physical Medicine and Rehabilitation, Seattle Washington – November 1988

68. **"Building a New Development"**, Coordinator, American Academy of Physical Medicine and Rehabilitation, Seattle, Washington – November 1988

69. **"Persistent Vegetative State: Institutional Versus Home Care"**, American Congress of Rehabilitation Medicine, Seattle, Washington – November 1988

70. **"The Physiatrist in Industrial Rehabilitation"**, Coordinator/Moderator, American Academy of Physical Medicine and Rehabilitation, Seattle, Washington – November 1988

71. **"Long-Term Care Planning for the Catastrophically Disabled: Putting the Puzzle Together"**, Coordinator/Speaker, American Academy of Physical Medicine and Rehabilitation, Seattle, Washington – November 1988

1989

72. **"Occupational Back Injury Management Including Role of Rehabilitation"**, Occupational Health Nursing: Basic Theory and Update, The University of Illinois at Chicago, Chicago, Illinois - March 1989

73. **"Strategies in the Management of Chronic Pain"**, Medical Grand Rounds, Mt. Sinai Medical Center, Chicago, Illinois – May 1989

74. **"Cumulative Trauma"**, Association of American Railroads, General Claims Conference, Chicago, Illinois – May 1989

75. **"Preparing for Testimony and Under Oath Mock Courtroom Testimony"**, The Business and Legal Aspects of Physiatric Practice, University of Colorado Health Sciences Center, Department of Rehabilitation Medicine, Vail, Colorado – September 1989

76. **"Common Injuries and Their Prevention"**, American College of Sports Medicine Health/Fitness Instructor Workshop, Northwestern Illinois University, Chicago, Illinois – October 1989

77. **"Rehabilitation for Brain Injured Individuals"**, The Center for the Rehabilitation and Training of Persons with Disabilities, Chicago, Illinois – November 1989

78. **"Special Studies in Electrodiagnosis"**, Moderator, American Academy of Physical Medicine and Rehabilitation, San Antonio, Texas – November 1989

79. **"Selected Electrodiagnostic Studies"**, Moderator, American Academy of Physical Medicine and Rehabilitation, San Antonio, Texas – November 1989

80. **"Continuous Passive Motion for Treatment of Reflex Sympathetic Dystrophy"**, American Academy of Physical Medicine and Rehabilitation, San Antonio, Texas – November 1989

81. **"Rehabilitation Management of Osteonecrosis: Emphasis on Vocational Issues"**, American Academy of Physical Medicine and Rehabilitation, San Antonio, Texas – November 1989

82. **"Rehabilitation Length of Stay Predictions Following Cerebrovascular Accidents Based Upon Admission Ambulatory Status"**, American Academy of Physical Medicine and Rehabilitation, San Antonio, Texas – November 1989

83. **"Muscle Strength Testing and Training for Prevention of Athletic Injuries"**, American Academy of Physical Medicine and Rehabilitation, San Antonio, Texas – November 1989

84. **"Septic Arthritis Obscured by Reflex Sympathetic Dystrophy in Hemiplegia"**, American Academy of Physical Medicine and Rehabilitation, San Antonio Texas – November 1989

85. **"Thrombophlebitis Treatment Complicated by Lupus-Related Coagulopathy"**, Americal Academy of Physical Medicine and Rehabilitation, San Antonio, Texas – November 1989

86. **"Cooling Effects of Distal Sensory Latencies in Carpal Tunnel Syndrome"**, American Academy of Physical Medicine and Rehabilitation, San Antonio, Texas – November 1989

87. **"Physiatric Case Management"**, American Academy of Physical Medicine and Rehabilitation, San Antonio, Texas – November 1989

88. **"Isloated Angiitis of the Central Nervous System: An Unusual Cause of Acute Hemiplegia of Childhood"**, American Academy of Physical Medicine and Rehabilitation, San Antonio, Texas – November 1989

89. **"Negotiating Personal Professional Contracts"**, Coordinator, American Academy of Physical Medicine and Rehabilitation, San Antonio, Texas – November 1989

90. **"Practical Rheumatology Workshop"**, Coordinator / Moderator, American Academy of Physical Medicine and Rehabilitation, San Antonio, Texas – November 1989

91. **"Ethical and Clinical Issues in Competency Determination"**, Coordinator, American Academy of Physical Medicine and Rehabilitation, San Antonio, Texas – November 1989

92. **"Electrodiagnosis Scientific Paper Session"**, Moderator, American Academy of Physical Medicine and Rehabilitation, San Antonio, Texas – November 1989

93. **"Upper Limb Cumulative Trauma Disorders"**, Coordinator, American Academy of Physical Medicine and Rehabilitation, San Antonio, Texas – November 1989

94. **"Malingering or Maligned – Examination Determination"**, Coordinator, American Academy of Physical Medicine and Rehabilitation, San Antonio, Texas – November 1989

95. **"Some Basics of Starting a Medical Practice: Practice Alternatives and Financial Management"**, Coordinator, American Academy of Physical Medicine and Rehabilitation, San Antonio, Texas – November 1989

96. **"Evolution of Product Line Management and its Impact on Physiatric Practice"**, American Academy of Physical Medicine and Rehabilitation, San Antonio, Texas – November 1989

97. **"Special Interest Group: Case Studies in Industrial Rehabilitation Medicine"**, American Academy of Physical Medicine and Rehabilitation, San Antonio Texas – November 1989

98. **"Industrial Rehabilitation – Program Development and Physiatric Management"**, Department of Physical Medicine and Rehabilitation, Grand Rounds, Mayo Clinic, Rochester, Minnesota – December 1989

99. **"Providing for the Underserved: Program Implications"**, National Head Injury Foundation, Chicago, Illinois – December 1989

1990

100. **"Low Back Pain in the Workplace",** Department of Physical Medicine and Rehabilitation, Grand Rounds, University of Illinois College of Medicine, Chicago, Illinois – January 1990

101. **"Rehabilitation Following Traumatic Brain Injury",** Illinois Case Management Network, Chicago, Illinois – March 1990

102. **"Occupational Back Injuries"**, Occupational Health Nursing: Basic Theory and Update, The University of Illinois at Chicago, Chicago, Illinois – March 1990

103. **"Getting the Resources for Research",** Coordinator, Association of Academic Physiatrists, Tampa, Florida – March 1990

104. **"The Journal Club as a Springboard to Research",** Association of Academic Physiatrists, Tampa, Florida – March 1990

105. **"Fostering Resident Research: A Model Program",** Association of Academic Physiatrists, Tampa, Florida – March 1990

106. **"First Annual Physical Medicine and Rehabilitation Resident Regional Research Conference",** Association of Academic Physiatrists, Tampa, Florida – March 1990

107. **"Common Injuries and Their Prevention",** American College of Sports Medicine Health/Fitness Workshop, Northeastern Illinois University, Chicago, Illinois – April 1990

108. **"When Should the Rehabilitation Process Begin? Early Intervention",** Wisconsin Society of Physical Medicine and Rehabilitation Meeting, Green Bay, Wisconsin – April 1990

109. **"Function and Activity of the Program Committee for the American Academy of Physical Medicine and Rehabilitation"**, Department of Physical Medicine and Rehabilitation, Mayo Clinic, Rochester, Minnesota – May 1990

110. **"Tertiary Prevention through Goal-Oriented Rehabilitation"**, University of Health Sciences/The Chicago Medical School, Chicago, Illinois – September 1990

111. **"Fitness and Disability Evaluation of Musculoskeletal Problems"**, Occupational Medicine for the Primary Practitioner, Oakbrook, Illinois – September 1990

112. **"Medical Testimony"**, American Academy of Physical Medicine and Rehabilitation, Phoenix, Arizona – October 1990

113. **"Industrial Rehabilitation"**, Coordinator, American Academy of Physical Medicine and Rehabilitation, Phoenix, Arizona – October 1990

114. **"The Art of Effective Scientific Presentation"**, Coordinator, American Academy of Physical Medicine and Rehabilitation, Phoenix, Arizona – October 1990

115. **"Polyarteritis Nodosa as a Cause of Cerebrovascular Accident"**, American Academy of Physical Medicine and Rehabilitation, Phoenix, Arizona – October 1990

116. **"Pediatric Patient Education: Training the High-Risk Caregiver"**, American Academy of Physical Medicine and Rehabilitation, Phoenix, Arizona – October 1990

117. **"Industrial Rehabilitation: Model Program for Resident Training"**, American Academy of Physical Medicine and Rehabilitation, Phoenix, Arizona – October 1990

118. **"Conducting a Small Focus Group Session"**, American Academy of Physical Medicine and Rehabilitation, Phoenix, Arizona – October 1990

119. **"Ethical Dilemmas Resulting from Overabundant Reimbursement"**, American Academy of Physical Medicine and Rehabilitation, Phoenix, Arizona – October 1990

120. **"Innovative Resident Training: Programmatic Approach"**, Michigan Society of PM&R, Detroit, Michigan – December 1990

121. **Current Concepts for Rehabilitation of Stroke Patients"**, Saint Anthony Hospital, Chicago, Illinois – December 1990

1991

122. **"Current Concepts for Rehabilitation of Stroke Patients"**, Saint Anthony Hospital, Chicago, Illinois – January 1991

123. **"Administrative and Teaching Aspects of Industrial Medicine and Rehabilitation"**, Association of Academic Physiatrists – March 1991

124. **"Occupational Back Injuries"**, Occupational Health Nursing: Basic Theory and Update, The University of Illinois at Chicago, Chicago, Illinois – March 1991

125. **"What's new in Industrial Rehabilitation"?** Rehabilitation Update: 1991, Chicago Medical Society, Chicago, Illinois – March 1991

126. **"Serious Railroad Employee Injuries"**, AAR Claims Personnel Seminar, Schamburg, Illinois – May 1991

127. **"Effects of Cigarette Smoking: A Global Perspective"**, Medical Leadership Conference, Westfields, Virginia – July 1991

128. **"Study Guide Update: Spinal Cord Disorders"**, Coordinator, American Academy of Physical Medicine and Rehabilitation, Washington, D.C. October 1991

129. **"Catastrophic Disability Management in Pediatrics: Pediatric Medical Exam for Disability Case Management and Medical Consequences of Childhood Onset of Disability"**, American Academy of Physical Medicine and Rehabilitation, Washington, D.C. – October 1991

130. **"Objective Findings in Physical Examination of the Injured Worker"**, Moderator, American Academy of Physical Medicine and Rehabilitation, Washington, D.C. – October 1991

131. **"Electromyographic Evaluation of Ulnar Neuopathy"**, Moderator, American Academy of Physical Medicine and Rehabilitation, Washington, D.C. – October 1991

132. **"Rehabilitation Medical Records for the 1990's Litigious Documentation Issues"**, American Academy of Physical Medicine and Rehabilitation, Washington, D.C. – October 1991

133. **"Occupational Rehabilitation: Cumulative Trauma Disorders in the Workplace – How to Write an Objective Report"**, American Academy of Physical Medicine and Rehabilitation, Washington, D.C. – October 1991

134. **"Quality Assurance in Electrodiagnosis"**, Moderator, American Academy of Physical Medicine and Rehabilitation, Washington, D.C. – October 1991

135. **"Cocaine Associated Cerebrovascular Accidents Among Young African-Americans"**, Scientific Poster Presentation, American academy of Physical Medicine and Rehabilitation, Washington, D.C. – October 1991

136. **"Awakenings II: Pharmacological Roles of Metoclopramide and Sinemet in Akinetic Mutism"**, Scientific Poster Presentation, American Academy of Physical Medicine and Rehabilitation, Washington, D.C. – October 1991

137. **"Learning to be an Administrator",** Preparing Yourself for Physiatric Practice, Washington, D.C. – October 1991

138. **"What to Look for and Whom to See During your Interview",** Preparing Yourself for Physiatric Practice, Washington, D.C. – October 1991

139. **"Repetitive Trauma Injuries",** Intracorp, Philadelphia, Pennsylvania – November 1991

1992

140. **"Making Meetings More Meaningful"**, Lead, Follow or Get Out of the Way – Challenges for Managing the Academic Department", Association of Academic Physiatrists – February 1992

141. **"Personnel Problems",** Lead, Follow or Get Out of the Way – Challenges for Managing the Academic Department", Association of Academic Physiatrists – February 1992

142. **"Repetitive Trauma Injuries",** Intracorp, Philadelphia, Pennsylvania – March 1992

143. **"Industrial Medicine",** PA NARPPS Fourth Annual Conference – Rehabilitation: Meeting the Challenges of Change, Atlantic City, New Jersey – May 1992

144. **"Documentation Issues and Testimony Related to Evaluation and Treatment of Injured Worker",** Fourth Annual Meeting, Puerto Rico Section PM&R, Humacao, Puerto Rico, -September 1992

145. **"Management of Cervical and Upper Limb Cumulative Trauma Disorder of Injured Workers**", Fourth Annual Meeting, Puerto Rico Section PM&R, Humacao, Puerto Rico, -September 1992

146. **"Objective Assessment in Industrial Rehabilitation Medicine"**, Fourth Annual Meeting, Puerto Rico Section PM&R, Humacao, Puerto Rico – September 1992

147. **"Learning to be an Administrator"**, Preparing Yourself for Physiatric Practice, San Francisco, California – November 1992

148. **"What to Look for and Whom to See During your Interview"**, Preparing Yourself for Physiatric Practice, San Francisco, California - November 1992

149. **"Industrial Rehabilitation: Preceptorship Survey"**, Scientific Poster American Academy of Physical Medicine and Rehabilitation, San Francisco, California – November 1992

150. **"Evoked Potentials"**, Moderator, American Academy of Physical Medicine and Rehabilitation, San Francisco, California – November 1992

151. **"Litigation Issues: Impact on Injured Worker Treatment"**, American Academy of Physical Medicine and Rehabilitation, San Francisco, California – November 1992

152. **"Industrial Rehabilitation Medicine Update: The Non-Cutting Edge"**, Director and Moderator, American Academy of Physical Medicine and Rehabilitation, San Francisco, California – November 1992

153. **"Management of Cervical and Upper Limb Cumulative Trauma"**, Philadelphia Society of Physical Medicine and Rehabilitation, Philadelphia Pennsylvania – December 1992

1993

154. **"Documentation Issues and Testimony"**, Philadelphia Chapter ARN, Wayne, Pennsylvania – March 1993

155. **"Finding the Right Resources"**, Taking on the Aging Process Lecture Series sponsored by Bryn Mawr Rehab, Malvern, Pennsylvania – March 1993

156. **"Working with the Physician"**, Medical Case Management Conference, Orlando, Florida – September 1993

157. **"Fitness for Seniors"**, The Society of CPCU, Baltimore, Maryland – October 1993

158. **"Learning to be an Administrator"**, Preparing Yourself for Physiatric Practice, Miami Beach, Florida – October 1993

159. **"What to Look for and Whom to See During Your Interview"**, Preparing Yourself for Physiatric Practice, Miami Beach, Florida – October 1993

160. **"Disability Report Writing"**, American Academy of Physical Medicine and Rehabilitation, Miami Beach, Florida – November 1993

161. **"Acute Stage Evaluation and Management of Occupational Lumbar Injury"**, Physiatric Association of Spine, Sports and Occupational Rehabilitation, Miami Beach, Florida – November 1993

1994

162. **"Introduction to Life Care Planning"**, Comprehensive Rehabilitation Associates, Inc., King of Prussia, Pennsylvania – February 1994

163. **"The Evolving Role of Rehabilitation for Individuals with Physical and Cognitive Disabilities",** Independence Blue Cross, Philadelphia, Pennsylvania – March 1994

164. **"Physiatric Management of Individuals with Cumulative Trauma Disorders",** Main Line Health Workers Compensation Seminar, Radnor, Pennsylvania – March 1994

165. **"Reflex Sympathetic Dystrophy",** CNA Insurance, Reading, Pennsylvania – April 1994

166. **"The Future of Occupational Rehabilitation Medicine",** International Rehabilitation Medicine VII Conference, Washington, D.C. – April 1994

167. **"Introduction to Cumulative Trauma Disorders Management",** International Rehabilitation Medicine VII Conference, Washington, D.C. – April 1994

168. **"Comprehensive Approach to the Prevention of Pressure Ulcers: A Rehabilitation Medicine Perspective",** International Rehabilitation VII Conference, Washington, D.C. – April 1994

169. **""Workers Compensation Issues: Documentation and Medical Testimony",** Pennsylvania Academy of Physical Medicine and Rehabilitation, Baltimore, Maryland – April 1994

170. **"Disability Evaluation",** American Academy of Physical Medicine and Rehabilitation, Southern Society of Physical Medicine and Rehabilitation, Baltimore, Maryland – April 1994

171. **"The Future of Industrial Rehabilitation Medicine",** New Jersey Society of Physical Medicine and Rehabilitation, New Brunswick, New Jersey – September 1994

172. **"Medical Foundation of Life Care Planning for Children and Adults Following Traumatic Brian Injury"**, Rehabilitation Training Institute, Kansas City, Kansas – September 1994

173. **"Repetitive Trauma in the Upper Extremity: Classification and Epidemiology"**, Physiatric Association of Spine, Sports and Occupational Rehabilitation, Anaheim, California – October 1994

174. **"Learning to be an Administrator"**, Preparing Yourself for Physiatric Practice, Anaheim, California – October 1994

175. **"What to Look for and Whom to See During Your Interview"**, Preparing Yourself for Physiatric Practice, Anaheim, California – October 1994

176. **"Strategic Thinking: Successfully Navigation Tomorrow's Turbulent Health Care Environment – New Program Development"**, American Academy of Physical Medicine and Rehabilitation, Anaheim, California – October 1994

177. **"Industrial Rehabilitation Special Interest Group Update: Rehabilitation and Return to Work – What to Expect from the Medical Provider"**, American Academy of Physical Medicine and Rehabilitation, Anaheim, California – October 1994

178. **"Industrial Rehabilitation Medicine: Throny Issues in Worker's Compensation"**, American Academy of Physical Medicine and Rehabilitation, Anaheim, California – October 1994

179. **"Ergonomic Work Place Assessment: A Component of Occupational Rehabilitation Medicine Practice"**, American Academy of Physical Medicine and Rehabilitation, Anaheim, California – October 1994

180. **"Medical Foundation of Life Care Planning for Children and Adults following Traumatic Brain Injury"**, Rehabilitation Training Institute, San Francisco, California – December 1994

1995

181. **"Medical Basis for Life Care Planning"**, Rehabilitation Training Institute, Atlanta, Georgia – January 1995

182. **"Pain Management for Individual with Severe Mental Retardation"**, Continuing Medical Education Conference: Clinical Management of Persons with Mental Retardation and Related Disabilities, Embreeville Center, Embreeville, Pennsylvania – April 1995

183. **"Dosing Rehabilitation: Managing to Put the Right Amount at the Right Time and Place"**, Seventh Annual Buffalo Conference: Medical Rehabilitation: Form and Function under Managed Care, Buffalo, New York – July 1995

184. **"Enhancing the Quality of Life Following a Stroke"**, Neurorehabilitation of Stroke Patients, American Society of Neurorehabilitation Workshop, Bryn Mawr Rehabilitation Hospital, Malvern, Pennsylvania – October 1995

185. **"What to Look for and Whom to See During your Interview"**, Preparing Yourself for Physicatric Practice, American Academy of Physical Medicine and Rehabilitation, Orlando, Florida – November 1995

186. **"Learning to be an Administrator"**, Preparing Yourself for Physiatric Practice, American Academy of Physical Medicine and Rehabilitation, Orlando, Florida – November 1995

187. **"STOP (Soft Tissue Originate Pain) Program – an Office-Based Managed Care Approach for the Injured Worker"**, American Academy of Physical Medicine and Rehabilitation, Orlando, Florida – November 1995

1996

188. **"Medical Foundation of Life Care Planning for Children and Adults following Traumatic Brain Injury"**, Rehabilitation Training Institute, Orlando, Florida – January 1996

189. **"Research Methods and Outcomes in the Management of Occupationally Related Lower Back Pain"**, 1996 Research Symposium, Walter Reed Army Medical Center, Washington, D.C. – March 1996

190. **"Medical Context for Performing Functional Capacity Evaluations"**, Functional Capacity Evaluation Training Program, University of Florida Rehabilitation Training Institute, Orlando, Florida – May 1996

191. **"Medial Foundation of Life Care Planning for Children and Adults Following Traumatic Brain Injury"**, Rehabilitation Training Institute, San Diego, California – July 1996

192. **"Disability Management of the Catastrophically Injured Individual"**, Health Care Management Network, Erie, Pennsylvania – September 1996

193. **"First-Time Ambulation in Adults with Severe Physical Disabilities and Profound Mental Retardation"**, American Academy of Physical Medicine and Rehabilitation, Chicago, Illinois – October 1996

194. **"Endometriosis Presenting as Piriformis Syndrome: A Case Report"**, American Academy of Physical Medicine and Rehabilitation, Chicago, Illinois – October 1996

195. **"Administrative Responsibilities"**, Preparing Yourself for Physiatric Practice, American Academy of Physical Medicine and Rehabilitation, Chicago, Illinois – October 1996

196. **"Rehabilitation and Treatment Options",** Moderator, Physiatric Association of Spine, Sports and Occupational Rehabilitation Annual Scientific Session and Meeting, Vancouver, British Columbia – October 1996

197. **"Performing and Objective Independent Medical Exam",** Physiatric Association of Spine, Sports and Occupational Rehabilitation Annual Scientific Session and Meeting, Vancouver, British Columbia – October 1996

198. **"Medical Aspects of Case Management",** Erie Case Management Study Group, Erie, Pennsylvania – November 1996

1997

199. **"Non-Surgical Approach to Management of Individuals with Spine Injuries,** Erie County Claims Association Meeting, Erie, Pennsylvania – March 1997

200. **"Recognizing Candidates for Rehabilitation",** Grand Rounds Presentation, Hamot Medical Center, Erie, Pennsylvania – March 1997

201. **"Evaluation and Management of Occupational Lumbar Injury"** Workers Compensation, Update, Latrobe Area Hospital, Latrobe, Pennsylvania – April 1997

202. **"Pediatric Brain Injury: Life Care Planning Implications",** University of Florida Rehabilitation Training Institute, Orlando, Florida – April 1997

203. **"Acquired Brain Injury in Adults: Life Care Planning Implications"**, University of Florida Rehabilitation Training Institute, Orlando, Florida – April 1997

204. **"Outcome Driven Management of Patients with Orthopedic Rehabilitation Needs"**, HEALTHSOUTH Harmarville Orthopedic Journal Club, Pittsburgh, Pennsylvania – July 1997

205. **"Pain: Can't Live With It: Can't Live Without It"**, HEALTHSOUTH Harmarville Grand Rounds, Pittsburgh, Pennsylvania – September 1997

206. **"Future of Industrial Rehabilitation Medicine"**, Professor Satiko Tomikawa Imamura Institute of Physical Medicine Inaugural Presentation, Sao Paula, Brazil – September 1997

207. **"Evaluation and Management of Occupational Lumbar Pain"**, Professor Satiko Tomikawa Imamura Institute of Physical Medicine Inaugural Presentation, Sao Paulo, Brazil – September 1997

208. **"Cervicogenic Headache"**, Professor Satiko Tomikawa Imamura Institute of Physical Medicine Inaugural Presentation, Sao Paulo, Brazil – September 1997

209. **"Cumulative Trauma Disorders: Comprehensive Musculoskeletal Evaluation"**, Professor Satiko Tomikawa Imamura Institute of Physical Medicine Inaugural Presentation, Sao Paulo, Brazil – September 1997

210. **Physiatric Procedures for Cumulative Trauma Disorders"**, Third International Symposium of Pain (SIMBIDOR), Sao Paulo, Brazil – September 1997

211. **"Physiopathology and Concurrent Factors for Development of Cumulative Trauma Disorders"**, Third International Symposium of Pain (SIMBIDOR), Sao Paulo, Brazil – September 1997

212. **"Cumulative Trauma Disorders: American Experience",** Third International Symposium of Pain (SIMIDOR), Sao Paulo, Brazil – September 1997

213. **How To Avoid or Enjoy Being a Witness: Your Choice",** HEALTHSOUTH Harmarville Grand Rounds, Pittsburgh, Pennsylvania – October 1997

214. **"Team-Based Life Care Planning",** Second Annual Life Care Planning Conference, University of Florida/Intelicus, New Orleans, Louisiana – October 1997

215. **"The Role of the IME Physician Relative to Act 57",** Presentation for Case Managers, HEALTHSOUTH Greater Pittsburgh Rehabilitation Hospital, Monroeville, Pennsylvania – October 1997

216. **"Physiatry: A Medical Specialty that You Should Know",** Association of Trail Lawyers of American, Reno, Nevada, November 1997

217. **"Cumulative Effect of Recurrrent Traumatic Brain Injury",** Presenting by RP Bonfiglio and LW Yank, Brain Injury Association National Meeting, Philadelphia, Pennsylvania – November 1997

218. **"Cognitive Fatigue Causing Severe Functional Limitations: A Case Report",** Presented by RP Bonfiglio and LW Yang, American Academy

219. **"Management of Individuals Status Post Traumatic Brain Injury: Impact of Life Care Planning",** University of Florida Rehabilitation Training Institute, Los Angeles, California – November 1997

220. **"Management of Children after Brain Injury: Life Care Planning Implications",** University of Florida Rehabilitation Training Institute, Los Angeles, California – November 1997

221. **"Documentation Issues"**, Occupational Therapy Department In-Service, HEALTHSOUTH Harmarville Rehabilitation Hospital, Pittsburgh, Pennsylvania – December 1997

1998

222. **"Pediatric Brain Injury: Life Care Planning Implications"**, University of Florida Rehabilitation Training Institute, Orlando, Florida – January 1998

223. **"How to Use the A.M.A. Guides: The American Experience"**, Advocates Society's Practical Strategies VII, Toronto, Canada – January 1998

224. **"Expert Witness Testimony: Preparation for Deposition, Courtroom Testimony, Documentation, Records and Ethical Issues"**, Association of Academic Physiatrists, San Antonio, Texas – February 1998

225. **"Forensic Rehabilitation Approach to Evaluation and Management of Catastrophically Injured Workers"**, Seventh Annual Workers Compensation and Occupational Medicine Seminar, San Francisco, California – March 1998

226. **"Ethical Issues in Evaluation and Management of Injures Workers in Occupational Medicine and Workers' Compensation"**, Seventh Annual Workers Compensation and Occupational Medicine Seminar, San Francisco – California – March 1998

227. **"Pediatric Brain Injury: Life Care Planning Implications"**, University of Florida Rehabilitation Training Institute, Orlando, Florida – April 1998

228. **"Acquired Brain Injury in Adults: Life Care Planning Implications"**, University of Florida Rehabilitation Training Institute, Orlando, Florida – April 1998

229. **"Ethical Issues in Life Care Planning"**, Life Care Planning, Ninth National Educational Conference of the American Association of Legal Nurse Consultants, Dallas, Texas – April 1998

230. **"The Medical Foundation of Life Care Planning"**, Life Care Planning, Ninth National Educational Conference of the American Association of Legal Nurse Consultants, Dallas, Texas – April 1998

231. **"Pediatric Brain Injury: Life Care Planning Implications"**, University of Florida Rehabilitation Training Institute, Chicago, Illinois – May 1998

232. **"The Medical Foundation of Life Care Planning"**, Allegheny County Workers Compensation Information Exchange Meeting – Pittsburgh, Pennsylvania – May 1998

233. **"Running Injuries in Children"**, Moderator and Course Chairperson, Sports Medicine Symposium on the Young Athlete, Monroeville, Pennsylvania – May 1998

234. **"Pediatric Brain Injury: Life Care Planning Implications"**, University of Florida Rehabilitation Training Institute, Manhatten Beach, California – July 1998

235. **"Acquired Brain Injury in Adults: Life Care Planning Implications"**, University of Florida Rehabilitation Training Institute, Manhatten Beach, California – July 1998

236. **"Disability Assessment and Industrial Rehabilitation for Management or Work Related Musculoskeletal and Spine Disorders"**, II Simposio Multidisciplinar de Lesoes por Esforcos Repetitivos, Sao Paulo, Brazil – August 1998

237. **"Comprehensive Musculoskeletal Evaluation and Medical Testimony, Including How to Identify Malingering"**, II Simposio Multidisciplinar de Lesoes por Esforcos Repetitivos, Sao Paulo, Brazil – August 1998

238. **"Work Related Musculoskeletal Disorders: USA Perspective and Worldwide Trends"**, II Simposio Multidisciplinar de Lesoes por Esforcos Repetitivos, Sal Paulo, Brazil – August 1998

239. **"Medical Context for Performing Functional Capacity Evaluations"**, Functional Capacity Evaluation Training Program, University of Florida Rehabilitation Training Institute, Orlando, Florida – August 1998

240. **"Preparing for Deposition, Courtroom Testimony, Documentation, Records and Ethical Issues"**, Functional Capacity Evaluation Training Program, University of Florida Rehabilitation Training Institute, Orlando, Florida – August 1998

241. **"Disability Evaluation"**, Functional Capacity Evaluation Training Program, University of Florida Rehabilitation Training Institute, Orlando, Florida – August 1998

1999

242. **"Medical Context for Performing Functional Capacity Evaluations"**, Functional Capacity Evaluation Training Program, University of Florida Rehabilitation Training Institute, Orlando, Florida – February 1999

243. **Preparing for Deposition, Courtroom Testimony, Documentation and Records and Ethical Issues"**, Functional Capacity Evaluation Training Program, University of Florida Rehabilitation Training Institute, Orlando, Florida – February 1999

244. **"Disability Evaluation"**, Functional Capacity Evaluation Training Program, University of Florida Rehabilitation Training Institute , Orlando, Florida – February 1999

245. **"Cerebral Palsy and Pediatric Brain Injury"**, University of Florida Rehabilitation Training Institute, Orlando, Florida – March 1999

246. **"Pathophysiology and Management of Traumatic Brian Injury"**, University of Florida Rehabilitation Training Institute, Manhatten Beach, California – March 1999

247. **"Clinical and Pharmacology Issues in Adult Brain Injury: Life Care Planning Implications"**, University of Florida Rehabilitation Training Institute, Manhatten Beach, California – March 1999

248. **"Pediatric Brain Injury: Life Care Planning Implications"**, University of Florida Rehabilitation Training Institute, Manhatten Beach, California – March 1999

249. **"Preparing for Deposition, Courtroom Testimony, Documentation and Records and Ethical Issues"**, Functional Capacity Evaluation Training Program, University of Florida Rehabilitation Training Institute, Philadelphia, Pennsylvania – May 1999

250. **"Disability Evaluation"**, Functional Capacity Evaluation Training Program, University of Florida Rehabilitation Training Institute, Philadelphia, Pennsylvania – May 1999

251. **"Medical Context for Performing Functional Capacity Evaluations"**, Functional Capacity Evaluation Training Program, University of Florida Rehabilitation Training Institute, Philadelphia, Pennsylvania – May 1999

252. **"Management of Individuals Status Post Catastrophic Injury: Impact on Life Care Planning"**, Northeast Ohio Case Management Network (NEOCMN), The Total Case Manager V; Case Management into The Next Millennium, Cleveland, Ohio – May 1999

253. **"Recovering from Traumatic Injury"**, Pennsylvania Defense Institute Medical/Legal Seminar, Pittsburgh, Pennsylvania – June 1999

254. **"Preparing for Deposition, Courtroom Testimony, Documentation and Records and Ethical Issues"**, Functional Capacity Evaluation Training Program, University of Florida Rehabilitation Training Institute, San Francisco, California – September 1999

255. **"Disability Evaluation"**, Functional Capacity Evaluation Training Program, University of Florida Rehabilitation Training Institute, San Francisco, California – September 1991

256. **"Medical Context for Performing Functional Capacity Evaluations"**, Functional Capacity Evaluation Training Program, University of Florida Rehabilitation Training Institute, San Francisco, California – September 1999

257. **"Locked-In Syndrome"**, St. Francis Nursing Center East, Pittsburgh, Pennsylvania – October 1999

258. **"Disability Evaluation"**, Functional Capacity Evaluation Training Program, University of Florida Rehabilitation Training Institute, Philadelphia, Pennsylvania – October 1999

259. **"Medical Context for Performing Functional Capacity Evaluations"**, Functional Capacity Evaluation Training Program, University of Florida Rehabilitation Training Institute, Philadelphia, Pennsylvania – November 1999

260. **"Assessment and Management of Stroke Patients"**, Stroke Program Update, December 1999

2000

261. **"Disability Evaluation"**, Functional Capacity Evaluation Training Program, University of Florida Rehabilitation Training Institute, San Francisco, California – March 2000

262. **"Medical Context for Performing Functional Capacity Evaluations"**, Functional Capacity Evaluation Training Capacity Evaluation Training Program, University of Florida Rehabilitation Training Institute, San Francisco, California – March 2000

263. **"Stoke Assessment"**, The Western Pennsylvania Hospital Family Practice Residents, The Western Pennsylvania Hospital, Pittsburgh, Pennsylvania – March 2000

264. **"The Impact of Catastrophic Injury on Families"**, Northeast Ohio Case Management Network (NEOCMN), Cleveland, Ohio – April 2000

265. **"Life Care Planning: Medical Considerations, Fatal Flaws and Pearls of Wisdom"**, Life Care Summit, University of Florida Intelicus, Duluth, Georgia – April 2000

266. **"Catastrophic or Non-Catastrophic? Making Sense of the AMA Guidelines"**, NEUROTRAUMA – Presented by Rehabilitation Management Inc., Toronto, Canada – June 2000

267. **"Preparing for Deposition, Courtroom Testimony, Documentation and Records and Ethical Issues"**, Functional Capacity Evaluation

Training Program, University of Florida Rehabilitation Training Institute, San Francisco, California – September 2000

268. **"Disability Evaluation",** Functional Capacity Evaluation Training Program, University of Florida Rehabilitation Training Institute, San Francisco, California – September 2000

269. **"Medical Context for Performing Functional Capacity Evaluations",** Functional Capacity Evaluation Training Program, University of Florida Rehabilitation Training Institute, San Francisco, California – September 2000

270. **"TBI and Pediatric Brain Damage",** Presentation for the Intelicus Conference, Washington, D.C. – November 2000

2001

271. **"Medical Foundation of Life Care Planning"**, Health Care Management Association of Pittsburgh, Pennsylvania – February 2001

272. **"Spinal Cord Injury: Ensuring Acceptance of Testimony",** Intelicus Conference, Orlando, Florida – March 2001

273. **"Misconceptions Regarding Independent Medical Evaluations",** Allegheny Bar Association, Coppers Building, Pittsburgh, Pennsylvania – May 2001

274. **"Misconceptions Regarding Independent Medical Evaluations",** Allegheny Bar Associations, Coppers Building, Pittsburgh, Pennsylvania – May 2001

275. **"Medical Aspects of Life Care Planning"**, AREA Presentation, Reno, Nevada – May 2001

276. **"Navigation Brain Injury Litigation"**, Presentation to the Legal and Medical Community Addressing the Many Concerns Faced by Survivors and Families Following a Catastrophic Brain Injury, The Anchor Inne, Fairview, Pennsylvania – October 2001

277. **"Preparing for Deposition, Courtroom Testimony, Documentation and Records and Ethical Issues"**, Functional Capacity Evaluation Training Program, University of Florida Rehabilitation Training Institute, Washington, D.C. – November 2001

278. **"Disability Evaluation"**, Functional Capacity Evaluation Training Program, University of Florida Rehabilitation Training Institute, Washington, D.C. – November 2001

279. **"Medical Context for Performing Functional Capacity Evaluations"**, Functional Capacity Evaluation Training Program, University of Florida Rehabilitation Training Institute, Washington, D.C. – November 2001

2002

280. **"Introduction to Rehabilitation Medicine"**, II SImposio Multidisciplinar de Lesoes por Esforcos Repetitivos, Sao Paulo, Brazil – May 2002

281. **"Diagnosis of Cumulative Trauma Disorders"**, II Simposio Multidisciplinar de Lesoes por Esforcos Repetitivos, Sao Paulo, Brazil – May 2002

282. **"Distinguishing Organic and Non-Physiologic Basis for Pain Presentation"**, II Simposio Multidisciplinar de Lesoes por Esforcos Repetitivos, Sao Paulo, Brazil – May 2002

283. **"Spine Disorders"**, II Simposio Multidisciplinar de Lesoes por Esforcos Repetitivos, Sao Paulo, Brazil – May 2002

2003

284. **"What's New in Physical Medicine and Rehabilitation"**, Butler Hospital Grand Rounds, Butler, Pennsylvania – June 2003

285. **"Management of Patients with Lower Back Pain"**, Presentation for McNeil Consumer and Specialty Pharmaceuticals, Columbus, Ohio – June 2003

286. **"Management of Patients with Lower Back Pain"**, Presentation for McNeil Consumer and Specialty Pharmaceuticals, Mooreland, Ohio – July 2003

287. **"A Practical Approach to Management of Patients with Lower Back Pain"**, Presentation for McNeil Consumer and Specialty Pharmaceuticals, Cincinnati, Ohio – August 2003

288. **"A Practical Approach to Management of Patients with Lower Back Pain"**, Presentation for McNeil Consumer and Specialty Pharmaceutical, Monroeville, Pennsylvania – September 2003

289. **"Ischemic versus Hemorrhagic Stroke"**, HEALTSOUTH Harmarville Rehabilitation Hospital, Pittsburgh, Pennsylvania – November 2003

2004

290. **"Dialogues in Pain"**, Presentation for McNeil Consumer and Specialty Pharmaceutical – Round Table Discussion – Breakfast - Little Rock, Arkansas – February 2004

291. **"Dialogues in Pain"**, Presentation for McNeil Consumer and Specialty Pharmaceutical – Round Table Discussion – Luncheon , Little Rock, Arkansas – February 2004

PUBLICATIONS

ABSTRACTS

1. ABSTRACT. Johnson EW, Bonfiglio RP, **"Triple Fracture of the Neck in a Patient with Rheumatoid Arthritis."** *Archives of Physical Medicine and Rehabilitation.* Vol 61. October 1980.

2. ABSTRACT. Newton TJ, Bonfiglio, RP. **"Multiphase Ankle Foot Orthosis."** *Archives of Physical Medicine and Rehabilitation.* Vol 69. September 1988.

3. ABSTRACT. Sankoorikal JG, Bussell M, Alexander B, Bonfiglio RP. **"Prefabrication of Adjustable Below and Above Knee Prosthetic Sockets: Indications for Use in Postoperative Setting."** *Archives of Physical Medicine and Rehabilitation.* Vol 69. September 1988.

4. ABSTRACT. Parker F, Bonfiglio RP, Sankoorikal JG, Waller B. **"Efficacy of TENS for Postoperative Hip Fracture Pain Management."** *Archives of Physical Medicine and Rehabilitation.* Vol 69. September 1988.

5. ABSTRACT. Silvetti AN, Sankoorikal JG, Bonfiglio RP. **"A Comparative Controlled Study of the Efficacy of D-Glucose Polysaccharide (DGP) and Povidone Iodine in the Management of Pressure Ulcers (Decubitus Ulcers)."** *Archives of Physical Medicine and Rehabilitation.* Vol 69. September 1988.

6. ABSTRACT. Silvetti AN, Sankoorikal JG, Bonfiglio RP. **"A Comparative Controlled Study of the Efficacy of D-Glucose Polysaccharide (DGP) and Povidone Iodine in the Management of Pressure Ulcers (Decubitus Ulcers)."** *Archives of Physical Medicine and Rehabilitation.* Vol 69. September 1988.

7. ABSTRACT. Ishii H, Bonfiglio RP, Fujiwara T. **"Ankle Taping in Hemiplegia: Alternative Ankle Foot Arthrosis."** *Archives of Physical Medicine and Rehabilitation.* Vol 69. September 1988.

8. ABSTRACT. Waller BS, Bonfiglio RP, Richards CO, Duffy JH. **"Continuous Passive Motion for Treatment of Relex Sympathetic Dystrophy."** *Archives of Physical Medicine and Rehabilitation.* Vol 70. October 1989.

9. ABSTRACT. Wheeler EJ, Alexander B, Bonfiglio RP, Vanden Heuvel RS. **"Rehabilitation Length of Stay Predictions Following Cerebrovascular Accidents Based Upon Admission Ambulatory Status."** *Archives of Physical Medicine and Rehabilitation.* Vol 70. October 1989.

10. ABSTRACT. Shapiro ME, Parker F, Bonfiglio RP. **"Muscle Strength Testing and Training for Prevention of Athletic Injuries."** *Archives of Physical Medicine and Rehabilitation.* Vol 70. October 1989.

11. ABSTRACT. Sisung CE, Alexander B, Bonfiglio RP. **"Septic Arthritis Obscured by Reflex Sympathetic Dystrophy in Hemiplegia."** *Archives of Physical Medicine and Rehabilitation.* Vol 70. October 1989.

12. ABSTRACT. Shapiro ME, Bonfiglio RP. **"Thrombophlebitis Treatment Complicated by Lupus-Related Coagulopathy."** *Archives of Physical Medicine and Rehabilitation.* Vol 70. October 1989.

13. ABSTRACT. Schlicht LA, Alexander B, Bonfiglio RP, Sisung CE, Welch D. **"Cooling Effects on Distal Sensory Latencies in Carpal Tunnel Syndrome."** *Archives of Physical Medicine and Rehabilitation.* Vol 70. October 1989.

14. ABSTRACT. Bonfiglio RP, Gruber J, Wheeler EJ, Ellen JD, Alexander B. **"Physiatric Case Management."** *Archives of Physical Medicine and Rehabilitation.* Vol 70. October 1989.

15. ABSTRACT. Sisung CE, Emery HM, Alexander B, Bonfiglio RP. **"Isolated Angiitis of the Central Nervous System: An Unusual Cause of Acute Hemiplegia of Childhood."** *Archives of Physical Medicine and Rehabilitation.* Vol 70 October 1989.

16. ABSTRACT. OH KJ, Bonfiglio RP, Alexander BS. **"Polyarteritis Nodosa as a Cause of Cerebrovascular Accident."** *Archives of Physical Medicine and Rehabilitation.* Vol 71. September 1990.

17. ABSTRACT. Kendrall G, Alexander BS, Bonfiglio RP, Lesmeister B, Dicken D. "Pediatric Patient Education: Training the High-Risk Caregiver." Archives of Physical Medicine and Rehabilitation. Vol 71. September 1990.

18. ABSTRACT. Shapiro ME, Bonfiglio RP. **"Industrial Rehabilitation: Model Program fro Resident Training."** *Archives of Physical Medicine and Rehabilitation.* Vol 71. September 1990.

19. ABSTRACT. Cone LA, Reed A, Scott TR, Bonfiglio RP. **"Cocaine-Associated Cerebrovascular Accidents Among Young African Americans."** *Archives of Physical Medicine and Rehabilitation.* Vol 72. September 1991

20. ABSTRACT. Bonfiglio RL, Costa JL, Bonfiglio RP. **"Awakenings II: Pharmacological Roles of Metoclopramide and Sinemet in Akinetic Mutism."** *Archives of Physical Medicine and Rehabilitation.* Vol 72. September 1991

21. ABSTRACT. Clairmont AC, Bonfiglio RP, Taylor RS, Weinstein SM. **"Industrial Rehabilitation Medicine – 3 – Treatment."** *Archives of Physical Medicine and Rehabilitation.* Vol 73. May 1992

22. ABSTRACT. Taylor RS, Bonfiglio RP. **"Industrial Rehabilitation Medicine – 4 – Assessment of the Outcome of Treatment in Industrial Medicine."** *Archives of Physical Medicine and Rehabilitation.* Vol 73. May 1992

23. ABSTRACT. Hallstrom LR, Bonfiglio RP, Bonner FJ. **"Increased Incidence of Total Knee Arthroplasty in a Community of Roman Catholic Nuns: An Occupational Hazard?."** *Archives of Physical Medicine and Rehabilitation.* Vol 76. 1995

24. ABSTRACT. Fullerton BD, Nacario J, Bonfiglio RP, McIntyre S. **"First Time Ambulation in Adults with Severe Physical Disabilities and Profound Retardation."** *Archives of Physical Medicine and Rehabilitation.* Vol 77. 1996

25. ABSTRACT. WU KD, Bonfiglio RP, Siegried JW, Bonner FJ. **"Endometriosis Presenting as Piriformis Syndrome: A Case Report."** *Archives of Physical Medicine and Rehabilitation.* Vol 77. 1996

26. ABSTRACT. Yang LW, Bonfiglio RP, **"Cognitive Fatigue Causing Severe Functional Limitations: A Case Report."** *Archives of Physical Medicine and Rehabilitation.* Vol 78. 1997

27. ABSTRACT. Yang LW, Bonfiglio RP. **"Traumatic Brain Injury Resulting in Kleptomania: A Case Study."** Crozer-Chester Medical Center, Upland, Pennsylvania. *Archives of Physical Medicine and Rehabilitation.* Vol 80. No.9. September 1999.

28. ABSTRACT. Yang LW, Bonfiglio RP. **"Outcome for Patients with Dual Disabilities: Chronic Pain and Mild Traumatic Brain Injury."** Crozer-Chester Medical Center, Upland, Pennsylvania. *Archives of Physical Medicine and Rehabilitation.* Vol 80. No. 9. September 1999.

29. ABSTRACT. Weissman LH, Slater H, Bonfiglio RP. **"The Use of TENS on Upper Limb Burns: A Preliminary Study."** Sunnybrook and Women's College Health Sciences Centre. Ross Tilley Burn Centre, Research Office. September 2000.

30. ABSTRACT. Yang LW, Bonfiglio RP. **"Traumatic Brain Injury Resulting in Hyperphagia."** *Archives of Physical Medicine and Rehabilitation.* Vol 81. September 2000.

31. ABSTRACT. Yang LW, Bonfiglio RP. **"Latex Allergy as the Etiology for Hyperemesis in a Patient with Traumatic Brain Injury."** *Archives of Physical Medicine and Rehabilitation.* Vol 81. September 2000.

32. ABSTRACT. Yang LW, Bonfiglio RP. "**To Hypothesize about the Use of Nicotine to Improve the Neurodegenerative Symptoms of MS.**" *Archives of Physical Medicine and Rehabilitation.* Vol 82. March 2001.

BOOK CHAPTERS AND MEDICAL JOURNAL ARTICLES

1. Bonfiglio RP. **"New Strategies for the Battle Against Back Injuries."** *Occupational Hazards*. April 1983.

2. Bonfiglio RP. **"The Schwab Head Trauma Phase III Unit: Two Years of Independent Living."** *Cognitive Rehabilitation*. May/June 1987.

3. Bonfiglio RP, **"Future Directions for Hospital-Based Rehabilitation."** *Chinese Journal of Hospital Administration*. Beijing, China. December 1987.

4. Bonfiglio RP. **"Getting the Offer and Negotiating the Contract and Foreword.** In: *From Residency to Reality*. Hoffmeier P (ed). McGraw Hill and Inc. 1988.

5. Bonfiglio RP. **"Future Trends in Rehabilitation Care Will Affect Entire U.S. Health System."** *A.H.A. News*. March 1988,

6. Bonfiglio RP. **"Most College Athletes are in Shape – But Not All of Them."** *The NCAA News*. June 14, 1989.

7. Bonfiglio RP. **"Athletes with Health Problems: Do They Play or Not?"** *NCAA News*. August 1, 1990.

8. Bonfiglio RP. **"Musculoskeletal Pain in the Workplace**." *Physical Medicine and Rehabilitation: State of the Art Reviews*. Vol 5 No. 3. Philadelphia. Hanley & Belfus, Inc. October 1991.

9. Bonfiglio RP. **"Diseases of the Striated Muscles."** In: *Principles and Practice of Medical Therapy in Pregnancy.* Gleicher N (eds). Norwalk, Connecticut. Appleton and Lange. 1992

10. Bonfiglio RP. **"Management of Work-Related Shoulder Disorders."** *Journal of Back and Musculoskeletal Rehabilitation.* Andover, Massachusetts. Andover Medical Publications. Spring 1992

11. "Bonfiglio RP, Bonfiglio RL. **"Medical Testimony in Worker's Compensation Matters."** *Physical Medicine and Rehabilitation Clinics of North America.* Philadelphia, W.B. Saunders Company. August 1992

12. Bonfiglio RP. **"Industrial Rehabilitation Medicine: Management Issues."** In: *Management Issues in Rehabilitation Medicine Revisited – State of the Art Reviews.* Maloney FP, Gray RP (eds). Vol 7. No 2. Philadelphia, Hanley & Belfus, Inc. June 1993.

13. Bonfiglio RP: **"Exercise for Life: The Role of Sports in Preventing or Treating Medical Illness."** In: *Physical Medicine and Rehabilitation – State of the Art Reviews.* Buschbacher R (eds). Philadelphia, Hanley & Belfus, Inc. 1993

14. Lagattuta FP, Ellexson MT, Bonfiglio RP. **"Assessment in Occupational Rehabilitation Medicine."** In: *Rehabilitation Medicine: Principles and Practice.* DeLisa JA (eds). 2nd Edition. Philadelphia, J.B. Lippincott Company, 1993.

15. Bonfiglio RP, LaBan MM, Taylor RS, Welch DA. **"Industrial Rehabilitation Medicine: Management."** In: *Rehabilitation Medicine: Principles and Practice.* DeLisa JA (eds). 2nd Edition. Philadelphia, J.B. Lippincott Company, 1993

16. Bonfiglio RP. **"Role of Physiatrist in Neurolitigation."** *The Nuerolaw Letter.* November 1993.

17. Bonfiglio RP. **"Occupational Rehabilitation Medicine."** In: *Basic Clinical Rehabilitation Medicine.* Sinaki M (eds). 2nd Edition, St. Louis, Mosby Yearbook, Inc. 1993.

18. Bonfiglio RP. **"Managed Care Impact on Physiatric Practice."** *The Rehabilitation Professional.* Vol 3. 1995

19. Gregory HH, Bonfiglio RP. **"Limiting Restraint Use for Behavior Control: The Brain Injury Rehabilitation Unit as a Model."** *Maryland Medical Journal.* Vol 44. 1995.

20. Bonfiglio RP, Bergen J. **"Rehabilitation Hospitals."** *Encyclopedia of Disability and Rehabilitation.* McMillian Publishing Company, 1995.

21. Bonfiglio RP. **"The Role of the Physiatrist in Life Care Planning."** *Life Care Planning and Case Management Handbook.* CRC Press, Boca Raton, Florida 1998.

22. Katz RT, Freeman RZ, Bonfiglio RP. **"Medical Legal Testimony and The Expert Witness."** *Impairment Rating and Disability Evaluation.* W.B. Saunders Company, Philadelphia, Pennsylvania 2000.

23. Bonfiglio RP, Bonfiglio RL. **"Independent Medical Examinations and Disability Evaluations."** *The Low Back Pain Handbook.* 2nd Edition, Hanley & Belfus, Inc., Philadelphia Pennsylvania, 2003

Community Medical Activities

- Panelist for "Rehabilitation through Nursing". Workshop, Ohio Association of Rehabilitation Nurses – May 1980

- Physician Coverage for Miss Wheelchair American Pageant, Columbus, Ohio 1980

- Member, Ohio Governor's Task Force on Continuing Disability Investigations – 1983 to 1984

- Member, Advocates for Disabled Ohioans – November 1983 to 1990

- Panelist for Worker's Compensation, "Return to Work: A Cooperative Attitude", Western Pennsylvania Safety Council, Pittsburgh, Pennsylvania – September 1984

- Pressure Ulcer Task Force, Department of Aging and Disability, City of Chicago, Illinois – 1988 to 1990

- Honorary Benefit Committee Member, Legal Clinic for the Disabled, Inc., Chicago, Illinois – 1990

- National Barrier Awareness Foundation Member 1988 to 1991

- AJ Congress Deborah Award Committee Member, Chicago, Illinois – 1990 to 1991
- Moderator, "Taking on the Aging Process", Community Lecture Series, Philadelphia, Pennsylvania – 1993

- Presenter, "What is Arthritis?", Arthritis Foundation Lecture Series, Erie, Pennsylvania – September 1996

- Guest Presenter, "Dealing with the Chronic Effects of Systemic Lupus Erythematosis". Northwestern Pennsylvania Chapter of the Lupus Foundation Annual Meeting, Erie, Pennsylvania – October 1996

- Presenter, "Introduction to Evaluation and Management of Arthritis", Arthritis Foundation Lecture Series, Erie, Pennsylvania – January 1997

- Presenter, "What is Arthritis?". Arthritis Foundation Lecture Series, Northeast, Pennsylvania – March 1997

- Team Physician, Lightening Wheelchair Basketball Team, Erie, Pennsylvania – 1996 t0 1997

- Community Blues Conference, Nemacolin Woodlands Resort, Farmington, Pennsylvania – September 1998

- Presenter, "Rehabilitation Approach to Health Care", Suburban General Hospital Community Lecture Series, Pittsburgh, Pennsylvania – April 1999

- Honorary Chairman for the National Republican Congressional Committee Physician Advisory Board – March 2000
- "Exercise – Fitness for Life", Commercial for WPXI Television on behalf of The Western Pennsylvania Hospital, Pittsburgh, Pennsylvania – November 2000

- "Fitness for Life – How to Avoid Becoming My Patient", Giant Eagle Health Fair, RIDC Park, Pittsburgh, Pennsylvania – October 2001

- "God in My Life", Presentation for Mother of Sorrows Prayer Group, Murrysville, Pennsylvania – November 2001

- Golden Opportunities Senior Television Program, Presentation for Armstrong County Community Television, Kittanning, Pennsylvania – March 2002

- Winning the Battle for Benefits for Special Needs Children Conference, Advocacy and Funding for Children with Disabilities, Pittsburgh, Pennsylvania – October 2002

- "Head Injuries in Winter Sports", Weather Channel News, Health Outlook Segments sponsored by HEALTHSOUTH – Fall 2003

- "Orthostatic Hypotension", Weather Channel News, Health Outlook Segments sponsored by HEALTHSOUTH – Fall 2002

- "General Rehabilitation", WJAS Radio, Medial Segment Hosted by Cynthia Rosenburg, Greentree, Pennsylvania – June 2003

- "Current Medical and Rehabilitation Approaches for Individuals with Multiple Sclerosis", WISR Radio, Medical Segment Hosted by Michelle Jamieson, Butler, Pennsylvania – August 2003

- "Fitness for Life", WISR Radio, Medical Segment Hosted by Michelle Jamieson, Butler, Pennsylvania – August 2003

CONSULTING ACTIVITIES

- "Industrial Medicine Program Development", Casa Colina Rehabilitation Center, Los Angeles, California – 1982

- "Worker's Compensation Program Development", State of Washington Worker's Compensation Department, Seattle, Washington – 1983

- "Industrial Medicine Program Development", Magee Rehabilitation Hospital, Philadelphia, Pennsylvania – 1984

- "Catastrophic Case Management", Celtic Life Insurance Company, Chicago, Illinois – 198 to 1991

- "Industrial Medicine Program Development", Moss Rehabilitation Center, Philadelphia, Pennsylvania – 1990

- "Rehab One, Inc.", Minneapolis, Minnesota – 1990

- Medial Advisory Committee Member, Easter Seal Society of Metropolitan Chicago Inc., Chicago, Illinois – 1990

- "Preparation for CARF Certification", Memorial Medial Center, Inc., Savannah Georgia – 1991

- "Preparation for CARF Certification", Mercy Hospital, Pittsburgh, Pennsylvania – July 1992

- Residency Program Consultant, University of Pennsylvania, Philadelphia, Pennsylvania – 1992

- Medial Advisor Regarding Reflex Sympathetic Dystrophy Management, Cigna Insurance Company, Philadelphia, Pennsylvania – 1998 to 2000

- Medial Advisor for McNeil Consumer and Specialty Pharmaceuticals Regarding the Use of Flexeril – 2002 to Present

Updated 2/20/04 - dlf

RECYCLED

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY
PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER in their own right, Plaintiffs

vs.

RICHARD GROUT, M.D., SUNDAR CHANDRASEKHAR, M.D., DUBOIS REGIONAL MEDICAL CENTER and GATEWAY AREA MEDICAL ASSOCIATES, INC., Defendants

CIVIL DIVISION

NO. 2005-418 CD

Deposition of : PATRICIA C. PEOPLES, R.N.

Date : Tuesday, April 25, 2006
2:03 p.m.

Place : DuBois Regional Medical Center
Home Health Building
100 Hospital Avenue
DuBois, PA 15801

Reported by : Elizabeth Schreiber Nissel
RPR and Notary Public

SCHREIBER REPORTING SERVICE
P.O. Box 997
St. Marys, PA 15857
(814) 834-5337

APPEARANCES:

MATTHEW A. CASEY, Esquire
appeared on behalf of the Plaintiffs

MICHAEL A. SOSNOWSKI, Esquire
appeared on behalf of Defendant Grout

TERRY C. CAVANAUGH, Esquire
appeared on behalf of
Defendant Chandrasekhar

DAVID R. JOHNSON, Esquire
appeared on behalf of Defendant DRMC

FREDERICK RARITY BATTAGLIA, Esquire
appeared on behalf of Defendant Gateway

INDEX OF WITNESS, PATRICIA C. PEOPLES, R.N.

PATRICIA C. PEOPLES, R.N., called as a witness, was sworn and testified as follows:

DIRECT EXAMINATION

BY MR. CASEY:

Q. Good afternoon, ma'am. My name is Matt Casey, and I represent the plaintiff, the family of Ayden Shaffer-Doan, in relation to a lawsuit that has been filed against DuBois Regional Medical Center and various persons who provided care to Ayden Shaffer-Doan in December of 2001. You understand that that's the matter that brings you here today to testify?

A. **I understand that there is a lawsuit, so yes.**

Q. Have you ever had your deposition taken before?

A. **Never.**

Q. Your testimony, as you probably gathered from the oath that you just took, is under oath, and it is the same as testimony in an actual courtroom with a judge. If for whatever reason you don't understand my question, you can ask me to repeat it or clarify it, and I will do that. But if you answer it, I'm going to assume that you understood it. Okay?

A. **I understand, yes.**

Q. And in addition -- and this I promise you is going to be difficult for you to do. Try and let me finish my question before you answer it because the court reporter

5

is taking a verbatim transcription, and if we talk over one another, she won't be able to do that. Okay?

A. **Okay.**

Q. And lastly, you need to answer my questions not with gestures or nods of your head but rather with words for the same reason, so that your answers can be transcribed exactly as you give them. All right?

A. **I understand.**

Q. Okay. What is your full name?

A. **Patricia Carol Peoples.**

Q. What is your date of birth?

A. **6-11-71.**

Q. By whom are you employed today?

A. **DuBois Regional Medical Center.**

Q. In December of 2001 were you employed by DuBois Regional Medical Center?

A. **Yes.**

Q. When did you first start working at DuBois Regional Medical Center?

A. **January 31, 1994.**

Q. In what job -- or into what job were you first hired in January of 1994?

A. **Staff nurse on med./surg. telemetry.**

Q. Did you graduate from high school?

A. **Yes.**

6

Q. In what year?

A. **In 1989.**

Q. From where?

A. **Clearfield Area High School.**

Q. Did you attend college?

A. **Yes.**

Q. Did you graduate?

A. **Yes.**

Q. In what year?

A. **In 1993.**

Q. From where?

A. **From Lock Haven University.**

Q. With what degree?

A. **An associate in science and nursing degree.**

Q. And then I assume immediately or shortly thereafter you went to work at DRMC.

A. **That is correct.**

Q. For how long were you in the department that you told me you first were hired into in January of '94?

A. **Until I believe it was July of 1994.**

Q. And take me, if you would, through your -- I assume you've been at DRMC since January of '94 without a break in your tenure?

A. **That's correct.**

Q. Tell me where you've worked. And you can just take

7

me chronologically up until today if you could.

A. **That is -- the situation's already been addressed. I started on med./surg. telemetry, and then I transferred to pediatrics. And I've been working in the pediatric department at DRMC since that time.**

Q. Since when?

A. **July of 1994.**

Q. I see. Did you receive any training contemporaneous with your moving from one department to another?

A. **Can you --**

Q. Yes. Did you receive any specialized training in pediatric nursing to accompany your move from one department to pediatrics?

A. **I received my pediatric advanced life support training after starting in pediatrics.**

Q. When?

A. **I believe it was in the fall of 1994.**

Q. And you've had to become recertified, and I assume you have done so.

A. **Yes.**

Q. And it's about every two years?

A. **Every two years.**

Q. That's what I was told at an earlier deposition, and I can remember things 30 minutes ago, not more than

8

that. It's every two years?

A. **Yes. That is correct.**

Q. Other than the pediatric advanced life support, did you receive or have you received any additional training specific to pediatric nursing?

A. **During my initial associate degree in nursing education, we did have pediatric clinical rotations. During my employment on pediatrics, I was oriented to the department and was with another pediatric nurse during a specific time period, and I believe it was either 60 or 90 days.**

Q. So it's on-the-job training.

A. **That's correct.**

Q. Anything in addition to what you told me, other than your day-to-day job experience?

A. **Not provided directly during that time, no.**

Q. Okay. What are the ages of the patients that you typically see when you first started working in the department of pediatrics up until today? What is the scope of your practice as a nurse in the department of pediatrics in terms of age?

A. **That's a difficult question to answer to some extent because over the years there have been some transitions between the type of patients we've -- we care for. But in general we can care for a patient anywhere**

9

from when they're discharged from the maternity department, so basically two, three days. And I think the oldest patient I've cared for on pediatrics was 98.

Q. And explain that. How can that be?

A. **Because we have certain physicians that generally deal with a lot of pediatric patients but also care for adults because of their specialty area, that they are used to the nursing staff on pediatrics. They trust our judgment, and they send their patients to us whenever they're admitted to the hospital.**

Q. You told me that there was some transition in terms of the specific age ranges of the patients within the scope of your practice. Can you tell me more specifically what you mean?

A. **Through the years, because of changes in reimbursement and limitations by insurances putting patients in the hospital, the census for our department during certain time periods it dwindles, and to keep our department a designated pediatric department, they had created other job roles for us which include taking care of outpatients that require services such as blood transfusions that they just walk in and receive. And it's basically outpatient basis, and so we take care of those patients, and also same-day surgical patients that may need to stay overnight.**

10

Q. Okay. But in terms of the age range of your patients -- and I guess I understand what you mean how that would include more people into the age range, but focusing on children, is it so -- and I gather from your earlier testimony that you, from the time that you've worked in the department of pediatrics, have regularly cared for babies as young as two to three days of age.

A. **That is correct.**

Q. And that hasn't changed. In other words, the -- on the younger end of things, on the -- with little babies, you've cared for babies as young as two to three days of age and older since the time that you've worked in the department of pediatrics.

A. **I would say that's accurate.**

Q. Okay. Is it -- what is the typical age of a patient that you care for in the department of pediatrics? You've been there now eleven, twelve years. What's the typical age of the patient?

A. **That again is a difficult question to answer.**

Q. I realize that. But can you give me your best approximation?

A. **It depends on the season too, which again makes it more difficult to answer, because certain times of the year we'll admit more infants than older children. It depends on what is prevalent in the community as far as a viral illness or something to that extend. So I would really be hard-pressed to answer that question.**

11

Q. I understand. You -- well, how many beds are there? Let me ask you this. I'll withdraw the question. You work primarily on the fourth floor?

A. **That is correct.**

Q. And that's where you've been since about 1994?

A. **That is correct.**

Q. How many beds are there? What's the -- when you have a full compliment of patients, how many patients are on that floor?

A. **That's another question that's difficult to answer because during that transition phase we actually had given up some of our inpatient beds to the outpatient services because our census has primarily been lower than it normally had been. So I'm not even quite positive how many patients we're licensed for, so I can't answer that question. And on a daily basis the census fluctuates so much that one day we may have one patient or two patients, and the next we may have eight or ten.**

Q. I understand. Have you reviewed the medical records in this case?

A. **Yes.**

Q. Have you reviewed the chart, the baby's chart for the December 2001 admission?

12

A. **Yes.**

Q. Have you talked to any of the physicians who cared for Ayden at any time since the -- since his transfer?

A. **Not regarding this patient. I've had to talk to them because I work with them, but not regarding this suit or regarding this patient.**

Q. So at no time since December 7, 2001, have you discussed Ayden Shaffer-Doan with any of the physicians who cared for him while he was at DRMC.

A. **The only exception could have possibly been immediately afterwards asking what they determined the diagnosis was at the other hospital because there are times when we do not receive feedback about how the patient is. We send them, and then we may never know, you know, how a patient -- when they went to the other hospital, what they found.**

Q. Right.

A. **And that would be the only time that I would have possibly talked to them in regards to this patient.**

Q. Did you do so?

A. **I honestly cannot recall because I do not have very much contact with the physicians that were involved because they do not admit patients maybe as often as some of the other physicians do.**

Q. Okay. But do you believe that you at some point

13

learned what the course of events was for Ayden in the time period immediately after his being transferred in December of 2001?

A. No. I don't know the specifics of everything that happened.

Q. I'm not asking for the specifics. Do you believe that you learned in any way what transpired with him clinically after he was discharged on December 7, 2001, but with particular reference, in terms whenever you learned it, to the immediate weeks or months thereafter?

A. No. I don't believe that I know or recall getting or receiving a lot of information about him.

Q. Not a lot of information. How about any information?

A. That he was transferred. I knew that.

Q. Right. Did you know anything else?

A. Only from what the nurses from that day that sent him out, only what -- the information they gave me. I don't recall receiving any information from the physicians.

Q. Okay. What information did the nurses give you?

A. Well, the same information that's in the chart, the information about when he was sent out because I wasn't aware of that because I wasn't there.

Q. Okay. How did you -- did you know, when you were

14

getting the information from them, that it was the same information that it was in the charts?

A. Do I believe what the people -- the nurses I work with, do I believe what they say? I mean, explain what --

Q. No, no, no.

A. Can you restate that?

Q. That's fine. At some point you discussed with your colleagues what happened with Ayden. Correct?

A. Yes.

Q. When was that?

A. It would have probably been the next time I worked, and the nursing staff that was there that I gave report to, I would have spoke with them the next time I worked.

Q. Okay. Do you recall speaking to any of your colleagues about Ayden?

A. I spoke, I'm sure, with the nursing staff that I gave report off to.

Q. My question is, do you recall speaking to them?

A. Yes.

Q. Okay. To whom do you remember speaking?

A. I recall speaking with my charge nurse, Rita Gutowski.

Q. Okay. Anybody else?

A. Not that I recall.

Q. Rita Gutowski just testified that when the

15

transport team arrived on December 7, she was thinking to herself that this baby should have been transferred earlier. Did you ever have any such discussion with any of your colleagues about the timing of the transfer?

A. I recall speaking with Rita, and I recall being shocked at the time that the baby was sent out because I --

Q. Go ahead.

A. I wasn't aware of the time that he actually left. When I spoke with her, I thought that it was earlier rather than the time he was actually released from our hospital.

Q. Okay. When is this conversation taking place with Rita?

A. It would have been the next time I worked and I saw her.

Q. Somewhere around December 8 or 9?

A. Well, I don't work every day and I really do not recall what my schedule was that week. I work night shift.

Q. Okay. But in any event, the next time you saw Rita, you and she discussed Ayden.

A. Yes.

Q. Okay. Was anyone else with you when you had the conversation?

16

A. I don't recall.

Q. I assume from what you've told me that you asked Rita what happened, and she told you about the circumstances of his transfer including the time. Correct?

A. That sounds accurate, yes.

Q. Okay. And you remember being shocked that -- I assume from what you're telling me; you can correct me if I'm wrong -- that it took so long to transfer him out of the hospital. Is that accurate?

A. No. I think I was shocked that he -- that he didn't leave sooner, but I wouldn't say that it was -- I had just thought that the doctor would see him and send him sooner.

Q. Which doctor?

A. The doctor that was coming in in the morning.

Q. Okay. Dr. Chandrasekhar?

A. I'm not sure which doctor was rounding in the morning. I know that Dr. -- we called him Dr. Shaker because nobody could pronounce his name very well, and he was okay with that. But I spoke with him, and I believe that he was on rounds the next morning.

Q. And your impression was what in terms what was going to happen? Because I know, to provide context, you and I both know that you were on the overnight during the

17

early early morning hours of December 7. Right?
A. **That's correct.**
Q. And you called Dr. Chandrasekhar several times during the overnight hours. Correct?
A. **That is correct.**
Q. And then Rita Gutowski took report from you at around 7:00 a.m. Correct?
A. **That is correct.**
Q. When you gave report to Rita Gutowski, I assume you went home.
A. **That is correct.**
Q. At around 7:00 or 7:30, as soon as you could get yourself -- get your things together and leave the hospital. Correct?
A. **That is correct.**
Q. Was it your impression, when you gave report to Rita, that Dr. Chandrasekhar was going to come in and see the patient and immediately arrange to have him transferred out of the hospital?
A. **I would say that it was more my hope.**
Q. Okay. Did you convey that hope to him in any fashion during the overnight hours?
A. **I -- during my conversation with Dr. Shaker at 4:00 o'clock in the morning, I believe on the doctor's order sheet when I -- I spoke with him at 11:00 and gave him**

18

information about the patient because I knew that he did not care for the patient yet, and that's generally what I do whenever I speak with a physician who I know that wasn't on call during the day the patient came in. And I had been with the patient the night before, so I was aware why he came in and what we were doing for him and some of the things that we had seen.

So I filled -- gave a brief condition report and about what was going on with Ayden, and I spoke with Dr. Shaker at 11:00 about something new that I thought I observed. And then I spoke with him again around 4:00, and I had told him then what else I had observed and that I was concerned.

And during the conversation I recall saying to Dr. Shaker, what do you think is going on with this -- I don't remember if I said kid or -- which I probably did. I said, what do you think is going on with him? Do you think it's because of the calcium? Do you -- because we didn't check another level again. Do you -- why would he be having these new symptoms? Do you think it's because of the caffeine.

And I do not recall his response to that, but I remember asking him because I was -- I was upset. And five minutes later he called back and gave me the order to turn down the IV rate.

19

Q. Do you remember anything he said to you when he called back with the order to turn down the IV rate?
A. **No. I don't recall.**
Q. Other than the order.
A. **That's all I recall, to be honest.**
Q. Do you remember anything that he said to you during the 4:00 a.m. conversation? Anything?
A. **He did not say a lot during the 4:00 a.m. conversation, but when he did order the scan of the head, I recall asking, do you want that stat and read?**

And he said no. It can wait until the morning.

And he also said that he wanted me to call him not beep him because I had told him when I did get the -- actually get ahold of him, I said, I tried to beep you several times.

And he said, well, call me in the middle of the night. Call me at home.

Q. How many times do you believe you tried to beep him or page him?
A. **Probably two or three times.**
Q. With no response.
A. **With no response.**
Q. How much time elapsed between each beep or page?
A. **That I don't recall, but I -- I did speak with the nursing supervisor too.**

20

Q. About the fact that you could not reach him?
A. **Yes. And prior to contacting him, it's policy -- basically a policy on the evening shift that you get approval from the nursing supervisor to call a physician so you're not disrupting their sleep for no -- or unimportant reasons, and so she was aware of the situation.**
Q. Who is that person?
A. **I don't recall which supervisor it was, but it was one of the night shift supervisors.**
Q. Do you have an expectation about who would be on the list of people that it could be? One of the things I obviously need to try and figure out who that person was. And you worked there; you can tell me it was either A, B or C. That's one of the things I'd like you to be able to tell me if you can.
A. **Typically we have Joanie Bernardo who is now retired. She typically is a night shift supervisor. Barbara Barnett, and there are a couple others, but I'm not quite certain whenever they started their employment within the hospital, if they were there at the time or not.**
Q. Is Barbara Barnett still here?
A. **Yes.**
Q. Your contacting the nursing supervisor, I assume

21

you first contacted that person to clear with that person your calling or your paging Dr. Chandrasekhar because it was during the overnight hours. Correct?

A. That is correct.

Q. And you had to give a report to the nursing supervisor about why you believed it was necessary.

A. That is correct.

Q. Did you believe that it was an emergency?

A. It depends on what your definition of emergency is. Did I believe that the doctor needed -- that I needed him right away? I didn't feel that it was necessarily emergent, rather more urgent that he speak with me and I tell him what I saw.

Q. Because he's the one to make that determination, I assume.

A. That's correct.

Q. Okay. And then -- well, let me ask you this. Do you remember what you told your nursing supervisor regarding why you believed you needed to contact Dr. Chandrasekhar?

A. From what I recall, I described what I was seeing with the patient. And I cannot remember if the supervisor was the same supervisor both nights, but if it was a new supervisor, I would have reviewed what I saw the previous night and given her an update about everything that we

22

considered related to Ayden's -- from his admission until his condition at that point in time. They would be informed of basically a nursing report and then why I thought I needed to talk to the doctor.

Q. Okay. So then you paged the doctor unsuccessfully two or three times.

A. That is correct.

Q. And then I assume you went back to the nurse -- I gather from what you told me, you went back to the nursing supervisor to report to the nursing supervisor that you were not able to reach Dr. Chandrasekhar.

A. That is correct.

Q. And in doing so you were following what's called the chain of command, is the policy or procedure that you're trained to follow in the event that you believe a doctor needs to be made aware of something but is not reachable.

MR. JOHNSON: Object to the form of the question.

BY MR. CASEY:

Q. You can answer.

A. I believe some of what you're saying to be true.

Q. There's an objection because I said policy or procedure. What is the reason that you contacted the nursing supervisor when you couldn't reach Dr. Chandrasekhar?

23

A. Because I could not reach him.

Q. And did you read that in a book somewhere or did you just know that? How did you come to that conclusion that you were to speak to the nursing supervisor about the fact that you couldn't reach him?

A. It's basically what we do. If we cannot reach a physician in the middle of the night, we keep the nursing supervisor updated. And after I spoke with the doctor and I did reach him, I spoke with the nursing supervisor again.

Q. Okay. I've been told at an earlier deposition today that there is a document, it's a policy that instructs nurses -- called the chain of command -- as to the things you're supposed to do if you can't reach a doctor. Am I right about that?

A. You are correct. We do have a document.

Q. Okay. That outlines this policy.

A. I believe so, with the exception I don't recall if we were utilizing that same exact policy at that point in time because there -- and again there have been changes within the organization which there have been policy changes because of when you've identified issues.

Q. Were there any policy changes made as a result, at least to your understanding, of what happened in this case?

24

A. Not that I'm aware of directly related to this case.

Q. Okay. So then you spoke with Dr. Chandrasekhar and then -- we're talking about the 4:00 a.m. call. Right?

A. On which date?

Q. Yes. Good point. The 4:00 a.m. call on December 7, 2001.

A. Yes.

Q. In this progression where we've been talking about your contacting the nursing supervisor to get the clearance, your paging two or three times and then your reaching Dr. Chandrasekhar and then your going back to the nursing supervisor to tell that person that you reached Dr. Chandrasekhar.

A. That's correct.

Q. How did you eventually make contact with him? You said you paged him two or three times unsuccessfully. Did he eventually return the page?

A. I don't recall if he returned the page or if I tried to contact him through his answering service then, but I know that we have a book that has a sequence that the doctors like to be notified in a specific order, and I know I was following that. And I don't recall if in contacting him if he actually got the page, one of the pages went through, or if I called him at home. I really

25

don't recall that exact, but I know that I spoke with him.

Q. Okay. Did each doctor have their own sequence, like their particular sequence that they like to get contacted with?

A. **Yes.**

Q. And was that written down somewhere for the nurses?

A. **Yes.**

Q. Where would I find that if you were to go to the place right now where you think it could be located? I know Dr. Chandrasekhar is not here anymore, but the place where the list or the sequences for the particular physicians regarding how they like to be contacted is, where would that be?

A. **It would be on the -- at the nurses' station. We have several books that have information related to how-to-contact information.**

Q. Do you have any recollection about the sequence for Dr. Chandrasekhar?

A. **I recall that he liked to be beeped.**

Q. Do you know what the next form of communication he liked if he wasn't reachable by beep?

A. **I don't recall.**

Q. Okay. Do you believe that you spoke to the nursing supervisor for what would have been the third time before Dr. Chandrasekhar called back with the order to change the

26

infusion rate?

A. **I'm sorry. Could you repeat the question?**

Q. Yeah. Do you remember earlier you told me that after you spoke to him around the 4:00 o'clock hour, he called back five minutes later and gave an order about the infusion rate. Do you remember saying that?

A. **Yes. I remember that.**

Q. Do you remember speaking to the supervisor to tell her that you had spoken to Dr. Chandrasekhar between those two conversations or after the second conversation, that is, after the five-minute-later call back?

A. **I cannot remember that.**

Q. All right. Do you remember anything that you said to your nursing supervisor after speaking with Dr. Chandrasekhar about your conversation with him?

A. **I recall telling the supervisor what the orders I received were and that I asked him what he thought was going on with the patient. And I remember asking -- informing the supervisor one of the things I asked about is if the calcium level could have been too high and if we needed to maybe do the lab work earlier, but -- and I -- I really don't recall like much more than that at this point in time.**

Q. Do you believe that you informed your supervisor that you had asked Dr. Chandrasekhar whether the EEG

27

should be done with a stat and read and his telling you that it could wait till the morning?

A. **You misstated me.**

Q. Okay. What did you --

A. **I asked if the CT should have been done stat and read, not the EEG.**

Q. I'm sorry. I wrote down the EEG stat and read, but you -- you were -- did you say anything to him about the EEG?

A. **I don't recall saying anything about the EEG.**

Q. And the -- could an EEG have been done stat during the overnight hours in December of 2001 at DRMC?

A. **I believe they could have called someone in to do a stat EEG, but as far as the reading, I'm not quite sure if it would have been read stat or not.**

Q. Okay. And what specific CT are you referring to when you told me that you said to Dr. -- you asked Dr. Chandrasekhar if the CT should be done stat and read, and his telling you that it could wait till the morning?

A. **I don't understand what you're asking me.**

Q. What CT are you referring to?

A. **Can I look at the order?**

Q. Sure.

A. **I'm not sure which section.**

MR. JOHNSON: There's an index would be --

28

(Off-the-record discussion.)

THE WITNESS: I'm sorry. I should have looked at this earlier.

BY MR. CASEY:

Q. That's okay.

A. **I guess maybe I meant to say the cranial sonogram, but -- which would have been the order that I received from the doctor.**

Q. Why don't we just regroup on that issue. What orders did you get from Dr. Chandrasekhar during this call at 4:00 a.m. or around 4:00 a.m.?

A. **For an EEG and a cranial sonogram in the morning.**

Q. Anything else?

A. **And to call him at home instead of beeping.**

Q. Okay. And then he called back about five minutes later?

A. **That is correct.**

Q. So to the extent you discussed whether the tests that he ordered should be done stat, it was the cranial sonogram. Correct?

A. **That is correct.**

Q. All right. You did not have any such discussion with him about the EEG?

A. **No. That is not correct. We discussed the EEG, but I did not ask for it to be done stat.**

29

Q. Tell me what you remember, if you do remember anything, about what was discussed between you and Dr. Chandrasekhar regarding the EEG other than his ordering it?

A. He ordered it.

Q. Okay. Do you remember anything that he said regarding why he believed those tests needed to be done?

A. I don't recall him saying anything about why they needed to be done, but I do remember telling him what I saw when I -- with Ayden. And it's documented in my nurses' notes why I called him, the symptoms that Ayden was having and that I was seeing, and then he ordered these studies.

And at that -- with the 4:15 conversation is whenever I asked him what he thought was going on with that baby, could it be related to the calcium being too high or what he thought was going on with him or if it was -- I think another question I asked him was about the caffeine that was added to his medications that previous morning.

Q. Okay. Let me -- I'm going to read you something that Dr. Chandrasekhar said in his deposition about this time period, and tell me whether it comports with your recollection regarding the 4:15 call. And this is on Page 109 of Dr. Chandrasekhar's deposition.

30

"QUESTION: That's what you were told on the 4:15 call?"

ANSWER: And he's referring to your note in the nurse notes. "I would like to amend this word or delete this word seizures. I don't think the word seizures was used to me. They mentioned tremors of extremities. They mentioned about the pupil being slightly more dilated and slightly sluggish when checked with light, no desaturations. Yes.

"QUESTION: Okay, and that's what you remember about the call?

"ANSWER: Yes."

My question to you is, did you communicate to Dr. Chandrasekhar during this 4:15 a.m. call a concern that you had about seizures?

A. Yes.

Q. And you definitely used the word seizures.

A. Yes. I would have used the word seizures because we were treating the symptoms that he was having whenever he was admitted to the hospital because we assumed that the symptoms he was showing initially were related to his calcium being low, which the previous night a different doctor was on, and when I spoke with Dr. Shaker, he was informed that we started treating him with the IV calcium supplementation because we thought he was having seizures related to his calcium being low. And I asked him during this conversation, do you think that the symptoms that he's showing now could be related to seizure-type symptoms related to the calcium being too high, which is why I asked him about the calcium.

31

Q. And this -- the 11:00 p.m. call that you had with him a few hours earlier -- so it would be 11:00 p.m. on the night of the 6th, you contacted him, if I'm understanding you correctly, because you knew he was new -- a new doctor on this patient's case.

A. That is correct.

Q. And you gave him a full report, an update on what had transpired since admission.

A. That is correct because I don't know if the doctors communicate that information between themselves.

Q. Okay. And during the 11:00 p.m. call, did you inform him that what had transpired shortly after admission when you were on duty included seizure-like activity?

A. Yes, that we were -- that he was on the calcium supplement for what the nursing staff felt was seizure-like activity.

Q. And I'm going to ask you about your nurses' notes from the 6th and the 7th, and we'll get into them in more particular detail, but when you were talking earlier about this 4:00 a.m. call and you were asking Dr. Chandrasekhar what's going on, in that context you told me that at both 11:00 p.m. on the 6th and then between that time and 4:00 a.m. on the 7th, you mentioned, quote, something new, new symptoms. The first thing I want to ask you about is 11:00 p.m. What was new as far as you were concerned that -- which you reported to Dr. Chandrasekhar during your 11:00 p.m. phone call?

A. At 11:00 p.m., when I listened to Ayden's heart, it sounded different. It sounded like he was missing beats. I didn't hear that earlier, so that was new.

