05-418-CD Shaffer-Dean vs Grant et

2nd Folder

Empty

05-814-900C

Different Exhibit List then in file. Not sure if this an original or not.

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

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	Deposition of George Palmer, D.O.
Exhibit C	Deposition of Patricia Peoples, R.N.
Exhibit D	Summary of Nursing Notes
Exhibit E	Affidavit of Karen Shaffer
Exhibit F	Affidavit of Timothy Doan
Exhibit G	Answer and New Matter of Defendant Sundar Chandrasekhar, M.D. to Plaintiff's Complaint
Exhibit H	Deposition of Karen Shaffer
Exhibit I	Deposition of Timothy Doan
Exhibit J	Deposition of Sundar Chandrasekhar, M.D.

Exhibit K	Expert Report and Curriculum Vitae of Linda Snelling, M.D.
Exhibit L	Expert Report and Curriculum Vitae of Walter Molofsky, M.D.
Exhibit M	Expert Report and Curriculum Vitae of Denis S. Atkinson, M.D.

Exhibit 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 OPEN
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.

KLINE & SPECTER
A PROFESSIONAL CORPORATION

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.

KLINE & SPECTER
A PROFESSIONAL CORPORATION

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, 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

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

Matt 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	:	
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

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 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

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

MATTHEW A. CASEY, ESQUIRE

Exhibit B

AYDEN SHAFFER-DOAN VS RICHARD GROUT, M.D., DEPOSITION OF GEORGE PALMER, D.O., 10/13/05

Page 1 to Page 81

CONDENSED TRANSCRIPT AND CONCORDANCE
PREPARED BY:

AKF Reporters, Inc.
436 Boulevard of the Allies
Pittsburgh, PA 15219-1314
Phone: 1-888-253-3376
FAX: 1-412-261-2537

Page 5

A. Yes, I have.
Q. You're already following instructions that I'm going to, I guess, give you anyway. It's important so the court reporter can keep as accurate and clean a transcription of what we say today that you try and let me finish my question before you answer it, and I will try to do the same for you so that my questions don't overlap with your answers, all right?
A. Yes.
Q. If you don't understand a question, you can ask me to restate it or tell me you just don't understand the question, and I will try and rephrase it in a way that is more understandable, okay?
A. Okay.
Q. Sir, where did you attend medical school?
A. I attended medical school Kansas City College of Osteopathic Medicine in Kansas City, Missouri.
Q. And did you receive your degree from there?
A. Yes, I did.
Q. What degree did you receive?
A. Doctor of Osteopath.
Q. Otherwise known as a D.O. degree?

Page 6

A. That is correct.
Q. And what year was that?
A. The year was 1977.
Q. Tell me about your medical training after that time after you leave -- after you received your D.O. degree. What next?
A. After I finished four years at Kansas City College of Osteopathic Medicine, I went to Doctors Osteopathic Hospital in Erie, Pennsylvania, and did a one-year rotating internship there. That was from 1977 to 1978.
Q. Yes.
A. From 1978 to 1979, I was aboard the aircraft -- excuse me, I was aboard an amphibious ship, the United States Navy USS Austin, an LPD 4, and was a general medical officer for a year.
Q. What next?
A. From 1979 to 1983, I pursued a general surgery residency in Kansas City, Missouri, and I finished four years of general surgery at Lakeside Hospital, Kansas City, Missouri.
Q. Please continue.
A. In 1983 to 1984, I was aboard the USS Independence CV62 as a ship's surgeon, and I finished one year of deployment. There from

Page 7

1984 to 1985, I spent time at the naval hospital in Charleston, South Carolina. And during that time, I was aboard another aircraft carrier, USS Eisenhower CV69, and I did another deployment.
Q. That takes us to what year?
A. That takes us to 1986.
Q. Tell me what next for you.
A. I went to Lancaster, Pennsylvania, in a job in the emergency department there at Community Hospital of Lancaster, and I worked in the emergency room there for ten years from 1986 to 1996.
Q. Let me stop you there for a second. When you say you worked in the emergency room there, tell me what you were doing.
A. Practicing emergency medicine.
Q. All right, and then in 1996, you leave Lancaster to go where?
A. I left Lancaster in 1996, and I came -- I was an independent contractor, and I worked at hospitals here in this area, DuBois Regional Medical Center, Clearfield Hospital, St. Mary's Hospital.
Q. When you tell me you were an independent