Q. All right. And then between that time period and the 4:00 a.m. call, the 4:15 a.m. call, the -- what was new and what was the, quote, new finding or new findings that you reported to Dr. Chandrasekhar?

A. At 4:15?

Q. Yes.

A. Was the -- related to the eye twitching that I had observed and the tremors and that the left pupil looked slightly more dilated to me.

Q. Okay. When Dr. Chandrasekhar called back five minutes later, what infusion rate did he instruct you to change?

A. He discontinued the calcium supplementation in the IV fluids, and he decreased the IV fluid rate. I'm not

32

33

sure what it was previously, but we had decreased the flow rate to 15 cc's an hour.
Q. From what rate to 15 cc's an hour? Take your time and look through the notes if you need to.
A. Okay. I think I will need to do that.
From what I can read here, the flow rate was decreased from 20 mLs down to 15.
Q. Had the flow rate been changed at any time prior to then?
A. I don't recall. And from what I can see in the documentation, I don't see that the primary flow rate was changed, but --
Q. Go ahead.
A. The infant was also receiving antibiotics, which would have been running probably concurrently.
Q. Of what significance is that to you?
A. The baby would have been getting maybe a little bit more fluid than the primary IV flow rate.
Q. Than just the 20.
A. That's correct.
Q. Do you remember any conversation at any time before you gave report to your colleague on the morning of the 7th at around 7:00 a.m. to Rita? Do you remember any conversation with any of your fellow medical providers about the issue of Ayden's sodium?

34

A. At that point in time the sodium -- I need to look at the labs to confirm this.
Q. Sure.
A. But if I recall, the sodium level was still within range.
Q. As of what time?
A. As of that phone call.
Q. Okay.
A. Where are they? But I do recall reviewing Ayden's chart and the information that was there.
This is according to the time collected because this looks like the ER one, and this was at 3:00 o'clock on the 6th, which would have been the most recent one I think I would have had on the 7th to deal with because this was at 6:35.
After the 4:00 a.m. call with the doctor, I had looked over the chart before I called him. The sodium, the last -- the most recent lab work would have been at 3:00 o'clock on the 6th.
Q. 3:00 p.m. on the 6th?
A. 3:00 p.m. on the 6th and the sodium was 136, so it was still within the normal values at that point in time.
Q. That was down from what when he was admitted?
A. 138.
Q. Okay. And the previous sodium before that was

35

what?
A. Well, this is the one -- the ER one on the 6th at 2:05 was 138.
Q. Okay. I'll come back to that. Did you at some point, before you gave report to Rita that morning, appreciate any other sodium levels for this baby?
A. I do not recall if the lab work was back yet. I did have the lab draw the lab work early because I was concerned about the lab values. That was one of the things I had to ask the doctor about because I was concerned about the calcium level and it possibly being too high, so I had the lab draw those values early, but I do not recall if they came back before I left.
Q. You had the lab do that, or did the doctor order that it be done after you told him about it?
A. No. I had them draw it early, but we have some leeway to do that. Generally the lab draws the blood work on our department at 7:00 a.m. I thought that they should draw it earlier.
Q. And you alluded to it in what you've told me, but to the extent that you were concerned about lab values, it was a concern about calcium. Correct?
A. Yes.
Q. Were you concerned that there might be what's called a metabolic disturbance with this baby, I mean, in

36

a more general way other than the calcium?
A. Yes, because the baby was admitted with a fluid and electrolyte imbalance, and so yes. The answer is yes.
Q. Did you connect in your mind the symptoms that you were observing during this overnight time period with a metabolic issue?
A. It was one of my concerns.
Q. And explain that to me. Why?
A. Because the baby was admitted with its calcium level low whenever it came to the department and I spoke with Dr. Grout. During the admission history we had identified from the mother's report that the baby -- the mother had Group B strep, and so after examining the patient and collecting information from the history from the mother, I called Dr. Grout the first night the baby came in, and I informed him that the mother had Group B strep. The baby was being admitted. He was sick. Did he want to consider covering him with antibiotics in the case that it could be sepsis? And at that point in time I told him, Dr. Grout, what I saw when I examined the baby with the eyes and --
Q. With the baby's eyes?
A. With the baby's eyes.
Q. I didn't want it to read like you examined him with your eyes.

37

A. **Yes, with some twitching and rolling of his eyes at times; that I was wondering with the low calcium level if that could be related to that. And he ordered at that time to supplement him with the IV calcium.**

Q. Did you believe that what you were seeing after the baby was admitted around 3:30 a.m. on the 6th --

A. **That's correct.**

Q. Did you believe that what you were observing were seizures?

A. **Yes.**

Q. And you conveyed that to Dr. Grout?

A. **Yes.**

Q. Dr. Grout has testified that there was confusion -- there was some confusion about whether the activity that was observed was seizure activity versus apneic episodes, in other words, that those of you who were caring for him in the early morning hours of the 6th weren't sure whether the twitching and the other things that were observed were explained by seizures or apneic episodes. He said that was sort of a differential diagnosis that morning. Does that comport with your recollection of events?

A. **Absolutely not.**

Q. Why not?

A. **Because I called him in the middle of the night to inform him what I saw, and I described what is in the**

38

nurses' notes. I told him what I saw. At that point in time I don't recall. I would have to look at my notes. I do not recall witnessing any periodic breathing, and in fact periodic breathing can be a norm in the neonatal period, so that was not of great significance to me at that point in time.

It was something that was relayed to the next shift coming on that following morning for their nursing report for them to pass on to the doctor, but I would not have suggested that we supplement the child with something for seizures because of possible seizures related to a low calcium if indeed I wasn't seeing seizure-like activity.

Q. Well, yes. And I understand what you're saying. But what would you say to the suggestion of a physician who says, oh, there's a difference between seizures and seizure-like activity, and I didn't know which one it was.

MR. JOHNSON: I don't --

MR. SOSNOWSKI: Yeah. I object to the question.

MR. JOHNSON: I don't understand the question. I object to its form.

MR. CASEY: You object to the form?

MR. JOHNSON: Yeah, because I don't understand it.

BY MR. CASEY:

Q. Okay. Well I'll just read the deposition. I'll get to his deposition. Okay. This is Page 221 of Dr.

39

Grout's deposition. "The nurses' note at 3:30 a.m. described Ayden as having, quote, twitching of eyes... rolled eyes back then turned pale to extremities then 02 sat down to 70s, unquote. Was that information conveyed to you at 3:30 a.m. or anytime close to that? It would be under the neurological assessment of the baby at 3:00 a.m. by the nurses."

That's the question.

"ANSWER: At some point, I'm sure it was conveyed to me. I don't know or have any record of when.

"QUESTION: Can you tell me one way or the other whether it was conveyed to you before you did your orders and dictated your note at around 8:30?

"ANSWER: I can't. I believe it was conveyed to me at the time we gave verbal orders at 5:00 o'clock in the morning or around that time, but I don't recall exactly."

Continuing: "But in any event --" there's a question. "But in any event you believe based upon your recollection of this that you had that information.

"ANSWER: I believe that it was part of the description certainly that the events were short, and I remember asking if the nurse felt that this was a seizure. She wasn't quite sure.

"QUESTION: The nurse asked you if it was a seizure?

40

"ANSWER: No. I asked the nurse. Do you think -- did it look like a seizure to you, the episode, and she wasn't quite sure. They were very short, 15-20 -- 15, 20 seconds."

Now, according to Dr. Grout's sworn testimony -- and we know from the records that the nurse to whom he's referring is you; that he asked you whether you thought the baby was having seizures, and he indicates that you told him that you weren't sure. Does that comport with your recollection of the conversation you had with him?

A. **No.**

Q. Tell me what your recollection was as it relates specifically to the discussion of seizures.

A. **I recall describing to him what I was seeing. I recall reviewing the lab values that were obtained from the emergency room, making sure that he knew the values that were abnormal, and I had also reviewed some literature immediately prior calling him related to the calcium because I had recalled that there was a possibility of seizure activity or seizure-like activity related to a low calcium level. And that's why I mentioned the calcium specifically when I went over what I saw with him. I don't feel that it's in my scope of practice to diagnose seizures, but I can describe what I see and I can answer yes or no if he asks me.**

41

Q. Right. And if he -- it is so that he asked you, as he said he did, whether you thought it was a seizure that you were seeing, what would your answer have been?

A. **My answer would have been yes.**

Q. He further testified that after the -- after the baby was transferred -- this is Dr. Grout -- at some point as the attending physician he went back and looked at the nurses' notes, and he said that he was surprised to learn some of the things that were recorded in the nurses' notes. And I'll tell you specifically what he said, and I want to see if it comports with your recollection.

Okay. QUESTION:

MR. SOSNOWSKI: What page are you reading from?

MR. CASEY: Page 223, Mike.

There's a discussion prior to the question being asked. This is Line 11. The question begins: "Do you believe that you were told that he had twitching of eyes and that his eyes rolled back in and around the 5:10 a.m. time period? Were you told that in and around the 5:10 time period?

"ANSWER: As I have previously stated, on reading these nurses' notes, there were items in there that surprised me to be there.

"QUESTION: Is this one of them?

"ANSWER: This is one of them. So I don't know at

42

this point in time that I was or was not told that. I know there -- that there was a discussion about the patient's condition around that time that I would presume this would have been mentioned in."

Are you certain, ma'am, that you told -- as reflected in your notes in terms of what you saw -- are you certain that you conveyed to Dr. Grout that sometime around the 3:30 a.m. time period that Ayden had twitching of eyes and that his eyes rolled back?

A. **When I spoke with Dr. Grout, I believe it was 5:10, I described to him everything that I had observed with Ayden up until that point in time, everything that I considered to be abnormal.**

Q. So if his twitching and his eyes rolling back are in your notes, are you certain that you told those specific things to Dr. Grout?

A. **Yes.**

Q. Again, Page 225 relating to the 5:10 a.m. notes where you write that the doctor was informed of, "condition, eye twitching, desats as well as periodic breathing and apneic episode," I'm asking Dr. Grout about your conveying those things to him, and at Line 16 I ask:

"QUESTION: So this is not one of the things, the 5:10 note, about which you were surprised when you read it?

43

"ANSWER: My recollection at the time was not that of the previous twitching and at 3:30 in the morning, but I understood that there was -- I think our conversation was, when I asked her: Do you think it is a seizure versus an apneic episode? And she wasn't quite sure."

Did Dr. Grout at any time ask you whether what you were observing was a seizure versus an apneic episode?

A. **No.**

Q. Those two things are hard to imagine as being explanations for the same symptoms. Isn't that so?

A. **Can you rephrase that?**

Q. In other words, competing explanations for the very same symptoms? Can you imagine a circumstance under which that would be so where you would look at a baby and say, well, what that baby is experiencing is either apneic episodes or seizures?

MR. JOHNSON: Object to the form of the question.

THE WITNESS: I --

MR. CASEY: I'll withdraw the question.

In any event, at any time during your conversation with Dr. Grout on the morning of the 6th, did you engage in any conversation with him about this competing diagnosis, apneic episode versus seizures?

THE WITNESS: No.

44

BY MR. CASEY:

Q. Did you discuss with anyone other than Rita your shock that you expressed to me earlier regarding that -- the fact that this baby had not been transferred until he was on the 7th?

A. **Yes, the next -- that evening on the 7th -- that evening, the second night that I was with Ayden and I came back in and I received report that he was still there and I didn't expect him to be there at that point in time.**

Q. Okay. So we're kind of going backwards now. The -- you were on -- just so the reader of this deposition has some context, you were the nurse on duty from 11:00 to 7:00 -- from the 5th into the morning of the 6th, and then from the 6th into the morning of the 7th. Correct?

A. **It's partially correct. I worked 7:00 p.m. to 7:30 a.m., so --**

Q. Okay. So --

A. **Nights I started.**

Q. So December 5 at did you say 7:00 p.m.?

A. **Yes.**

Q. You're on duty. Ayden comes into the hospital sometime after 2:00 or 2:30 a.m. through the ER. Correct?

A. **That sounds correct. I'm not sure what time he came into the ER.**

45

Q. In any event the records will reflect it. And then you're on duty until around 7:30 a.m. on the morning of the 6th correct?

A. That's correct.

Q. You come back on duty that evening at around 7:00 p.m. on the 6th. Correct?

A. That is correct.

Q. And you're scheduled to be on duty with patients including him until 7:30 a.m. on the 7th. Right?

A. That is correct.

Q. And you're telling me that when you got back into the hospital at around 7:00 p.m. on the 6th, you were surprised to see that Ayden was still there.

A. That is correct.

Q. And did you discuss that with anyone?

A. I discussed it with the nurse that I received report from.

Q. Jennifer Giuffre?

A. That is correct.

Q. What did you say to her?

A. Basically that I was surprised that he was still there. I thought that he would have been sent to another facility. But she described the nursing report that she gave me and that at that point in time he was doing better, so I was hopeful that the medications -- between

46

the medications and the -- if he were septic, that the antibiotics were helping or if it was because of the calcium level, that that was helping. But she had described that he was doing better at that point in time, so I was hopeful that everything was going to continue to proceed in that manner.

Q. Was there anything about the clinical circumstances when you left earlier that morning at around 7:30 a.m. on the 6th that led you to believe that, when you came back that night, that he was going to be gone? For example, did you have any conversations with anybody? Did you talk to Dr. Grout? You know, anything? Was there anything about -- let me withdraw that. Was there anything other, than what's reflected in the records, that you can tell me to which you were privy before you left that morning on the 6th at around 7:00 a.m., 7:30 a.m., that led you to believe that when you got back that day, that night at 7:00 p.m., he would no longer be there?

A. I just felt from experience that generally, if we have an event or a child that the condition warrants that they need to go to another hospital, that they send them if they feel that something is not going to be able to be managed at our facility.

Q. And what about his condition as of the time that you left that morning at around 7:30 -- this is on the

47

6th -- at least caused you to think that, when you got back, he would be at another facility? By the way, another facility, you're talking about a tertiary care center.

A. Yes.

Q. What about his condition led you to believe that it may be a situation that could not be accommodated by DRMC?

A. Just the symptoms that he had through the night and the fact that he came in so ill with his lab -- like the BUN being very high. And I don't think at that point we were even determining what the cause of that was, so I thought maybe there might be an underlying condition that the doctor would consider when he came in.

Q. We've talked a little bit about the conversation or any conversation that you've had with Dr. Grout during the early morning hours of the 6th. Do you remember anything about the conversation, either what you said to him or what he said to you, that would not be reflected in the records? For example, like in the case of Dr. Chandrasekhar when you said, do you think that the cranial ultrasound should be done stat, and he said, no, it can wait till the morning -- by the way, I want to ask you something more about that. I want to make a note to myself.

Did you have any sort of unique conversations with

48

Dr. Grout about this patient's condition when you discussed it with him?

MR. JOHNSON: Object to the form of the question.

THE WITNESS: I recall things about the conversation that are not written as an order or directly in the nurses' notes because some of the information at the time was me asking him about if the symptoms could be related to specific lab values such as the calcium. I don't recall exactly how lengthy our conversation was or exactly everything that he might have said, but I think that I was the one that was initiating a lot of questions, and I don't think that he was initiating very much because --

BY MR. CASEY:

Q. Did you expect him to come into the hospital after you reported to him what the baby's symptoms were? In other words, not just when he next rounded but rather come in to see this baby that you were calling him in the middle of the night about?

A. I had hoped that he would.

Q. As soon as you conveyed to him what you conveyed to him.

A. I would have liked him to come in.

Q. At least in your mind, you believed the condition warranted it. Correct?

49

A. **Correct.**
Q. Did you at any time discuss with Dr. Grout the issue of phenobarbital and whether this baby should be given phenobarbital?
A. **No.**
Q. Did you discuss with anyone that issue during the time that Ayden was in the hospital?
A. **I don't recall mentioning that with the doctor, but generally, if you treat the underlying cause, the symptoms subside, and which indeed it seemed like they were subsiding when ever I came in the second night with him.**
Q. For at least a few hours when you were there that night.
A. **That is correct.**
Q. Did any of your colleagues, either Jennifer Giuffre to whom you gave report on the morning of the 6th or from whom you received report later that night, or Rita to whom you gave report on the morning of the 7th, did any one of the three of you discuss the issue -- during the reports -- the issue of phenobarbital?
A. **No. I don't -- I don't recall that kind of conversation.**
Q. During the early morning hours of the 6th when you were in communication with Dr. Grout, do you recall speaking to your nursing supervisor about your contacting

50

him and your communication with him?
A. **Yes.**
Q. Tell me about that. Tell me everything you can remember about how many times you contacted -- you spoke to the nursing supervisor and what was said and the circumstances of your contacting them, if you can. I know that's a lot, but I'll break it down for you. Okay?
A. **You'll need to break it down.**
Q. All right.
A. **I would have spoke with the nursing supervisor regarding Ayden's condition whenever he arrived to the department and prior to me calling the doctor. I know the other nurse that was working the night he came in, Barbara Davis, and I had spoke together, and I had her make sure that she was seeing what I was seeing. Although when he was having the eye movements, the abnormal eye movements, it was brief and self-limiting, and it wasn't happening often enough that, unless you were there, you would miss it, but I spoke with her, and she had -- I believe she had completed the nursing -- the history from Ayden's mother, and I had assessed and examined Ayden, and then I had her just double-check and make sure that she saw what I was seeing. Then we considered what we needed to inform the doctor about, and we also notified the nursing supervisor of what we were seeing.**

51

And I believe I spoke with the supervisor again after about the orders that I received on Ayden, but at the point in time we thought that, you know, if it was the low calcium causing the seizures, then treating that should cease what we were seeing. And it wasn't constant. It was brief in duration, self-limiting.
Q. Have you told me everything you can remember to the extent you do remember any specific conversations that you had with your nurse supervisor during this time period, the early morning hours of December 6?
A. **I don't truly recall anything much more about this conversation. But I do know, during one of the nights the nursing supervisor actually came into the room.**
Q. When was that?
A. **I can't remember if it was the first night or the second night, whenever he started having symptoms and we needed to notify the doctor and we had -- I had informed the nursing supervisor about what I was seeing and -- but I really honestly can't remember if it was the first night or the second night.**
Q. Okay. Do you remember whether it was the first night or the -- regardless of whether it was the first night or the second night, do you remember the substance of the conversation, communication that took place between you and the nursing supervisor when the nursing supervisor

52

actually came into the room?
A. **I think that it was -- we didn't say a whole lot in the room because Ayden's mother was in the room trying to rest, and it was in the early hours of the morning, and she was very sleep-deprived and she was worried about her child. I did keep Ayden's mother informed about whenever I was calling the doctor and whenever I was concerned about something, but -- and any time we were doing something different like starting medicines or altering anything, you know, we kept -- I kept -- I kept her informed.**
But the nursing supervisor -- I know before we went into the room, whichever night she did go into the room with me, I reviewed what I knew up until that point in time. And I believe I conveyed that I was concerned about him, but I think I was a little perplexed about exactly what all was going on with Ayden.
Q. Were you perplexed regarding why there wasn't a more urgent intervention for him on the part of his physicians?
MR. JOHNSON: Object to the form of the question.
THE WITNESS: I think I would have to say yes to that because I think that we were seeing things that the doctors weren't and that, whenever we told them something that we felt was significant, they weren't hearing what we

53

were saying.
BY MR. CASEY:
Q. You told me a minute ago that you believe that you conveyed to the nursing supervisor, before you and the nursing supervisor went into the room, that you were concerned. And obviously, when you're caring for a child, you're, quote, concerned about any child. Was there a different level of concern that you communicated -- other than the typical concern -- that you believe you communicated to your nursing supervisor before you and the nursing supervisor went into the patient's room?
A. **Yes. I believe that I had informed her that I was concerned that -- about the symptoms he was having was not something that we typically see, and it made me uncomfortable; and that generally, if we see symptoms like that, we don't keep the patients there.**
MR. CASEY: Off the record.
(Off-the-record discussion.)
BY MR. CASEY:
Q. Ma'am, do you recall speaking to either of Ayden Shaffer-Doan's parents either when the baby was first brought to your floor or thereafter on the morning of the 6th?
A. **Yes. I spoke with the mother, from what I recall.**
Q. Did you speak to her -- where did you speak to her

54

for the first time, if you remember?
A. **I believe it would have been the patient room, and it would have been at admission when I introduced myself.**
Q. Do you remember what -- do you remember what Ayden's mom said to you during that conversation?
A. **I don't recall any specifics as far as what was said during that conversation.**
Q. Do you remember the specifics of any conversation that you had with Ayden's mom that may not be reflected here in the notes? For example, there are some notes that say -- that indicate that the mom was given information or that the mom was sleeping. I mean there's obviously some interaction with the mom. But other than what's in the notes, can you tell me about conversations that you had with her --
A. Yes.
Q. -- that may not be reflected there?
A. **Yes. There would have been other conversations that would not have been reflected in the notes. Some of it was just indicating that -- if I saw something new. I know that I had informed her more than once that I was calling the doctor. Whenever I received information from the doctor, I would relay that on to her as well. But I was in Ayden's room quite a bit. I held him through the night at times. The second night he was fussy, acting**

55

like his belly was hurting, so I was in there awhile, but she slept a lot that night.
Q. This is the second night?
A. **The second night. The mother slept. I know the night -- the second night, whenever I tried to contact the doctor by beeping him and he wasn't calling back, I just did let her know because she was expecting the call, when she was awake, you know, that I didn't hear from him yet, but I will get ahold of him. And also when the nursing supervisor was in the room and there were myself and two other nurses I believe at the cribside, she roused to that, and I believe that was one of the calls, and I believe it was the second night.**
Q. So you believe that she was awake for the attempts that you made to reach Dr. Chandrasekhar the second night?
A. **Yes.**
Q. And was informed about and sort of in the loop on that subject.
A. **Yes.**
Q. As it was happening.
A. **Yes.**
Q. Do you remember who the other two nurses were that were with you in the room?
A. **No. One would have been the nursing supervisor, and the other would have been whomever was working with me**

56

that evening.
Q. And again, do you think this is the second night?
A. **Yes.**
Q. So the nursing supervisor is in the room the second night?
A. **Yes.**
Q. Earlier you told me that there was an occasion where the nursing supervisor came in the room, you said actually came in the room, and I think you said that you weren't sure whether it was the first night or the second night. And I just want to clear that up if there's any confusion on it.
A. **I believe it was the second night because I remember the mother; that I conveyed to her I was trying to get ahold of the doctor, and that the nursing supervisor, I had alerted her to that. And I believe it was the second night because I recall being at the bedside with the nursing supervisor, and the mother was awake. And I did not call -- when I called the first night, I don't think that the nursing supervisor was up on the department at 5:00 o'clock in the morning, and it would have probably been more typical that the supervisor would have been around around the time of the call the second night.**
Q. Okay. You told me earlier that you don't know how

57

much time elapsed between the beeps or pages to Dr. Chandrasekhar. Can you approximate in any fashion or any way, I should say, how much time elapsed? In other words, can you say, you know, it was at least so many minutes but not more than so many minutes? Are you able to do that or not?

A. It would depend on how many times I beeped him, and I can't recall if it was two or three times. At the most it would have been 15 to 20 minutes before -- between the beeps, but no longer -- no longer than an hour. But it also would depend on any other issues that I had to deal with in the interim that could have affected my keeping track of the time.

Q. Okay. You just said that it was at most 15 to 20 minutes in between the beeps, but no longer than an hour. Do you mean by that, at most 15 to 20 minutes in between and no longer than an hour in total between when you first tried to reach him and when you got him?

A. No longer than an hour from one beep to another.

Q. Oh. Okay. Maybe I'm just dense. I'm trying to figure out. I thought you meant that it was no longer than 15 to 20 minutes in between. It could have been as much as an hour in between the beeps?

A. It could have been 30 minutes. I really -- like I said, I don't know -- I can't recall everything that was

58

happening on the department that night. I cannot recall if it was myself and another RN or if it was -- if I was paired up with an LPN which would affect how many other responsibilities I had at the time.

Q. Sure. I'll take you back through the records at that point to see if -- looking at them very specifically helps. But to understand, you think it was -- what's the 15 to 20 minutes? What was the significance of that?

A. Generally, if I contact a doctor, attempt to beep him and he doesn't answer in about 15 minutes, generally I will rebeep him because -- half an hour's the max that I would generally wait to rebeep them. But sometimes there have been issues where for some reason the first beep did not go through. So sometimes it's do it in 15 minutes, or if I get tied up, definitely by half an hour, if I haven't heard from him, I'll rebeep him.

Q. All right. But certainly you say no longer than an hour in between beeps.

A. Correct.

Q. Okay. Backing up to the 6th again, the 3:30 a.m. notes that you made, was there any discussion at this time regarding what -- whether Ayden should be intubated? And I'll give you -- I'll tell you specifically what I'm interested in and what I'm getting at. In light of the fact that he had -- his O2 sats were dropping and that he

59

had -- he was pale and had dusky nail beds at times and that he had periodic breathing, was there any discussion with anyone at this time regarding whether he should be intubated?

A. No, not at that time. But he had -- an apneic episode is considered any episode where breathing ceases for greater than 20 seconds. That didn't mean that he had a significant apneic episode that lasted a great deal of time that required an intervention. He -- it dipped down and it came back up within seconds.

Q. Okay. Did you have any discussion with Dr. Palmer? I'll tell you he was the ER doctor who was involved in Ayden's admission. In other words, he saw him in the ER, and he's testified about the extent to which he was involved in the admission.

A. I do not recall any conversation with Dr. Palmer, and I did not -- the other nurse, the first night when Ayden came in through the emergency room, the other nurse, Barb Davis, had gone down to start his IV, and she would have potentially had an interaction with him. But I would not have seen him that night because I was on the department.

Q. Okay. Did you have the capacity on your floor to intubate or have Ayden intubated?

A. We can -- we do not intubate the patients. The

60

physician would have to intubate. They can intubate -- from my understanding, we can intubate a patient anywhere in the hospital. It's just would Ayden be able to be intubated and be a patient on my department?

Q. Yes. Did you -- if you were -- well, I guess from what you're telling me is that the way it would work, as far as your perspective on it is concerned, is you would report to the doctor what the symptoms were, and then the doctor would decide whether intubation was necessary. And you could follow through on the doctor's orders to help get that accomplished, if that's what the doctor wanted to do.

A. That is correct. We would relay the information, what we're seeing, to the doctor. The doctor would make the decision related to how to take care of the patient, to treat the patient. If Ayden needed intubated, that could be done if necessary, but the nursing staff would not do the procedure. It would -- in the evening we would call an anesthesia or the emergency room doctor would proceed with that in an emergency situation, and then Ayden would require to go to another facility that manages patients that are intubated and on ventilators.

Q. So when I asked you earlier about whether you had the capacity to do it, what I was wondering about is -- and I -- meaning you collectively -- did you have an

61

anesthesiologist on call? Did you have the equipment necessary to actually intubate him? Those kinds of things, and that's really what I'm exploring now. Did the hospital, and the floor on which Ayden was at 3:30 a.m. that morning, have the capacity to get that done if it was necessary?

A. **Yes.**

Q. And you told me that, if he had been intubated, then arrangements would have been made to transfer him because you don't keep mechanically ventilated children at DRMC.

A. **Except for the premature infants, and they would be in the neonatal intensive care unit. But yes, what you have said sounds accurate.**

Q. Have you ever heard of a 17-or 18-day-old baby or even older being put into the NICU at DRMC?

A. **Yes.**

Q. On what occasions would that -- has that occurred to your knowledge?

A. **They have cared for infants that were previously premature infants that had come from their unit that had viral type illnesses that would possibly require intubation and mechanical ventilation, and they've -- I believe they've had a few others, but I -- I do not know the specifics because I'm not privy to that information.**

62

Q. Right. Do you know whether there was any discussion at the time of his admission or any time that morning on the 6th of admitting him to the NICU?

A. **Discussion between whom?**

Q. Anybody that you were -- to which you were privy.

A. **No.**

Q. Do you remember any conversations with Ayden's parents, either one of them, regarding what his symptoms were at home prior to being admitted to the hospital?

A. **I do not recall the conversation -- that kind of conversation because the other nurse had taken the nursing admission history, so the information was already available and on the chart.**

Q. So -- but as far as -- at least as far as your recollection is concerned, you don't recall any conversation that you had with either of the parents about his condition at home.

A. **Not that I can recall.**

Q. Okay. At 7:45 a.m. on the morning of the 6th there's a note from Jennifer Giuffre, which would be shortly after you gave her report, that says the following: "Patient has eye blinking with desating, desating to 70s frequently during assessment, no evidence of color change, color very pale/dusky in appearance constantly."

63

Do you believe that you were present at the time that she made -- this would be her first -- at least as far as the records are concerned in terms of how they appear in the chart -- her first note. Do you believe that you were physically present with her around this time, or would you have already been gone?

A. **I don't recall. I believe that I may have been there late charting, but we do not have our computers in the room. We document out of the nurses' station, so I do not recall if I was at the bedside during that assessment.**

Q. Okay. Do you remember whether you considered calling Dr. Grout back, after you spoke to him around the 5:00 o'clock timeframe, in light of the symptoms that the baby had?

A. **In light of which symptoms are you referring to?**

Q. In light of any of the symptoms.

A. **Throughout the night?**

Q. Well, between the 5:00 a.m. timeframe and when you left the hospital that morning, did you -- well, did you consider calling him? Did you in fact call him? I know there's -- I have records, but I need to ask you about things that, you know, you may recall that may not be in the records, for example. So the question is, do you remember whether you considered reaching out to him, calling him, paging him, at any time between around 5:00

64

a.m. and when you left the hospital that morning?

A. **I'm sure I considered calling him a lot of times during my care of this patient, to be honest, but the symptoms --**

Q. On the morning of the 6th?

A. **Yes.**

Q. That's my -- for the moment, that's the question I have. So I just want to understand that your answer is in relation to the morning of the 6th. Tell me why that's the case, ma'am, that you believe that you considered calling him a lot of times.

A. **Because I was concerned about what I was seeing but also -- we didn't start the medications until 6:30, so if indeed the child was exhibiting symptoms related to a low calcium, it's not going to start getting better until we start supplementing it. And the symptoms were brief and self-limiting. Periodic breathing is considered normal in the neonatal period. He had one episode that lasted greater than 20 seconds, and the only reason why we knew that is because nursing staff put the baby on a CR monitor, a cardio-respiratory monitor, and an oximeter which was not ordered.**

Q. This was 3:30?

A. **When it was admitted, we placed him on the monitors which were not ordered. We also placed him on the**

65

neurological exams which were not necessarily ordered but we did them.

Q. Why?

A. **Because we were concerned about the child, and the nurse -- Barbara Davis had the first contact with him in the emergency room, and she said there was difficulty getting his IV in; that he was pretty sick and that she had witnessed something unusual while she was in the emergency room with him. And so we were just being prepared that he was going to be a sick little baby.**

Q. When you say she witnessed something unusual, to what was she referring?

A. **From what I recall, she described to me that she thought that she saw some kind of seizure-type activity while he was in the emergency room, but it was after a traumatic event too, having multiple IV starts, so she -- we were just being prepared.**

Q. Okay. So the steps that you took that you told me were not ordered included the monitor. What monitor was it?

A. **It's a cardio-respiratory monitor which it would alert us to any apneic episodes greater than 20 seconds, which is considered significant. Periodic breathing is breathing pauses that are less than 20 seconds, and so of course that would still be within an acceptable range**

66

or a normal for a newborn.

Q. And the neuro checks, you did those because of a heightened concern that you had about the baby?

A. **Whenever she had mentioned seeing something and we knew that the baby was sick, we went ahead and checked the pupils for reactivity and just watched for anything unusual. And any time we do see anything that's unusual and what we consider abnormal, we are a little bit more specific with that system that's involved then.**

Q. What explains, if anything does, the time period that elapsed between when the baby was admitted and when Dr. Grout is communicated with around the 5:00 o'clock timeframe?

A. **The baby was admitted, I believe it was around 3:30. We have to get in -- a nursing admission history. We had to get him settled in the room. We had to assess him and get vitals -- obtain vital signs. And during the assessment and that period of time it takes a significant amount of time to get them situated. We weighed the infants when they arrived to the department, and they get on a scale, and then we basically assess them head to toe looking for any signs of abuse or anything else that would be of concern.**

And then the other nurse was also -- we have to go over the nursing history and make sure that the mother's

67

familiar with the room and the cribs and the department, which takes up a bit of time. And during that time also we wanted to make sure that we had a good idea of what we were seeing, if it was just a one-time event, a single event, or if there was something more, and so it takes a little bit of time to know what we need to talk to him about.

And we were seeing things that apparently the emergency room doctor wasn't seeing, so we wanted to make sure that we were -- we had our facts and the information together so that we could present it to him. And I also considered what might be going on with him too because, you know, we needed the information like the mom having the Group B strep, so we would consider sepsis.

So I made sure I figured out the ranges for the doses for the medicine and had that information available so that, when I talked to him, the doctor, that if he gave me a dose that was too high or too low, I could address it then instead of calling him back ten minutes later or fifteen minutes later. And the same with the calcium, with the calcium level being low, and we were thinking -- I was thinking the procedures could be related to something metabolic, meaning the calcium, since it was -- the sodium was okay at that point in time, so I had the dose available for that as well.

68

Q. What literature did you look at? You told me you referred to some literature?

A. **We have several different resources that we use on our department, one being an IV, intravenous drug manual, and another being the Harriet Lane Manual, and they have drug dosing references. And at times I've even called the pharmacist on duty, but that night I know I did not speak with him.**

Q. But is that the literature to which you were referring when you told me that you looked at the literature when you saw that there was a low calcium?

A. **Yes, so that I had information available related to a high and a low number for dosing.**

Q. Okay. Did you have any trouble reaching Dr. Grout, or did he reach you?

A. **I don't recall -- I don't recall any difficulty reaching Dr. Grout.**

Q. Okay. Where we came in on this a little earlier was when I started to ask you about whether you considered calling Dr. Grout or contacting him again between around the 5:00 o'clock timeframe on the 6th and when you left at around 7:30. And you -- I believe you told me that you think you considered doing so more than once, but according to the records, as far as I can tell, you did not. Is that -- am I right about that?

69

MR. JOHNSON: I'm going to object to the form of the question because I don't believe you completely recounted her information.

BY MR. CASEY:

Q. Do you believe that you did contact Dr. Grout between 5:00 a.m. and when you left the hospital?

A. **I did not document that I spoke with him, and I do not recall speaking with him.**

Q. Do you believe that you attempted to contact him at any time between the conversation that took place at around 5:00 a.m. and when you left the hospital?

A. **I don't recall making an attempt to contact him.**

Q. Is there any place where one could look to find the records of pages, beeps as we've been calling them, to physicians? Are they recorded anywhere?

A. **Only with the system that they would utilize or with the -- I don't know if it's a phone list. I don't know.**

Q. Okay. Have you ever had the occasion to go back and confirm a time that a page took place or when you beeped a particular physician?

A. **No.**

Q. Did you have any interaction at all, during the time that this baby was at DRMC, with Dr. Siar?

A. **No.**

70

Q. Did you know, when you came back to the hospital at around 7:00 p.m. on the 6th, that Dr. Siar had called in at some point to check on the baby?

A. **No.**

Q. There's a note from Jennifer Giuffre at 9:30 a.m. that Dr. Siar phoned in to check on the baby's status. Did you appreciate in any respect that you were to be reporting information to him as opposed to Dr. Chandrasekhar that evening?

A. **No.**

Q. Okay. There was a lumbar puncture done on the 6th. Do you know anything about that?

A. **I know that one was performed.**

Q. Your reaction leads me to think that you have had some conversation about the lumbar puncture or you have information. Can you tell me what you know about it, other than it was performed?

A. **I just recall reviewing the chart and seeing that it was performed and that the baby improved afterwards.**

Q. Okay. Were you surprised to find out that an LP had been done?

A. **No.**

Q. Did you understand why it was done when you got back to the hospital that evening?

A. **My understanding was that we were ruling out sepsis in the infant, and that would be consistent with checking for sepsis, considering his symptoms.**

71

Q. Did you have any discussion with Jennifer Giuffre at any time about the fact that an LP was done and your impression about whether that was what was needed?

A. **No.**

Q. Did you have such a discussion with any of your colleagues about the fact that an LP was done and your impression about whether that was needed?

A. **I'm -- I may have had a discussion about some diagnostic studies that may have needed to be considered, but we had already started the antibiotics, and sometimes the doctors are less likely to proceed with the LP in general after they're started because we've already started to treat. But there were probably some other studies that we had also discussed.**

Q. Like what?

A. **Well, like scanning the baby's head, checking to see what was going on there.**

Q. Did you discuss that with your colleagues on the 6th of December, that is, other tests that could be done?

A. **I don't recall which -- at what point in time the discussion was. I don't recall if it was in the early morning of the 6th or if it was in the evening of the 6th, but it -- the report that I received from nursing in the evening of the 6th, the baby had improved. So -- it wasn't something that was of great concern because the baby had been on antibiotics for a little while and also receiving the IV calcium supplementation, so the thought was that something was working for him.**

72

Q. All right. But you alluded to discussions or thoughts about other tests that might have been done, and you specifically said scanning the baby's head. And I'm gathering, from your telling me that, that at some point there was questioning among the nursing staff about why there was not any scanning being done or any radiographic studies being done of the baby's head. And that's what I want to explore with you. Is that so?

A. **Yes.**

Q. Okay. And I need you to help me to sort of time that, and I'll start this way. Did you and any of your colleagues in the nursing department discuss the fact that there had been no studies ordered, as of whatever juncture it was that you were talking about it, of the baby's head?

A. **Yes.**

Q. And did you express surprise or puzzlement to one another regarding why such studies had not been ordered?

A. **Yes.**

Q. Do you remember approximately when these conversations took place?

73

A. **No. I don't recall.**
Q. Can you -- was it at least prior to your leaving the hospital on the morning of the 6th?
A. **I don't really recall if it was the morning of the 6th, and the reason being is because I really felt the doctor would look at the child and it wouldn't be there that evening when I came back in. And it's not all that unusual or uncommon that they would look at a child and feel that the child was going to require services that we couldn't keep it at our department -- on our department; that they would not do the diagnostic studies but let the receiving hospital do so because many times they repeat the tests anyways if they're not satisfied with the images that we send. And that's why I can't recall exactly which -- if we discussed it that morning about what studies they might order or if we discussed it at some other point during the -- while the child was there. I don't know.**
Q. Or even after the time -- even after the baby was discharged, looking back in time at what happened at DRMC and -- I'm just suggesting something to you -- and saying to one another, why didn't they do -- why didn't they scan the baby's head on the 6th, just commiserating with your colleagues about that subject.
MR. JOHNSON: Object to the form of the question.

74

MR. CASEY: Did anything like that occur?
MR. JOHNSON: Object to the form of the question.
THE WITNESS: I'm sure that it probably did because with any patient that we have in the hospital, any time we look back on how we take care of the patient and we try to improve our services and we try to improve upon our own knowledge base by learning from what happened with a patient, whether, you know, the outcome isn't exactly the same as this or not.
MR. CASEY: I understand. I'm talking about something a little different. I'm talking about nurses who don't order tests to be done for a patient like this but who have responsibility and duties that attend to their taking care of the patient, discussing things that they were wondering about as to whether they should have done and that they weren't done. I -- you've told me something that I just -- I'm obligated now to explore and figure out.
You've said that you and your colleagues at some point expressed surprise and/or puzzlement about why tests had not been done, specifically scanning of the baby's head. And I need to get some context, to the extent you can provide me with any, about that subject. Let me ask you this way. Was it contemporaneous or at the same time as your providing care to Ayden? Do we at least know that

75

it was between the time he was admitted and the time he was discharged that you had such conversations?
MR. JOHNSON: Object to the form of the question and move to strike the preface.
BY MR. CASEY:
Q. Can you tell me anything about the context in which the surprise and/or puzzlement was expressed between or among you and your colleagues in the nursing department?
A. **I believe that in speaking with the nursing supervisor who has -- who's basically my supervisor at night -- that we had considered what else would maybe be a -- something good to check for or some diagnostic study that should be considered, and I believe that in that context is when we discussed checking the baby's head, doing a sonogram or a CT scan or something more diagnostic to --**
Q. Okay. And we know that during the 4:00 a.m. conversation on the 7th you had that -- that those subjects were discussed with Dr. Chandrasekhar because he then ordered such studies. Right?
A. **Correct.**
Q. Can we infer from that that the conversations with your nursing supervisor that you're telling me about now occurred the evening before?
A. **The evening before meaning on the --**

76

Q. The 6th?
A. **The day the baby was admitted?**
Q. Yes.
A. **No.**
Q. Okay. Well, you were not in the hospital from 7:00 a.m., 7:30 a.m. or thereabouts on the 6th, to 7:00 p.m. on the 6th. Right?
A. **That is correct.**
Q. So we know that this conversation with your nursing supervisor, at least I think we know, didn't take place during that time period. Correct?
A. **Not with me.**
Q. Right. And we're talking about you. So it either happened between the time the baby was admitted and when you left the hospital on the morning of the 6th. Right?
A. **And I don't believe it happened then.**
Q. Okay. So that takes us to about 7:00 p.m. on the evening of the 6th, between then and 4:00 a.m. the morning of the 7th. Right?
A. **Correct.**
Q. Okay. Can you tell me within that timeframe whether this conversation you believe occurred between you and your nursing supervisor?
A. **I believe it would have happened whenever the supervisor came to the department or during the time that**

77

I spoke with her that he was showing symptoms again related to his eyes and that the left pupil being slightly larger.

Q. Okay. You do not believe it occurred at around 11:00 a.m. -- 11:00 p.m., I'm sorry -- on the evening of the 6th when you noticed the child's heart skipping beats.

A. **No.**

Q. You believe it was later than that.

A. **I believe it was later than that.**

Q. All right. What steps should you take in the event that -- if any -- in the event that you believe certain tests need to be ordered but they're not being ordered by the physician? Is there any policy in place that tells you what to do in such a circumstance?

MR. JOHNSON: Object to the form of the question.

THE WITNESS: Generally I speak with the nursing supervisor who has more experience related to the process and how to proceed, and I did speak with the nursing supervisor.

MR. CASEY: Okay. And is that the reason you were speaking with the nursing supervisor, that is, that you believe that there should be scanning ordered for this baby's head that was not being ordered? You told me that's what you were to do, to contact the nursing supervisor. You also told me that you did contact the

78

nursing supervisor and you had such a conversation. Were you following through on this policy or at least mode of operation that you told me you were to follow in this particular instance?

MR. JOHNSON: Object to the form of the question.

THE WITNESS: In that particular instance -- and that was on the second day.

BY MR. CASEY:

Q. Yes.

A. **Around 4:00 a.m.**

Q. Yes.

A. **I spoke with the nursing supervisor because the baby had a symptom that it did not have before, and I wanted her opinion on what she felt that it could be and what I should consider when I speak with the doctor. And I also wanted her to know the status of the child and to know -- to get an idea from her where she felt we should go from there. And I also called her after I spoke to the doctor and received the orders and spoke with her in regard to those orders.**

Q. Okay.

A. **But at that point in time the supervisor did not indicate that we needed to proceed any further, and as she's my supervisor, I trust her judgment.**

Q. Did you disagree with the conclusion that she

79

reached but nonetheless follow her recommendation?

MR. JOHNSON: Object to the form of the question.

THE WITNESS: I really don't recall because I think at that 4:00 a.m. phone call, if you remember me mentioning this before, I was also concerned about the calcium level becoming too high and that some of the new symptoms could either possibly be related to that or be related to the caffeine that was added the prior -- the previous day.

BY MR. CASEY:

Q. Um-hmm.

A. **Which could be causing some of the symptoms that the baby was having like the gastrointestinal complaints and the fussiness and -- so I -- I think it was more complex than just thinking that something more needed to be done. I think it was just trying to determine what was going on with Ayden.**

Q. But in any event, at some point around 4:00 a.m. your nursing supervisor told you that the steps that you had taken in speaking to Dr. Chandrasekhar and the outcome of those steps was all that needed to be done at that juncture.

A. **Yes.**

Q. You know from your own notes because I'm sure you looked at them -- and I'll try and move through this

80

faster than I'm moving right now -- that at around 8:00 p.m. on the night of the 6th you noted that the patient had periods of grimacing. Correct?

A. **Yes.**

Q. And he was pulling his legs up to his abdomen. Correct?

A. **Yes.**

Q. And that he had occasional periods of periodic breathing. Correct?

A. **Yes.**

Q. And you didn't call any physician at that point. Correct?

A. **Correct.**

Q. Did you consider calling Dr. Chandrasekhar at that point?

A. **No, because the baby had started to have stools, and it was acting more alert and looking around at that point in time whenever I was in, and he was pulling his legs up and passing gas and then fussing.**

Q. So you attributed it to gas.

A. **Gas and that he was moving his bowels and his belly was cramping.**

Q. Okay. And the first note on your shift that reflects at least your appreciation that there was something new happening, is at around 11:00 p.m. where you

81

note that the patient is skipping beats occasionally. Correct?

A. **Yes.**

Q. And that's when you called Dr. Chandrasekhar. Correct?

A. **That is correct.**

Q. In this note -- and I'm referring to Page 10 of what we've marked as Nurses' 1, and it may just be that -- I don't know, may just be that the transcription is not exactly correct, but I don't know that. I'm just offering that as an explanation. You see at the second to the last entry at the bottom of the page it says "Doctor visits N through Z." I just haven't gone back to look exactly at what it says. Can you decipher that for me?

A. **Yes. In our documentation system the doctors' visits and doctor call check box is very close to each other, and I'm assuming that I checked doctor visit instead of doctor called because then it says doctor called and then the last name, initials from whatever to whatever. But I had called him not -- he did not visit.**

Q. Okay. And you know that you had called him based upon piecing together your notes which include new finding of the baby's heart skipping beats occasionally and also you're unable to obtain a blood pressure three times. Correct?

82

A. **Yes.**

Q. What does that tell us about what you observed at 11:00 p.m. regarding his blood pressure, at least in terms of what you were thinking about?

A. **Well, first I wanted to obtain his blood pressure because I noticed something different with his heart that I did not notice before. But if you look back through the record, on admission I was not able to obtain a blood pressure either, and that's not altogether unusual if infants are pulling their legs and fussing.**

But I did want to have that information available in case the doctor asked. I tried to anticipate things that they might ask me for so that I can provide that information to them without having to leave them hang on the phone and then go back into the room to obtain the information.

Q. Okay. Were you surprised when, upon giving Dr. Chandrasekhar the information that you gave him at 11:00 p.m., there were no new orders?

A. **I really don't recall how I felt at that point in time.**

Q. Okay.

A. **But I did review the last calcium level with the doctor, and I had given him a brief report of what I had seen since the baby was admitted. That would have been**

83

the point in time when I would have filled him in, I believe, on what I knew about Ayden. But I know I reviewed the last calcium level with him at that point again too because I was concerned about the electrolytes and the fluids and the electrolytes and how those would affect him, and calcium and potassium, they can affect the heart if the levels are too high.

Q. What was your impression, as you reviewed it with Dr. Chandrasekhar at 11:00 p.m., of the last calcium value, at least your impression?

A. **I would have to look at this -- refer to the lab values because I don't remember exactly what that value was.**

Q. If you would, take a moment and look at it.

A. **The last lab value for the calcium would have been collected at 3:00 o'clock, and that value was reading 9.1 which was up from the admission calcium was 7.8. And my concern was that if it was 9.1 at 3:00 o'clock, at 11:00 o'clock it can be above that value and maybe potentially be causing what new symptoms I was seeing.**

Q. Okay. Now, I know that you at this point have been a nurse for a number of years and have cared for a lot of babies, but was one of your concerns at this time, given the symptoms that you had observed and known about since the baby was admitted, that you were not prepared to

84

understand what was transpiring with this baby who you were responsible for as of 11:00 p.m. on the night of the 6th?

MR. JOHNSON: Object to the form of the question.

THE WITNESS: And I don't really understand what you're asking me.

MR. CASEY: Sure. Was one of your concerns, either at 11:00 p.m. or even during that overnight period into the morning of the 7th, that you were not prepared to handle a baby who was experiencing the symptoms that you saw this baby experiencing?

MR. JOHNSON: I still object to the form of the question because I still don't understand it either.

THE WITNESS: I don't agree. I do believe that I was fully capable of taking care of Ayden, given his situation. However, I think that Ayden arrived a very sick baby to our department, and Ayden was very complex, meaning that he had more than one problem that could have potentially been causing his symptoms.

MR. CASEY: Right. And it's one of the reasons you thought he shouldn't be there. Correct?

MR. JOHNSON: Object to the form of the question.

BY MR. CASEY:

Q. Correct?

A. **I think, as sick as Ayden was, he shouldn't have**

85

been in my department.

Q. That's all I was getting at, that he needed more than you, on the fourth floor alone on an overnight shift, were able to give him. That's what my question was, at least as far as what your impression was at that point. Am I right?

MR. JOHNSON: Now you're asking for an opinion, and she's instructed not to answer that particular question.

MR. CASEY: About what she was thinking at the time.

MR. JOHNSON: As you phrased the question, it's an improper question.

BY MR. CASEY:

Q. Okay. Were you thinking at this time, the overnight period from around midnight on the 6th into the -- midnight on the 7th into the early morning hours of the 7th, that this baby was sicker than he should be if he was on your floor?

A. **No. That's not what I was thinking.**

Q. Okay.

A. **At that point in time when Ayden started to exhibit symptoms again that -- with his eyes and the tremors, my concern was, now what's going on with Ayden? What is he doing now? Because up until then, yes, at 11:00 o'clock there was something different with his heart that I heard,**

86

but nobody else had heard it before then. And he -- otherwise he wasn't doing anything else at that point in time. I was just trying to consider, okay. If I'm hearing this, what is it related to? And then again at 4:00 o'clock in the morning, whenever he was exhibiting other symptoms again, again the thought comes to mind, okay what is going on with him now? Is it related to the fluid and electrolytes, or is it related to something different? His fontanel was nice and flat, but he's having these other symptom.

Q. What were you thinking at 12:10 a.m. on the 7th when you note that he had a brief period of eye twitching?

A. **I don't know what I was thinking at that point in time. I mean, the episode -- by brief, it had -- I'm assuming it occurred whenever I was in the room. And during that evening I recall holding Ayden quite a bit. I don't remember if I considered that significant at that point in time or if I considered it similar to some of the episodes he had had the night before and that that's whenever I started thinking about watching him closer; that I stayed in the room.**

Q. Did you do that? Did you decide to watch him closer at 12:10 a.m.?

A. **I was in the room with Ayden quite a bit that evening holding him because he was uncomfortable, and it**

87

was probably during that time that I noticed that. By brief, I probably did not even have time to even check it with my watch, which indicates that probably it's something that, had I not been there, I would not have seen.

Q. At 11:00 p.m. you noted that he was having tremors. This is about 70 minutes earlier you noted that he was having tremors. Do you believe that you reported that to Dr. Chandrasekhar?

A. **No. But I also indicated that I thought he was cold because I just changed his diaper.**

Q. No. But my question is, do you believe -- and I think I know your answer, but just to be clear. Do you believe you reported to Dr. Chandrasekhar that -- at 11:00 p.m., when you talked to him at 11:00 p.m., that the baby was having slight tremors?

A. **No, because I don't think that I could have done both things at the same time.**

Q. I don't understand what you mean.

A. **I think I indicated that I phoned the doctor at 11:00 and I changed him in the documentation at the same time, so I would suspect that I changed the baby to check his -- to check for output before I called the doctor, whenever I was doing that assessment with the blood pressure checks before calling the doctor. But if he**

88

wasn't shivering, if he wasn't having the tremors before then and I thought it was possibly because he was cold, that would be -- I wouldn't believe that that would be relevant because he didn't have the color change or desaturation associated with it or anything else that I observed.

Q. Okay. But you have a question mark there, where you weren't sure what the tremors were explained by, I assume. Am I right about that?

MR. JOHNSON: Object to the form of the question.

MR. CASEY: Am I right about that?

MR. JOHNSON: Look at your note rather than the chart for that question.

THE WITNESS: Okay. What page?

MR. JOHNSON: I'm not sure.

THE WITNESS: Okay. What is your question?

BY MR. CASEY:

Q. Am I to understand the question mark that is typed in at the 11:00 p.m. note regarding the slight tremors to mean that you weren't sure to what they could be attributed?

A. **No. I think that indicates that I was considering that he was cold because I just changed him, so I bundled the baby.**

Q. So the question mark means that you knew to what

89

they were attributed.
A. **That I considered what they were attributed to.**
Q. Okay. But -- again -- believe me, I heard your answer. You do not believe you reported this during the 11:00 p.m. phone call to Dr. Chandrasekhar.
A. **No. I do not believe that I reported those, but I do believe that I reported to him that the child had had other seizure activity and that we were treating him with a calcium through the IV because of that and that he was being treated for sepsis and we were ruling that out as well. So he was aware that the child had some episodes of seizure activity prior to that point.**
Q. Okay. And then I've already asked you about the 12:10 a.m. note where you say that Ayden had a brief episode of eye twitching. Do you believe that this is the time period -- this is the time at which you began attempting to contact Dr. Chandrasekhar, after the 12:10 finding?
A. **No. I don't believe I started to call him at that point in time.**
Q. All right. 1:00 a.m. you note that Ayden had a "brief episode of eye twitching, no color change observed." Do you believe that you tried to reach Dr. Chandrasekhar at this point?
A. **No. I don't believe I had notified him at that**

90

point either because it was one episode, very brief. I could not time it, and it was -- it ceased.
Q. 2:47 a.m., "brief episode of left eye twitching, preceded with upper arm tremors, after episode left pupil slightly more dilated, no color change." This is 2:47 a.m. Do you believe you contacted him at this point?
A. **Yes.**
Q. So you believe that after making this finding at 2:47 a.m., you first attempted to beep or page Dr. Chandrasekhar.
A. **I believe that it was after that point in time I spoke with the nursing supervisor and then had initiated calling, and I believe during that time the nursing supervisor at one point had come up to the room.**
Q. When was this in relation to the 2:47 a.m. finding?
A. **I'm not sure if it was before or after I spoke with the doctor or if it was while I was waiting for him to answer the page.**
Q. Okay. Well, you hadn't spoken to him as of 2:47.
A. **No.**
Q. The notes indicate that you talked to him at 4:15 a.m. Correct?
A. **Yes.**
Q. And piecing this together, do we then know that at sometime around 2:47 a.m., when you had this finding, you

91

start to embark upon this process by which you eventually contacted him?
MR. JOHNSON: Object to the form of the question.
BY MR. CASEY:
Q. At 2:47 a.m. did you start the process which you testified a lot about already of contacting Dr. Chandrasekhar?
A. **It was probably more a little after 3:00 because I would not have left Ayden during the episode because I would have had to be at his bedside to try to get an idea that he was monitored.**
Q. Okay. How long after 3:00 do you believe you first paged Dr. Chandrasekhar?
A. **I do not recall. I would not recall the exact point in time.**
Q. Do you believe that what you record here at 2:47 a.m., at least to your reckoning as his nurse at this point, evidence symptoms that constituted an emergency?
MR. JOHNSON: Object to the form of the question.
THE WITNESS: I think it necessitated urgency. I wouldn't say at that point in time it was emergent because he was breathing and his heart was beating, and again, I was starting to consider what was causing the symptoms. And his fontanel, you know, and other indicators -- his fontanel was flat, you know. His -- he -- in between he

92

was seemingly okay for his age. He was acting appropriately otherwise. And again, even at 11:00 o'clock there was some consideration as to whether what I was hearing with his heart was related to the medications that he was receiving. So of course I'm still trying to consider, well, what else could be going on with him.
MR. CASEY: Okay. But specifically, left eye twitching preceded with upper arm tremors, and after episode, his left pupil was slightly more dilated than his right pupil, you did not believe that that constituted an emergency. Am I right?
MR. JOHNSON: Objection. Asked and answered, also object to the form as before.
THE WITNESS: I believe that the doctor needed to know what I was seeing and that -- but if it were -- I guess to be honest I really didn't know what to think of it because I had never exactly experienced a patient with those kind of symptoms exactly as how Ayden was exhibiting symptoms.
BY MR. CASEY:
Q. All right. The 3:40 a.m. note where it says, "Nurse holding baby and observed that left pupil is slightly more dilated than right pupil," is that you, the nurse holding the baby?
A. **That was me.**

93

Q. Was anyone else with you at that point?
A. **No.**
Q. You don't make any note between 2:47 a.m. and 3:40 a.m. that suggests that this left pupil condition changed. Am I right? You make no note to that effect.
A. **I don't see any documentation of that.**
Q. And it's something that's significant enough that, had it changed and improved, you would have noted it. Isn't that fair?
A. **I don't know if that's really fair or not because a lot of the documentation that I did was completed after the shift was over, which could have been an oversight on my part because I'm describing the information from a piece of paper into the computer. So it could have been something that I -- that I overlooked from that piece of paper.**
Q. Meaning his condition with his pupil may have improved and you just didn't note it?
A. **And that's a --**
Q. Is that what you're --
A. **That's what I'm indicating is a possibility.**
Q. As opposed to looking at this record and saying, well, between 2:47 a.m. and 3:40 a.m. this child had one pupil slightly more dilated than the other. Do you think that that's a fair reading of the chart?

94

A. **I'm sorry. I don't understand what you're asking me.**
Q. Okay. Do you believe it's a fair reading of your notes to conclude that his left pupil was slightly more dilated than the right the entire time between 2:47 a.m. and 3:40 a.m.?
A. **I did not document that at 2:47 a.m. that the one eye was -- oh yes, I did. Excuse me. I guess I wouldn't understand why I would document otherwise though seeing it again later if it did not improve.**
Q. Meaning -- all right. I think I understand what you mean, but I'm not sure. I read your note at 2:47 coupled with the note at 3:40 coupled with the note at 4:00 a.m. to mean that between 2:47 a.m. and 4:00 a.m. that this baby had one pupil different in size than the other. Is that a fair reading of your notes?
A. **Well, it is reading what is written, but again, there's a possibility that I did not completely document everything related to that. And in another nurses' notes the following morning it indicates that his pupils were equal, round and reactive to light.**
Q. The following morning?
A. **Yeah, the next morning when the next nurse takes over for me.**
Q. Right now I'm talking about 2:47 a.m. to 4:00 a.m.

95

A. **Right.**
Q. And my question was, do you believe it's a fair reading of your notes?
A. **I think it's a fair interpretation of what is written or reading of the notes.**
Q. Okay. The 4:15 a.m. note you write, "Doctor notified N-Z: Informed of patient having left pupil slightly more dilated and slightly sluggish when checked with light, and continues to have focal seizures and tremors of extremities, no desats but has O2 on and apneic episodes and periodic breathing. New orders received." Did I read that correctly?
A. **I'm not sure where that is.**
Q. All right. It's your 4:15 a.m. note.
A. **Is that under the doctor's orders?**
Q. It's on the -- I mean, I know you want -- you can look at your own chart obviously. I'm referring to Page 12 of your counsel's summary of the medical records.
A. **It's not on this page.**
Q. I'll find it.
Off the record.
(Off-the-record discussion.)
MR. JOHNSON: This is under with the vital signs.
MR. CASEY: Just for the record, this is Bates No. 43, and I'm not -- I just don't recall. Is that the --

96

have you provided a Bates stamp copy to me, do you believe, with the discovery? I just don't remember because I don't want to refer to a page that I don't have, Dave.
MR. JOHNSON: These do not appear to be our manner of Bates stamping, so I don't know who Bates stamped these pages in this manner.
BY MR. CASEY:
Q. Okay. All right. Having looked at the note, ma'am, that reflects a call -- or a notification of Dr. Chandrasekhar, how is it that you know that you -- that this time, 4:15 a.m., is when you spoke to him as opposed to when you first tried to reach him?
A. **Because I wrote an order from him.**
Q. At 4:15.
A. **Whatever time -- it was indicated at 4:20 I received an order from him. But during our conversation, it wouldn't have been instantaneous that I received an order. And we did have a brief conversation regarding the patient and what the patient was -- the symptoms the patient was exhibiting.**
Q. Okay. But looking back as we have now through the various notes during the overnight hours, are you able to tell me, with any more specificity, the time period that elapsed between when you first tried to contact him and

97

when you actually spoke to him?

A. I believe I started to call him sometime after 3:00. I cannot say exactly what time after 3:00, but I had to notify the nursing supervisor which indicated that I had to beep her and to receive approval to call the doctor in the middle of the night and tell her why I needed to speak with the doctor. And then once she said okay, then I proceeded to notify the doctor.

Q. Is that a written policy that you need to contact the nursing supervisor before you can contact the doctor?

A. I'm not sure if it's written or not. It's just something that I was taught to do. There are some doctors that will just tell us just call, but at this point in time and because of my concerns with this patient, the nursing supervisor was informed of my actions.

Q. Okay. Regarding this conversation, Dr. Chandrasekhar testified as follows about whether he ordered the cranial ultrasound and the EEG to be done on a stat basis. I just want to read you what he said and see if it comports with your recollection.

First of all, on Page 112 of his deposition he was asked what he decided to do after receiving information that you gave him on his phone call.

"QUESTION: And you decided to do what after receiving this information?

98

"ANSWER: I found these constellation of findings concerning. That was the first time when I" was -- I'm sorry. Let me back up. "That was the first time when I sort of had this first notion that there may be a neurologic issue going on, you know, of a true neurologic event possibly going on. And I ordered at that point at 4:15 a.m. a cranial sonogram --" He's calling it an ultrasound. Sorry. That was my editorializing. Let me go back.

"And I ordered it at that point at 4:15 a.m. a cranial sonogram, an EEG, and I also mentioned that they can call -- I'm just reading off the notes on my order sheet which, you know, I signed on it; that they call Dr. Chandrasekhar at home instead of beeping which would mean that I did not want them to go through the answering service, waste any time." Then he continues with an explanation.

First of all, is it -- does it comport with your recollection of events that this 4:15 a.m. phone conversation was the first time that Dr. Chandrasekhar had a notion that there may be a, quote, "neurologic issue going on," end quote?

MR. JOHNSON: Wait. I don't think this witness is capable of answering that question.

MR. CASEY: Sure she is. She had a conversation

99

with him.

MR. JOHNSON: Well, you asked about his notion. I mean, if you want to ask her about what she told him or what she said, that's fine. But I don't think you can ask her about Dr. Chandrasekhar's notions.

BY MR. CASEY:

Q. Well, obviously you don't know what's in Dr. Chandrasekhar's head, but you had conversations with him and imparted information to him starting at 11:00 p.m. the evening before. Correct?

A. That's correct.

Q. In your conversation with him at 11:00 p.m., do you believe that you and he discussed issues that related to a potential neurologic issue for this baby?

A. I don't believe at 11:00 a.m. there was a lot of discussion.

Q. 11:00 p.m.?

A. Yeah, excuse me, 11:00 p.m. there was a lot of discussion. I think that he was informed of the symptoms. I gave him a nursing report of -- from Ayden, when he came in, the symptoms he had, what he was being treated with and reviewed the most recent labs. But at that point in time, I mean, he was aware we were treating him with the calcium supplementation because he had seizures, which is a neurological condition. I don't know what he was

100

thinking after that because he didn't tell me what he was thinking.

Q. Right. And I'm not asking you what he was thinking. I'm just asking about discussions that you had with him. Now, regarding the cranial sonogram and the EEG that were ordered, on Page 113 and 114 of his deposition I asked him about what his orders meant to you regarding the timing of when those tests should be done, and at Line 8 on Page 113 I ask him, "QUESTION: Should you have ordered them to be done immediately?

"ANSWER: I think it was already morning and that the shift comes in at 6:00 o'clock, sir, 6:00 or something around that time, so when I say morning, it means as soon as feasibly possible at the hospital on that time, when I say morning.

"QUESTION: So you're telling me that the order to the nurses to get those tests done, quote, in the morning meant as soon as feasibly possible?

"ANSWER: Yes, sir, in the morning, yes, sir."

You talked to him on the phone about these tests. Did he convey to you to get them done as soon as feasibly possible?

A. No.

Q. Was there anything in the way he conveyed it to you that expressed the need to get them done on anything other

101

than a routine basis?

A. **No. And I had even asked him if he wanted the cranial sonogram done stat with a reading. The EEG I did not ask about that study because it's a little bit more difficult to get that done that quickly because we would have to call in the person and get a reading. But radiology, we tend to get those readings back very quickly, and I felt, to be honest, if the infant were having seizures, the EEGs, yes, it's going to be abnormal. But if there's something going on inside his head, we would want to know that, meaning the cranial sonogram would be probably more diagnostic than the EEG. It would just confirm what we're seeing.**

Q. Did you at any point that morning, the morning of the 7th, have any interaction with any of the technicians or any of the staff people who did -- who actually did the testing and/or interpreted the testing?

A. **No, but I did -- I do believe that they did it very quickly in the morning as soon as they were able to. It wasn't something that we told them could wait.**

Q. How --

A. **Like it was ordered in the computer to be done early.**

Q. How long would it have taken to accomplish the cranial sonogram if it had been ordered by Dr.

102

Chandrasekhar to be done stat or immediately?

A. **I honestly have no way of answering that question. I would not have a clue as far as the duration of time.**

Q. Also in his deposition I asked Dr. Chandrasekhar regarding how long he would expect there to be between neuro checks during the overnight hours from say 11:00 p.m. on the 6th overnight into the early morning of the 7th, and his answer was, "15 minutes, half hour, 15 minutes check. I know that the baby was on a monitor which measures your oxygen, your heart rate and breathing gives you a continuous recording." And then he talks about those things.

And I asked him, question -- this is Page 125 of his deposition. "I'm talking about neuro checks. You know, there's a difference between a neurological assessment by a pediatric nurse and a machine that beeps, correct? There's a difference, yes?

"ANSWER: Yes, sir.

"QUESTION: Would you expect that a patient of yours during the overnight hours with the symptoms that this baby had to be getting constant, as you say, every 15 minutes or so, neuro checks by a pediatric nurse?

"ANSWER: I did convey my concern about the findings.

"QUESTION: I'm sorry. My question is, would you

103

expect your patient that's in the hospital and you're at home with the symptoms that he had to be receiving neuro checks by a pediatric nurse at least every 15 minutes?

"ANSWER: Fifteen to thirty minutes, yes.

"QUESTION. So the answer is yes, you would have at every 15 to 30 minutes?

"ANSWER: Yes."

How often did the baby get the -- get neuro checks by you or any other nurse during that overnight period?

MR. JOHNSON: Object to the form of the question. Move to strike the preface.

BY MR. CASEY:

Q. How often did the baby get neuro checks during the overnight hours of December 7, 2001?

A. **He was assessed frequently. We were in the room. There were times when it was -- there was something that we felt significant to document, but I want to remind you the doctor never ordered the neuro checks. We implemented that process on our own. We also implemented the monitoring of the baby on our own, nursing -- we used our judgment and implemented that process because we were concerned for the baby. But if he needed neuro checks every 15 minutes, he needed to be in the pediatric intensive care unit.**

Q. And did he ever make such an order?

104

A. **No. And he never made notation -- any notation or reference to indicate that he wished that we'd do that.**

Q. When you spoke to him at 4:15 a.m., do you believe that you told him about the 2:47 a.m. findings? In other words, we've already established that the left pupil was slightly more dilated than the right at 2:47 a.m. Do you believe that, when you spoke to Dr. Chandrasekhar at 4:15 a.m., you explained to him that this condition, specifically the left pupil size, you know, is something that had persisted since around 2:47 a.m.?

A. **I believe I would have given him the information I had in front of me, and if indeed it happened at 2:47, that information would have been in front of me on my paper, and I would have shared that information with him.**

Q. So according to your custom and practice, you would have given him the information chronologically as it had occurred since you last spoke to him?

A. **Yes. Whenever I noticed something happen, I would tell him what happened and that it's continuing to happen.**

Q. Okay. In the nursing records there's a -- an entry that I just want to understand. And this is dangerous. We're going into the thicket of these -- this chart, but I have to. There is a -- an entry or a column or a row, I should better say, that says neuro intervention under the neurological assessment, and it -- it's pretty common

throughout the records as -- here's what I'm talking about. And I'm referring to Page 27 of the nursing notes, and ma'am right up here, this refers to the early morning hours of December 7, and you can look at mine where it says -- are you with me -- neuro interventions in the upper left-hand column? (Indicating.)

A. **Yes.**

Q. And it says at 1:00 a.m. "seizure precaution," and then it's 2:47 a.m. -- moving over to the right -- it says "seizure precaution." Did I read that correctly?

A. **Yes.**

Q. To what are those entries referring?

A. **Generally that we make sure that the environment's safe for the patient if he is having seizure activity; that we make sure that there's suction and oxygen in the room and -- and I'm surprised that we don't have that earlier on the chart.**

Q. If you would, ma'am, I'm asking you to look back on the chart and tell me whether that seizure precaution was in place for the other shifts going back to when the patient was admitted.

A. **It was implemented on admission. The initial neurological assessment where it identified that he had possible seizure activity, it was implemented then and it looks like it's just been carried through.**

Q. What page in the chart are you referring to when you tell me that?

A. **Page 4. And the 6th at 3:30 in the morning.**

Q. And is that an order that comes from a physician?

A. **No. That is more nursing being prepared. If we feel that someone is at risk for seizure activity or that they have had possible seizure activity or actual seizure activity, we implement making sure that we have suction and oxygen at the bedside; that we have safety devices in use like rolled blankets to make sure that they don't -- if they would thrash, the child or adult, if they would thrash, that we'd protect them so they don't injure themselves during a seizure episode.**

Q. Oh Page 132 of his deposition, Dr. Chandrasekhar says about the findings at 2:47 a.m. -- he and I were looking at your chart for 2:47 a.m., and he said, "QUESTION: Should there have been a call to you regarding these 1:00 a.m. and 2:47 a.m. findings? It's your patient. Should they have called you?

"ANSWER: Yes, sir.

"QUESTION: A possible neurological emergency at 2:47 a.m. Agreed?

"ANSWER: Possibly, yes, sir.

"QUESTION: That needed to be immediately investigated. Correct?

"ANSWER: If I put those two things together and -- yes, sir."

You told me that you, in your 4:15 a.m. call with him, would have given him the progression of things going back to the last time you spoke to him. Correct?

A. **Correct.**

Q. Did he express to you in any way an impression during the 4:15 a.m. phone call that there was a neurological emergency for this baby?

A. **No, he did not, because during that conversation I asked him -- and I've said this already before -- what do you think is going on with this kid -- or child. I don't recall the exact term I used with him, but I remember asking him specifically, what do you think is going on with this kid? And then he called back five minutes later telling me to decrease the IV fluid rate.**

Q. What did he say when you asked him that?

A. **He didn't answer.**

Q. Did you then speak to him again at any time between the 4:20 phone call when he called back to change the IV rate and when you left the hospital that morning?

A. **No. I don't recall any other conversations with him.**

Q. Do you remember anything that you said to Rita at the 7:00 a.m. report that's not in your note? In other words, did you convey to her any frustration with Dr. Chandrasekhar?

A. **I really don't recall. I mean, I was frustrated about different things during Ayden's hospitalization. I can't recall -- I honestly do not recall if I spoke with Rita regarding that. But that morning Jen took report from me, so I would think my conversation regarding the patient would have been at that point in time with Jen.**

Q. Do you remember anything that you said to her that's -- that may not be in the chart in terms of, you know, expressing your own personal feelings about what would have been going on?

A. **I don't really recall. And I think I misspoke whenever I said that was Jen. Jen was the first day. Rita was the second day. But I'm sure I probably did say a few things, but I don't recall exactly what I would have said.**

Q. How about since that day? I don't want to know about things you said with your attorney, but have you and your colleagues, since learning that there was a lawsuit, discussed anything about the case? And I don't mean any -- necessarily anything specific about, you know, a test or -- but just general things about the case and what happened with this baby?

A. **When we had our meetings last --**

109

MR. JOHNSON: Don't talk about the meetings with counsel.
BY MR. CASEY:
Q. But you can tell me about anything you discussed before or after the meetings.
A. **We did not have discussions before or after the meetings. The only discussions we had were during the meetings and we basically --**
MR. JOHNSON: Don't talk about what the --
BY MR. CASEY:
Q. No. I don't want to hear about the meetings.
A. **But we did not discuss it other than that because --**
Q. Sure. You don't have to tell me why. Don't talk to me about anything about -- like that. But was there any point, when you guys were working, when you learned that there was a lawsuit and you said to Jennifer, for example, or to Rita, well, did you hear that there's a lawsuit about what happened with Ayden Shaffer-Doan or that boy in 2001 or however you would refer to it and then discuss it?
A. **No, no, because we did not know about the lawsuit until we were told that we were going to have to make statements.**
Q. Okay.

110

A. **And the only time at work we discussed it is when we were somewhat elated that we were told that we were not going to have to, last fall, go through this.**
Q. Did you ever express your opinions about the medical care provided to Ayden Shaffer-Doan to any of your superiors at the hospital, supervisors, management, anybody in risk management since the time that he left the hospital in December of 2001?
A. **Not that I can recall since he left. While he was there and possibly the next -- it would be probably the next night that I happened to work, if the same supervisor was there, we would have probably discussed between ourselves, you know, that he was sent out and any information that we learned from the other center he was sent to. But I don't think in reference to anything other than what his condition was and what they had learned and -- and thinking about again, like we would do with any patient, what we would consider differently, what we learned from this experience, not necessarily saying that someone was absolutely doing something wrong; it was -- I don't think we discussed the physicians, just that in the future, you know, we might consider this first even though it didn't -- the child did not exhibit a specific symptom that would be typical with -- related to what was going on with him.**

111

Q. Did anyone at the hospital ever tell you what the outcome was for this boy?
A. **Yes.**
Q. Who? Not your attorney.
A. **One of the respiratory therapists.**
Q. Do you know the person's name?
A. **I know her first name.**
Q. What's her first name?
A. **Beth.**
Q. Beth. What did Beth say to you?
A. **She told me that he has deficits; that he is visually impaired and that he has therapists and that** the -- all considering, the family's doing well.
Q. Did anyone at the hospital ever tell you what -- ever provide you with an explanation about what caused him to have the deficits that he has?
A. **After the fact, when I had spoke with Rita or whomever I spoke with after -- regarding what they found at the other hospital, there was some -- some confusion at first as to what they were attributing his symptoms to. And I still don't know if I exactly understand what precipitated everything, so I think that makes it more difficult to understand why he had those symptoms to begin with, you know, why Ayden came to the hospital with a BUN so high and his calcium so low and why he was so**

112

clinically ill when he arrived to the hospital; that as far as the other symptoms, from what they've described and from what I understand, from the information given to me, some of it just makes sense. But in hindsight it's easier to see it than from the symptoms that he exhibited during his hospitalization.
Q. My question was whether someone at the hospital ever told you what he or she believed or what anybody believed caused him to have the deficits that he has. And I think I understand your answer, but to what extent -- I don't understand what you said when you told me it makes sense. What are you referring to when you said it makes sense?
A. **My understanding is that initially I was told that he had seizures because of hyponatremia or low sodium level, but the sodium level wasn't low until the morning of the 7th. But then I was also told that he had cerebral edema, which with that it would be understandably why he would have the neurological symptoms. But his fontanel was never tense or bulging, which is something that we would expect to see with cerebral edema.**
Q. Who told you these things?
A. **The cerebral edema, that report I believe came from Children's.**
Q. I mean, who told you that the report from

Children's included that?

A. **I believe Rita may have told me because whenever -- like I said, I don't work every day. So when I did go back to work, she had told me about the CT scan that was read at our hospital, and then she said, when the child got there, they read it as something different. And then that's I think where I got the information about cerebral edema.**

Q. Did Rita ever tell you about her interaction with the Life Flight team that arrived on the afternoon of the 7th?

A. **No.**

Q. Did she tell you anything about that experience or what transpired at that point?

A. **No.**

Q. Do you have any knowledge or understanding of any of the facts relating to Ayden's condition when the Life Flight team arrived?

A. **Only what I've read from the chart.**

MR. CASEY: Those are all the questions I have.

MR. CAVANAUGH: I have just a couple, if I might.

CROSS EXAMINATION

BY MR. CAVANAUGH:

Q. Have you had occasion to order cranial ultrasounds in the middle of the night on pediatric patients before?

A. **No.**

Q. Would it be fair then to say that you have no idea how long it would take to perform that evaluation if it was ordered stat?

A. **I think I indicated that in my statement, that I could not determine how long it would take.**

Q. Correct. And you in fact ordered this on an expedited basis, did you not, with the order in the computer?

A. **No. The order in the computer was for the morning, but we had told the radiology department that we wanted it as soon as possible.**

Q. Sure. So the answer then is yes, you did attempt to have it expedited, did you not?

A. **Yes. Correct.**

Q. And we do know that it was in fact performed shortly after 7:00. Isn't that correct?

A. **That is correct.**

Q. Do you have any information whatsoever that, had it been ordered stat, it would have been performed any more quickly than it was?

A. **I believe that it would have been if it would have been ordered stat. I think we would have had someone come in to complete that study.**

Q. How many people have to come in?

A. **One.**

Q. How many times have you seen that ordered in the middle of the night and performed before 7:00 o'clock?

A. **I have not, not on my department.**

Q. I'm puzzled by some of the conversations that have been related to us that you had with Dr. Chandrasekhar. But I have a couple of questions -- and then I'll let you go -- about the 11:00 o'clock telephone call that you had with the doctor. First, the baby did rather well on your shift that day, didn't he?

MR. CASEY: Objection to the form of the question.

BY MR. CAVANAUGH:

Q. You can answer.

A. **Could you repeat that?**

Q. Sure. On your shift on the 6th before the 11:00 o'clock phone call, Ayden did rather well, did he not?

MR. CASEY: Same objection.

THE WITNESS: I believe he was acting much better and was looking around, so yes, I believe he was doing better.

BY MR. CAVANAUGH:

Q. Sure. In fact, you document that frequently, do you not, that in fact he is looking around; he's doing better; he's starting to suck which he had not done on admission? There are a whole series of entries that you

make prior to 11:00 o'clock showing that the child is doing much better.

A. **Yes.**

Q. And when he grimaces, you attribute that to gas and his bowel movements. Is that correct?

A. **That is correct.**

Q. Do you document on your shift in your notes any tremors?

A. **I would have to look through my notes.**

Q. Please do.

A. **Until 11:00 o'clock I don't see that I documented any tremors.**

Q. There's no documentation of that. And there's certainly no documentation of seizure-like activity, is there?

MR. JOHNSON: You're talking before 11:00.

MR. CAVANAUGH: Yes, sir. I'm just trying to get some information about the 11:00 o'clock conversation.

THE WITNESS: No. I don't see anything.

BY MR. CAVANAUGH:

Q. Thank you. And did you make an effort to tell Dr. Chandrasekhar how well the baby had done on your shift up to 11:00 o'clock?

A. **Since I was only there for a brief period of time and I had no previous conversation with Dr. Shaker and I**

117

knew that he was on and I wasn't -- I can never be positive if the previous doctor had given a full report to the other -- to the oncoming physician. I reviewed with him why the patient was there, the treatments he was receiving, why he was receiving them as well as what he was doing prior to that. I did probably indicate at that point in time that he had the lumbar puncture done during the day and that since then he had seemed to be doing better than what they had described during the day.

Q. The answer --

A. **But I was only with him for a brief period of time from my initial assessment at 8:00 o'clock until 11:00 o'clock, and that's when I noticed the abnormal heartbeat which is when I called and spoke with him regarding that.**

Q. The answer to my question then is, yes, you would have told the doctor that from what you call a brief period of time, a span of three hours or more, the baby was doing well. Is that correct?

A. **Yes, as well as the information provided that he would have been informed of the previous symptoms that the infant was having.**

Q. Sure. But you also knew that he had already been informed of the baby's condition, didn't you?

A. **Not necessarily.**

Q. Well, Jennifer clearly documents that she notified

118

him of the patient status, didn't she?

A. **Which notation are you referring to.**

Q. Her entry on December the 6th at 1745.

A. **Is that in the nurses' notes or under the doctor's?**

Q. Well, if you don't know, you don't know. But the question is, you did get report from Jennifer, didn't you?

A. **Yes.**

Q. And would she have customarily told you that she had consulted with Dr. Chandrasekhar to tell him everything that had gone on with this patient?

A. **Not necessarily.**

Q. Would you have reviewed the chart before you assumed caring for this patient?

A. **No, probably not.**

Q. You would not. And can we agree that your notes from the 11:00 o'clock p.m. conversation state only that you informed the doctor of questionable missing heartbeats and inquired as to whether or not the cause of that would be -- could be from hypocalcemia.

A. **I documented that I notified the doctor and asked whether it could be from hypocalcemia and reviewed the last orders from him, but I also had inadvertently placed it in the wrong place on the charting which there's a check box that would put the condition report on there as well and --**

119

Q. The answer to my question then is yes?

A. **The answer is I would have reviewed the condition of the patient with him.**

Q. My question was what is documented.

MR. JOHNSON: Let her finish her answer.

BY MR. CAVANAUGH:

Q. Well, I'd like a responsive answer to the question. I simply asked you what's documented in that note.

A. **The -- what is documented, what you indicated is documented, is correct.**

MR. CAVANAUGH: Thank you. That's all I have.

MR. SOSNOWSKI: No questions.

MR. BATTAGLIA: No questions. Thank you.

MR. JOHNSON: We'll read the transcript.

MR. CASEY: I have one question. Sorry.

REDIRECT EXAMINATION

BY MR. CASEY:

Q. According to the -- to what's customary in your experience, if you have a baby for whom there is a change of the physician on call, does that physician typically come to the hospital, to the floor to examine the patient?

A. **No.**

Q. Okay. So the fact that Dr. Grout -- well, Dr. Grout was the attending physician. Correct?

A. **I don't know.**

120

Q. Okay.

A. **It looks like they had him signed in under Dr. Siar, but Dr. Grout I believe was the physician that was on when the child was admitted.**

Q. Okay. So according to your experience at DRMC, you would not have expected necessarily Dr. Chandrasekhar to come to the hospital or to the floor on the 6th when he assumed care of this patient to examine him.

A. **That's correct.**

MR. CASEY: Nothing further. Thank you.

MR. CAVANAUGH: I have nothing. Thank you.

MR. JOHNSON: That's it. You're done.

(The deposition was concluded at 5:44 p.m.)

* * *

CERTIFICATE OF COURT REPORTER

I, Elizabeth Schreiber Nissel, a notary public in and for the Commonwealth of Pennsylvania, do hereby certify that the witness, **PATRICIA C. PEOPLES, R.N.**, was by me duly sworn to testify the truth, the whole truth, and nothing but the truth; that the foregoing deposition was taken at the time and place stated herein; and that the proceedings are contained fully and accurately, to the best of my ability, in the notes taken by me on the deposition of the above petition and that it is a correct transcript of the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal of office this 2nd day of May, 2006.

Elizabeth Schreiber Nissel,
RPR and Notary Public

Medical History

Presenting Complaint	2 week check-up. Didn't sleep well last night - not nursing well. Runny nose (clear) sneezing.
Current Health Status	Healthy Birth wt 7# 7oz length 21" Vaginal delivery - no complication Breast feeding q 2° Sib getting over URI
Past History Changes in Health Status Serious Illnesses Surgical Procedures Accidents Hospitalizations Childhood Diseases Allergies Drug Reactions	NO

FAMILY HISTORY

Primary Family Members
Familial Disease Patterns

MGM Breast CA
Paternal side healthy

MARITAL HISTORY

Marriages & Adjustment
Spouse
Children

Single
6 yr ♂ healthy
9 yr ♀ healthy
& 2 yr healthy

HABITS

Food Patterns
Drugs, Coffee, etc.
Smoking Habits
Alcohol
Exercise
Sleep
Hobbies

no

MENSTRUAL & OBSTETRICAL

Menarche
Menses
L.M.P.
Pregnancies
Abortions

N/A

SYSTEM REVIEW

Head
ENT
Eyes
Dental
Neck
Breasts
Cardio-Vascular
Respiratory
Gastro-Intestinal
Genito-Urinary
Musculo-Skeletal
Neurological
Psychological
Skin
Endocrine

Physical Examination

Assessment and Problems | **Plans**

12-4-01 S) 2 week check up. Didn't sleep well last night - not nursing well. Clear runny nose, sneezing. ~~Bronpw~~

O) Wt. 7# 11oz H.C. 38cm
Lt. 21" C.C. 35cm
WN/WD
Skin Fine color Good Turgor
HEENT-O
Lungs Clear
CV Regular
Abd-O
Genitalia M
Musc
A: ? viral illness
P - Tylenol prn
wt in 1 wk

GATEWAY AREA MEDICAL ASSOCIATES, INC.

Major / Chronic Problem List

Date	Problem	RX	D/C
	Encephalopathy		
	Microcephaly		

Minor / Transitory Problem List

Date	Problem	RX	Date	Problem	RX
12/4/01	Viral illness				
12/4/01	Viral encephalopathy				
1/23/02	2 mo c				
3/25/02	4 mo c				
5/24/02	6 mo c				
8/21/02	9 mo c				
11/[illegible]/02	12 mo c				
2/[illegible]/03	15 mo c				

Ayden Shaffer Dean

Schreiber Reporting Service

D

E

F

G

T

D

File no.: 14186/DRJ

Chronological Summary of Nursing Reports

Ayden Shaffer-Doan 12-6-01 ER and admission records

DATE	TIME	NAME	NOTES
12/06/01	3:30	Barbara Davis	*Symptoms:* Diarrhea and decreased intake for the past 2 days, tonight became pale and less alert, not acting himself. Sats in the ER would fluctuate in the 80's to high 90's, heart rate also dropped to 90's. pt seen 12-04 at Dr. Siar's and thought to have gastro.
12/06/01	3:30	Barbara Davis	*Current Meds:* Tylenol 0.4 ml q 4 hrs prn - last dose 4 pm
12/06/01	3:30	Barbara Davis	*# of Hep B:* mom thinks he did have this while in the hospital, but (sic) positive
12/06/01	3:30	Barbara Davis	*Exposure to communicatory disease:* 2 yr old sibling with cold symptoms for 2 days
12/06/01	3:30	Barbara Davis	*Birth Hx:* VBAC, mom had Beta strep and was on antibiotics at the time; baby did not require any, no signs of infection or complications. Did have jaundice at home when about 4 days old, no treatment required.
12/06/01	3:30	Barbara Davis	*Disease History:* kidney stones, had asthma when young. Mother unsure of exact family medical history
12/06/01	3:30	Barbara Davis	*Blood Transfusion:* none
12/06/01	3:30	Barbara Davis	*Previous Illnesses:* No previous illnesses other than the diarrhea which started 2 days ago
12/06/01	3:30	Barbara Davis	*Previous Surgery:* none
12/06/01	3:30	Barbara Davis	*Pain:* No discomfort noted
12/06/01	3:30	Barbara Davis	*Sleep Pattern:* awakens for feedings then back to sleep; today was awake but seemed to be dazed

12/06/01	3:30	Barbara Davis	*Pre-hospital:* n/a
12/06/01	3:30	Barbara Davis	*School Perform:* n/a
12/06/01	3:30	Barbara Davis	*Grade:* n/a
12/06/01	3:30	Barbara Davis	*Lives with:* 3 siblings
12/06/01	3:30	Barbara Davis	*Siblings:* 2 brothers, 1 sister
12/06/01	3:30	Barbara Davis	*Family Structure:* parents are together
12/06/01	3:30	Barbara Davis	*Visitor Restrictions:* no restrictions
12/06/01	3:30	Barbara Davis	*Community services:* none
12/06/01	3:30	Barbara Davis	*Mobility:* n/a
12/06/01	3:30	Barbara Davis	*Appetite:* only had about 1/2 oz today - wouldn't nurse today- mom had expressed milk and gave it via syringe. Normally breast feeds every 2-3 hours during the day, longer intervals at night.
12/06/01	3:30	Barbara Davis	*Feeding Assist:* used if needed, mom normally breastfeeds
12/06/01	3:30	Barbara Davis	*Bottle Type:* Avent
12/06/01	3:30	Barbara Davis	*Invasive Lines:* IV started in the ER
12/06/01	3:30	Barbara Davis	*Skin Assessment:* no skin history; body well nourished, orient mental state, immobile to bed6, total incontinence, poor appetite2, poor turgor, no preexisting DZ, only 17 days old, total score >5, skin program n/a as score is indicative of normal age and developmental level.
12/06/01	3:30	Barbara Davis	*Barriers Assessed:* no barriers for mother, teaching n/a to pt as he is only 17 days old
12/06/01	3:30	Patricia Peoples	*Vitals:*

			Attempted x3 to obtain bp, unable at this time On room air at this time.

12/06/01	3:30	Barbara Davis	*Diet:* may have diet as appropriate for age and condition. If having resp distress will limit feedings. May need to weigh infant before and after breast feedings to determine accurate intake.
12/06/01	3:30	Barbara Davis	*Procedures:* discussed admission orders and dept routines and nursing plan of care for monitoring pt status. Labwork ordered for in am. Instructed mother to read Welcome Parents to review info given and ask questions as needed. Encouraged to voice concerns and/or needs.
12/06/01	3:30	Barbara Davis	*Equipment:* explained use of oximeter and cardiac-resp monitor and possible causes of alarms including false alarms. Mother reassured that nurses would respond to alarms and would be assessing and reassuring pt as needed.
12/06/01	3:30	Barbara Davis	*Medications:* no meds ordered at this time but possibility exists of Dr. ordering medication to treat the low calcium level if needed.
12/06/01	3:30	Barbara Davis	*Response:* mother expressed appreciation for care and concern shown and for the information and support provided. Mom expressed feeling comfortable with the nurses and felt reassured.
12/06/01	3:30	Barbara Davis	IV was started earlier in the ER by writer, after several unsuccessful attempts by others including myself. Previous attempts had been done with attempts to draw blood for labwork & access was lost.
12/06/01	3:30	Barbara Davis	bag hung by ER
12/06/01	3:30	Patricia Peoples	awake on arrival to dept, undressed for weight and pt startled and cried appropriately - then comforted easily and returned to sleep. pt had episodes during assessme

			of possible seizure activity
12/06/01	3:30	Patricia Peoples	each episode lasted only 15-30 sec at the most
12/06/01	3:30	Patricia Peoples	had twitching of eyes at times, sometimes together and on occasion 1 eye would twitch then the other. pt had also on occasion rolled eyes back then turned pale to extremities then O2 sat down to 70's
12/06/01	3:30	Patricia Peoples	O2 sats increased with oxygen and episodes lasted only briefly
12/06/01	3:30	Patricia Peoples	When pt cried, was easily consoled
12/06/01	3:30	Patricia Peoples	blowby utilized with episodes when sat decreased below 90, sats would also improve on own at time without supplemental oxygen
12/06/01	3:30	Patricia Peoples	at times pt had episodes where extremities and face became very pale, nailbeds dusky at times with these episodes
12/06/01	3:30	Patricia Peoples	suction on standby, rolled blankets placed around pt to promote safety
12/06/01	3:30	Patricia Peoples	periodic breathing observed, pt did have 1 apneic episode with nurse at bedside
12/06/01	3:30	Patricia Peoples	no cough heard during assessment
12/06/01	3:30	Patricia Peoples	eyes, slightly sunken
12/06/01	3:30	Patricia Peoples	had episodes where heart rate decreased to 80's
12/06/01	3:30	Patricia Peoples	cr monitor
12/06/01	3:30	Patricia Peoples	normally breast fed but not nippling or showing interest in eating
12/06/01	3:30	Patricia Peoples	output description, squirt yellow bm
12/06/01	3:30	Patricia Peoples	informed pt's mother of need to monitor all intake and output - including diapers
12/06/01	3:30	Patricia Peoples	pt observed to occasionally gulp "like refluxing"
12/06/01	3:30	Patricia Peoples	baby not even attempting to suck at this time, not interested
12/06/01	3:30	Patricia Peoples	diaper changed on admission for squirt of yellow stool, does not appear to have any urine in diaper
12/06/01	3:30	Patricia Peoples	all diapers to be weighed
12/06/01	3:30	Patricia Peoples	extremities slightly cool, pt bundled at this time, diaper area slightly reddened
12/06/01	3:30	Patricia Peoples	centrally pink, extremities and face pale, nailbeds pale to dusky at times
12/06/01	3:30	Patricia Peoples	some bruising from previous lab sticks

12/06/01	3:30	Patricia Peoples	A&D ointment applied to diaper area with diaper changes
12/06/01	3:30	Patricia Peoples	did have startle reflex and cried when undressed and weighed on scale
12/06/01	3:30	Patricia Peoples	mother at bedside, staying over with pt tonight
12/06/01	3:30	Patricia Peoples	pt is an infant and unable to report/rate pain, pt currently laying in crib, occasionally grimacing but also eyes twitching (?seizure activity), not other pain cues observed
12/06/01	3:30	Patricia Peoples	baby bundled/swaddled and held prn

12/06/01	5:10	Patricia Peoples	Dr. notified a-m, informed of pt condition, eye twitching? r/t hypocalcaemia, and desats as well as periodic breathing and apneic episode, orders received
12/06/01	5:45	Barbara Davis	*Procedures:* Mother had been informed earlier that another IV access would need to be obtained if Dr. did order IV calcium gluconate since scalp vein could not be used for this. Mother informed of latest condition report aware of eye twitching and periodic breathing.
12/06/01	5:45	Barbara Davis	*Medications:* Mother was informed earlier that Dr might order Calcium Gluconate to treat low calcium level. Mother sleeping at this time and not awakened to inform her that Dr did indeed order this.
12/06/01	5:45	Barbara Davis	*Response:* Mother expressed understanding and was receptive to having another IV site established if needed, "do what you need to make my baby better"
12/06/01	5:45	Barbara Davis	started second IV access at this time since scalp vein cannot be used for infusion for calcium gluconate
12/06/01	5:45	Barbara Davis	10 mEq/500 cc IV fluid
12/06/01	5:45	Barbara Davis	1 pump used for IV antibiotics via hep lock and other pump used for IV infusion
12/06/01	5:45	Barbara Davis	Bloodwork obtained with secondary IV access, blood was aspirated and then blood drawn for Labs and then IV flushed with saline and calcium gluconate infusion begun
12/06/01	6:00	Patricia Peoples	pt is an infant and unable to report/rate pain, pt currently resting in crib sleeping. Unable to assess for

			pain cues
12/06/01	6:00	Patricia Peoples	Pt admitted with dehydration. Afebrile. NPO. Diaper changed x1 for squirty yellow bm. Lips dry and cracked mucous membranes sticky. Skin turgor delayed, cap refill approx 3 sec to nailbeds. Centrally pink, extremities pale at times. Had some periodic breathing and 1 apneic episode. Had some twitching movements of eyes, and rolled eyes back as well as O2 desats occurring with these episodes. Episodes lasted approx 15-30 sec. O2 blowby used during desats
12/06/01	7:45	Jennifer Giuffre	pt has eye blinking with desating, desating to 70's frequently during assessment, no evidence of color change, color very pale/dusky in appearance constantly
12/06/01	7:45	Jennifer Giuffre	O2 applied, blowby
12/06/01	7:45	Jennifer Giuffre	*Additional Teaching:* Reviewed plan of care with mom
12/06/01	7:45	Jennifer Giuffre	eyes, red rimmed
12/06/01	7:45	Jennifer Giuffre	Diet: holding feedings
12/06/01	7:45	Jennifer Giuffre	no evidence of pain
12/06/01	7:45	Jennifer Giuffre	10 meq
12/06/01	7:45	Jennifer Giuffre	bedside equip, cr monitor
12/06/01	8:00	Jennifer Giuffre	*Diet:* hold feedings
12/06/01	8:00	Jennifer Giuffre	*Procedures:* labs at 3pm, and in am, cap gases
12/06/01	8:00	Jennifer Giuffre	*Medications:* caffeine qd
12/06/01	8:00	Jennifer Giuffre	pt having episodes of desating, eye blinking, no worsenir in color during episodes, pt had 2 episodes while dr. grout in room, dr feels pt has periodic breathing
12/06/01	8:00	Jennifer Giuffre	loose bm with liquid stool soaked into diaper
12/06/01	8:30	Jennifer Giuffre	frequent brief episodes of desating, shallow/periodic breathing, hr stable 130-140's, no evidence of worsening of color, O2 blowby on
12/06/01	8:30	Jennifer Giuffre	*Procedures:* chest x ray
12/06/01	9:00	Jennifer Giuffre	Continues to have episode of desating to 70's, eye blinking, hr stable 140's, resp shallow/periodic breathing

			color remains pale
12/06/01	9:30	Jennifer Giuffre	*Procedures:* renal ultrasound
12/06/01	9:30	Jennifer Giuffre	*Additional ~~Teaching~~:* Dr. Siar phone in to check baby's status
12/06/01	9:30	Jennifer Giuffre	desating to 70's x 40-50 sec, color remains pale, no change with episodes, eye blinking less, hr 140's, resp shallow, pt stimulates self to take deep breath then sat returns to 100%
12/06/01	10:05	Jennifer Giuffre	Baby to x-ray on mom's lap, mom in wheelchair, escorted by nurse (writer)
12/06/01	11:15	Jennifer Giuffre	sat 76, hr 150, resp 32 shallow breathing, pt took deep breath sat returned to 100, O2 via blowby on, no color change, episode lasted approx 30 sec
12/06/01	11:25	Jennifer Giuffre	sat 74 hr 128, resp 28, shallow resp, no color change, O2 on, pt returned to normal breathing pattern, sat returned to 100, episode lasted approx 20 sec
12/06/01	11:45	Jennifer Giuffre	sat 82, hr 138, resp 28, shallow breathing, periodic breathing, no color change, O2 on, episode lasted 45 sec
12/06/01	11:55	Jennifer Giuffre	sat 69, hr 142, resp 24, shallow, no color change/pt remains pale, episode lasted 40 sec
12/06/01	12:00	Jennifer Giuffre	sat 72, hr 150's, resp 28, shallow, no color change episode lasted 50 sec
12/06/01	12:00	Jennifer Giuffre	Dr. Grout notified of episode, pt status, renal u/s results, cxr results, dr will come in. Caffeine received from pharmacy and administered
12/06/01	12:15	Jennifer Giuffre	pt cries occasionally as if in pain
12/06/01	12:20	Jennifer Giuffre	sat 40-60, hr 120, resp 26, resp shallow, no color change, episode lasted 40 sec
12/06/01	12:25	Jennifer Giuffre	sat 71, hr 140's, resp 20, shallow, episode lasted 45 sec
12/06/01	12:25	Jennifer Giuffre	*Procedures:* Dr. Grout coming in to do lumbar puncture
12/06/01	12:40	Jennifer Giuffre	sat 68, hr 136, resp 24, no color change, O2 on, episode lasted 20 sec, pt appears to be refluxing, cries as if in pain occasionally
12/06/01	12:45	Jennifer Giuffre	sat low 80's, hr 130's, resp 20's, left arm tremoring x5 sec
12/06/01	13:15	Jennifer Giuffre	Dr. Grout in, lumbar puncture performed, pt whimpered with procedure, lethargic, dr notified of episodes/arm tremoring

12/06/01	14:00	Jennifer Giuffre	pt in mom's arms, color pale pink, improved, lips pinker, O2 sats 100 on 2 liter nasal cannula, frequent episodes of desats, shallow/periodic breathing, one episode of arm tremoring, episodes have become less frequent since caffeine, 70 cc void with 2 bm's
12/06/01	15:30	Jennifer Giuffre	*Additional Teaching:* reviewed plan of care with dad
12/06/01	15:30	Jennifer Giuffre	pt occasionally cries as if in pain
12/06/01	15:30	Jennifer Giuffre	dad holding baby
12/06/01	15:30	Jennifer Giuffre	dose, 10 meq
12/06/01	15:30	Jennifer Giuffre	bedside equip, cr monitor
12/06/01	15:40	Jennifer Giuffre	sat 82, hr 140, resp shallow, episode lasted 20 sec
12/06/01	16:00	Jennifer Giuffre	sat 68, hr 148, resp shallow, approx 10 sec
12/06/01	16:10	Jennifer Giuffre	sat 82, hr 146, no color change, approx 5 sec
12/06/01	16:30	Jennifer Giuffre	Dr Grout called in to check pt status, notified of ? Pain, episodes of desating labs
12/06/01	17:45	Jennifer Giuffre	Dr. Chandrasekhar notified of pt status. ?pain episodes of desating
12/06/01	17:45	Jennifer Giuffre	pt cries occasionally, tense
12/06/01	17:45	Jennifer Giuffre	belly warmer
12/06/01	18:05	Jennifer Giuffre	sat 74, hr 150, resp 28, no color changed noted, approx 15 sec
12/06/01	19:10	Jennifer Giuffre	brief desat to 88 with recovery to 100, no color change
12/06/01	19:30	Jennifer Giuffre	sats 70's, lips sl less pink, resp shallow, hr 150's approx 50 sec
12/06/01	20:00	Patricia Peoples	*Diet:* diet as per age, truly npo at this time
12/06/01	20:00	Patricia Peoples	*Exercise/activity:* activity as tolerated, baby may be held, etc as tolerated
12/06/01	20:00	Patricia Peoples	*Procedures:* shift routines, vitals q4h and prn, needs to obtain labs in am
12/06/01	20:00	Patricia Peoples	*Equipment:* IV pump at bedside for continuous IV fluids with ca gluconate, and 2nd IV pump for administration of IV antibiotics, oximeter and cr monitor
12/06/01	20:00	Patricia Peoples	*Medications:* gentamycin 12 mg IV q24h, ampicillin 150 mg IV q12h, caffeine po QD - please see mar.

12/06/01	20:00	Patricia Peoples	*Additional Teaching:* reviewed ongoing plan of care
12/06/01	20:00	Patricia Peoples	*Preferred Learning Method:* verbal info okay with pt's mother at this time
12/06/01	20:00	Patricia Peoples	O2 Saturation, on room air at this time
12/06/01	20:00	Patricia Peoples	looks around better when spoken to, acting like he is recognizing mother better
12/06/01	20:00	Patricia Peoples	good reflexes, good startle reflex
12/06/01	20:00	Patricia Peoples	only occasionally cry, seems associated to abd pain/ cramping - pt did cry with most recent bm and pulled legs up to abd. Grimaced prior to cry
12/06/01	20:00	Patricia Peoples	nasal cannula on at this time
12/06/01	20:00	Patricia Peoples	suction on standby
12/06/01	20:00	Patricia Peoples	some occasional periodic breathing observed
12/06/01	20:00	Patricia Peoples	looks much better, eyes no longer sunken
12/06/01	20:00	Patricia Peoples	output description, moderate, loose, mucoid, dk green also had a squirt bm with diaper changed immediately pri to this bm - both were dark and green
12/06/01	20:00	Patricia Peoples	A&D ointment applied to diaper area with diaper change at this time, will continue to save all diapers and monitor intake and output
12/06/01	20:00	Patricia Peoples	currently truly NPO

12/06/01	20:00	Patricia Peoples	pt had episode during nursing assessment of grimacing, drawing legs to abd and then cried out with a shrill cry, ? Abd pain or cramping with bm
12/06/01	20:00	Patricia Peoples	pt is starting to suck - did not do this on admission earlier this am when I last saw pt, offered binky - pt is now sucking well on pacifier - pt has not been rooting yet though
12/06/01	20:00	Patricia Peoples	need to continue to monitor output
12/06/01	20:00	Patricia Peoples	skin color much improved than from admission
12/06/01	20:00	Patricia Peoples	A&D ointment to diaper area with changes
12/06/01	20:00	Patricia Peoples	looking around more, seems to recognize mother tonight
12/06/01	20:00	Patricia Peoples	mother at bedside, very involved in pt care, mother holding infant at this time
12/06/01	20:00	Patricia Peoples	pt occasionally grimaces - then pulls legs to abd then cries a shrill cry, ? Belly cramping/pain
12/06/01	20:00	Patricia Peoples	pt held by mother, comforted, swaddled, mother holding

			baby's abd against chest to help promote comfort, mother speaking with baby and baby calms quickly, ? Belly cramping r/t viral illness or from caffeine po
12/06/01	20:00	Patricia Peoples	dose, per 500 cc of iv fluids
12/06/01	20:00	Patricia Peoples	soln type, D5 1/4 NS for flush after IV antibiotics
12/06/01	20:00	Patricia Peoples	1 pump for continuous IV infusion and also 2nd pump for giving IV antibiotics
12/06/01	20:00	Patricia Peoples	pt disconnected at this time from IV antibiotic infusion, scalp hep lock flushed at this time, instructed pt's mother to inform nurses if any problem with IV (such as redness, swelling or if tape loosens, ir if pump beeping
12/06/01	20:00	Patricia Peoples	pt's mother verbalizes understanding
12/06/01	20:00	Patricia Peoples	pt is alert and looking around more
12/06/01	20:00	Patricia Peoples	cr monitor, suction at bedside on standby
12/06/01	20:00	Patricia Peoples	On room air at this time.
12/06/01	22:00	Patricia Peoples	pt is an infant and unable to report/rate pain, pt currently resting in mother's arms against her chest, pt quiet - looking around - no pain cues observed at this tim
12/06/01	22:00	Patricia Peoples	per 500 cc IV fluid
12/06/01	22:00	Patricia Peoples	alert, looking around tonight, no eye twitching observed this evening, acting more appropriate and seems to recognize mother. Afebrile. NPO. Voiding well. Shallow respirations at times, no apneic episodes this shift. No true desats since 8 pm. O2 on at 2 liters (humidified), nasal cannula. Occasionally grimaces, pulls legs to abd then cries a shrill cry, ? Belly pain/
12/06/01 (cont)	22:00	Patricia Peoples	cramping. Had done this with bm this shift (acted like in pain). Pt consoled easily and quieted easily. Pt did suck on pacifier this shift, does not seem to be rooting yet though
12/06/01	23:00	Patricia Peoples	Pulse, skipping beats occasionally
12/06/01	23:00	Patricia Peoples	BP, unable, attempted x3 without success
12/06/01	23:00	Patricia Peoples	O2 flowchart, humidified
12/06/01	23:00	Patricia Peoples	Dr. visits n-z: informed of pt heart "missing beats" ? whether could be from hypocalcaemia, last calcium level reviewed with physician, no new orders received at this time.
12/06/01	23:00	Patricia Peoples	*Diet:* diet per age for infant

12/06/01	23:00	Patricia Peoples	*Exercise/Activity:* activity as tolerated, may be held - rocked etc as tolerated
12/06/01	23:00	Patricia Peoples	*Procedures:* shift routines, vitals q4h and prn, for labs in am
12/06/01	23:00	Patricia Peoples	*Equipment:* IV pump at bedside x2, 1 for IV antibiotic infusion
12/06/01	23:00	Patricia Peoples	*Medications:* IV gentamycin 12 mg q24h, IV ampicillin 150 mg q12h see mar, continue with IV D5 & 1/4 nss with calcium gluconate 2meq per 100 cc of IV fluids at 20 cc/hr
12/06/01	23:00	Patricia Peoples	*Additional Teaching:* reviewed ongoing plan of care
12/06/01	23:00	Patricia Peoples	*Preferred Learning Method:* verbal info okay with pt's mother at this time
12/06/01	23:00	Patricia Peoples	occasional shrill cry, ? Belly pain
12/06/01	23:00	Patricia Peoples	periodic breathing at times
12/06/01	23:00	Patricia Peoples	suction on standby at bedside
12/06/01	23:00	Patricia Peoples	missing beats occasionally
12/06/01	23:00	Patricia Peoples	pt does occasionally act as if refluxing, gulps and swallows
12/06/01	23:00	Patricia Peoples	informed pt's mother to continue to save all diapers for nurses to monitor output
12/06/01	23:00	Patricia Peoples	? Belly cramping/pain
12/06/01	23:00	Patricia Peoples	is sucking on pacifier occasionally and rooting some
12/06/01	23:00	Patricia Peoples	A&D ointment to diaper area with changes
12/06/01	23:00	Patricia Peoples	looking around more, seems to recognize mother
12/06/01	23:00	Patricia Peoples	mother at bedside, staying over with pt tonight
12/06/01	23:00	Patricia Peoples	mother holding and rocking baby at this time

12/06/01	23:00	Patricia Peoples	pt is an infant and unable to report/rate pain, pain cues observed - see charting
12/06/01	23:00	Patricia Peoples	pt occasionally grimaces - then pulls legs to abd then cries a shrill cry, ? Belly cramping/pain
12/06/01	23:00	Patricia Peoples	pt comforted, held an rocked by both mother and also nursing staff, swaddled and belly warmer applied
12/06/01	23:00	Patricia Peoples	meq per 500 cc of IV fluid, bag mixed by pharmacist
12/06/01	23:00	Patricia Peoples	flush hep lock q8h, instructed pt's mother to inform nurs if any problem observed with IV such as redness, swellin

			or if tape loosens or if pump beeping
12/06/01	23:00	Patricia Peoples	pt's mother verbalizes understanding
12/06/01	23:00	Patricia Peoples	pt having slight tremors at this time ? Cold since diaper just changed, no color change or desat at this time, pt bundled in blanket
12/06/01	23:30	Patricia Peoples	O2 flowchart, humidified
12/06/01	23:30	Patricia Peoples	O2 saturation, desat to 86 degrees
12/06/01	23:30	Patricia Peoples	O2 desat to 86 at this time, no color change, no seizure activity observed at this time. O2 is still on via nc at 2 liters
12/07/01	0:10	Patricia Peoples	had brief episode of eye twitching no color change observed at this time
12/07/01	0:10	Patricia Peoples	suction at bedside on standby, O2 remains at 2 liters nc
12/07/01	1:00	Patricia Peoples	had brief episode of eye twitching no color change observed
12/07/01	2:30	Patricia Peoples	pt alert, awake and rooting, small amt pedialyte po given
12/07/01	2:47	Patricia Peoples	brief episode of left eye twitching, preceded with upper arm tremors, after episode left pupil slightly more dilated, no color change
12/07/01	3:30	Patricia Peoples	no cough heard during assessment
12/07/01	3:30	Patricia Peoples	periodic breathing observed, pt did have 1 apneic episode with nurse at bedside
12/07/01	3:30	Patricia Peoples	On room air at this time.
12/07/01	3:40	Patricia Peoples	Nurse holding baby and observed that left pupil is slightly more dilated than right pupil. When assessed wit light, left pupil "sluggish", pt cried out after pupils checke and proceeded to have twitching of left eyelid. No color change or desat
12/07/01	3:40	Patricia Peoples	episode lasted approx 15 seconds
12/07/01	4:00	Patricia Peoples	Pt held by nurse. Both eyes twitching, had tremors of arms and legs. Left pupil slightly larger in size (more dilated), and sluggish when checked with light. Had apneic episode over 20 seconds, stimulated by
12/07/01	4:00	(cont.)	nursing staff.
12/07/01	4:00	Patricia Peoples	O2 sat at 90% during this episode with O2 liters at 2 liters nasal cannula. No color change, episode lasted 30-40 seconds.
12/07/01	4:15	Patricia Peoples	dr. notified n-z: informed of pt having left pupil slightly more dilated and slightly sluggish when checked with

			light, and continues to have focal seizures and tremors of extremities, no desats but has O2 on & apneic episodes and periodic breathing. New orders received.
12/07/01	4:20	Patricia Peoples	physician called back in with order to do calcium gluconate from IV fluids, IV changed to D5 & 1/4 nss at 15 cc/hr
12/07/01	4:20	Patricia Peoples	dr. notified n-z: called in to change IV fluids, see physician's orders
12/07/01	4:20	Patricia Peoples	IV fluids changed at this time as per physician's order
12/07/01	4:20	Patricia Peoples	dced IV fluids with calcium gluconate as per physician's orders
12/07/01	4:20	Patricia Peoples	informed pt's mother of IV fluid change as per physician's orders and of rate change as ordered
12/07/01	4:20	Patricia Peoples	pt's mother verbalizes understanding
12/07/01	4:40	Patricia Peoples	pulse, missing beats occasionally
12/07/01	4:40	Patricia Peoples	respirations, shallow breathing
12/07/01	4:40	Patricia Peoples	O2 flowchart, humidified
12/07/01	4:40	Patricia Peoples	heart rates, missing beats
12/07/01	4:40	Patricia Peoples	cr monitor in use
12/07/01	4:40	Patricia Peoples	diaper changed by nursing staff for 100 cc void
12/07/01	4:40	Patricia Peoples	continue to save all diapers for nurses to monitor output
12/07/01	5:00	Patricia Peoples	Pt sleeping in crib, heart rate down to 76 on both oximeter and cr monitor, sat reading 92% - pt has O2 on at 2 liters nc. Pt stimulated by nursing staff, heart rate increased accordingly.
12/07/01	6:00	Patricia Peoples	has occasional episodes of grimacing, then pulling legs to abd and crying a shrill cry, ? Belly pain/cramping
12/07/01	6:00	Patricia Peoples	held and comforted by nursing staff, swaddled
12/07/01	6:00	Patricia Peoples	improves quickly - easily consoled when comforted
12/07/01	6:00	Patricia Peoples	site assessment 0- flushes well
12/07/01	6:00	Patricia Peoples	flush 2nd IV site (hep lock), flushes well
12/07/01	6:00	Patricia Peoples	Awake thru night, slept only in brief intervals. Having ? Focal seizures with twitching of eyelids and occasionally tremors of extremities, very brief episodes lasting only 15-30 seconds, no color changes or desats associated with these episodes. Continues to have
12/07/01 (cont)	6:00	Patricia Peoples	episodes of periodic breathing, shallow respirations & with occasional apneic episodes observed. O2 desat

			x1 this shift to 86% with O2 at 2 L nc. Had brief bradycardiac episode with hear rate down to 76 x1 this an HR irregular, missing beats occasionally. Pt did take 45cc pedialyte po and retained. Voided 160 cc this shift, with no bm's. Left pupil observed to be slightly more dilated than R this shift & at 1 point was slightly sluggish when checked with light.
12/07/01	6:40	Patricia Peoples	Pt being held by nurse, had brief bradycardia heart rate down to 80 on both cr monitor and oximeter at this time
12/07/01	7:45	Rita Gutowski	had a bedside Craniosonogram
12/07/01	8:10	Rita Gutowski	*Additional Teaching:* Plan of care discussed with mom
12/07/01	8:10	Rita Gutowski	Pt had a 1-2 minute episode of mouth movement, flexing of arms, and occ blinking. Dr. Chandrasekhar here at the time. Color pale. O2 sat remained 100%, hr 120's
12/07/01	8:10	Rita Gutowski	Resps are grunting at times and very shallow at other tim
12/07/01	8:10	Rita Gutowski	Heart rate is irregular at times. Has periods of bradycardia in the 70's and O2 sats in 70's
12/07/01	8:10	Rita Gutowski	Movements appear normal except when having periods of posturing and flexing of arms that resemble seizures
12/07/01	8:10	Rita Gutowski	Had an episode of bradycardia - 60's and hr in 70's, with shallow breathing and pale color
12/07/01	8:37	Karen Bush	Nursing indicates that pt may need an Apnea Monitor. Sw will follow and assist with DME if order written
12/07/01	9:30	Rita Gutowski	Bradycardia in 70's and O2 sat in 70's
12/07/01	9:35	Rita Gutowski	Had another brief episode of bradycardia in 70's and sats in 70's also
12/07/01	10:20	Rita Gutowski	Had a brief episode of bradycardia in 80's and sats 80's with shallow breathing
12/07/01	10:30	Rita Gutowski	had bedside EEG done
12/07/01	11:22	Rita Gutowski	60 mg of Pb given over 13 min after conferring with Pharmacy re: dose and rate of infusion
12/07/01	11:40	Rita Gutowski	Tto X-Ray via mom's arms in w/c for CT scan of head. 2 RNs accompanied pt with On 2l nc
12/07/01	12:00	Rita Gutowski	Respirations, unable to obtain BP, Cap refill is brisk
12/07/01	12:10	Rita Gutowski	Returned from CT with 2 RN's accompanied
12/07/01	12:10	Rita Gutowski	Pt tol CT well No desat's or sig bradycardias
12/07/01	13:15	Rita Gutowski	Viral cut nasopharynx and rectal to lab
12/07/01	13:15	Rita Gutowski	Pt rested and appeared to sleep for most of last 2 hrs

			without any significant bradycardias or desats. Pt is now
12/07/01 (cont)	13:15	Rita Gutowski	having brief periods of desats and bradys. Dr. Grout called re: CT report. Arrangements are being made to transfer pt to CHP.
12/07/01	13:15	Rita Gutowski	Chart and CT films are being copied. Consent to release med records obtained and for transfer and treatment
12/07/01	14:00	Rita Gutowski	Arrangements being made for transfer to CHP. Baby now having short episodes of bradycardia with Desat to 80's. Dr. aware of pt status.
12/07/01	14:50	Rita Gutowski	CHP transport team here. Report given and care of baby turned over to transport team. Pt bradycardiac to 50, compressions started, then baby sedated and paralyzes, intubated, and placed on ventilator. Given fluid boluses IV lidocain, Mannitol,im Vit K
12/07/01	14:50	Rita Gutowski	Chem strip 103. Transport team talked with family before leaving.
12/07/01	15:40	John Cekovsky	ct head completed
12/07/01	16:00	Rita Gutowski	Family given written directions to CHP
12/07/01	16:00	Rita Gutowski	Afebrile. CHP/ Medivac crew stabilized pt and intubated him after sedating and paralyzing. They spoke with famil before discharge.

AYDEN SHAFFER-DOAN VS RICHARD GROUT, M.D., DEPOSITION OF RICHARD GROUT, M.D., 10/11/05

Page 1 to Page 234

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Page 1

IN THE COURT OF COMMON PLEAS
OF CLEARFIELD COUNTY, PENNSYLVANIA

VOLUME I

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right, Plaintiffs,

vs.

RICHARD GROUT, M.D., SUNDAR CHANDRASEKHAR, M.D., DUBOIS REGIONAL MEDICAL CENTER, GATEWAY AREA MEDICAL ASSOCIATES, INC., Defendants.

CIVIL DIVISION

No. 05-418-CD

DEPOSITION TRANSCRIPT OF:
RICHARD GROUT, M.D.

DEPOSITION DATE:
October 11, 2005
Tuesday, 11:14 a.m.

PARTY TAKING DEPOSITION:
Plaintiffs

COUNSEL OF RECORD
FOR THIS PARTY:
Matthew A. Casey, Esq.
KLINE & SPECTER
1525 Locust Street
19th Floor
Philadelphia, PA 19102

REPORTED BY:
Kristina Kircher
Notary Public
AKF Reference No. KK89610

Page 2

DEPOSITION OF RICHARD GROUT, M.D., a witness, called by the Plaintiffs for examination, in accordance with the Pennsylvania Rules of Civil Procedure, taken by and before Kristina Kircher, a Court Reporter and Notary Public in and for the Commonwealth of Pennsylvania, at DuBois Medical Arts Building, 100 Hospital Avenue, DuBois, Pennsylvania, (11:14) on Tuesday, October 11, 2005, commencing at a.m.

APPEARANCES:

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Page 3

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ALSO PRESENT:
Sundar Chandrasekhar, M.D.
Gregory J. Volpe, risk manager
DuBois Regional Medical Center

* I N D E X *

* INDEX OF EXHIBITS *

* INDEX OF NOTED QUESTIONS *

Page 4

RICHARD GROUT, M.D.,
having been duly sworn,
was examined and testified as follows:

EXAMINATION

BY MR. CASEY:

Q. Good morning, Doctor Grout. My name is Matthew Casey. We just met a minute ago, and I represent the Shaffer-Doan family and their son, Ayden, in a medical malpractice lawsuit that has been brought against yourself and other medical providers.

You understand that that's the matter that brings you here today?

A. Yes.

Q. Okay, in addition to counsel and the court reporter, also present in the room is a co-Defendant of yours and a former colleague, Doctor Chandrasekhar; is that right?

A. Correct.

Q. He's seated to my left --

A. Correct.

Q. -- and to your right at the end of the table, correct?

Page 5

A. Correct.
Q. Have you seen him since he left town?
A. One time.
Q. When was that?
A. Some time ago. I don't remember the exact date.
Q. Have you had a chance this morning to catch up with him?
A. No.
Q. Okay, have you talked with him since he left town about Ayden Shaffer-Doan?
A. No.
Q. Have you talked to him about Ayden Shaffer-Doan since December of 2001?
A. Probably, but I don't remember any specific occasion.
Q. Why do you say probably?
A. There were papers filed previously, and there might have been some discussion at that time, but nothing extensive or that I recall the details.
Q. You expect that you may have discussed with him details relating to the earlier filed lawsuit?
A. Perhaps.
Q. I'm just trying to figure out why you believe

Page 6

that's so, sir.
A. It's probable that colleagues would discuss cases, especially difficult ones.
Q. After lawsuits have been filed?
A. Not extensively, other than to say that there might have been a case or whatever.
Q. Did you discuss any of the clinical details of the case with Doctor Chandrasekhar at that time?
A. Not that I can recall, no, nothing extensive or nothing that I recall.
Q. I'm not asking whether it was extensive or not extensive. I want to know if you can remember discussing any of the clinical details of the case.
A. At what time?
Q. At any time since he left town.
A. No, no.
Q. My question earlier was whether you discussed Ayden Shaffer-Doan with Doctor Chandrasekhar at any time since he left town, and you told me you think you may have around the time or in conjunction with the earlier filed lawsuit.
A. I misunderstood your question.
Q. All right, and I'll get back to conversations

Page 7

later. Just so you understand now, if I ask you whether you discussed anything with somebody, I'm not asking you -- unless I say this, I'm not asking whether you discussed it extensively. I'm asking first whether you discussed something, and then we can get to the details of conversations, all right?
A. (Witness nods head up and down.)
Q. Answer verbally.
A. Yes.
Q. Have you ever had your deposition taken before?
A. Yes.
Q. You know we have a court reporter in the room, and we're in a rather large conference room, so our voices may tend to carry. So it's important that you keep your voice up, and if you don't understand a question, ask me to restate it. I'll be glad to do that. If you answer it, though, I'm going to assume that you understood it, okay?
A. Yes.
Q. And also I think you're starting to realize that the way people communicate at depositions for a transcriptionist, a court reporter, is not necessarily the way you communicate if

Page 8

nobody is transcribing it, so nods of your head or gestures can't be recorded. It's important that you actually verbalize your answer, okay?
A. Yes.
Q. You understand that you're under oath this morning?
A. Yes.
Q. And I've been told that you have to leave at some point today around 4:45 or so; is that right?
A. Correct.
Q. If you need to take a break, feel free do that. We got started a little bit late this morning, but I'm going to try to get through all of my questions. I can't promise you that I'm going to get through all of them today, but I'll do my best, all right?
A. All right.
Q. You've had a chance, sir, to review the Complaint that brings you here this morning; am I right?
A. Correct.
Q. You've had a chance to review medical records?
A. Correct.
Q. Medical records from DuBois Regional Medical

Page 9

Center, the hospital where we are today?
A. Yes.
Q. What else have you reviewed prior to coming to this deposition in relation to Ayden Shaffer-Doan?
A. Only the other office chart that we have.
Q. Can you be more specific, please?
A. There is an office chart on this patient.
Q. Okay, what office --
A. In our office.
Q. I'm sorry?
A. In the office that we work in.
Q. What office is that?
A. Gateway Area Medical Associates.
Q. Do you have that office chart with you?
A. I don't have it personally, but we have --
MR. CASEY: Off the record.
- - - -
(There was a discussion off the record.)
- - - -
BY MR. CASEY:
Q. I've gathered records in this case, and I think I understand that, when you're referring to the office chart, you're referring to what, in my organization of the records, we refer to as

Page 10

Doctor Siar's chart; am I right?
MR. SOSNOWSKI: The doctor is not sure how to answer that because I don't believe he's reviewed your edition of the chart. However, it is, in fact, the same. It's the Gateway office chart.
BY MR. CASEY:
Q. All right, in addition to those two sets of records and the Complaint, what else have you reviewed, sir?
A. In preparation for this case?
Q. In relation to this patient since the lawsuit has been filed.
A. With the specific purpose of thinking about this case, nothing else.
Q. Well, that's a very narrowly tailored answer. Can you tell me more generally if you've reviewed something in relation to this patient at any time since the lawsuit has been filed?
A. I probably have read many different things.
Q. Well, I'd like to know what they are, sir. Can you tell me what they are?
A. Probably not, because it would be extensive. I read books, magazines, medical journals.
Q. In relation to this patient?

Page 11

A. Some, yes.
Q. Can you tell me which ones you think you reviewed in relation to this patient since the lawsuit has been filed?
A. I have read articles in the Journal of Pediatrics and Pediatrics. I've read articles in -- I've read textbooks.
Q. Which textbooks?
A. Standard pediatric textbooks. Usually there's -- I don't have all the editions and everything like that.
Q. Which ones?
A. Nelson's Textbook of Pediatrics is one. There are several different others.
Q. Which ones?
A. I don't have a record of them. I didn't keep a record of everything I've read. I'm sorry.
MR. SOSNOWSKI: He's not asking you about anything that you've read just generally or as part of your ongoing professional reading. He's asking about reading you may have done that is somehow related to this patient.
Am I correct on that?
MR. CASEY: That's right.

Page 12

A. Probably those, that would be the general ones, Nelson's Textbook and the journals that I mentioned, the Journal of Pediatrics and Pediatrics.
BY MR. CASEY:
Q. And Pediatrics. Any others?
A. In relation specifically to this case, not that I can recall.
Q. Have you reviewed any neurology textbooks?
A. I do have Olpi's Neurology Textbook, but I don't know that I specifically have looked at it in regards to this particular case.
Q. Do you consult that textbook from time to time in the course of your practice?
A. Yes.
Q. It's the standard neurology textbook?
A. It is --
Q. One of the standard textbooks?
A. -- one of the standards, yes.
Q. And you, sir, are a pediatrician, correct?
A. Correct.
Q. I have a copy of your CV, and I'm going to get to that much later today. But why don't you tell me very briefly now what your profession is and what your training and education has

Page 13

been toward the end of pursuing your profession.
A. I am a pediatrician and neonatologist trained first in Loma Linda University. I've also had training in Southern California. I've also had training in the University of Southern California, Los Angeles. There are usually several years of residency and fellowship involving neonatology, usually all totalled, about six years.
Q. Okay, are you board certified, sir?
A. Yes.
Q. In what?
A. Both pediatrics and neonatology.
Q. When did you become board certified in pediatrics?
A. I'd have to consult the CV for the exact date.
Q. And we'll get to that later. Have you become recertified since you originally became certified?
A. At the time I was certified, it wasn't required, so I have not had to -- I've not had to be recertified.
Q. Is your certification current today?
A. Yes.

Page 14

Q. Same with neonatology, is your certification current today?
A. Yes.
Q. Was it current in December of 2001?
A. Yes.
Q. And I assume from your earlier answer that your pediatrics board certification was current as of December of 2001?
A. Yes.
Q. Are you board certified in any other specialties or subspecialties?
A. No.
Q. Other than the pediatrics and neonatal training that you told me about, have you had any other education and training relating to either pediatrics or neonatology?
And I know you had a professional career since that time. I can add that parenthetically, but have you had any other education or training?
MR. SOSNOWSKI: You mean formal?
MR. CASEY: Yes.
A. You mean formal? You're not talking about extended medical training?
BY MR. CASEY:

Page 15

Q. That's correct.
A. No.
Q. Has your medical license always been active?
A. Yes, in the state that I practiced in, yes.
Q. And have you continuously practiced since finishing your training?
A. Yes.
Q. So depending on the particular state in which you were practicing, at no time were you practicing with an inactive license?
A. No.
Q. I'm correct?
A. That's correct.
Q. You're familiar with the fact that in this case as is detailed in the Complaint that it's alleged that you failed to recognize the fact that Ayden Shaffer-Doan was experiencing seizures such that he could be termed status epilepticus on December 6, 2001?
Did you read that in the Complaint?
A. I've seen that in the Complaint, yes.
Q. Do you admit that you failed to recognize that, sir?
A. No.
Q. Do you admit any of the averments in the

Page 16

Complaint as they relate to your care?
MR. SOSNOWSKI: I'm going to object to the form of that question only because the Complaint is rather lengthy, and I think that's an awfully broad question. If you want to ask about any particular things --
MR. CASEY: Fine, I'll restate it.
BY MR. CASEY:
Q. Do you admit that you failed in any respect to provide proper care for Ayden Shaffer-Doan as those failures are pled in the Complaint?
A. No, I don't believe that I am.
Q. So you're not prepared today to admit that you made any mistakes?
A. I'm not prepared to admit that I made any mistakes.
Q. Okay, how do you define status epilepticus?
A. It would be continuous seizures without any interruption of seizure activity.
Q. I'd like to give you the opportunity you want now to give me your full definition, and I want you to start at the beginning and go to the end. And I want to be totally fair to you on this. Tell me your full definition of status epilepticus. If you already have, I'll move

Page 17

on, but is that your full definition of that?
A. Yes.
Q. From what source did you obtain that definition?
A. Through my training, through experience. I'm not quoting anything particularly.
Q. You're not familiar with any variation of that definition, for example, if a patient experiences repeated seizures over the course of a given period of time?
A. If the patient has repeated seizures unremittent and there is almost continuous activity, that would be status epilepticus, yes.
Q. Did this patient, Ayden Shaffer-Doan, ever experience continuous seizures while at DuBois Regional Medical Center in December of 2001?
A. He had episodes which could have been seizures. They could have been apneic episodes. It wasn't clear at the time which they were. I mean, they were not continuous.
Q. You told me that it wasn't clear at the time. Is it clear to you today whether he experienced continuous seizures or not?
A. Actually no, it's not clear totally.

Page 18

Q. Was he stable, neurologically stable, on December 6, 2001? That would be the first full day that he was at the hospital?
MR. SOSNOWSKI: If you have to refer to the records, we can do that.
A. I think the problem in answering that question is I don't understand what you mean by the word stable, what you're actually referring to.
BY MR. CASEY:
Q. Okay, maybe we can get to it later, but it's part of your obligation -- you were his attending physician, correct?
A. Correct.
Q. From the time he was admitted up until the time he was LifeFlighted to Children's Hospital in Pittsburgh, correct?
A. With some modification.
Q. Right. There was a period of time during which Doctor Chandrasekhar was covering for you?
A. Correct.
Q. And that was from the late afternoon, early evening of December 6th, 2001, until the morning of December 7th, right?
A. Correct.
Q. Where were you?

Page 19

A. During that time?
Q. Yes.
A. I was not on call.
Q. Do you know where you were?
A. Yes.
Q. Where?
A. At home.
Q. Can you be more specific? We can refer to the medical records, and we're going to do a lot of that. But do you know at or about what time you went off call and Doctor Chandrasekhar took over and what time then you resumed being on call for this patient?
A. At or about 5 o'clock in the afternoon, usually after the office would close, the person on call that night would take over, and resumption of care would be, generally speaking, at the same time the next day.
However in this case, it was agreed between us, when it became necessary to transfer the patient out, I would go ahead and do the transfer summary and make the necessary calls to Children's Hospital.
Q. When you say between us, you're talking about yourself and Doctor Chandrasekhar?

Page 20

A. Correct. Normally, the coverage would have continued after, first, we made rounds until the end of the day.
Q. What are your responsibilities in this type of situation once you go off call at 5 p.m. on December 6th and between that time and when you resume in the normal course the following day around the same time? What are your responsibilities to the patient?
A. All care would be assumed by the person on call.
Q. Do you expect to be consulted at any point in the ordinary course?
A. Ordinarily, no. I mean, it could be if necessary, naturally.
Q. Okay, and you were at some point consulted here, correct?
A. Not to my knowledge.
Q. All right, well, I'm just talking past you. I'm sorry.
At some point, you were notified prior to 5 o'clock the following day that you needed to get back involved with Ayden Shaffer-Doan, correct?
A. Prior to 5 o'clock the following day?

Page 21

Q. Well, I was understanding your earlier testimony when you said about, quote, the same time the next day, unquote, to be referring to 5 p.m.
A. You're talking about the 7th?
Q. The 7th, that's right.
A. I was -- we had a discussion with Doctor Chandrasekhar, yes, and it was decided that we should transfer the patient to Children's Hospital, and you know, I had agreed to do the discharge summary and initiate the calls to make that.
Q. Who is Doctor Sekhar?
A. Doctor Chandrasekhar.
Q. Now I understand. I wanted to make sure we weren't talking about two different people. Can I refer to him as Doctor Sekhar?
A. Yes.
Q. That will be fine. I'll probably pronounce it incorrectly. I'm sorry.
MR. SOSNOWSKI: Doctor, with the name Sosnowski, I can certainly appreciate what you're going through.
MR. CASEY: My middle name is Alfonsis, and nobody pronounces that correctly

Page 22

either.
BY MR. CASEY:
Q. Do you recall Doctor Sekhar contacting you regarding Ayden Shaffer-Doan sometime on the morning of the 7th?
A. Yes.
Q. And tell me what you remember about him contacting you.
A. He had made rounds. At the time, the intensive care nursery was in the other hospital. It wasn't in the hospital it is now, and I was there, I believe, making rounds.
And he came back from rounds and after rounds spoke to me and expressed his concerns about the deterioration of the patient's status, and we decided at that time to consider transport to Children's Hospital.
He told me that he had ordered some tests. Specifically, one of the ones that were ordered we were concerned about getting the results of was a CT scan of the head. And that was ordered, and I think it was in progress around the time that he talked to me.
Q. It was sometime around 11 o'clock in the morning.

Page 23

A. Approximately, yes.
Q. You didn't order the CT scan, correct?
A. No. He did on rounds that morning.
Q. And there was an ultrasound taken?
A. Earlier, I think.
Q. At around 7 or so in the morning, correct?
A. Correct.
Q. You had no involvement in any respect in actually ordering those tests; am I right?
A. That's correct.
Q. But if I'm understanding you correctly, sometime after the CT was done and before the results were back, you had this conversation with Doctor Sekhar, and he told you that he was concerned with about the deterioration of the patient?
A. Correct.
Q. Can you be more specific regarding what he said other than telling me he said that he was concerned about the, quote, deterioration of the patient, unquote? Can you be more specific?
A. Considering the passage of time, I can't tell you exact wording. The subject matter concerned the patient's -- he definitely

Page 24

thought the patient was having seizures. He thought that the patient's neurologic exam was abnormal with abnormal pupillary function, and he thought that the patient needed to be transferred.
Q. Was his neurological exam abnormal at any time on the 6th?
A. His physical condition was abnormal on the 6th, not limited to any neurologic signs. He was markedly dehydrated when I first saw him. And we actually saw him on two occasions on that day, and his physical hydration state seemed to improve.
Neurologically, he did not seem to be that abnormal. He was a little obtundent. He was irritable when he was aroused, but as far as his reflex activities were concerned, he appeared to be normal. I didn't have any localizing neurologic signs.
Q. At any time on December 6th?
A. Not while I'm aware of, no.
Q. So you're telling me there were no local neurological signs at any time on December 6th 2001?
A. That we observed.

Page 25

Q. Who is we?
A. That I observed.
Q. But I'm asking you, sir. He was your patient on that day, and I asked you. The first question was, was his neurological exam abnormal at any time on the 6th? And you told me not that, quote, we observed. I want to know if he was or not.
A. I did not observe any abnormalities of his neurologic exam on that day.
Q. Did you appreciate or know of any neurological abnormalities for this patient, your patient, on December 6th, 2001?
A. Yes. He had episodes that were concerning. It was not clear whether there were apneic episodes or whether they were seizures.
Q. And you were aware of them, and you were concerned about them?
A. Yes, and concerned enough to discuss it with Doctor Siar who had seen the patient previously a couple days before, and also on the change over rounds, I'm sure that we discussed these conditions with Doctor Sekhar as well.
Q. So I think you can agree with me that you're aware of neurological abnormalities for this

Page 26

patient on December 6th, 2001?
A. We were --
Q. Excuse me, I'm asking about yourself.
A. Myself, we were concerned there were potential seizures, yes.
Q. But my question is, were you, sir, Doctor Grout, aware of and concerned about signs that you appreciated as neurological abnormalities on December 6th, 2001?
A. We were concerned about the episodes. We weren't sure if they were strictly neurological or if they were apneic episodes.
Q. You thought they might be neurological?
A. They could possibly have been. They could be either one.
Q. Excuse me, I'm sorry to interrupt you. I'm asking you, sir, whether you thought on December 6th, 2001, that these, quote, episodes, unquote, were neurological in nature; you, not we, you.
A. To the exclusion of anything else, I did not know they were neurologic episodes. The concern was they were either apneic episodes or seizures.
Q. Did you think you, Doctor Grout, did you think

Page 27

that they could be neurological in nature?
A. Yes.
Q. And what did you do, you, yourself, not we, on December 6th, 2001, to investigate whether these signs were, in fact, neurological or not?
A. I tried to ask the nursing staff who had seen the episodes to describe them to me. I did not see a specific episode.
I saw the end of one, and it appeared to be a desaturation episode. It looked like an apneic episode. Unfortunately, I did not see a full episode from start to finish. We also did a lumbar puncture looking for evidence of infection or signs of meningitis.
Q. And you did that around 3:15 on the 7th -- I'm sorry, on the 6th?
A. I believe it might have been earlier than that.
Q. We can get to that later. Sometime in the afternoon hours of the 6th?
A. I think earlier than that, because I think it was done during lunch hour.
Q. It was in conjunction with the second of two visits by yourself on that day?
A. Correct.
Q. All right, at any time during your care of the

Page 28

patient on that day, December 6th, 2001, did you actually look at any of the nurses' notes?
A. No; because they're in the computer, and they're not available to us.
Q. So you have no means by which you can -- and I'm talking about in December of 2001; no means by which you can actually go on the computer or, for that matter, on any hard copy and look at what the nurses have recorded?
A. That's true then, and it's true today.
Q. When was the first time that you reviewed the nurses' notes, the recorded nurses' notes, that are documented in part in the Complaint in this case?
A. Long after the -- probably the first time actually really would have been when I was doing -- signing the chart, because actually they weren't available to me when I did the transfer summary.
Q. So when you were signing the chart, is that called the attestation?
A. I would guess.
Q. Some time after the time the patient was discharged?
A. Correct.

Page 29

Q. You had to read through the whole chart, correct?
A. Ah-huh. You have to sign the documents in the chart.
Q. I know it's hard because you can anticipate what my question is. Try and let me finish my question, and then answer so the court reporter can keep a clean transcription, okay?
A. Okay.
Q. Do you remember actually reading for the first time what the nurses recorded about the signs and symptoms that this patient exhibited from the time he was admitted to the hospital until the time he was transferred out?
A. I remember reading it, but I can't tell you exactly when because I don't remember when.
Q. I'm not asking you exactly when. Do you remember -- I guess I'm asking qualitatively. Do you remember the experience of reading those notes for the first time?
A. Correct.
Q. You do? Yes?
A. Yes.
Q. Do you remember being surprised in any respect about what you read?

Page 30

A. Yes.
Q. Where were you when you were reading the chart?
A. Probably the first time, most likely in medical records. That was where I would have read them or would have had access to them after they were printed.
Q. Approximately, how long after he was discharged or transferred out do you expect that you would be looking at these records? And I'm not asking for the exact time. I'm asking whether it was a week, two weeks, three weeks.
A. In that neighborhood.
Q. Somewhere between a week and three weeks?
A. Ah-huh.
MR. SOSNOWSKI: Yes?
THE WITNESS: Yes.
BY MR. CASEY:
Q. And was anybody with you when you were reviewing the chart?
A. No.
Q. In what respect or respects were you surprised?
A. Some of the descriptions were different than I recall them to be given to me verbally.
Q. Descriptions of what?
A. The events, specifically the descriptions of

Page 31

the patient's episodes.
Q. Okay, and in what respect were they different? I'd like you to tell me everything that you can about what you were thinking, sir, about how these written descriptions, you believed, differed from what you were told.
A. As I recall in the verbal -- the verbal descriptions were more clear in my mind at that time, that it seemed to be -- the verbal descriptions emphasized more the desaturation of the patient and the --
Q. Let me interrupt you, and I'm sorry. When you say verbal, I want to make sure that the record is clear. Let's use the word oral versus verbal.
A. The oral descriptions given to me that we had to work on seemed to emphasize the desaturation of the patient, his color, activity, and the written description seemed to infer that there was more neurologic involvement as in seizure activity.
I recall asking on the 6th several different times to observers: Do you think this is a seizure? Do you think that he had a seizure? And being told: We're not sure if it

Page 32

was a seizure or an apneic episode. So I could not be sure either.
Q. Have you told me everything about how you believed, generally speaking, this written record that you reviewed differed from what was conveyed to you orally by the staff?
A. To my knowledge, yes. That was the major thing that was different to me.
Q. All right, we're going to go through these records rather thoroughly, and I'd like to tell you now that one of the things I'm interested in knowing about is in what respect you knew about or were informed about what is written in that page and in what respect you wanted it later just so we have some context, all right?
A. I'll try to answer that question. It's difficult.
Q. I want to take you just briefly to where you brought me when Doctor Sekhar told you about the CT scan that he ordered that was about to come back and expressed his concern about the deterioration of the patient.
You know both from your review of the records and because you were the patient's physician at that time that at approximately 11

Page 33

a.m. on December 7th, 2001, you had a patient who had documented episodes that may have been seizures for as long as about 33 hours at that point; am I right?
A. That's correct.
Q. He also had documented desaturations as far back as about 33 hours prior to your conversation with Doctor Sekhar, correct?
A. Correct.
Q. He also had documented apneic episodes going back as far as 33 hours, correct?
A. Correct.
Q. And he also had documented episodes of bradycardia going back about 33 hours, correct?
A. Correct.
Q. And he also had poor color documented as far back as about 33 hours, correct?
A. Correct.
Q. And at that juncture, 11 a.m. on December 7th, 2001, he was a patient who had yet to be seen by a pediatric neurologist, correct?
A. We don't have one here.
Q. So at that juncture -- and I'll get to that later. But at that juncture, this patient whom we're discussing had not been seen or evaluated

Page 34

by a pediatric neurologist?
A. That's correct.
Q. And he had not been evaluated by a pediatric critical care specialist, correct?
A. Correct.
Q. He had not been evaluated in any respect by anybody who specializes in neurology; am I right?
A. Correct.
Q. You have neurologists here, correct?
A. Adult neurologist. At that time, they would not see children.
Q. Was it part of a policy?
A. Ah-huh.
Q. Yes?
A. Yes.
Q. He had received no medication of any kind toward the end of preventing seizures, correct?
A. He had received medication with the end of trying to prevent the episodes, yes, prevent seizures specifically, no.
Q. What medication did he receive toward the end of preventing the, quote, episodes?
A. On the 6th when it wasn't clear whether he was having apneic episodes or whether he was having

Page 35

seizures, he was started on caffeine with the idea that, if these were seizures, caffeine probably wouldn't have a marked effect on him, but if he had apneic episodes and was given anti-seizure medication, he might stop breathing.
Q. So you --
A. This matter was discussed with the other two individuals involved, Doctor Siar and Doctor Sekhar.
Q. So at the time that you decided to order caffeine on the morning of December 6th -- let me finish. When you made the decision to give caffeine on the morning of December 6th, you had discussed it, that is, that decision with Doctor Sekhar and Doctor Siar before doing it?
A. No; afterwards.
Q. All right, you decided to give caffeine?
A. Correct.
Q. At around 8 a.m.
A. Correct.
Q. And at what time did you discuss it with Doctor Sekhar?
A. Probably later in the afternoon and with Doctor Siar earlier in the morning. Shortly after

Page 36

rounds, we went to the office and acquired the chart, looked at the previous visit that he had two days before, and discussed the situation with him.
Q. So you believe --
A. Between the first and second visit.
Q. Between your first visit and your second visit that day, December 6th, right?
A. Correct.
Q. And when you say visit, you mean when you actually saw the patient?
A. Correct.
Q. So sometime between the first time you saw the patient at 8 a.m. and when you saw him later that afternoon and did the lumbar puncture, you discussed the decision to give caffeine with Doctor Siar?
A. Versus giving anticonvulsants, yes.
Q. So you did actually consider anticonvulsants?
A. Yes.
Q. Let me finish. You did actually consider anticonvulsants?
A. Yes.
Q. Did you make any note in the chart to that effect that you considered anticonvulsants but

Page 37

decided not to give them?
A. No.
Q. You reviewed your practice's chart. Is there any note to that effect in the practice chart?
A. In the practice chart?
Q. In the chart from Gateway from your practice.
A. No; because that's an outpatient chart. The patient was an inpatient at that time.
Q. But you and Doctor Siar were discussing this patient on the morning of December 6th?
A. Correct.
Q. And I'm just asking whether you saw a note in the chart anywhere, either DuBois or Gateway, reflecting this issue and consideration that you say you made of anticonvulsants at that time?
A. Whether I made a note in either chart, no, I did not.
Q. Do you know whether Doctor Siar did?
A. I don't believe he did.
Q. So if I understand you correctly, you decided to treat the episodes as apneic episodes and, therefore, gave the baby caffeine?
A. Correct.
Q. And did you do anything other than that toward

Page 38

the end of finding out whether the baby was instead experiencing seizures?
A. We did not order specifically an EEG. We considered it. It was our intention to eventually do so. We did not specifically order it at that time.
We did order the laboratory data on several different occasions on the 6th looking for abnormalities of different chemical states in his system, minerals, sodium, potassium, calcium, et cetera, and so forth, sugars.
Q. Do you remember what my question was?
A. Yes. I'm trying to answer it.
Q. So these studies that you did were toward the end of determining whether he was experiencing seizures instead of apneic episodes?
A. Correct.
Q. What if he was experiencing both?
A. That was a possibility as well.
Q. What did you do to rule it out on December 6th, 2001?
A. Trying to observe and see what would happen with his treatment, to see if the caffeine would control the episodes or not.
Q. You didn't observe, you, yourself?

Page 39

A. I couldn't. I was not there specifically 24 hours, 7. I had to depend upon the nursing staff.
Q. Did you have the capacity at that time at this medical facility to do continuous EEG monitoring?
A. No.
Q. If you had the capacity at that time on the morning of December 6, 2001, would you have used it?
MR. JOHNSON: Objection, calls for speculation, no proper foundation.
BY MR. CASEY:
Q. You can answer the question.
A. If we would have had that, it certainly would have been a wonderful thing to do. Visual monitoring would have been wonderful too.
Q. Would you have used them on the morning of December 6th, 2001?
A. If we had them, yes. However, we have patients that have apneic episodes all the time, and we don't have these entities available to us.
Q. And the reason you would have used them is because --
A. It would help.

Page 40

Q. In a baby at 18 days of age who may be having seizures, for such a patient, it is vital to rule out that they are, in fact, having seizures, correct?
A. It certainly is beneficial.
Q. You must -- I'm sorry, I didn't let you finish.
A. It's certainly beneficial to try to rule that out with whatever mechanism you have.
Q. And that is for that purpose, open parens, ruling out seizures, close parens, that you would have used those modalities had they been available at the hospital on December 6th, 2001?
MR. JOHNSON: Same objection.
BY MR. CASEY:
Q. You can answer it.
A. Correct.
Q. Again, going back to 11 a.m. on the 7th, you know now from reviewing the records that you had a baby at that point who was experiencing cardiorespiratory arrest; am I right?
A. He was experiencing episodes of apnea and bradycardia. To called it cardiorespiratory arrest is probably not the term that would normally be used in that situation.

Page 41

Q. What is the term?
A. Apnea and bradycardia.
Q. For about --
A. Desaturation.
Q. For about 33 hours?
A. He was having intermittent episodes of apnea and bradycardia from the time he was admitted until he left.
Q. Untreated apnea and bradycardia in an 18-year-old baby is a situation not compatible with life, correct?
A. He wasn't untreated. He was treated with caffeine.
Q. Sir, okay.
A. I understand.
Q. Just bear with me. Untreated apnea and bradycardia in an 18-year-old baby is a situation that is not compatible with life, correct?
A. I think you might want to restate the question. You said 18-year-old baby.
Q. I meant 18-day-old baby. Let me restate it. Thank you. Untreated apnea and bradycardia in an 18-day-old baby is a situation not compatible with life?

Page 42

MR. SOSNOWSKI: I think he's asking as a general proposition.
A. As a general proposition, it also would depend upon the cause of the same. There are some causes that are more severe than others. We've alluded to that previously by, you know, stating that we looked for meningitis. Certainly that would be a very serious cause of the same.
Other causes such as viral infections, et cetera, may not be quite as serious and may not have the same implications, so it is somewhat causally related to not only specifically to the actual finding itself.
BY MR. CASEY:
Q. As of 11 a.m. on December 7th, 2001, this baby had been given nothing to treat his bradycardia, correct?
A. No, that's not correct.
Q. What had he been given to treat his bradycardia as of 11 a.m.?
A. He was given caffeine to treat apnea and bradycardia.
Q. Other than caffeine, he was given nothing to treat bradycardia. Can we agree on that?

Page 43

A. Doctor Sekhar prior to our meeting at 11 had ordered the phenobarbital. I don't recall exactly when that was given. It was given around that time.
Q. It was given, I can represent to you, around 11:25 a.m.
A. Right.
Q. So as of this conversation with Doctor Sekhar which you told me occurred at about 11 a.m. --
A. Approximately so.
Q. We'll get to the phenobarbital. I know he was given that as of this conversation or 15 minutes before this conversation. This baby had been given only caffeine for treatment of bradycardia and apnea that had been documented as far as back as 33 hours earlier, correct?
A. Correct.
Q. He had never been given Epinephrine, correct?
A. Not to my knowledge.
Q. Is Epinephrine given to treat bradycardia?
A. Transient bradycardia -- they were very short. It is given to treat bradycardia but not transient bradycardia, no.
Q. And this was a transient bradycardia that this baby had?

Page 44

A. It depends what you mean by the word transient. The episodes were short. The episodes were short. They were recurrent. So in that respect, it's not transient but transient in the respect that it's short.
Q. Let's pin it down. He did not have what you would call transient bradycardia because it had been documented and had been continuing for as far as back as 33 hours earlier. Can we agree on that?
A. We can agree that it occurred for 33 hours, correct.
Q. And he did not have what you call transient bradycardia?
A. Transient in the form of duration of the bradycardia, yes, and duration of the episodes, yes, but as a continuing situation, no. It was going on for 33 hours.
Q. And the basis of your testimony is what you read in the nurses' notes about a week to three weeks after the baby was transferred telling you that he didn't have transient -- that he -- let me withdraw it.
The basis for your answering my question about whether this baby has, what you

Page 45

would call, transient bradycardia is what?
What is the source of your testimony?
A. He had episodes of short apnea and bradycardia. As I said, when I say transient, I mean that that refers to the duration of the event. It doesn't -- the single isolated events. It did not refer to the continuous situation. In other words, I don't understand your differentiation there or what you're trying to say.
Q. I may be perseverating on that word because you used the word transient, and I want to understand what you mean.
A. I'm trying to explain it.
Q. I think I understand you now. All right, you as of that point had not ordered -- and I'm talking about yourself, had not ordered any radiographic studies of any kind for this baby, correct?
A. Correct.
Q. And you had no appreciation one way or the other as to whether this baby had cerebral edema as of 11 a.m., December 7?
A. That's correct.
Q. And accordingly you had not instituted any

Page 46

treatment for cerebral edema as of 11 a.m. on December 7, 2001?
A. That's correct. And we would not have normally expected that because the baby was admitted for dehydration, and in which case, it's not likely the baby would initially have had cerebral edema. This would have been a new finding to us, certainly not likely to have been present on the previous day when we saw the patient.
Q. I see. So you're saying it was not likely to have been present on December 6th?
A. Correct.
Q. Do you believe it was present on December 6th?
A. Cerebral edema, the baby was severely dehydrated. I believe that the cerebral edema occurred between the 6th and the 7th.
Q. What are the signs and symptoms of cerebral edema? There are classic signs and symptoms, correct?
A. Seizures are one of them, yes. Obtundency is one of them.
Q. Can you spell that for the court reporter? I notice she's having trouble.
A. I can start it.
Q. The word is o-b-t-u-n-d-e-n-c-y, I suspect, or

Page 47

a-n-c-y.
A. I think it's a-n-c-y.
Q. All right, so the question was signs and symptoms of cerebral edema, and seizures is one. Obtundency is another. Any others?
A. There are others; fullness of the fontanel which, of course, he did not have because he was dehydrated. Actually his fontanel was sunken.
Q. Any others?
A. There can be focal neurologic signs as well.
Q. Any others?
A. Not that I'm -- well, I'm sure we could find a whole list in some book some place.
Q. None that you can think of right now?
A. Focal signs, yes. You could even have eventually shock, neurogenic shock.
Q. Define neurogenic shock.
A. Shock caused by insult to the central nervous system.
Q. Typified by what?
A. Loss of blood pressure, loss of circulation.
Q. Drop in temperature?
A. Temperature drop, yes.
Q. Poor color?

Page 48

A. Poor color.
Q. Poor profusion?
A. Poor profusion.
Q. Define obtundency for me.
A. It's difficult on an infant, but obtundency would be a state of neurologic function that's less than adequate and in a patient that would appear not to be completely awake and alert.
Q. This baby was obtundent at 8 a.m. on December 6th when you examined him, correct?
A. I think so, yes.
Q. You actually made a note that the baby kept falling asleep at 8 a.m., correct?
A. Ah-huh.
Q. And I want to understand your note. Am I correct in understanding your note as representing that the baby was obtundent on 8 a.m. on the 6th?
A. Correct.
Q. You had no appreciation as of 11 a.m. on the 7th, getting back to this series of facts that I want to try and establish, that this baby was experiencing shock, correct?
A. At what time?
Q. Around 11 a.m.

Page 49

A. I did not see the baby at that time, so no, I did not have that knowledge.
Q. Having looked at the nurses' notes and the full chart, did anyone affiliated with DuBois Regional Medical Center either in the late morning of December 7th or in the early afternoon make any attempt whatsoever to initiate resuscitative measures for Ayden Shaffer-Doan?
A. Resuscitation of --
Q. Of any kind?
A. Well, as far as changing his therapy, is that what you're referring to, or what are you actually referring to?
Q. You know that when the LifeFlight 50 team arrived, they very rapidly began resuscitative measures like CPR for one, correct? Do you know that?
A. I was not present at the time that they came. I heard that that was the case, yes.
Q. Have you reviewed any medical records that represents that?
A. No.
Q. You have not, all right. And I'm sure that you received either from the nurses or from

Page 50

somebody, given that it was your patient, perhaps Doctor Sekhar, what happened when the LifeFlight team arrived, did you?
A. I have -- I did speak to them actually at the time, and they told me that they had intubated him. They felt he would be more stable for transport by doing that. They had also given him intravenous fluid, boluses. They felt that his profusion was not adequate.
Q. Anything else?
A. No. That's all.
Q. Did they tell you they instituted CPR?
A. As far as compressions?
Q. Yes.
A. Actually I don't believe they did tell me that.
Q. Did they tell you that when they switched the baby from the DuBois monitor to their own monitor they realized that his blood pressure was, in fact, a lot lower than they appreciated?
A. I know that they gave him fluid boluses, but I don't know if they told me that specific fact or not.
Q. Have you learned at any point since then that there was any problem with any monitors that

Page 51

were being used for this baby on December 7th, 2001?
A. I've not been told that.
Q. Given the context that I just tried to establish with you and discuss with you about what the LifeFlight team did, did anyone from -- anyone affiliated with DuBois Regional Medical Center begin or institute those types of resuscitative measures to your knowledge at any time before the LifeFlight team arrived?
A. Not to my knowledge, no.
Q. Did you, yourself, after getting involved in the transfer and discharge of this patient -- first of all, you did that, correct, you yourself? Yes?
A. I did make the calls, yes.
Q. And you arranged for it to be done?
A. Yes.
Q. Did you instruct anyone at the hospital or anyone affiliated with the hospital, DuBois Regional Medical Center, to given any type of resuscitative measures?
A. I did not because I was not told that they were necessary.
Q. Where were you when you were making these

Page 52

arrangements?
A. In my office.
Q. Where is that?
A. It was in what we call the east unit.
Q. You're pointing to your right. Is that somewhere nearby?
A. Two miles away.
Q. Okay, you're talking two miles away from here, that's where you were?
A. (Witness nods head up and down.)
Q. Yes?
A. Yes.
Q. I'm sorry I have to keep doing that. I have to make sure the record is clear.
You can fill in the blanks here if I'm leaving any. After speaking with Doctor Sekhar and, I assume, getting the results of this CT scan, you decided to quarterback, for lack of a better word, this transfer?
A. Yes, because I had to try to get it underway as quickly as possible.
Q. And when you were talking to Doctor Sekhar at around 11 a.m., were you in your office two miles away at that time?
A. Yes.

Page 53

Q. All right, and so between around 11 a.m. and -- we have records to document when the transfer occurred -- and when the transfer occurred, you made arrangements for it to occur from your office the entire --
A. That's correct.
Q. The entire time?
A. Ah-huh.
Q. Yes?
A. Yes.
Q. Who was to your knowledge at that time -- I'll withdraw the question.
When you were in your office between 11 a.m. and when the baby was transferred, whom did you understand to be present here on site with the baby?
A. The nursing staff.
Q. Was anybody else with the baby?
A. Anyone else, medical provider, you mean?
Q. Yes.
A. No.
Q. So between the time that you appreciated -- and we'll get to the records in a second, but the reason you were transferring him was that he was medically unstable and there was an

Page 54

emergency, correct?
A. Correct.
Q. And you appreciated that at around 11 a.m. and took steps to begin the transfer, correct?
A. Correct.
Q. Did you instruct anyone or ask anyone to take any measures whatsoever to begin attempts to resuscitate this baby between 11 a.m. and when he was transferred?
A. I didn't ask them to, no, because I wasn't told that he needed resuscitation. And I inquired by telephone of his status, and I don't remember who I talked to. But the substance of the conversation did not lead me to believe that that was necessary.
Q. Can we assume it was a nurse?
A. I can assume it was a nurse, yes.
Q. We can safely assume that?
A. We can safely assume it was the nurse that was taking care of the baby. I don't remember exactly who it was at this time.
Q. Where was Doctor Sekhar?
A. He was over in the office as well.
Q. In your office?
A. Yes. We were both seeing patients.

Page 55

Q. Having looked at the record since that time, since December 7th, we can agree, sir, that between 11 a.m. and when the LifeFlight team arrived, the baby needed resuscitative measures, correct?
MR. JOHNSON: Objection, no proper foundation.
BY MR. CASEY:
Q. You can answer it.
MR. SOSNOWSKI: If you need to look at the records, you can if you don't recall or can't answer that.
A. I can't answer the question without specifically looking at the records. I made a telephone call and talked to the nurse involved.
Certainly there was no discussion at that time of any resuscitation and/or any marked change in the patient's status since that morning, since they came on. And certainly I would have if there would have been any request to do so or anything that would have alarmed me to come, I would have dropped everything and run there if I needed to, but I wasn't led to believe I needed to.

Page 56

BY MR. CASEY:
Q. All right, did you see in your review of the chart -- and I'll give you a minute now if you want to look at it -- any vital signs taken from this patient between the mid-morning of December 7, 2001, and when the transport team arrived?
A. I was not informed of any vital signs at that time, and I don't have -- I'm not finding them in the chart here.
Q. And you're familiar with the way nurses chart their notes here at DuBois, correct?
A. To some degree, but as we said, we do not have access to these charts.
Q. I'm not talking about contemporaneous with their recording. I'm talking about right now. You have a facility with these notes that would enable you to find the vital signs if they were there; am I right?
You have a chart in front of you. I'm asking you to find the vital signs from mid-morning December 7 to when the transport team arrived.
A. I certainly don't -- I don't find them. I don't see them, and I wasn't -- none were

Page 57

reported to me of any concern.
Q. Does that bother you, that there are no vital signs in the chart between mid-morning of December 7 and when the -- when the LifeFlight team arrived given that there was an emergency?
MR. SOSNOWSKI: I'm going to object to the question and direct him not to answer, because clearly that would be something in retrospect, and he's not going to be critical as an expert evaluating anybody else's conduct.
MR. CASEY: That's fair, Mike.
BY MR. CASEY:
Q. Did you take a look at the records for the morning of December 7? I'm talking about the nursing records when you went back and reviewed them at the time that you were going to sign up on the chart.
A. We looked through all of the records at that time.
Q. Do you recall looking through the chart -- and this is, of course, after the baby had been transferred out. Do you recall looking through the chart and wondering why there were no nurses -- why there were no vital signs documented for this baby on the morning and

Page 58

early afternoon of December 7?
A. I'm still not sure that they may have been reported on a graphic sheet or something we're not looking at here.
Q. My question is just, do you remember thinking about that?
A. I don't recall that, no.
Q. All right, on that subject when you -- sorry. When you were looking at these notes in the week or week to three weeks after the baby was transferred out, we've already established first that you were surprised by what you saw in part, correct?
A. Some things, yes.
Q. Yes. Did you address that with any nursing supervisor?
A. No.
Q. Have you at any time since that day?
A. No.
Q. Did you address it with the risk manager here at the hospital?
A. No.
Q. Did you address it with anybody affiliated with the hospital?
A. Affiliated with the hospital, no.

Page 59

Q. Did you address it with anybody?
A. Yes.
Q. With whom?
A. Doctor Siar.
Q. And tell me what -- tell me how it was and the details of your addressing it with Doctor Siar.
A. Details would be difficult, because this would be a conversation that occurred almost four years ago, so I can't give you the exact words that were used.
But I did express, you know, disparity between the verbal report or oral report given to me and what was written in the chart. That would have been -- it didn't seem -- it seemed like there was a disparity between these two. As far as the vital signs are concerned, usually they're recorded on a graphic sheet, and I'm not finding that in these records here.
MR. SOSNOWSKI: His question was only about your discussion with Doctor Siar.
THE WITNESS: Right.
BY MR. CASEY:
Q. Okay, and would I be correct to assume that you addressed it with Doctor Siar because you work

Page 60

for him?
A. Yes.
Q. And that is the reason you addressed it with him?
A. Yes.
Q. And you were concerned and wanted to make sure your employer, Doctor Siar, knew about it?
A. Correct.
Q. Did you write any letters in your file or to Doctor Siar for his file regarding the discrepancies between what the nurses had told you orally and what was recorded in the chart?
A. No.
Q. Did you send any e-mails, or did you participate in any written communication of any kind?
A. No.
Q. And understand my question to mean written or typewritten of any kind. The answer is still no?
A. The answer is still no.
Q. All right, do you use e-mail?
A. Yes.
Q. Do you and Doctor Siar communicate by way of e-mail?

Page 61

A. No. We see each other almost every day.
Q. You don't need to. My wife and I don't e-mail each other either.
And for what purpose do you use e-mail?
A. To contact my friends that are out of state that I don't want to spent the money to call them on.
Q. I understand. Do you use it in the course of your business?
A. Very rarely.
Q. Where were you when you had this discussion with Doctor Siar?
A. I would imagine in the office. That's usually where we talk.
Q. Were you in his presence, and I mean as opposed to being on the telephone?
A. Presence, correct.
Q. And have you told me everything that you can remember telling him? And if you haven't, I'd like you to just tell me everything you can remember telling him.
A. I don't remember exactly what was told to him other than what I alluded to. I don't recall anything else.

Page 62

Q. And I'm not talking about verbatim because, of course, that's a long time ago, but I'd like you to tell me as complete a way as you're capable of the gist or the import of what you told Doctor Siar regarding the discrepancy between what the nurses orally reported to you about this patient and what is recorded in the chart.
A. I don't recall exactly when the conversation occurred. It occurred sometime around the time when we had access to the notes, which the first time, I think, was basically looking at them, going through them while we were signing the chart.
Exactly how long afterwards, I don't remember exactly when that occurred, but I remember talking to them and stating to them that I was concerned that not everything that I recall being told orally was -- I mean, I recall there were things in the chart that I did not recall hearing orally at the time.
Q. Did you convey to him that you were surprised? Is that a fair way to characterize what you told him?
A. Yes.