Page 8

contractor, am I to understand that you had your own professional corporation or that you just contracted your services to these medical facilities individually?
A. I contracted my services individually to these hospitals.
Q. All right, and what medical services were you providing to these facilities during those years?
A. Emergency medicine.
Q. Between '86 and '96, did you receive any additional medical training? I know that you were practicing at Lancaster, the Community Hospital of Lancaster, but did you receive any additional training during that time, formal medical training?
A. No, I did not.
Q. At this point, my understanding is that you -- after you're receiving your D.O. degree in Kansas City in 1977, your only other formal medical training was the general surgery residency in Kansas City from 1979 to 1983. Am I correct?
A. You're correct.
Q. And tell me again. After leaving Lancaster in

Page 9

1996, you worked as an independent contractor for the hospitals that you told me about, DuBois, Clearfield, and St. Mary's, for how many years in that capacity?
A. Approximately one year.
Q. Did you apply for any position at any of those medical facilities before leaving Lancaster?
A. No, I did not.
Q. So you made no attempt before leaving Lancaster to get a job at either DuBois, Clearfield, or St. Mary's? And what I mean by getting a job is actually becoming an employee at one of those places.
A. That's correct.
Q. In 1997, I assume that you did something else. You were an independent contractor for one year from 1996 to '97. What next?
A. Then I applied as an independent contractor to DuBois Regional Medical Center. I accepted the job at DuBois Regional Medical Center.
Q. That's interesting to me. Is there any reason why you waited a year do it? Is there some contractual reason that you couldn't apply upon leaving Lancaster?
A. I made more money as an independent contractor.

Page 10

Q. I just wanted to understand that how you came to apply to be an employee. And since 1997, you've been employed by DRMC?
A. That is correct.
Q. And I assume that, since 1997, you've been practicing emergency medicine?
A. That's correct.
Q. Have you done anything else at DRMC since 1997 other than the practice of emergency medicine?
A. No, I have not.
Q. Have you had any other medical practices outside of DRMC since 1997? In other words, do you have an office where you see patients?
A. No, I do not.
Q. Where in physically in DRMC -- obviously, I know it's the emergency room, but where do you spend your time at the hospital when you're not seeing patients?
A. Nowhere else.
Q. Do you have an office there?
A. No, I do not.
Q. Do you have a recollection of Ayden Shaffer-Doan coming into the ER on the night of December 6th?
A. Yes, I do.

Page 11

Q. And I gather that you looked at the ER medical records for that evening; am I correct?
A. You're correct.
Q. What other medical records have you seen other than the ER records?
A. No other records.
Q. Have you discussed Ayden Shaffer-Doan with any other medical providers at all since December 7th, 2001?
A. No, I have not.
Q. So you understand who the physicians are who are the Defendants in this case? You know who they are, Doctors Grout and Chandrasekhar?
A. Yes, I do.
Q. And you know them personally, I assume, or at one time did?
A. Yes, I do.
Q. And I just want to be sure I understand. You have not spoken to either one of those gentlemen since December 7, 2001, in any way at all about Ayden Shaffer-Doan?
A. That is correct.
Q. Have you discussed Ayden Shaffer-Doan with anyone affiliated with DRMC, not a medical provider but anybody who is in any way

Page 12

affiliated with DRMC, besides your attorney?
A. No, I have not.
Q. Have you received any correspondence or e-mails or any written communication of any kind from any person affiliated with DRMC about Ayden Shaffer-Doan?
A. No, I have not.
Q. Did you participate in any way in a peer review of what happened while Ayden Shaffer-Doan was at DRMC in December of 2001?
A. Can I talk to my --
Q. Sure.

(There was a discussion off the record.)

BY MR. CASEY:
Q. Would you like to hear the question again, sir?
A. Yes, sir.

(The record was read back by the Reporter.)