Page 63

Q. Did you convey to him that you were shocked? Is that a fair way to characterize what you conveyed to him?
A. I don't think I would have necessarily used the word shocked. That's -- I probably would have said I was surprised.
Q. Who it be fair to say you were very surprised?
A. Surprised.
Q. Just surprised?
A. Surprised.
Q. Did you see the baby at any time prior to the transfer?
A. No.
Q. I mean, I know you saw him on the 6th twice.
A. The last time I saw the infant was after the spinal tap. At that time, he appeared to be better hydrated.
MR. SOSNOWSKI: Was that the last time that you saw him?
THE WITNESS: I believe it is.
BY MR. CASEY:
Q. So the last time you saw him -- I'm sorry, the last time you saw the baby was sometime in the afternoon of December 6th?
A. I believe that's correct.

Page 64

MR. SOSNOWSKI: Off the record.
- - - -
(There was a recess in the proceedings, and Exhibit 1 marked for identification.)
- - - -
BY MR. CASEY:
Q. Doctor Grout, we took a brief break. Are you prepared to continue?
A. Correct.
Q. Just bear with me for a second. How far away is the nearest pediatric neurologist? And I'm talking about in December of 2001 time frame.
A. Children's Hospital.
Q. Are there written policies and procedures in place at DuBois in the present tense -- I'm going to withdraw it.
Were there in December of 2001 written policies and procedures in place regarding when neonatal transfer was indicated?
A. This patient was not a neonatal patient.
Q. Okay, were there policies and procedures in place at that time governing when neonatal transfer was indicated?
A. Neonatal transfers are indicated, yes.
Q. There are written policies and procedures and

Page 65

there were in December of 2001 regarding when neonatal transfer is indicated?
A. Obligatory policies.
Q. I'm not sure I understand what you mean, sir.
A. As to how to do them or as to when they're required?
Q. Yes. I'm talking about clinical policies and procedures that relate to when a neonate at DuBois Regional Medical Center should be transferred to a tertiary care facility.
A. It's generally left up to the judgment of the physician involved. I don't recall any actual stated policies. There are certain procedures that we know are not possible at this institution, certain surgical procedures, et cetera and so forth, that are not done here.
It's left up to the judgment of the physician and his associates, associate physicians, as to when it would be done. There are policies. I don't know of any specific list requiring anything.
Q. I'm just trying to figure out --
A. And certainly didn't at that time.
Q. I'm sorry?
A. I certainly did not know of any list at that

Page 66

time.
Q. In December of 2001, you knew of no written clinical policies and procedures in place at DuBois Regional Medical Center regarding when a neonate should be transferred to a tertiary care facility?
MR. SOSNOWSKI: Did you know of any or not?
THE WITNESS: No. I don't believe there are any specific requirements. It's left to judgment based on the patient's needs.
BY MR. CASEY:
Q. Sir, I know you keep saying specific requirements or obligatory requirements. Are there any written policies or procedures, clinical policies or procedures, that relate to when a neonate should be transferred out of DuBois to a hospital with greater capacity?
MR. SOSNOWSKI: Capacity may not be the best word.
Were there any policies that you knew about regarding the transfer of neonates in December of 2001? Were you aware of any?
THE WITNESS: No.
BY MR. CASEY:

Page 67

Q. Are there any such policies in place today?
A. No. In the form that you're asking the question, not to my knowledge. We have -- it is left to the judgment of the physician involved and people associated with him.
Q. Who is the person who would be most knowledgeable about the hospital's policy? At least to your reckoning, who is the person who would be most knowledgeable about the hospital's policy regarding what neonates DuBois is going to keep as opposed to what neonates they're going to transfer to somebody else?
MR. SOSNOWSKI: I'll just object to the form only because it presumes that there is such a policy.
BY MR. CASEY:
Q. If you wanted to -- if you were to point me to the person who you think would have the most information about such a policy if one exists or ever existed, to whom would you direct me?
A. I would direct you to where I would go myself if I had questions. If it's not clear to me, I would go to Doctor John Siar. That's who indeed I did go to.

Page 68

Q. During the time this baby was in the hospital?
A. Yes. We've already alluded to that fact.
Q. And you discussed transfer?
A. Did not discuss transfer as such. Certainly that's an implied thing in any conversation. We did discuss the status of the patient.
Q. Did you ever broach the subject of whether this baby needed to be transferred prior to the late morning of December 7?
A. No.
Q. Did you consider transferring the patient at any time prior to the late morning of December 7?
A. Yes.
Q. When?
A. On the first telephone call from the emergency room.
Q. And you received the call around, I assume, just after midnight?
A. Longer than that, I believe. I don't remember exactly; in the early morning hours of the 6th. I can't tell you when.
Q. The baby was admitted sometime after -- just after 3 o'clock. Does that give you any better--

Page 69

A. In that neighborhood.
Q. In that neighborhood. So that's when you suspect you first became aware of this patient, Ayden Shaffer-Doan, being at DuBois?
A. Correct.
Q. And who placed the call to you?
A. Doctor Palmer in the emergency room.
Q. I know this may seem obvious to you, but I just want to make sure we're clear about everything. What type of physician is Doctor Palmer?
A. Doctor Palmer is an emergency room physician.
Q. Does he have any specialized training in pediatrics?
A. I don't know the status of his training.
Q. Okay, so I guess then you would presume when you got the call that you were getting a call from an emergency room doctor, not from anybody who had any specialized training in pediatrics?
A. Correct.
Q. And tell me about the context and the details of your considering when you first got this call transferring this patient somewhere else. Tell me about it.
A. He called and gave me a rather detailed description of the patient's condition and some

Page 70

of his laboratory findings, and I recognized there that the patient certainly was more ill than I would normally expect to see. There were certain laboratory findings that were unusual.
Q. Okay, is it only in relation to the lab findings that the patient to your reckoning at that time when you got the call was more ill than you would normally expect?
A. Exactly.
Q. It was only the lab findings?
A. Right. The laboratory findings seemed to be a little worse than the description that the patient -- that I was given of the patient. They described the patient as being dehydrated. I don't recall any description of any neurologic symptoms or signs. They described unusual laboratory data.
Q. Okay, what about the lab findings did you believe to be unusual?
A. The patient had an elevated BUN, and we were concerned that he might have some renal or kidney problem.
Q. Anything else?
A. That was the major concern, and that part of

Page 71

the discussion was also brought up with Doctor Siar, this story, the problem with the BUN when I saw him later on in the morning.
So in a sense, to answer your question more thoroughly, probably the possibility of transfer was brought up because we were -- I discussed with him at that time the thought of, you know, transferring him in the very, very beginning.
Q. You mean around 8 o'clock the next morning?
A. That was when --
Q. 8 o'clock that morning?
A. Probably more like 9 o'clock. It was probably more like 9 o'clock or 9:30 when I talked to him. But the laboratory findings were significant and were repeated throughout the early morning hours of the 6th.
Q. Okay, I want to back you up a little bit. You told me that, when you first got the call from Doctor Palmer, you thought about transferring the patient? Yes?
A. Yes.
Q. And that was based upon the fact that the patient had an elevated BUN?
A. Correct.

Page 72

Q. Was there anything else about what Doctor Palmer conveyed to you that prompted you to consider transfer at that point?
A. No.
Q. What was your differential diagnosis when you received this report from Doctor Palmer to explain the elevated BUN?
A. Well, that was the problem. The patient was listed as having gastroenteritis and dehydration. The BUN was quite elevated. I don't remember the exact figure, but it was over 60, which is unusual, very unusual, and possibly could infer some type of renal problem.
Q. And what you just told me is the full scope of your differential diagnosis for the elevated BUN?
A. Renal versus dehydration.
Q. Did you suspect one as being more likely as opposed to the other when you first got this call?
A. Well, the history was more compatible with and the baby's short life span was more compatible with it being an abrupt onset of gastroenteritis, vomiting, and dehydration due

Page 73

to vomiting and diarrhea.
Q. So you had on your differential regarding the elevated BUN only gastroenteritis versus dehydration?
A. That was what we were considering.
Q. Describe physiologically – and this would explain what you were thinking at the time – why an elevated BUN that you described as very unusual would point to either gastroenteritis or dehydration?
MR. SOSNOWSKI: Kidney or renal.
BY MR. CASEY:
Q. You can say that, yeah. You can say kidney or renal, correct?
A. Right, it could be. It could represent a form of kidney failure. It could represent – which would be a renal problem, or it could represent the dehydration secondary to the gastroenteritis.
Q. I see what you're saying now. And did Doctor Palmer convey to you that the baby had had some weight loss since he was born?
A. I don't think that the amount of weight loss was clearly documented, because I think he said he thought he had some weight loss, appeared to

Page 74

have weight loss because one of the first things we did when we went back to the office was check the office chart to see how much weight loss there actually was.
Q. And when was that? When did you do that?
A. That very morning on the 6th.
Q. And when you say we, to whom are you referring?
A. I. I should say I.
Q. And what did you think when you were able to discern the extent of the weight loss that morning, December 6th?
A. I actually had seen the baby before I saw the actual documented weight, and I thought they were consistent, that there was approximately a five to six to seven percent dehydration.
Q. When you saw the baby in the morning sometime around 8 o'clock – is that right?
A. About 8 o'clock.
Q. – you diagnosed him as having dehydration, correct?
A. Yes. He appeared to be dehydrated.
Q. Based on what?
A. As I stated previously, his fontanel was slightly sunken. His features looked like he had had some dehydration, his facial features.

Page 75

His skin turgor looked like it was –
Q. That is t-u-r-g-o-r.
A. In that sense, he appeared to have dehydration.
Q. Anything else that supported your diagnosis of dehydration?
A. Not particularly other than the fact that we mentioned before that he was obtundent and not real active except irritable when stimulated.
Q. But you concluded at 8 a.m. that, whatever problems this baby was having, they were explained by his dehydration; am I right?
A. Correct.
Q. Did you bring up the subject of transfer at any time with Doctor Palmer when you were talking to him on the phone during the overnight hours?
A. Well, there only would have been the one conversation. I don't believe that I actually mentioned it to him. I certainly thought about it and considered it.
Q. Why?
A. Because of the elevated BUN. This is extremely unusual. You don't see it very often.
Q. I'm sorry to interrupt. You are you finished?
A. Ah-huh.
Q. I didn't mean to interrupt you. I want to

Page 76

appreciate why you were thinking about transfer because, of course, that tells me that you were thinking that there might be something wrong with the baby that DuBois Regional Medical Center could not handle?
A. Correct.
Q. I'd like to get a full appreciation of that.
A. And the question is, does he have some renal problem on top of this illness that's making him have this elevated BUN.
Q. And what about this hospital's facility or capacity, speaking medically now, the medical capacity of the hospital, would prompt you to question whether it would be able to handle a baby with a renal problem?
A. We don't have a kidney specialist here.
Q. Did you think in your mind when you were speaking to Doctor Palmer and when you were considering in your own mind the subject of transfer where you would send the baby?
A. We would have probably suggested going to Children's Hospital since that's the closest tertiary facility to us and the one that we are most accustomed to using.
Q. After having considered transfer, what, if

Page 77

anything, caused you to decide not to transfer him when you first got that call?
A. The -- why we did, we ordered a renal ultrasound of the infant that morning and decided to monitor his electrolyte status closely and see what would transpire.
Q. But I mean, was there something about his condition that prompted you to say, well, while I'm thinking about this very unusual BUN and we don't have a renal specialist that maybe we should transfer him, I'm not going to transfer him? What led you down that path as opposed to the path that leads you to transfer?
A. Basically he had had some urine output later on when we checked with the nursing staff.
Q. What time was that?
A. Probably at the time we made rounds.
Q. Around 8 a.m.?
A. Yes.
Q. And you were satisfied that the baby didn't need to be transferred?
A. At that time, we didn't have enough evidence to think it was necessary.
MR. SOSNOWSKI: Excuse me just for a minute.

Page 78

(There was a discussion off the record.)

BY MR. CASEY:
Q. Doctor, you told me earlier that you have a specific understanding and definition for what status epilepticus is, correct?
A. Correct.
Q. As the attending physician for this baby -- and I'm not asking whether you believe he had it or he was status epilepticus. As his attending physician, does status epilepticus require evaluation of the baby by a pediatric neurologist?
A. At some point, yes. It definitely would be a strong consideration.
Q. And would it be something that would be done rather urgently?
A. If the status cannot be controlled, correct.
Q. Is status epilepticus a neurological emergency--
A. Yes.
Q. -- in a baby at 18 days of age?
A. Yes.
Q. Because status epilepticus, if not treated, can

Page 79

cause permanent brain injury, correct?
A. Correct.
Q. When you reviewed the nursing records a week or so after the baby was transferred, did you pay any particular attention to the fluids that were used to deal with his dehydration? I'm talking about the eyes, nose, the particulars of the intake and the particulars of the, you know, volume fluids that he was given.
A. At that time, no.
Q. Since that time, have you looked at the records and paid any particular attention to those details?
A. No.
Q. Did you form any impression about whether the baby was properly volume resuscitated with fluids on December 6 and 72001?
A. On December 6, yes, because he seemed to be -- in the interim between the two visits, he definitely seemed to be better hydrated on the second visit.
Q. I asked you about December 6 and December 7. Did you form any impression?
A. I have no impression on December 7.
Q. Because you weren't there?

Page 80

A. I wasn't there seeing that. I had no direct experience at that point.
Q. All right, so your only impression about whether he was properly fluid resuscitated stems from your second visit on the 6th when you believe he appeared to be better hydrated?
A. Correct.
Q. Did you ever check to see whether there was the proper amount of sodium in the fluids that he was given?
A. We make the judgment on the basis of his electrolyte results.
Q. I'm asking you, sir, if you ever, you, yourself, have ever, investigated to determine whether this baby, during the time he was at DuBois Regional Medical Center, was given the proper level of sodium in the fluids that were ordered to resuscitate him.
A. No.
Q. Have you ever discussed that subject with any of your colleagues?
A. Yes.
Q. With whom?
A. I have discussed it with both Doctor Siar and Doctor Sekhar.

Page 81

Q. When?
A. In the interval of the time when the events occurred.
Q. And --
A. 6th and 7th of December.
Q. So during the time that the baby --
A. I discussed the fluids that the baby was on at that time.
Q. And did you discuss specifically the sodium levels?
A. His sodium levels in the fluids or the sodium levels in the IV?
Q. I'm talking now about the sodium levels in the fluids.
A. Or the sodium levels in the blood? Which one are you talking about?
Q. I'm talking now about the sodium level in the fluids.
A. I'm not sure that we discussed specifically the sodium level in the fluids, no. We did discuss the sodium levels in the serum from the laboratory.
Q. In the studies that were done?
A. Yes.
Q. When did you discuss those?

Page 82

A. Definitely after the events. I believe even on those days. I'm sure that, you know, we discussed that at some point. I don't remember exactly when.
Q. Tell me everything you remember about the discussions.
A. Which one? I mean, discussing them at what time?
Q. Well, you know the answer to these. I don't. So if you tell me there were two conversations or three, I'll ask you about each one. If there were separate conversations with Doctor Sekhar as opposed to Doctor Siar, I'm going figure out all of that stuff. So tell me where to start.
A. In our morning conversation with Doctor Siar, I believe I -- because of the discussion concerning the BUN, I'm sure that we discussed with him as well the sodium in the -- you know, the serum sodiums at the time. Initially they seemed to increase and then --
Q. You're talking about the morning of the 6th?
A. The morning of the 6th.
Q. Initially they seemed to increase?
A. They seemed to increase a little bit. The baby had been given normal saline and was then placed on one-fourth normal saline.
Q. Okay, when did they, quote, initially seem to increase, unquote? What time period are you talking about?
A. In the early morning hours of the 6th.
Q. Prior to your coming to see him at 8 a.m.?
A. Right. We had about three levels there that were done in the morning hours. I don't know exactly what the exact time frames are without looking.
Q. All right.
A. There was one in the emergency room. There was one subsequent to his admission and one later in the morning.
Q. And tell me about the discussion that you had with Doctor Siar which you've already established was around 9 o'clock in the morning of the 6th with particular attention in your answer to what was discussed about the serum sodium at that point for this baby.
A. None that I would recall specifically other than the fact that that's what they were.
Q. And you've already told me a little bit earlier that you discussed this baby with Doctor Sekhar for the first time, I believe, later that day on the 6th; am I right?
A. Probably during the change-over process, yes.
Q. All right, sometime around 5 o'clock in the afternoon?
A. Around that time.
Q. And did you discuss with him at that point the serum sodium levels?
A. I can't be absolutely certain. I'm pretty sure that we did because there were more that were drawn later in the afternoon.
Q. Do you remember being concerned in any respect about the serum sodium?
A. Yes.
Q. I'm sorry, let me finish. Do you remember being concerned about the serum sodium levels that afternoon at around 5 o'clock on December 6th?
A. We were concerned about them because, as I had stated previously, we were concerned about the baby's renal function, kidney function.
Q. And you discussed a concern that you had about the serum sodium with Doctor Sekhar?
A. Concern about the renal function definitely.
Q. I'm trying to understand. You interrupted me

Page 85

and said you were concerned about the serum sodium. You're concerned about everything. I know you're the baby's doctor. I'm asking whether you had a particular concern at any juncture about the serum sodium levels that you discussed with either Doctor Siar or Doctor Sekhar.

A. I don't remember any specific concern about them other than the fact that they appeared to be relatively normal on the 6th and had not -- you know, his BUN had come down somewhat.

Q. Okay, you believe that you discussed the subject of his serum sodium with Doctor Sekhar and Doctor Siar sometime after this baby left the hospital, correct? I think that's what you told me earlier.

A. I think that's probably true.

Q. Tell me what you remember about the conversations and their context.

A. I'm not sure exactly when the conversations occurred or exactly all that was said. Are certainly at some point in time, we were informed that the infant had had low sodiums on arrival or later on in Children's Hospital, and we had discussed with both of them either

Page 86

separately -- I don't think it was together -- what the status of the electrolytes were in the hospital here.

Q. Other than the fact that you learned that there was low sodium when he got to Children's and that you discussed that subject with Doctor Sekhar and Doctor Siar, can you tell me anything else about the substance of your discussions with either one of them on that topic?

A. No.

Q. You learned from what source that the baby was determined to have a low sodium when he arrived at Children's Hospital in Pittsburgh?

A. Probably on a subsequent discussion with Doctor Sekhar.

Q. Why do you say probably?

A. I think that's when it was. That's my impression of when it was.

Q. And what did you learn from him? Give me the gist of what you learned from Doctor Sekhar about this subject.

A. That the sodiums were in the 120 range, 123, I believe, at one point in time.

Q. At one point in time when?

Page 87

A. I don't know when that was. After the baby was transferred.

Q. Were you discussing this subject with Doctor Sekhar in the context of trying to figure out why this baby had such a bad outcome at DuBois?

A. Correct.

Q. And Doctor Sekhar told you that he had a low sodium?

A. Correct.

Q. What else during the course of this conversation when you were commiserating, I guess, about why the baby had such a poor outcome at DuBois did you and Doctor Sekhar discuss?

A. Would you rephrase that question? I don't quite understand it.

Q. Sure. What else did you discuss with Doctor Sekhar on this topic, that is, why the baby had such a poor outcome at DuBois besides low sodium?

A. At this point in time, I can't recall anything specifically. I'm sure there was more discussed, but I can't recall specifically.

Q. Did you ever talk to anybody at Pittsburgh Children's about this baby?

Page 88

A. No.

Q. I know that you arranged for the transfer?

A. Correct.

Q. By calling someone there, right?

A. Yes.

Q. Other than that call, did you speak to anybody at any time and have you to this day about this baby?

A. Not to my knowledge.

Q. Okay, do you know of anybody affiliated with DuBois who spoke to folks at Pittsburgh Children's about this baby at any time since he left here and today?

A. I would presume that when the baby was transferred --

MR. SOSNOWSKI: Do you know?

THE WITNESS: I don't know, no. I don't know.

BY MR. CASEY:

Q. I want you to identify it. I'm not asking you to speculate.

A. I don't want to speculate who, but there to have been someone.

Q. Can you identify any person affiliated with DuBois or by the way with Gateway who spoke to

Page 89

anybody at Pittsburgh Children's about Ayden Shaffer-Doan since the time he was transferred, between that time and today?
A. Well, Doctor Sekhar took care of him for several weeks to months afterwards, so --
MR. SOSNOWSKI: Do you know whether he talked to Children's?
THE WITNESS: I don't know, but it would normally be the case.
BY MR. CASEY:
Q. Okay, you can reasonably infer that he did?
A. I would be surprised if he didn't.
Q. All right, getting back to your consideration of transfer in the early hours of Ayden Shaffer-Doan's arrival at DuBois in the early morning of December 6th, you said that at around 8 or 9 o'clock -- and I'm paraphrasing; correct me if I'm wrong -- that when you believed that his kidney function appeared to be okay, as far as you were concerned, you concluded that you weren't going to transfer this baby. Is that fair?
A. At least not at that time.
Q. Right, okay. Did you at any point on December 6th after that point but nonetheless still on

Page 90

December 6th consider transferring him to Pittsburgh Children's?
A. No.
Q. Did you discuss transfer with Doctor Siar?
A. I think we answered that question previously and said that we didn't specifically discuss it per se. However, I did discuss with him my surprise at the BUN and that indeed he did seem -- his kidney function seemed to be improving. I know that came up in discussion, so in the sense that is bordering on transfer, yes.
Q. That's right. You said it would be implied in the discussion about an unusual finding, right?
A. Right.
Q. What did Doctor Siar say to you?
A. Well, he basically listened to what I had to say. He thought that certainly the infant was very ill. We discussed the possibility at that time of, you know, going back, looking at him again in the afternoon, you know, because we were concerned about perhaps that he might have had infection.
He was a little more ill than the average dehydrated patient with gastroenteritis would appear. We decided to do a lumbar

Page 91

puncture at that time.
Q. When you say we decided, did you make that decision in concert with Doctor Siar?
A. With Doctor Siar, yes.
Q. So the conversation you just told me about and what Doctor Siar said occurred at around 9, 9:30?
A. It could have been 10, somewhere around there.
Q. All right, and did you speak to Doctor Siar again at any point on December 6th about Ayden Shaffer-Doan?
A. If I recall correctly -- and I'm not sure. I believe that the 6th was a Thursday, and normally Doctor Siar is not there in the afternoon of the 6th -- not on Thursday afternoons, so probably not.
Q. Okay, do you recall discussing this patient with Doctor Siar at any time after this 9, 10 o'clock on December 6th conversation?
A. No, because he would have --
Q. Let me finish. And between that time and when he left Ayden Shaffer-Doan left the hospital on December 7th, do you recall any other discussions with Doctor Siar?
A. In the morning at the same time we discussed

Page 92

with Doctor Sekhar. Doctor Siar was also present at that.
Q. What morning?
A. The morning of the 7th.
Q. I see. And this is approximately 11 o'clock in the morning, the conversation where you were at your office two miles away from here with Doctor Sekhar and you were discussing his concern about the deterioration of the patient?
A. Correct.
Q. And am I to assume that Doctor Siar was in the office at that time, and the three of you discussed it; am I right?
A. That is correct.
Q. What do you remember about what Doctor Siar said at that time, if anything, about this patient?
A. I don't recall anything specific.
Q. And not specifics, but do you remember any general impression that you got from him regarding this patient?
A. That he agreed with our approach that we should probably work on getting him transferred out.
Q. And you told me that it was your impression at that time that this was an emergency, correct?

Page 93

A. Yes.
Q. And was it also Doctor -- was it your impression that Doctor Siar and Doctor Sekhar agreed with you at around 11 a.m. that this was an emergency?
A. Yes.
Q. I want to ask you about medical records, and I think the best way to do this, at least my sense of the best way to do this for everybody here is to mark the entire DuBois chart that I have. It's a copy that was provided to me through a records request.
The copy has been produced in discovery by me, and it has a face sheet on it that says DuBois Regional Medical Center ER, 12-5-01, and then IP for inpatient, 12-6-01, 12-7-01.
I've marked the entire copy as Grout 1, and Doctor Grout, just for reference purposes, I'll tell you that I'm going to start with the admission summary. And I'm not going to ask you about every page, but I'm going to ask you about a lot of pages. So maybe we could follow through together. This is for everybody--

Page 94

MR. JOHNSON: Does anybody want to eat?
MR. CASEY: Do you want to take a break now?
MR. JOHNSON: The food is here.
MR. CASEY: That's fine.

(There was a lunch recess in the proceedings from 1:21 to 1:40 p.m.)

BY MR. CASEY:
Q. Doctor Grout, we took a brief lunch break. Are you ready to continue?
A. Yes.
Q. We've already talked about the fact that in the early morning around the 8 to 9 to 10 time frame in the morning of December 6th you decided that you were not going to transfer Ayden Shaffer-Doan after having considered it, correct?
A. Correct.
Q. Did Doctor Siar participate in that decision in any respect? And I'm talking about actually the making of the decision. I'm not asking whether you talked to him about it. I'm asking

Page 95

whether that decision was yours alone or yours together with any other person including Doctor Siar. That's what I'm getting at.
A. I think the fairest way to answer your question is to say I had considered it in my mind, but I personally had not made a decision to transfer him or definitely not to transfer him at all at any point in time here. It seemed less likely to me to be necessary at this time.
To my knowledge, Doctor Siar did not participate in that thought process, so I would say it's mine alone.
Q. So while you discussed the patient with Doctor Siar at around 9:30, 10 o'clock, the clinical decisions that were made at that juncture for this baby were yours alone?
A. That's correct.
Q. And the same can be said for any clinical decisions that were made between the time of admission on December 6th and about 5 p.m. on December 6th? Those decisions were yours, correct?
A. Correct.
Q. And then if I understand your earlier testimony correctly, starting at around 11 a.m. on the

Page 96

7th to the time of transfer, the decisions were yours, correct?
A. Correct.
Q. While you did discuss them with others from about 11 a.m. on the 7th to the time of transfer, you were the attending physician and the physician in charge of this patient, correct?
A. Correct.
Q. And in any event there was no disagreement about your decisions between 11 a.m. on the 7th and the time of discharge from either Doctor Sekhar or Doctor Siar?
A. No, no disagreement.
Q. Did Doctor Sekhar at any time between December 6th, 2001, and today and including the 6th and the 7th of December of 2001 express to you a belief that Ayden Shaffer-Doan should have been transferred out of DuBois prior to the time that he was, in fact, transferred?
A. I do not recall any conversation where he made that direct statement.
Q. Okay, did you get the impression from him at any time that he believed that Ayden Shaffer-Doan should have been transferred

Page 97

earlier?
A. I don't recall any specific conversation to that extent that he made that statement.
Q. All right, candidly the way you're answering that leads a lawyer like me to believe that there may have been something close to it. You said not specifically did he say it that way?
A. I'm trying to be very precise in my answers.
Q. I understand, and I respect your prerogative to do that, and I should do that. I understand that.
A. Maybe I'm misunderstanding your question. I'm getting the idea that you're asking me my impression of what was going on in his mind.
Q. No, I'm not.
A. Then I'm not understanding the question.
Q. Because only he knows that.
A. Correct.
Q. You certainly could get the impression regarding what one of your colleagues believes, particularly a colleague with whom you consulted --
A. Right.
Q. -- about this patient. Do you believe as you sit here today based on any interaction that

Page 98

you had with Doctor Sekhar since the time that Ayden Shaffer-Doan was at DuBois that he, Doctor Sekhar, believes that this baby should have been transferred earlier?
MR. SOSNOWSKI: Was it Sekhar or Siar?
MR. CASEY: Sekhar.
MR. SOSNOWSKI: Sekhar. I ask only because you were talking Doctor Siar a moment ago.
MR. CASEY: I'm talking Doctor Sekhar.
A. No. I'm going to have to restate my understanding of your question.
BY MR. CASEY:
Q. Sure. That was one of the instructions I gave you in the beginning.
A. Right. That's okay.
Q. Sure.
A. I understand that you're asking me if at any time from the 6th -- from the time that this patient was first seen by me until the present that I have had any understanding or any impression. The thought process crossed my mind that Doctor Sekhar thought the patient

Page 99

should have been transferred.
Q. Yeah.
MR. SOSNOWSKI: Sooner than he was.
A. Sooner than he was. I'm puzzled by the question, number one. I'm not exactly sure exactly how to answer it to be honest with you. I've already stated that he has not made that statement to me directly in so many words, so I guess I would have to say no.
BY MR. CASEY:
Q. Did he make --
A. At least not that I can recall.
Q. Did he make any statement that you believed by implication suggested that he thought this baby should have been transferred earlier than he was?
A. Isn't that the same question?
Q. Sir --
A. I'm troubled.
Q. All right, as I understand your answer right now, Doctor Sekhar never said specifically as you've said in so many words that he believed that the baby should have been transferred earlier?
A. That's correct.

Page 100

Q. Have you learned in any manner whatsoever that Doctor Sekhar may believe that this baby should have been transferred earlier than he was?
A. No.
Q. Okay, nothing about your interaction with Doctor Sekhar apprised you of any disagreement between him and you on the subject of whether Ayden Shaffer-Doan should have been transferred earlier than he was?
A. Again, I believe you're asking me to evaluate my ideas of what he was thinking, and I find that difficult to do. I really do. I can only state that, to my knowledge, he did not say those things directly to me. Now, whether he said them to somebody else, I don't know.
Q. So you have no information that you can provide me, none whatsoever, about whether --
A. It would be my impression of his impression.
Q. Let me finish the question. You have no information whatsoever that you can provide me about whether Doctor Sekhar believes that the baby should have been transferred earlier?
A. No.
Q. All right, that's all I want to know. Did he ever question you about why the baby was not

Page 101

transferred prior to the time that he was transferred, that is, Doctor Sekhar?
A. Certainly when the baby deteriorated, he asked me, you know, what had transpired, and there may have been some -- I don't recall any specific statement, but there may have been some thought at that time wondering why the infant was not transferred on the 6th. That would be a normal part of the conversation that would occur between two physicians.
Q. I don't want you to presume that. You're under oath, and I want to know whether there was any questioning to which you were privy from Doctor Sekhar about whether this baby should have been transferred at any time prior to when he was transferred.
A. I think in our conversation, on the morning of the 7th, he did ask what the status of the patient was the day before, and it seemed to him that the baby needed to be transferred.
Q. So Doctor Sekhar, in talking to you on the morning of the 7th at around 11 a.m. upon learning the condition of the baby on December 6th, expressed to you in some fashion that the baby should have been transferred then?

Page 102

MR. SOSNOWSKI: That's not what he said.
MR. CASEY: I'm asking. Mike, really I'm not trying to drag this out. I don't think I have to.
BY MR. CASEY:
Q. I want to learn what you were told and what questions Doctor Sekhar had if there was any disagreement when you guys were talking about this whether that baby should have been in the hospital when you guys were talking about him at 11 a.m. on the 7th. You know what I'm after, and know I want to know about it.
A. I understand that, but I don't recall any specific statement to that effect. That wasn't the burden of the conversation. The burden of the conversation was that the infant seemed to be deteriorating, had deteriorated, that there were concerns with him having seizures that might be too unstable to keep at DuBois Regional Medical Center and what would be the best and most efficient way of getting him transferred.
That was the substance and the basic concern of the conversation. It wasn't a

Page 103

vindictive type of situation.
MR. SOSNOWSKI: He asked you whether Doctor Sekhar had indicated or asked you whether the baby should have been transferred the day before.
A. We had previously described the baby's condition to him.
BY MR. CASEY:
Q. When?
A. Described it in our change-over rounds on the 5th -- 5 o'clock on the 6th, rather.
Q. Right. Now, let's focus on the conversation on the morning of the 7th, December 7th, 2001, around 11 a.m. You're talking to Doctor Sekhar who has had this patient for about 14 hours at that point, correct?
A. Correct.
Q. And he is in your office. You and he are in the same room talking to each other, correct?
A. Correct.
Q. And he says what to you? What's the first mention of the subject of Ayden Shaffer-Doan?
A. Again, this conversation occurred almost four years ago. I recall that he mentioned that the patient was doing worse. He was concerned

Page 104

about his status. He wanted to know what my impression was of him the day before. I can't say anything more than that.
Q. Okay, and in what respect -- well, first of all, had you had any information about this patient that morning prior to 11 a.m.?
A. No. That was my first to hear about the patient.
Q. So after 5 p.m. on the 6th, between that time and 11 a.m. on the 7th, you received no information about Ayden Shaffer-Doan?
A. Correct.
Q. All right, so at 11 a.m., Doctor Sekhar who had had the patient for 14 hours, if I'm assuming correctly, initiated a conversation with you about the fact he believed that Ayden Shaffer-Doan was, quote, getting worse, correct?
A. Yes.
Q. In what respect was he getting worse according to Doctor Sekhar at 11 a.m. on December 7?
A. The episodes that were occurring were definitely looking more like seizures, and he was having them more frequently.
Q. And is that what he said to you, they were

Page 105

looking more like seizures?
A. There were seizures. He ordered phenobarbital for them.
Q. And did you pick up the phone at that point and try to talk to any nurses, or did you continue your conversation with Doctor Sekhar?
A. We continued. I finished the conversation with him, and I called the nurses to find the status of the patient and to get information that would help me to call Children's Hospital.
Q. I'm going to ask you again. During this conversation --
MR. CASEY: And Mike, respectfully, I don't think I got a responsive answer. Perhaps we're talking past one another, and I can ask it again.
BY MR. CASEY:
Q. During this conversation, did Doctor Sekhar question or challenge in any respect whether this patient should have been transferred prior to 5 p.m. on the 6th when he got the patient?
MR. SOSNOWSKI: This may make it easier. You're not asking whether he just asked about the patient's condition from the day before?

Page 106

MR. CASEY: No. He's already told me that as part of this conversation, and we'll continue that with even more context.
BY MR. CASEY:
Q. But in addition to telling you that the baby has gotten worse and that the baby, in his view, had seizures for which he ordered phenobarbital and some imaging studies, he inquired of you what the baby's condition was like on the 6th. And I'm presuming the time period to be before 5 p.m. on the 6th.
Is that correct? Is that what he inquired of you about during this conversation?
A. Correct.
Q. And you told him what?
A. I told him -- I had already previously told him, and I told him again that we were concerned at that point in time as to whether this was a seizure or this was an apneic episode.
There was frequent, short episodes associated with the saturation and bradycardia which could have been seizures and could have been apneic episodes, and they could have been both.

Page 107

We told him, you know, what had transpired before, that he seemed to be better hydrated at the -- during the second visit but that apparently these episodes continued through the night despite the fact that he had been put on caffeine for treatment of apnea.
Q. Okay, and upon telling him, if I'm understanding you correctly, you told him the second time repeating what you told him at 5 p.m. the day before, did he challenge in any respect or question in any respect whether this baby should have been transferred prior to his getting the patient on December 6th, 2001?
A. I don't recall that specifically, no, he stated that the baby should have been transferred.
Q. Sir, I have to apologize. I know that you keep telling me that you don't recall that he stated those words.
A. That's correct, I don't.
Q. Did you gather or understand any disagreement at all from Doctor Sekhar when you were talking to him on 11 a.m. on December 7 regarding whether or not that baby should have been transferred prior to Doctor Sekhar's getting the baby at 5 p.m. on December 6?

Page 108

A. I don't recall that, no.
Q. So if I had asked you at 11:15 on December 7th, Doctor Grout, what does Doctor Sekhar think about whether this baby should have been transferred yesterday, what would you have told me?
MR. SOSNOWSKI: Now, wait a minute. He just said he doesn't remember any discussion along those lines. How can he now --
MR. CASEY: Mike, I understand an earlier answer, and again, it was a phrase as part of an answer, so I may have misunderstood that he said that he believed that Doctor Sekhar challenged whether the baby should have been transferred.
That's why I'm continuing down this line, if he tells me. And it's clear that this witness is parsing words and being very careful.
BY MR. CASEY:
Q. I just want to know the full scope of whether there was any disagreement between you and he, between you and him, Doctor Sekhar, during this day, December 7, regarding whether that baby belonged in the hospital or whether he should

Page 109

have been transferred earlier.
And I'm suggesting that he would have challenged whether the baby belonged in the hospital after the time that he got the baby at 5 p.m. on December 6. Was there any type of disagreement between the two of you on that subject during the day of December 7?
MR. SOSNOWSKI: I think his last answer was he didn't remember anything like that. That's his answer.
BY MR. CASEY:
Q. Do you remember any disagreement whatsoever, disagreement?
MR. CASEY: He said he doesn't remember any words like that, Mike.
BY MR. CASEY:
Q. Do you remember any disagreement whatsoever? People can disagree in the way they shrug their shoulders or the way they don't communicate. I want to know whether you believed on that day that there was any disagreement between you and Doctor Sekhar.
A. I don't recall any basis for any disagreement.
Q. Is there anything else that you and he discussed during this conversation at 11 a.m.

Page 110

on December 7th other than what you have told me? And if you want, we can go through the list just so we're clear.
A. Okay.
Q. All right, I'll do that. He came to you at 11 a.m. to tell you that he believed the baby had gotten worse, correct?
A. Actually, as I recall the conversation, he was discussing the patient with Doctor Siar, and I came upon the conversation and as it was in progress basically, and that's when we decided that the baby should be transferred and that who would do what because of the duties that were assigned for the day, who would have the ability to do the transfer and take the time to do that type of thing.
Q. So the decision regarding who was going to, as I said earlier, quarterback this transfer was made based upon what everybody's schedule was, that is, you, Doctor Siar, and Doctor Sekhar, that day?
A. Correct.
Q. It had nothing to do --
A. And he could with the knowledge of the case do it.

Page 111

Q. Did Doctor Sekhar ask you to take control of the patient?
A. Yes.
Q. Did he tell you that he didn't want to be involved with the transfer because this was your patient?
A. Yes.
Q. Did he express concern to you about being involved in the transfer of this patient given what had happened and given that this was your patient and he was simply covering?
A. Yes.
Q. I want you to tell me all about that.
A. He wanted to -- he felt that I knew the most about the patient's care, and he felt that it would be easiest for me to do that transfer.
Q. Was he upset?
A. Well, I think we probably were both upset about the patient's situation, yes.
Q. Was Doctor Sekhar, to your reckoning, upset about being put in the position in which he found himself, at least as far as your impression was concerned?
A. Perhaps. I don't know.
Q. You had no impression?

Page 112

A. He could have been.
Q. Sir --
MR. SOSNOWSKI: Do you know? Do you have an impression?
THE WITNESS: I don't know. My impression, he might have been.
BY MR. CASEY:
Q. Based on what?
A. I mean, based on the fact that you know the patient was deteriorating, was getting worse. No one likes to see that happen.
Q. Sir, I think you know what I'm asking, respectfully. I'll asking you whether --
A. I do, but I don't think I can tell you something that I don't think is true. I don't know.
Q. I don't. I don't want you to tell me anything that's not true. I want to know whether there was any -- and let me suggest something to you, and I'm not saying that he said these exact words: Doctor Grout, I'm washing my hands of this problem because I didn't realize how bad this baby was, and he shouldn't have been here in the first place. He should have been transferred yesterday. So you take control of

Page 113

this transfer and do it yourself.
Was there anything like that?
A. I don't recall anything like that.
MR. SOSNOWSKI: I object to the form of the question.
A. No, definitely not.
BY MR. CASEY:
Q. Anything close to that?
A. No.
Q. The spirit of what I just said, that is, Doctor Sekhar saying to you, you know: I should not have been put in this position and this is your patient and he should have been transferred already so you go ahead and do the transfer, nothing like that?
MR. SOSNOWSKI: I'll object to the form of the question.
BY MR. CASEY:
Q. Anything like that?
A. No.
Q. Do you believe you told me everything about this subject and this conversation?
A. Yes.
Q. Did you say to Doctor Sekhar during this conversation on December 7th at 11 a.m. that

Page 114

you regretted not transferring the patient earlier?
A. I made that statement then -- I may have made the statement then. I make it now. I do regret not transferring the patient when we had the BUN of 60.
If it would have taken one little increment more, it would have fired the synapse to do it. It was simply I didn't feel I had enough reason at that point. But I was concerned about the patient's status from the very beginning, and I think I expressed that concern to everyone along the way, both nursing staff, my colleagues, all the way through the situation.
Q. My question was, during this conversation with Doctor Sekhar and in Doctor Siar's presence --
A. I don't know if he was still present at that point.
Q. All right, in the conversation with Doctor Sekhar, did you say anything like: I made a mistake; I should have transferred him earlier?
MR. SOSNOWSKI: Well, that's potentially two questions.
He's asking if you ever said during

Page 115

that time you made a mistake or that you should have --
BY MR. CASEY:
Q. Let me rephrase it. Did you say anything to Doctor Sekhar at that point intimating that you believed that you were mistaken in not transferring the patient on December 6th?
A. I don't recall any substance of anything like that. I do recall being -- I recall the emotional experience of feeling regret that we had not done that, and I still feel that.
Again, we didn't have enough information to force us to do that, and certainly when the baby becomes worse, we naturally wish that we would have made a different decision. Whether I would refer to that as a mistake, I don't think so, because I didn't, you know, have the information the day before. It came after.
But we were hoping that the episodes that we considered to be apnea would be controlled. This is not an unusual episode for a sick neonate to have, episodes of apnea from a variety of different causes.
Q. And the constellation of symptoms that you were

Page 116

aware that this baby suffered -- you read the Complaint, and you read the records -- you believe that the constellation of symptoms that the baby had from the time he got to the hospital around midnight on December 6th to the early morning hours of December 7th when Doctor Sekhar ordered the tests, the imaging studies that he ordered, you believe those constellation of symptoms were not unusual?
A. No, I didn't -- I do believe they are unusual, but they do -- they occur with some frequency. And the things that were unusual about them were the high serum, the high BUN, the associated -- we don't see a lot of dehydrated babies like that in this age group. Fortunately, we don't, but those two things are unusual.
Q. Another reason you should have considered transferring him earlier, because you don't see dehydrated babies in that age group, correct?
A. You don't see them a lot, no.
Q. That is one reason you should have considered transferring him when you got the call, correct?
A. When I got the call when?

Page 117

Q. Doctor Palmer, early morning hours of December 6, because you don't typically see babies of that age group who are dehydrated, that is another reason that you should have considered transferring him, correct?
MR. SOSNOWSKI: What, the implication being –
MR. CASEY: I'm just asking him.
BY MR. CASEY:
Q. Do you believe you should have also considered transferring him because you don't deal with babies who are dehydrated in that age group?
A. Well, we do.
Q. I'm not talking about we, sir. I'm talking about you.
A. I do and the intensive care nursery do deal with them, and we have dealt with them in the past. Certainly it is problematic, and we definitely considered it. But we don't – it isn't the policy to transfer every infant who has dehydration in that age group, no.
Q. Is it the policy to transfer a patient who is having seizures?
A. Uncontrolled seizures, yes.
Q. Seizures that cannot be stopped with the

Page 118

administration of medication for those seizures?
A. Correct.
Q. Are there policies in place that govern when a patient should be given anticonvulsants, and were there in December of 2001?
A. Yes.
MR. SOSNOWSKI: Hospital policies?
MR. CASEY: Of course, yes. Yes, that's my question.
A. Yes, there are hospital policies for administering anticonvulsants for a seizure.
BY MR. CASEY:
Q. And they're written down?
A. I don't recall seeing them, but I'm sure there must be some.
MR. SOSNOWSKI: Do you know if there are any written down?
THE WITNESS: I don't know of any.
BY MR. CASEY:
Q. Can you tell me, sir, whether there are any policies in place governing when a baby, a neonate, should be given anticonvulsants in December of 2001?
A. No.

Page 119

Q. You don't know?
A. (Witness shakes head from side to side.)
Q. Am I correct?
A. That's correct.
Q. When you said earlier that there was no policy in place that required the transfer of a neonate who has dehydration, to what policy were you referring?
Is it a set of pediatric policies in which you would not find something that says, if a baby is dehydrated, you transfer him? That's what I'm getting at. What policies were you referring to when you told me that?
A. That there were no policies.
Q. Were there any pediatric policies and procedures, clinical policies and procedures?
MR. SOSNOWSKI: In December of 2001?
MR. CASEY: Yes.
A. December of 2001, we had policies in the intensive care nursery, but I don't recall seeing them on the pediatric floor, no.
BY MR. CASEY:
Q. Okay, so how long have you been at the hospital?
A. I've been here now for five years, but at that

Page 120

time, I had been here about eighteen months.
Q. Okay, you've been here for five years. Between the time you arrived and today, have you ever seen clinical policies and procedures that apply to the pediatric floor?
A. I've not read them, no.
Q. Do any exist?
A. I don't – I'm not sure.
Q. You don't know?
A. I don't know.
Q. To what policies were you referring when you said that there's no policy requiring transfer for a baby that's dehydrated?
A. There is no policies to my knowledge that there are any – to my knowledge, there is no such policies, I'm saying.
Q. So there are no such policies – there are no policies whatsoever, either now or back then, applying to when a pediatric patient should be transferred?
A. To my understanding –
MR. SOSNOWSKI: No. The question was about dehydrated.
MR. CASEY: No. I already asked him that question. He said there are no policies.

Page 121

BY MR. CASEY:
Q. To what policies were you referring? You said there are no policies. So there are no policies, pediatric policies, governing when a patient should be transferred. There are no such policies either now or back then?
A. I believe it's left to the judgment of the physician. I don't remember ever being given a book of policies to read at all, period, ever.
Q. Did you ever ask for any?
A. No.
Q. Did you ever discuss it with any of the hospital personnel, for example, when should I keep a baby here as opposed to transferring a baby out? Tell me. Tell me, Doctor Grout. When I should keep a baby here and when I should transfer a baby out, did you ever ask anybody?
A. I've discussed patients with Doctor Siar, yes, and the understanding is that certainly we don't do intensive care. We don't take care of intubated infants on the pediatric floor. If we have a concern about someone and specialists are not available at our hospital, those would be three of the very important reasons why the

Page 122

patient would be transferred.
Q. If this baby needed to see a neurologist, a pediatric neurologist, you must transfer him out, correct?
A. That's correct.
Q. So if a pediatric neurology consult is indicated, the patient must be transferred immediately, correct?
A. That's correct.
Q. And your view was that this baby did not need a pediatric neurologist until the time that he was actually transferred? Am I right, or am I wrong?
A. Yes, that's correct.
Q. And you've read the records?
A Correct.
Q. So during the overnight hours from December -- the overnight hours of December 7th when the baby had one pupil bigger than the other, he didn't need to see a pediatric neurologist then?
MR. SOSNOWSKI: He wasn't involved with the baby during that time.
MR. CASEY: Excuse me, I asked a question, and he answered it definitively that

Page 123

this baby didn't need a pediatric neurologist. I'll establish the context later one if you want me to, Mike, but he said he reviewed the records. He said this baby didn't need a pediatric neurologist until the time that he was transferred.
I'm going to explore that, and I think I'm entitled to. You can object to the form. Excuse me, I'll let you state an objection on the record, but I think I'm entitled to explore it for discovery purposes if for nothing else.
A. Then I should be entitled also to --
MR. SOSNOWSKI: Don't. There's no question pending.
MR. CASEY: There is a question pending.
MR. SOSNOWSKI: Would you read back the question, please?
- - - -
(The record was read back by the Reporter.)
- - - -
MR. SOSNOWSKI: I'm going to object to the form of that question because its foundation is based upon -- if there is a

Page 124

foundation, it's based upon the doctor's review of records that he was not involved with as the attending physician at that time subsequent to the events in question and, as such, would constitute a retrospective opinion, and he's not going to be giving any retrospective opinions in this case. So I'm going to direct him not to answer.
BY MR. CASEY:
Q. All right, when you discussed the baby with Doctor Sekhar at 11 a.m., did he tell you what had transpired during the overnight hours?
A. Yes.
Q. Did he tell you that there was one pupil bigger than the other?
A. Yes.
Q. Did he tell you that the baby had seizures during the overnight hours?
A. Yes.
Q. Did you make any attempt to get a pediatric neurologist to see the baby?
A. That's the reason we transferred the baby.
Q. Did you call one?
A. We called the transport --
Q. Excuse me, did you call a pediatric

Page 125

neurologist?
A. No.
Q. You didn't even come to the hospital, correct?
A. He made rounds on the patient and --
MR. SOSNOWSKI: Did you come to the hospital?
THE WITNESS: On Friday, no, I did not.
BY MR. CASEY:
Q. You have the capacity, sir, to pick up the phone in your office and call a pediatric neurologist, correct?
A. Correct.
Q. You can do that, right?
A. Yes.
Q. You could have done that the day before, correct?
A. Correct.
Q. And you didn't do it, correct?
A. Right.
Q. You didn't call anybody to see if these apneic versus seizure episodes were, in fact, seizures, correct? You called nobody?
A. Wrong.
Q. Tell me who you called.

Page 126

A. I spoke with my employer. I spoke with Doctor Siar.
Q. Is he a pediatric neurologist?
A. He is a neonatologist, the same as I am.
Q. Could you have picked up the phone on the afternoon of December 6th and called a pediatric neurologist?
A. I could have, yes.
Q. Could you have ordered radiographs to see what was going on in his brain? Could you have done that?
A. Yes.
Q. Did you think about doing that?
A. No.
Q. You didn't even consider it?
A. No.
Q. Did you think about getting an EEG?
A. I did not order one.
Q. Did you call a pediatric neurologist to see if you should get an EEG?
A. No.
Q. Did you consult a textbook?
A. No.
Q. Did you call a pediatric neurologist to see if you should administer some type of medication

Page 127

to treat seizures as a prophylaxis?
A. No.
Q. How high did the BUN have to go -- and you told me it was just a little bit more before you were going to transfer this baby. Tell me specifically how high it had to go before you would have transferred him.
A. I don't have any specific.
Q. Just a little bit more?
A. Ah-huh. We wanted to see if it would come down.
Q. I see. But sir, you told me already that, if the BUN went up a little bit more, you would have transferred the baby. The synapsis would have triggered, correct?
A. Right.
Q. You told me that, correct?
A. If we had some evidence that there was no renal failure, yes, it would have.
Q. Am I to understand the policy of DuBois Regional Medical Center -- you told me earlier that there is a policy, I guess, which is to rely on the judgment of the doctors. Is that the policy?
MR. JOHNSON: I'll object to the form

Page 128

of the question.
MR. SOSNOWSKI: I'll object to the form as well.
BY MR. CASEY:
Q. Let me restate it. Is the policy regarding transfer, to the extent you understood it in December of 2001, to rely on the judgment of the neonatologist?
A. On the physician, yes.
Q. So it's all right if you have a baby at 18 days of age who may be experiencing seizures but also may be experiencing apnea and may be experiencing both not to be transferred?
Am I understanding you correctly? Is it all right to do that?
A. You would have to decide what you felt the reasons for these entities were, and you would want to know. Certainly it was indicated to speak to your colleagues about it, and that's what I did.
Q. It was indicated under these circumstances to speak to your colleagues about the questions that you had, correct?
A. Correct.
Q. And you spoke to Doctor Siar?

Page 129

A. Correct.
Q. Once, correct?
A. Correct.
Q. On the morning of the 6th at around 9 or 10 o'clock, correct?
A. Correct.
Q. And the baby experienced, quote, episodes, unquote – I'm using your terms now; episodes for the remainder of the day and into the 7th, correct?
A. Correct.
Q. And did you discuss the subject of the continuing episodes with any person between the morning of the 6th and 5 p.m. on the 6th?
A. No.
Q. And it was indicated to do that. You didn't do it, correct?
MR. SOSNOWSKI: I'll object to the form of that question because it assumes that there's some unspecified ongoing obligation. He spoke with Doctor Siar in the morning.
BY MR. CASEY:
Q. And the episodes continued, correct?
A. They did. Actually they – they weren't as frequent as they were later on.

Page 130

Q. Sir, my question is, did the episodes continue?
A. You'd have to look at the record to see what the time frame was between 10 o'clock and 5 o'clock.
Q. Okay, did you perform a neuro-exam of the baby on the morning of the 6th?
A. Correct.
Q. You did?
A. Yes.
Q. And it's documented in the records?
A. I mentioned in my physical that he tended to drift off to sleep, and unless he was stimulated, he was not arousable.
Q. Was that the extent of your neurological exam?
A. The extent of the recording of it, yes.
Q. Sir, if you had conducted according to what you're required to do as a neonatologist, if you conduct a neurological examination on an 18-day-old baby who may be having seizures, you record the entirety of the neurological exam if you're doing your job correctly; am I right?
MR. SOSNOWSKI: Object to the form of the question. Don't answer it.
BY MR. CASEY:
Q. Are you required to record the full scope of

Page 131

the neurological exam if – I'll withdraw it.
Are you required to record the full scope of your neurological exam so that subsequent treaters can see how the baby did in the neuro-exam?
A. You're required to record significant findings. You're not required to record all normal events – or normal observations.
Q. You're telling me that, despite the fact that there's no record of a neuro-exam, that you nonetheless performed one on that morning?
A. As part of my physical examination, I would have evaluated the infant's status. As we stated, there seems to be a statement made about his state of consciousness. Normally, we also assess their reflex activity. That, I did unfortunately not record.
Q. You didn't do it, did you?
A. No.
MR. SOSNOWSKI: He's saying he didn't record.
BY MR. CASEY:
Q. I'm asking you, sir, if you would have done it with this kind of baby, the baby you were thinking about transferring hours earlier, if

Page 132

you would have done a neuro-exam, you would have recorded it. Is that not a fair assessment?
A. I did not record it. The fact that it was not recorded does not necessarily mean that it was not done.
Q. Did you do a funduscopic exam?
A. I was not able to see him funduscopically, no.
Q. I'm sorry?
A. I could not see funduscopically.
Q. Did you attempt to do a funduscopic exam?
A. At this point, I cannot recall.
Q. Is it recorded anywhere in the chart?
A. I don't think so.
Q. Do you nonetheless believe you did attempt to do –
A. I do not –
Q. Excuse me, let me finish my question. Do you nonetheless believe you attempted to do a funduscopic exam?
A. I don't know. I don't believe so other than to look at the pupils.
Q. Do you believe – so am I understanding you correctly that you did not do a funduscopic exam?

Page 133

A. It's very difficult to do that in an infant.
Q. Did you attempt to do one?
A. At this point, I can't tell you I did. I don't remember.
Q. Should you have done one? Was one indicated?
A. Yes.
Q. Why is one indicated? Why is one indicated?
A. To see if the pupils are equal.
Q. That's part of the neuro-exam if it's done fully, correct?
A. Right.
Q. Did you do a blood glucose screening?
A. There were blood glucose determinations on the chart, yes.
Q. Why didn't you order any films, any radiographs, MRI, ultrasound, anything of the kind of the baby's brain at that time?
A. On the 6th?
Q. Yes, the morning of the 6th.
A. Because we thought the infant had apneic episodes.
Q. Wasn't it incumbent upon you to make sure that these episodes did not represent seizures and accordingly order films?
MR. SOSNOWSKI: I'll object to the

Page 134

form and direct him not to answer.
BY MR. CASEY:
Q. Okay, you believed at this time that the baby might be having seizures, correct?
A. Correct.
Q. Tell me why you didn't order any films.
A. Because we felt that they were probably apneic episodes, and it is not the usual thing to order all kinds of neuroimaging on every patient that comes in with apnea.
Q. You said you didn't know whether it was apneic or whether they were seizures, correct?
A. We didn't know -- we didn't know. But there's no way to know for sure, no. It was my impression after seeing the end of one that it was an apneic episode.
Q. When you looked back at the records and saw the nurses' notes, did you think to yourself at that time, if they had told me that, I would have ordered films, neuroimaging?
MR. SOSNOWSKI: I'll object to the form of the question and direct him not to answer.
MR. CASEY: Mike, I'm asking him what he thought about when he looked at the chart.

Page 135

It's perfectly discoverable.
MR. SOSNOWSKI: It's still subsequent to the events in question.
MR. CASEY: Because he's giving me the reasons he didn't do something, and he learned information later. That proves that his assumption was contrary to fact, and I'm entitled to ask him what he thought when he learned that information.
I'm just entitled to ask him what he thought in his own mind when he learned that there were things that were discordant with what he was told, what did he think.
MR. SOSNOWSKI: Go ahead and answer to the extent you're able.
A. When I learned that the description sounded more like seizures than what I was led to believe, I wished that I had ordered those tests.
BY MR. CASEY:
Q. Neuroimaging at 8 o'clock a.m. on December 6th, 2001?
A. Ah-huh.
Q. Yes?
A. Yes.

Page 136

Q. Did you take any steps from 8 a.m. on December 6th, 2001, to make sure that the baby was observed closely?
A. He was placed in a room that was very close to the nurses' station. They were aware of his situation and were also concerned about him.
Q. Okay, but were there other babies in that room close to the nurses' station?
A. No. It was a single bed, single-patient rooms.
Q. How far away from the nurses' station?
A. Not much further than we are right now. It would be a little further.
Q. And you took steps to make sure that the baby was there?
A. He was already there. That's where he was placed initially.
Q. My question was, did you take any steps at 8 a.m. when you got to the hospital and you had the apneic versus seizures differential, did you take any steps to make sure that that baby was observed closely for the remainder of that day?
A. I felt that he was being adequately observed.
Q. So the answer to the question is, I assume, no?
A. No.

Page 137

Q. The answer is no, you took no steps, correct?
A. Correct.
Q. Did you provide any respiratory support or oxygen support for the baby during that day, December 6? And when I say did you provide those things, did you take any steps to make sure such things were done.
A. The infant was placed on a saturation monitor on admission, and oxygen can be routinely administered very quickly. So the answer to your question would be there was no further steps taken.
Q. Okay, did you at any point on the 6th, either starting from the time that you got the call from Doctor Palmer to 5 p.m. that day, make any determination as to what types -- what kind of seizures the baby was having if, in fact, they were seizures?
Do you understand my question?
Seizures can be qualified and put into a category, correct?
A. Correct.
Q. Given that you were suspecting that they may be seizures, did you in your own mind classify them in any way?

Page 138

A. Other than to discuss the description with the nursing staff and determine that it didn't seem that he was actually having grand mal seizures, we would have thought that they were seizure fragments or short seizure bursts. Other than that, no.
Q. Okay, but you know, what are the classifications of seizures for a neonate like this?
A. You can have grand mal seizures where all your extremities are involved. Of course, they can be quite lengthy in duration, several minutes.
There could be short seizures. The classical differentiations is grand gal versus petite mal. That isn't so much known, but there are seizures often in neonates that can be shorter in duration and can be --
Q. Subclinical, correct?
A. Subclinical, yes, they can be, involving almost any repetitive movement of any sort.
Q. One of the reasons that, when seizures are suspected, if you have the capability, you put the baby on a continuous EEG monitor, correct?
A. It's quite often used, yes.
Q. Because with neonates, it's not as easy to

Page 139

discern them as it may be in an adult, correct?
A. That's correct.
Q. And by the way, do you have any plans to testify as an expert in your own defense?
MR. SOSNOWSKI: No.
MR. CASEY: And if he does, you will notify me so that I can --
MR. SOSNOWSKI: Absolutely.
MR. CASEY: Thank you.
BY MR. CASEY:
Q. Have you ever had a continuous EEG monitor available here at DuBois?
A. I've never had a continuous EEG monitoring available at any institution outside of the institution where I served my neonatal -- one of my neonatal fellowship years in the University of Southern California, Los Angeles. They did have that available, but that was the only place I've ever seen it to be utilized.
Q. Don't you think that, because there was no continuous EEG monitor, that if a baby is suspected of having seizures, the baby should be transferred out of DuBois immediately?
A. I'm not sure that we could transfer all of those infants out. I don't know that there

Page 140

would be bed space for them always available. Certainly we have cared for infants in the past without this new modality, and initially, we would attempt to try to control the seizures.
Q. With phenobarbital?
A. With phenobarbital or other anticonvulsants.
Q. Like what?
A. Donatin is another one. Ativan is another one.
Q. And you, yourself, have done that?
A. Yes. It's quite commonly done in the intensive care nursery.
Q. Do you think, given that you don't have the capacity to continuously monitor by EEG, that you should at least inquire with another facility regarding whether they can take a baby who's suspected of having seizures?
A. If the seizures are not controlled.
Q. You mean if they don't stop?
A. If they don't stop, yes, at some point, yes.
Q. How long do you think a baby can go with untreated seizures?
A. Even with treated seizures, the outcome is not known always.
Q. My question is untreated seizures.
A. We would not like them to go at any length of

Page 141

time with something that was absolutely certain was a seizure.
Q. Not even more than 30 minutes, correct?
A. Not even more than 15 minutes. If you know that the baby is having an overt seizure, you would certainty want to treat them.
Q. But if there are seizure-like episodes that don't resolve and that continue beyond 30 minutes, then steps should be taken to at least inquire about whether that baby should be transferred, correct?
A. Certainly one would need to or should discuss the patient with colleagues, especially colleagues that are more experienced in working in the environment that we're in.
Q. Colleagues like other neonatologists?
A. Whoever is available to us.
Q. If a baby is having seizure-like episodes, even short ones that don't stop, for more than 30 minutes, meaning a seizure in a few seconds, goes away, and comes back for a few more seconds, if that continues for even more than 30 minutes, you must treat the seizure with medication, correct?
MR. SOSNOWSKI: I'm going to object

Page 142

to the question and direct him not to answer because I think you're now asking him to testify as an expert. He may be qualifiable, but he is, as we've indicated, not going to testify.
BY MR. CASEY:
Q. I'll ask you specifically about your thinking with this baby in a second, and with that, it took us a while to get there, I'm sorry.
MR. SOSNOWSKI: Page 1?
MR. CASEY: Yes.
BY MR. CASEY:
Q. I'm referring now to Grout 1, and while this copy is not paginated, I'll do my best to refer to the record in a specific way so that whoever is reading this deposition later and my colleagues here will be able to easily reference the page when looking at the exhibits.
In fact, what I think I may do with everybody's okay tomorrow, go through; whatever pages I don't refer to, I'll just put a line through it so we can get to the actual pages more quickly. We can talk about it, whatever is the best way to do it.

Page 143

MR. SOSNOWSKI: Just for the record, I understand, does your Grout 1 have the emergency room records included?
MR. CASEY: Yes, as they were produced.
MR. SOSNOWSKI: They were separated the way they were produced?
MR. CASEY: They were produced separately to you, and they were also produced as one set.
MR. SOSNOWSKI: Oh.
MR. CASEY: And I, of course, received them from the hospital. But yeah, the first few pages of this set that's titled DuBois Regional Medical Center ER 12-5-01 and IP 12-6-01, dash, to 12-7-01 includes the ER record first, because I think the paralegal was trying to tell me and everyone else that was on the front.
MR. SOSNOWSKI: Ours doesn't have any.
MR. CASEY: I'm sorry, right here.
MR. SOSNOWSKI: Off the record for a second.

Page 144

(There was a discussion off the record.)

MR. SOSNOWSKI: I think we've established that Grout 1 does not contain the December 5, 6 emergency room records. That was produced separately.
MR. CASEY: Correct.
BY MR. CASEY:
Q. The first page which is the admissions summary, Doctor Grout, I don't see a signature on this page, but as the attending physician, is this a form that you would be responsible for filling out for this patient?
A. I'm not sure why there's no signature there.
Q. Okay, and this is at the bottom where it says admission summary sheet, and it says: I certify that the narrative descriptions of the principal and secondary diagnoses and the major procedures performed are accurate and complete to the best of my knowledge.
That's where you would sign, correct?
A. Ah-huh.
Q. Yes?
A. Yes.
Q. And there's no signature there, correct?

Page 145

A. Correct.
Q. Do you remember reviewing the records and coming to the conclusion that you didn't want to certify them because of some discrepancy or anything? Do you remember anything that would explain why there's no signature there?
A. I don't remember anything. I don't know why there's no signature there. I don't remember any reason.
Q. Whose handwriting is it on this page? Do you recognize?
A. It's printing, and I would have no idea.
Q. For attending physician, Siar, comma, W.J. is crossed out, and your name is printed in, correct?
A. That's correct.
Q. Is anything on this page given that you didn't sign it -- I want you to just review it. Is anything on this page something that you would have changed in any respect before certifying that it was accurate and complete to the best of your knowledge?
A. With the information at hand, no, it's not complete, but it's not -- there's nothing wrong with the substance of what's written there.

Page 146

Q. Okay, but before signing something like this, you would review all the records, right?
A. Ah-huh.
Q. Yes?
A. Yes.
Q. And what would you have included here if you had signed it and checked it?
A. Dehydration, gastroenteritis, apneic episodes, seizures, shock, a variety of things.
Q. What would be the principal diagnosis?
A. It depends upon what you mean by principal. If you mean the reason for admission, it would be gastroenteritis and dehydration.
Q. Sir, excuse me. I don't mean to interrupt you, but I'm looking right at this page which is something that you fill out. It says principal diagnosis, and then it defines it. It says: The condition established, comma, after study, comma, to be chiefly responsible for causing the admission to the hospital for care.
A. Right. Probably the principal diagnosis would be gastroenteritis and dehydration.
Q. All right, and then secondary diagnosis which is defined as all conditions that coexist at the time of admission or develop subsequently

Page 147

which affect the treatment received and/or the length of stay. What would you have put for secondary diagnosis?
A. Can you repeat what we just read into the record?
MR. SOSNOWSKI: It says it right there.
A. We gave a list previously.
MR. SOSNOWSKI: Can you see it? The question was what you would put for secondary diagnosis.
A. Right. And we had previously given a list of these just a few seconds ago.
BY MR. CASEY:
Q. So just above -- and that's fine. We can incorporate your answer to the question earlier. Well, I think we should try to do it again, okay?
You were the attending physician. You didn't sign this verification, so I think, you know -- I'm interested in knowing what you as the attending physician would have affirmed here upon discharge as the conditions that coexisted at the time of admission or developed subsequently which affected the treatment

Page 148

received and/or the length of stay.
What would you have included in that list, sir?
A. As we stated previously, what is listed here, cerebral hemorrhage in the subarachnoid space, apneic episodes, seizures, suspected sepsis, shock, and we've previously said the principal was gastroenteritis and dehydration.
Q. How about bradycardia?
A. Bradycardia, apnea and bradycardia, both, bradycardia.
Q. Did you look at the CT that was done at around 11 o'clock? You got the results back a little after 11 o'clock on December 7th of the brain. Did you actually look at the film?
A. Later, not at the time, because it wasn't available to us at the time.
Q. Later when? That day?
A. Probably in the week following or so.
Q. And in any event, it would have been before you reviewed these records and affirmed that everything on this first page was correct?
A. Correct.
Q. When you read the study, did you see evidence of hemorrhage?

Page 149

MR. SOSNOWSKI: Are you asking if he read the film itself as opposed to the report?
MR. CASEY: Yeah.
A. I read the report. I looked at the film, yes, but I don't read films.
BY MR. CASEY:
Q. I know you're not a radiologist, but you have the occasion to read films as a neonatologist, correct?
A. Correct.
Q. Looking at the film and reading the report, did you believe that the report accurately reported the correct interpretation of that film?
A. Yes.
Q. Under principal procedure, it says: That procedure most related to the principal diagnosis. That's how it's defined. What would you have included?
A. We have included here lumbar puncture.
Q. Would you have included anything else if you had affirmed these records?
A. Any other procedure?
Q. Yes.
A. If I'm understanding your use of the word procedure correctly, I would say there's

Page 150

nothing else.
Q. I'm asking you about this form.
A. Yes.
Q. It says principal procedure.
A. Right, exactly. That's why I'm saying, if I understand your use of the word procedure, the procedure that was done on the patient was a lumbar puncture.
Q. Do you understand what this form is asking?
A. Yes. It's asking if there is any other procedures that were done in addition to that.
Q. That's what I'm asking you. I'm asking you how you would have filled out this form.
A. Probably the same way with the lumbar puncture. And the procedure that was done for the principal diagnosis of dehydration was the administration of IV fluids, but that's not a procedure as such in this particular box.
Q. All right, the next page is your history and physical exam, right?
A. Correct.
Q. And at the bottom, the lower left-hand corner, you dictated this on 12-6-2001 at 8:29 a.m., and it was transcribed 20 minutes later at 8:49 a.m.; am I right?

Page 151

A. That's what it says.
Q. Whose initials appear there after your initials, R.G., slash, J.M.S. Who is J.M.S.?
A. I have no the foggiest idea. That would be the transcription in any event.
Q. Okay, don't tell the transcriptionist. Job, slash, tape ID, can you tell me what that is?
A. That's a job number that's given to the -- when she receives the dictation. She gives it a number so she can retrieve it.
Q. And then it was transcribed 20 minutes after you dictated it. When do you expect that you signed it?
A. We don't -- at that time, we did not normally record that. So I don't know for sure exactly when I signed it. I might have signed it when I came back that day, or it might have been at some subsequent time.
Q. According to your custom and practice -- it was right after you arrived here, a couple months after you arrived her, several months -- what was your practice? When do you expect that you would have signed it?
A. When we saw it the next time.
Q. Which would be when?

Page 152

A. It could have been on the chart, and they're available for me to sign it when we did the lumbar puncture. It could have been after the patient was discharged, and we signed the charts in medical records. I'm not sure when.
Q. The information at the top, the summary information, I presume, would be what you gathered from Doctor Palmer by phone and then what you, yourself, observed when you examined the baby at around 8 a.m.?
A. That's correct.
Q. Okay, and you mentioned: Dehydration secondary to poor intake and some diarrhea which the patient has had for about two days, period. Then you add, quote: The admitting BUN was 62. Creatinine was 0.8. Glucose was 69. Sodium was 138. Potassium was 6.2. The repeat potassium was 5.4, and repeat sodium was 141. CO2 initially was 17, and repeat was 19. The patient was born 17 days previously here in DuBois, comma, was discharged 24 hours of age from the maternity unit, period. He had his first appointment on Tuesday at which time he weighed 7 pounds, 11 ounces, was 7 pounds, 7 ounces at birth, and on

Page 153

admission here was 7 pounds 4.8 ounces, period.
The rest, I won't read, but you talk about the condition of Ayden Shaffer-Doan's siblings and other people with whom he lives, correct?
A. Correct.
Q. There's no mention anywhere here of what you told me already was a concern that you had about possible seizures, correct?
A. That's correct.
Q. Just something you didn't note, correct?
A. I did not note that.
Q. Potentially catastrophic and not noted in your history and physical exam, correct?
A. That's correct.
Q. And you would take issue with my suggesting that you weren't even thinking about the possibly of seizures at 8:29 a.m. on the 6th because you don't mention it here? You would take issue with my suggesting that, correct?
A. That's correct.
Q. In any event, Doctor Palmer, did he ever tell you that there was any question of seizures when he --
A. Not to my knowledge.

Page 154

Q. When he called you during the overnight hours?
A. Not to my knowledge.
Q. If he had, it's something you would have put in your note?
A. Probably and probably would have combined with the other.
MR. SOSNOWSKI: Was that something you would put in your note?
THE WITNESS: If I would have remembered to do it, yes.
BY MR. CASEY:
Q. After you got the call from Doctor Palmer, did you call the unit to speak to the nurses?
A. Yes.
Q. And they gave you a report?
A. At some point in time. I'm not exactly sure what the time frame was there; very soon afterwards. They were to call back lab results. That's what we got. And I believe that during that conversation we also ordered some more lab results.
Q. Okay, given that you were considering transferring the patient because of this very unusual BUN finding that you told me about, did you think about actually coming into the

Page 155

hospital yourself?
A. Yes, I did think about it.
Q. Tell me why you decided not to.
A. Evidently, what I was told at that time did not make me feel that there was a significant difference in the patient's condition, what the previous description was.
Q. Under physical exam, I won't read it all, but I want to ask you about what you have under neurologic. You say, quote: The patient tends to drift off to sleep unless stimulated but is arousable, unquote.
Did I read that right?
A. That's correct.
Q. And that's what you told me earlier describes an obtundent baby, correct?
A. Correct.
Q. If it were to be placed in a category, the concern that you told me that you had at this time about possible seizures would go under that category, neurologic; am I right?
A. That's correct.
Q. All right, moving ahead a few pages, this, I think, will be a quick set of questions. The consent for operation, anesthetics and special

Page 156

procedures, the lumbar puncture which is three or four pages ahead, it's indicated here that the consent was obtained by nurse Jennifer -- is it Griffin? Do you recognize that name? I'm sorry, is witnessed. I shouldn't say obtained. It was witnessed by her.
I think we can get -- there are dictated notes later. Don't struggle with it. At least by that signature, you don't recognize it?
A. No.
Q. She witnessed it at 1 p.m. on the 6th, right?
A. Right, probably shortly before the procedure was done.
Q. Okay, that was going to be my next question. Why did you do the lumbar puncture?
A. By this time, we had examined the office chart, and we had obtained information that the infant had been signed out at the hospital against medical advice when he was born.
He was expected to stay there for 48 hours for observation for Group B beta strep sepsis, and his parents signed him out against medical advice. And he came up in our discussion with Doctor Siar that we needed to

Page 157

do a lumbar puncture because of the possibility of sepsis with the Group B beta step organism. Because of the period of time after his birth, 17 to 18 days, it would be very typical of a late onset that would be beta strep sepsis. He previously had blood cultures done. We had previously ordered antibiotics on him in our previous discussion with nursing staff, and we wanted to do a lumbar puncture to see if there was any evidence of meningitis.

Q. And so you reviewed the birth records in conjunction with making this decision?

A. Well, at least we were apprised of that information we didn't have when we visited him at 8 o'clock in the morning.

Q. And the only concern to the extent it related to him leaving the hospital when he was born earlier than the physicians caring for him wanted him to related to this Group B beta strep, right?

A. Correct.

Q. There were no other concerns at that time, right?

A. Well, there was the concern of this condition while he was having these episodes. It could

Page 158

be apnea. It could be seizure, what they meant. It could be sepsis, is there something else we could do.

MR. SOSNOWSKI: Is your question referring to birth?

MR. CASEY: Yeah, I'm only talking about birth.

BY MR. CASEY:

Q. The only thing that you appreciated that was of a concern that prompted his doctors to want him to stay 48 hours instead of 24 hours was the need to be tested for this Group B beta strep?

A. That's correct.

Q. I'm talking about the birth now, right?

A. That's correct.

Q. That was the only concern that relates to this 24 versus 48 at birth?

A. That's correct.

Q. And the lumbar puncture and other tests that were done ruled that out as an etiology, correct?

A. Hopefully so. The infant had a blood culture, had a urine culture, and had cerebral fluid obtained and a spinal fluid culture. The blood and the spinal fluid were negative. The urine

Page 159

was positive for Group B beta strep.

Q. And of what clinical significance was that to you on December 6th?

A. Well, on December 6th, we didn't know about the urine because it was in the culture. It was being cultured at the time. We weren't aware of that until later.

Q. When did you become aware of it?

A. We were aware of the risk because we started antibiotics on the infant. I don't know; probably when the culture came back, probably two or three days later. It might have been even after the transfer of the infant.

Q. Did you consult at any time -- I'll withdraw that.

Did you do any neuroimaging prior to doing a lumbar puncture?

A. No; because he had an open fontanel.

Q. Is neuroimaging indicated in an 18-day-old baby upon whom you're going to perform a lumbar puncture?

A. It isn't required.

Q. Is there anything in the literature that suggests that you should probably get one?

A. Certainly it is indicated for a concern for

Page 160

neurologic status. It would depend upon the reason why you're doing the lumbar puncture and the haste in which you feel that you need to obtain the information. In other words, we don't always delay it to do it. It can often be done together, but it isn't always.

Q. Right. But that's something -- when you're thinking about doing a lumbar puncture at around 1 o'clock in the afternoon, that's something that springs to mind, well, hey, maybe I should get some neuroimaging to make sure that it's safe to do the lumbar puncture, right?

A. Right. If you have concerns, it might not be safe, yes.

Q. And you should probably do it unless it's a stat or emergency lumbar puncture, correct?

A. It's not done in all cases.

Q. I'm not asking if it's done in all cases. It's something that would be customarily recommended, customarily recommended unless there is an urgent need for the lumbar puncture, correct?

A. As I'm understanding your question and you're asking me to say correct, that it is customary

Page 161

to do a neuroimaging prior to doing a lumbar puncture, and I would have to answer that I'm not aware that that is the case that that is customary.

It can often be done and it should be done if there are concerns about the safety of the procedure. And in an infant that has an open fontanel, it is quite commonly not done previously to the procedure, because it is assumed that, if you don't have increased intracranial pressure, the lumbar puncture should be safe to perform.

Q. One of the things that would suggest increased intracranial pressure would be any type of focal neurological findings according to the basis of this subject, correct?

A. Correct.

Q. Focal neurologic findings like seizures, correct?

A. If the seizure involves one side versus another side, yes, that is true.

Q. This baby had focal neurologic findings, correct?

A. He did have -- he had some episodes which we were apprised of later that infer that he had

Page 162

more shaking of one side than the other. We weren't aware of that at this time.

Q. But he had those -- he experienced and displayed such symptoms before the lumbar puncture was done, correct?

A. That's correct.

Q. When you say we weren't apprised --

A. I was not apprised of it. I was not aware of it.

Q. It was in the nurses' notes, but you weren't told?

A. I was not aware of it, no.

Q. But what you're telling me about these focal neurologic findings affecting one side that would raise the subject of whether to do a neuroimaging was in the nurses' notes, but you weren't told about it, correct?

A. That is correct.

Q. Had you been told about it, would you have done neuroimaging?

MR. JOHNSON: Object to the form of the question, no proper foundation, calling for speculation.

MR. CASEY: I think we have the usual stipulations.

Page 163

MR. SOSNOWSKI: I'll object on the form as well just to preserve it, but you can answer it if you can.

A. Quite often, I think I would have.

BY MR. CASEY:

Q. Because what happens when you do a lumbar puncture is you put a needle at the base of the baby's spinal cord and withdraw cerebral spinal fluid which exposes the baby to a risk of a neurologic insult, correct?

A. That's correct.

Q. Moving ahead about three pages to the transfer, slash, discharge summary, are you with me?

A. Ah-huh.

Q. Okay, should I expect that you receive a draft of one of these records, and then you can make changes or edit it however you see fit and then have it redictated or retranscribed before you sign it?

I mean, is that customarily what happens?

A. With discharge summaries, true. In this case, this summary was sent immediately with the patient, so we did not revise anything in the summary that we perhaps would like to have

Page 164

revised with further information.

Q. You've had the chance to review it subsequently. Is there something that you would have revised had you had the opportunity?

A. There are a few things here, yes.

Q. Tell me which ones.

A. Some of the serum sodium values that are given here are indeed not supportable from an examination of the laboratory data. They were obtained on the telephone -- the summary was done on the telephone from the office using my memory of what had occurred at the time and information that we had obtained from the nursing staff.

Q. Okay, so as opposed to what is actually typewritten here, how should the discharge summary read?

And just before you tell me, sir, can you just point out for us like specifically what paragraph and what sentence you're amending?

MR. SOSNOWSKI: Do you need to look at the labs?

THE WITNESS: I think it's at the bottom.

Page 165

A. Okay, last sentence of the third paragraph: Serum sodium today was 136. I believe that is incorrect. In fact, I believe the serum sodium was actually 128.

When we found out that that was the case, we ordered another one. It was after the transcription had already been done, so it was ordered prior to the patient's transfer. It was obtained just before the patient's transfer.

BY MR. CASEY:

Q. What was obtained just before the patient's transfer?

A. Another serum sodium.

Q. Which was 128?

A. Well, the 128 was the one that I should have been told, and subsequent to that, I'd have to look and see what the actual one is here, the last one that we have.

Q. When you say you should have been told, you should have been told by the nurses?

A. Well, when we asked for them, yes. We were told 136, and it was 128.

Q. You asked for them in conjunction with doing the discharge summary?

Page 166

A. Correct.

Q. I see. Was the 128 when you learned about it that day of any clinical significance to you?

A. Yes, because it's worse than what was involved there, and it was going down.

Q. It had been steadily going down since he was admitted to the hospital, correct?

A. Correct. Well, correct but not correct.

Q. It initially went up that evening?

A. The second determination was higher than the first, and then it went down after that.

Q. Just after midnight on the 6th, right?

MR. SOSNOWSKI: Yes?

A. Yes.

BY MR. CASEY:

Q. And then from that point forward, it was trending downward, correct?

A. Correct.

Q. When you learned that it was 128 and that --

A. Actually 129 is what is listed on the chart.

Q. When you learned that it was 129, did you correlate that with what had transpired with this baby and his deterioration?

A. Yes.

Q. Tell me what you thought about in that context.

Page 167

A. We thought he probably had suffered from inappropriate antidiuretic hormone probably in relationship to it. At that time, we knew that he had pupillary responses that were abnormal. At that time, we also knew about his CT scan, and we assumed that that was related to that, to the neurologic findings there.

Q. I'm sorry, you assumed that the drop was --

A. Related to inappropriate antidiuretic hormone.

Q. What do you mean by inappropriate?

A. It's the title of the diagnosis.

Q. As an etiology?

A. Yes.

Q. And as one of the known etiologies of seizures?

A. Seizures cause it. Anything neurologic cause it. Sepsis causes it. There are a lot of things that cause it. There are certainly a lot of reasons.

Q. Seizures cause it, or it causes seizures?

A. Both.

Q. In your mind at this point with this patient, how was it related to the seizures? Was it a consequence of, or was it a cause of?

A. I would think more likely a consequence of, because the initial serum sodiums were

Page 168

relatively high along with his BUN and creatinine.

Q. But at that time, that's what you thought?

A. Ah-huh.

Q. You need to answer verbally.

A. Yes.

Q. I see. And that would be -- the clinical term for the drop, the sodium drop, would be what? Hyponatremia?

A. Hyponatremia.

Q. And you believe that and you thought about it on this day when you were discharging him that that developed as a consequence of the seizures, correct?

A. Correct.

Q. Did you in this context and on this day, December 7, when you learned about the sodium of 129 wish that you had evaluated more thoroughly whether the patient should receive phenobarbital on the morning of December 6th?

MR. SOSNOWSKI: I'll object to the form of the question.

Answer it if you can.

A. It would almost require an expert answer.

BY MR. CASEY:

Page 169

Q. I'm asking you what you thought at that time. Did you think to yourself, I wish I had given him phenobarbital?
A. Phenobarbital would not prevent hyponatremia.
Q. It would prevent the seizures, correct?
A. Perhaps.
Q. It can the seizures?
A. It can prevent seizures.
Q. So a baby that doesn't get phenobarbital loses the chance of having seizures prevented, correct?
A baby who needs phenobarbital, who doesn't get it, loses the opportunity provided by phenobarbital to prevent seizures, correct?
A. That's correct. Phenobarbital has its own side effects too.
Q. I understand that. I know it's a general question, but as a general proposition.
A. But in the general, you have to put it in context. You know, this is -- this baby had episodes that could have been apneic spells, could have been seizures. If you give a baby with apnea phenobarbital and he doesn't have seizures, you could actually precipitate an apneic episode, in the long run, would be

Page 170

difficult to treat.
Q. And you went through this risk benefit analysis regarding phenobarbital?
A. On the 6th, yes. And that was the basic substance of the conversation with Doctor Siar.
Q. And it's not in your note, though, anywhere, correct?
A. Because we weren't in the hospital at the time that that was made.
Q. But that was part of your differential diagnosis you're telling me when you saw the baby, but you didn't put it in your note, correct?
A. No.
Q. Am I right?
A. That's correct. I did not.
Q. But nonetheless, you went through this risk benefit analysis as to whether he should get phenobarbital?
A. That is correct.
Q. And if the hyponatremia is caused by the seizures, then a baby who doesn't get phenobarbital who may need it loses the opportunity to prevent the hyponatremia, correct?

Page 171

MR. SOSNOWSKI: Did you understand that?
A. I understood the question, but it's -- again, it's a requiring an expert answer.
BY MR. CASEY:
Q. No, no. You told me a minute ago that you believed in your own mind that the hyponatremia was caused by the seizures, correct? That's what you thought about on December 7th?
A. That's true.
Q. That's what you thought. And what I'm asking you, I think it follows. Axiomatically, it follows that if that particular baby needs phenobarbital and doesn't it get it -- and I know you told me you didn't believe it was warranted. But if that baby needs phenobarbital and doesn't get it, therefore, it follows that he loses the opportunity, not the guarantee, but the opportunity, to get the hyponatremia, correct?
A. Phenobarbital is not a treatment for hyponatremia, and even if the seizures would have stopped, it doesn't necessarily mean that the process that causes -- the inappropriate agent that causes the hyponatremia wouldn't

Page 172

have advanced or wouldn't have continued to get worse.
Q. I know that.
A. Therefore, I can't answer the question in the form that you want it answered.
Q. Okay, you at least lose the opportunity. If you're correct -- if you are correct, that the seizures cause of the hyponatremia than if you don't get phenobarbital -- not saying it's a fact that it will definitely occur, but you lose the opportunity to prevent the hyponatremia if you don't get the phenobarbital?
A. I need to clarify my previous answer in this case, that this may lead you to misunderstand. Seizures do not necessarily cause the hyponatremia.
Q. You told me they did.
A. The neurologic condition that causes the seizures causes the inappropriate antidiuretic hormone that then causes the hyponatremia. So it's an indirect causation, and phenobarbital shouldn't be considered as a treatment for hyponatremia.
Q. Understood. But it's considered a treatment

Page 173

for seizures?
A. It is.
Q. And if it's successful in stopping the seizures, then the hyponatremia that will follow from those seizures can be prevented?
A. That's the problem in answering that question. You can't assume – you can't make that assumption.
Q. I'm not assuming, and I'm not saying it definitively happens. I'm saying it could prevent the hyponatremia.
A. I can't make that assumption.
Q. You can't make an assumption that there's a chance that it prevents it? That's all I'm asking you to do, but if you can't, that's all right.
A. I can't, no, because it's more complex than that.
Q. Do you want to take back what you said earlier about the seizures causing hyponatremia?
MR. SOSNOWSKI: He can clarify that.
A. I want to state it as I clarified it. I can clarify it again if necessary.
BY MR. CASEY:
Q. Okay, hyponatremia is treatable and

Page 174

correctable, is it not?
A. Yes, with some dangers.
Q. What are the dangers?
A. You can overcorrect it.
Q. But there was zero appreciation of the possibility even of hyponatremia as of 11 a.m. on December 7th, 2001, correct?
A. I don't know when I found out that the serum sodium was actually 129.
Q. Sir, you were his attending physician. Was there – I'm not talking about anybody honestly respectfully in the hallway or the lab technicians. I'm talking about you as his attending physician.
There was zero appreciation at 11 a.m. on December 7th, 2001, that there may be hyponatremia for this baby, correct? Zero.
A. I was not told that, no. I did not have that information.
Q. You had zero appreciation, fair?
A. Are you saying that I had zero information? I had zero information.
Q. No. I'm talking about -- right, that means you didn't know?
A. That's exactly right. I didn't know that the

Page 175

patient had hyponatremia at 11 a.m. It was when I called to get the results. I was given a value of 136 which is not hyponatremia.
Q. And as a neonatologist, you know if there's a trending downward of sodium levels, that's something that must be treated because it alerts you to the possibility of hyponatremia, correct?
A. That's correct.
Q. And hyponatremia can cause brain injury, correct?
A. Correct. But not at a level of 136.
Q. But if it's allowed to progress, sir. I'm not saying the level 136 itself does, but the physiologic process by which hyponatremia occurs –
A. That's correct.
Q. Excuse me. – going from the 140s down to 129, that process can cause brain injury, correct?
A. At the numbers you gave, it would be very unusual because there are certain – there is a certain range that it has to exceed. More than that would be an expert answer.
MR. SOSNOWSKI: He's asking for your knowledge at the time.

Page 176

BY MR. CASEY:
Q. Yes, yes. It can cause brain injury, correct?
A. Not at 129 or 136.
Q. How about at 117 which is what it was when he got to the hospital, to Children's Hospital of Pittsburgh?
A. It certainly could at 117 or lower than 120, yes.
Q. Seriously, sir, let's agree on this. He didn't get a sodium level of 117 out of the blue somewhere in the atmosphere at Children's Hospital of Pittsburgh. He got a sodium level of 117 because it was allowed to decrease from the 140s to 117 during the time that he was at DuBois, correct?
MR. JOHNSON: Object to the form of the question.
MR. SOSNOWSKI: Object to the form.
A. It did not decrease to 117 at the time he was at DuBois.
BY MR. CASEY:
Q. It was headed in that direction, correct?
A. Headed doesn't mean it reached.
Q. What would you have done if you had been apprised that it was 129 to prevent it from

Page 177

going to 117?
A. Well, what I did do when I found out what it was, the first thing I did was I checked it again. The repeat came back. It's in our lab data here, and that didn't come back until very shortly before the transport team arrived.
We discussed it with them, and I don't know what their decision was to -- how they decided to treat that. But they were apprised of that because we told them at that time we knew that the serum sodium levels that we had put in the summary were incorrect, so we talked to them on the phone and told them that they were incorrect.
Q. So you gave the transport team --
A. Information that they were incorrect.
Q. -- incorrect information, including as it turns out that there was cerebral hemorrhage, correct?
A. Well, that was our best information on the report of the radiologist at that time.
Q. It was wrong, correct?
MR. SOSNOWSKI: Well --
A. I have no way of knowing.
BY MR. CASEY:

Page 178

Q. Did you learn that day that it was wrong?
A. No, I did not.
Q. Did you learn subsequent to that that it was wrong?
A. I learned there is a differing opinion of what it meant, but I have not learned that it was wrong.
Q. But you gave the transport team the wrong information about the serum sodium, correct?
A. And I told them they were given the wrong information on the printed summary.
Q. When they arrived, you told them?
A. When they arrived, yes, or shortly after when they were able to talk to me.
Q. And what did you tell them?
A. I told them that the findings for the serum sodium that morning were not 136 as stated in the summary, that they were actually -- probably would have remembered at that time were 129 and that their subsequent repeat, I think, was 126 or 127. It's in here someplace.
Q. Hyponatremia is known to cause cerebral edema; am I right? If you need time, I'm sorry.
A. One twenty-six is what the last serum sodium was.

Page 179

Q. At what time?
A. It looks like it was drawn about 12:10. That wouldn't have been when it returned. I don't remember exactly when I received that information.
Q. Okay, do you know when the sodium that was 117 was drawn?
A. I have not examined the records from Children's Hospital. I have no idea.
Q. Are you curious to know when it was drawn?
A. I don't know when it was drawn.
Q. You told me earlier that he didn't get to 117 while he was at DuBois?
A. That's correct.
Q. Did you ever think that it could have been done on the helicopter while he was at DuBois?
A. I don't know when it was done.
Q. Well, if it was done in transport, do you agree that he was allowed to go to that level while he was at DuBois Regional Medical Center? As his attending physician, do you take responsibility for that?
MR. SOSNOWSKI: There's no indication other than a Children's result as to when he got to 117. He's indicated that he hasn't seen

Page 180

those records. He can't say.
MR. CASEY: I would appreciate hearing that from him, but all right.
BY MR. CASEY:
Q. Sir, on your watch, this was your baby. His sodium went from the 140s down to at least 126, and I think even to the layperson it's pretty reasonable to assume that it was going from 126 down to 127 in the chaos that was ensuing while you were back in your office.
Is that a fair assumption?
MR. SOSNOWSKI: I'll object to the form of the question to the extent it characterizes.
BY MR. CASEY:
Q. Do you accept responsibility for that process that occurred for this baby, or is it somebody else's problem? That's what I want to know.
MR. SOSNOWSKI: I'll object to that. Don't answer it.
BY MR. CASEY:
Q. Do you accept responsibility for this baby going from a sodium in the 140s to a sodium of 117? Do you accept responsibility for that?
MR. SOSNOWSKI: I'll object to the

Page 181

form and direct him not to answer.
MR. CASEY: What is the basis for that objection?
MR. SOSNOWSKI: Whether he's responsible for something or not is up to you to prove. He's told you facts surrounding that. He's testified to the subject of the sodium levels. That's it.
MR. CASEY: Okay, well, I don't think you're right, Mike.
MR. SOSNOWSKI: I may not be, but he's not going to answer.
BY MR. CASEY:
Q. You told me earlier that the physiologic process that goes on in a neonate when its sodium goes from the 140s down to 117 can cause brain injury, correct?
A. You're asking me as an expert?
Q. No.
MR. SOSNOWSKI: No. He's asking you what your knowledge is.
A. Yes.
BY MR. CASEY:
Q. And I assume, when this baby was being transferred, you had some appreciation for the

Page 182

fact that he may have suffered a brain injury?
A. Yes.
Q. And I assume then that you thought to yourself that one likely explanation for your patient suffering a brain injury would be him developing hyponatremia?
A. Yes.
Q. You thought that was a pretty rational explanation of it, correct?
A. Not the only one.
Q. I asked if you thought that was a rational explanation of it at the time when you were, by remote control sitting in your office, putting this baby on the LifeFlight. That's what I'm asking.
MR. SOSNOWSKI: I'll object to the form of the question.
MR. CASEY: Fine. I'll restate it.
BY MR. CASEY:
Q. Were you thinking that at the time the baby was being transferred out?
A. No.
Q. You thought that day that it was a pretty rational explanation for his brain injury, correct?

Page 183

A. We didn't know what the reason for his brain injury was. We were told by the radiologist that he had cerebral hemorrhage. It wouldn't necessarily connect that. It is possible to connect that with hyponatremia, and it isn't the only reason that it could occur, so --
Q. I'm sorry, are you finished?
A. So I did not say that that was the only reason he had or think that that was the only reason he could have had a problem.
Q. But upon learning this information that you didn't know, that is the sodium that was lower than you expected, did you think to yourself, well, that's a rational explanation for his neurological decompensation?
A. Actually I didn't think so, and I don't think so to this day.
Q. Do you want to tell me what you think to do this day? I'm going to ask you more about it if you do.
A. That's fine.
MR. SOSNOWSKI: Are you sure you want to go down that road?
A. Maybe I don't want to go down that road.
BY MR. CASEY:

Page 184

Q. You didn't think so at the time?
A. I'm still puzzled by the fact that the serum sodium was --
MR. CASEY: I was a gentleman there.
MR. SOSNOWSKI: That was very gentlemanly of you.
You didn't think so at the time, is that what you explained?
THE WITNESS: That's right.
MR. SOSNOWSKI: Off the record for a second.
- - - -
(There was a recess in the proceedings.)
- - - -
BY MR. CASEY:
Q. Are you ready to continue, Doctor Grout?
A. Yes.
Q. Skipping ahead -- well, I'm sorry. Stay for the moment on the transfer, slash, discharge summary. Is there anything else that you would amend if you had the opportunity to do so on this record?
A. Not that I'm aware of, no.
Q. And you've had a chance to read through it, correct?

Page 185

A. Correct. But I would preface it by saying that that's the information in looking at it in the light of what I knew when it was done. I mean, there might -- at this point in time, there might be other opinions.
MR. SOSNOWSKI: You don't see any corrections you'd make?
THE WITNESS: Corrections that I would make in addition to what I had at that time, no.
BY MR. CASEY:
Q. And I'm asking these questions because you said you had to do it quickly and send it right off with the baby when he was transferred.
A. Correct.
Q. Have you ever seen the actual EEG reading for the study that was done at DuBois?
A. Yes.
Q. Will you point it out to me in this chart?
MR. SOSNOWSKI: He won't be able to.
A. Not there.
BY MR. CASEY:
Q. Okay, it's not there?
A. It's not in the chart.
Q. Do you know where it is?

Page 186

A. Yes.
MR. SOSNOWSKI: I can tell you that I had seen it in the copy of the hospital chart we had, but I located a copy of the report in the Gateway office chart.
MR. CASEY: I did see a copy of the report there.
MR. SOSNOWSKI: So I don't know about the hospital chart. Now, Mr. Johnson indicated that he had a copy in his chart.
MR. CASEY: Okay.
A. And of course, that would have been done subsequent to the events of the day.
BY MR. CASEY:
Q. Who is the person responsible to make sure all of the records are in a chart?
A. The head of medical records.
Q. Who is that?
A. At this time, I don't know who it is.
Q. You don't know who it was in December of 2001?
A. No, I don't.
MR. JOHNSON: It is in my copy of the chart.
MR. BLASKO: You say it is?
MR. JOHNSON: Yeah.

Page 187

BY MR. CASEY:
Q. When did you look at a copy of the actual study itself for the first time?
A. Actually quite recently, not during the time that this was involved.
Q. I'm sorry?
A. Not during this time period.
Q. Not during the December, January 2001 time frame?
A. No. It took at that time several days to get an EEG report back.
Q. Just as a matter -- I'm sorry, you have to let me finish. Just as a matter of course at DuBois Regional Medical Center, it took a number of days to get an EEG study back?
A. That is correct.
Q. Did it take a number of days to actually get an interpretation of an EEG?
A. That's what I'm saying, yes.
Q. Has that changed?
A. Somewhat. It's changed quite a bit.
Q. Can you explain to me, just give me an example? It used to take X, and now it takes Y?
A. I can't give you in terms that way except to say that they do have the ways now of

Page 188

transferring the data electronically to where they can be read expeditiously.
Q. Was that a problem for you back in the early time period after your arrival at DuBois? And I'm referring to the inability to get EEG interpretations back in a timely fashion.
A. It was a problem, yes.
Q. Did you communicate that problem to the hospital -- to the persons at the hospital who would be responsible for it?
A. My understanding of the situation and in working at other hospitals was that it wasn't a great deal different than other hospitals that have similar capabilities.
Q. Okay, did you express any frustration with that EEG modality as it existed in the December 2001 time frame to any person in an official capacity at the hospital?
A. No.
Q. How long did it take typically to get an EEG study? And I'm talking about the results back.
A. Well, I'm not sure what you're saying then. How long did it take to get the EEG but not the results? Rephrase it for me. I'm not understanding you.

Page 189

Q. Okay, this EEG was done in the morning of December 7th, correct?
A. Correct.
Q. And how long did it take to get the results back?
A. I have no idea.
Q. How long at that time, December of 2001, would you expect it to take to get the results of an EEG back on a pediatric patient?
A. It could take several days.
Q. Was there any way to accelerate the time frame?
A. If the doctor was available, you could call her. She wasn't always available.
Q. What doctor are you talking about?
A. The adult neurologist that read them at that time.
Q. The adult neurologist?
A. (Witness nods head up and down.)
Q. Yes?
MR. SOSNOWSKI: Yes?
A. Yes, she was an adult neurologist.
BY MR. CASEY:
Q. An adult neurologist who worked at DuBois?
A. Correct.
Q. Did the inability to get an EEG result back

Page 190

sooner than a few days affect the practice in place at the time at DuBois regarding when neonatal -- when a pediatric patient needed to be transferred to another facility?
MR. SOSNOWSKI: I'm going to object only because --
BY MR. CASEY:
Q. Let me ask a simpler question. If you suspected that a patient might need an EEG, was transfer indicated back in December of 2001?
A. If you needed an EEG immediately, you probably would have had to transfer, but I don't think anyone was ever transferred for that reason alone. Certainly this one appears to have been transcribed on the 8th.
Q. Which is two days after it was done?
A. No; one day.
Q. I'm sorry, you're right.
MR. SOSNOWSKI: It was done on the 7th.
BY MR. CASEY:
Q. It was done on the 7th.
A. Dictated at 20:01 and transcribed.
MR. SOSNOWSKI: That's the year.
A. I'm sorry. Dictated at 6:31 p.m. after the

Page 191

infant was actually at Children's Hospital.
BY MR. CASEY:
Q. Why didn't you get an EEG on the 6th?
A. Partially because of we wouldn't have expected the result on the 6th. We would have had to make the decision on another basis.
Q. Okay, if you had the -- if you had the ability to get a study back sooner than a day's time or a few days' time, would you have done one on the 6th?
MR. JOHNSON: Object to the form of the question, improper foundation.
A. I might have.
BY MR. CASEY:
Q. So you considered one and -- well, let me withdraw that.
Did you want to get one on the 6th?
MR. SOSNOWSKI: On the 6th.
A. On the 6th, knowing that it wouldn't help me to make a decision, we intended to get one probably at a time subsequent.
Quite often, it would be -- not knowing how long the seizures would persist, quite often we would do EEGs later in order to tell what the actual final outcome was, because

Page 192

an EEG immediately done after a seizure is quite often abnormal, and it doesn't tell you anything that you don't already know. It doesn't always -- it's not always indicative of what the final status of the patient is going to be.
BY MR. CASEY:
Q. Because you suspected that the patient may have been experiencing seizures on the morning of the 6th, isn't it true that you had an obligation to rule out seizures?
MR. SOSNOWSKI: I'll object to the form of the question and direct him not to answer.
BY MR. CASEY:
Q. Didn't you have a responsibility to rule out seizures given that you suspected them?
MR. SOSNOWSKI: Object to the form of the question and direct him not to answer.
MR. CASEY: Okay, will you just mark that page? Thank you (directed to the reporter).
BY MR. CASEY:
Q. Was it your job to rule out seizures for this patient?

Page 193

MR. SOSNOWSKI: I'll object to the form of the question and direct him not to answer.
MR. CASEY: Mike.
BY MR. CASEY:
Q. How did you diagnose seizures in a pediatric patient at DuBois Hospital in December of 2001?
A. On the basis of what is observed, what happens during the episode.
Q. And could nurses make the diagnosis?
A. Quite often, they do.
Q. Can you rely on the nurse's diagnosis of seizures?
MR. SOSNOWSKI: I'll object to the form only to the extent he uses the term diagnosis.
BY MR. CASEY:
Q. No. I'm asking you, was it accepted as part of your practice in December of 2001 that, if a nurse diagnosed and recorded in the chart that a patient was having a seizure, then you presume that the patient, in fact, had a seizure?
A. Presumption might not be the correct word. It would be strongly suspicious that the patient

Page 194

had a seizure.
Q. You would accept the diagnosis, correct?
A. I said that we would be strongly suspicious. We would want to put it in context. We would want to listen very carefully to the description.
Q. Would you do any tests to determine whether, in fact, the nurse is correct?
A. If indeed it were possible to do so, yes.
Q. So you told me a minute ago when I asked you how in December of 2001 a seizure was diagnosed that it was based, quote, on what was observed, unquote, correct?
A. It could be our observation as well.
Q. I understand that, but there were hours upon hours that this baby was in the hands of only nurses, correct? Right?
And if you want me to break it down for you, you saw him once for a few minutes on the morning of the 6th and once in the afternoon of the 6th, correct? Yes?
A. Those are correct answers, yes.
Q. And other than those times, between the time that he was admitted at 3:30 or thereabouts until the time that you put him in Doctor

Page 195

Sekhar's hands at 5 o'clock, he was only observed by nurses, correct?
A. I was not present on the floor at all times, no.
Q. So my question is, and please, other than the times that you observed him on those two occasions, one at 8 a.m. and the other around 1 o'clock when you did the LP, he was only observed by nurses, correct?
A. Correct.
Q. Yes?
A. I wasn't present. That would be correct.
Q. Am I right, sir?
A. I said correct.
Q. All right, I didn't hear you, I'm sorry. So if a nurse is the only one who observes the patient -- and we're talking many hours here -- then a nurse's diagnosis of a seizure based on what she observes is accepted clinically as a diagnosis in your practice in December of 2001, correct?
MR. SOSNOWSKI: I'll object only because I think he's been asked and answered this before.
MR. CASEY: No, he hasn't.

Page 196

MR. SOSNOWSKI: He hasn't agreed to your terminology, but he has answered the question.
BY MR. CASEY:
Q. Is there any other way by which you diagnose seizures other than, quote, what you observed in December of 2001 for your patients, your pediatric patients?
A. I'm not sure I understand totally what you're asking. Certainly EEG is a modality that can be used, yes, but observation was very important.
Q. Okay, are there any other ways to diagnose it according to your practice for pediatric patients in December of 2001, sir?
A. Observation and EEG.
Q. Anything else?
A. That we have at this institution, no.
Q. And I'm not talking about any other institution. I'm talking about your practice. I said that a couple of times, and forgive me for repeating it. I just want to make sure we're on the same page.
Your practice for pediatric patients in December of 2001 at DuBois Regional Medical

Page 197

Center, if you don't get an EEG, the only other way to diagnose it is by observation, correct?
A. Correct.
Q. Yes?
A. Correct. That's the monitoring system that's used.
Q. All right, so if a nurse -- strike that. If a baby is left in the charge of nurses for many hours and the nurses diagnose seizures, then it's accepted as a clinical fact by you that the baby had a seizure, correct?
MR. SOSNOWSKI: I'll object to the form of that question to the extent it suggests that nurses can make a diagnosis.
MR. CASEY: He told me they can, Mike. He told me that they did.
MR. SOSNOWSKI: No, nurses don't make a diagnosis. He said they make observations and that that is strongly suggestive in his assessment.
BY MR. CASEY:
Q. And I'm asking you if it's accepted as a diagnosis in your practice.
Do you see what I'm getting at?
Because if it doesn't, then you must follow up

Page 198

and do something yourself like an EEG. Isn't that a fair conclusion to reach? If it's not accepted as a diagnosis, then you, sir, the neonatologist, have to do something to pin down whether there's a seizure; am I right?
You have two choices, either accept it as a clinical fact, or you further investigate yourself to figure out if there was a seizure. Which one was your practice in December of 2001?
A. We would at some point do an EEG.
Q. But it was not your practice if what was believed to be seizure activity was observed by a nurse to immediately do an EEG? That was not your practice in December of 2001?
A. That's correct.
Q. And tell me if I'm right because I'm incorporating some of the things you told me already. The reason for that is that it was not feasible at DuBois in December of 2001 to do an immediate EEG; am I right?
A. Twenty-four hours a day, seven days a week, no.
Q. Did you make any attempt at any time on December 6th to investigate whether EEG modalities were available?

Page 199

A. No.
Q. If you had and found out that it was not, you would have made a note to that effect, I assume?
A. Probably.
Q. So in December 2001, because of the modalities available at DuBois Regional Medical Center, when you reported seizure activity based on nurses' observations, did you or did you not presume that there was seizure activity?
A. We did not presume that there was seizure activity on the basis of the descriptions that were given to us.
There was still a confusion or a possibility that they could have been apneic episodes. We stated this before. We felt that they probably were apneic episodes. It is possible to confuse the two, and in fact, an apneic episode can produce a seizure. A seizure can produce an apneic episode, so they're not that easy to differentiate.
Q. Was that an expert opinion?
A. That's my opinion. I don't know if I would say it's an expert opinion.
Q. All right, I'm just trying to be fair to both

Page 200

of us here.
A. And certainly this is the reason why we were concerned about the use of phenobarbital as one modality of seizure control versus caffeine as a method of controlling apnea and bradycardia.
Q. I'm going to postulate something to you that I know that may not surprise you based on the questions that I've been asking you. I submit to you that you did nothing, zero, to treat what were highly suspicious, at a minimum, episodes that pointed to seizure activity on December 6, 2001, and what do you say to that?
A. I don't agree with it.
Q. And let me stop you. Forgive me, but I'm not asking about an apneic episode. I'm talking about seizures.
What is documented in this chart by nurses as seizure activity that you told me would be that that observation would lead you to be, quote, highly suspicious of seizure activity.
I want you to respond to my submission to you that you did nothing whatsoever to treat seizure activity for this baby on December 6, 2001. Please give me your

Page 201

answer to that. I'm not talking about apneic episodes. I'm talking about seizures. Can we agree that I'm correct?
A. Part of the treatment of anything is continued observation. Did we give specific medication? The answer is, as you said, we did not give specific anti-seizure medication for the reasons that we previously stated.
Q. But anti-seizure medication is indicated if you believe that a baby is having seizures, correct?
A. If you believe that a baby is having seizures, correct.
Q. Moving ahead two pages to the order sheet -- and the reason before I get to that that it's indicated is that it provides at least the opportunity to prevent brain injury for a baby, correct?
A. Would you restate the question, please?
Q. Sure; that the reason that anti-seizure medication is indicated if you suspect that a baby is having seizures is that the medication provides at least the opportunity, not a guarantee, but an opportunity to prevent brain injury?

Page 202

A. That's correct, underlining the word guarantee.
Q. On the orders at the bottom of the page --
A. This is the first page?
Q. I'm sorry, Doctor Grout, wait a minute. Yes, the first page.
Well, first of all, is any of this writing your own?
A. Well, these are verbal orders that were given.
Q. Is that your signature at the bottom right-hand corner of the page?
A. That's correct, yes, signing the verbal orders.
Q. You're signing off on the verbal orders?
A. Correct.
Q. And this is the first set of orders, I believe, that you initiated for this patient?
A. Correct. The rest of them are from the emergency room.
Q. And do you remember how it was, you know, how it was that you came to phone in these orders at 5:10 a.m., excuse me, as opposed to some other time that morning?
For example, did you -- is that the first time you recall, do you think? I'm just raising suggestions for you, and I want to see.
A. It was the result of a call I'm quite sure.

Page 203

Q. At 5 --
A. At that time in the morning, yes.
Q. And you ordered Ampicillin for what purpose?
A. For the treatment of suspected sepsis, a possibility.
Q. Gentamycin also an antibiotic, correct?
A. Yes.
Q. And then the next note refers to the dosage of the Gentamycin, correct? The GNT, period, peak in trough?
A. Right those are blood levels to --
Q. To check calcium levels?
A. And next order is to check a calcium level. Because of the episodes that were happening, we were concerned that they might have been related to hypocalcemia.
Q. What episodes?
A. The episodes that probably initiated the call.
Q. Okay, we'll get to that. And then you have add calcium gluconate 2 milligrams per 100 CC, IV fluids run at 20 CCs an hour. Did I read that correctly?
A. That's correct.
Q. And for what purpose was that?
A. To support the calcium until we could get a

Page 204

level back.
Q. Why did you suspect a calcium issue?
A. Because it's quite common in infants to have either apnea or seizures on the basis of calcium being low.
Q. Okay, was there anything particular about this patient that led you in that direction as opposed to some other explanation?
A. Well, he had reported episodes that we, you know, have discussed previously.
Q. No. But I mean, is there anything about his signs and symptoms that pointed you to a problem with the calcium as opposed to a problem with, for example, sodium?
A. No, not particularly, no.
Q. Can you give me any explanation as to why, other than the general issue of seizures and/or apnea being known to be associated with hypocalcemia, that you suspected a calcium issue?
A. Well, there was one thing that we weren't sure had been previously set up to be checked. We had previous orders to set up to check the electrolytes.
Q. On the following page, we have your signature

Page 205

on orders again, correct?
A. Which page?
Q. Right on the next page.
A. That's correct, 08:00.
Q. Is that your handwriting?
A. Yes.
Q. Can you read this is a time of December 6, 2001, at 8 a.m., correct?
A. Correct.
Q. And is that what the word faxed, f-a-x-e-d, in the margin?
A. It's someone else's writing. I don't know who wrote that. I presume it might be the word faxed because we might have faxed it to the lab or someplace. I don't know. It's not my writing.
Q. All right, but is the writing that appears in the 1, 2, 3, and 4 your own?
A. Correct.
Q. And can you read it into the record? Because I can't decipher it.
MR. SOSNOWSKI: Slowly.
A. Date and time 12-6-01, No. 1 with a circle around it, stool for rotavirus; No. 2, chem profile at 3 p.m. and in the a.m. tomorrow.

Page 206

Caffeine, 15 milligrams PO Q 24 hours; 4, capillary blood gas, CBG.
BY MR. CASEY:
Q. And that's your signature?
A. Correct. And the time of that was 08:00.
Q. And the orders were taken off at 9 a.m. by the nurse, correct?
A. Correct.
Q. No. 1, stool for rotavirus, is that r-o-t-a?
A. R-o-t-a.
Q. Why did you order that?
A. Because of the gastroenteritis the patient had suffered.
Q. What is gastroenteritis?
A. Gastroenteritis is an inflammation of the intestinal tract leading to vomiting, often vomiting and diarrhea.
Q. So at this point in the morning -- and I know we've touched upon this already -- am I correct to say that you were considering that to be the primary source of this baby's problems?
A. The fact that the order is here does not necessarily infer that.
Q. I just want to know.
A. It was there because we needed to find that

Page 207

information because of the previous history.
Q. Okay, in your mind at this point at 9 a.m., was that the explanation in your own mind for his symptoms, the gastroenteritis?
A. As the basic cause, yes.
Q. Can you do radiographic studies to conclusively determine whether a baby has gastroenteritis?
A. No.
Q. You can't?
A. No.
Q. How do you diagnose it?
A. Clinical symptoms and by tests like this that would identify an etiologic agent.
Q. But in any event, no X-rays or radiographs of any kind, MRI, anything, is indicated to determine whether a baby has an inflammation of the intestinal tract?
A. Correct.
Q. All right, the chem profile, what was the purpose of that?
A. Again, to check his serum chemistries.
Q. For what?
A. There's a panel that's involved involving some sodium, potassium, bicarbonate, and chloride, BUN and creatinine.

Page 208

Q. Okay, so at 8 a.m., you were saying that you wanted the next chem profile done seven hours later, correct?
A. Correct.
Q. And not done again until the following day, right?
A. Not until we had the results back.
Q. I don't understand you.
A. Well, we would expect to get the results at 3 p.m. at some point. They would be coming back and could revise that, but that was just to make sure they were ordered for the following morning.
Q. Okay, but you could have ordered --
A. You could order them every hour if you wanted to.
Q. Okay, and so as a result of this order, there was no sodium checked on this baby after 3 p.m. on December 6, 2001, correct? I'm talking about the day of December 6th, 2001.
A. That was the way the order was left. There were several -- you know, it had been checked several times previously, yes.
Q. And the caffeine we've already discussed, and the capillary blood gas was for what purpose?

Page 209

A. To assess his respiratory status.
Q. Were you concerned at this point that there might be some problem with his respiratory status?
A. Because of the episodes of apnea, bradycardia, to assess his acid base balance. It also has -- we were still at this point concerned about his renal functions and knowing his acid base status is important.
Q. The following page, again, with orders, 12-6-01 at 8:40 a.m., this is a telephone order; am I right?
A. Appears to be so, yeah.
Q. And before we get to that, piecing together how long you were with the baby, we know that you saw him some time prior to putting your orders down at 8 a.m., correct? You saw him for some period of time; am I right?
A. Correct.
Q. Do you know what time you arrived at the hospital that morning?
A. No.
Q. What time do you typically arrive?
A. Around 8 o'clock, slightly before.
Q. All right, so is it safe to assume that you saw

Page 210

Ayden at just around 8 o'clock?
A. Or slightly before.
Q. Okay, slightly before ten to 8?
A. Possibly. I don't know exactly.
Q. Okay, but I mean, can we at least say -- give me your best guess as to when, based on your custom and practice looking at this order, you first saw this baby that morning?
A. Probably about ten until 8.
Q. All right, and we know you dictated your note at 8:29, correct?
A. Right.
Q. Do you remember what else you did other than your examination of the baby and your writing of these orders and your dictating of the note in that, you know, whatever how many -- whatever the number of minutes that is, 39 minutes?
A. Normally we would review the -- review whatever information was on the chart. We also would speak to the parent if they were present.
Q. Okay, again, on the next page, I started, and then I backed up. 8:40 a.m., telephone order for a portable chest X-ray; am I right?
A. Correct.

Page 211

Q. And you signed off on that order, correct?
A. Correct.
Q. Should I assume that if it's a telephone order, you're back at your office at 8:40?
A. Probably not. Probably either in the office or in the hospital on the way to the intensive care nursery.
Q. And the office, the two miles away, that's what you mean?
A. Right, because at that time, both the intensive care nursery and the office were located two miles away.
Q. From where the baby was?
A. Correct.
Q. So can I presume that at 8:29 you were at one of those two places dictating your note?
A. Hard to know. Usually, our usual custom was to dictate it in the pediatric floor. That's probably when I left, and the 8:40 is probably the arrival at the other place.
Q. So you think you left at around 8:29?
A. Close. And then probably on the way thought, oh, we need a chest X-ray, and called them back.
Q. Okay, for what purpose did you order the chest

Page 212

X-ray?
A. Probably because we, in thinking about it, realized it hadn't been ordered.
Q. But what did you want it for?
A. Well, he was having signs and symptoms of sepsis. That was one reason. The other reason is just, in general, he had some desaturations, you know, what does his general heart silhouette look like? What do his lung fields look like? Does he have any heart and lung disease that's obvious on the chest X-ray?
Q. Could you also have ordered an echocardiogram?
A. We could have, yes.
Q. Is that indicated as the modality of choice if you want to figure out -- get to the bottom of a cardiorespiratory problem?
A. It's one -- if you think that the baby has a structurally abnormal heart, yes. We did not -- having examined him, didn't detect anything abnormal with his heart.
Q. Is it not indicated unless you believe that there's something structurally abnormal about the heart?
A. It's a matter of judgment as to when you would want to do it. Not every infant that would

Page 213

have apnea or bradycardia or seizures would have an echocardiogram.
Q. The bradycardia and the apnea in this baby, you can agree, were pretty pronounced correct,
A. They were significant.
Q. They went down very low, correct?
A. Correct.
Q. Remember we were talking about the -- I'm sorry, earlier you were telling me about the BUN that was, quote, very unusual?
A. It is.
Q. Apnea and bradycardia with numbers as low as this baby was experiencing at around 8 a.m. and before that time on December 6, 2001 --
A. What time are we talking about?
Q. Well, any time, any time.
A. Well, we're walking about one. You said December 6. I thought we were talking about December 6.
Q. I'm sorry, as we all are. It's late in the day, but I'll get to the actual -- I'll get to the actual numbers rather than trying to talk about them without them in front of us.
At 9:30 a.m., you also do another telephone order, correct?

Page 214

A. Correct.
Q. You order a renal ultrasound to be done that day, right?
A. Correct.
Q. And then you want to get the newborn record to the floor?
A. Correct.
Q. For what purpose did you want to get the newborn record?
A. Just to see what the history was and see if we had -- if there was some other information that we weren't aware of.
Q. Okay, next, your next order on this page is December 6, 2000, at 18:00 hours which is 6 p.m.; Am I right?
A. I think it's 13:00 hours, but unfortunately my 3 looks more like an 8. I believe my recollection is we did this lumbar puncture close to lunchtime.
Q. I think you're right, and that's one of the reasons we have depositions too. I certainly -- I certainly think that the other documents seem to support that testimony.
Can you read that note into the record slowly for me, please, so I can

Page 215

understand what you write?
A. Sent CSF, that's at 12-6-01 at 13:00. Cell count, two three and two one; protein, sugar on NE two, culture gram stain on two two, with sensitivity, bacterial antigens, panel for on CFS for H -- there should be a period that's not there. H influenza, Group B beta strep; meningitis, Group A and C; and Ecoli, D K1 on NE two (phonetic). Nasal cannula, adjust FIO2 to keep the saturation above 90. CBC in a.m. on 12-7-01. Stool culture for bacterial antigens -- pathogen, rather.
Q. Okay, why did you want to keep the saturations above 90?
A. That's our usual cut-off for oxygen administration.
Q. Cut off for what?
A. If the saturation is not above 90, we would want to either administer oxygen and/or increase the amount of oxygen that's administered to the patient.
Q. How would you do that?
A. Depending on how it was administered. It can be increasing the flow of oxygen, or it could be increased by -- if the patient was on

Page 216

assisted ventilation, it could be by increasing pressures of oxygen of the ventilator.
Q. Okay, at what point is intubation indicated for an 18-day-old baby who was having problems with his saturations?
A. If the saturation cannot be supported by nasal cannula administration, if the patient continued to be unstable.
Q. Meaning if he continues to have low sats?
A. Low saturations, yeah.
Q. Below 90?
A. Probably even more lower than that.
Q. How low?
A. Usually in the low 70s, 70, 75, 80. Saturations in the high 80s are not terrible. Usually if a patient has desaturations from an apneic episode, they will go lower than that. It depends on the duration of the desaturation and the frequency.
Q. But if you had desaturations that went below the high 80s, particularly after putting a nasal cannula on, you would want to consider intubating that patient?
A. If the desaturations don't improve, yes, that's correct.

Page 217

Q. After how long? How long would you want to let a baby have O2 sats below 90 or the high 80s for that matter?
A. Depends upon whether they're continuous or episodic. Continuously, we would probably act much more quickly. If they were episodic, you would attempt to try to control the episodes.
Q. How?
A. With administration of caffeine if you think it's due to apnea, bradycardia, or whatever you think is causing the episode.
Q. Low saturations mean that the baby is having problems profusing his body, correct?
A. Usually, correct.
Q. And it's fair to say with this patient, Ayden Shaffer-Doan, the problems he had with saturations led to his poor color and his poor profusion, correct?
A. Correct.
Q. And one of the reasons that an 18-day-old baby needs to have adequate profusion is that they are at an increased risk for brain injury if they have prolonged oxygen desaturations, correct?
A. Again, the key word there is prolonged defining

Page 218

that.
Q. I mean repeated episodes as you use the word episodic, repeated episodic desaturations over the course of several hours?
A. Again, the repeated -- it depends upon the profusion of the patient as well.
Q. But allowing a baby to get episodic desaturations without intubating the baby can expose the baby to a risk of brain injury as a result of poor profusion, correct?
A. Correct.
Q. And it exposes a baby to a risk of an hyperoxic ischemic brain injury, correct?
A. Correct.
Q. Do you have calendars that are kept at either the Gateway practice or at DuBois so we can figure out what your patient schedule was on December 6 and December 7?
A. At this point in time, I don't know that we do.
Q. Is it kept via a computer or any type of like Microsoft Outlook software or anything like that?
A. I don't know.
Q. Do you have a secretary at Gateway?
A. We have several secretaries.

Page 219

Q. Do you have one that primarily handles your calendar?
A. No. I mean, it is all calendars.
Q. One person?
A. There's probably about three that do.
Q. Were those persons working at Gateway December of 2001?
A. I'm not sure that all the present ones we have were there then. There might have been -- there are probably newer ones now.
Q. How is your calendar kept?
A. As to what?
Q. As to your appointments or your vacations or anything like that. Is it on a computer?
A. Usually it's on a computer.
Q. And it's on a hard calendar, like, I'm sorry, an book? I have a book. I write in my book.
A. No. It was kept on the computer. A print-out is usually done.
Q. Given that you may in your practice, I would expect at least, have to go back and check out a patient's history or whether you saw a patient on a particular date, it seems to me you would have calendars from years past. Do you expect that you do?

Page 220

A. I don't know what the policy is.
Q. All right.
A. I would imagine that they exist for a time on the computer, but how long, I don't know.
MR. CASEY: Okay, I'd like to try and get a copy of his calendar, but I know we're ready to wrap up. But I'll send you a letter about it.
- - - -
(There was a discussion off the record.)
- - - -
MR. CASEY: Doctor Grout has to leave in a few minutes, and I was informed of that fact before we started because he is on call and I believe that his counsel has agreed to produce him at another day to continue the deposition.
MR. SOSNOWSKI: Agreeable to all, yes.
BY MR. CASEY:
Q. All right, just a few more, and then we can adjourn for the day. Obviously, we don't have the time today to continue through in a detailed way these records, Doctor Grout, but if you want to get to the nurse's note from

Page 221

3:30 a.m., you can do that, but I'm going to represent to you what it says. I have my own notes.

The nurse's note at 3:30 a.m. described Ayden as having, quote, twitching of eyes, dot, dot, dot, rolled eyes back, then turned pale to extremities, then O2 sat down to 70s, unquote.

Was that information conveyed to you at 3:30 a.m. or any time close to that? It would be under the neurological assessment of the baby at 3:30 a.m. by the nurses.

A. At some point, I'm sure it was conveyed to me. I don't know or have any record of when.

Q. Can you tell me one way or the other whether it was conveyed to you before you did your orders an dictated your note at around 8:30?

A. I can't. I believe it was conveyed to me at the time we gave the verbal orders at 5 o'clock in the morning or around that time, but I don't recall exactly.

Q. But in any event, you believe based on your recollection of this that you had that information --

A. I believe that it was part of the description

Page 222

certainly that the events were short, and I remember asking if the nurse felt that this was a seizure. She wasn't quite sure.

Q. The nurse asked you if it was a seizure?

A. No. I asked the nurse: Do you think -- did it look like a seizure to you, the episode? And she wasn't quite sure. They were very short, 15, 20 seconds.

Q. But you also were told that at least before 5:10 a.m. -- and I'm not asking about whether you were told verbatim this, but in essence that the baby had twitching of eyes; his eyes rolled back, that he turned pale to his extremities, and then his O2 sats were down into the 70s.

Was that information conveyed to you in and around the 5:10 a.m. time period?

A. In this exact format, I'm not absolutely certain it was, but information about that episode was conveyed to me.

Q. Okay, but did you have an appreciation for the fact -- and I'm talking about at 5:10 a.m. -- that he had O2 sats down to the 70s and that he was pale to his extremities? Did you have that appreciation?

Page 223

A. Probably more likely that than the twitching.

Q. How about that he rolled his eyes back?

A. Again, the rolling the eyes and the twitching, I don't know that -- I don't remember that. I remember the desaturations, yes.

Q. Are you asserting that you were not told --

A. I'm not asserting --

Q. Excuse me. Let me finish the question. I've tried to be respectful to you. You've got to let me finish the question, okay?

Do you believe that you were told that he had twitching of eyes and that his eyes rolled back in and around the 5:10 a.m. time period? Were you told that in and around the 5:10 time period?

A. As I had previously stated, on reading these nurses' notes, there were items in there that surprised me to be there.

Q. Is this one of them?

A. This is one of them. So I don't know at this point in time that I was or was not told that. I know that there was a discussion about the patient's condition around that time that I would presume this would have been mentioned in.

Page 224

Q. And these are one of the things that had you been privy to them would have prompted you to consider phenobarbital, correct?

MR. JOHNSON: Object to the form of the question, no proper foundation, calling for speculation.

BY MR. CASEY:

Q. Correct?

MR. CASEY: We still have the usual stipulations, but go ahead.

A. It would again infer the episode was more like a seizure than an apneic episode.

BY MR. CASEY:

Q. Also if you had been informed of this information, would you have transferred the baby?

MR. JOHNSON: Same objection.

A. Not necessarily immediately. We certainly might have considered it more. It would depend upon what happened and what we found.

BY MR. CASEY:

Q. Would you have wanted to talk to a pediatric neurologist?

A. It, again, would depend upon whether we felt this was an apneic episode or seizure.

Page 225

Q. All right, at 5:10 a.m. -- and we're almost done for the day. At 5:10 a.m., we can move ahead. The nurse records, quote, D-R. Let me back up, quote, D-R, open bracket, doctor, d-o-c-t-o-r, close bracket, notified, colon, informed of -- I'm sorry, D-R notified, colon, informed of condition, comma, eye twitching, comma, desats as well as periodic breathing and apneic episodes, unquote.

A. That's correct. I'm sure that that was then. She recorded the correct time.

Q. Okay, so do you believe that you were informed of this as represented in a medical record by a nurse at DuBois Regional Medical Center?

A. I believe so.

Q. So this is not one of the things, the 5:10 note, about which you were surprised when you read it?

A. My recollection at the time was not that of the previous twitching and at 3:30 in the morning, but I understood that there was -- I think our conversation was when I asked her: Do you think it is a seizure versus an apneic episode? And she wasn't quite sure.

Q. At 7:45 a.m., the nurse recorded -- and I quote

Page 226

-- seizure episodes, unquote, and decreased peripheral oxygen sats to the 70s. Is that one of the things about which you were surprised when you read it, the 7:45 a.m. note, that says, quote, seizure episodes?

A. Right. This is right before or right at the time that we're making rounds on the infant, and I don't recall -- I recall again asking whether they thought it was seizures, and this is also the time in which we had saw the tail end of one of these episodes.

Q. But this nurse writing at 7:45 a.m. describes them at seizures, correct?

A. In the note, she does, yes.

Q. But she did not to you?

A. At least not with a force that it made that impression to me.

Q. So she may have but not with enough force?

A. Maybe not in those very words. I don't remember what she said exactly.

Q. How about the word seizure? Did she use that word?

A. I don't recall what she said.

Q. And then at 8:30 a.m. -- I'm sorry, at 8 a.m., he had episodes of eye blinking, and then at

Page 227

8:30, he had periodic breathing with, quote, brief but frequent episodes, unquote.

A. This is the tail end of the episode that I saw of the one that I believed was either the 8 o'clock episode or the 8:30 episode.

Q. And in fact, the nurse notes -- I'm sure you've seen this -- he had two episodes while you were in the room?

A. Well, these are the two episodes.

Q. That she described as seizure episodes?

A. Well, I saw only the tail end of one episode.

Q. Okay, she says you were in the room for two, and she describes them as, quote, seizure episodes. You take issue with that, correct?

MR. SOSNOWSKI: Well, the note that reflects the doctor being in the room doesn't use the word seizure.

MR. CASEY: Excuse me, Mike. I object.

MR. SOSNOWSKI: I object too.

MR. CASEY: Mike, there is a note that says -- we'll get it, but I don't want to keep him later. It says seizure episodes at 7:45 a.m., seizure episodes.

BY MR. CASEY:

Page 228

Q. And it represents that you were present in the room for two, quote, episodes. Is that medical record correct?

MR. SOSNOWSKI: I'm going to object to the form of your question only because I'm not sure you're characterizing the records properly.

MR. CASEY: Mike, it's in the record.

MR. SOSNOWSKI: I'll show you what I'm looking at right here. Do you see that?

MR. CASEY: Yes. Okay, you're reading a 3:30 note --

MR. SOSNOWSKI: No, no, no.

MR. CASEY: An 8:30 note?

MR. SOSNOWSKI: No; 8 o'clock.

MR. CASEY: 8 a.m., I'll read it into the record. Patient having episodes of desatting, comma, eye blinking, comma, no worsening in color during episodes, comma. Patient had two episodes while Doctor Grout in room, comma. Doctor feels patient has periodic breathing.

MR. SOSNOWSKI: Yes.

MR. CASEY: And then the next note at 8:30: Frequent brief episodes of desatting,

Page 229

comma, shallow, slash, periodic breathing, comma, HR stable, 130, dash 140s, comma, no evidence of worsening color, 2 blowby on.
And at 7:45, the page before that we were just talking about, the note says as follows, and based on your time line, this would be five minutes before he saw the baby.
Quote, patient –
A. It could be the time I saw the baby.
BY MR. CASEY:
Q. It could be in the time you saw the baby. You could be in the room, correct?
A. Could have seen the end of it. I saw the end of one episode clearly. I think I had entered the room, or it was just after one had occurred and, again, was in there and saw the end of one episode.
Q. So you saw one and the end of another?
A. Yeah, exactly. The end of one, very end, and then a halfway to the end of the other one.
Q. So you saw part of two episodes?
A. Right, part of two episodes. The part of the one episode was very, very short.
Q. How long?
A. Seconds.

Page 230

Q. That's how long you saw it?
A. That's how long I saw it, yes.
Q. What were you doing when it was going on but you weren't actually observing it? Because you saw the end of it. What were you doing during the beginning and middle of it?
A. I don't know that I was actually present at the beginning. It could have been dictated for all I know.
Q. The 7:45 note – well, that was at 8:29. This was at 7:45, 8 o'clock. The 7:45 note says, quote: Patient has eye blinking with desatting, comma, desatting to 70s frequently during assessment, comma, no evidence of color change color, comma, color very pale, slash, dusky in appearance constantly, unquote.
Were you aware of that information when you saw the baby?
A. No.
Q. Was the baby pale and dusky when you saw him at around 8 o'clock?
A. Dusky, no; pale, yes.
Q. So the nurse is incorrect when she notes that the baby was pale and dusky?
MR. SOSNOWSKI: I'll object to the

Page 231

form. He has his observations, and the nurse has hers.
BY MR. CASEY:
Q. You just disagree with her description of them as dusky?
A. I didn't notice them to be dusky, but I'm not sure that she was always present in the room with me at all times, et cetera and so forth.
MR. CASEY: Thank you for today, Doctor Grout. We'll continue the deposition at a later time.
- - - -
(The proceedings were recessed at 4:53 p.m.)
- - - -

Page 232

COMMONWEALTH OF PENNSYLVANIA) CERTIFICATE
COUNTY OF ALLEGHENY) SS:
I, Kristina Kircher, a Court Reporter and Notary Public in and for the Commonwealth of Pennsylvania, do hereby certify that the witness, RICHARD Grout, M.D., was by me first duly sworn to testify to the truth; that the foregoing deposition was taken at the time and place stated herein; and that the said deposition was recorded stenographically by me and then reduced to printing under my direction, and constitutes a true record of the testimony given by said witness.
I further certify that the inspection, reading and signing of said deposition were NOT waived by counsel for the respective parties and by the witness.
I further certify that I am not a relative or employee of any of the parties, or a relative or employee of either counsel, and that I am in no way interested directly or indirectly in this action.
IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal of office this 25th day of October, 2005.

Notary Public

Page 233

COMMONWEALTH OF PENNSYLVANIA) ERRATA
COUNTY OF ALLEGHENY) SHEET

I, RICHARD Grout, M.D., have read the foregoing pages of my deposition given on Tuesday, October 11, 2005, and wish to make the following, if any, amendments, additions, deletions or corrections:

Page/Line	Should Read	Reason for Change

In all other respects, the transcript is true and correct.

_____
RICHARD Grout, M.D.

Subscribed and sworn to before me this _____ day of _____, 2005.

_____
Notary Public
AKF Reference No. KK89610

Page 234

AKF REPORTERS, INC.
Jones School Square
150 East Eighth Street
Erie, PA 16501
(814) 453-5700

October 25, 2005

TO: Michael Sosnowski, Esq.

RE: DEPOSITION OF RICHARD Grout, M.D.
NOTICE OF NON-WAIVER OF SIGNATURE

Please have the deponent read his deposition transcript. All corrections are to be noted on the preceding Errata Sheet.

Upon completion of the above, the Deponent must affix his signature on the Errata Sheet, and it is to then be notarized.

Please forward the signed original of the Errata Sheet to Matthew Casey, Esq., for attachment to the original transcript, which is in his possession. Send a copy of same to all counsel, and also a copy to me.

Please return the completed Errata Sheet within thirty (30) days of receipt hereof.

Kristina Kircher
Court Reporter

Concordance Report

Unique Words: **2,085**
Total Occurrences: **12,058**
Noise Words: **384**
Total Words In File: **38,170**
Single File Concordance
Case Insensitive
Noise Word List(s): **NOISE.NOI**
Cover Pages = **0**
Includes **ALL** Text Occurrences
Dates **ON**
Includes Pure Numbers
Possessive Forms **ON**

* * DATES * *

12-5-01 [2]
93:16; 143:15
12-6-01 [5]
93:16; 143:16; 205:23; 209:10; 215:2
12-6-2001 [1]
150:23
12-7-01 [3]
93:17; 143:16; 215:11

* * 0 * *

0.8 [1]
152:16
05-418-cd [1]
1:6
08:00 [2]
205:4; 206:5

* * 1 * *

1 [13]
3:21; 64:3; 93:19; 142:10, 13; 143:2; 144:4; 156:12; 160:9; 195:7; 205:18, 23; 206:9
10 [6]
91:8, 18; 94:16; 95:14; 129:4; 130:3
100 [2]
2:4; 203:20
1001 [1]
3:3
1010 [1]
2:21
11 [44]
1:12; 2:4; 22:24; 32:25; 33:19; 40:18; 42:16, 21; 43:1, 9; 45:23; 46:1; 48:20, 25; 52:23; 53:1, 14; 54:3, 8; 55:3; 92:5; 93:4; 95:25; 96:5, 11; 101:22; 102:12; 103:14; 104:6, 10, 13, 21; 107:22; 109:25; 110:5; 113:25; 124:11; 148:13, 14; 152:24; 174:6, 15; 175:1; 233:3
117 [12]
176:4, 7, 10, 13, 14, 19; 177:1; 179:6, 12, 25; 180:24; 181:16
11:14 [1]
1:12
11:15 [1]
108:2
11:25 [1]
43:6
12-5-01 [2]
93:16; 143:15
12-6-01 [5]
93:16; 143:16; 205:23; 209:10; 215:2
12-6-2001 [1]
150:23
12-7-01 [3]
93:17; 143:16; 215:11
120 [2]
86:23; 176:7
123 [1]
86:23
126 [3]
178:21; 180:6, 8
127 [2]
178:21; 180:9
128 [6]
165:4, 15, 16, 23; 166:2, 19
129 [8]
166:20, 21; 168:18; 174:9; 175:18; 176:3, 25; 178:20
12:10 [1]
179:2
130 [1]
229:2
136 [7]
165:2, 23; 175:3, 12, 14; 176:3; 178:17
138 [1]
152:17
13:00 [2]
214:16; 215:2
14 [2]
103:15; 104:14
140s [6]
175:18; 176:14; 180:6, 23; 181:16; 229:2
141 [1]
152:18
15 [4]
43:12; 141:4; 206:1; 222:8
150 [1]
234:2
15219 [2]
2:21; 3:4
1525 [2]
1:19; 2:10
16 [1]
3:24
16501 [1]
234:2
16635 [1]
2:16
16801 [1]
3:9
17 [3]
152:19, 20; 157:4
18 [4]
40:1; 78:23; 128:10; 157:4
18-day-old [6]
41:22, 24; 130:19; 159:19; 216:4; 217:20
18-year-old [3]
41:10, 17, 21
1816 [1]
2:15
18:00 [1]
214:14
19 [1]
152:19
19102 [2]
1:20; 2:11
192 [1]
3:24
19th [2]
1:19; 2:11
1:21 [1]
94:9
1:40 [1]
94:9

* * 2 * *

2 [4]
203:20; 205:18, 24; 229:3
20 [4]
150:24; 151:11; 203:21; 222:8
2000 [1]
214:14
2001 [66]
5:14; 14:4, 8; 15:19; 17:17; 18:2, 22; 24:24; 25:13; 26:1, 9, 18; 27:4; 28:1, 6; 33:1, 20; 38:21; 39:9, 19; 40:13; 42:16; 46:2; 51:2; 56:6; 64:12, 17; 65:1; 66:2, 23; 96:16, 17; 103:13; 107:13; 118:6, 24; 119:17, 19; 128:7; 135:22; 136:2; 174:7, 16; 186:20; 187:8; 188:16; 189:7; 190:10; 193:7, 19; 194:11; 195:20; 196:7, 15, 25; 198:10, 15, 20; 199:6; 200:12, 25; 205:8; 208:19, 20; 213:14; 219:7
2005 [6]
1:12; 2:4; 232:23; 233:3, 23; 234:4
20:01 [1]
190:23
215-772-1000 [1]
2:12
220 [1]
2:15
232 [1]
3:17
233 [1]
3:17
234 [1]
3:18
24 [5]
39:1; 152:22; 158:11, 17; 206:1
25 [1]
234:4
25th [1]
232:22

* * 3 * *

3 [6]
68:24; 205:18, 25; 208:9, 18; 214:17
30 [5]
141:3, 8, 19, 23; 234:16
33 [10]
33:3, 7, 11, 14, 17; 41:5; 43:16; 44:9, 11, 18
39 [1]
210:17
3:15 [1]
27:15
3:30 [7]
194:24; 221:1, 4, 10, 12; 225:20; 228:12

* * 4 * *

4 [3]
3:16; 205:18; 206:1
4.8 [1]
153:1
412-232-3400 [1]
2:22
412-566-3524 [1]
3:4
453-5700 [1]
234:3
48 [3]
156:21; 158:11, 17
4:45 [1]
8:9
4:53 [1]
231:13

* * 5 * *

5 [22]
19:14; 20:5, 22, 25; 21:4; 84:4, 17; 95:20; 103:11; 104:9; 105:21; 106:11; 107:9, 25; 109:5; 129:14; 130:3; 137:15; 144:5; 195:1; 203:1; 221:19
5.4 [1]
152:18
50 [1]
49:15
5:10 [9]
202:20; 222:10, 17, 22; 223:13, 15; 225:1, 2, 16
5th [1]
103:11

* * 6 * *

6 [21]
15:19; 18:2; 39:9; 79:17, 18, 22; 107:25; 109:5; 117:2; 137:5; 144:5; 200:12, 25; 205:7; 208:19; 213:14, 18, 19; 214:14; 218:18
6.2 [1]
152:17
60 [2]
72:12; 114:6
62 [1]
152:15
64 [1]
3:21
69 [1]
152:16
6:31 [1]
190:25
6th [96]
18:22; 20:6; 24:7, 8, 20, 23; 25:6, 13; 26:1, 9, 18; 27:4, 16, 19; 28:1; 31:22; 34:24; 35:12, 14; 36:8; 37:10; 38:8, 20; 39:19; 40:12; 46:11, 13, 16; 48:10, 18; 63:14, 24; 68:21; 71:17; 74:6, 11; 80:5;

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:N SHAFFER-DOAN VS RICHARD GROUT, M.D., DEPOSITION OF SUNDAR CHANDRASEKHAR, M.D., 10/12/(

Page 1 to Page 186

CONDENSED TRANSCRIPT AND CONCORDANCE
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Phone: 1-888-253-3376
FAX: 1-412-261-2537

Page 1

IN THE COURT OF COMMON PLEAS
OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right, — CIVIL DIVISION — No. 05-418-CD

Plaintiffs,

vs.

RICHARD GROUT, M.D., SUNDAR CHANDRASEKHAR, M.D., DUBOIS REGIONAL MEDICAL CENTER, GATEWAY AREA MEDICAL ASSOCIATES, INC.,

Defendants.

DEPOSITION TRANSCRIPT OF:
SUNDAR CHANDRASEKHAR, M.D.

DEPOSITION DATE:
October 12, 2005
Wednesday, 10:07 a.m.

PARTY TAKING DEPOSITION:
Plaintiffs

COUNSEL OF RECORD
FOR THIS PARTY:
Matthew A. Casey, Esq.
KLINE & SPECTER
1525 Locust Street
19th Floor
Philadelphia, PA 19102

REPORTED BY:
Kristina Kircher
Notary Public
AKF Reference No. KK89611

Page 2

DEPOSITION OF SUNDAR CHANDRASEKHAR, M.D., a witness, called by the Plaintiffs for examination, in accordance with the Pennsylvania Rules of Civil Procedure, taken by and before Kristina Kircher, a Court Reporter and Notary Public in and for the Commonwealth of Pennsylvania, at DuBois Medical Arts Building, 100 Hospital Avenue, DuBois, Pennsylvania, (10:07) on Wednesday, October 12, 2005, commencing at a.m.

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Page 3

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814-238-4926

ALSO PRESENT:
Gregory J. Volpe, risk manager
DuBois Regional Medical Center

* I N D E X *

* INDEX OF EXHIBITS *

* INDEX OF NOTED QUESTIONS *

Page 4

SUNDAR CHANDRASEKHAR, M.D.,
having been duly sworn,
was examined and testified as follows:

EXAMINATION

BY MR. CASEY:

Q. Good morning, Doctor Chandrasekhar. I know I'm not pronouncing it right. That's the last time I'm going to say it in the deposition. I'm trying my best, I promise you.

A. That's all right.

Q. Sir, you were here yesterday for several hours--

MR. CAVANAUGH: It seemed longer.

BY MR. CASEY:

Q. -- listening to the many questions and answers that I asked of your former colleague, Doctor Grout; is that correct?

A. Yes, sir.

Q. Will you state your full name for the court reporter, please?

A. My name is Sundar Chandrasekhar. I'm a practicing physician.

Q. What is your home address today, sir?

Page 5

A. 301 Hardwood Point, Jupiter, Florida, 33458.
Q. What is your business address?
A. 5325 Greenwood Avenue, Suite 302, West Palm Beach, Florida, 33407.
Q. What do you do in Florida today, sir?
A. I'm a practicing doctor there. I'm part of a group. I'm employed by a group called Pediatrix, P-e-d-i-a-t-r-i-x.
Q. And what are you specializing in down there?
A. Pediatric cardiology.
Q. Are you seeing general pediatric patients? And I'm talking now about patients who don't necessarily need a pediatric cardiologist.
A. Can I ask a clarification?
Q. Yes.
A. Are you talking about now?
Q. I'm talking now.
A. I'm seeing pediatric cardiology patients.
Q. As I understand your involvement in the Ayden Shaffer-Doan case, you were providing just pediatrics care to him?
A. Correct, sir.
Q. At no time were you practicing as it relates specifically to him as a pediatric cardiologist per se?

Page 6

A. No, sir.
Q. Am I correct?
A. Yes, sir.
Q. When did you move to Florida?
A. July 2003.
Q. And as of June of 2003, you were employed by the Gateway practice?
A. Correct, sir.
Q. What were the circumstances of your leaving the Gateway Area Medical Associates?
A. It was a combination of my wife having furthering her education and having a job opportunity and also for me, a job opportunity for me. It was number one being my wife and number two being me, in that order.
Q. Okay, that's the way I do it too.
MR. CAVANAUGH: Oh, right. Let that be a lesson to all of us.
BY MR. CASEY:
Q. Nothing to do with the weather?
MR. CAVANAUGH: Careful, Doctor. We don't want to offend a prospective jury pool. The weather here is delightful.
BY MR. CASEY:
Q. That's right. I'm not trying to do that.

Page 7

Were there any professional differences between you and your colleagues at Gateway that in any way contributed to your departure?
A. No, sir.
Q. For how long were you at the Gateway practice?
A. As far as I know, it was from November of 2000 to July of 2003.
Q. I've been provided by fax with some answers to discovery. I just received them night before last, and I expect -- I think I'm expecting more, but I want to attach as the first exhibit to this deposition, your Answers to Interrogatories.
And I believe that they will enable me to skip some questions that I planned to ask you, but have you reviewed your Answers to Interrogatories?
A. Yes, sir.
Q. And I can be sure that all of the answers here are true and accurate to the best of your knowledge, information, and belief?
A. To the best of my knowledge, sir.
Q. And your curriculum vitae which is attached here which covers two pages, is that accurate

Page 8

and up to date as of today's date?
A. Yes, sir.
Q. So in other words, all of the information is current as of today's date?
A. Yes, sir.
Q. Have you ever been sued in a medical malpractice case other than this one? And I'm including in my question the first Shaffer-Doan action that was filed. I'm not sure if you were named in that one, but I'm not talking about Ayden Shaffer-Doan. I'm talking any other case.
A. No, sir.
Q. Have you had a break in your licensure? And I think you remember yesterday vis-a-vis the state in which you were actually practicing at a particular time.
A. Not that I can recollect, no, sir.
Q. Have you ever lost your medical privileges at any institution, at any medical care facility, in your life?
A. No, sir.
Q. The question, No. 20, in the interrogatories asks you to set forth the name of each medical journal you subscribed to during the years of

Page 9

2000 to 2005. In your answers, your answer included the following medical journals: Pediatrics, Journal of American College of Cardiology, and Pediatric Notes.
Is that a complete list?
A. It's not a complete list. There are lots of publications which would come through the mail. And I would look at them, but I did not -- most of them I did not actively subscribe to them, that is, paid money for them.
Q. Okay, and the next question, No. 21, says: Set forth the name of each medical journal you read regularly during the years 2000 to 2005, and you named the same three journals. Is that a complete list of the medical journals, medical journals now, that you read regularly during those years?
A. It was not in exclusion -- I mean, there were other journals which I read, but these are the most important ones I read, because I can't remember the names of other journals which would come through the door, come through the mail.
Q. All right, you heard Doctor Grout's testimony yesterday on the subject of the nature of your

Page 10

discussion with him at around 11 a.m. on December 7, 2001. Do you remember my many questions about that subject?
A. I do remember a few things, sir.
Q. All right, did you at all take issue with Doctor Grout's failure to transfer Ayden Shaffer-Doan out of DuBois Regional Medical Center prior to the time that he was actually transferred?
A. I do not think I've talked to him about directly saying that you should not -- you should have transferred earlier. Did I give that --
Q. Sir, I'm asking whether you took any issue with his failure to do that, and I'm going to try not to parse words with you. But I think, respectfully, I think you know where I'm heading with this.
I'd like to know if you took issue with, disagreed with, challenged in any way, in any way disagreed with the decision.
MR. CAVANAUGH: Matt, the hesitation that the doctor has -- and you wouldn't know this -- is that there were two conversations that day. So you prefaced your questions that

Page 11

day about the conversation that occurred in the morning with Doctor Siar, and you don't know about the conversation that occurred earlier.
MR. CASEY: That's helpful. The actual question I asked didn't, but I realized there would be some confusion because I led into this because of the discussion with the 11 a.m. conversation. And that's helpful. Thank you.
BY MR. CASEY:
Q. Not limiting ourselves to just that conversation -- and I believe Doctor Grout and I got into this yesterday in a more expansive way -- was there any difference of opinion that was expressed either verbally or any other way between yourself and Doctor Grout regarding whether Ayden Shaffer-Doan should have been transferred out earlier?
A. The first conversation I had with him on December 7th, I mentioned to him that my recommendation would be that the baby should probably be transferred for the care. And Doctor Grout was the admitting doctor and the neonatologist, so it was my obligation to report to him and give my recommendations. And

Page 12

that's what I did the first time.
MR. CAVANAUGH: Doctor, he's asking you was there a disagreement between you and Doctor Grout, as I understand the question, as to whether or not this baby should be transferred. That's the question.
A. No. Sorry.
BY MR. CASEY:
Q. Okay, and the answer you just provided related to what you told Doctor Grout at 11 a.m. on December 7?
MR. CAVANAUGH: Would you just ask him the two conversations that he had? And then you'll know all you need to know.
BY MR. CASEY:
Q. You started to tell me you told Doctor Grout, because it's your obligation, you thought because he was the admitting doctor and the neonatologist that the baby should be transferred, correct?
A. That was one of my -- that was leading to my --
Q. I'm getting to that. That was what you discussed with him during the first conversation on December 7 which took place at around 11 a.m.?

Page 13

MR. CAVANAUGH: Counsel, I don't mean to interfere, and I can't testify. But you're complicating things because that wasn't the first conversation. If you'll just ask him about the conversations, then you can follow up with a thousand questions.

MR. CASEY: That's fine. Terry, you told me there was a conversation later that day.

MR. CAVANAUGH: No, I didn't. I told you there two that day, not one. That was an earlier conversation, not a later one. But I can't testify, so I'm trying to help move this forward.

MR. CASEY: I thought you said there was a conversation later that day.

BY MR. CASEY:

Q. Why don't you tell me about the two conversations.

A. Sometime after around 9 a.m. -- I can't tell exactly when after -- I had finished my examination of Master Ayden Shaffer-Doan at the hospital, I did talk with Doctor Grout about my findings.

And I told him I found -- put it all

Page 14

together, found it concerning, and I said that he needs to address or take charge of the constellation of findings and also during that conversation recommended that he probably -- I mean, he needs tertiary care transfer.

Q. And you told him this at about 9 a.m.?

A. Right after -- after 9 a.m. See? Yeah, right around 9 a.m.

Q. And what did Doctor Grout say to you?

A. I do not recall. There wasn't any disagreement from him. I did not hear a no. I can't -- I don't know. I don't recall what he said, but it wasn't a no.

Q. How can you explain then why this baby wasn't transferred out until that afternoon?

A. I did not know, sir. I had relayed the findings to the attending doctor and went back to the office and conveyed this information.

Q. Okay, did you take any steps at that time to initiate a transfer?

A. I did not. It's generally the policy -- I mean, there's no written policy. General, the nature of things is that you talk to the doctor who's being in charge of this patient all along and give him the information.

Page 15

And he was a specialist, a neonatologist, taking care of this baby, also the neonatologist that was taking care of this baby. So I relayed him this information, and I gave him my findings, sir.

Q. Did you tell him the baby needed to be transferred out immediately?

A. I do not recall using the word immediately. I do not recall that, sir. It's been a long time, sir.

Q. Not necessarily using that word, but did you make pretty clear your view that this was an emergency?

A. I did appraise him of the gravity of the constellation of findings, sir.

Q. Did you believe it was an emergency, at that time, 9 a.m. that day?

A. Emergency, I do not know, sir.

Q. Excuse me?

A. I do not know how to answer that, emergency.

Q. Do you know what an emergency is?

A. Yes, sir.

Q. Was this an emergency?

A. Yes, sir.

Q. It was a neurological emergency, correct?

Page 16

A. Yes, sir.

Q. Excuse me?

A. Yes, sir.

Q. Is that the extent of your conversation with him at around 9 a.m.

A. As I mentioned earlier, sir, I give my findings to him, and I gave my impression of the baby's overall condition. And I said I recommended that he needs to take, you know, action from that point on and also recommended about the transfer, like I mentioned earlier.

Q. Was there anyone else present during your conversation?

A. I do not recall, sir. I don't.

Q. Did you believe that he was more qualified given that he is a neonatologist?

A. Yes, sir.

Q. And you're not a neonatologist, correct?

A. No, sir. That is correct, sir.

Q. Tell me about your second conversation with him that morning -- that day, sorry.

A. That was -- I had started seeing patients. It was in the morning office hours in the same office. I just go to different rooms, and I don't necessarily see him.

Page 17

And then around mid morning -- I do not know the time, but I was later told around 11 o'clock by Doctor Grout's conversation yesterday, Doctor Siar and Doctor Grout shared a common space. So I just walked in.

And you can really see both the doctors in the same room. And I walked in, and I sort of came in on the conversation the two were discussing. I don't know exactly what. And again, I related these findings to them at that time.

And I did not -- at that point, I was more the listener. I told them the findings, but I did not -- the conversation actually was between Doctor Siar and Doctor Grout, and I came in.

Q. Were they talking about Ayden Shaffer-Doan?
A. I think so, sir, but I can't tell.
Q. Do you know?
A. No, I do not know.
Q. Well, then why did you feel the need to relate the findings again about Ayden Shaffer-Doan at that time?
A. Because I thought that was the most important issue which is there in my mind, you know, that

Page 18

morning. I mean, I had not seen any other patients to take that image away. I mean, that was the thing. And Doctor Siar is the senior doctor, and that was the first time I was seeing him that morning, I think.

Q. Yes. But the patient was Doctor Grout's, according to your earlier testimony. Why did you feel the need to walk into a room and reiterate what you had said at 9 a.m.? Do you catch where I'm -- do you catch my drift?
A. Not really, sir. But Doctor Siar is the original patient's doctor. I was notified of that earlier.

They came and saw Doctor Siar. They were -- Doctor Siar was the documented doctor on what you call the primary care who checks that, so I wanted to make sure he was appraised of the situation as well. And it is a common practice in a group to discuss in the morning about important issues.

Q. But the thing I'm just confused about is, you're telling me that you went in and, quote, just reiterated the findings.

I mean, it seems to me there would be some prelude to that, like you're saying,

Page 19

Doctor Siar, I didn't speak to you this morning, but you need to know about this patient or something that explains in a common sense way why you felt the need to walk into a room and then repeat what you had just said two hours earlier. I'm trying to understand it.
A. I do not exactly -- this happened four years ago, so I cannot tell how the conversation started.

Doctor Siar might have turned to me and said: So what happened, Sundar?

Well, you know, so I assume then I started reiterating the facts which I just, you know, mentioned earlier to Doctor Grout, the same findings.

Q. Did you ask Doctor Grout if he had notified the tertiary care facility?
A. At that point, no, sir.
Q. Did you know whether he had or not?
A. I do not know independently of that, sir.
Q. You know as a fact now that he had not at that point contacted Children's Hospital, correct?
A. I do not know, sir. Even now, I do not know at what time he contacted Children's Hospital.
Q. Did you presume based on your earlier

Page 20

conversation with him at 9 a.m. that Children's Hospital or some tertiary care facility had been contacted?
A. Reasonable presumption, sir. It was a presumption, yes.
Q. The answer is yes, I did presume that when we were having this conversation?
A. Yes.
Q. Because you conveyed the gravity of the situation to Doctor Grout around 9 a.m. and accordingly presumed that the tertiary care facility had been contacted; am I right?
A. But it was one of the recommendations I had made, sir.
Q. Excuse me, let me ask you the question again.

MR. CASEY: Can you restate the question?

MR. CAVANAUGH: It's still did you presume that a contact had been made to Children's Hospital?

A. Yes, sir.
BY MR. CASEY:
Q. And if I'm correct, it was because you had conveyed the gravity of the situation to Doctor Grout at 9 a.m., so therefore, you presumed by

Page 21

11 a.m. that he would have contacted the tertiary care facility, correct?
A. Yes, sir.
Q. What did Doctor Siar say to you when you discussed this patient in his presence at around 11 a.m. that day?
A. He had a very serious look on his face, and when I said I made all these recommendations and orders, I think he nodded his head. He agreed. He did not disagree with anything I had done at that point, and to me, that's all he told. I mean, that was the substance of our communication. I don't remember anything else, sir.
Q. Okay, you heard yesterday Doctor Grout say that he had nothing to do with this patient from 5 p.m. the day before until 11 a.m. on December 7th. Do you remember him saying that?
A. I think so, sir, yeah.
Q. That the patient was yours during those hours, correct? That's what he said?
A. Yes.
Q. And that's according to you incorrect; am I right?
A. Yes, sir.

Page 22

Q. The patient was yours from 5 p.m. on December 6 to around 9 a.m. on December 7th; is that fair?
A. Actually the way the call schedule is built, it's from 5 p.m. to 8 a.m. on -- it switches. But you always have this leeway, professional courtesy.
It takes some time where you examine a patient, so that's why the patients are not scheduled in the office until 9 a.m., to make up for that time which is spent in driving and examining, going from one room to the next. So yes, the calls schedule actually ends at 8 a.m.
Q. But you at least accept that you had responsibility for this patient from 5 p.m. until the time that you discussed at around 9 a.m. this patient with Doctor Grout when you told him to take charge; am I right?
A. Yes.
Q. Did you believe when you examined the patient at around 8 a.m. or 9 a.m., in that vicinity on December 7, that the patient should have been transferred out earlier?
A. I did not -- I don't think so, sir, because I did not know the pattern of events that had occurred.

Page 23

Q. Excuse me?
A. The pattern or some total of the events.
Can I ask you to rephrase? Looking back, you're asking me after having reviewed all the records and asking me to give a judgment, or you're talking about at that point in time?
Q. No, sir. I'm assuming that you as the baby's doctor at 9 a.m. on December 7th, in fact, knew the pattern of events that occurred since he got into the hospital. That's what I'm presuming. Did you believe at that time when you examined the patient that he should have been discharged earlier? That's what I'm asking.
MR. CAVANAUGH: In other words, he's asking what you knew at that time.
MR. CASEY: That's correct.
A. I did not know about the numerous episodes which have been documented in the chart, sir.
BY MR. CASEY:
Q. So at around 8 a.m. on December 7th, you had no knowledge of the, as you say, numerous events that are documented in the chart?
A. Yes, sir.

Page 24

Q. What did you know about the patient, clinically significant information, vis-a-vis whether he was stable?
A. Around 5 p.m. on December 6, 2001, I was at the transfer of call. I was notified of a patient, Ayden Shaffer-Doan, being in the hospital by Doctor Grout, and he told me he was admitted for gastroenteritis, dehydration, apneic episodes, and gastroesophageal reflux.
And he also mentioned about the BUN being elevated, which is blood urea nitrogen, being elevated to 62 milligrams per deciliter at the time of admission.
But he had given IV fluids, and the BUN was decreasing. He did not mention about any ongoing neurologic problems at that time. He did not mention about -- he told me that otherwise the baby was being treated for sepsis, was being given IV fluids, and baby was being monitored in the pediatric unit. This was around 5 p.m.
Q. And that's everything he told you?
A. As far as I can remember, yes, sir.
Q. Was that a phone conversation?
A. No. This was a face-to-face.

Page 25

Q. Where?
A. In the office.
Q. The office was about two miles away?
A. Two miles away.
Q. Try to let me finish my question, sir. That was in the office that's about two miles away?
A. Yes.
Q. Did you at any time after discussing this patient at 5 p.m. on December 6th with Doctor Grout go to see the patient yourself that day, December 6?
A. No, sir.
Q. Did Doctor Grout convey to you the impression that this baby at 5 p.m. on December 6th was stable?
A. Yes, sir.
Q. Did he convey to you, to use maybe the vernacular, that things were under control with Ayden Shaffer-Doan?
A. Yes.
Q. Did he use the word seizures in his conversation with you?
A. No, sir.
Q. Did he ever suggest that you speak to the nurses regarding some confusion about whether

Page 26

the baby was experiencing apneic episodes versus seizures?
A. No, sir.
Q. Is his testimony about that differential diagnosis, seizures versus apneic episodes that you heard yesterday, the first that you're hearing about such a debate?
A. On December 6 about that conversation, yes, sir.
Q. Okay, but my question is, yesterday when you sat in this room and Doctor Grout testified under oath that there was this differential diagnosis on December 6th of apneic episodes versus seizures, is yesterday the first time you ever heard that?
A. Yes, sir.
Q. Did you call the hospital to inquire about Ayden Shaffer-Doan at any time after 5 p.m. on December 6th? Now I'm limiting my question to that day.
A. I do not recollect, sir.
Q. You've reviewed the medical records, correct?
A. Yes, sir.
Q. There's no reference in the medical records, I don't believe, that indicates that you were in

Page 27

contact with the nurses at any time on December 6th. Does that comport with your review of the records?
A. I think so, sir, yes.
Q. But you nonetheless – let me withdraw that.
You don't recall making contact with them on that day? And perhaps it's just not reflected in the records. I just want to make this clear.
A. Well, they did call me. They paged me, and I responded to that call, which is different from the question that you asked me, that I initiated a call; is that right, sir?
Q. That's right. That's right. And we'll just go through the medical records, but I guess it was inartfully stated. I apologize.
My question was, having reviewed the records, do you believe that there was some contact between you and the nurses that's not reflected there?
A. I cannot recall, sir.
Q. You have no basis for believing there was a call or communication that is not reflected there?
A. That's right, sir.

Page 28

Q. When did you become board certified in pediatrics?
A. 1991.
Q. Did you pass your exam on the first try?
A. Yes, sir.
Q. And have you had to recertify since then?
A. Twice, sir.
Q. And you have done so?
A. Yes, sir.
Q. Is your Pennsylvania medical license active today?
A. Yes, sir.
Q. When was the first time that you learned about the documented seizure episodes that appear in the medical records? And I'm talking about – I'm sorry, I'm talking about those that transpired prior to your getting involved at 5 p.m. on December 6th.
A. Can you rephrase that?
Q. Yes. You told me that when you spoke to Doctor Grout you were not informed of any even question of seizures having occurred before 5 p.m. on December 6th with this patient. Am I right so far?
A. Correct, sir.

Page 29

Q. When was the first time that you learned that, in fact, there were documented episodes, seizure episodes, prior to 5 p.m. on December 6 for this patient?

MR. SOSNOWSKI: I'm going to object to the form of the question only because certain of the episodes --

MR. CASEY: Excuse me, that's all you need to object to. Objection to the form, that's fine.

MR. SOSNOWSKI: I want to state my objection.

MR. CASEY: I don't think you're permitted to under the Rules. I don't think that's what we're supposed to be doing, but if you want to do that, that's fine.

MR. SOSNOWSKI: I'll let you correct the question if necessary. I don't think all the documents of episodes have the word seizure in them.

MR. CAVANAUGH: That's correct, and you did carefully say seizure-like episodes earlier. You're correct.

MR. CASEY: I'll clear it up, and this is actually beneficial because Doctor

Page 30

Chandrasekhar was here yesterday.

BY MR. CASEY:

Q. Do you remember at the end of the deposition we had to get the records out, and I actually read where it says, quote, seizure episodes, unquote. And that was referring to things that had occurred in the overnight hours of December 6. Do you remember that?

A. Yes.

Q. When was the first time you remember of such things having occurred?

A. When I looked at the medical records when I was signing some orders a week to three weeks later. The flow of events, you know, the pattern of events, as I use the word, I came to know sometime when I was looking at the medical records chart in the medical records department.

Q. Did you think to yourself at that time about whether your conduct around 5 p.m. or thereafter would have been any different had you been informed of those things?

A. Yes, sir. Yes, sir.

Q. And tell me what you thought.

A. If I would have asked Doctor Grout, the

Page 31

attending neonatologist, to have come in at 5 p.m. to re-evaluate the patient again before transferring to my care and maybe do a joint assessment if possible and maybe add some other issues regarding management, certainly different to him being a neonatologist, but if I had all the facts, I mean, the pattern of events.

Q. Did you think to yourself that had you known those things, this pattern of events, that you would have been uncomfortable being responsible for this patient after 5 p.m. on December 6 in light of that pattern?

A. Uncomfortable, yes. But I would have at least Doctor Grout's input on it. I might have been calling him on a minute-by-minute basis, because in any neonatology situation, Doctor Siar and Doctor Grout are my back-up doctors. Any issue raised with a neonate, I just head for the phone and call them.