A. No, I have not participated in any peer review regarding this patient. However, I have talked briefly with Mr. Volpe.
BY MR. CASEY:

Page 13

Q. Mr. Volpe who is the risk manager of the hospital who is present today in the room for this deposition?
A. That is correct.
Q. When did you speak to him?
A. I can't recall.
Q. Can you give me some approximation of when it was? Was it days ago? Was it weeks ago? Was it years ago? Was it months ago? I skipped months.
A. I'll say months ago after this case.
Q. After this lawsuit was filed?
A. That is correct.
Q. And did Mr. Volpe call you and ask to speak to you?
A. Yes, he did.
Q. Where were you when you got the call from him? Do you remember?
A. No, I do not.
Q. Do you remember where -- well, first let me ask, did you speak with him about the circumstances of the case during this initial phone call that he placed to you?
A. No, I did not.
Q. Did he ask you to meet with him at some point

Page 14

to discuss the case?
A. Yes, he did.
Q. And did you then meet with him?
A. Yes, I did.
Q. Who was present in the room when you met with Mr. Volpe to discuss the Ayden Shaffer-Doan matter?
A. Just Mr. Volpe and myself.
Q. And where did the meeting take place?
A. At DRMC at his office.
Q. Tell me what you remember Mr. Volpe saying to you during this meeting.
A. The best that I can recall on our conversation was that he introduced this case to me, and then we discussed this case briefly. And at that time, I looked at the chart.
Q. I understand, and I expect that you discussed the case. What I'd like to know is, my question was what he told you. What did he say to you during the meeting?
A. That there is a lawsuit on this case.
Q. Right. Well, he knew that, I assume, before he called you, sir, so I'm trying to figure out what he was talking to you about.
MR. JOHNSON: I think he just told

Page 15

you. I think he answered the question.
MR. CASEY: I think he told me the subject which was discussed which I already know.
BY MR. CASEY:
Q. I'd like to know what he said to you about the case.
A. I can't recall the exact conversation with Mr. Volpe at that time.
Q. Why did he want to speak to you?
A. Because I was named.
Q. In an earlier filed lawsuit?
A. That is correct.
Q. And it is in relation to that lawsuit that he called you to speak?
A. That is correct.
Q. Did he do so again at any time after that meeting?
A. No, he did not.
Q. Did he convey to you in any way during that meeting his impression of the lawsuit, in other words, whether he thought the lawsuit had merit?
A. I can't recall that conversation.
Q. How long did the meeting take place?

Page 16

A. I don't know the exact amount of time.
Q. Can you give me an approximation?
A. Approximately 15 minutes.
Q. Did you take any notes during the meeting?
A. No, I did not.
Q. Was Mr. Volpe writing anything down when you were talking to him?
A. No, he was not.
Q. You remember that?
A. That is correct.
Q. Do you remember how the meeting adjourned? What was the result of the meeting, if anything?
A. I -- no, I can't remember exactly.
Q. Let me interrupt you right there. When I ask you a question, I'm not asking whether you remember verbatim, so if you have any recall of substance of what was discussed or even generally what was said, I'd like you to tell me that, okay?
A. Yes, sir.
Q. All right.
A. Mr. Volpe said he'll keep me informed.
Q. Did he discuss with you whether you would be represented by counsel?

Page 17

A. No, he did not.
Q. Did he discuss with you whether any person affiliated with the DRMC board of directors knew about the lawsuit?
A. No, he did not.
Q. Do you know anybody on the board of directors of this medical institution?
A. No, I do not.
Q. Can you remember anything, sir, about what Mr. Volpe said to you other than the fact that you discussed in general what the lawsuit was about? That's basically what I understand that you've told me.
A. That is correct.
Q. So did you review the Complaint together and say, this is what the case is about? Is that it?
A. That is correct.
Q. And then you looked at the medical records?
A. That is correct.
Q. What were you looking for when you looked at the medical records?
A. Of how this case became a lawsuit.
Q. Can you tell me clinically speaking what you were looking for in the medical records when