I've seen them managing complicated babies in the neonatal intensive care unit, so I certainly would have gotten their input in many ways in abundance, you know, after 5 p.m.

Q. On a minute-by-minute basis?

Page 32

A. I could have, yes.

Q. Did you think to yourself when you found out about this pattern of events that you would have?

A. Yes, sir, if Doctor Grout didn't have any -- yes, sir.

Q. Is not Doctor Grout a neonatologist?

A. Yes, sir.

Q. Did you think to yourself when you found out about this pattern of events that, while you may have deferred to Doctor Grout, that you at least would have recommended that the baby be transferred?

A. Yes, if there was no neonatologist on board who was backing me up. If the situation arose and I was left with -- if I were witnessing all these issues and I could not come up with a diagnosis, I would have asked a tertiary care center to help.

Q. In fact, you were -- well, my question was, did you think when you read the records and found out about this pattern that, at around 5 p.m. when this patient is being handed off to you, given that you're not a neonatologist, you would have recommended transfer, even though as

Page 33

far as the actual decision is concerned, you would have to refer to Doctor Grout?
A. Not necessarily at that time, sir. I would have gotten Doctor Grout's opinion, and I might have asked his opinion again. And I might have asked him to come in and see the patient again at 5 p.m. along with me so that both are seeing the same things at that point. So I cannot say at 5 p.m. I would have written a transfer order.
Q. I understand that, and I think I understand your answer. And I realize that you're telling me that you wouldn't have written a transfer order, but at least in your judgment, having learned about this series of events, seizure-like episodes, that the baby should have been considered for transfer at that point.
Is that something that arose in your mind when you realized what this pattern of events was?
A. It arose in my mind, sir, when I was looking at the events later on, like when I was looking at the medical records, yes.
Q. It arose in your mind that would have been

Page 34

something that would have been your judgment at the time?
A. Again, I think at that time at 5 p.m., yes, sir.
Q. And is part of that judgment that DuBois Regional Medical Center has no pediatric neurologist available on site?
A. Correct, sir.
Q. And that would have factored into that decision had you known about the pattern of events?
A. Yes, sir.
Q. Did Doctor Grout, during the conversation at 5 p.m. on December 6th, express any concern whatsoever about Ayden Shaffer-Doan's serum sodium levels?
A. No, sir.
Q. Did he use the word hyponatremia at any point in this conversation?
A. No, sir.
Q. Was it anywhere on your radar screen in the hours after 5 p.m. on December 6th, that is, hyponatremia?
A. No, sir.
Q. You know what that is, correct?
A. Yes.

Page 35

Q. What is it?
A. It is a decrease in serum sodium when measured in a patient based on your hospital lab values.
Q. You emphasized the word your hospital lab values. Why is that?
A. Because different hospitals have different ranges of values, and I worked at many hospitals. And even though approximately they are the same, they're not exactly the same, and you measure -- these are all machines.
I'm not an expert on that. But these are all machines which measure levels, and they can vary a little bit. And they have a range. The amount of sodium serum level varies a little about bit. You have a range, and the hospital machines give you a certain range in which it's considered to be normal. So a hospital 10 miles apart may have a different range of the numbers.
Q. Why is it that you, had you been aware of the pattern of events with this baby, would have been in touch with a neonatologist on a regular basis?
What's different between yourself and a neonatologist as it relates to taking care of

Page 36

a baby who is having seizure-like episodes?
A. The whole neonatology as part of a pediatric residency is a small percentage when you're doing so many other things under the pediatric residency as opposed to a neonatologist who has done extra hours, extra years of studying in that particular field of up to 28 days of age of a neonate.
Q. So a baby at DuBois Regional Medication Center who's 18 days old who's having seizure-like episodes should not be in the care of just someone trained in pediatrics; he should be in the care of someone who is trained as a neonatologist, correct?
A. I would not absolutely say yes to that answer because a very experienced pediatrician can take care of -- I've known of some pediatricians who can take care of these problems. So it's not an absolute law that a pediatrician should not take care of a neonate.
Q. I'm not saying that, and I understand perhaps the confusion. But I'm asking, do you remember earlier we talked about your first coming to learn this pattern of events, and your response to me was that you would have involved a

Page 37

neonatologist perhaps on a minute-by-minute basis?
Do you remember that?
A. Yeah.
Q. I'm asking you whether it is a fact that a patient with this constellation of problems that you realized when looking back at the records should not have been entrusted to the care only of someone trained in pediatrics but rather should have been constantly in the care of an attending neonatologist?
A. I can only talk about myself, sir. I do not know about pediatrician when you're saying a pediatrician. I say pediatrician –
Q. That is a different question. I'm saying this baby, given his constellation of factors and symptoms, should not have been entrusted only to somebody trained in pediatrics but rather should have had an attending neonatologist on board and on call at all times?
A. I cannot say yes because I do not know all the pediatricians practicing in this world, sir.
Q. Who was the neonatologist on call between 5 p.m. on December 6th and 8 a.m. on December 7?
A. I did not have – I think I'll have to refer

Page 38

back. I do not have a copy of the call schedule on that day. But there is always a neonatologist, either Doctor Siar or Doctor Grout, who was my back-up, and I don't know who it was that day.
Q. You're telling me you believe someone was actually on call, not whether you knew their phone number. I'm asking whether there was someone scheduled on call during the time between 5 p.m. on December 6th and 8 a.m. on December 7th?
A. Yes, sir. There's always a neonatologist on call, yes, 24 hours a day for DRMC.
Q. There was no neonatologist attending, as the attending physician, for this patient between 5 p.m. on December 6th and 8 a.m. on December 7th; am I right?
A. Yes, sir.
Q. You were the attending?
A. I was the attending on-call person, on-call doctor, covering doctor, between 5 p.m. and 8 a.m.
Q. If medical problems arose, they went to you?
A. Yes. But depending on -- just to add to that, sir, depending on what the problem was, I would

Page 39

then discuss it, you know, if it's in neonatology.
Q. Excuse me?
A. Then I would talk to people if it was – if something needed to be done on a neonatal patient.
Q. Did you call Doctor Grout or any neonatologist between 5 p.m. and 8 a.m., that is, 5 p.m. on December 6 and 8 a.m. on December 7?
A. No, sir.
Q. You didn't call for any back-up?
A. No, sir.
Q. What medical records have you reviewed before this deposition?
A. I think I've reviewed the medical records, the entire medical records which was shown to me, shown to me.
Q. Which medical records? I mean –
A. The DRMC medical records.
Q. Did you review the Gateway practice's medical records?
A. No, sir.
Q. You did not?
A. No.
Q. All right, did you review any records from

Page 40

Children's Hospital of Pittsburgh?
A. No, sir.
Q. Did you review any writings of any kind from an outside expert?
A. No, sir.
Q. I'm looking for a document. Excuse me one second.
You ordered an EEG for Ayden Shaffer-Doan, correct?
A. Yes, sir.
Q. And did you order it immediately after examining him on the morning of December 7?
When did you order it? I'll ask you that.
A. I think this was ordered before I even examined him, sir.
Q. Okay, that's right. In the medical records, there is a reference to the fact that you ordered an EEG to be done in the morning?
A. Yes, sir.
Q. And that came during the overnight hours?
A. The call, you mean?
Q. Yes, when you ordered it.
A. Yes.
Q. And as I said, we'll get to the specifics of the medical records later. Is there a reason

Page 41

that you didn't order an EEG to be done immediately?
A. It was my understanding, sir, that you could not get these EEGs in the middle of the night at DRMC.
Q. That was your understanding?
A. That's right.
Q. Is that a fact?
A. I do not know, sir, because -- I'm sorry I interrupted you. I do not know, but I was an employee of Doctor Siar, and he has mentioned that in conversations that these EEGs, tests like EEGs, the report time and the review time takes -- there's a delay between the time of doing them and getting interpretation. And you need the right technicians who have to be there to do them. I've been told that in the past.
Q. So in the middle of the night when you were on the phone and considering an EEG, you made an order for it to be done in the morning because you did not believe it could be done in the middle of the night at DRMC?
A. That was my understanding, yes, sir.
Q. Why did you order the EEG to be done?
A. That was in response to a call made by the

Page 42

nurse at around 4:15 a.m. on December 7, and she mentioned about tremors of extremities and eye blinking.
I don't have the records right in front of me; eye blinking and tremors of extremities. And that's the time I thought of seizure disorder, seizure as a cause of this, and I ordered that to further evaluate the situation.
Q. You didn't ask the nurse if she thought it was a seizure? You came to that conclusion based upon the clinical findings that were reported to you, correct?
A. Yes, sir.
Q. Her even telling you that the baby had eye blinking was enough for you to suspect seizures, correct?
A. I think it was the constellation of symptoms that were reported to me. I cannot just take one part of the thing.
Q. That's fair. I understand what you're saying. And I don't want to get into the details of the records yet. If you need to, though, to answer my question, I understand that, and I'll let you do that, of course.

Page 43

What specific symptoms that she reported to you led you to the conclusion that you needed to get an EEG because you suspected seizures?
A. The eye blinking, the eye blinking and eye twitching for a short period of time, the tremor of some extremities, which, again, I don't remember which one.
And she also mentioned transiently one pupil being slightly dilated and reacting sluggishly but then coming back to normal. So the constellation of these three findings together in a baby which is a new finding for me, I thought of seizure disorder.
Q. Was it necessary that one pupil be a different size than the other for you to reach the conclusion that it was seizures?
A. Again, the answer to that would be not by itself, sir. When I put these things together, together, I really have to look at the records.
At that time, was there a question of breathing issues? I'm not sure, sir.
Q. All right, we'll get to that. A baby with one pupil bigger than the other and experiencing seizures is a neurological emergency, correct?

Page 44

A. Persistent dilated enlarged pupil with seizures is a neurological emergency.
Q. What do you mean by persistent?
A. If this is a finding which is a reproducible finding which is there on prolonged observation. So I'm trying to differentiate a transient finding which you just get on one look and it gets back to normal versus a finding which is there for a longer duration.
Q. All right, and I'll come back to that. What is status epilepticus?
A. My understanding is seizure activity, continuous seizure activity, lasting for 30 minutes or more in a pediatric population.
Q. All right, but you know from being here yesterday and the little bit of time from being here today words sometimes matter, and I want to understand exactly what you mean.
When you say continuous seizure activity, does that mean, in order to qualify a status epilepticus, a patient has to have a seizure that starts and continues for 30 minutes, one seizure?
A. My understanding of the literature and in newborns, neonates, is that you can have status

Page 45

epilepticus without having any external manifestation. You could have what they call subclinical seizure activity which is diagnosed only by EEG and which could be considered -- so it would be EEG abnormality consistent with seizure disorder lasting for 30 minutes would be --

Q. Because of precisely what you just said, isn't it so that a differential diagnosis that includes status epilepticus is indicated when a neonate has brief seizure-like episodes, even themselves only lasting for a few seconds but, nonetheless, that persist and come back over time beyond 30 minutes, isn't that so that such a finding means that status epilepticus should be at least in a differential diagnosis?

A. No, sir.

Q. All right, tell me how I'm wrong.

A. First is you're using the word seizure activity already, like I knew about it. You're saying seizure activity was happening and then for a while, and then you're saying I saw this -- or it was reported that there was this dilatation.

For me, those two things are happening sort of together, and it was

Page 46

transient. And so at that point, I was not prepared to make a diagnosis of status epilepticus.

Q. And I'm sorry, I'm not talking precisely about the time when you got the phone call. I'm talking in generalities now about the definition of status epilepticus.

Maybe we can do it this way. We know that this baby, your patient for about 14 hours--

A. Not really, sir.

Q. Wait a minute, I'm sorry.

MR. CAVANAUGH: You both can't talk at the same time.

BY MR. CASEY:

Q. Starting at 5 p.m. to 9 a.m., that's 16 hours, right? That was your patient for 16 hours, correct?

A. Yes, sir.

Q. And we know now that this baby was experiencing seizure-like episodes from the time he was admitted at around 3:30 a.m. on the 6th to the time that you examined him on the morning of December 7th, correct?

MR. SOSNOWSKI: Objection to the

Page 47

form.

MR. CAVANAUGH: He did say seizure-like, which I suppose is a matter of some debate, so I'll permit it.

A. Yes.

BY MR. CASEY:

Q. Yes?

A. Yes.

Q. When you reviewed the records and learned this, as you described it, pattern of events that occurred between the time of admission and when you got the baby at 5 p.m. on December 7th -- December 6th at 5 p.m., was it your impression that this pattern of events was consistent with status epilepticus leading up -- excuse me, leading up to 5 p.m., that is, admission to 5 p.m. on December 6th?

A. I don't think so, sir, as far as my understanding.

Q. Would you defer to a neonatologist on that?

A. Yes.

Q. I'll mark the next exhibit, the report of the EEG that you ordered. You can take a look at it. I don't have many questions about it for you, but just to refresh your recollection of

Page 48

it, this will be Exhibit 2.

Okay, you've seen this before, correct, sir?

A. Yes, sir.

Q. Do you know Doctor Kinosian the neurologist who performed it and interpreted it?

A. I have seen her in a meeting once through my entire -- I think the few years I was in DuBois. I never really interacted with her anyway.

Q. Did you ever discuss this EEG and the findings with Doctor Kinosian?

A. No, sir.

Q. When did you first learn the results of the EEG that you ordered?

A. At the time, I was looking at the rest of the medical records in the medical records department, sir.

Q. And this is a few weeks after the baby was transferred?

A. Yes.

Q. This report indicates that the findings were dictated at 6:31 p.m. on 12-7-2001, correct?

A. 12 -- dictated at 12-7-2001 at 6:31 p.m., yes, sir.

Page 49

Q. So this would be 6:31 p.m. on the evening of the day on which you ordered it, correct?
A. Yes, sir.
Q. With your order for there to be an EEG done, did you communicate the need to do it with any urgency?
A. I do not recall that, sir. I wanted it done, and I wanted it done -- when they do these things, they do it first thing in the morning. That was my just understanding of how this procedure is done. It's done first thing in the morning.
But I can't tell you exactly what time this is done, and I wanted it done. When I write a.m., I meant first thing in the morning, of the morning.
Q. You had the capacity to ask at least that it be done on a stat basis, correct?
A. Yes, sir.
Q. And you did not do a stat EEG order, correct?
A. Yes, sir. Excuse me, can I get a drink of water?
Q. Sure.

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(There was a recess in the proceedings.)

Page 50

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BY MR. CASEY:
Q. Did you ever discuss the EEG report or the findings of the EEG, either one, with Doctor Grout?
A. Not specifically, sir.
Q. I don't know what you mean by that.
A. I don't recall, sir. I was discussing the patient as a whole. This EEG, specifically no, sir. I don't recall, sir.
Q. Did you ever discuss this specific EEG with Doctor Siar?
A. No, sir.
Q. What did you think, if anything, about Ayden Shaffer-Doan and what had happened to him at DuBois upon reading the EEG report?
MR. CAVANAUGH: Counsel, how could that possibly be relevant to an evaluation of Doctor Chandrasekhar's?
MR. CASEY: I think it's reasonably calculated to lead to discovery of admissible evidence which is the standard to me.
MR. CAVANAUGH: It's not -- I can paraphrase or quote the rule too -- something that was completely unknown to him at the time

Page 51

he was caring for the patient.
MR. CASEY: What he thought could have prompted further discussion with other people, and that is one of the things I wanted to explore.
MR. CAVANAUGH: He told you he has never discussed this with Doctor Siar and he has no recollection of discussing it with Doctor Grout.
MR. CASEY: He could have discussed it with nurses. He could have discussed it with the risk manager of the hospital.
MR. CAVANAUGH: You can ask him those questions.
MR. CASEY: That why I asked him the question. Just say for him not to answer the question.
MR. CAVANAUGH: That's what I'm doing. I was trying to give you the opportunity to cure your question.
BY MR. CASEY:
Q. Did you ever discuss this case with the gentleman in the room who is the risk manager for the hospital?
A. No, sir.

Page 52

Q. Did you discuss the report of the EEG or the findings on the EEG with any person that you can recall?
A. With the patient's mother after she came when I saw her afterwards, but as part of the gamut of discussion when you examine a baby but not specifically any doctor asking for, sir.
Q. Are you aware of any incident report being done either here at DuBois or within the Gateway practice relating to this patient and the December 2001 care that he received?
A. No, sir.
Q. You know what an incident report is, right?
A. Yes, sir.
Q. Did you ever communicate to any person affiliated with DRMC or affiliated with the Gateway practice criticism of the nurses at DRMC who took care of Ayden Shaffer-Doan?
A. Not me personally, sir.
Q. I don't understand that.
A. I did not, sir.
Q. Are you aware if anybody -- are you aware whether anybody did?
A. I'm not aware, sir.
MR. CASEY: Okay, we can take a

Page 53

break.
MR. CAVANAUGH: Okay.

(There was a recess in the proceedings, and Exhibit 1 and Exhibit 2 marked for identification.)

BY MR. CASEY:
Q. Sir, we took a brief break. Are you prepared to continue?
A. Yes, sir.
Q. When you assumed care of this patient at 5 p.m. on December 6th, you knew that if seizures were suspected that your job would be to take all measures necessary to try and stop seizures, correct?
A. Yes.
Q. And part of that includes immediate consideration of anticonvulsants, correct?
A. Yes.
Q. And you, in fact, did that in the morning of December 7th, correct?
A. Yes.
Q. And I want to understand your decision making in that regard. Would I be correct to state that even the suspicion of seizures during the

Page 54

overnight hours prompted you to as quickly as you thought possible administer or have administered to the baby anticonvulsants?
A. Suspicion, no, sir. But I wrote the order or discussed the order and wrote the order after I saw the baby when I actually witnessed an episode, sir.
Q. So you would not order anticonvulsants unless you actually witnessed the event yourself?
A. Yes, sir, or I had been told that a diagnosis of seizure disorder had been made earlier. And then if another episode like that occurred, I might respond to that in a similar vein.
Q. Could the nurses in December of 2001 diagnose a seizure disorder?
A. Not to my knowledge, sir. They make an observation, but the diagnosis is made by physicians.
Q. And so according to your understanding of how things worked then, this baby couldn't get anticonvulsants until he was seen by a physician who diagnosed seizures, correct?
MR. CAVANAUGH: That's not what he said.
BY MR. CASEY:

Page 55

Q. Am I incorrect? I suspect you're going to tell me I am after that objection.
MR. CAVANAUGH: Well, I would hope so. Should I nudge him with my elbow?
BY MR. CASEY:
Q. Am I incorrect?
A. Yes, sir.
Q. Why don't you explain to me in whatever way you want, I guess, how this baby was supposed to get a timely administration of anticonvulsants if he needed them when he was seen by a doctor only twice on December 6th and by you once at around 8 a.m. on December 7th?
How does that process occur, and how did it occur at DRMC in December of 2001?
MR. CAVANAUGH: We now have at least three questions on the table. You're simply asking him, aren't you, on what basis should anticonvulsants be ordered, and then he could tell you.
MR. CASEY: He already did tell me.
MR. CAVANAUGH: But you misstated what he told you, and you're asking him again.
BY MR. CASEY:
Q. Why don't you tell me again.

Page 56

A. I would give anticonvulsants when I had been told by another physician or the doctor taking care of a pediatric patient that the patient has a seizure disorder or if I made a diagnosis of a seizure disorder in a patient.
Q. But a baby who may have a seizure disorder needs immediate evaluation as to whether anticonvulsants are indicated, correct?
A. Yes, sir.
Q. Immediate, like right then; am I right?
A. Once a diagnosis of seizure disorder has been made, then treatment has to be immediate, sir.
Q. Right. And the only way that you, if it's your patient, if I'm understanding your testimony correctly, can diagnose it is if you see the patient unless there's been a prior diagnosis from another physician; am I right?
A. Yes, sir.
Q. Were you concerned when you looked at the records subsequent to this baby's transfer that he had not been given anticonvulsants soon enough?
A. I'm not sure, sir. In that sense, I'm not sure if every episode which has been documented in the chart is a true seizure disorder, is a true

Page 57

seizure episode. I do not have any way for me to have -- even after reviewing the chart, it's difficult for me to say every one of those was a seizure disorder.
Q. Did you conclude that any one of them was?
A. Yes.
Q. And which ones?
A. I cannot say, sir. I mean, I cannot say in total or in entirety. At the same time, some of them could have been, sir.
Q. And when you say seizure disorder, you're talking about any documented seizure, correct?
A. Yes, sir.
Q. And when you told me that you believe that some of them were seizures, are you talking about things that you saw on the chart from the time of admission until 5 p.m. on December 6?
Anything in that window of time?
A. Yes, sir.
Q. Documented seizures, correct?
A. Documented seizure-like episodes.
Q. Upon which you could or could not -- strike that.
Upon which you did or did not conclude when you saw it in the chart that the

Page 58

baby was, in fact, having a seizure?
A. I did conclude that, sir.
Q. So does it follow then that, when you saw this information in the chart relating to the time period between admission and 5 p.m. on December 6th, that anticonvulsants were indicated prior to the time that you got the patient?
MR. CAVANAUGH: He's not going to respond to that. He wasn't caring for the patient at that time.
MR. CASEY: I'm asking whether he concluded that when he looked at the records.
MR. CAVANAUGH: I know what you're asking. You were clear, and I'm equally clear. He's not going to respond to that question.
BY MR. CASEY:
Q. All right, can you read for me -- and this is from Grout 1, the progress record from 12-7-01 at 8:50 a.m. I believe it's your note, sir. Can you read it -- why don't you try to get it so I can look at this one -- if you don't mind, slowly into the record?
MR. CASEY: Mark that page, okay (directed to the reporter)?
A. Can I start, sir?

Page 59

BY MR. CASEY:
Q. Yes, please.
A. Pediatric staff note, 12-7-01, 08:50 hours. Nurses have noted trembling and twitching of eyes and involuntary movements of body, period. Occasional mouthy moments, period. Cry is shrill, period. No fever, occasional drops in heart rate and sats, which is saturations, with movements, period. Urinating well, period. Stooled times two.
Next paragraph, PE, which is examination, reveals afebrile, period. Pupils slightly enlarged but reacting, period. Mild frothing at mouth, period. Throat clear, tympanic membrane, TM, which is tympanic membrane, clear; RS, respiratory system, clear. Cardovascular, CVS, S1, S2, NAD which means the first and second heart tones, no abnormality detected.
Abdominal exam, GI, abdominal soft bowel sounds plus, which means present, and then tone, decreased all four limbs. Moro, which is a reflex, moro, not well elicitable. Skin fading examine.
And below that, lab, BUN 26,

Page 60

creatinine 0.6. Blood culture, negative times 24 hours which means negative the first 24 hours after drawing, the 24-hour report.
CSF, negative times 24 hours. Urine has Group B strep. Cranian ultrasound normal; sodium downward area arrow which means decrease 129 and my signature where I signed twice.
Q. Do you have any basis upon which you can testify as to when you would have examined the patient? And I'm talking minutes now before writing this note.
A. Sometime between 8:10 a.m. I see a note not in this but in the nurses' notes in my recollection, 8:10 a.m. I see some notation there that doctor there, so sometime between 8 a.m. and 8:50 a.m. is when I would have done it.
Q. All right, do you believe that you contacted any neonatologist between 8:10 and 8:50?
A. No, sir.
Q. And then if I understand you correctly from your earlier testimony, you went back to your office which is about two miles from here and at some point thereafter had this first conversation with Doctor Grout?

Page 61

A. I think I initiated a phone call, I told him, but I do not exactly recall. The conversation was made around 9 a.m. right about a few minutes, ten minutes or so, after writing this, approximately ten minutes or so of writing this note.
Q. Did you rush to see him?
A. Yes, sir. I made the call.
Q. And this note reflects the findings that you told me earlier that constituted a neurological emergency, correct?
A. Yes, sir. At that time, I had concluded it was a seizure that was on top of my diagnostic list at the time.
Q. You diagnosed seizures?
A. Right, sir.
Q. But your note says not that you witnessed it but rather, quote, that nurses have noted trembling and twitching of eyes and involuntary movements of body. And then you continue with your note?
A. Right.
Q. You don't say that you witnessed it; am I right?
A. Right. But I say occasional mouthy movements,

Page 62

and I think that was witnessed by me. He was doing some lip smacking, which maybe I didn't use the right word. Mouthy movements, I meant like -- I think the way it's mentioned in books is lip smacking. They just (demonstrating) are movements which are nonspecific but can be sign a of a seizure disorder. And so with that constellation, I made the diagnosis of seizure disorder.
Q. But your note doesn't say that you witnessed the lip smacking?
A. That's what I -- I mean, I didn't think I put it correctly, sir. I mean, I should have said at that time when I was writing the note. I wasn't paying attention to grammar because I just wrote one. I don't continue with that sentence. I said occasional mouthy movements.
Q. You don't mention -- by the way, is this your only note for this patient?
A. Yes, sir.
Q. And you mention nothing in your note about being told by phone earlier that morning that he had one pupil bigger than the other, correct?
A. I did not write that.

Page 63

Q. You don't mention it anywhere in any respect; am I right?
A. Well, I did address this situation in my exam, sir, so although I did not mention it in my history -- I say pupils slightly enlarged by react.
Q. And that's what you found at 8:50?
A. 8:50.
Q. All right, should I expect that you reviewed other entries in the progress record prior to entering your own? And of course I'm talking about earlier entries.
A. The entries of orders made in the past and entries of Doctor Grout's handwritten note, entries of labs which were back in that time in the chart, yes, sir.
Q. And what about nurses' notes?
A. I did not see them, sir.
Q. Why not?
A. At that time, they were not available in the chart.
Q. Describe how that works for me, because Doctor Grout, he alluded to it yesterday. The nurses actually enter their notes manually onto a computer?

Page 64

A. That's my understanding, sir.
Q. Well, was it so back in December of 2001?
A. Yes, sir.
Q. Where is the computer in relation to the patient?
A. The computers are out in the nursing station which is a central area akin to an open space like this with the rooms on the sides. So they're not in the patient rooms. They're in the central nursing station. In December of 2001, they were.
Q. So is there any means by which you can actually look at the nurses' notes? And I'm talking December of 2001.
A. Not actually read them, sir. As far as my understanding, I could not enter into the computer and read those notes. I was not given any way of doing that, sir.
Q. Well, did you try to get any entry into the nurses' computers, into the computers to look at the nurses' notes at any time prior to December 7 of 2001?
A. I did not make any attempt, sir. It's not something I've done.
Q. There's nothing in the chart when you get it to

Page 65

reflect in a documented way what the nurses' findings have been between the time of admission and when you see this patient at 8:50 on 12-7?
A. Not really, sir.
Q. Not really, or there isn't?
A. Not with this patient, sir.
Q. And you remember that?
A. To the best of my recollection, sir.
Q. Is it typical back in this time period that when you get a chart for a pediatric patient that the pediatric nurses' notes are not front and center for you in the chart?
A. It's -- yes, sir.
Q. So the custom and practice back at this time was you, the pediatrician, get a chart that includes relevant information about the patient's history, and excluded from that collection of information are documents -- are documented -- is documentation of the nurses' findings; am I right?
A. I cannot say exclusion, sir. I cannot say exclusion, sir.
Q. Why not?
A. Because some patients, they may have those

Page 66

records in the chart, so I do -- it is not mandatory that they do not have these things in the chart, you know, if you're asking.
Q. I'm not asking whether it's mandatory or not. But you saw a lot of patients at DRMC?
A. Correct.
Q. And pediatric patients, correct?
A. Yes, sir.
Q. And I'm wondering if in the regular course of events you would have a chart for a patient that did not include nursing notes?
A. Yes, sir.
Q. That was the way it was done?
A. In a lot of cases, sir.
Q. Do you ever remember seeing nurses' notes?
A. Occasionally, sir.
Q. Can you give me any explanation regarding when you would have nursing notes as opposed to when you would not? Is there anything by way of explanation you can provide for me?
A. I cannot -- one reasonable explanation may be, if I came later in the day, they may have it in the chart, and the first thing in the morning, they may not. But I do not know there's a pattern, sir.

Page 67

Q. I see. But the practice did include at some point putting the typewritten nurses' notes into the chart so that the physician could see them? At some point in time, they were routinely put back in the chart for the physician?
A. To my recollection, yes.
Q. How is it that you recall in this case that you didn't have nurses' notes available to you?
A. I just -- it's a memory issue.
Q. Excuse me?
A. It's a memory issue.
Q. You remember at 8:50 on 12-7-01 reviewing this chart and there being no nurses' notes in the chart?
A. Yeah. Well, the notes which I mentioned earlier in my statement were the ones I was provided with.
Q. I don't understand your answer, sir. I'm sorry, can you --
A. I did not see any nurses' notes in the chart on that day when I went in to see the baby, sir.
Q. If they were there, would you have read them?
A. If they were there, I would have read them, yes, sir.

Page 68

Q. And you would have incorporated that into your decision making, correct?
A. Yes.
Q. Did you undertake to learn what the nurses' findings had been over the course of time between the baby's admission and your seeing him at 8 o'clock or 8:50 or so in the morning on December 7th?
A. I did not ask them for -- the notes which came later which I read, you know, a week to three weeks later parse out every fine detail of every -- I mean, you know, things numerous times. I did not have that information when I went in on December 7th.
So at that point, I asked them what's been happening, and they give me a synopsis of a few things that those -- when they called me. And then so I did not know what questions to ask because I did not know that there was a pattern of events, and I was not volunteered that information.
I mean, they did not give me a verbal report of what is there on the chart which I read one to three weeks later.
Q. They did not give you?

Page 69

A. They did not give me an encompassing verbal record of all that had transpired through the night, which is there in the chart which I've looked at, you know, a few weeks later.
Q. What did they say?
A. They said -- they called me. They told me about the call which was made.
Q. They told you about the call they had placed to you?
A. Placed to me. And they said he has this trembling of extremities and eye blinking which they reiterated and also the desats and periodic breathing, apnea.
And the other thing which I also remember clearly was, when I went in at 8 o'clock in the morning, they said: He is better now. He's resting comfortably with Mom, Mom's lap or Mom's hands. And then so that was the sum and substance of that. I cannot tell you the exact words.
Q. The part that you remember clearly is the nurse saying: He's better now?
A. Yeah, or even the mom and -- saying he looks more comfortable now and the nurse also saying that, something to that effect.

Page 70

Q. Did their synopsis include what had transpired for the baby prior to your getting involved at 5 p.m. on December 6th when you told me they told you about things like desats and periodic breathing and other things?
Are you referring about -- are you referring to the time period between midnight and 8 or between 5 p.m. the day before and 8 a.m. on the 7th? What time period are you talking about that was included in the nurses' synopsis that they gave you when you came into the room?
A. It was about the midnight, approximately midnight, 11 p.m. to 8 a.m.
Q. Well, you said you asked them, quote, what had been happening or something like that, right? What's been happening, right?
A. Yes, sir. But that may not have been my exact words. I said: What's been happening since the time, you know, they started making this phone call which is, you know, once at 11 p.m. and, you know, the events. And so they gave me a little gist of that, and so --
Q. A gist of what?
A. Of events after midnight.

Page 71

Q. Well, you already were informed of the events after midnight during the phone call; am I right?
A. Not really, sir. When they called me, they would call me with a specific problem. They would not give me necessarily what has transpired, give a complete whatever is there in the nurses' note.
I do not recollect them ever telling me, reading out to me saying 10 a.m., 11 a.m., 12:30 p.m., you know, things to that nature. They would tell me about the problem which is there in the chart, what they called me with, and I responded to that.
Q. We'll get back to this later, but did you ask them what had been going on with the patient over the previous 24 hours?
A. I asked them about the apnea he was having, apnea, which is the diagnosis that had been made. I asked them about pain, because there was a question of pain with the reflux which was one of the diagnoses considered when he came in. And they have agreed with some of the things. You know, we discussed that.
Q. That's all they told you?

Page 72

A. To my recollection, yes, sir, about apnea, desaturations, things which I mentioned before.
Q. Let's go back. What did they tell you about the baby's previous 24 hours when they called you during the overnight hours of December 7? What did the nurses tell you?
A. To my recollection, nothing, sir.
Q. They told you nothing?
A. Well, before the 5 p.m., I took over, they did not specifically make any comment on the time frame between the time the baby was at admitted and 5 p.m. also.
Q. And all you knew about the patient when you got that phone call was the information you had learned in previous phone calls, correct?
MR. CAVANAUGH: I'm sorry, I didn't understand that question.
BY MR. CASEY:
Q. All you knew about the patient when you got this call from the nurse during the overnight hour was what you had learned about him from another phone call, correct?
MR. CAVANAUGH: Well, and the conversation with Doctor Grout.
MR. CASEY: That's what time talking

Page 73

about, right.
BY MR. CASEY:
Q. There were two phone calls during the overnight hours?
A. Yes.
Q. And then you had a call with Doctor Grout right at around 5 p.m.?
MR. CAVANAUGH: You're missing a phone call. That's why I'm perplexed here. You can ask whatever you want.
MR. CASEY: Fine. Maybe I should get to the records.
A. Yes.
BY MR. CASEY:
Q. But there were how many calls with nurses?
A. Two calls were made by the nurses to me.
Q. Right.
A. I made a call back to a nurse after the second phone call.
Q. All right, and we'll break it down. In any event, when you had these calls during the overnight hours, all you knew about the patient is what you learned on the telephone, correct?
A. Yes, sir.
Q. Either with the nurse or the 5 p.m.

Page 74

conversation that you had with Doctor Grout in which you got the impression that everything was under control with this patient, correct?
A. Yes, sir. Can I add one thing, sir?
Q. Of course.
A. I did get a call at 5:45 p.m. also about 45 minutes into my call by a nurse.
Q. All right, so let's count them. I'm going to go into the nurses' records very specifically in a second.
So you have a phone call with Doctor Grout at 5 p.m., correct?
A. No, sir. I think we discussed this face to face, I think I mentioned in my deposition.
MR. CASEY: I'm sorry? I'm sorry?
MR. CAVANAUGH: I'm just making a face.
BY MR. CASEY:
Q. 5 p.m., your discussion with Doctor Grout, correct?
A. Yes, sir.
Q. And where was that?
A. In the office, sir.
Q. And the 5:45 phone call from the nurse, correct?

Page 75

A. Yes, sir.
Q. And then over night, one call by you that followed a call from the nurse, correct?
A. No, sir. The sequence of events would be, 5:45 p.m., get a call from the nurse. 11 p.m., get a call from the nurse. 4:15 a.m., get a call from the nurse. 4:20 a.m., I call the floor back, that is, called and talked to the nurse, and then come in to see the patient at 8 a.m.
Q. In your progress note, why did you note that the sodium was dropping to 129? You have a downward arrow. What was the clinical significance of that to you at that time?
A. First, I documented any pertinent important negative or positive findings which is what I do when I write my note.
So the sodium of 129 is low based on the lab values generated by DRMC, and the earlier number -- I mean, I was told the sodium was normal or other lab values were within normal limits when I was handed over this patient to me at 5 p.m. So this was a change from before, so I made a note of that.
Q. Why didn't you ever go in to see the patient before 8:50 a.m. on the 7th?

Page 76

A. If the nurses would have wanted me to, I would have rushed in, sir, in answer to the question.
Q. But you heard nothing from the nurses in their report to you that you believe warranted your coming into the hospital?
A. At that point in time, I knew I was coming in the first -- or I mean in the morning, and it still did not have any findings which were -- which made me diagnose this over the phone of a seizure disorder, sir.
Q. When did the neurological emergency that you told me about that existed at around 8:50 on the morning of 12-7 start?
A. I cannot -- it started at the time, from my perspective at least, from the time I went in and checked the child and I went through the thought process of putting seizure on top of the list, so around 8:50 a.m., sir.
Q. But if he was having seizures before that time, then there was a neurological emergency earlier; isn't that fair?
A. If he were having seizures before, diagnosed seizures, documented diagnosed seizures before, yes, sir.
Q. Let's move to the nurses' notes, and I want to

Page 77

start -- and actually these are paginated, so that should help us. I'm starting on Page 1 of the nurses' notes. Referring to 12-6-01 at 3:30 a.m. This was when he was admitted. I'm sorry.

A. Excuse me, Page 1, yes.

Q. Okay, the symptoms in the ER for this patient included saturations that fluctuated in the 80s to the high 90s and a heart rate that dropped to the 90s, correct?

A. Sir, is this the same page you're looking at?

Q. No, it's not.

A. So I may have to look at your notes.

MR. SOSNOWSKI: I think there is separate pagination for the nursing admission assessment, and then there's 36 separate pages of nursing notes.

MR. CASEY: That's right, Mike. Thank you.

BY MR. CASEY:

Q. I'm on the nurse's admitting note. I'm sorry, I had it tabbed.

A. Can we do that together so we are sure on the same page, sir?

Q. Sure. I'll come around. Admission date in the

Page 78

ER, the symptoms included sats fluctuating in the 80s to high 90s and a heart rate that dropped to the 90s, correct?

A. Yes.

Q. Did you know when you assumed care of the patient that he had a heart rate that had dropped into the 90s when he was first brought to the hospital?

A. No, sir.

Q. Did you know that he had, first of all, sats fluctuating in the 80s to the high 90s?

Those are desaturations, correct?

A. Yes.

Q. Concerning, correct?

A. Yes, sir.

Q. For an 18-day-old baby, correct?

A. Yes, sir.

Q. We'll move through the admitting notes together then. I think you're on the right page for the other ones. You also have a baby at 3:30 a.m. when he's admitted who awakens for feedings then back to sleep. Today was awake but seemed to be dazed.

Did I read that correctly?

A. Yes.

Page 79

Q. Did you know that when you assumed care of him at 5 p.m. on the 6th?

A. No, sir.

Q. Did you know when he was admitted that the nurses immediately reported symptoms that could be seizure-like activity?

A. I do not know, sir.

Q. All very concerning findings for an 18-day-old baby, correct?

A. Yes, sir.

Q. Things that you would have very much liked to know when you assumed care for the baby at 5 p.m. on the 6th?

A. Yes, sir.

Q. Things that would have directly impacted on the decisions that you made about the patient?

A. Yes, sir.

Q. Things that would have directly impacted on your decision not to come into the hospital despite getting three phone calls, correct?

A. Yes, sir. It's a compound sentence, so I'm trying to -- can you rephrase that again?

Q. Sure. Do you think it's more likely that you would have come in to see the baby when you got those calls during the overnight hours if you

Page 80

knew when you assumed care of him that he was having these symptoms when he was first admitted to the hospital?

A. If I knew that the patient had a seizure disorder before 5 p.m., my line of management, treatment, referral would be different.

Q. I'm asking about the symptoms that we've discussed. Is your answer the same?

A. If I knew that what was told to me was a seizure disorder which the patient had, my line of management would be different.

Q. It's a different question. If you knew the things that we discussed, these set of symptoms that existed when he was admitted, would it have changed your decision not to come into the hospital when you received the phone calls that you received?

A. If I can try to understand your question, this is when I'm looking at the complete pattern of things looked at line by line on a piece of paper when I'm looking at the medical records about three weeks later and then going fast and then reversing back to December 7th early morning, the answer to the question would be yes.

Page 81

Q. I don't think that's the question I asked you, and the question -- the answer may be that you don't know or that you have no answer for it if you can't provide me an answer or you're not sure.

I just want to know, if you knew when you received those calls from the nurses which did not prompt you to come into the hospital that this baby on admission had the symptoms that we just discussed, you would have come into the hospital?

A. Yes, sir.

Q. Okay, at 8:10 a.m. on the 7th, 12-7, you were there then, correct?

A. Yes, sir.

Q. One of the nurses' notes -- and if you can follow, along with me; I'm on this page -- it's called the modified inactivate results referring to the 12-7-01 time period at the bottom of the page, all right? Are you with me?

It says heart rate is irregular at times, has periods of bradycardia in the 70s and 02 sats in the 70s. Did I read that correctly?

Page 82

A. Yes, sir.

Q. Is that reflected in your exam note, that is, the bradycardia in the 70s?

A. I made a note in my notes saying heart rate dropped. I do say that. I do not put a number to it, but the baby was moving at the time I was examining the baby. When I was actually observing the baby, the baby was moving.

Q. Are you saying mooing?

A. Moving.

MR. CAVANAUGH: Moving.

A. I'm sorry, my accent.

BY MR. CASEY:

Q. I'm sorry, I didn't understand.

A. Moving. So you can have artifacts when a baby -- with numbers and oxygen numbers which are monitored which are very, very sensitive, so I commented on that.

Q. What is the clinical significance for this baby of a bradycardia in the 70s?

A. A bradycardia can be -- has a myriad of causes, has a lot of causes. Bradycardia, if a baby like has apnea, you can have bradycardia.

Q. I'm sorry, I'm going to ask you a different question because I don't think you understood my question. You can ask me to restate it if it's not clear.

What did you believe to be the clinical significance of this bradycardia of this baby at 8:10 a.m. on the 7th?

A. I thought this was tied in with my diagnosis of a seizure disorder.

Q. It was related to the seizures?

A. I think, yes, sir.

Q. And it is another reason why this constituted an emergency, correct?

A. I would not say the bradycardia itself would constitute an emergency, sir, but the diagnosis once made of a seizure would be the thing, not one component of the constellation of findings which you find, sir.

Q. Do you remember yesterday me talking to Doctor Grout, and we discussed the clinical significance of desaturations when they move past a certain point?

A. I don't recollect it.

Q. Do you remember us talking about Doctor Grout -- I may not be stating this exactly right, but do you remember us talking about numbers in the high 80s?

Page 84

A. I think so, yes.

Q. You're familiar with what I'm talking about?

A. Yes, sir.

Q. We talked about desaturations in the high 80s that would really concern him? I'm paraphrasing it. I should include that with a question. Do you remember him saying that?

A. I don't recollect that statement, sir.

Q. What level of desaturations in terms of the number do you believe alert you as a physician taking care of the baby of a very serious problem? I mean, how low do they have to go?

A. That's a very difficult question to answer because it's not just a number, a dropping number, but it's also the duration and what is associated with it and what the etiology is.

If you knew all that, then you can, so that would be my answer. So there is no one number. If it is zero, it would be the most alarming.

Q. Okay, but do desaturations for an 18-day-old baby warrant immediate and thorough investigation?

A. Thorough investigation, but immediate investigation -- you would start the process of

Page 85

investigation. You may not know what it is.
Q. Okay, now, I believe I am on the first page of these hour-by-hour nurses' notes?
A. Can I just use the rest room real quick?
Q. Sorry, yes.

- - - -

(There was a lunch recess in the proceedings from 12:23 to 12:50 p.m.)

- - - -

BY MR. CASEY:
Q. Sir, we took a lunch break. Are you ready to continue with the deposition?
A. Yes.
Q. Are you on the first page of -- I'm calling it the first page of the nurses' notes, but it's what's identified as Page 1 of the admission -- of the nurses' notes following Ayden Shaffer-Doan's admission to the hospital. And of course we're talking about Grout 1.
A. Is this what you're talking about?
Q. Yes, we're on the right page. And then I think we'll be able to follow along together. Do you see at 5:10 a.m. on 12-6-01 that Doctor Grout was informed of, quote, patient condition, comma, eye twitching, question mark, R, slash,

Page 86

T, hypocalcemia, comma, and desats as well as periodic breathing and apneic episode, unquote? Do you see that?
A. Yes, sir.
Q. Were you told at any time during your conversation with Doctor Grout at 5 p.m. on the 6th that there had been reported eye twitching?
A. No, sir.
Q. And I know I asked you about this earlier, but I just want to have one more question, I hope, to pin it down. You were told no information by Doctor Grout during that conversation that would lead you even to suspect seizures, correct?
A. Correct, sir.
Q. No eye twitching, nothing of the kind?
A. There was no mention of anything about a seizure.
Q. Anything that could suggest seizures?
A. Yes.
Q. None of that, correct?
A. Yes, sir.
Q. Down below, you'll see that at 17:45 on 12-6-01 which is 5:45, you are notified of, quote, patient status, comma, question mark, pain,

Page 87

comma, episodes of desatting, unquote. Did I read that correctly?
A. Yes, sir.
Q. Tell me everything that you can remember about that phone call that you received from Nurse Jennifer, and it's spelled -- her last name is spelled G-u-i-f-f-r-e.
A. Yes, sir. I'll try to do it to the best of my knowledge. I was told that the baby was behaving as in pain like drawing his knees, cry, and having a desaturation at the same time at that time. And that was the gist of the information I got.
Q. Were you informed of the quality of the desaturations? And I'm talking specifically about, you know, what the percentages were.
A. No, sir.
Q. You were just informed that there were, quote, episodes of desatting?
A. Desaturation, yes, sir.
Q. Did you inquire what the level of the desaturations was?
A. I don't recollect, sir.
Q. When you were discussing the pain with me a second ago, you indicated that they told you

Page 88

that he was drawing his legs up?
A. Yes, sir, clenching his legs, drawing his legs, I think, and crying; crying and drawing his legs, yes, sir.
Q. To what did you attribute him drawing his legs up?
A. I thought pain could be a reasonable cause of these findings. And in my mind at that time, I was thinking gastroenteritis, and then I was thinking gastroesophageal reflux. And both of these things can cause pain. So I was thinking that these things were -- was the so-called admitting diagnosis or admitting impression, and I observed that.
Q. To what did you attribute the desaturations?
A. At the time of pain, you had desaturations -- it can be the baby is moving around, so those numbers can be artifactual, or the baby doing a cry can have a dip in the number. Or it could be an apneic, apnea -- desaturation as part of an apnea.
Q. Where were you when you received this call at 5:45 p.m. on December 6th?
A. I cannot exactly say where I was, sir. My customary practice is to make sure that -- I

Page 89

see also babies who have been born that day. The answer to the question is I do not know, sir. Sorry.
Q. Where do you expect that you were?
A. Either in the hospital or at home.
Q. What did you do to investigate what the explanation was for the desaturations?
A. I asked them to continue to monitor this thing, if it was occurring specifically with these -- with the diagnosis of pain, that it was some response to some painful reaction. It was a pattern from that point.
Q. What is a desaturation? What is happening in a baby's body when he experiences a desaturation?
A. If the monitor's looking well, that means that there's a drop in the oxygen saturations from the normal level, and that's what a desaturation is.
Q. Okay, for example, the organs in his body are being deprived of the adequate amount of oxygen, correct?
MR. CAVANAUGH: Wait a minute. At what length of time period are you discussing here?
MR. CASEY: I'm talking about a

Page 90

desaturation. He can tell me. If it's for a second, then the body is being deprived of oxygen for a second. I'm not at this moment asking you about the time period. I'm asking a general question.
BY MR. CASEY:
Q. When the desaturation occurs, there is a deprivation of oxygen to the parts of the human body, correct?
A. When a true desaturation occurs.
Q. And you didn't know at 5:45 p.m. on the 6th whether this was a true desaturation; am I right?
A. Yes, sir.
Q. And did you do anything to figure out whether it was or not?
MR. CAVANAUGH: Other than what he's just told you about the monitor.
MR. CASEY: Telling the nurses to monitor him.
A. Telling the nurses to continue to monitor him to see if there's a pattern of events.
BY MR. CASEY:
Q. Okay, well, did any of the nurses tell you that there was a pattern of events; in fact, he had

Page 91

been experiencing desaturations at that point on and off for about 14 hours?
A. Not -- no, sir.
Q. You were told, I believe you said -- and I'm sorry if I'm misstating it. But you were told by Doctor Grout during the 5 p.m. conversation that there were some apneic episodes, correct?
A. Apneic episodes which included desaturations, the gamut of the diagnosis of apnea. He told me he was having apnea, some bradycardia, and plus or minus desaturations.
Q. So this was the second time you had been told about desaturations?
A. Yes, sir.
Q. Other than telling the nurses to continue to monitor the baby, did you do anything else to investigate the desaturations?
A. I also asked them if the medication Doctor Grout had ordered, which is mainly caffeine which is used for treatment of apnea, had that been given, and has that -- I made sure that that process was done.
And they said yes, that medication had been, you know, provided. And so I felt that I needed to continue to monitor the child

Page 92

now because the effects -- to see the effects of the treatment, yes.
Q. And when had he given the -- when had they given the caffeine?
A. I have to refer to the notes, sir. 12 p.m.
Q. Okay, so this is 5 hours and 45 minutes after that, correct?
A. Yes, sir.
Q. And the desired effect of the caffeine, as it relates to the apneic episodes and any desaturations, should have occurred by that point if the medicine were effective, correct?
A. No, sir.
Q. All right.
A. I'm not an expert on that. I know that caffeine has a long half life, so it starts taking effect when given orally. But I do not know the time frame of action. However, Doctor Grout would be the person to ask that question of.
Q. Why didn't you call Doctor Grout at 5:45 and say, I'm not sure how long it takes this caffeine to last; the baby is still having desaturations; what should we do?
A. Because it had been given -- I know in the

Page 93

newborn intensive care, they give, and the effects of caffeine, I have heard them talk, can take up to 24 hours for the medication to reach a level state and a steady state.

So it has to build up in the system before it is fully effective. It's not like you give a medicine -- different medications have different pharm --

Q. Pharmocological?

A. Pharmocological kinetics. And caffeine, as I know, has a long half life, and to reach a steady state, it takes a few days. I know that they don't check a level of caffeine right away.

Q. How many dosages had he been given as of 5:45 p.m. on the 6th?

A One at 12 p.m.

Q. And you didn't know when you got this call whether the caffeine had even started working yet?

A. Yes, I did not know.

Q. Tell me what your best estimate was if I had asked you on December 6th how long caffeine would take to reach the level you talked about sufficient to treat an apneic episode.

Page 94

A. Twenty-four hours.

Q. So this baby as of 5:45 p.m. on the 6th had been given medication about 5 hours and 45 minutes earlier, that was not in your estimation expected to begin working until noon the following day?

A. The full effects of it, sir, to my understanding. Again, I do not know the exact pharmocological kinetics of the medication to my understanding.

Q. Right. That was your understanding on the 6th?

A. Yes.

Q. So you expected at that point that essentially the baby would continue to experience the apneic episodes and the desaturations until the medication that you hoped would address it would reach a level sufficient to actually affect those symptoms, correct?

A. Yes, sir.

Q. And therefore, I assume, unless you thought that these episodes would go away on their own, you assumed that he would continue to have these desaturations?

A. Yes, sir.

Q. Untreated essentially?

Page 95

A. Untreated by another medication, you're asking, sir?

Q. I'm sorry, go ahead. Nothing would stop them, is what I'm saying, until about noon the next day?

A. Yes, sir.

Q. All right, and nothing would stop the apneic episodes, at least as far as you expected, until noon the following day?

A. Yes.

Q. And when this baby was experiencing the desaturations that you were informed about at 5 p.m. and 5:45 p.m., he was on a nasal cannula, correct?

A. Yes, sir.

Q. That was given -- that was provided for him at about 3:30 p.m., roughly 2 hours and 15 minutes before this 5:45 p.m. call; am I right?

A. Yes, sir.

Q. And what does a nasal cannula do for a patient in this instance? What is it expected to do?

A. Again, I'm not an expert on treatment of apnea, but when you provide oxygen, it -- you provide over and above, pure oxygen, over and above what is in room air.

Page 96

So you're trying to improve the oxygen delivery to the baby and, hence, get the oxygen saturations about the range -- you hope that it will get it up to the range you want it to.

Q. What level would you want the oxygen saturations to be for your patient at this junction, around 5:45 p.m. on the 6th? What would be acceptable to you?

A. The practice in neonatology was keep it over 90 percent and above.

Q. You were essentially practicing neonatology on this afternoon 5:45 p.m., December 6th, correct?

MR. CAVANAUGH: He's not going to answer that question.

BY MR. CASEY:

Q. Okay, what's the practice in pediatrics for desaturations in terms of what you would have wanted the levels to be at 5:45 p.m. on December 6th?

A. I would have wanted it over 90 percent and over 90 percent on most occasions. That's what my expectation would be.

Q. And how did you come to know that that's what

Page 97

you should want it to be?
A. I think the orders from the previous day, I mean, Doctor Grout probably -- I cannot tell you exactly if he described every order by order from what he had written the previous day -- the same day, I'm sorry, on 12-6.
But there are certain things which he puts down on paper which are fairly routine, and I know that having worked with him for a while.
Q. You didn't have any formal training that told you that? It's what you knew from working with Doctor Grout and with the neonatologist?
A. Neonatologists and my pediatric training many years ago, yes. I mean, my assessment would be based on all these things put together.
Q. Just to pin it down definitively, even though I know you're not a board certified neonatologist, you received no formal training in the clinical subspecialty of perinatology and neonatology; am I right?
A. Correct, sir.
Q. How do you assess in terms of whether it is acceptable or not this baby's blood pressure at 5:45 p.m. that day which is indicated to be 79

Page 98

over 54?
A. I would say that is within normal limits for a newborn.
Q. It's within normal limits for an 18-day-old baby with the symptoms that he had at 5:45 p.m. on the 7th?
A. Yes, sir.
Q. Okay, how about his pulse of 32?
A. That's respirations.
Q. I'm sorry, respirations of 32.
A. That would also be within normal limits for a patient, sir.
Q. And now to his pulse of 140?
A. That would also be within normal limits for a patient at this time.
Q. And his temperature of 96.4 Fahrenheit?
A. That is axillary temperature. It's slightly on the lower side, but axillary temperatures can be difficult to obtain. So I would have gotten concerned if it was below 96, then -- 96.7, is closer to 97 which is approximately about the temperature. It is a little lower than normal, yes, sir.
Q. Does that suggest possibly poor profusion for this baby at 5:45 p.m.?

Page 99

A. Not particularly, sir. That would not make me think of that first, sir.
Q. What would it make you think of first?
A. First is if the baby is covered, and have they done any testing on the baby; so uncover the baby, ambient temperature.
Q. Did you tell the nurses when they told you of the desaturations at 5:45 p.m. to call you back if he had any other desaturations?
A. I told them that I'm completely available at their -- I was on call, and they knew that, and I was available. I'm not sure if I used the words call me if he has a desaturation. I do not recollect that phrase, sir. I just said, call then if they found anything there of a concern.
Q. Okay, did you have in your mind at this point at 5:45 p.m. an explanation for the desaturations?
A. At that point, the reasoning, my reasoning was that this baby had apnea, bradycardia, and desaturations. That's the thing I was still working with.
Q. And what was your explanation regarding the etiology of those symptoms?

Page 100

A. It's still not -- I do not know, sir.
Q. So you had no explanation in your mind for the apneic episodes or the episodes of bradycardia and desaturations?
A. Yes, sir.
Q. At 8 p.m., there is information that the baby
(20:00) -- and I'm on the same page as we were, hours -- is both on room air at this time. That's the nurse's note. Do you see that?
A. Yes, sir.
Q. What am I to make of this note that says 12-6-01, 20:00 hours, O2 saturations? And it has the nurse's initials, colon, on room air at this time.
MR. CAVANAUGH: What am I to make of your question?
BY MR. CASEY:
Q. What does it mean?
A. It means the baby is on room air at that time.
Q. Does that mean he's off the nasal cannula?
A. Yes, sir.
Q. Did you order that to be done?
A. No, sir.
Q. These two nurses, does either one of them have the discretion to remove a nasal cannula for a

Page 101

baby who had been having desaturations?
A. If I go back, I think that is something in the order from Doctor Grout's records from early in the morning saying, you can put the baby on oxygen to keep saturations over 90 percent.
So that means the discretion is there for the nurse to withdraw that modality when the saturations are over 90 percent.
Q. That's what you understand that order to mean?
A. Yes, sir.
Q. At 23:00 hours which is 11 p.m., there's a note that says, skipping beats occasionally, quote, unquote, correct?
A. Yes, sir.
Q. Were you informed of that fact?
A. Yes, sir.
Q. And we'll get to your later call or your call actually at 23:00 hours. At 23:00 hours, a nurse placed a call to you?
A. Yes, sir.
Q. For what purpose?
A. Informed me, informing me of this occasional skipped or missing beats.
Q. That is what prompted the call?
A. Yes, sir.

Page 102

Q. And you know that how?
A. From the call they made. They must have looked at the monitor which was monitoring the baby. I mean, again, I did not know. They just told me, this baby had skipped beats. And that's how usually you diagnose that, I mean, when a nurse diagnoses that.
Q. And it indicates that the baby at that point is back on the nasal cannula, correct?
A. I see that that baby was on the nasal cannula at that time, but it's not obvious from the note which I was reading, sir.
Q. Okay, but it's not indicated in the note for 8 o'clock that he's on the nasal cannula, so we know that he's off the nasal cannula, right?
A. Yes, sir.
Q. And he's back on it on 11:00, and based on your earlier testimony, I can gather from that he had desaturations between 8 o'clock and 11 o'clock, right?
A. Yes.
Q. And there's no note here to indicate that – there's no note that says specifically that he had experienced desaturations?
A. Correct, sir.

Page 103

MR. CAVANAUGH: Is he on oxygen at 11 or 11:30? I thought it was 11:30 when he did have the desats.
MR. CASEY: It says 23:00 hours that he's on the nasal cannula.
MR. CAVANAUGH: I see a desat at 11:30 percent, 86 percent O2, two liters via nasal cannula. Perhaps I'm looking at a different page than you are. I trust you. I'm just looking at a resume of that note.
BY MR. CASEY:
Q. I'll ask the nurse, I guess, because it's her note, but there is a chart here, correct?
A. Yes.
Q. Doctor, that indicates that you were called at 23:00 hours, and I presume this note is to mean that you were informed of the following facts: number one, that there was an axillary temperature of 97.5, correct?
MR. CAVANAUGH: Wait, excuse me. You're making an assumption, and now you're asking him if your assumption contains information that was all relayed to him?
MR. CASEY: No. I'll restate it.
BY MR. CASEY:

Page 104

Q. Am I correct to assume that when this note indicates that you were called at 23:00 hours, should I presume that you were told the things that are included in the nurses' recordings here at 23:00 hours?
A. No, sir.
Q. All right, why don't you tell me which of these you were told and which ones you weren't.
A. I was told about missing beats, sir.
Q. And that's it?
A. Yes.
Q. You were not told of desaturations?
A. No, not at that time, sir.
Q. Did you ask the nurse whether the baby about whom you have been called twice earlier that night and informed that he had experienced desaturations continued to have them?
A. I want to correct you, sir. I was called once prior to that, not twice.
Q. Well, I'm using the discussion you had with Doctor Grout. All right, we'll do it your way.
MR. CAVANAUGH: No. We'll do it correctly. That's not what you said. We're not going to do it his way. We're going to do it consistent with the facts.

Page 105

BY MR. CASEY:
Q. You were told twice that night already that he had desaturations, correct?
A. If you include the conversation the 11 o'clock, 11 p.m. conversation, then it's twice.
Q. I'm talking about the 5 p.m. conversation with Doctor Grout and the 5:45 conversation with the nurses, okay? You were told during both of them about desaturations, right? Correct?
A. 5 p.m., the conversation was about the synopsis of what had transpired, of which desaturations was one of the events.
C. Correct. Let me ask you again. You were told twice prior to this call at 11 p.m. that the baby was experiencing desaturations, correct?
A. Yes, sir.
Q. So this is the third discussion of that evening by yourself, involving yourself, about Ayden Shaffer-Doan, correct?
A. Yes.
Q. Did you ask the nurse whether he was still having desaturations?
A. I do not remember asking that question, sir, but it is known that if there was a problem they would have told me, sir.

Page 106

Q. Excuse me?
A. I would assume that, if they had found that they had a pertinent finding to tell me, they would tell me. When they called me, I would expect them to tell whatever they wanted to convey to me, sir.
Q. And if they didn't, they should, correct?
A. Yes, if they thought it was really significant enough in their eyes, yes, sir.
Q. Sir, if this baby had continued to have desaturations as of the time that they talked to you at 11 o'clock, they should have told you, correct?
MR. CAVANAUGH: He's already answered that, and he's not going to answer it again.
BY MR. CASEY:
Q. Okay, I can presume from your earlier testimony that the indication on this form that says that at 23:00 hours the baby was back on nasal cannula, that at some time between 8 p.m. and 11 p.m. he experienced another desaturation, correct?
A. Yes.
Q. And you weren't told about it, right?
A. Not as far as I can recollect, sir.

Page 107

Q. All right, now, at 23:30, 11:30, half hour later according to these notes on the following page, the baby had a desaturation to 86 percent, right?
A. Yes, sir.
Q. And there is reflected here no call to you at that time, correct?
A. Yes, sir.
Q. And by the way, if there had been a call to you about desaturations, you wouldn't have been concerned because you didn't expect the medicine to begin working until noon the following day, right?
A. I would have probably asked them the duration and gone into some of the circumstances surrounding the desaturations, the same type of decision making I tried to do at 5:45 when they first called me about the desaturation.
I think I mentioned in my previous testimony that there was some pain involved. There was the legs. The baby was crying which was related to pain. And I tried to make a decision, do some decision making at that time. But also if nothing came up, I would have said also, like you stated, that the medicine is

Page 108

still going to be on board.
Q. And the baby would have to wait until noon, correct?
MR. CAVANAUGH: He didn't say that. You know he didn't say that.
MR. CASEY: That's my question.
BY MR. CASEY:
Q. And you would have presumed at that point that the baby would have to wait until noon to see if the caffeine would work, correct?
MR. CAVANAUGH: He's told you repeatedly, and you're mischaracterizing what he said. So we're not going to revisit that issue once again. But no, that's not what he said, and you know it.
MR. CASEY: It is what he said.
MR. CAVANAUGH: It is not what he said.
MR. CASEY: His earlier testimony will stand on its own. That's fine. We're starting to have a little difficulty here, but we'll get through it.
MR. CAVANAUGH: You'll get better.
BY MR. CASEY:
Q. Did you get any phone calls between 11:30 and

Page 109

4:15?
A. No, sir.
Q. Do you see the note there where it says as follows regarding the call to you at 4:15, quote: Informed of patient having left pupil slightly more dilated and slightly sluggish when checked with light, comma, and continues to have focal seizured -- it's literally, I'm not misspeaking, focal seizured and tremors of extremities, comma, no desats but has O2 on and apneic episodes and periodic breathing, period. New orders received, period, unquote.
Did I read that correctly?
A. Yes, sir.
Q. That's what you were told on the 4:15 call?
A. I would like to amend this word or delete this word seizures. I don't think the word seizures was used to me. They mentioned tremors of extremities. They mentioned about the pupil being slightly more dilated and slightly sluggish when checked with light, no desaturations. Yes.
Q. Okay, and that's what you remember about the call?
A. Yes.

Page 110

Q. You remember the following things: They emphasized the words slightly about the pupil? You remember that?
A. Yes.
Q. You remember them doing that orally to you on the phone?
A. I mean, I may be over-dramatizing this, sir, but they used the word slightly meaning, you know, that they were not using this loud tone of voice which I'm using right now. But they said slightly, exactly the words, slightly more dilated and slightly sluggish. I just read it off the paper.
Q. I see. But you don't remember them saying that orally on the phone, that is, that they emphasized the word slightly?
A. Not particularly as far as I know, sir.
Q. That was your editorializing?
MR. CAVANAUGH: He didn't editorialize. It's directly in the notes.
MR. CASEY: Excuse me. He used the word emphasize on slightly.
MR. CAVANAUGH: That's not editorializing.
MR. CASEY: That's not my problem.

Page 111

You will get better. Let him answer the question.
MR. CAVANAUGH: He did, and you're misstating it.
MR. CASEY: I'm asking whether he was editorializing, and he said yes.
MR. CAVANAUGH: He didn't. He emphasized the word slightly.
MR. CASEY: He answered yes to the question, Terry.
MR. CAVANAUGH: It says slightly in the nurses' notes twice.
MR. CASEY: Okay, I asked him whether they told him that on the phone.
BY MR. CASEY:
Q. Did they say that to you on the phone?
A. They said slightly more dilated and slightly sluggish.
Q. And you remember that from the phone conversation?
MR. CAVANAUGH: He answered this twice. Yes, he remembers that.
BY MR. CASEY:
Q. But you also remember that they did not utter the word seizures on the phone call; is that

Page 112

right?
A. Yes, sir.
Q. But every other word in that note was mentioned to you on the phone?
A. The sum and substance, yes, sir.
Q. And you decided to do what after receiving this information?
A. I found these constellation of findings concerning. That was the first time when I sort of had this first notion that there may be a neurologic issue going on, you know, of a true neurologic event possibly going on.
And I ordered at that point at 4:15 a.m. a cranial sonogram, an EEG, and I also mentioned that they can call -- I'm just reading off the notes on my order sheet which, you know, I signed on it; that they call Doctor Chandrasekhar at home instead of beeping which would mean that I did not want them to go through the answering service, waste any time.
That means they could call -- they knew I was at home, but they didn't have -- they can call me directly at home cutting through all this red tape of calling through the beeper service so that I would be appraised

Page 113

of any change, any findings from that point on.
Q. Okay, you ordered the ultrasound to be done in the morning, correct?
A. Yes, sir.
Q. And you ordered the EEG to be done in the morning, correct?
A. Yes, sir.
Q. Should you have ordered them to be done immediately?
A. I think it was already morning and that the shift comes in at 6 o'clock, sir, 6 or something around that time, so when I say morning, it means as soon as feasibly possible at the hospital on that time, when I say morning.
Q. So you're telling me that the order to the nurses to get those tests done, quote, in the morning meant as soon as feasibly possible?
A. Yes, sir, in the morning, yes, sir.
Q. And I know you say in the morning. My question is, you're telling me that the nurses were to understand that note to mean as soon as feasibly possible?
A. I did not tell that to the nurse, but then I would have used the word or they would have

Page 114

transcribed the words, so when I said morning, I meant morning. And it was already morning.
Q. Are you trying to tell me that they were to understand when you said in the morning -- when you're telling me it was already morning, are you trying to imply that they were to do it then?
A. No, sir. I did not use the word at least from the chart like stat or immediately if that is what you're getting at, sir. I do not see that word there, sir.
Q. Should you have done so?
A. As this was the first time I was presented with this constellation of symptoms, I wanted to see if this was something happening, you know, from that point on, was there this constellation, this combination of findings happening again, or was this a transient, some phenomenon, sir.
Q. My question was, should you have done so?
A. If I had known about the pattern of events you're telling me, sir, a pattern of events which had happened from the time of admission until now, should I have ordered it immediately? Is that what you're asking me, sir?

Page 115

MR. CAVANAUGH: No. He's asking you based on what you would do at that time.
A. I do not think so, sir.
BY MR. CASEY:
Q. Do you think the information that was conveyed to you on the phone at 4:15 p.m. told you that you had a neurological emergency on your hands?
A. It still had not crystalized in my brain, sir.
Q. Why didn't you come into the hospital?
A. At that point, I would have come in if, A, I knew that there was a true neurologic emergency going on, B, if the nurses had called me, and C, if I knew this was like a pattern of events and I was -- this was whatever time, you know, these events were happening.
And because I could not clearly get a positive or resounding yes to all those answers in my mind -- I mean, I'm doing my decision making there -- at that point, I did not think I needed to come in, because the other thing they said was there was no desats. They also mentioned that.
So I saw maybe one problem seems to be receding, you know. I mean, I was just trying to put these all together at that time,

Page 116

and there was -- but he has oxygen on but he has no desats. And he had again the mention of apneic episodes, so that brought up the diagnosis of apnea again. So I knew apnea can make you do the breathing and tremors.
Q. This was the third call that you got, sir. How many times do they have to call you before you decide that you have a, quote, series of events, unquote, that requires you to see your patient?
MR. CAVANAUGH: I object to the form of that question. You're suggesting that all of the criteria passed on to him at 4:15 was being manifested, and it unquestionably was not.
MR. CASEY: Of course, objection to the form.
BY MR. CASEY:
Q. Sir, this is the third call that you received. You told me that you needed to be informed about a, quote, series of events, unquote. Tell me if I'm wrong. Isn't that what you told me already? Did you tell me that?
A. Yes.
Q. Do you believe that this third call allowed

Page 117

this baby's symptoms to meet your definition of a series of events that warranted your coming to the hospital?
A. No, sir.
Q. You told me that Doctor Grout in the 5 p.m. conversation with you on December 6th explained to you that the baby had been having the apneic episodes, desatting and bradycardia, correct?
A. Yes.
Q. All right, there's a note at 9 o'clock a.m. on the 6th of December, and I want to ask you if--
MR. CAVANAUGH: Are you talking about a nurse's note?
MR. CASEY: Yes.
BY MR. CASEY:
Q. I'm on Page 11 of the nurses' notes, and at the top, the best I can do to get you there is 12-6.
A. Yes, sir, I got 11. You're talking about --
Q. And the first entry under care providers is at 09:00 hours?
A. Yes.
Q. And follow along with me on this page, and I want to know if when Doctor Grout conveyed to you that desatting, apnea, and bradycardia, the

Page 118

conversation with him enabled you to understand the history in the way it's reflected on this note of 9 a.m. on 12-6, eight hours before you get the patient, okay?
And I'm reading: Continues to have episodes of desatting to 70s, comma, eye blinking, comma, HR stable 140s, comma, resp, r-e-s-p, resp shallow, slash, periodic breathing, comma, color remains pale, unquote.
I know you told me already he didn't tell you about eye blinking or seizures. What about the rest of that conversation? Should I assume that you were apprised of the data that's which included here in the 9 o'clock note?
A. No, sir. Any mention, he was giving a synopsis. He said the baby was having apneas, bradycardias, and desaturations at that time, and treatment had been instituted but not words to this effect which is here in these paragraphs.
Q. Okay, taking out the eye blinking for a second, I'm not asking whether these exact words were conveyed to you, but was it your impression at 5 p.m. on the 6th that -- and I'll get to the

Page 119

other notes here in a second from that morning -- this baby had these symptoms in terms of their severity?
Should I assume that you were familiar with the fact of the desaturations and the shallow breathing and the change in color and the bradycardias? I mean, were you in the loop on this stuff?
A. I just told you what I was told, sir.
Q. All right, let's move to the next note at 9:30. Quote, desatting to 70s times 40, dash, 50 seconds -- that's s-e-c -- comma, color remains pale, comma, no change with episodes, comma, eye blinking less, comma, HR 140s, comma, resp, r-e-s-p, shallow, comma. Patient stimulates self to take deep breath, and then sat returns to 100 percent.
Does that comport with the spirit of what Doctor Grout told you at 5 p.m.?
MR. CAVANAUGH: Counsel, I'm going to object to the spirit of what he was told. He's repeatedly told you what he was told. I don't know what more he can do. When Doctor Grout's redeposed, you can talk about the spirit.
BY MR. CASEY:

Page 120

Q. Is that note qualitatively different than from what Doctor Grout told you?
MR. CAVANAUGH: He's not going to make that judgment either for you. He's told you what Doctor Grout told you, and you can make what you want of it individually or with your experts.
BY MR. CASEY:
Q. The next note, 11:15 a.m., sat 76, comma, HR 150, comma, r-e-s-p 32 shallow breathing, period. Patient took deep breath. Sat returned to 100, comma, O2 via blowby on, comma, no color change, comma, episode lasting approximately 30 seconds. Same question.
MR. CAVANAUGH: Same objection and clarification.
MR. CASEY: Same objection, I assume?
MR. CAVANAUGH: Well, we're not going to talk about the spirit of what Doctor Grout said or the essence of what he said. You've read the records accurately. The doctor has told you repeatedly what he was told.
BY MR. CASEY:
Q. And the next question, sat -- and this is at 11:25 a.m., 10 minutes after the last one. Sat

Page 121

74, HR 128, comma, r-e-s-p 28, comma, shallow r-e-s-p, comma, no color change, comma, O2 on, comma. Patient returned to normal breathing pattern, comma, sat returned to 100, period. Episode lasting approx 20 seconds. Same question.

MR. CAVANAUGH: Same response.

BY MR. CASEY:

Q. Down at the bottom of this page, the 9 a.m. note, under neuromuscular -- the other questions that I just asked related to the section under neurological.

Neuromuscular, quote: Continues to have episode of desatting to 70s, comma, eye blinking, comma, HR stable 140s, comma, r-e-s-p slash -- r-e-s-p shallow, slash, periodic breathing, comma. Color remains pale. That's a repeat of the note above as are the others, so I'll withdraw that question.

Did you ask Doctor Grout to explain himself further when he told you what you informed me he told you at 5 p.m. that day?

A. No, sir.

Q. Did you call the nurses to get more information regarding the details of the desaturations, the

Page 122

periodic breathing, the bradycardia, and the apneic episodes?

A. No, sir.

Q. Okay, and we know you didn't go to see the patient, correct?

MR. CAVANAUGH: You don't have to answer that again, Doctor.

BY MR. CASEY:

Q. Did you make any effort to contact a pediatric neurologist on December 6?

A. No, sir.

Q. Do you have any plans to testify as an expert in your own defense?

A. No, sir. I have to defer to Mr. Cavanaugh.

MR. CAVANAUGH: I have not interposed an objection as to any question you put to him, so I'm not sure where you're going with this. There's been no determination made.

BY MR. CASEY:

Q. The nurse's note at 4:15 a.m. which we've read implies -- and you can tell me if you agree with me or not -- that this patient was having ongoing facial -- or focal seizures at the time that they notified you at 4:15 a.m.; am I right?

Page 123

MR. CAVANAUGH: Just so I understand, you're asking him to determine the implication of what that note says; is that correct?

MR. CASEY: Yes.

MR. CAVANAUGH: It does say continues, so I assume that's the word you're focusing on.

MR. CASEY: Yes.

MR. CAVANAUGH: But as you know, he was not advised of focal seizures. If you're simply asking him does the word continue in this context mean that it's a series, that's fine.

MR. CASEY: Yes.

MR. CAVANAUGH: Okay, Doctor?

A. Yes.

BY MR. CASEY:

Q. The answer is yes?

A. Yes to the statement which you just read that continue to have --

MR. CAVANAUGH: Yes is enough.

BY MR. CASEY:

Q. You reviewed these records the nursing records before testifying, correct?

A. Yes.

Page 124

Q. Did you notice that there were no neuro-checks between 3:30 a.m. and 7:45 a.m.?

A. I did not specifically note it that way, sir. No, sir, I did not note that, sir.

Q. Did you tell the nurses when you talked to them at 4:15 to stay with the patient and observe him closely and do continuous neuro-checks?

A. I'm not sure if I used the words that you're using, but I did convey my concern when she gave me this constellation of symptoms. And as I mentioned earlier, I gave my home phone number to call any time directly after that for any changes, and neuro-checks are part of, you know, regular assessment that is done.

Q. How often should the nurses have been doing neuro-checks?

MR. CAVANAUGH: Well, he's not here as an expert against the nurses.

MR. CASEY: No. It's his patient.

BY MR. CASEY:

Q. How long would you expect a patient of yours with the symptoms that this baby had to receive neuro-checks during the overnight hours while you were at home?

MR. CAVANAUGH: You can answer that,

Page 125

Doctor.
A. Fifteen minutes, half hour, fifteen minutes check. I know that the baby was on a monitor which measures your oxygen, your heart rate, and breathing, gives you a continuous recording.
And they can get -- they have a beat-to-beat sense of what's going on because they can either visually see it or hear it. So a lot of those findings are obtained minute by minute.
BY MR. CASEY:
Q. I'm talking neuro-checks. You know, there's a difference between a neurological assessment by a pediatric nurse and a machine that beeps, correct? There's a difference, yes?
A. Yes, sir.
Q. Would you expect that a patient of yours during the overnight hours with the symptoms that this baby had to be getting constant, as you say, every 15 minutes or so, neuro-checks by a pediatric nurse?
A. I did convey my concern about the findings.
Q. I'm sorry, my question is, would you expect your patient that's in the hospital and you're

Page 126

at home with the symptoms that he had to be receiving neuro-checks by a pediatric nurse at least every 15 minutes?
A. Fifteen to thirty minutes, yes.
Q. So the answer is yes, you would have at every 15 to 30 minutes?
A. Yes.
Q. And this baby, your patient, during those overnight hours given his symptoms needed such neurological checks by pediatric nurses, correct?
A. Yes.
Q. And he didn't get them, did he?
MR. CAVANAUGH: Well, so you say.
BY MR. CASEY:
Q. He didn't get --
MR. CAVANAUGH: Wait. The doctor has already answered that that's nothing that he looked for nor has he determined that, so that's your assessment.
BY MR. CASEY:
Q. You reviewed the records. There's nothing in the records to reflect that the nurses gave neuro-checks every 15 to 30 minutes as you say your patient needed; am I right?

Page 127

A. Yes, to my understanding, sir, yes.
Q. You were here yesterday when I asked Doctor Grout about a 6 a.m. nurse's note on 12-6, and I don't need to get into the details of it. Do you remember me asking him whether the nurses had informed him that Ayden Shaffer-Doan's eyes rolled back in his head at one point at 6 a.m. on December 6th?
Do you remember me asking him about that?
A. Yes.
Q. Did anybody convey to you at any time between 5 p.m. on the 6th and the following morning on the 7th when you first examined him that this baby at one point had his eyes roll back in his head?
A. No, sir.
Q. Just bear with me for one minute. You touched on this in your earlier answer, but I want to be clear I understand it. And your counsel, I think, will indulge me to repeat the question one more time.
The 11 p.m. note that we mentioned from December 6th, you told me that they didn't say the word seizures to you. Did they use the

Page 128

word tremors?
A. I'm getting confused between the 11 and 4:15 note.
Q. Yes. Let's go back to it. I believe you told me that they did. The only word they didn't say was seizures. Did they use the word tremors when they made the call to you?
A. They may have informed me of missing beats, sir, which I already mentioned in the testimony earlier, 11 p.m.
Q. I'm on the wrong time. I apologize.
MR. CAVANAUGH: I indulged you too. Never again.
BY MR. CASEY:
Q. Okay, go to Page 26 if you would, Doctor. I know we're jumping around in these pages. I'm almost done.
MR. NEELY: Almost done jumping around or almost done with the deposition?
MR. CASEY: Almost done jumping around.
MR. NEELY: Don't tease me like that.
A. I have Page 26.
BY MR. CASEY:
Q. At the bottom, there's a note at 23:00 hours on

Page 129

12-6, it says, quote: Patient having slight tremors at this time and then question mark; cold since diaper just changed, comma, no color change or desat at this time, comma, patient bundled in blanket.

Did I read that correctly?

A. 23:00 hours?

Q. Yes.

A. Yes, sir. But I do not know the question is pertaining -- I mean, there's no comma after the -- it reads as one sentence. You put a break. This could have --

Q. Read it the way you want to, Doctor.

MR. CAVANAUGH: See, he editorializes too when it suits him, and he also emphasizes when it suits his purposes.

BY MR. CASEY:

Q. You can read it into the record, sir.

A. It says: Patient having slight tremors at this time, question mark; cold since diaper just changed, comma, no color change or desat at this time, comma, patient bundled in blanket, period.

Q. I have your CV here. Did you attend law school at any time?

Page 130

A. Not at all, sir.

MR. CAVANAUGH: There's no cause to insult the witness like that.

BY MR. CASEY:

Q. The note reflects the fact that the nurses at least suspected the baby was having tremors at 11 o'clock, correct?

A. Yes.

Q. And you were given no information whatsoever about that?

A. No, sir.

Q. Moving ahead to the next page, Page 27, 1 a.m. in the morning under the neurological assessment, patient had brief episode of eye twitching, comma, no color change observed.

Did I read that correctly?

A. Yes, sir.

Q. Were you informed of that during the 4:15 a.m. call?

A. No, sir.

Q. And I note there's nothing noted here reflecting a call between 1 a.m. and 4 a.m., but am I correct to state that you got no call at all relating to this finding at 1 a.m.?

A. Yes.

Page 131

Q. At 2:47 a.m., your patient had a brief episode of left eye twitching, comma, proceeded -- preceded with upper arm tremors, comma; after episode, left pupil slightly more dilated, comma, no color change.

Did I read that correctly?

A. Yes, sir.

Q. Is that the first time that you read that that you became aware of that finding just when I read it, the 2:47 a.m. finding?

A. Yes.

MR. CAVANAUGH: I'm sorry, I must have misunderstood your question.

MR. CASEY: I'll restate it.

BY MR. CASEY:

Q. You've read the records, and I know that's one line in a very extensive record. Were you aware that that note existed before I just asked you about it, the 2:47 a.m. note by the nurse regarding left eye twitching, upper arm tremors, and one pupil slightly more dilated than the other?

MR. CAVANAUGH: He's asking you as of today, not at the time.

BY MR. CASEY:

Page 132

Q. As of today.

MR. CAVANAUGH: You read that.

A. Yes, sir. I've seen this before in the notes, sir.

BY MR. CASEY:

Q. That's all I wanted to know. No call to you about that finding at 2:47, correct?

A. Correct, sir.

Q. Should there have been a call to you regarding these 1 a.m. and 2:47 a.m. findings? It's your patient. Should they have called you?

A. Yes, sir.

Q. A possible neurological emergency at 2:47 a.m. agreed?

A. Possible, yes, sir.

Q. That needed to be immediately investigated, correct?

A. If I put those two things together and -- yes, sir.

Q. And of course the other findings earlier in the evening, correct? I mean, that is added to that analysis, of course, right? The desaturations from earlier in the night?

A. At 5:45, it was mentioned about desaturations, just those. At 11 o'clock, it was mentioned

Page 133

about missing -- I was notified about missed beats. And then at 1 a.m., they have a recording of brief episodes of eye twitching, correct?

So you're saying if you put the 5:45 finding plus the 11 p.m. finding plus this finding in toto, or you're saying --

Q. Yes, answer that question. Sure, answer that question.

A. At the first time, I may still have -- I would not have considered that a neurological emergency, sir.

Q. Okay, on the next page --

A. Page 28, sir?

Q. Yes, yes, sir. -- the first note at the top discusses your orders that came in after the 4:15 call, right?

A. Yes, sir.

Q. And it says IV fluids changed at this time as per physician's order, correct?

A. Yes, sir.

Q. What change did you ask to be made?

A. I said to stop the calcium which is being -- which had been placed in the IV, remove the calcium basically, give the remaining part,

Page 134

that is, give the other products which are in the IV without the calcium, and also reduce the IV rate from 20 CCs an hour to 15 CCs an hour which is three quarters of what it was running at.