Page 18

you reviewed them with Mr. Volpe in his office?
A. I was basically looking for what the outcome was.
Q. Did you after that meeting discuss this patient with any other person affiliated with either DRMC or the Gateway Pediatrics practice?
A. No, I did not.
Q. Did you discuss the meeting that you had with Mr. Volpe with any person after it was over?
A. No, I did not.
Q. Did Mr. Volpe keep you informed as he said he would in any way after that meeting?
A. I can't recall.
Q. When do you next recall hearing about this lawsuit that you had been named as a defendant in?
A. I don't recall the exact time when I was -- the next time about this case.
Q. But at some point, you learned that you weren't a defendant in a lawsuit anymore, correct?
A. That is correct.
Q. The lawsuit went away, correct?
A. That is correct.
Q. How did you learn that fact?
A. I believe I called Mr. Volpe.

Page 19

Q. To see what was happening?
A. Yes.
Q. And what did he say?
A. No, back up. I asked for a list of my cases that were filed, and I found out that this case was dropped. And then I called Mr. Volpe and asked him about how this case was dropped.
Q. And what did he say?
A. He said that -- he said it was dropped.
Q. That's all you remember?
A. That's correct.
Q. When you were in Mr. Volpe's meeting at his office discussing the case, did he tell you that a member of the board of directors, an attorney, had talked to the family about the case?
A. Not at all.
Q. That's the first. You've heard nothing about any such subject?
A. That is correct.
Q. When did you after reviewing the medical records in Mr. Volpe's office next review the records, sir?
A. The best I can recall would be this case here, this time period.

Page 20

Q. Okay, recently within the last few days or even for perhaps this morning, is that the next time you reviewed them?
A. That is correct.
Q. All right, I asked you earlier if you have a recollection of the patient, this patient, coming into the ER, and I want to make sure you understand that I'm not talking about the words and the information that appears in the records.
I'd like to know if you have an independent recollection of it beyond what's actually written or typewritten on these documents. Do you, sir?
A. No, I don't.
Q. I mean, I know you see a lot of patients and that's why I'm asking you. So beyond what's in these records and written on these patients, you can't tell me anything, if I'm understanding you correctly, about what transpired that night; am I right?
A. That's correct.
Q. You don't remember details of any conversations with either the nurses or Ayden Shaffer-Doan's parents; am I right?

Page 21

A. That is correct.
Q. Can you put the ER record in front of you, please? And you can follow along with me.
MR. CASEY: Off the record a second.
- - - -
(There was a discussion off the record.)
- - - -
BY MR. CASEY:
Q. All right, Doctor Palmer, I'm going to mark as Palmer 1 the first page -- well, it's actually marked as Page 2 of 7 of the emergency department record. Do you have that in front of you, sir? No, you don't.
MR. CASEY: Do you mind if I look at that copy, David? I know you have something highlighted. All right, that's it. Got it, okay. I think I have it right now.
BY MR. CASEY:
Q. All right, Page 1 of 7 of the emergency department record, Doctor Palmer, are you with me?
A. Yes, I am.
Q. At the top, the time is indicated as 22:54 or 34; am I right?
A. I'm not sure.

Page 22

Q. Do we have an original chart here?
MR. VOLPE: I don't have it here.
MR. CASEY: Is anybody's copy any clearer so we can -- just on this one issue pin this down whether that's 22:34 or 22:54? It looks to me like 22:34.
MR. JOHNSON: It is what it is, and it looks as good as any number to me.
A. The next page --
BY MR. CASEY:
Q. Yes?
A. -- where it has the emergency physician record, pediatric illness, it has 23:40 on the top.
Q. That is 23:34. Yes, that is 23:40.
A. So I would think this was 23:34.
MR. JOHNSON: It looks like 23:34.
MR. CASEY: Well, I want to make sure we get the original records before we say one way or the other what it is, because I can't read it, and I don't think this witness can read it. And there is information cut off at the bottom of these pages as well.
BY MR. CASEY:
Q. It says time seen, sir, on the emergency physician's record, pediatric illness, 23:40,