Q. Okay, did you ask any nurse at any time during these overnight hours before you came to examine the patient the status of his sodium levels?

A. I did not ask the nurse directly, sir.

Q. Nothing regarding potential hyponatremia was anywhere on your radar screen during those overnight hours, correct?

A. I already answered that question early in the testimony, and I said no, sir.

Q. During the overnight hours I'm specifically asking you, okay? And nowhere on your radar screen, correct?

A. Correct, sir.

Q. And the reason for your changing the IV fluid and the rate is what, sir?

A. The calcium is not something -- I usually when I'm prescribing on an 18-day baby just put it in the IV fluids. I know there was talk about hypocalcemia and issues of the calcium.

Page 135

I knew when it got to the port, the lab values were all within normal limits, so I did not want to have a confounding -- because calcium is an irritant when given, and it can infiltrate. And I know there's also issues of this patient of blood draws being difficult. I think there was some mention of that and IV, having difficulty placing IVs.

So I know placement of an IV in a small baby is difficult, so I did not want that to cause pain. I mean, you could have a silent infiltration of IV fluid which can cause pain and necrosis.

So I don't want to have that condition because of pain involved earlier issues, so at that time, I was also thinking, you know, the clenching is that a calcium issue?

And I knew calcium levels were normal, at least once, so I did not think the baby needed calcium, at least, you know, right away. And he had received calcium for a long time, so I removed that.

But more importantly, I reduced the IV rate because that was a time at 4:15 when

Page 136

the call was made to me that I started thinking of a neurologic problem.

And the first thing I'm taught, I've been taught, is that you want to reduce -- you do not want to give excessive fluids to a baby who you don't know that might have a neurologic problem, so I reduced it.

But I knew that the baby was dehydrated as well when the baby came in, so I wanted to do a compromise, that is, not shut it off because the baby still needed sustenance but reduce the IV rate, which I did, and I rounded off those numbers, 20 to 15 which is about three quarters.

Q. You said one of the first things you were taught is, if you suspect a neurological problem, you need to be concerned about making sure that a baby is not given too much fluid, correct?

A. Yes, sir.

Q. You need to start worrying about fluid overload, correct?

A. Yes.

Q. Because of the potential for cerebral edema, correct?

Page 137

A. Yes.
Q. And that's one of the first things you were taught in your pediatrics training?
A. Amongst other things, sir. I mean, it's certainly a lesson I took home with me, sir.
Q. And anyway, that's why you did what you did at 4:20 a.m. or ordered to be done after the 4:15 call?
A. That was my line of reasoning.
Q. All right, down below, we're backing up in time, of course, but this is a nurse's note at 3:40 a.m. on 12-7-01, and it reads as follows:
Nurse holding baby and observed that left pupil is slightly more dilated than right pupil, period. When assessed with light, left pupil, quote, sluggish, unquote, comma; patient cried out after pupils checked and proceeded to have twitching of left eyelid, period. No color change or desat, period. And then just below it, it says: Episode lasted approximately 15 seconds.
Did I read that correctly?
A. Yes, sir.
Q. Was this 3:40 a.m. finding communicated to you during the 4:15 a.m. call?

Page 138

A. No, sir.
Q. So neither the 1 a.m. finding nor the 2:47 finding nor the 3:40 a.m. finding was communicated to you during the 4:15 a.m. call, correct?
A. Yes, sir.
Q. Next, below that 4 a.m.: Patient held by nurse period. Both eyes twitching, comma, had tremors of arms and legs, period. Left pupil slightly larger in size, open parens, more dilated, close parens, comma, and sluggish when checked with light, period. Had apneic episode over 20 seconds, comma, stimulated by nursing staff, period.
Did I read that correctly?
A. Yes, sir.
Q. Was this finding communicated to you during the 4:15 a.m. call?
A. No, sir.
Q. 4 a.m., another finding by the nurse, quote: O2 sat at 90 percent during this episode with O2 at 2 liters nasal cannula, period. No color change, comma, episode lasted 30, dash, 40 seconds.
Did I read that correctly?

Page 139

A. Yes.
Q. That's related to the 4 a.m. finding we just discussed; is that right?
A. I think so, sir.
Q. And was this saturation issue communicated to you during the 4:15 a.m. call?
A. No, sir.
Q. Okay, the following page, down in the middle of the page -- this is Page 29 of the nurses' chart -- 12-7-01 at 8:10 a.m., and it reads as follows, quote: Upper extrem -- that's e-x-t-r-e-m, and then, open parens, RAG, close parens, which is the nurse's initials, colon, patient had had a one, dash, two m-i-n episode of mouth movement, comma, flexing of arms and OCC blinking, period. Doctor Chandrasekhar here at the time, period. Color pale, period; O2 sat remained 100 percent, period. Heart rate 120, period.
Did I read that correctly?
A. Yes, sir.
Q. Do you remember actually observing all of these things that are reflected in this note?
A. Yes, sir.
Q. And then down below, another 8:10 a.m. note

Page 140

from the same nurse: Respirations are grunting at times and very shallow at other times, period. Do you see that?
A. Yes, sir.
Q. Do you remember seeing grunting respirations?
A. I did not. When I wrote this thing, I did not see the grunting respiration at that time.
Q. Okay, to finish this page -- again, we're going back in time just because of the way this record reads -- 4:40 a.m. on 12-7-01, this is about 25 minutes after the call was placed to you. It's indicated that the heart rate was missing beats, correct?
A. Missing beats occasionally, yes, sir.
Q. Were you informed of that fact?
A. No, sir.
Q. You didn't receive a call, correct?
A. I did not receive a call.
Q. Were you informed of that when you got to the hospital in the morning?
A. No, sir.
Q. When you arrived at the hospital in the morning, did you have a discussion with the nurses who were there during the overnight hours prior to examining the patient?

Page 141

A. No. The nurses were already in the room, and I could see the back side of somebody, and I just went into the room.
Q. Moving ahead to Page 31, this is all dealing with the overnight hours of 12-7-01. Do you see the 6 a.m. note?
A. 6 a.m., yes, sir.
Q. Okay, it says: Pain cues, c-u-e-s, and then, open parens, PCP, close parens, that's the nurse's initials, colon, has occasional episodes of grimacing, comma, then pulling legs to a-b-d and crying a shrill cry, comma, question mark. And there's a comma and then a question mark; belly pain, slash, cramping, period.
That's about an hour and 45 minutes after the call, correct?
A. Yes.
Q. And about two hours before you arrived to see the patient, right?
A. Yes.
Q. Were you informed of that either by phone call or when you arrived at the hospital?
A. No, sir.
Q. Okay, move ahead to Page 32, please, also 6

Page 142

a.m. notes, and this is a note, first one from Nurse Peoples -- it's P-e-o-p-l-e-s -- quote, awake through night, comma, slept only in brief intervals, period. Having, question mark, focal seizures with twitching of eyelids and occasionally tremors of extremities, comma, very brief episodes lasting only 15, dash, 30 seconds, comma, no color changes or desats associated with these episodes, period.
And then continuing, quote, continues to have episodes of periodic breathing, comma, shallow respirations and with occasional apneic episodes observed, period.
O2 desat times 1 this shift to 86 percent with O2 at 2 and then the capital letter L and then two small letters which is another word, NC, period. Had brief bradycardic episode with heart rate down to 76 times one this a.m., period.
Did I read that correctly?
A. Yes, sir.
Q. All right, and then the note continues, 6 a.m. note continues. HR irregular, comma, missing beats occasionally, period. Patient did take 45 CCs Pedialyte PO and retained, period.

Page 143

Voided 160 CC this shift, comma, with no BMs, period. Left pupil observed to be slightly more dilated than R this shift and at one point was slightly sluggish when checked with light.
Did I read that correctly?
A. Yes, sir.
Q. Without reading it continually. I know it's fairly tedious.
MR. CAVANAUGH: Fairly, did you say?
MR. CASEY: Well, there are a few reasons -- off the record.
- - - -
(There was a discussion off the record.)
- - - -
BY MR. CASEY:
Q. The bottom three notes on the page, take a look at them. I just want to make sure that, like the others, the 5 a.m. comment and the 6:40 a.m. comment were not communicated to you by way of phone call or when you arrived at the hospital.
A. No, sir.
Q. They were not conveyed to you?
A. They were not, no.
Q. 8:10 a.m. comment regarding the bradycardia of

Page 144

in the 60s and the heart rate in the 70s with shallow breathing and pale color, I presume you were there for that?
A. Correct, sir.
Q. The following page, Page 33 from the 12-7-01 note of 9:30, the comment through the comment at 13:15 that afternoon, other than these comments which include certain vital signs, I do not see any vital signs recorded in the chart. Does that comport with your review of this medical record?
A. I think so, sir, but what I'm looking at, I'm not -- I cannot category this date. I've seen every page which I have here, so to the best of my knowledge, I would agree with what you're saying, sir.
Q. When you left the hospital after your examination of the patient that morning, you told me earlier you either called Doctor Grout or talked to him when you went back to the office. Am I stating that correctly?
A. Yes, sir.
Q. I know we're talking about a lot of conversations. I just want to be sure.
Did you make arrangements to have any

Page 145

physician be with the baby at any time after you left him at around 8:50 a.m.?
A. No, sir. When I made the phone call, I made a reasonable assumption that Doctor Grout would be in charge of everything from that point on, and I did convey that information to him in my conversation with him.
So I essentially gave a summary of what had happened, and in my impression, my findings, my impression, gave my impression after I concluded after decision making as to that. And I did -- I think I was upset at the fact that this looked like seizures to me at that point.
And I did convey that thing, that it was seizures, conveyed this information, and I had recommended that a tertiary care center be involved. But I did not say I recommended and that he was in charge of this patient, and I conveyed this information to him.
Q. And then you went and saw your other patients?
A. Yes, sir.
Q. Did you have any emergencies that morning?
A. Not as far as I can recall, sir. But I have patients who had made appointments many days in

Page 146

advance, weeks in advance, who were waiting to see me.
Q. Did you consider having someone who was actually in the hospital as opposed to two miles away in the office a physician be with the baby to see what happened between 8:50 a.m. and whenever Doctor Grout found his way back to the hospital if he ever did?
A. When I left the baby, the baby was not -- was not having continuous seizure. I saw that one episode and then -- and actually the mother like I mentioned at that time said that the baby is looking comfortable. She mentioned that fact.
Q. The mom did?
A. The mom did, and the nurse also said: He's looking better. She said that. But I did see that -- I made the diagnosis of seizures at that time, and I conveyed.
And at that point, I ordered the medication, and I had ordered the other tests done and I knew the nurses are going to give the medication. They are going to get it and give the medication.
And I knew I had to contact Doctor

Page 147

Grout for further management, and that was my -- I had helped the baby at that point as much as I could at that point at 8:50 a.m.
Q. Do you remember telling me earlier that it was a neurological emergency, that what you observed at 8:50 was a neurological emergency? Do you remember telling me that?
A. Yes, sir. Yes, sir.
Q. All right, can you tell me when the next time was after you left him at 8:50 this baby who was your patient at that point saw a physician, meaning a physician with him? Do you know?
A. No, I cannot really tell you that, sir. I do not know. I can go over the chart again, but I cannot.
Q. The nurses -- the pediatric nurses are trained to reflect in the comments section of their notes when a physician is present with the baby, correct?
A. Yes.
Q. And according to these notes between whenever you left the baby that morning after your 8:50 a.m. note and 1:15 in the afternoon, no physician is present with the baby; am I right?
A. After reading the notes, I can say no physician

Page 148

was there with the patient from reading from the notes only, sir.
Q. Let me start with this. You as part of your orders after the call at 4:10 a.m. -- well, let me withdraw all that.
When did you order an anticonvulsant to be given to the baby? What time?
A. I think 8:40 is what my order is when I wrote it on the chart, but there is a time lag from the time I say it to when I transcribe it. So I cannot tell you exactly when I said it, but certainly it was said and then written.
Q. Were you able to gather from the nursing records here when the medication was actually given to the baby?
A. Yes, sir. It was given at 12-7 at 11:22 a.m.
Q. That's about roughly three hours after you were in with the baby and examining him and deciding to give anticonvulsants, correct?
A. Yes, sir.
Q. Did you order that the medication be given immediately, stat?
A. I did not say that in my orders, sir, but in a hospital where there is the small pediatric unit and I was the only doctor at that time and

Page 149

all the nurses were around me -- I mean, the nurses were taking care of this baby, and I mentioned that phenobarb has to be given.
So it is when I -- I thought that it was superfluous for me to write stat when it was already mentioned that of this medication.
And the order was written by at least 8:40, you know. I had written the order by 8:40 even though I might have said that a few minutes earlier.
Q. One of the things you did after the 4:15 a.m. call was cut back on the infusion rate of the fluid, correct?
A. Yes.
Q. Would you have done that earlier if you were told there was anything resembling seizures?
A. Yes.
Q. You would have done it at 5 o'clock the preceding day?
A. Yes.
Q. If Doctor Grout had told you that there was even questionable seizures?
A. I do not know that, sir. Yeah, I cannot really -- I do not know the answer to that question, sir.

Page 150

Q. But in any event, the first time you suspected any type of neurological problem, you would have cut back on the infusion rate of the fluids because of the potential for cerebral edema?
A. Yes, sir.
MR. CASEY: Off the record.

(There was a recess in the proceedings.)

BY MR. CASEY:
Q. We took another break, Doctor. Are you prepared to continue?
A. Yes, sir.
Q. I think we're looking at the same page or at least you were before the break. That phenobarbital note -- and I think it's made by
(11:22) a nurse -- documented that on 12-7 at a.m., phenobarbital at 60 milligrams IV slow was ordered to be done by you.
I mean, it was ordered to be done earlier in the morning, but it was actually done starting at 11:22 a.m., right?
A. Yes, sir.
Q. Tell me why you decided to order the

Page 151

phenobarbital to be administered at the dosage and the rate that you, in fact, ordered it.
A. The dosing, the usual stint dosing is 20 to 40 milligrams per kilo per dose as a loading dose, so the baby was 3 kilograms. So 20 times 3 is 60, so 60 milligrams.
I went on the lower side knowing that we could always -- I did not want to give the higher end. The teaching is to start at the 20 milligrams kilo per dose.
Q. What teaching are you talking about?
A. Pediatric teaching.
Q. Are you on the same page as I am? Over on the left-hand side, if you turn the page diagonally -- and I'm referring in Grout 1 to the medication dosage, dash, frequency route of administration record.
At the top of the page, it starts with medication given on 12-6, and it goes down with four or five entries to the phenobarbital and Ampicillin medications on 12-7.
Over on the left-hand side of the page, it says phenobarbital 65, something, 4 times a day, right?
A. No, sir.

Page 152

Q. Tell me what it says.
A. It just says -- it's all been all written, so I cannot make any judgment on that. This is probably the maintenance dose which I ordered after the loading dose.
The way phenobarb is given is you give a load, and then you support that by a maintenance to keep the levels up on a steady state. So the load was given on the right side, and this is the dose which was written for the maintenance which is 3 to 5 milligrams per kilo per day, which, again, works out 3 to 5 milligrams. And I was working with a weight of 3 kilograms, so it came to 15 milligrams.
Q. I see, 15. That's what I was trying decipher. So it says phenobarbital 15 milligrams, QD, and then Roman Numeral 4?
A. Yeah. That means IV. It's not Roman numeral.
Q. Go got it. I'm sorry. 15 milligrams QD IV?
A. Correct, sir.
Q. Have you discussed this patient with Doctor Grout since the time that he was transferred out of DRMC to Pitt?
A. Yes, sir.
Q. Tell me about that.

Page 153

A. I do not know the exact words which I used, but the sum was, again, we told him about the findings which I had.
And I do not even recollect the time when I talked to him about it, when I talked to him about the findings which I saw and the treatment and the transfer to the Children's Hospital and the baby coming back to our office and a couple of medications that the baby was on after the baby came back.
Q. I need to know more specifically. I'd like to know everything that you talked to him about.
A. That's all I can remember, sir.
Q. You don't remember the import of the conversation or why you were talking to him or anything like that? I'm interested in knowing everything about the conversation you can tell me.
A. After the baby was transferred, the only thing I can remember, sir, is I must have brought this up at the time when I saw this baby, came in and saw me. That was a stimulus or a reflex reaction, I presume, the same day. But I cannot tell you exactly. It's a blur, sir.
Q. Okay, but you're telling me that you suspect

Page 154

this visit by Ayden Shaffer-Doan to the Gateway practice prompted you to initiate another discussion with Doctor Grout about what happened at the hospital on 12-6-01 and 12-7-01?
A. No; but generally about the patient, what I had seen when the baby came back for a follow-up.
And so we discussed the findings from -- just the findings from the start overall, you know, about the condition of the patient and when I examined him.
Q. What did you tell him about or what did you say to him regarding what had transpired with the baby at DRMC on 12-6 and 12-7-01?
A. I don't remember the specifics.
Q. I'm not asking you specifically. I'm just confused about why seeing the patient again, which prompted a conversation with Doctor Grout, would bring with it a discussion by you with Doctor Grout of things that had happened back on 12-6 and 12-7.
Why were you talking to him about that?
A. I think I misspoke. I might have talked -- I don't remember, sir. I could have just talked

Page 155

about what the patient's condition was at that point in time.
Q. Did you express to Doctor Grout any regret regarding the decisions that were made for this patient on either 12-6 or 12-7?
A. No, sir.
Q. Have you expressed any such regret to anybody? I'm not talking lawyers. I'm talking about to any person outside of your lawyer or lawyers regarding what happened on 12-6 or 12-7.
A. I certainly talked to the mother at least more than once or twice, and I think when we discussed, again, we discussed the issues in front of us. And I did discuss that I was very sorry about the events, the outcome of this baby at that time.
Q. In what way did you say you were sorry?
A. Sorry meaning that the baby had -- when I examined the baby afterwards, at least the first time, I thought the baby was a little behind in the development. I thought he was a little behind.
So putting it all together, I said that I was sorry, you know, that the baby had a seizure disorder and needed treatment at the

Page 156

tertiary care center and his management, this sequence.
Q. I still don't understand you. You were sorry that it happened because you felt that misstakes were made with his care? Is that what you're saying you conveyed to the mother?
A. No, sir.
Q. Okay, you were just sorry the way you'd be sorry if you see a patient with some problems?
A. Yes, a patient.
Q. Any patient?
A. Any patient.
Q. You weren't saying, implying, in any way to the mom that the care that he received at DRMC was less than adequate?
A. From my statement, no, sir.
Q. Did you ever express to any person that you believe the care he received at DRMC was less than adequate?
A. No, sir.
Q. Tell me how many conversations you can recall having with either one of Ayden Shaffer-Doan's parents.
A. I don't know. I've never looked at the Gateway Area Medical Associates charts. I've never

Page 157

been given that, sir.
Q. Do you remember any conversations with either Mom or Dad?
A. I think it may have been with Mom. That much, I know.
Q. I interrupted you, and I'm sorry.
A. And maybe at least one or two general. After examining a baby, you talk, and I think one of them, I did express my -- as I said, I was sorry about the diagnosis, but that's all I can remember and then about the facts about what to do, about feedings, and the day-to-day care after that.
Q. I'm sorry, are you done?
A. Yeah.
Q. You already told me that you did remember from the morning of 12-7 the mom saying something to the effect that the baby looked better?
A. Yes, sir.
Q. Do you remember anything else that either Mom or Dad said to you on 12-6 or 12-7, anything at all?
A. No, sir.
Q. Other than general conversations about your findings at the particular visits and

Page 158

recommendations you were making for the baby -- and we're talking now subsequent to his being transferred to Pitt and in conjunction with your seeing the baby afterwards -- do you recall any conversations with the mom?
A. No, sir.
Q. And I should add to that you added to the conversations and what you remember about them one time that you do remember saying that you were sorry about the fact that the baby was delayed?
A. Yes, sir. It was part of the regular exam of the baby. It wasn't like I specifically had a separate visit. It was part of the exam of the baby.
Q. Okay, and that's it? That's the full scope of what you remember about conversations that you had at any time with either Ayden Shaffer-Doan's mom or his dad?
A. Yes, sir.
Q. In your records that you made when you were at the Gateway practice, you refer to Ayden as being, quote, developmentally delayed, unquote.
And I can take a minute and pull them out and talk to you and show you that's what

Page 159

you said, but for the purpose of my question, will you just accept that as a fact, just that I'm representing to you that you have that in your records, that you refer to him as being, quote, developmentally delayed?
MR. CAVANAUGH: Yes, of course.
A. Yes.
BY MR. CASEY:
Q. You can accept that representation. Did you in your treatment of him after he was transferred to Pitt and you saw him as a treater subsequent to that conclude anything about the etiology of his brain injury?
A. No, sir.
Q. Okay, and I assume in order to familiarize yourself with his care, with the care that he received prior to your seeing him at the Gateway practice, you would have had to know and understand his course of events at Pittsburgh Children's?
A. Yes, sir. But certain treatments go on irrespective of what the etiology is, certain things like feedings and medications. The final treatment is the same. I mean, yes, it would certainly add to the diagnosis.

Page 160

Q. Right. But when you saw him as a treating physician, a treating pediatrician, right?
A. Yes.
Q. After he came back from Pittsburgh, you would have had to just get up to speed on what had occurred there, correct?
A. Yes.
Q. And what the state of affairs was for this patient at that juncture, correct?
A. Yes.
Q. And you would, in doing that, had to know -- I'm not talking about reading every page of the records or talking to every treater that he had at Pitt. I'm just talking about know generally what the treating team there found about this patient; am I right?
A. Yes, sir.
Q. And you knew that he was seen by a team of pediatric neurologists at Pitt, right?
A. I read one letter which Doctor Zitelli sent a copy to Doctor Siar. That's the only I've read which describes -- which gives a summary of from start to finish of what happened. And in that, there's mention that pediatric neurology has been consulted. I do not have any

Page 161

independent corroboration. That was the only note I saw at that time.
Q. You were CCed on it?
A. No; because as I mentioned earlier, I was not the primary care doctor of this patient.
Q. Why is it that you saw the letter to Doctor Siar from Pitt?
A. I think that was incorporated in the chart on the day I saw the baby. It became part of the record.
Q. I see. I see. And you read the letter?
A. I read the letter, sir.
Q. Do you remember anything about the letter that stood out to you as you sit here today?
A. I think, if I remember correctly, they talked about cerebral edema of unknown etiology.
Q. Cerebral edema of unknown etiology?
A. Yes, and cerebral edema, and some attenuation and noncoordination of left and right brain EEG in the morning, dash --
Q. To what are you referring to now, sir?
A. This thing which I had.
Q. I see. This is the thing that you believe you saw?
A. There is also a letter.

Page 162

Q. Okay, but what I'm asking you is whether you saw this document before the follow-up report, patient referral. You told me that you didn't see anything from the practice, and I'm wondering where you got this.
A. I don't remember, sir. It was in the file I got, and this was attached with this. I don't know if this one would be for the thing, and I photocopied and clipped it together.
Q. Okay, when did you photocopy and clip these together?
A. I don't remember, sir.
Q. But you believe that these documents that I'm holding up -- and I'm going to mark these as an exhibit -- were included in the chart on a particular day that you saw Ayden and you actually read these?
A. Sometime, yes, sir.
MR. SOSNOWSKI: Matt, what's the date on that letter?
MR. CASEY: It's cut off here. Oh, here it is. The letter refers to a date of service 12-7-2001, and the -- I think the letter is dated 12-7-01. It's cut off from Basil J. Zitelli, comma, M.D.

Page 163

It's a letter dated 12-7-2001. It's dictated 12-21-2001, transcribed 12-27-2001. It's a letter to Doctor Siar, diagnostic referral evaluation. I know that it is included in the chart from Pittsburgh Children's.
In addition to that, this exhibit, we'll include a follow-up report, patient referral, that I note to be included in the Gateway chart. It is sent to Doctor Grout at DuBois Hospital, 100 Hospital Avenue, DuBois, PA, 15801. The date at the bottom of it is 12-13-01, and it's signed by the physician director of the transport team from Pittsburgh Children's.
In addition, this witness has two -- or I'm sorry, one radiology diagnostic report included in a collection of documents that he told me he stapled together.
BY MR. CASEY:
Q. When did you staple them together?
A. I don't remember, sir.
Q. Was it recently?
A. No, sir.
Q. It was back at a time contemporaneous with your

Page 164

reviewing -- with your seeing Ayden as a patient?
A. Sometime I must have seen this, these things together, sir. I do not remember when it was.
Q. Is there any way I could make a quick copy? It's not very many pages?
MR. VOLPE: I can try.
MR. CASEY: I'll give you 40 cents.
MR. CAVANAUGH: Are we making copies for everyone? Last of the big spenders.
MR. CASEY: Good point.
- - - -
(There was a recess in the proceedings.)
- - - -
BY MR. CASEY:
Q. We're going to wait until the copies are brought back, but in the meantime just to save time, I'll continue with questions unrelated to those documents.
At DRMC during the time that you saw patients there, did you ever arrange for a pediatric patient to be seen by a neurologist within the four walls of that hospital?
A. I do not remember, sir. I don't remember, sir. I can't remember, sir.

Page 165

MR. CAVANAUGH: We can't hear you.
You have to speak up.
A. I was just thinking. I do not remember, sir.
To the best of my knowledge, I do not remember, sir.
BY MR. CASEY:
Q. Okay, do you expect that you did?
A. Yes, sir.
Q. How would you go about doing that?
A. Depending on the level of emergency and the intensity of the situation. If there was some immediate problem which would need intensive care therapy, I would call the transport team, the doctor of the transport team, because he's the man that's the easiest person to contact quickly.
If it was some ongoing thing and I wanted an opinion of a pediatric neurologist, only a neurologist, then I would call the pediatric neurologist directly and get his opinion first and then discuss about transfer.
But if I knew that I wanted to transfer a patient for pediatric neurology, I would call the transport team directly.
- - - -

Page 166

(Exhibit 3 and Exhibit 4 marked for identification.)
- - - -
BY MR. CASEY:
Q. Did it happen during the course of your seeing patients at DRMC that you had to consult with a pediatric neurologist and, as a result, placed a phone call to a pediatric neurologist?
A. I certainly would have talked to a pediatric neurologist more than once about some patients. I do not recollect the exact details.
Q. I'm not asking about the exact details, but I'm just wanting to know. I just want to know as a fact that, yes, in the course of seeing pediatric patients at DRMC, you have from time to time picked up the phone and called a pediatric neurologist?
A. Yes.
Q. And I'm guessing that, because there is no pediatric neurologist on staff, that those of you who saw pediatric patients at DRMC discussed some type of procedure to follow when there was even -- when you suspected that I patient may need to be evaluated by a pediatric neurologist; am I correct?
A. No, sir.

Page 167

Q. Did you ever discuss with Doctor Siar or any of your colleagues what was to be done if there were neurological findings that warranted review by a pediatric neurologist?
A. I did not discuss these things in the words you said, but under his guidance, I followed what he has done in the past.
Q. I see. You became familiar with a custom and practice?
A. Right exactly, sir.
Q. And where would you call? What pediatric neurologist?
A. I have called -- if I remember correctly, I've called both neurologists at Children's Hospital of Pittsburgh or the Geisinger Medical System in --
Q. Danville?
A. -- Danville.
Q. Who at Pittsburgh Children's would you typically speak to? Do you remember?
A. No, sir.
Q. Would you call a switchboard? Would you call a particular doctor's office? How would you do it?
A. It would depend on the time of the day. During

Page 168

the day, I might have called the pediatric neurology department directly if I could have the number easy access. And that depends on where I was located when I was making the call.
But after hours, maybe I would go through the switchboard because I knew the department would be closed but there would be somebody on call.
Q. Would a patient be billed for some sort of pediatric neurology consult when you did that?
A. I cannot comment on that, sir, because I do not know the collections and the billing aspect of this.
Q. But do you have any idea whether you at DRMC or at the Gateway practice would receive a bill from Pittsburgh Children's for this phone consult, you know, whatever the case may be, whether it was by phone or in person -- or however the consult occurred, would your practice for this hospital receive a bill?
A. I was an employee of Gateway Area Medical. I was not privy to bills coming in, but my reasonable answer to this would be no, no bills received. But I could be wrong on that because I was an employee.

Page 169

Q. Pittsburgh Children's had no problem with the physicians at Gateway or at DRMC picking up the phone and calling a pediatric neurologist to get medical opinions, if I'm understanding you correctly? Was there any problem with that?
A. There was no problem. It was just trying to get them, I mean, talking to a person, but there was no problem.
Q. Is there a business relationship that you are familiar with that made it all right?
A. There is no business as far as I know, sir. I was an employee of Gateway Area Medical Associates. I do not know of any business relationship.
Q. Do you know of any policy or general practice, either one, at Gateway to direct patients to Children's as opposed to somewhere else?
A. No, sir.
Q. Do you know what Doctor Siar's relationship is with Pittsburgh Children's?
A. It is a very cordial relationship.
Q. Very cordial. How do you know that?
A. I never seen him talking to me with any kind of displeasure when he was talking about Children's Hospital, pediatric neurology, and

Page 170

you pick up on those cues.
Q. Right. I'm not asking if he ever said anything disparaging about them. I'm asking rather if there was, in fact, what you perceived to be a close relationship between Doctor Siar and the people at Pittsburgh Children's?
A. I don't think I'd be able to state that. I do not know the answer to that.
Q. Have you ever been to Pittsburgh Children's?
A. Yes, sir.
Q. When?
A. I can't -- I think at the time when I was in Pennsylvania before I moved to Florida.
Q. All right, okay. For what purpose?
A. I think I attended a meeting there at Children's Hospital of Pittsburgh, one of the CME meetings once.
Q. Continuing medical education?
A. Continuing medical education meetings once.
Q. Were you there at any other time for any other reason?
A. I was there. I have a friend who's working there, and I think if I'm -- I think I was in the hallway or I mean at the front date or something to do with meeting him there.

Page 171

Q. Who is your friend there?
A. Doctor Shaker, Doctor Shaker, I think that's his name.
Q. What type of doctor is Doctor Shaker?
A. He's a pediatric intensivist.
Q. I know what a pediatric intensivist is, if I can say it, but will you just tell me so we have a clear record here what a pediatric intensivist is?
A. This is a person who works in the pediatric intensive care of a hospital.
Q. That's otherwise known as a pediatric critical care specialist?
A. Yes, sir.
Q. Did you ever pick up the phone and call your friend at Pittsburgh Children's who is a pediatric intensivist to get advice about your patients here at DRMC?
A. No, sir.
Q. Did you ever call Pittsburgh Children's to get advice similar to what you did with pediatric neurologists from a pediatric intensivist?
A. I have talked to a couple of intensivists. I do not recall the exact why I made the conversation, but I've talked to a couple of

Page 172

intensivists. I was in Pennsylvania for six years, at least six years, so during that time period, I've talked to a couple.
Q. At Pittsburgh Children's?
A. Yes, sir.
Q. And you told me earlier the conditions that would prompt your wanting to talk to a pediatric neurologist. What about a pediatric intensivist? When would you want to talk to a pediatric intensivist?
A. My understanding is that the pediatric transport team which comes out is -- I think the doctors are intensivists to my knowledge, my limited knowledge.
I cannot say I covered the entire gamut because I don't know, but I know at least some of the them have talked to me when I call them, at least a fellow or the person in charge is an intensivist who works in the intensive care department. So they are related somewhere in that the person responds to this transport team. That's my understanding, but I could be wrong, sir.
Q. My question is, under what conditions? You described conditions that would cause you to

Page 173

want to talk to a pediatric neurologist. Under what conditions would you want to speak to a pediatric intensivist?
A. If a baby needs ventilatory care which we could not provide, if there was a question of a severe cardiac condition, congenital heart or severe cardiac condition, any severe -- even severe gastroenteritis, shock, severe cases of any organ system related to pediatrics.
Q. I'm referring now to what's been marked as Exhibit 4, and this is your stapled-together set of records, letter to Doctor Siar from Doctor Zitelli. Did you form any impression when you read the letter while you were treating Ayden Shaffer-Doan?
A. I read the letter, sir, and --
Q. Did you take issue with any of the findings that were included in the letter?
A. If I could have the letter back again, I might be able to --
MR. CAVANAUGH: It's right in front of you.
A. It says here in the one, two, three, four, five -- initial BUN was in the 40s. We know that was incorrect because his initial BUN was 62.

Page 174

I can't comment on his creatinine. A CT scan and EEG were performed. The CT scan was abnormal.
MR. CAVANAUGH: Doctor, don't read it out loud. Just read it to yourself.
A. Okay.
BY MR. CASEY:
Q. Have you read the first paragraph?
A. I'm reading it, sir.
Q. Okay, when you're done with the first paragraph, let me know.
A. Yes, sir, I've read it.
Q. There's nothing in the letter to Doctor Siar in the first paragraph which discusses his time at DuBois about seizures -- I'm sorry, excuse me.
There's nothing in the letter regarding what you called earlier the -- and tell me if I'm wrong. Is it the series of events that occurred from the time he was admitted to the time he was discharged?
A. Yes. There is no mention of what you're saying, sir.
Q. Okay, and in this letter, you knew that was sent to Doctor Siar to summarize this patient's course both at DuBois and at Pittsburgh

Page 175

Children's, correct?
A. I do not know that as a fact, sir. This is a letter which I'm looking at which could mean that but may not be the only letter sent.
Q. All right, that's a fair point. There's nothing in the letter back to Doctor Siar regarding the things that we've discussed today about what occurred during the overnight hours of December 6th and December 7th, correct?
A. Yes, sir, not in those words, sir.
Q. There's nothing that even alludes to it, correct?
A. Yes, sir. I mean, he doesn't mention 12-6 and 12-7. He just says four days prior and words like that to that effect.
Q. But there is nothing that alludes to the series of seizure-like activity in this paragraph other than to say, quote, he may have had another seizure, unquote, right?
A. Yes, sir.
Q. There's nothing in here that explains that you discontinued -- excuse me, let me withdraw that.
There's nothing in the letter that explains that, because of concerns about

Page 176

cerebral edema, you changed the infusion rate on the IV at around 4:15 in the morning on December 7th, is there?
A. No, sir.
Q. It says in the first sentence of the third paragraph: Notably, comma, while at DuBois Hospital and here at Children's, comma, he had progressive hyponatremia, unquote?
A. Yes.
Q. That refers to a time period during which this patient was yours?
MR. JOHNSON: Object to the form of the question.
BY MR. CASEY:
Q. Correct? It refers to a time period during which the patient was your own?
A. It also includes the time, and the numbers 141, I was not there, sir.
Q. I know. But this period, quote, while at DuBois Hospital, refers to a time period when the patient was yours, right?
MR. JOHNSON: Object to the form of the question.
BY MR. CASEY:
Q. I'm just asking you. It refers to other time

Page 177

periods, but it refers to a time period during which, for 14 hours, the patient was yours, correct?
A. Yes, sir.
Q. Do you agree that while at DuBois Hospital this patient, your patient, had progressive hyponatremia?
MR. JOHNSON: Object to the form of the question.
MR. CAVANAUGH: He's not going to answer that.
BY MR. CASEY:
Q. When you read the letter did you form any impression about whether that sentence was correct or incorrect?
MR. JOHNSON: Object to the form of the question.
MR. CAVANAUGH: He's not going to answer that either.
MR. CASEY: That's not discoverable?
MR. CAVANAUGH: It's not proper. It's wrong and as you well know on a number of levels. If we want to depose Basil Zitelli, we'll all be there and hear whatever basis we that he might have to support that conclusion.

Page 178

MR. CASEY: This witness reviewed this letter in conjunction with care that he provided to the Plaintiff in this case.
MR. CAVANAUGH: Counsel, I understand what he did, but you need to understand he's not going to respond to that.
BY MR. CASEY:
Q. All right, did you incorporate this letter into treatment decisions that you made for Ayden Shaffer-Doan?
A. No, sir, not myself.
Q. You just disregarded it?
MR. CAVANAUGH: No, he didn't say that.
MR. CASEY: Let me ask him a question.
MR. CAVANAUGH: It's an improper and insulting question. He did not incorporate that into the limited treatment that he had of this child as a pediatrician in DuBois. He never said nor suggested that he disregarded that letter.
MR. CASEY: Speaking of improper --
MR. CAVANAUGH: No, that is proper.
MR. CASEY: -- it's not proper for

Page 179

you to make a speech like that, and it's not insulting for me to ask a question. I think you know that. Excuse me, you can tell him not to answer the question. Let's just do it the right way, okay?
MR. CAVANAUGH: I'm trying, but you're resisting. I don't know why you haven't succumbed to my --
MR. CASEY: You're going to make a speech now.
MR. CAVANAUGH: -- force of will.
MR. CASEY: That's funny. You are funny, but let me ask the question.
MR. CAVANAUGH: Don't insult the man by saying that he disregarded that letter.
MR. CASEY: That's not fair. You know that's not fair.
MR. CAVANAUGH: You asked him if it played a part in his treatment plan, and he's politely told you it did not.
MR. CASEY: And I'm entitled to follow up and explore whether he simply disregarded it or his practice is not to use diagnostic referral evaluations from Children's Hospital in Pittsburgh and to incorporate them

Page 180

into decisions he makes for his patients.
MR. CAVANAUGH: But see, he's already answered because he told you he offered general pediatric care. He was not attempting care and treatment for the issues that fell in the domain of the Children's Hospital of Pittsburgh.
MR. CASEY: That answers my question.
MR. CAVANAUGH: He did answer that.
MR. CASEY: He didn't. He just said no. He just said no.
MR. CAVANAUGH: We disagree.
BY MR. CASEY:
Q. Is what your counsel said correct?
A. Yes, sir.
MR. SOSNOWSKI: Off the record.
- - - -
(There was a discussion off the record.)
- - - -
BY MR. CASEY:
Q. Sir, you reviewed the Complaint that has been filed in this case?
A. Yes, sir.
Q. And you understand the allegations of negligence that were made against you?

Page 181

A. Yes, sir.
Q. And you read them, I assume, in detail?
A. Yes, sir.
Q. In the Complaint, you know exactly what the claims are that have been made against you as pled in the Complaint?
A. Yes.
MR. CAVANAUGH: To the extent that any of us can discern from that gobbly-gook what the nature of the claim is, yes, he does.
BY MR. CASEY:
Q. Sir, do you understand the claims that have been made against you?
A. Yes.
Q. And do you admit that any of the claims that were made against you are correct?
A. No, sir.
Q. And given that you may testify as an expert in this case, I want to ask you whether you believe you deviated from the standard of care for a pediatrician in any of the decisions that you made regarding Ayden Shaffer-Doan?
A. I did not deviate, sir.
Q. And to be clear, you were seeing this patient and treating this patient as a pediatrician,

Page 182

correct?
A. Correct sir.
MR. CASEY: Those are all the questions I have.
MR. CAVANAUGH: Thank you. Do any other counsel have questions for the doctor?
MR. SOSNOWSKI: No questions.
MR. NEELY: No questions.
MR. JOHNSON: No questions.
MR. CAVANAUGH: We will reserve the right to review the transcript, please.
- - - -
(There was a discussion off the record.)
- - - -
MR. CASEY: Let me go back on the record. What I didn't say is that Exhibit 3 to this deposition will be Grout 1. We were referring to it during the course of the day, and I just want to make it clear that that will be attached as Exhibit 3.
The exhibits for this deposition are as follows: No. 1 are the Answers to Interrogatories. No. 2 is the EEG report. No. 3 is Grout 1, the collection of records from DRMC, and No. 4 is the series of documents

Page 183

stapled together as I've been describing them by Doctor Chandrasekhar. That's it.
- - - -
(The proceedings were concluded at 3:30 p.m.)
- - - -

Page 184

COMMONWEALTH OF PENNSYLVANIA) CERTIFICATE
COUNTY OF ALLEGHENY) SS:
I, Kristina Kircher, a Court Reporter and Notary Public in and for the Commonwealth of Pennsylvania, do hereby certify that the witness, SUNDAR CHANDRASEKHAR, M.D., was by me first duly sworn to testify to the truth; that the foregoing deposition was taken at the time and place stated herein; and that the said deposition was recorded stenographically by me and then reduced to printing under my direction, and constitutes a true record of the testimony given by said witness.
I further certify that the inspection, reading and signing of said deposition were NOT waived by counsel for the respective parties and by the witness.
I further certify that I am not a relative or employee of any of the parties, or a relative or employee of either counsel, and that I am in no way interested directly or indirectly in this action.
IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal of office this 28th day of October, 2005.

Notary Public

Page 185

COMMONWEALTH OF PENNSYLVANIA) ERRATA
COUNTY OF ALLEGHENY) SHEET

I, SUNDAR CHANDRASEKHAR, M.D., have read the foregoing pages of my deposition given on Wednesday, October 12, 2005, and wish to make the following, if any, amendments, additions, deletions or corrections:

Page/Line	Should Read	Reason for Change

In all other respects, the transcript is true and correct.

_____
SUNDAR CHANDRASEKHAR, M.D.

Subscribed and sworn to before me this _____ day of _____, 2005.

_____
Notary Public
AKF Reference No. KK89611

Page 186

AKF REPORTERS, INC.
Jones School Square
150 East Eighth Street
Erie, PA 16501
(814) 453-5700

October 30, 2005

TO: Terry Cavanaugh, Esq.

RE: DEPOSITION OF SUNDAR CHANDRASEKHAR, M.D.
NOTICE OF NON-WAIVER OF SIGNATURE

Please have the deponent read his deposition transcript. All corrections are to be noted on the preceding Errata Sheet.

Upon completion of the above, the Deponent must affix his signature on the Errata Sheet, and it is to then be notarized.

Please forward the signed original of the Errata Sheet to Matthew A. Casey, Esq., for attachment to the original transcript, which is in his possession. Send a copy of same to all counsel, and also a copy to me.

Please return the completed Errata Sheet within thirty (30) days of receipt hereof.

Kristina Kircher
Court Reporter

Concordance Report

Unique Words: **1,991**
Total Occurrences: **10,693**
Noise Words: **384**
Total Words In File: **30,990**
Single File Concordance
Case Insensitive
Noise Word List(s): **NOISE.NOI**
Cover Pages = **0**
Includes **ALL** Text Occurrences
Dates **ON**
Includes Pure Numbers
Possessive Forms **ON**

* * DATES * *

12-6-01 [5]
77:3; 85:23; 86:23; 100:12; 154:4
12-7-01 [12]
58:18; 59:3; 67:13; 81:19; 137:12; 139:10; 140:10; 141:5; 144:5; 154:5, 14; 162:24
12-7-2001 [4]
48:23, 24; 162:23; 163:1
12-13-01 [1]
163:13
12-21-2001 [1]
163:2
12-27-2001 [1]
163:2

* * 0 * *

0.6 [1]
60:1
02 [1]
81:24
05-413-cd [1]
1:6
08:50 [1]
59:3
09:00 [1]
117:21

* * 1 * *

1 [18]
3:20; 53:4; 58:18; 77:2, 6; 85:16, 19; 130:12, 22, 24; 132:10; 133:2; 138:2; 142:14; 151:15; 182:17, 22, 24
10 [3]
35:18; 71:10; 120:25
100 [6]
2:4; 119:17; 120:12; 121:4; 139:18; 163:11
1001 [1]
3:3
1010 [1]
2:21
10:07 [1]
1:12
11 [28]
10:1; 11:7; 12:10, 25; 17:3; 21:1, 6, 17; 70:14, 21; 71:10; 75:5; 101:11; 102:19; 103:1; 105:4, 5, 14; 106:12, 21; 117:16, 19; 127:23; 128:2, 10; 130:7; 132:25; 133:6
11:00 [1]
102:17
11:15 [1]
120:9
11:22 [2]
148:16; 150:23
11:25 [1]
120:25
11:30 [5]
103:2, 7; 107:1; 108:25
12 [6]
1:12; 2:4; 48:24; 92:5; 93:17; 185:3
12-13-01 [1]
163:13
12-21-2001 [1]
163:2
12-27-2001 [1]
163:2
12-6 [12]
97:6; 117:18; 118:3; 127:3; 129:1; 151:19; 154:14, 21; 155:5, 10; 157:21; 175:13
12-6-01 [5]
77:3; 85:23; 86:23; 100:12; 154:4
12-7 [12]
65:4; 76:13; 81:13; 148:16; 150:18; 151:21; 154:21; 155:5, 10; 157:17, 21; 175:14
12-7-01 [12]
58:18; 59:3; 67:13; 81:19; 137:12; 139:10; 140:10; 141:5; 144:5; 154:5, 14; 162:24
12-7-2001 [4]
48:23, 24; 162:23; 163:1
120 [1]
139:19
128 [1]
121:1
129 [3]
60:7; 75:11, 17
12:23 [1]
85:8
12:30 [1]
71:11
12:50 [1]
85:8
13:15 [1]
144:7
14 [3]
46:9; 91:2; 177:2
140 [1]
98:13
140s [3]
118:7; 119:14; 121:15
141 [1]
176:17
15 [13]
95:17; 125:21; 126:3, 6, 24; 134:3; 136:13; 137:21; 142:7; 152:14, 15, 16, 19
150 [2]
120:10; 186:2
15219 [2]
2:21; 3:4
1525 [2]
1:19; 2:10
15801 [1]
163:12
16 [2]
46:16, 17
160 [1]
143:1
16501 [1]
186:2
166 [2]
3:21, 22
16635 [1]
2:16
16801 [1]
3:9
17:45 [1]
86:23
18 [1]
36:10
18-day [1]
134:23
18-day-old [4]
78:16; 79:8; 84:21; 98:4
1816 [1]
2:15
184 [1]
3:16
185 [1]
3:17
186 [1]
3:17
19102 [2]
1:20; 2:11
1991 [1]
28:3
19th [2]
1:19; 2:11
1:15 [1]
147:23

* * 2 * *

2 [7]
3:21; 48:1; 53:5; 95:17; 138:22; 142:15; 182:23
20 [8]
8:23; 121:5; 134:3; 136:13; 138:13; 151:3, 5, 9
2000 [3]
7:7; 9:1, 13
2001 [9]
10:2; 24:4; 52:11; 54:14; 55:15; 64:2, 11, 14, 22
2003 [3]
6:5, 6; 7:8
2005 [8]
1:12; 2:4; 9:1, 13; 184:23; 185:3, 23; 186:4
20:00 [1]
100:12
21 [1]
9:11
215-772-1000 [1]
2:12
220 [1]
2:15
23:00 [10]
101:11, 18; 103:4, 16; 104:2, 5; 106:19; 128:25; 129:7
23:30 [1]
107:1
24 [8]
3:24; 38:13; 60:2, 4; 71:17; 72:4; 93:3
24-hour [1]
60:3
25 [1]
140:11
26 [3]
59:25; 128:15, 23
27 [1]
130:12
28 [3]
36:7; 121:1; 133:14
28th [1]
184:22
29 [1]
139:9
2:47 [7]
131:1, 10, 19; 132:7, 10, 13; 138:2

* * 3 * *

3 [10]
3:21; 151:5; 152:11, 12, 14; 166:1; 182:16, 20, 24
30 [11]
44:13, 22; 45:6, 14; 120:14; 126:6, 24; 138:23; 142:7; 186:4, 16
301 [1]
5:1
302 [1]
5:3
31 [1]
141:4
32 [4]
98:8, 10; 120:10; 141:25
33 [1]
144:5
33407 [1]
5:4
33458 [1]
5:1
36 [1]
77:16
3:30 [6]
46:22; 77:4; 78:20; 95:17; 124:2; 183:4
3:40 [3]
137:12, 24; 138:3

* * 4 * *

4 [11]
3:15, 22; 130:22; 138:7, 20; 139:2; 151:23; 152:17; 166:1; 173:11; 182:25
40 [4]
119:11; 138:23; 151:3; 164:8
40s [1]
173:24
412-232-3400 [1]
2:22
412-566-3524 [1]
3:4
45 [5]
74:6; 92:6; 94:3; 141:16; 142:25
453-5700 [1]
186:3
4:10 [1]
148:4
4:15 [22]

* * T * *

G

Hasbro Children's Hospital

The Pediatric Division of Rhode Island Hospital

A Lifespan Partner

July 12, 2006

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Matthew A. Casey, J.D.
Kline & Specter
1525 Locust Street
Philadelphia, PA 19102

RE: Ayden Shaffer-Doan

Dear Mr. Casey:

I reviewed the records for this child, including his emergency department visit and admission to Dubois Regional Medical Center on December 5 and December 6 - 7, 2001, respectively, and the transport and admission record from Children's Hospital of Pittsburgh, beginning December 7, 2001. I also reviewed the depositions of Drs. Palmer, Grout, Chandrasekhar and Siar, Patricia Peoples, Jennifer Giuffre, Barbara Davis, Rita Gutowski, Timothy Doan and Karen Shaffer.

Ayden Shaffer-Doan was approximately 18 days old when he developed several days of decreased appetite. Ayden's parents observed what they interpreted to be a seizure, and Ayden's mother spoke to Dr. Grout by phone. She told Dr. Grout of the seizure, and was directed to take Ayden to the emergency room. Ayden was taken to the Emergency Department at Dubois Regional Medical Center on December 5, where the E.D triage note records "reported possible seizure today". Ayden was evaluated by Dr. George Palmer, and diagnosed with dehydration. Dr. Palmer spoke with Dr. Grout by phone, discussed the abnormal movements Ayden's mother had described, and told Dr. Grout that Ayden may have had a seizure. Ayden was admitted to the ward at approximately 3:15 AM on December 6, 2001.

The nurse's note at 3:30 AM described Ayden as having "twitching of eyes ... rolled eyes back then turned pale to extremities then O2 sat down to 70's". At 5:10 AM, Nurse Patricia Peoples recorded, "dr [doctor] notified: informed of [patient] condition, eye twitching, desats as well as periodic breathing and apneic episodes". At 6:00 AM seizure activity is described again. In her deposition Ms. Peoples is certain that she described Ayden's movements as seizures when she spoke with Dr. Grout, and that everything included in her notes was reported to Dr. Grout. At 7:45 AM "seizure episodes", and decreased peripheral oxygen saturation (SpO2) to the 70's were recorded again. At 8:00 AM Ayden had episodes of eye blinking, and at 8:30 AM he had periodic breathing with "brief but frequent episodes".

The nurse's notes between 5:10 and 8:30 AM clearly describe a baby having seizures. Episodes of seizures lasting more than 30 minutes, or repeated intermittent seizures over a period of 30 minutes without full recovery in between constitute status epilepticus. Status epilepticus is a medical emergency. The required treatment is to stop the seizures by all means possible, and to investigate an underlying cause.

When Dr. Grout saw Ayden the morning of December 6, he had been given sufficient information to diagnose seizures. He had been told by Ayden's mother the night before that she though Ayden might have had a seizure, and he had been told by Ayden's nurses that he had movements that looked like seizures. At 8:00 AM Ayden had two episodes while Dr. Grout was in the room. Ayden's mother, Karen Shaffer, tried to describe Ayden's movements to Dr. Grout that morning, but in her words "he didn't really want to hear what I had to say". Dr. Grout's admit note, dictated at 8:29 AM, describes Ayden's neurologic status as "drifts off to sleep unless stimulated". Seizures were not mentioned, included in a differential diagnosis, investigated or treated, despite clear communication by the nursing staff of Ayden's abnormal movements and symptoms of seizures.

If Dr. Grout was in doubt as to whether Ayden was having seizures when he was present, he had been provided sufficient information to require him to definitively evaluate Ayden's abnormal movements and to definitively diagnose or rule out seizures. Instead of appropriately evaluating Ayden for seizures, Dr. Grout ordered caffeine, a chest x-ray and a renal ultrasound, none of which treat or evaluate seizures. In his deposition, Dr. Grout states that he was concerned about Ayden's abnormal lab results, and considered transferring him to another hospital. Despite these concerns, Dr. Grout failed to evaluate the alarming abnormalities that had been communicated to him by the nursing staff. Dr. Grout's failure to recognize and treat signs and symptoms of seizures was a breach in the standards of care and caused Ayden to suffer continued seizures and deterioration.

Ayden continued to have seizure activity during the morning of December 6. Between 9:00 AM and noon, he had repeated episodes of periodic breathing and desaturation to 70. Episodes were documented at 9:00, 9:30, 11:15, 11:25, 11:45 and 11:55 AM, and at 12:00, 12:15, 12:20, 12:25, 12:40 and 12:45 PM. These episodes represent nearly continuous seizures – status epilepticus. Dr. Grout performed a lumbar puncture, but still failed to investigate, diagnose and treat seizures, despite continued clear descriptions and communications that required him to diagnose status epilepticus. In his deposition, Dr. Grout states that seizures are diagnosed based on observation and EEG. Despite the clear information he had been given, he did not consider calling a neurologist or ordering an EEG. Dr. Grout's continued failure to recognize the severity of Ayden's condition, failure to treat his seizures and failure to evaluate him further - or arrange transfer to another institution - were all breaches in the standard of care that harmed Ayden.

Ayden continued to have periodic breathing and desaturation episodes throughout the afternoon. Ayden's father, Tim Doan, saw Dr. Grout in the early evening. As described in Mr. Doan's deposition, he told Dr. Grout "I think he is doing worse ... I think he just had a seizure". Dr. Grout told him it was apnea and left the room. Although the nurses notes record "episodes less frequent since caffeine", Ayden still had severe episodes recorded at 2:00, 3:40, 4:00, 4:10, 6:05, 7:10 and 7:30 PM. Ayden had been having

episodes since 3:30 AM, and now had suffered almost 16 hours of abnormal movements without return to his neurologic baseline. Dr. Grout's failure to recognize and control Ayden's status epilepticus during this extended period was a breach in the standard of care and directly contributed to - or caused - Ayden's permanent neurologic injury.

At approximately 5:00 PM on December 6, Dr. Grout signed Ayden's care over to Dr. Chandrasekhar. In his deposition, Dr. Chandrasekhar states that Dr. Grout did not tell him about a question of seizures at that time. Between 8:00 and 11:00 PM, Ayden had no spells recorded, and might have been a bit more alert. However, at 11:00 and 11:30 PM he had additional desaturation episodes. At approximately 2:47 AM, Ayden had eye twitching, after which his left pupil became slightly dilated. Ayden's nurse, Patricia Peoples, had difficulty reaching Dr. Chandrasekhar by phone. When she did finally speak with him, she was concerned that he might not have complete information regarding Ayden and, therefore, she updated him in detail about Ayden's movements and her observations, the events of the previous night and day, her ongoing concern about these abnormal movements, and the question of seizures. Dr. Chandrasekhar also failed to take required and immediate action to treat Ayden's condition.

At 3:30 AM, Ayden's left pupil was still larger than the right, and reacted sluggishly to light. At 4:00 AM his eyes were twitching, he had tremors and his left pupil was more sluggish. Ayden now had an alarming neurologic emergency, and needed immediate treatment. The nurse's note at 4:15 AM recorded " dr notified: pt having left pupil slightly more dilated & slightly sluggish ... continues to have focal seizured (sic) and tremors of extremities ... apneic episodes & periodic breathing". Dr. Chandrasekhar, now aware of the probable seizure activity, failed to come to the hospital to evaluate Ayden, and failed to order anticonvulsants. Instead, he ordered a cranial sono(gram) for the morning. Nurse Peoples asked him if that should be done "stat" and he responded that it could wait until morning. Dr. Chandrasekhar, on-call and responsible for Ayden, should have come to the hospital immediately to treat Ayden's seizures, neurologic deterioration and evolving cardiorespiratory failure. Failing to do so was a breach in the standard of care and directly harmed Ayden.

The nurse's 6:00 AM progress note recorded "awake thru night ... having ?focal seizures ... periodic breathing, occasional apneic episodes ... HR irregular". Ayden had bradycardia at 5:00, 6:00, 6:40 and 8:10 AM. The nurse recorded "having periods of posturing and flexing of arms that resemble seizures". These events were reported specifically and clearly to Dr. Chandrasekhar, and he was present during an episode at 8:00 AM. He ordered a CT scan of Ayden's head, but still failed to order required treatment to stop the seizures and to support Ayden's cardiovascular compromise. Ayden had severe neurologic impairment, was critically ill with impairment of his circulatory and respiratory function, and was undeniably in status epilepticus. Despite the duration of his recurrent episodes (28 hours by 8:00 AM on December 7) and the severity of his compromise, both Dr. Chandrasekhar and Dr. Grout failed to institute required and appropriate treatment. In his deposition, Dr. Chandrasekhar states he suspected seizures at this time in the morning, but Dr. Chandrasekhar failed to institute treatment for seizures, and actually left the hospital at that time.

Ayden continued to demonstrate ominous signs of evolving and impending neurologic, respiratory and circulatory failure. Still he did not receive necessary emergency treatment. Despite a conversation at approximately 9:00 AM between Dr. Chandrasekhar and Dr. Grout about Ayden's need for urgent transfer, neither Dr. Chandrasekhar nor Dr. Grout returned to the hospital to treat or stabilize Ayden, and neither arranged any emergent treatment or transfer at that time. The most basic of seizure treatments, Phenobarbital, was not given until approximately 11:22 AM. Ayden's seizures and resultant compromise should have been treated hours before this - in actuality, he should have been treated the previous day. Because he was not provided appropriate treatment, Ayden developed additional systemic compromise.

At approximately noon, Ayden had a CT scan. This was (mis)read as showing a subarachnoid hemorrhage. Ayden also had an EEG, which was interpreted later that day to show "prolonged seizure disorder and generalized encephalopathy". This is consistent with the description of seizures by Ayden's parents and nurses, and with his continued deterioration. At the approximate time of the EEG, Ayden's seizures had been going on, still untreated, for approximately 36 hours. Dr. Grout was called at approximately 1:15 PM. Approximately four hours after he had been told of Ayden's neurologic emergency by Dr. Chandrasekhar, he still had not taken appropriate and timely actions to transfer Ayden. He finally initiated Ayden's transfer to another hospital at this time. He did not return to the hospital or institute any measures to stabilize Ayden or treat his respiratory and circulatory failure. Because of Dr. Grout's failure to provide appropriate treatment for Ayden's reversible respiratory and circulatory failure, Ayden continued to deteriorate.

Children's Hospital of Pittsburgh was called, and they activated their transport team promptly. When they arrived at approximately 2:50 PM, they discovered a moribund, nearly dead baby, in whom they had to start CPR within minutes of their arrival. The signs of profound shock were blatant. Ayden was cold, mottled and obtunded, with weak pulses and a capillary refill time of 4-5 seconds. His temperature was only 30 degrees. The transport team members initiated vigorous resuscitation. Ayden required CPR, tracheal intubation and positive pressure ventilation, fluid resuscitation, and an epinephrine infusion to stabilize his respiratory and circulatory status. He was given mannitol to treat cerebral edema.

Ayden's moribund condition did not develop acutely, or just prior to the arrival of the transport team. This process had started the day before, on December 6. Ayden's progression from a baby with a seizure, to status epilepticus, to a baby close to death was thoroughly documented by the Dubois nursing staff. The nurses state in their depositions that they described seizure activity clearly to both Drs. Grout and Chandrasekhar. The nursing supervisor on the night shifts was aware of Ayden's seizures and compromise. Despite these clear descriptions and the number of staff aware, Ayden's process evolved - with clear signs of progressive compromise and without treatment - throughout his hospital stay at Dubois. On December 7, it is unclear when Ayden became dangerously hypothermic, or what time his profound shock developed, or when he became moribund, because his nurses failed to document vital signs for almost 10 hours, between approximately 5:00 AM and the arrival of the transport team at 2:50 PM.

After initial stabilization by the transport team, Ayden was transported in critically ill condition to Children's Hospital of Pittsburgh. His seizures were readily controlled with commonly available and appropriate treatment, and Ayden regained consciousness. With time Ayden was discovered to have suffered severe permanent brain damage. This brain damage was caused by Dr. Grout's breaches in the standard of care, and further compounded by the failure of Dr. Chandrasekhar and the staff at Dubois Regional Medical Center to take appropriate resuscitative measures when Ayden continued to deteriorate. These breaches included failure to recognize and treat status epilepticus, failure to recognize and treat signs of cerebral edema, failure to treat resultant cardiorespiratory failure and frank shock, and failure to institute resuscitative measures for a patient in extremis and on the verge of a cardiorespiratory arrest.

The standard of care required Dr. Grout to suspect seizures on December 6 when Ayden's parents and nurses described abnormal movements and "seizures". If in doubt about the diagnosis, Dr. Grout was required to prove that the movements were not seizures, because failing to stop status epilepticus - ongoing seizures - is a breach in the standard of care and is known to cause brain damage. Dr. Grout stated in his deposition that untreated seizures cause brain damage. If evaluation of seizures was not possible at Dubois Hospital, Dr. Grout should have transferred Ayden to another hospital where appropriate care could be given.

Dr. Chandrasekhar's failure to initiate timely and appropriate treatment on December 7 further contributed to Ayden's permanent brain damage. Although he was not told of Ayden's seizure movements by Dr. Grout on the evening of December 6, Ms. Peoples gave Dr. Chandrasekhar a thorough update and described seizures in detail when she spoke with him by phone. Dr. Chandrasekhar had sufficient information to make an appropriate diagnosis and institute appropriate and required treatment during the early morning hours of December 7, and he still failed to do so. Additionally, the failures of Dr. Grout, Dr. Chandrasekhar and the nurses at DuBois to treat Ayden's critical condition when he developed a dilated pupil and cardiorespiratory compromise constitute a gross breach in the standard of care. Allowing Ayden to have untreated seizures and status epilepticus for most of 30 hours, and failing to diagnose resultant neurologic compromise and evolving signs of brain edema and systemic compromise, directly contributed to, or caused, Ayden's subsequent neurologic damage. Failing to monitor basic vital signs, and to diagnose and treat cardiopulmonary compromise, profound shock, respiratory failure and impending death breaches the most basic standards of care, and directly contributed to - or caused - Ayden's subsequent brain damage.

With regard to the nurses' and Dubois Hospital's involvement in the breaches in the standard of care and the resultant harm to Ayden, every hospital is required to have policies and procedures, including a chain of command, and for nurses to notify their superiors when a child's care is compromised. Ayden's nurses Patricia Peoples, Jennifer Giuffre, Rita Gutowski testify in their depositions that they believed Ayden should have been transferred to another hospital sooner. Nurse Jennifer Giuffre stated that she attempted to call Dr. Siar on December 6 because she was concerned that Dr. Grout was not doing the right thing for Ayden. Additionally, the nursing supervisors were aware of

Ayden's condition throughout his hospital stay. Despite this concern on the part of Ayden's nurses and nursing supervisors, the most basic of care, monitoring of vital signs and assessment of overall condition, was not provided on December 7, and Ayden was on the brink of death when the transport team arrived at 2:50 PM. There is no evidence in the records or in the depositions that any nurse made an attempt to activate any emergency resuscitation team when Ayden was moribund on December 7.

Prior to the onset of abnormal movements on December 5, Ayden was a normal baby. There was nothing in his history to suggest he would develop a permanent neurologic problem. When he was finally given anticonvulsants and treated appropriately, his seizures were not difficult to control. This is highly predictive that his seizures would have been equally easy to control on December 6, when he first presented to Dr. Grout. If his seizures had been controlled on December 6, he would not have developed the profound compromise, cerebral edema and shock, and his profound brain damage, caused by these problems, would have been avoided.

Ayden's brain damage was caused by untreated status epilepticus, unrecognized and untreated cerebral edema, and the untreated cardiorespiratory failure that evolved at Dubois. If Dr. Grout, Dr. Chandrasekhar and the nurses at DuBois had responded appropriately to Ayden's evolving problems, and recognized and treated his seizures appropriately, he would not have suffered permanent brain injury. Not only did Drs. Grout and Chandrasekhar and the nurses at Dubois fail to respond appropriately to Ayden's seizures, they allowed Ayden to suffer even further brain injury by failing to treat his moribund state, cardiorespiratory compromise and shock brought about by the encephalopathy caused by his prolonged untreated seizures.

I hold these opinions to a reasonable degree of medical certainty.

Sincerely,

Linda K. Snelling, M.D.

ABRIDGED CURRICULUM VITAE
Linda K. Snelling, MD

Pediatric Critical Care Medicine
Rhode Island Hospital, Potter 115
Providence, Rhode Island 02903

Education

1973-78	University of Oregon, Eugene, Oregon. B.A. General Science Phi Beta Kappa, 1978
1978-82	Oregon Health Sciences University, Portland, Oregon. M.D.

Postgraduate Medical Education

1982-85	Resident in Pediatrics, University of Utah and Primary Children's Medical Center, Salt Lake City, Utah.
1985-1988	Resident in Anesthesiology, Fellow in Pediatric Critical Care Medicine (Combined program for Pediatric Critical Care), The Johns Hopkins Hospital, Baltimore, Maryland.
1987-88	Chief Resident in Anesthesiology, The Johns Hopkins Hospital.
1988 (Jul-Dec)	Fellow in Pediatric Anesthesiology, The Johns Hopkins Hospital. Baltimore, Maryland.
1994-97	Graduate student. Boston Graduate School of Psychoanalysis (an accredited program for the Masters Degree in Psychoanalysis).

Postgraduate Honors and Awards

1989-1990	Pediatric Faculty Teaching Award, Yale University School of Medicine.
1990-1991	Andrew Mellon Foundation Award for Academic Excellence, Yale University.
2000-2001	Pediatric Faculty Teaching Award (Division), Brown University.

Board Certification and Professional Licenses

1983 National Board of Medical Examiners
1987 American Board of Pediatrics
1989 American Board of Anesthesiology
1990 American Board of Pediatrics, Sub-board: Pediatric Critical Care
1996 American Board of Pediatrics Recertification (Critical Care Specialty exam)
1989 Pediatric Advanced Life Support, Certified Instructor
1992 Medical License, State of Rhode Island

Academic Appointments

1989-92 Assistant Professor of Pediatrics and Anesthesiology, Yale University School of Medicine, New Haven, Connecticut.

1992 Chief, Division of Pediatric Critical Care Medicine, Department of Pediatrics, Brown University, Providence, Rhode Island.

1992-02 Assistant Professor of Pediatrics and Anesthesiology, Brown University.

2002 Associate Professor of Pediatrics and Surgery, Brown University.

Hospital Appointments

1989-92 Attending Physician, Pediatric Intensive Care Unit, Yale-New Haven Hospital (YNHH), New Haven, Connecticut.

1991-92 Attending Physician, Pediatric Acute Pain Service, YNHH, New Haven, CT.

1992- Medical Director, Pediatric Intensive Care Unit, Hasbro Children's Hospital at Rhode Island Hospital, Providence, Rhode Island.

1992-95 Medical Director, Pediatric Response Network (Critical Care Transport
1999-02 Team), Hasbro Children's Hospital at Rhode Island Hospital, Providence, RI.

1993- Consulting Physician, Women and Infants Hospital. Providence, Rhode Island.

1994-96 Acting Director, In-patient Child Protection Team, Rhode Island Hospital.

2000- Medical Director, Pediatric Monitored Sedation Program, Rhode Island Hospital.

Hospital Committees

1992- Chair, PICU Quality Assurance Assessment and Review, Rhode Island Hospital.

1992-95 Pediatric Critical Care Consultant, Trauma Committee, Rhode Island Hospital.

1992-94 Pediatric Advanced Life Support Educational Committee, Rhode Island Affiliate - American Heart Association.

1993-94 Co-chair, Inpatient Planning Committee -- for the organization of inpatient systems for the new Hasbro Children's Hospital. Providence, Rhode Island.

1994-99 Member, Pediatric Clinical Management Group, Hasbro Children's Hospital, Providence, Rhode Island.

1995-04 Physician Consultant, Risk Management Committee, Rhode Island Hospital.

1996-97 Children's Health Services Council, Rhode Island Hospital.

2000- Team Leader, Lifespan Formulary Management Program.

2001- Member, Board of Directors, Lifespan/Physicians Professional Service Organization (PSO).

2001- Member, Finance Committee. Lifespan/Physicians PSO.

2004- Member-at-Large, Medical Executive Committee, Rhode Island Hospital.

University Committees

1990-92 Advisory Committee to The Children's Clinical Research Center. Yale University School of Medicine, New Haven, Connecticut.

1993-05 Chair, Search Committee, Pediatric Critical Care Faculty Positions (6 searches), Department of Pediatrics, Brown University.

1994-95 Search Committee, Pediatric Cardiology Faculty Position, Department of Pediatrics, Brown University.

1994-97 Faculty Committee on Gay, Lesbian & Bisexual Concerns, Brown University.

1995-01 Resident Curriculum Committee, Department of Pediatrics, Brown University.

1995- Faculty Executive Council, Department of Pediatrics, Brown University.

1995-96 Search Committee Member, Director of Child Protective Services (Faculty), Department of Pediatrics, Brown University.

2001-02 Search Committee Member, Chief of Pediatric Neurology, Department of Neurology, Brown University.

2002-03 Search Committee Member, Associate Dean for Clinical Faculty Affairs, Brown Medical School.

2003-04 Search Committee Member, Pediatric Neurosurgery - Faculty Position, Department of Surgery, Brown University.

2003- Advisory Board Member, Office of Women in Medicine, Brown Medical School.

Other Professional Activities

1994-95 Physician External Peer Review Panel, Department of Defense
MDA #903-93-C-0002, Head Trauma Review Project. Washington, D.C.

1995-96 Rhode Island Senate Commission to Study Child Abuse,
Sen. Leo Blais, Chair. Providence, Rhode Island.

1995-00 Board of Directors, Rhode Island Association for Applied
and Modern Psychoanalysis.

1998- Member, State Medical Examiner's Child Death and Injury Review Panel, R.I.

2000- Seminar Faculty, American Association of Medical Colleges,
Annual Professional Development Seminars for Women Faculty.

Membership in Societies

Member, American Public Health Association (1988-96)
Member, American Society of Anesthesiologists (1990-93)
Member, International Association for the Study of Pain (1990-97)
Fellow, American Academy of Pediatrics (1992-current)
Fellow, Society for Critical Care Medicine (1992-current)
Member, Ambulatory Pediatric Association (1996-current)

Journal Publications

1. **Snelling LK**, Helfaer MA, Traystman RJ, Rogers MC. Comparison of cerebral blood flow by radionuclide cerebral angiography and by microspheres in cats. *Crit Care Med* 1992;20:395-401.

2. Patrick SJ, **Snelling LK**, Ment LR. Infantile chorea following abrupt withdrawal of diazepam and pentobarbital therapy. *J Toxicology* 1993;31:127-132.

3. Miron D, **Snelling LK**, Josephson SL, Skurkovich B. Eosinophilic meningitis in a newborn with Group B streptococcal infection. *Pediatr Infect Dis J* 1993;12:966-967.

4. Meyer EC, **Snelling LK**, Myren-Manbeck L. Pediatric Intensive Care: The Parent's Experience. *AACN Clinical Issues* 1998;9:64-74.

5. Hardy CM, Dwyer J, **Snelling LK**, Dallal GE, Adelson JW. Pitfalls in predicting resting energy requirements in critically ill children: A comparison of predictive methods to indirect calorimetry. *Nutr Clin Prac* 2002;17:182-189.

Other Publications

1. **Snelling LK**. Adolescents who attempt suicide (let). *JAMA* 1991;265:2806.

2. **Snelling LK**. Circumcision - a response to "Gainful Pain" (let). *TIKKUN* 1991;6:94-95.

3. **Snelling LK**, Young RSK. Drowning and Near Drowning. In: Primary Pediatric Care, Second Edition, R. Hoekelman (editor), Mosby. 1992; 1593-1596.

4. McGowan FX, **Snelling LK**, Zucker HA. Benzyl alcohol toxicity in a child following pleurodesis. Casebook of Pediatric Intensive Care, MC Rogers, MA Helfaer (editors). Williams & Wilkins. 1993;269-274.

5. **Snelling LK**. Health issues in Children Adopted from Cambodia: G6PD Deficiency. Adoption Health: Medical Information for International Adoption (Website). March 1999. www.comeunity.com/adoption/health/g6pd.html..

6. **Snelling LK**. G6PD Deficiency in Internationally Adopted Children: A Common and Treatable Ailment. *Adoption TODAY* 2001;vol 3, number 4, pp 14-15.

7. Feuer P, **Snelling LK**. Monitoring the Ventilated Patient. In: Clinical Guidelines for Mechanical Ventilation, C Festa, D Bigos, S Baumgart (eds). Handbooks in Health Care0. 2002; 114-124.

Manuscripts Accepted for Publication

Kovarsky D, Meyer E, **Snelling LK.** Diagnosis as emotional involvement in a Pediatric Intensive Care Unit. In: Diagnosis as Cultural Practice: an Account of the Power of the Language of Diagnosis, M Maxwell, D Kovarsky, J Duchan (eds). Mouton de Gruyter.

Representative Abstracts

Snelling LK, Ackerman AD, North MC, Traystman RJ: The effects of superoxide dismutase on reperfusion injury following global ischemia in cats. *Pediatr Research* 1989;25:44

Snelling LK, Helfaer MA, Sostre S, Camargo EE, Traystman RJ, Rogers MC: Comparison of cerebral blood flow by microspheres and cerebral perfusion scan. *Pediatr Research* 1990;27:36

Beris S, **Snelling LK**: The effect of personal experience on local anesthetic use for the insertion of intravenous catheters. *Pediatr Research* 1991;29:118.

Snelling LK, Fleisher L, Rosenbaum S, Pincus SM: Heart rate patterness indicates severity of illness. *Pediatr Research* 1992;31:36.

Snelling LK, Ennis KD, Meyer EC. Staff, Patient and Family Interactions in a Pediatric Intensive Care Unit. *Pediatr Research* 1997;41:39A.

Feuer P, Kleinman M, **Snelling L**: Pediatric Intensivists as Public Health Advocates During an Outbreak of Invasive Meningococcal Disease. *Pediatric Critical Care Colloquium*. Sept 18, 1997.

Snelling LK, Ennis KD, Meyer EC: The (In)frequency of Emotional Content in Staff-family Conversations in PICU. *Pediatric Critical Care Colloquium*. September 18, 1997.

Meyer EC, **Snelling LK**, Ennis KD. Bedside conversations between staff and family members in the Pediatric Intensive Care Unit: What are we and are we not talking about? Presented at the Seventh Florida Conference on Child Health Psychology. Gainesville, FL. April 1999.

Kovarsky D, Meyer EC, **Snelling LK**. Medical diagnosis as emotional involvement. Presented at the **G**eorgetown **U**niversity **R**ound **T**able on Languages and Linguistics (GURT 2000). Georgetown University, Washington, D.C. May 5, 2000.

Snelling LK, Meyer EC, Kovarsky D. The Potential Effect of Unrecognized Emotions on Objective Medical Decision Making. *Pediatr Research* 2000;47:576A. Presented at the Joint Meeting of the Pediatric Academic Societies and the AAP. May 15, 2000.

Invited Presentations

1. A Critical Appraisal of Critical Care. 29th Annual Maurice N. Kay Pediatric Symposium, Department of Pediatrics, Rhode Island Hospital, Providence RI. November 6, 1992.

5. Pain in Children: Translating Science into Clinical Practice, and; Practical Tips for the Practitioner. Problems in Pediatrics, Colby College, Waterville ME. July 13-16, 1993.

6. Pediatric and Adult Emergency Airway Intervention. The Rhode Island Society for Respiratory Care; 10th Annual Newport Challenge. Newport, RI. March 17, 1994.

7. Clinical Brain Resuscitation: Do No Harm. Hasbro Children's Hospital Scientific Symposium. Providence, RI. April 8, 1994.

8. Family Violence: Evaluation and Management in the Hospital Setting. The Fourth Annual Peter D. Smith Trauma Seminar. Providence, RI. May 19, 1994

9. Analgesia and Sedation in Critically Ill Children, at "Pain in Infants: Assessment and Management". Egleston Children's Hospital and Department of Pediatrics/Emory University. Decatur, Georgia. October 20, 1994.

10. Diagnosis as Emotional Involvement in a Pediatric Intensive Care Unit. Sixth National Round Table Meeting for Language and Interaction in Communication Sciences. Whispering Pines Conference Center at the Alton Jones Campus of URI. May 22, 1999.

11. Money: Unconscious Attitudes and Our Own Barriers to Success. American Association of Medical Colleges, Professional Development Seminar for Junior Women Faculty. Reston, Virginia. April 1-4, 2000.

12. Choosing a Path for Career Advancement in Academic Medicine: Thinking Outside the Box. The Office of Women in Medicine & The Association of Women Medical Faculty. Brown University School of Medicine. Providence, RI. April 11, 2000.

13. Medical Diagnosis and Experienced Emotional Involvement: Tales from a Pediatric Intensive Care Unit. Presented at the Colloquium on Qualitative Research in Health Care. Boston University School of Public Health. Boston, MA. October 4, 2000.

14. What Does Money Have To Do With Personal and Career Success? Focus on the Health of Women, Leadership Mentoring Program: Successful Strategies for Women in Academic Medicine. University of Pennsylvania School of Medicine. Philadelphia, PA. October 13, 2000.

15. Financial Negotiations 101: Assessing, Respecting and Negotiating Salary and Other Forms of Compensation. American Association of Medical Colleges, Professional Development Seminar for Junior Women Faculty. Savannah, Georgia. December 2-5, 2000.

17. What Does Money Have To Do With Personal and Career Success? , And MONEY BASICS II: Making Money Work for You. Focus on the Health of Women, Leadership Mentoring Program: Successful Strategies for Women in Academic Medicine. University of Pennsylvania School of Medicine. Philadelphia, PA. November 16, 2001.

18. Financial Negotiations 101: Assessing, Respecting and Negotiating Salary and Other Forms of Compensation. American Association of Medical Colleges, Professional Development Seminar - Early Career. Santa Fe, NM. December 1-4, 2001.

19. Financial Negotiations 101. American Association of Medical Colleges, Professional Development Seminar for Women - Early Career. Santa Fe, NM. December 14-17, 2002.

20. The Role of Negotiation in Career Advancement for Women in Medicine. The Office of Women in Medicine, Brown Medical School. Brown University. Providence, RI. May 12, 2003.

21. Negotiations 101: Financial and Administrative Know-How. American Association of Medical Colleges, Mid-career Women Faculty Professional Development Seminar. Washington, D.C.
July 19-22, 2003.

22. Financial Negotiations 101. American Association of Medical Colleges, Professional Development Seminar for Women - Early Career. Santa Fe, NM. December 6-9, 2003.

23. Negotiations 101: Financial and Administrative Know-How. American Association of Medical Colleges, Mid-career Women Faculty Professional Development Seminar. Washington, D.C.
July 10-13, 2004.

24. Negotioation. Office of Women in Medicine and Brown Medical School. Brown University Faculty Club, Providence, RI. October 20, 2004.

Grant Support

1. Andrew Mellon Foundation. Career Development Award. ($25,000, July 1990-June 1991)

2. Foundation for Anesthesia Education And Research. P.I., #FDN ANESTHESIA EDUC. *Physiologic and biochemical correlates of pain in critically ill children.* ($15,000, Jan - Dec 1992).

3. Brown University. Undergraduate Teaching and Research Assistantship (UTRA). Faculty Sponsor for Khama Ennis. *Cultural Analysis of the Pediatric Intensive Care Unit.*($1700, June-August 1996).

4. Brown University. UTRA. Faculty Sponsor for Nadine Peters. *Cultural Analysis of the Pediatric Intensive Care Unit.* ($1700, June-August 1997). Honor's Thesis Advisor, Pain in Children. 1998.

5. Brown University. UTRA. Faculty Sponsor for Maureen Grundy. *Cultural Analysis of the Pediatric Intensive Care Unit: Observation and Ethnographic Field Notes.*($1700, 1998)

6. University of RI Council for Research, Proposal Development Program. Co-PI Dana Kovarsky PhD. *Miscommunication in the Pediatric Intensive Care Unit.* ($4,934, June-August 1998).

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July 13, 2006

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Kline & Specter
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Tel: 215-772-1000
Fax: 215-772-1005

RE: AYDEN SHAFFER-DOAN
DB: 11/18/01

Dear Mr. Casey:

I have reviewed the records you have forwarded me to date regarding Ayden Shaffer-Doan. This includes his neonatal records, the medical records from DuBois Medical Center including the ER visit of December 5, 2001, the admission of December 6, 2001-December 7, 2001, medical records from Childrens Hospital of Pittsburgh from December 7, 2001 through December 20, 2001, follow-up medical records including records from Childrens Hospital of Pittsburgh, Child Neurology Department, Dr. Goldstein, and Dr. Zitteli.

I have also reviewed the answers to interrogatories by Dr. Chandrasekhar and the deposition testimony of Dr. Chandrasekhar (October 12, 2005), Dr. Grout October 11, 2005, Dr. Palmer October 13, 2005, Jennifer Gruffre, RN April 25, 2006, Patricia Peoples, RN April 25, 2006, Rita Gutowski, RN April 25, 2006, Barbara Davis, RN April 25, 2006, Dr. Siar April 27, 2006, and deposition of Karen Diane Shaffer of April 7, 2006.

Ayden Shaffer-Doan was born on November 18, 2001.

On December 5, 2006, he was seen at the emergency room at DuBois Regional Medical Center at 23:40 hours.

He was noted to be a 17-day-old infant who had a history of drinking and eating less, decreased activity, and diarrhea. The physical examination noted he was lethargic with a weaker cry with decreased capillary refill. His laboratory data noted a BUN of 62, creatinine of 0.8, and sodium of 138 with a WBC of 12.82. He was noted to have decreased activity, reportedly not looking right and possible seizure activity at home.

He had shallow respirations.

The patient was evaluated. An IV was put into place when he was admitted to pediatrics service.

On December 6, 2001, the admitting note by Dr. Grout notes that he was admitted to the emergency room last night for dehydration secondary to poor intake and some diarrhea for two days. BUN was 62 and sodium 141. The patient had been born 17 days previously and discharged 24 hours after birth. Birth weight was 7 pounds 7 ounces at birth. Admission weight was 7 pounds 4.8 ounces. The impression was dehydration secondary to poor intake and diarrhea. He was to be monitored for sepsis and continue on IV fluids.

A review of the records from admission notes the following:

He was admitted on **December 6, 2001** after midnight. The nurses noted as follows:

At 3:30, there were some episodes lasting 15 to 30 seconds. The patient had episodes during the assessment of possible seizure activity, each episode lasting only 15 to 20 seconds. The episodes consisted of twitching of the eyes at times, sometimes together and on one occasion, one eye would twitch then the other. The patient had also on occasion rolled eyes back and then turned pale to extremities with saturations down to 70. The patient cried and was consoled. At times, he had episodes where the extremities and the face became very pale.

At 5:10 a.m., there was a report of some of eye twitching, questionable desaturation as well as periodic breathing.

At 6 a.m., there was a note that the patient had been admitted with dehydration. There was a note that he had periodic breathing and in one apneic episode, had some twitching movements of the eyes and eyes rolled back as well as O2 desaturations.

At 7:45 a.m., the patient had eye blinking with desaturations into the 70s frequently during assessment. No evidence of color change.

At 9 a.m., there was a note that the patient continues to have episodes of desaturations to 70s and eye blinking. There was shallow breathing and the color remains pale.

At 9:30 a.m. there were desaturations to 70s x 40 to 60 seconds. Color remains pale. There was eye blinking to the left.

At 11:15 saturations were 76. The patient continues to have episodes lasting about 30 seconds.

At 11:25, there were additional episodes.

At 12 o'clock, Dr. Grout was notified of the episodes and the patient's status. Doctor came in and caffeine received from the pharmacy and administered.

At 13:50, Dr. Grout was in and a lumbar puncture was performed, the patient whimpered with procedure and was lethargic. Doctor notified of episodes of the arm tremoring.

At 1400 on December 6, 2001, the patient was in the mother's arms and frequent episodes of desaturations were noted.

At 17:45, Dr. Chandrasekhar was notified of the patient's status, questionable pain, and episodes of desaturations.

At 20:00, he had an episode during the nursing assistance of grimacing and withdrawing his legs up.

At 23:00, the patient was occasionally grimacing, pulling his legs up to the abdomen and then crying. There were some skipping beats occasionally.

On December 7, 2001 at 12:10 a.m., he had a brief episode of eye twitching. No color change observed.

At 2:47, he had a brief episode of left eye twitching preceded with upper arm tremor after episodes. Left pupil was slightly more dilated. No color change.

At 3:40 a.m., the patient's left pupil seemed sluggish.

At 4 o'clock, left pupil was slightly larger in size and dilated.

At 4:15 a.m. on December 7, 2001, doctor was notified of the patient having a left pupil slightly more dilated and slightly sluggish when checked with light. He continues to have focal seizures and tremors of the extremities.

At 4:20, the physician called back with orders to discontinue calcium gluconate IV and then changed to D5 and a quarter.

At 7:22 a.m. a cranial ultrasound was negative.

At 8:10 the patient had a 1 to 2 minute episode of mouth movement, flexing of the arms, and occasional blinking. Dr. Chandrasekhar was here at that time.

At 10:30 a.m. he had an EEG done.

At 11:40, he was off for a CAT scan.

At 11:57 a.m., a CT report reported noted extensive subarachnoid hemorrhage on the falx tentorium, anterior intracerebral fissure on the sulci of the frontal lobe. The fourth ventricle was visualized. The anterior horn of the lateral ventricle was visualized. There may be hemorrhage in the body of the lateral ventricle.

At 12:10, he returned from the CAT scan.

On December 7, 2001, Ayden was transferred from DuBois Regional Medical Center to Childrens Hospital of Pittsburgh. The discharge summary noted that the patient had been admitted through the emergency room for dehydration and vomiting with the above noted labs. The urine culture grew out Group A beta-strep and the stool culture was the same. Blood cultures were negative. The patient had been put on amp + gent. An EEG had been done , the reading was still pending.

The CT was reported to show extensive "subarachnoid hemorrhage." The infant's fontanelle had remained normotensive and aside from the abnormal posturing, lip smacking and eye blinking, he had decreased neuromuscular tone. Because of the diagnosis of extensive hemorrhage, the patient was to be transferred.

A review of the lab data from DuBois noted that on **December 6, 2001,** at 06:00, the BUN was 58 and at 1500 it was 47. On **December 7, 2001** at 5:30, it was 26. At 12:10, it was down to 22.

On December 6, 2001 at 06:00 the sodium was 141. At 15:00 it was 136. On **December 7, 2001** at 5:30, the sodium was 129 and then went down to 126.

CSF study had noted the fluids to be clear and colorless with 0 WBCs and 20 RBCs. Gram stain of the spinal fluid came back negative.

A review of the orders at DuBois noted that on **December 6, 2001** at 5 a.m., amp/ gent was ordered. On December 6, 2001 at 8 a.m., caffeine 50 mg was ordered.

On December 6, 2001 at 18:00, there was an order to send CSF. There was also an order at 9:30 a.m. for a renal ultrasound.

On December 7, 2001 at 4:15 a.m., there was a note to take an EEG in a.m. with a cranial sonogram in a.m.

At 8 a.m. on December 7, 2001, there was an order to get a CAT scan of the head.

Ayden was then transferred to Childrens Hospital of Pittsburgh. A transfer inpatient progress note on admission on December 7, 2001 noted that Ayden was an 18-day-old boy in his usual state of health until four days prior to admission when his parents noted him to have some diarrhea and decreased activity. He was seen by his physician on the following day and thought to have a viral illness and sent home. The following day in the evening, his parents noted some abnormal activity suggestive of seizures with the baby arching his back and extending the right arm.

That night and early the following morning, the baby was in the ER at DuBois where he was noted to be listless and dehydrated. He was admitted for rehydration. Over the following day and a half, he continued to have what the parents thought was seizure like activity with downward gaze, back arching, and arm extension. Early on the morning of the transfer on December 7, 2001, he was seen by the physician and thought to have a change in mental status, so the physician agreed that the movements were suggestive of seizures. An EEG and CT scan were obtained. The CT was grossly abnormal reporting a suggestion of an infarct and a subarachnoid hemorrhage. The transfer team from Childrens Hospital of Pittsburgh on arrival, noted that Ayden was obtunded with significant decreased respirations and therefore was intubated prior to transfer. He was also found to be hypotensive with poor perfusion and an epi drip was started.

The laboratory data on admission several days ago was reviewed with the decline in the sodium as well as the CSF findings, which noted 2 white cells, 47 red cells, protein 85, and glucose 67.

This record also notes that the CT scan done at DuBois had been reported as indicating a subarachnoid hemorrhage, when in fact the CT by their reading noted diffuse edema, absence of basilar cisterns, and a large cortical infarct. A repeat head CT on admission to Children's Hospital of Pittsburgh was similarly indicative of a cortical infarct, diffuse cerebral edema, absence of lateral ventricles, and basilar cistern. Chest x-ray was clear. The impression was an unfortunate 18-day-old who was admitted with a history of viral illness and seizure activity who presented with obtundation and a CT suggestive of severe hypoxic injury. He was admitted to the ICU for ventilation control, control of seizures, and cardiovascular support.

On December 18, 2001, there is a pediatric ICU consultation note, which again reviewed much of the above history noting that the patient had been admitted after three or four days of the above history for dehydration and diarrhea. This report notes that on December 6, 2001 at 2:35 a.m., he had sodium of 138 and a repeat noted 141. On December 6, 2001 at 15:00, the sodium was 136. On December 7, 2006 at 5:30 a.m., it went down to 129. The head CT was as noted above. On December 7, 2001, following transfer at 18:30, the sodium had been 119. Repeat CT scan was similar to the first.
On December 8, 2001 at 4:15 a.m. following fluid adjustment, the sodium was up to 133. The patient had been given mannitol. He was put on acyclovir, ampicillin, ceftriaxone, and phenobarbital.

The pediatric ICU physcian's impression was a 22-day-old baby who had sustained massive cerebral edema by CAT scan with seizures, apnea, and bradycardia following by prolonged cardiorespiratory arrest. He had resolved acute renal failure secondary to poor p.o. intake.To the best of this assessment, this child had significant neurological findings, and preceded to develop hyponatremia on December 6, 2001 with sodium of 136 then he was having seizure like activity and desaturations. His neurological status deteriorated significantly following the development of hyponatremia to sodium of 129. He believed that the hyponatremia was secondary to the volume depletion and hypotonic fluids.

Plans were to readjust his fluids, control his cerebral edema, and maintain him on phenobarbital.

Ayden was hospitalized through December 20, 2001 at Childrens Hospital of Pittsburgh. The discharge summary reviewing the hospital course notes that all cultures were negative. He was taken off the antibiotics and had been put on phenobarbital.

On December 11, 2001, an MRI revealed large areas of probable infarct in the posterior region of the brain involving the basal ganglia, thalamus, as well as diffuse cerebral edema. He had been treated with hydrocortisone, which was tapered. He was discharged, to be followed up by Neurology and Dr. Zitteli.

On December 8, 2001, there was a pediatric neurology consultation done at CHP. This noted the prior history. The pediatric neurology consultation notes that he was well, at home until Monday, which was five days ago. He had some decreased feeding, was fussy, taken to the doctor. On Wednesday, he was sluggish, pale, eating poorly and taken to the ER and was noted to have some spells where he would arch his head back and his eyes would roll and his right eye would come up. He was admitted to DuBois Hospital and felt to have dehydration and treated with IV as noted above. He was noted on occasion to have shallow breathing, decreased skin turgor, vomiting, diarrhea, and continuing spells. The next day on Thursday, his color got improved. He was still having diarrhea. He was still having some episodes of eye twitching.

The following day on Friday, (which would be the 7th,) He was again seen and was having spells. Evaluation noted the above abnormal CT and he was thus transported. Transport arrived at 3 p.m. and the child was placed on a bed and immediately found to be apneic and bradycardic. Initial blood pressure was 67/39. Pulse was 82. He had poor color and bradycardia. His temperature was 30, 31, 32, and 32. At Childrens Hospital of Pittsburgh on arrival, he apparently had a generalized seizure that lasted for 40 minutes with typical clonic jerking and was thus treated with phenobarbital and Dilantin, had been in a coma, and stuporous overnight. He was minimally responsive at this time.

The change in sodiums is noted here. CT from DuBois and from CHP was reviewed and showed severe low density involving most of the brain with sparing of the basal ganglia and involvement of the cerebellum, severe loss of low density in the pons. The impression was an acute encephalopathy with coma at present, clonus, easy startle history of seizure and an abnormal CT. Cerebellar edema is prominent. The most likely cause is

hyponatremia. Other possible explanations include hypoxic ischemic injury or viral sepsis. EEG will be obtained.

A review of imaging studies obtained at CHP noted that on December 8, 2001, CT noted diffuse generalized edema of the brain with partial sparing of the anterior cerebral artery circulation in posterior fossa.

Ayden was discharged on November 20, 2001.

On December 11, 2001, an MRI noted a picture that fairly well matched the CT. There was abnormal increased T2 signal throughout the cerebral hemispheres with some sparing of the frontal cortex, the ventricles were small, the sulci and cisterns were better seen on the CT suggesting early signs of resolution of the edema. The diffusion images showed abnormal diffusion throughout the posterior half of both hemispheres, the white matter through the frontal lobe, caudate, posterior thalami, internal capsule, and brain stem showed abnormal diffusion. Impression was generalized edema with relative sparing of the frontal cortex, portions of the basal ganglia, thalami, and dorsal brain stem. Early changes of decreasing edema compared to the CT of December 7, Cortical necrosis in the occipital lobe and tiny hemorrhage in the left lateral ventricle.

On January 14, 2002 at two months of age, he was seen for a pediatric neurology examination by Dr. Goldstein. Her report noted the prior history and notes that he was sent home on phenobarbital. Ayden's head circumference was now 38.5 cm.

She notes in her history that he was an almost 2-month-old male whom I originally saw during his hospitalization at Childrens Hospital for cerebral edema, which was thought to be caused by a hyponatremic episode leading to cerebral edema and subsequent cortical necrosis. Ayden had seizures during the hospitalization and was loaded with phenobarbital. On January 2, 2002, he had an EEG and a follow-up CT. EEG showed some improvement from the prior record but was still quite abnormal. The CT showed marked encephalomalacia in the bilateral posterior quadrants. He was felt to be a 2-month-old child with severe encephalomalacia following an episode of cerebral edema and cortical necrosis from the hyponatremic episode.

On January 14, 2002, he was seen by Dr. Zitteli for a pediatric evaluation. He noted the results of the EEG and CT and head circumference was 37 cm.

On April 15, 2002, at 5 months of age, he was noted to have the above history and had increased tone in the upper extremities and lower extremities.

On July 1, 2002, at 7 months of age, he was reseen by Dr. Goldstein for pediatric neurology assessment. His EEG continued to show multifocal sharp waves. He had occasional dysconjugate gaze, occasional clonus, and poor fixation. Head circumference was 40 cm, which was off the chart and microcephalic for a 7-month-old. He was felt to be a 7-month-old who had significant injury following an episode of cerebral edema

related to hyponatremia. He was felt to have cortical visual impairment. He was to be changed from phenobarbital to Tegretol.

In summary, Ayden was the product of a normal pregnancy. He was stable until about 14 or 15 days of age when he began to develop decreased activity, poor oral intake, and developed dehydration, and diarrhea. On evening of December 5, 2001 and early morning of December 6, 2001, he was admitted to DuBois Hospital through the emergency room for dehydration, diarrhea as well as possible seizure activity..

Over the course of the day of December 6, 2001, he continued to have recurrent episodes, which consisted of eye twitching, apnea, bradycardia, and abnormal movements. He continued to deteriorate through the morning of the seventh when an EEG and CT were done. The CT showed evidence of severe cerebral edema and cortical infarcts. On admission, his BUN had been 62 and then declined as noted above. His sodiums had also declined. At the time of transfer, he was felt to be hypotensive, hyponatremic, in cardiac arrest, and experienced additional seizures.

He was critically ill and transferred to Childrens Hospital of Pittsburgh where he received treatment for his dehydration and seizures. The follow-up exams and evaluations indicate that he has evidence of severe neurological impairment.

It is my opinion that Ayden has static encephalopathy secondary to the cerebral edema and cortical infarcts he sustained during his admission to DuBois Hospital. It is my opinion that he probably had a viral illness with dehydration and diarrhea on admission.

It is my opinion, that he had unrecognized ongoing seizure activity throughout the 36 hours following his admission on December 6, 2001 through the December 7, 2001 transfer. He had developed severe cerebral edema and cortical infarcts. It is my opinion that these are the result of the untreated seizures and hyponatremia that he experienced following his admission to the hospital.

It is further my opinion that had he had effective and appropriate treatment of his fluid status and seizures following his admission to DuBois by Dr. Grout, Dr. Chandraasekhar, and the nurses that he would not have experienced extensive brain injury secondary to his initial viral illness and that Ayden would have been able to recover. It is my opinion that the clinical course that he experienced from December 6, 2001 through December 7, 2001 at DuBois was below the standard of care and is responsible for, or at the very least substantially contributed to his neurological abnormalities.

These opinions are held to a reasonable degree of medical certainty.

Sincerely,

Walter J. Molofsky, M.D.

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Curriculum Vitae:

EDUCATION:

1968-1972	**Cornell University**, Ithaca, N.Y B.S. with Honors -.
1972-1976	**New York University** School of Medicine, M.D.

POST GRADUATE TRAINING:

7/76-6/77	**Pediatric Intern**, Columbia Presbyterian Medical Center,
7/77-6/78	**Pediatric Resident**, Columbia Presbyterian Medical Center
7/78-6/81	**Fellow, Pediatric Neurology**, The Neurological Institute at Columbia Presbyterian Medical Center, NYC,NY. (Daryl DeVivo, M.D. Director)

PROFESSIONAL APPOINTMENTS:

University / Academic

1981-1988	**Assistant Professor, Neurosciences & Pediatrics** UMDNJ - New Jersey Medical School, Newark, N.J.
1988-1996	**Associate Professor, Neurosciences & Pediatrics** UMDNJ-New Jersey Medical School, Newark, N.J.
1996-Present	**Associate Professor of Neurology, Pediatrics** Albert Einstein College of Medicine, NY,NY.

Administrative Appointments

1990-1996 **Associate Director, Division of Pediatric Neurology**
UMDNJ-New Jersey Medical School, Newark, NJ.

1996-present **Associate Chairman, Department of Neurology**
Institute for Neurology & Neurosurgery
Beth Israel Medical Center, NY, NY.

1996-present **Co-Director: Division of Pediatric Neurology**
Beth Israel Medical Center, NY. NY.

Hospital Appointments

1981-1996 **Attending, Pediatric Neurology & Pediatrics :**
Children's Hospital of New Jersey, Newark, N.J.
Newark Beth Israel Hospital, Newark, N.J.
Saint Barnabas Medical Center, Livingston, N.J.
University Hospital, Newark, N.J.

1981-1996 **Consultant, Pediatric Neurology**
Bayonne Hospital, Bayonne, N.J.
Clara Maass Medical Center, Belleville, N.J.
Columbus Hospital, Newark, N.J
Cranio-Facial Program at Saint Barnabas Medical Center,
Children's Specialized Hospital, Mountainside, N.J.
Christ Hospital, Jersey City, N.J.
Elizabeth General Hospital, Elizabeth, N.J.
Hackensack Medical Center, Hackensack, N.J.
Jersey City Medical Center, Jersey City, N.J.
John F. Kennedy Hospital, Edison, N.J.
Raritan Bay Medical Center, Perth Amboy, N.J.
Rahway Hospital, Rahway, N.J.

1996-present **Attending, Pediatric Neurology & Pediatrics**
Beth Israel Medical Center, NY, NY.
Institute for Neurology & Neurosurgery, NY, NY.
Roosevelt Hospital, NY, NY.
Saint Barnabas Medical Center, Livingston, N.J.
Newark Beth Israel Medical Center, Newark, N.J.

MAJOR VISITING APPOINTMENTS

1976-1978 **Visiting Fellow** in Clinical Pediatrics
Columbia University, College of Physicians & Surgeons, NY, NY.

1976-1981 **Visiting Fellow** in Pediatric Neurology
Columbia University, College of Physicians & Surgeons, NY, NY.

PRINCIPLE CLINICAL & HOSPITAL TEACHING, SERVICE RESPONSIBILITIES

1981-1996 **Director, Clinical Inpatient Services-Pediatric Neurology:**
University Hospital, Newark, N.J.
United Hospitals, Newark, N.J.
Newark Beth Israel Medical Center, Newark, N.J.

1981-1996 **Director, Pediatric Neurology Clinics**
University Hospital, Newark, NJ.
Beth Israel Hospital, Newark, NJ.

1981-1996 **Director, Neonatal Neurology Clinics**
University Hospital, Newark, NJ
Newark Beth Israel Medical Center, Newark, N.J.

1995-1996 **Director, Headache Center**
UMDNJ - Doctors Office Complex, Newark, NJ

1995-1996 **Director, ADHD Institute**
UMDNJ - Doctors Office Complex, Newark, NJ

1996-present **Director, Muscular Dystrophy Evaluation Program.**
Beth Israel Medical Center, INN.

1996-present **Director, Pediatric Headache Service,**
Beth Israel Medical Center, INN.

1996-present **Co-Director, Center for Functional Restoration**
Beth Israel Medical Center, INN. NY, NY.

1996-present **Director Pediatric Neurology, Neurovascular Service**
Beth Israel Medical Center, INN. NY, NY.

PRIVATE PRACTICE

1981-1996 **UMDNJ-**
University Neurological Associates, Newark, N.J.
Saint Barnabas Medical Center, Livingston, N.J.

1996-present **Institute for Neurology & Neurosurgery**
Beth Israel Medical Center, 170 East End Ave &87th St., NY, NY.
741 Northfield Ave., West Orange, N.J.

LICENSE/ CERTIFICATION :

1978	**NY** State License #133497
1981	**NJ** State License # 38816
1982	**American Board of Pediatrics**: Diplomate.
1986	**American Board of Neurology & Psychiatry** with Special Competence in Child Neurology: Diplomate.

MEMBERSHIP, OFFICES & COMMITTEE ASSIGNMENTS IN PROFESSIONAL SOCIETIES

New York Pediatric Stroke Group
Academy of Medicine of New Jersey
American Academy of Neurology
American Association for the Study of Headaches - Pediatric Group
American Medical Society
Child Neurology Society
Essex County Medical Society
International Child Neurology Society
International Rett's Association
Tri-State Child Neurology Society - President 1989-1991
Tourette's Syndrome Association

MAJOR COMMITTEE ASSIGNMENTS:

1988-1997	Child Neurology Society Practice Committee
1988-1998	UPA Representative, Department of Neurosciences, UMDNJ New Jersey Medical School
1995-1997	UPA Representative Clinical Practice Committee ,UMDNJ New Jersey Medical School
1997-2003	Executive Board, Beth Israel Hospital, Singer Division, NYC.

AWARDS and HONORS

1979	Chief Resident in Pediatric Neurology
1983-2003	AMA Physcians Recognition Award q. 3 years.
1995-2003	*Best Doctors in NY Metro Area*, By Castle, Connolly
1995-2003	*Best Doctor in America*, By Woodward and White.

EDITORIAL BOARDS AND REVIEWS

2001- Present	Peer Review Editor: Headache, The Journal of Head and Face Pain.
2001- Present	New Jersey Commision on Cancer Research Review Committee.

MAJOR RESEARCH INTERESTS

Pediatric Stroke- Risk factors and Treatment Protocols
Medication Trials and Classification of migraine headaches in children
Side effects of anticonvulsant drugs in children
Stimulant medication and head trauma

INVITED LECTURES/ SEMINARS

1982	"Neonatal Seizures, Regional perinatal network nursing. In-service "Reyes Syndrome," UMDNJ, Newark, Grand Rounds (Oct)
1983	"Neonatal Metabolic Coma," Academy of Medicine of N.J., Lawrenceville,NJ
1985	"Electro-diagnostic Studies in Coma, Elizabeth General Medical Center, Elizabeth, N.J. (Oct) "Metabolic Diseases in Children, UMDNJ, Newark NJ - Grand Rounds
1986	Non-epileptic Paroxysmal Disorders in Children, Saint Barnabas Medical Center, Livingston, N.J. "Megaencephaly", Clara Maass Medical Center, Belleville, NJ (Oct) "Megaencephaly, UMDNJ, Newark,N.J., Grand Rounds (Oct)
1987	Pediatric Neurology Lecture Series, Raritan Bay Medical Center, Perth Amboy,NJ (Jan-May) "Prenatal Neurology", Saint Barnabas Medical Center, Livingston, NJ(Jul) "Headaches in Children" John F. Kennedy Medical Center, Edison,NJ (May)
1988	"Hypotonic Infant" John F. Kennedy Medical Center, Edison, NJ (Nov)
1989	"Learning disorders in Children." Elizabeth General Hospital,NJ.
1990	"Neuromuscular Disorders in Children" Saint Barnabas Medical Center, Livingston, NJ (June) "Neonatal Seizures" NACOG Convention "Hypotonic Infant" Maimonides Medical Center, Bklyn, NY (Nov)
1991	"Headaches in Children, UMDNJ Grand Rounds, Newark, NJ (May) "Advances in Childhood Epilepsy" Pediatric Post Graduate Conference JFK Medical Center, Edison, NJ (May) "Steroid Therapy for Meningitis" Pediatric Review, Saint Barnabas Medical Center Livingston,NJ (Oct)

"Childhood Migraine Syndrome" Raritan Bay Medical Center, Perth Amboy, NJ (Nov)

1992 "Headaches in Children, St. Barnabas Medical Center, Livingston, NJ

"Seizures in Children, St. Michaels Medical Center, Newark, NJ (Apr)
"Advances in Seizure Management in the 90's. St. Elizabeth Medical Center, Elizabeth, NJ (Apr)
"Neurology & Psychology" Children's Specialized Hospital, Mountainside, NJ
"Congenital Insensitivity to Pain, Saint Barnabas, Livingston, NJ (May)
"The Tethered Spinal Cord" St. Barnabas, Livingston, NJ (Aug)
"The Tethered Spinal Cord" UMDNJ, Newark, NJ (Oct)
"Spinal Lipomas" Brookdale Medical Center, Bklyn, NY (Nov)

1993 "Recent Advances in Migraine, UMDNJ Pediatric Grand Rounds,)
"Kemicterous" Pediatric Grand Rounds, St. Barnabas, Livingston, NJ
"Pediatric Head Trauma", Children's Specialized, Mountainside, NJ (Nov)
"Botulism" Pediatric Grand Rounds, St. Barnabas, Livingston, NJ

1994 New Concepts in Migraine Headaches" Monmouth Medical Center, Long Branch, NJ (Jan)
"Seizures in Children" Beth Israel Medical Center, Newark, NJ(May)
"Headaches in Children" UMDNJ, Newark, NJ (Sept)
"Epilepsy", Adjunct Visiting Professor, Fairleigh Dickenson University, Teaneck, NJ (Sep)
"New Advances in Epilepsy" Christ Hospital, Jersey City,NJ)dec)

1995 "Headache Management & Diagnosis"Staten Island University Hospital, Staten Island, NY (Feb)
"Head Trauma/Coma" Adjunct Visiting Professor, Fairleigh Dickenson University, Teaneck, NJ (Apr)
"Neurology of ADD", UMDNJ, Newark, NJ (Apr)
"When A Child Stops Walking" St. Barnabas, Livingston, NJ (May)
"Migraines in Children", St. Barnabas, Livingston, NJ (May)

1996 "Pediatric Migraine", Maimonides Medical Center, Bklyn, NY (Feb)
"Seizures in Children", St. Elizabeth Hospital, Elizabeth, NJ (Aug)

1997 "Neurology of ADD", Jewish Association of ADD Conference (Sep)
"Headaches in Children" Beth Israel Medical Center, NY,NY (Feb)

1998 "Multiple Sclerosis in Children" Staten Island University Hospital, Staten Island, NY (Mar)

1999 "Duchenne Muscular Dystrophy" Long Island College Hospital, March,
"Headaches In Children" St Joseph Hospital, Patterson, N.J. May

2000 "Steroids Use in Duchenne Muscular Dystrophy", Parents Project, National Conference, Pittsburg, PA. June, 2000.

2001 "Neurology of ADD", Grand Rounds, Beth Israel, Singer Division.

2002 "Pediatric Neurovascular Disease" Grand Rounds, Beth Israel, NYC
"Medical Treatment of Cerebral Palsy", New York State Cerebral Palsy Society, Albany, NY

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Hugh P, et al. "Tuberous Sclerosis Complexion in Children." Am. Journalof Diseases of Childhood. 135:912, 1981 Peds Review.

Orlasky JP, et al. "Submersion Accidents in Children with Epilepsy." American Journal of Diseases in Childhood 136:777, 1982

Hauser WA, et al. "Seizure Occurrence after a First Unprovoked Seizure." New England Journal of Medicine. 107:522, 1982

Young AC., et al. "Is Routine Computerized Axial Tomography in Epilepsy Worthwhile?" Lancet 8313:1446, 1982

Taller RT, et al. "The Diagnostic Values of Electromyography in Infantile Hypotonia." American Journal of Diseases in Childhood 136:1985.

Livengood JR, et al. "Family History of Convulsion and of Pertussis Vaccine." Pediatrics 115:527, 1989.

Abstracts and Invited Presentations

Molofsky WJ, Chutorian AM. Non-surgical Treatment of Intraspinal Neuroblastoma. Presented at the Child Neurology Society Meeting, October22, 1980.

Mahalick DM, Carmel, PW, **Molofsky WJ**, et al. Psychopharmacologic Treatment of Pediatric Brain Injury. Abstracts at the Annual Meeting of the American Association of Neurological Surgeons, J Neurosurgery Vol 88:2, p 412 A June 1994.

Mahalick DM, Bartlett JA, **Molofsky, WJ**, et al. Psychopharmacologic Treatment of Children with Attentional Disorders Secondary to Brain Injury. 14th Annual National Symposia of the National Head Injury Foundation. San Diego, CA, Dec.,1995.

Mahalick DM, **Molofsky WJ**, et al. Psychopharmacologic Treatment of Children with Attentional Disorders Secondary to Brain Injury. 19th Annual International Neuropsychological Society Mid Year Conference, Veldhove, The Netherlands, 6/22/96

Mahalick DM, Carmel, PW, **Molofsky WJ**, et al. Psychopharmacologic Treatment of Pediatric Brain Injury. Annual Meeting of the American Association of Neurological Surgeons. Paper #817, Philadelphia, PA 4/98.

Kohn B., Manmohan K., Shah B., Lefton D., **Molofsky W.J.**, et.al. Hemorrhagic Pituitary Apoplexy in an 18 Year old Male Presenting as Non-Ketotic Hyperglycemic Coma (NKHC). Pediatric Research Vol. 49 No.6, 2001.

Denis S. Atkinson, Jr., M.D.
605 West Wesley Rd., NW
Atlanta, GA 30327

July 6, 2006

Matthew Casey
Kline and Specter
1525 Locust Street
Philadelphia, PA 19102

Re: Ayden Shaffer-Doan

Dear Mr. Casey:

At your request, I have reviewed certain medical records and radiological images relative to the presentation of Ayden Shaffer-Doan to Dubois Regional Medical Center in December of 2001. More specifically, I have reviewed head CT scans from December 7, 2001, January 2, 2002, July 1, 2002, January 3, 2003, and a brain MRI scan from December 11, 2001. I have also reviewed all of Ayden's medical records from Children's Hospital of Pittsburgh, his subsequent medical records from the Gateway practice, and all of the depositions taken in the case to date.

According to the above materials, Ayden Shaffer-Doan presented to the emergency department at Dubois Regional Medical Center (DRMC) on December 5, 2001 at 23:29. The reason for his emergency department visit, according to the deposition of the patient's mother, Karen Shaffer, was "seizure like activity" which she reported directly to Dr. Grout, who instructed her to seek care in the DRMC Emergency Department. The first page of the DRMC ER medical record identifies the chief complaint as "shaking". In the hand written emergency notes of Dr. George Palmer, emergency room attending, the patient's chief complaint is "decrease in activity, reporting not looking right, reporting possible seizure; head went back, arm tensed up, 3 sec, then pale". Within the Emergency Department record there is documentation of possible seizure activity witnessed by a parent no fewer than five times. He was subsequently admitted to the hospital with a working clinical impression of "dehydration", under the care of the attending pediatrician and neonatologist Dr. Richard Grout on December 6, 2001.

During the course of his hospitalization at DRMC, and prior to transfer to Children's Hospital of Pittsburgh on December 7, 2001, Ayden had several key indicators of critical clinical progression of disease. Most important of these is documentation of multiple witnessed clinical events described by all staff members caring for this child at one point or another as being concerning for seizure activity. I understand that other experts reviewing this matter will discuss the extent to which Drs. Grout and Chandrasekhar deviated from the standard of care in their clinical decision-making for this patient.

Based upon my review of the images and the related records and depositions, it is my opinion that the etiology of Ayden's brain injury was untreated status epilepticus while at Dubois Regional Medical Center that caused resultant cerebral edema and, consequently, an hypoxic ischemic brain injury from which Ayden suffers today.

I also believe that a misinterpreted film on the morning of December 7th, as well as substandard policies and procedures at Dubois Regional Medical Center, were causative factors in the delay in proper treatment which resulted in Ayden's brain injury.

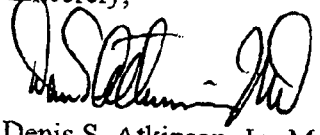
The CT examination of the head performed on 12/7/2001 at 11:57 read by M. J. Kinosian, M.D. was clearly misinterpreted, constituting a deviation from the standard of care in the field of radiology. The Dubois interpretation suggested the presence of widespread subarachnoid hemorrhage. This scan clearly demonstrates widespread bihemispheric low attenuation with relative sparing of the cerebellum consistent with evolving parenchymal infarction. There is some evidence of associated early cerebral edema. There is no evidence of subarachnoid hemorrhage on the head CT in question. These findings and the extent of brain injury sustained is confirmed on subsequent imaging, which is evident in the records from Pittsburgh Children's.

The extensive brain injury sustained by Ayden Shaffer-Doan was the direct result of continuous seizure activity, otherwise known as status epilepticus. Had timely and appropriate measures been taken to treat said status epilepticus the severe neurological injury he sustained would have been prevented. The misinterpretation of the CT examination by the Dubois radiologist, Dr. Kinosian, on the morning of December 7th contributed to this delay in diagnosis and treatment and presented the life flight team with a misleading and simply inaccurate diagnosis upon their arrival at Dubois.

Defective policies and procedures contributed to the delay in treatment as well. In the depositions of Dr. Grout and Dr. Chandrasekhar, there is reference to an institutional practice at DRMC which prohibits access to critical nursing notes. The clinical description and multiplicity of these events contained within the nursing notes is diagnostic of status epilepticus. The attending physicians testified that this information was not available to them because they were computerized records. Indeed, Dr. Grout testified that he was "surprised" to learn what the nurses had recorded in these computerized records about Ayden's seizure activity. The institutional policies and procedures at Dubois Regional Medical Center, as they pertain to communication and timely availability to attending and covering physicians of critical clinical information contained in nursing records constitute a truly egregious deviation from the standard of care in any community. The failure of Dubois Regional Medical Center to adopt policies, procedures and protocols with respect to communication between health care professionals, as testified to by defendant physicians themselves, has resulted in failure to ensure appropriate and quality care for patients such as Ayden and directly contributed to his poor outcome.

All of my opinions have been expressed with reasonable medical certainty.

Sincerely,



Denis S. Atkinson, Jr., M.D.

CURRICULUM VITAE

Denis S. Atkinson, Jr., M.D.
(August 13, 2005)

Personal Data

Office Address:	Department of Radiology Section of Neuroradiology Emory University School of Medicine 1364 Clifton Road, NE Atlanta, GA 30322
Telephone:	(404) 686-5500 ID # 10276 (Pager) (404) 712-4583
Fax:	(404) 712-7957
E-mail	djandkaren.atkinson@verizon.net denis_atkinson@emoryhealthcare.org
Place of Birth:	Galveston, Texas
Marital Status:	Married, Karen V. Atkinson, M.D.

Education

High School: Fort Worth Country Day School, Fort Worth, Texas
August 1977 - May 1981

Undergraduate: Texas Christian University, Fort Worth, Texas
Major: Neuroscience, Minor: Political Science
Cum Laude Graduate
September, 1981 - May, 1986

Graduate: Texas A & M University College of Medicine
September, 1986 - June, 1990

Postgraduate Training

Internship:	Scott and White Hospital; Internal Medicine and Pediatrics July, 1990 - June, 1991
Residency:	Vanderbilt University Medical Center; Neurology July, 1991 - June, 1994
Elective:	The Bowman Gray School of Medicine; "Mini-fellowship" in Transcranial and Carotid Doppler September, 1993
Fellowship:	Vanderbilt University Medical Center; Epilepsy and Neurophysiology July, 1994 - June, 1996
Residency:	Boston Medical Center; Diagnostic Radiology July 1997 - June, 2001
Fellowship:	Massachusetts General Hospital; Neuroradiology July 2001 - June 2003

Medical Licensure

Texas	December 4, 1991 License Number H9760 (Expired)
Tennessee	May 4, 1994 License Number MD0000025553
Massachusetts	June 12, 1996 License Number 150828

Academic Appointments

Instructor of Neurology, Department of Neurology,
Vanderbilt University Medical Center, July 1994 - June 1996

Clinical Assistant, Department of Neurology, Epilepsy Service,
Massachusetts General Hospital, July 1996 - 1997

Clinical Assistant, Department of Radiology, Neuroradiology Service,
Massachusetts General Hospital, July 2001 - June 2003

Assistant Professor of Radiology, Neuroradiology Section
Emory University School of Medicine, July 2003 – Present

Academic appointents con't:

Assistant Professor of Radiology, Pediatric Neuroradiology,
Children's Healthcare of Atlanta, December, 2003 - Present

Professional Organizations

The Radiological Society of North America
American Roentgen Ray Society
American College of Radiology
American Society of Neuroradiology

Professional Activities

Graduate

Member, Texas A & M University College of Medicine - Curriculum Study Task Force on Information Management and Learning Resources, 1988-90

Member, Texas A & M University College of Medicine - Medical Education Task Force, 1988-90

Clinical Elective in Psychiatry/Psychopharmacology
NIH/NIMH, Clinical Brain Disorders Branch, St. Elizabeth's Hospital
Fall Term, 1989

Residency

Member, Physician Advisory Committee for VCARE, (Vanderbilt University Medical Center computer system), 1992 - 1994

Postgraduate

Founder and Director of Vanderbilt Transcranial Doppler Services, Department of Neurology
July 1994 - June 1996

Coordinator of Vanderbilt Department of Neurology Journal Club
July 1994 - June 1996

Research

Texas Christian University

Investigator, "Effects of MPTP on the Murine Substantia Nigra"
Spring 1985

NIH

Investigator, "RU-486 and Dexamethasone: Glucocorticoid Receptor Binding Properties in Human Leukocytes"
NIH/NICHD, Developmental Endocrinology Branch, Fall 1985

Research con't:

Investigator, "Techniques of Sertoli Cell Culture"
NIH/NICHD, Developmental Endocrinology Branch, Fall 1985

Investigator, "Morphologic Abnormalities in the Corpus Callosum in Monozygotic Twins Concordant and Discordant for Schizophrenia: A Computerized Analysis of MRI Scans"
NIH/NIMH, Clinical Brain Disorders Branch, Fall 1989

Investigator, "Ventricle/Brain Ratios in Patients with Rett Syndrome: Computer Analysis of MRI Scans"
NIH/NIMH, Clinical Brain Disorders Branch, Fall 1989

Vanderbilt University Medical Center

Investigator, "Thrombolytic Therapy in Acute Ischemic Stroke"
1992-1994

Investigator, "An Open-Label Study of the Safety of Long-Term Tiagabine HCL Administration in Patients with Epilepsy"
July 1994 - June 1996

Investigator, "Safety and Efficacy of Tiagabine HCL as Adjunctive Treatment (Phase III Protocol M92-825)"
April 1995 - June 1996

Investigator, "An Open-Label Extension Study of Tiagabine HCL in the Treatment of Patients with Partial Seizures (Protocol M91-604)"
September 1994 - June 1996

Investigator, "A Double Blind, Placebo-Controlled, Parallel, Efficacy and Safety Study of Topiramate in Patients with Partial Epilepsy Followed by Topiramate Single Therapy as Accomplished by the Reduction of Concomitant Tegretol (carbamazepine)"
July 1994 - June 1996

Investigator, "Long-Term, Open-Label Study of Topimax (topiramate)"
July 1994 - June 1996

Investigator, "A Randomized, Placebo-Controlled, Double-Blind Study of the Efficacy and Safety of Losigamone in Patients with Inadequately Controlled Partial Seizures"
July 1994 - June 1996

Investigator, "Clinical Experience and use of Sabril in Patients with Partial Seizures"
July 1994 - June 1996

Investigator, "Efficacy and Safety of Vigabatrin (Sabril) 3 g/day versus Gabapentin (Neurontin) 1800 mg/day as Monotherapy in Patients with Complex Partial Seizures"
February 1996 - June 1996

Investigator, "An Open-Label, Follow-Up, Long-Term Maintenance Study of Vigabatrin (Sabril) as Monotherapy in Patients with Complex Partial Seizures"
February 1996 - June 1996

Investigator, "Evaluation of the Efficacy and Tolerability of ucb L059 (500 and1500 mg b.i.d. tablets) Add-On Treatment in Epileptic Patients with Partial OnsetSeizures: A 38 week Double-Blind Placebo-Controlled Parallel Group MulticenterTrial"
July 1994 - June 1996

Investigator, "A Multicenter Follow-Up Study of the Safety and Efficacy of Oral 500mg Tablets ucb L059 in Patients with Partial Onset Epileptic Seizures: A 6-week Double-Blind Titration to 3000mg/day, Followed by an Open Treatment Phase at Individualized Doses"
July 1995 - June 1996

Investigator, "Conversion From Marketed Antiepileptic Drug Therapy toGabapentin (CI-945) Monotherapy in Patients with Complex Partial or SecondarilyGeneralized Seizures: A Double-Blind, Dose-Controlled, Multicenter Study"
July 1994 - June 1996

Investigator, "A Protocol to Provide Lamictal for the Treatment of Serious or Life-Threatening Epilepsy"
July 1994 - June 1996

Investigator, "A Multicenter, Double-Blind, Placebo-Controlled, Parallel-Design Evaluation of Lamictal for Add-on Treatment of Partial Seizures in Pediatric Patients"
October 1994 - June 1996

Investigator, "A Safety and Efficacy Study of Open-Label Gabapentin (CI-945) Monotherapy Following a Double-Blind Study (Protocol 945-082) in Patients with Complex Partial or Secondarily Generalized Seizures (Protocol 945-083)"
July 1994 - June 1996

Research con't:

Investigator, "Safety and Efficacy of a Single, Rectal Administration of Diazepam for Acute Repetitive Seizures"
May 1995 - June 1996

Investigator, "An Open Label, Follow-On Study of the Safety and Efficacy of an Intermittent, Rectal Administration of Diazepam for Acute Repetitive Seizures"
September 1995 - June 1996

Investigator, "A Multicenter, Randomized, Double-Blind, Placebo-Controlled, Parallel, Add-On Trial of Oxcarbazepine Tablets in Children with Inadequately Controlled Partial-Onset Seizures Followed by an Open-Label, Long-Term Extension Phase"
February 1995 - June 1996

Investigator, "Safety and Efficacy of 1200 mg/day of Oxcarbazepine Monotherapy versus Placebo in Patients with Recent Onset Partial Seizures"
September 1995 - June 1996

Investigator, "Safety and Efficacy of High versus Low Dose Oxcarbazepine Monotherapy in Patients with Uncontrolled Partial Onset Seizures"
August 1995 - June 1996

Investigator, "A Multicenter, Long-Term Phase of Oxcarbazepine Trial #47680-02-026 in Patients with Uncontrolled Partial-Onset Seizures"
December 1995 - June 1996

Presentations

"Mid-Sagittal Corpus Callosum Area in Patients with Epilepsy."
Poster presentation, American Epilepsy Society Meeting,
Baltimore, Maryland, December 1995.

Honors and Awards

Cum Laude Graduate, Texas Christian University, September 1981 to May 1986.

Ortho-McNeil Pharmaceutical Top Scholar Award, Massachusetts General Hospital, December 5, 1996.

Publications

1. Charles PD, Abou-Khalil B, Atkinson DS Jr., Welch L, Wertz RT, Abou-Khalil R, Kirshner HS. Occipital Lobe Asymmetry and Language Dominance. *Southern Medical Journal*, 87(9)S57, 1994.
2. Charles PD, Abou-Khalil B, Atkinson DS Jr., Welch L, Wertz RT, Abou-Khalil R, Kirshner HS. Occipital Lobe Area and Language Dominance. *Annals of Neurology*. 36(2)261-262, 1994.
3. Charles PD, Abou-Khalil B, Mayville CL, Bakar M, Atkinson DS Jr., Creasy JL, Kirshner HS. Occipital Pole Volume and Language Dominance. *Neurology*. 45(Suppl 4)A177, 1995.
4. Atkinson DS Jr., Abou-Khalil B, Charles PD, Welch L. "Mid-Sagittal Corpus Callosum Area in Patients with Epilepsy." *Epilepsia*. 36(Suppl 4)169, 1995.
5. Atkinson DS Jr., Abou-Khalil B, Charles PD, Welch L. Mid-Sagittal Corpus Callosum Area, Intelligence, and Language Dominance in Epilepsy. *Journal of Neuroimaging*. 6:235-239, 1996.
6. Charles PD, Abou-Khalil B, Atkinson DS Jr., Bakar M, Mayville CL, Kirshner HS. Occipital Pole Area and Language Dominance *Journal of Neuroimaging*. 7(2):89-91, 1997.
7. Jacob G, Atkinson DS Jr., Shannon JR, Black BK, Furlan R, Robertson D. Evidence of Cerebral Blood Flow Abnormalities in Idiopathic Hyperadrenergic State *Circulation*. 94(8):I-545, 1996.
8. Jacob G, Atkinson DS Jr., Shannon JR MD, Black BK, Robertson D. Abnormalities in the Regulation of Cerebral Blood Flow in Patients with Orthostatic-Intolerance and High Circulating Plasma Catecholamines. *Clinical Autonomic Research*. 6(5):297, 1996.
9. Abou-Khalil B, Nasreddine W, Fakhoury T, Atkinson DS Jr., and Beydoun A. "Efficacy and Safety of ucbL059 as an Adjunctive Treatment in Refractory Partial Epilepsy: Results of Open-Label Treatment at Two Centers." *Epilepsia*. 37(Suppl 5):169, 1996.
10. Atkinson DS Jr., Ptak, T. Neuroradiology Case of the Day: Kaposi's Sarcoma of the nasopharynx, oropharynx, and hypopharynx. *AJR*. 173:804, 1999.
11. Atkinson DS Jr., Ptak, T. Neuroradiology Case of the Day: Kaposi's Sarcoma of the nasopharynx, oropharynx, and hypopharynx. *AJR*. 173:804, 1999.
12. Atkinson DS Jr., Chaoui A, Fenlon HM, Barish M. Gastrointestinal/Genitourinary Case of the Day: Lymphomatous infiltration of the right ureter. *AJR*. 173:786, 1999.

J

KLINE & SPECTER
A PROFESSIONAL CORPORATION

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	Civil Division
Plaintiffs,	No.
vs.	Civil Action - Medical Professional Liability Action
RICHARD GROUT, M.D. 635 C. Maple Avenue Dubois, PA 15801	JURY TRIAL DEMANDED
and	TYPE OF PLEADING: **AMENDED COMPLAINT**
SUNDAR CHANDRASEKHAR, M.D. c/o DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	COUNSEL OF RECORD FOR PLAINTIFFS: SHANIN SPECTER, ESQUIRE I.D. No. 40928 MARCIA F. ROSENBAUM, ESQUIRE I.D. No. 46832 LEON AUSSPRUNG, ESQUIRE 80183
and	**KLINE & SPECTER** **A Professional Corporation**
DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	19th Floor Philadelphia, PA 19102 215-772-1000
and	
GATEWAY AREA MEDICAL ASSOCIATES, INC. 635 C Maple Avenue Dubois, PA 15801	

NOTICE TO DEFEND

YOU have been sued in Court. If you wish to defend against the claims set forth in the following pages, you must take action within twenty (20) days after this Complaint and Notice are served, by entering a written appearance personally or by attorney and filing in writing with the Court your defenses or objections to the claims set forth against you by the Court without further Notice for any money claimed in the Complaint or for any claim or relief requested by the Plaintiff. You may lose money or property or other rights important to you.

YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE OR KNOW A LAWYER, THEN YOU SHOULD GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW TO FIND OUT WHERE YOU CAN GET LEGAL HELP:

DAVID S. MEHOLICK, COURT ADMINISTRATOR - CLEARFIELD COUNTY COURTHOUSE CLEARFIELD, PA 16830
(814) 765-2641, Ext, 5982

CIVIL ACTION COMPLAINT - MALPRACTICE - MEDICAL [26051]

Plaintiffs, Ayden Shaffer-Doan, a minor, by his parents and natural guardians, Timothy Doan and Karen Shaffer, and Timothy Doan and Karen Shaffer, in their own right, by their attorneys, Kline & Specter, A Professional Corporation, hereby file this Civil Action Complaint and in support thereof state the following:

1. Plaintiff, Ayden Shaffer-Doan, is a minor, having been born on November 18, 2001. Minor-plaintiff resides with his parents and natural guardians, Timothy Doan and Karen Shaffer at R.D. #3, Box 308, Reynoldsville, Jefferson County, Pennsylvania 15851.

2. Defendant, Richard Grout, M.D. ("defendant Grout"), is a physician licensed to practice medicine in the Commonwealth of Pennsylvania. At all times material hereto, defendant Grout held himself out to the plaintiffs and to the public as a specialist in the field of pediatric medicine. Defendant Grout maintains an office for the practice of his specialty located at defendant Hospital and at Gateway Area Medical Associates, Inc., 635 C Maple Avenue, DuBois, Clearfield County, Pennsylvania 15801.

3. Defendant, Sundar Chandrasekhar, M.D. ("defendant Chandrasekhar"), is a physician licensed to practice medicine in the Commonwealth of Pennsylvania. At all times material hereto, defendant Chandrasekhar held himself out to the plaintiffs and the public in general as a specialist in the field of pediatric medicine. At all times material hereto, defendant Chandrasekhar maintained an office for the practice of medicine at defendant Hospital and at defendant G.A.M.A.

4. Defendant, DuBois Regional Medical Center ("defendant Hospital"), at all times material hereto was a corporation or other jural entity, organized and existing under the laws of the Commonwealth of Pennsylvania, with a principal place of business in DuBois, Clearfield County, Pennsylvania. At all times material hereto, this defendant owned, operated and controlled a hospital located at 100 Hospital Avenue, DuBois, Clearfield County, Pennsylvania 15801.

5. Defendant, Gateway Area Medical Associates, Inc. ("defendant G.A.M.A."), at all times material hereto was a corporation or other jural entity, organized and existing under the laws of the Commonwealth of Pennsylvania, with a principal place of business in DuBois, Clearfield County, Pennsylvania. At all times relevant hereto defendant G.A.M.A. owned, operated and controlled a medical facility located at 635 C Maple Avenue, DuBois, Clearfield County, Pennsylvania 15801.

6. Plaintiff is asserting a professional liability claim against all defendants and the requisite certificates of merit, pursuant to Pa. R. Civ. P. 1042.3, are attached hereto as Exhibits "A" through "D", respectively.

7. At all times material hereto, defendants Grout and Chandrasekhar were actual and/or ostensible, agents, servants and/or employees of defendant Hospital and/or of defendant G.A.M.A.

OPERATIVE FACTS

8. Minor-plaintiff, Ayden Shaffer-Doan ("minor-plaintiff"), was approximately 18 days of age when he was admitted to Dubois Regional Medical Center in the early morning hours of December 6, 2001.

9. Minor-plaintiff's mother took him to the emergency room at defendant Hospital at around midnight that evening with complaints of diarrhea and decreased oral intake.

10. The triage notes record "reported possible seizure today".

11. Defendant Grout diagnosed minor-plaintiff as suffering from dehydration and admitted him at approximately 3:15 a.m. on December 6, 2001.

12. The nurse's note at 3:30 a.m. describes minor-plaintiff having "twitching of eyes ... rolled eyes back then turned pale to extremities then O2 sat down to 70's".

13. At 5:10 a.m. the nurse's note records "dr [doctor] notified: informed of pt [patient] condition, eye twitching, desats as well as periodic breathing and apneic episodes".

14. The nurse's note at 6:00 a.m. describes minor plaintiff as having a prolonged capillary refill time of 3 seconds and seizure activity.

15. At 7:45 a.m. the nurse's note records "seizure episodes", with his peripheral oxygen saturation (SpO2), measured with a pulse oximeter, dropping into the 70's.

16. At 8:00 a.m. minor-plaintiff had episodes of eye blinking, and at 8:30 a.m., he had periodic breathing, with "brief but frequent episodes".

17. Defendant Grout, upon information and belief, saw minor-plaintiff for the first time the following morning at about 8:00 a.m..

18. The nurse's notes describe seizure activity from 3:30 a.m. through 8:30 a.m., and the 8:00 a.m. nurse's note indicates that minor-plaintiff had two of these episodes while defendant Grout was in the room.

19. Defendant Grout ordered caffeine for minor-plaintiff at 8:00 a.m., presumably to

treat the periodic breathing.

20. Defendant Grout's admit note, dictated at 8:29 a.m., describes minor-plaintiff's neurologic status as "drifts off to sleep unless stimulated".

21. Seizures were not discussed, diagnosed, investigated or treated, despite unambiguous evidence of seizure-like activity.

22. Instead of addressing seizures, defendant Grout ordered a chest x-ray and a renal ultrasound, neither of which investigate abnormal movements, seizures or a neurologic abnormality.

23. Minor-plaintiff continued to have evidence of seizure-like activity during the morning of December 6.

24. Between 9:00 a.m. and noon, he had repeated episodes of periodic breathing and desaturation to SpO2 of 70. These episodes were documented at 9:00, 9:30, 11:15, 11:25, 11:45 and 11:55 a.m., and at 12:00, 12:15, 12:20, 12:25, 12:40 and 12:45 p.m.

25. Despite receiving oxygen at 2 liters/minute, minor-plaintiff continued to have periods of desaturation.

26. Defendant Grout performed a lumbar puncture at about 1:00 p.m. on December 6th.

27. Despite data showing that minor-plaintiff was in status epilepticus, including desaturation episodes, lack of normal activity, lack of feeding and twitching, defendant Grout and the nursing staff still failed to investigate, diagnose and/or treat seizures.

28. Minor-plaintiff continued to have periodic breathing and desaturation episodes

throughout the afternoon of the 6th. He was described as having "frequent desats, periodic breathing".

29. Minor-plaintiff had severe desaturation episodes recorded at 2:00, 3:40, 4:00, 4:10, 6:05, 7:10 and 7:30 p.m.

30. Minor-plaintiff, during the early evening hours of December 6th, had gone almost 16 hours without return to his neurologic baseline.

31. At 11:00 p.m. on December 6th, minor-plaintiff had tremors and, at 11:30 p.m., he had another desaturation episode.

32. At approximately 2:47 a.m. on December 7th, minor-plaintiff had an episode of eye twitching, after which his left pupil became dilated.

33. At 3:30 a.m., his left pupil was still larger than the right, and it reacted sluggishly to light.

34. At 4:00 a.m. minor-plaintiff's eyes were twitching, he had tremors, and his left pupil was more sluggish.

35. The nurse's note at 4:15 a.m. states " dr notified: pt having left pupil slightly more dilated & slightly sluggish ... Continues to have focal seizure (sic) and tremors of extremities ... Apneic episodes & periodic breathing".

36. A telephone order was given by defendant Chandrasekhar, who was apparently covering for defendant Grout, to order a cranial sonogram and EEG in the morning. Niether defendant Chandrasekhar, nor any other physician, saw minor-plaintiff until the next morning.

37. The nurse's 6:00 a.m. note from December 7th note records "awake thru night

...having ? focal seizures ... Continues to have episodes of periodic breathing, occasional apneic episodes ... HR irregular".

38. At 8:10 a.m., minor-plaintiff had another episode of mouth movements, arm movements and blinking. He had bradycardia at 5:00, 6:00, 6:40 and 8:10 a.m.. The nurse's notes record "having periods of posturing and flexing of arms that resemble seizures".

39. Defendant Chandrasekhar was present during an episode at 8:00 a.m., but ordered no treatment to stop seizures.

40. Despite the duration of his recurrent episodes (28 hours by 8 a.m. on December 7) and the severity of his compromise, neither Defendant Chandrasekhar nor Defendant Grout nor the nursing staff recognized the severity of minor-plaintiff's condition, and all defendants failed to timely institute required and appropriate treatment.

41. At 8:00 a.m., a CT scan of minor-plaintiff's head was ordered.

42. Despite minor-plaintiff's dilated and poorly reactive pupil, continued compromise and abnormal neurologic exam, no treatment for cerebral edema was ordered.

43. Defendants were so far from appreciating the severity of minor -plaintiff's condition that an order was sent by FAX to allow minor-plaintiff to breast feed. A nurse signed this order at 9:15 a.m. on December 7.

44. As the morning progressed, minor-plaintiff continued to deteriorate. He was clearly demonstrating ominous signs of evolving and impending neurologic, respiratory and circulatory failure, all of which went untreated.

45. It was not until approximately 11:22 a.m. that phenobarbital was given.

46. At approximately noon, minor-plaintiff had a CT scan. While it demonstrated cerebral edema, it was read as demonstrating subarachnoid hemorrhage.

47. Defendant Grout was called at approximately 1:15 p.m., and initiated arrangements to transfer minor-plaintiff to another hospital.

48. The transport team from Children's Hospital of Pittsburgh was called.

49. When the transport team arrived at approximately 2:50 p.m., they discovered a moribund, nearly dead baby, in whom they had to start CPR within minutes of their arrival.

50. Minor-plaintiff was in profound shock.

51. He was cold and obtunded, with weak pulses and a capillary refill time of 4-5 seconds; his temperature was 30 degrees.

52. No vital signs were documented by the nurses between approximately 5:00 a.m. and the arrival of the transport team.

53. Minor-plaintiff's abnormal movements and respiratory pattern were never evaluated by EEG or by a neurologist at defendant Hospital.

54. Minor-plaintiff was allowed by the nurses at defendant Hospital and by defendants Grout and Chandrasekhar to have untreated, recurrent and/or continuous seizures for most of 30 hours.

55. As a result, minor-plaintiff was caused to have profound encephalomalacia and other permanent and catastrophic injuries.

56. Defendant Grout, defendant Chandrasekhar, and the nurses at defendant Hospital failed to treat minor-plaintiff's cardiopulmonary compromise, profound shock, and respiratory failure.

57. Minor-plaintiff's permanent brain damage and other injuries and damages set forth below were caused solely and wholly by reason of the negligence and carelessness of the defendants, as set forth more fully below, and were not caused or contributed thereto by any negligence on the part of the plaintiffs.

58. As a direct result of the negligence and carelessness of the defendants as set forth below, minor-plaintiff suffered injuries to the bones, muscles, nerves, nervous system, brain, tendons, tissues and blood vessels of his body, including, but not limited to, permanent and catastrophic brain damage, spastic quadriplegia, with its attendant signs, symptoms and sequelae together with severe shock, weakness, emotional and psychological injuries, blindness and other physical and emotional injuries and upset, the full extent of which are not yet known and some or a of which may be permanent in nature.

59. As a direct result of the negligence and carelessness of the defendants as set forth below, minor-plaintiff may be confined to a wheelchair for the remainder of his life.

60. As a direct result of the negligence and carelessness of defendants as set forth below, minor-plaintiff has suffered injuries which have precluded him and may in the future continue to preclude him from enjoying fully the ordinary pleasures of life and participating in his ordinary activities and avocations; further, he has suffered and may in the future continue to undergo pain, suffering, embarrassment, depression, anxiety, bodily deformation, disability, mental anguish, loss of "well-being", and other such intangible losses, some or all of which may be permanent in nature.

61. As a direct result of the negligence and carelessness of the defendants as set forth below, plaintiffs Karen Shaffer and Timothy Doan, on behalf of their minor son, Ayden Shaffer-

Doan, have incurred in the past and may in the future continue to incur substantial medical and medically-related expenses including, but not limited to, expenditures for medicine, hospitalizations, medical and surgical care, testing, physical therapy, occupational therapy, rehabilitative care, equipment and other care to attend to, treat, and attempt to alleviate, minimize and/or cure their son's conditions.

62. As a direct result of the negligence and carelessness of defendants as set forth below, minor-plaintiff may in the future incur substantial medical and medically-related expenses including but not limited to, expenditures for medicine, hospitalizations, medical and surgical care, testing, physical therapy, occupational therapy, rehabilitative care, equipment and other care to attend to, treat, and attempt to alleviate, minimize, and/or cure his condition.

63. As a direct result of the negligence and carelessness of defendants as set forth below, minor-plaintiff has been prevented in the past and may in the future continue to be prevented from performing his usual duties, occupations, and avocations.

64. As a direct result of the negligence and carelessness of defendants as set forth below, minor-plaintiff has suffered in the past and may in the future continue to suffer a loss of earnings and earning capacity.

COUNT ONE - Negligence
Plaintiffs, Ayden Shaffer-Doan, a minor, by his parents and natural guardians, Timothy Doan and Karen Shaffer, and Timothy Doan and Karen Shaffer, in their own right
vs. Richard Grout, M.D and Sundar Chandrasekhar, M.D.

65. Plaintiffs incorporate paragraphs 1 through 64 as if fully set forth herein.

66. Defendant Grout Hospital and defendant Chandrasekhar were careless and negligent in one or more of the following particular respects:

a. failure to ensure that minor-plaintiff was in the hands of appropriately

trained and experienced physicians;

b. failure to properly supervise resident physicians at defendant hospital;
c. failure to properly supervise nurses at the hospital;
d. failure to keep apprised of and/or be aware of the condition of minor-plaintiff;
e. failure to properly instruct the nursing staff and/or resident physicians with respect to the management of minor plaintiff's care;
f. failure to properly instruct the nursing staff and/or resident physicians with respect to the conditions under which seizure required urgent neurological intervention;
g. failure to properly instruct the nursing staff with respect to the circumstances under which physicians should be called for evaluation;
h. failure to properly instruct the nursing staff with respect to the circumstances under which attending physicians should be called for evaluation;
i. failure to be aware of and/or respond promptly to minor-plaintiff's condition;
j. failure to prevent hyponatremic encephalopathy;
k. causing acute hyponatremia;
l. failure to diagnose hyponatremia;
m. failure to treat and correct hyponatremia;
o. failure to properly estimate the degree of dehydration;
p. failure to calculate a fluid deficit;
q. failure to identify the type of dehydration involved;
r. failure to diagnose and treat shock;
s. causing fluid overload;
t. failure to obtain a STAT neurological consult;
u. failure to timely arrange for transfer;
v. failure to appreciate the severity of minor-plaintiff's condition;
w. failure to prevent neurological emergency;
x. failure to get a STAT EEG;
y. failure to consult with a neurologist;
z. failure to investigate seizures;
aa. failure to diagnose seizures;
bb. failure to treat seizures;
cc. failure to recognize signs and symptoms of seizures;
dd. failure to order proper diagnostic tests in the face of seizures;
ee. failure to recognize status epilepticus;
ff. failure to prevent status epilepticus;
gg. failure to treat desaturation;
hh. failure appreciate the significant of periodic breathing episodes;
ii. failure to prevent neurologic emergency;
jj. failure to recognize an abnormal neurologic exam;
kk. failure to recognize signs and symptoms of systemic compromise;
ll. failure to come into the hospital in the face of neurologic abnormalities;

mm. failure to timely treat seizures;
nn. failure to timely treat cardiorespiratory failure;
oo. failure to prevent cardiorespiratory failure;
pp. failure to recognize and treat cardiorespiratory compromise;
qq. failure to recognize and treat cerebral edema;
rr. failure to prevent cerebral edema;
ss. failure to recognize the significance of minor-plaintiff's dilated pupil;
tt. failure to diagnose and treat hyponatremia;
uu. failure to timely give phenobarbitol;
vv. failure to timely transfer to the appropriate medical center; and
ww. failure to recognize and treat abnormal respiratory patterns.

67. Defendant Grout and defendant Chandrasekhar undertook and/or assumed a duty to render reasonable, proper, adequate, and appropriate care to plaintiffs and to avoid harm to them, which duty was breached by defendant Grout and defendant Chandrasekar.

68. Plaintiffs relied on the knowledge, treatment, and advice of defendant Grout and defendant Chandrasekhar.

69. The carelessness and negligence of defendant Grout and defendant Chandrasekhar, as set forth above, increased the risk of harm and was a substantial factor in causing the injuries and damages suffered by plaintiffs.

WHEREFORE, plaintiffs demand damages against defendant Grout and defendant Chandrasekhar, in an amount in excess of Fifty Thousand ($50,000.00) Dollars, and in excess of the prevailing arbitration limits, exclusive of prejudgment interest, post-judgment interest and costs and for punitive damages, on each count against defendants.

COUNT TWO - Negligence
Plaintiffs, Ayden Shaffer-Doan, a minor, by his parents and natural guardians, Timothy Doan and Karen Shaffer, and Timothy Doan and Karen Shaffer, in their own right vs.
DuBois Regional Medical Center and Gateway Area Medical Associates, Inc.

70. Plaintiffs incorporate paragraphs 1 through 69 as if fully set forth herein.

71. Defendant Hospital and defendant G.A.M.A., individually, and acting through

their authorized agents, servants, workmen, and employees, were careless and negligent in one or more of the following particular respects:

a. failure to ensure that minor-plaintiff was in the hands of appropriately trained and experienced physicians;
b. failure to properly supervise resident physicians at defendant hospital;
c. failure to properly supervise nurses at the hospital;
d. failure to keep apprised of and/or be aware of the condition of minor-plaintiff;
e. failure to properly instruct the nursing staff and/or resident physicians with respect to the management of minor plaintiff's care;
f. failure to properly instruct the nursing staff and/or resident physicians with respect to the conditions under which seizure required urgent neurological intervention;
g. failure to properly instruct the nursing staff with respect to the circumstances under which physicians should be called for evaluation;
h. failure to properly instruct the nursing staff with respect to the circumstances under which attending physicians should be called for evaluation;
i. failure to be aware of and/or respond promptly to minor-plaintiff's condition;
j. failure to prevent hyponatremic encephalopathy;
k. causing acute hyponatremia;
l. failure to diagnose hyponatremia;
m. failure to treat and correct hyponatremia;
o. failure to properly estimate the degree of dehydration;
p. failure to calculate a fluid deficit;
q. failure to identify the type of dehydration involved;
r. failure to diagnose and treat shock;
s. causing fluid overload;
t. failure to obtain a STAT neurological consult;
u. failure to timely arrange for transfer;
v. failure to appreciate the severity of minor-plaintiff's condition;
w. failure to prevent neurological emergency;
x. failure to get a STAT EEG;
y. failure to consult with a neurologist;
z. failure to investigate seizures;
aa. failure to diagnose seizures;
bb. failure to treat seizures;
cc. failure to recognize signs and symptoms of seizures;
dd. failure to order proper diagnostic tests in the face of seizures;
ee. failure to recognize status epilepticus;
ff. failure to prevent status epilepticus;

gg. failure to treat desaturation;
hh. failure appreciate the significant of periodic breathing episodes;
ii. failure to prevent neurologic emergency;
jj. failure to recognize an abnormal neurologic exam;
kk. failure to recognize signs and symptoms of systemic compromise;
ll. failure to come into the hospital in the face of neurologic abnormalities;
mm. failure to timely treat seizures;
nn. failure to timely treat cardiorespiratory failure;
oo. failure to prevent cardiorespiratory failure;
pp. failure to recognize and treat cardiorespiratory compromise;
qq. failure to recognize and treat cerebral edema;
rr. failure to prevent cerebral edema;
ss. failure to recognize the significance of minor-plaintiff's dilated pupil;
tt. failure to diagnose and treat hyponatremia;
uu. failure to timely give phenobarbitol;
vv. failure to timely transfer to the appropriate medical center; and
ww. failure to recognize and treat abnormal respiratory patterns.

72. Defendant Hospital and defendant G.A.M.A. undertook and/or assumed a duty to render reasonable, proper, adequate, and appropriate care to plaintiffs and to avoid harm to them, which duty was breached by defendants.

73. Plaintiffs relied on the knowledge, treatment, and advice of defendant Hospital and defendant G.A.M.A.

74. The carelessness and negligence of defendant Hospital and defendant G.A.M.A., as set forth above, increased the risk of harm and was a substantial factor in causing the injuries and damages suffered by plaintiffs.

WHEREFORE, plaintiffs demand damages against defendant Dubois Regional Medical Center and defendant Gateway Area Medical Associates, Inc. in an amount in excess of Fifty Thousand ($50,000.00) Dollars, and in excess of the prevailing arbitration limits, exclusive of prejudgment interest, post-judgment interest and costs, and for punitive damages, on each count against defendants.

COUNT THREE: Negligence of Defendant Dubois Regional Medical Center under Thompson v. Nason
Plaintiffs, Ayden Shaffer-Doan, a minor, by his parents and natural guardians, Timothy Doan and Karen Shaffer, and Timothy Doan and Karen Shaffer, in their own right vs. Dubois Regional Medical Center

75. The paragraphs and allegations stated above are incorporated hereby by reference and made a part hereof as if set forth in full.

76. Defendant, Dubois Regional Medical Center, individually, and acting through their authorized agents servants, workmen and employees were careless and negligent in one or more of the following particular respects:

a. failing to have physicians appropriate in number, training and/or experience to diagnose, attend to and treat minor-plaintiff and/or make decisions regarding his care, when they knew or should have known of the lack of such measures and the need for such measures;
b. failing to ensure that minor-plaintiff received appropriate attention from appropriately trained, credentialed and experienced physicians in a prompt manner under the circumstances set forth above, when they knew or should have known of the lack of such measures and the need for such measures;
c. failing to adopt and/or enforce appropriate rules, guidelines, procedures or protocols with respect to the management of patients and/or transfer of patients such as minor-plaintiff by appropriately trained physicians when they knew or should have known of the lack of such measures and the need for such measures;
d. failing to adopt and/or enforce appropriate rules, guidelines, procedures or protocols with respect to communication between and among health care professionals and transferring patients such as minor-plaintiff when they knew or should have known of the lack of such measures and the need for such measures;
e. failing to adopt and/or enforce appropriate rules, guidelines, procedures or protocols with respect to determining when, for patients like minor-plaintiff, there was a neurological emergency when they knew or should have known of the lack of such measures and the need for such measures;
f. failing to adopt and/or enforce appropriate rules, guidelines, procedures or protocols with respect to having physicians on-call and in the hospital during over-night hours when they knew or should have known of the lack of such measures and the need for such measures;
g. failing to adopt and/or enforce appropriate rules, guidelines, procedures or

protocols with respect to the administration of appropriate medications for seizure activity in patients like minor-plaintiff when they knew or should have known of the lack of such measures and the need for such measures

h. failing to adopt and/or enforce rules, guidelines, procedures or appropriate protocols with respect to the involvement of attending physicians in the care of a patient such as minor-plaintiff and/or the supervision of residents and nurses in their care of patients such as minor-plaintiff when they knew or should have known of the lack of such measures and the need for such measures;

j. failing to have and to maintain appropriate facilities and equipment that would have enabled physicians to perform a timely evaluation of minor-plaintiff;

k. failing to ensure that appropriate facilities and equipment were immediately available at the hospital for evaluation and treatment of minor-plaintiff;

l. failing to have appropriate staff, including physicians, nursing staff and other personnel available for evaluation of minor-plaintiff;

m. accepting minor-plaintiff as a patient when they knew or should have known that they did not have appropriate facilities, equipment and/or healthcare professionals to attend to him and provide to him the level of care he needed and/or and the level of care it should have been anticipated he may need;

n. failing to select and retain only competent physicians, nurses and others;

o. failing to oversee all persons who practice medicine within its walls as to patient care; and

p. failing to formulate, adopt, and enforce adequate rules and policies to ensure quality care for patients including failure to adopt policies, procedures, guidelines such as those plead above in paragraphs a through.

77. Defendant Hospital undertook and/or assumed a duty to render reasonable, proper, adequate and appropriate medical care to plaintiffs and to avoid harm to them, which duty was breached by defendant Hospital.

78. Plaintiffs relied on the knowledge, treatment and advice of defendant Hospital.

79. The carelessness and negligence of defendant Hospital, as set forth above, increased the risk of harm and was a substantial factor in causing the injuries and damages suffered by plaintiffs as set forth more fully above.

WHEREFORE, plaintiffs demand damages against defendant, Dubois Regional Medical

Center, in an amount in excess of Fifty Thousand ($50,000.00) Dollars, and in excess of the prevailing arbitration limits, exclusive of prejudgment interest, post-judgment interest and costs, and for punitive damages, on each count against defendants.

COUNT FOUR: Negligence of Dubois Regional Medical Center for the Acts of its Residents, Nurses, Nurse Practitioners and Other Employees Who Cared for Minor-plaintiff
Plaintiffs V. Dubois Regional Medical Center

80. The paragraphs and allegations stated above are incorporated hereby by reference and made a part hereof as if set forth in full.

81. Defendant Dubois Regional Medical Center, acting through its authorized agents servants, workmen and employees were careless and negligent in one or more of the following particular respects:

a. failure to ensure that minor-plaintiff was in the hands of appropriately trained and experienced physicians;
b. failure to properly supervise resident physicians at defendant hospital;
c. failure to properly supervise nurses at the hospital;
d. failure to keep apprised of and/or be aware of the condition of minor-plaintiff;
e. failure to properly instruct the nursing staff and/or resident physicians with respect to the management of minor plaintiff's care;
f. failure to properly instruct the nursing staff and/or resident physicians with respect to the conditions under which seizure required urgent neurological intervention;
g. failure to properly instruct the nursing staff with respect to the circumstances under which physicians should be called for evaluation;
h. failure to properly instruct the nursing staff with respect to the circumstances under which attending physicians should be called for evaluation;
i. failure to be aware of and/or respond promptly to minor-plaintiff's condition;
j. failure to prevent hyponatremic encephalopathy;
k. causing acute hyponatremia;
l. failure to diagnose hyponatremia;

m. failure to treat and correct hyponatremia;
o. failure to properly estimate the degree of dehydration;
p. failure to calculate a fluid deficit;
q. failure to identify the type of dehydration involved;
r. failure to diagnose and treat shock;
s. causing fluid overload;
t. failure to obtain a STAT neurological consult;
u. failure to timely arrange for transfer;
v. failure to appreciate the severity of minor-plaintiff's condition;
w. failure to prevent neurological emergency;
x. failure to get a STAT EEG;
y. failure to consult with a neurologist;
z. failure to investigate seizures;
aa. failure to diagnose seizures;
bb. failure to treat seizures;
cc. failure to recognize signs and symptoms of seizures;
dd. failure to order proper diagnostic tests in the face of seizures;
ee. failure to recognize status epilepticus;
ff. failure to prevent status epilepticus;
gg. failure to treat desaturation;
hh. failure appreciate the significant of periodic breathing episodes;
ii. failure to prevent neurologic emergency;
jj. failure to recognize an abnormal neurologic exam;
kk. failure to recognize signs and symptoms of systemic compromise;
ll. failure to come into the hospital in the face of neurologic abnormalities;
mm. failure to timely treat seizures;
nn. failure to timely treat cardiorespiratory failure;
oo. failure to prevent cardiorespiratory failure;
pp. failure to recognize and treat cardiorespiratory compromise;
qq. failure to recognize and treat cerebral edema;
rr. failure to prevent cerebral edema;
ss. failure to recognize the significance of minor-plaintiff's dilated pupil;
tt. failure to diagnose and treat hyponatremia;
uu. failure to timely give phenobarbitol;
vv. failure to timely transfer to the appropriate medical center; and
ww. failure to recognize and treat abnormal respiratory patterns.

82. Defendant Hospital undertook and/or assumed a duty to render reasonable, proper, adequate and appropriate medical care to plaintiffs and to avoid harm to them, which duty was breached by defendants.

83. Plaintiffs relied on the knowledge, treatment and advice of defendant Hospital.

84. The carelessness and negligence of defendant Hospital, as set forth above, increased the risk of harm and was a substantial factor in causing the injuries and damages suffered by plaintiffs as set forth more fully above.

WHEREFORE, plaintiffs demand damages against defendant Dubois Regional Medical Center, in an amount in excess of Fifty Thousand ($50,000.00) Dollars, and in excess of the prevailing arbitration limits, exclusive of prejudgment interest, post-judgment interest and costs, and for punitive damages, on each count against defendants.

KLINE & SPECTER
A Professional Corporation

By: _____
SHANIN SPECTER, ESQUIRE
MARCIA F. ROSENBAUM, ESQUIRE
LEON AUSSPRUNG, ESQUIRE
Dated: Attorneys for Plaintiffs

EXHIBIT "A"

KLINE & SPECTER
A PROFESSIONAL CORPORATION

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	Civil Division
Plaintiffs,	**Civil Action - Medical Professional Liability Action**
vs.	
RICHARD GROUT, M.D. 635 C. Maple Avenue Dubois, PA 15801	JURY TRIAL DEMANDED
	TYPE OF PLEADING: COMPLAINT
and	
SUNDAR CHANDRASEKHAR, M.D. c/o DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	COUNSEL OF RECORD FOR PLAINTIFFS: SHANIN SPECTER, ESQUIRE I.D. No. 40928 MATTHEW A. CASEY, ESQUIRE I.D. No. 84443
and	
DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	**KLINE & SPECTER** **A Professional Corporation** 19th Floor Philadelphia, PA 19102 215-772-1000
and	
GATEWAY AREA MEDICAL ASSOCIATES, INC. 635 C Maple Avenue Dubois, PA 15801	

Certificate of Merit as to Richard Grout, M.D.

I, Matthew A. Casey, certify that:

An appropriate licensed professional has supplied a written statement to the undersigned that there is a basis to conclude that the care, skill or knowledge exercised or exhibited by this defendant in the treatment, practice or work that is the subject of the complaint, fell outside acceptable professional standards and that such conduct was a cause in bringing about the harm.

Date: 3-23-05

MATTHEW A. CASEY, ESQUIRE

KLINE & SPECTER
A PROFESSIONAL CORPORATION

EXHIBIT "B"

KLINE & SPECTER
A PROFESSIONAL CORPORATION

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	Civil Division
Plaintiffs,	**Civil Action - Medical Professional Liability Action**
vs.	
RICHARD GROUT, M.D. 635 C. Maple Avenue Dubois, PA 15801	JURY TRIAL DEMANDED
and	TYPE OF PLEADING: COMPLAINT
SUNDAR CHANDRASEKHAR, M.D. c/o DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	COUNSEL OF RECORD FOR PLAINTIFFS: SHANIN SPECTER, ESQUIRE I.D. No. 40928 MATTHEW A. CASEY, ESQUIRE I.D. No. 84443
and	
DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	**KLINE & SPECTER** **A Professional Corporation** 19th Floor Philadelphia, PA 19102 215-772-1000
and	
GATEWAY AREA MEDICAL ASSOCIATES, INC. 635 C Maple Avenue Dubois, PA 15801	

Certificate of Merit as to Sundar Chandrasekhar, M.D.

I, Matthew A. Casey, certify that:

An appropriate licensed professional has supplied a written statement to the undersigned that there is a basis to conclude that the care, skill or knowledge exercised or exhibited by this defendant in the treatment, practice or work that is the subject of the complaint, fell outside acceptable professional standards and that such conduct was a cause in bringing about the harm.

Date: 3-23-05

Matth C

MATTHEW A. CASEY, ESQUIRE

EXHIBIT "C"

KLINE & SPECTER
A PROFESSIONAL CORPORATION

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right, Plaintiffs, vs. RICHARD GROUT, M.D. 635 C. Maple Avenue Dubois, PA 15801 and SUNDAR CHANDRASEKHAR, M.D. c/o DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801 and DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801 and GATEWAY AREA MEDICAL ASSOCIATES, INC. 635 C Maple Avenue Dubois, PA 15801	Civil Division **Civil Action - Medical Professional Liability Action** JURY TRIAL DEMANDED TYPE OF PLEADING: COMPLAINT COUNSEL OF RECORD FOR PLAINTIFFS: SHANIN SPECTER, ESQUIRE I.D. No. 40928 MATTHEW A. CASEY, ESQUIRE I.D. No. 84443 **KLINE & SPECTER** **A Professional Corporation** 19th Floor Philadelphia, PA 19102 215-772-1000

Certificate of Merit as to Dubois Regional Medical Center

I, Matthew A. Casey, certify that:

The claim that this defendant deviated from an acceptable professional standard is based solely on allegations that other licensed professionals for whom this defendant is responsible deviated from an acceptable professional standard and an appropriate licensed professional has supplied a written statement to the undersigned that there is a basis to conclude that the care, skill

or knowledge exercised or exhibited by the other licensed professionals in the treatment, practice or work that is the subject of this complaint, fell outside acceptable professional standards and that such conduct was a cause in bringing about the harm.

Date: 3-23-05

Matth C

MATTHEW A. CASEY, ESQUIRE

KLINE & SPECTER
A PROFESSIONAL CORPORATION

EXHIBIT "D"

KLINE & SPECTER
A PROFESSIONAL CORPORATION

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,	Civil Division
Plaintiffs,	**Civil Action - Medical Professional Liability Action**
vs.	
RICHARD GROUT, M.D. 635 C. Maple Avenue Dubois, PA 15801	JURY TRIAL DEMANDED
and	TYPE OF PLEADING: COMPLAINT
SUNDAR CHANDRASEKHAR, M.D. c/o DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	COUNSEL OF RECORD FOR PLAINTIFFS: SHANIN SPECTER, ESQUIRE I.D. No. 40928 MATTHEW A. CASEY, ESQUIRE I.D. No. 84443
and	
DUBOIS REGIONAL MEDICAL CENTER 100 Hospital Avenue Dubois, PA 15801	**KLINE & SPECTER** **A Professional Corporation** 19th Floor Philadelphia, PA 19102 215-772-1000
and	
GATEWAY AREA MEDICAL ASSOCIATES, INC. 635 C Maple Avenue Dubois, PA 15801	

Certificate of Merit as to Gateway Area Medical Associates

I, Matthew A. Casey, certify that:

The claim that this defendant deviated from an acceptable professional standard is based solely on allegations that other licensed professionals for whom this defendant is responsible deviated from an acceptable professional standard and an appropriate licensed professional has supplied a written statement to the undersigned that there is a basis to conclude that the care, skill

or knowledge exercised or exhibited by the other licensed professionals in the treatment, practice or work that is the subject of this complaint, fell outside acceptable professional standards and that such conduct was a cause in bringing about the harm.

Date: 3-23-05

MATTHEW A. CASEY, ESQUIRE

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,
Plaintiffs

vs.

RICHARD GROUT, M.D., SUNDAR CHANDRASEKHAR, M.D., DuBOIS REGIONAL MEDICAL CENTER and GATEWAY AREA MEDICAL ASSOCIATES, INC.,
Defendants

NO. 05-418-CD

I hereby certify this to be a true and attested copy of the original

MAY 19 2006

Prothonotary/
Clerk of Courts

AMENDED ORDER

NOW, this 18th day of May, 2006, it is the ORDER of this Court as follows:

1) The last day for the Plaintiff to file expert reports relative to issues of liability and damages shall be July 17, 2006;

2) The last day for the Defense to file their expert reports in response to Plaintiffs' expert reports shall be October 16, 2006;

3) The last day for the Plaintiffs' to file their rebuttal expert reports shall be November 15, 2006;

4) The last day for the filing of any rebuttal Defense expert reports shall be December 15, 2006;

5) The last day for any party to file a Motion in Limine (with brief) and/or Motions for Summary Judgment (with brief) shall be December 15, 2006;

6) The Court Administrator shall cause the case to be placed on the Trial List in December of 2006 in order that the jury may be selected in January, 2007.

7) Jury Trial, which is estimated to be ten (10) days in length, will be held on February 19, 20, 21, 22, 23, 26, 27, 28, March 1 and 2, 2007.

BY THE COURT,
/s/ Fredric J. Ammerman
FREDRIC J. AMMERMAN
President Judge