Page 23

in Exam Room 4; am I right?
A. That is correct.
Q. On the first page, emergency department record, Page 1 of 7, is that your handwriting?
A. No, it is not.
Q. Do you recognize the handwriting?
A. No, I do not of who was writing this.
Q. What is the significance on this emergency department record of the three boxes up next to the time, one being emergent, the next urgent, and the third nonurgent? What is the significance of those categories?
A. I believe the emergent is life threatening. Urgent is see the patient as soon as possible, and nonurgent, there could be a delay in seeing the patient.
Q. And the urgent, the box for urgent is checked, correct?
A. That is correct.
Q. Nothing is checked to indicate the patient's condition on arrival; am I right?
A. That is correct.
Q. Can you read what is written under chief complaint?
A. It has an arrow going down meaning decrease in

Page 24

activity, reporting not looking right, reporting possible seizure; head went back, arm tensed up. I don't know what the next letters are, 3, I believe, second, s-e-c, seconds, and then pale.
Q. And this form, I believe it's filled out by the ER nurse, correct?
A. That is correct.
Q. And do you expect that you actually looked at this record before seeing the patient?
A. Yes, I did.
Q. And that's what your custom and practice would be?
A. That is correct.
Q. All right, it indicates that this baby's temperature on arrival was 98.7. His pulse was 141. Under respirations, it's indicated that they were scored at a 52 and shallow, correct?
A. That is correct.
Q. The pain scale is zero out of 10. The O2 saturation is 94, and the weight, 7.11 kilograms, correct?
I'm sorry, that's not right, is it?
A. No.
Q. Tell me what it is.

Page 25

A. It's 7 point -- 7 pounds, 11 ounces.
Q. Right, 32 kilograms?
A. And 3.2 kilograms.
Q. 3.2 kilograms, okay.
MR. CAVANAUGH: Big baby.
- - - -
(There was a discussion off the record.)
- - - -
BY MR. CASEY:
Q. 7.11 pounds and 3.2 kilograms, correct?
A. That is correct.
Q. Do you recognize any of the signatures on this page?
A. Yes, I do.
Q. Please tell me which ones.
A. My signature at the bottom of this page.
Q. And that indicates, I assume, that you've reviewed this and in some fashion participated in ordering certain studies to be done for the patient?
A. That is correct.
Q. Do you recognize the signature of the triage nurse?
A. No, I do not.
Q. The writing under physician report, I assume,

Page 26

sir, is your own; is that right?
A. That is correct.
Q. You have for your exam time 23:35, correct?
A. That is correct.
Q. Can you read your note, please, on this first page?
A. Accucheck, 8 zero. NS, which is normal saline .9 percent, 1,000 CC, dash, 60 CC bolus, dash, D5, one-fourth normal saline, 20 CC, slash, HR which is hour. Dehydration, lethargy secondary above. Bottom, discussed case with Doctor Grout.
Q. Do you believe that you discussed the case with Doctor Grout prior to writing your physician report or after writing your physician report?
A. After the report.
Q. Okay, so you ordered things to be done for this patient and then discussed it with Doctor Grout?
A. That is correct.
Q. Up in the upper right-hand corner, you have -- there are studies that were ordered for this patient, correct?
A. That is correct.
Q. What studies were done?

Page 27

A. CBC, basic metabolic profile, urinalysis, urine culture, blood culture and sensitivity times one, total bilirubin.
Q. Did Doctor Grout participate at all in the decision to order the studies that you ordered at this time?
A. No, he did not.
Q. How long do you believe you were with the patient?
A. I cannot recall.
Q. Should I expect that these pages that we've tried to get in the correct order here were filled out by either yourself or the triage nurse or an ER nurse, one of those three persons?
A. That is correct.
Q. And this first page that we've discussed has information recorded by a triage nurse and yourself, right?
A. That is correct.
Q. Why, sir, did you order the studies that you ordered as indicated in the upper right-hand corner?
A. I ordered the studies based on what I saw of the infant.

Page 28

Q. And what did you see that prompted these particular studies?
A. This little infant was dehydrated.
Q. That's it?
A. That's it.
Q. And you know that only by looking at these records because you don't remember anything, correct?
A. That is correct.
Q. The fluids that you ordered for the patient, they, I assume, were ordered because you believed the patient was dehydrated, correct?
A. That is correct.
Q. How did you arrive at the volume of an infusion rate for the fluids?
A. In a state of dehydration, you use an isotonic solution, and the number would be 20 CCs per kilogram.
Q. And you get that where, sir? Where did you learn to do that?
A. In Advanced Pediatric Life Support.
Q. Is that a class that you took?
A. That is correct.
Q. When did you take that class?
A. That's required every year. I take it every

Page 29

year, every two years.
Q. You're certified in pediatric life support?
A. That is correct.
Q. Do you keep a curriculum vitae? Do you have a CV, a resume?
A. Yes, I do.
MR. CASEY: Dave, you don't happen to have one here, do you?
MR. JOHNSON: Yes.
A. You had asked me for one, and I actually forgot it.
MR. CASEY: Thank you.
MR. JOHNSON: Yep.
BY MR. CASEY:
Q. Let's move to the next page. My copy on this page – off the record.

(There was a discussion off the record.)

BY MR. CASEY:
Q. All right, let's talk about the emergency physician record. This indicates a time seen of 23:40. Do you see that?
A. Yes, I do.
Q. Who is filling out this form?

Page 30

A. That's myself.
Q. Okay, and this is, I assume, the documentation that you make prior to writing the physician report that we just discussed on the previous page?
A. That is correct.
Q. Right. You go through this step-by-step process of examining the patient and assessing what you believe the patient needs, and you record that on these pages, correct?
A. That is correct.
Q. All right, in the upper left-hand corner, it indicates that the historian for you, the person from whom you received information about the patient, was the patient's mother, correct?
A. That is correct.
Q. Can you tell me what's indicated just below that? There's HX, slash, and then exam limited by. Can you read that and tell me what it means?
A. HX is history. Exam limited by the infant, 17 -- I have written 17 day.
Q. And that means you can't get information from the baby because he's only 17 days old?
A. That is correct.

Page 31

Q. Does it mean anything else other than that?
A. No.
Q. Under history of presence illness and chief complaint, you've circled diarrhea, correct?
A. That is correct.
Q. You have a slash through fever and cough; am I right?
A. That is correct.
Q. And does that mean that there was no fever and there was no cough?
A. That is correct.
Q. And I assume that because you didn't circle anything else besides diarrhea that you concluded that none of others applied?
A. That is correct.
Q. And then can you read your handwriting just underneath where I've been reading from?
A. Seventeen days, slash, seizure, slash, tense up, period. Decreased activity, possible seizure at home, slash, head went back, slash, seizure times three sec, seconds.
Q. All right, and that information is what you obtained from his mother?
A. That is correct.
Q. Tell me what you've recorded under current and

Page 32

associated symptoms as being applicable for this patient.
A. Runny nose, diarrhea, decreased activity, drinking less, abdomen under skin rash/diaper rash. Where it says sick contacts, two-year sick at home since yesterday.
Q. Does that mean they have a two-year-old that's been sick at home since the day before?
A. That is correct.
Q. Just up above, I know it may be more relevant to the right side of the page, but so I understand all the writing, in proximity to the drinking less, you have will not nurse; is that correct?
A. That is correct.
Q. And let's start now the upper right-hand corner, recently seen, slash, treated by doctor. Can you read to me what you've written there?
A. Yes, I can. Saw Doctor Siar yesterday, slash, in office, slash, quote, stomach virus, unquote.
Q. And under past history, you assess whether there is any past history that you believe to be relevant here, and you have concluded that

Page 33

none is significant, correct?
A. That's correct.
Q. And you've crossed out, among other things, seizure disorder, correct?
A. That is correct.
Q. So you concluded that there was no past history of a seizure disorder that was relevant to what this baby was experiencing when he got to the emergency room, correct?
A. Could you repeat that, please?
Q. Sure. You concluded that there was no past history of a seizure disorder that was relevant to what was happening for this baby when he was in the emergency room that evening, correct?
A. Can I have a minute?
Q. There's a question pending.
MR. JOHNSON: If you don't understand the question, just tell him you don't understand the question, and he can rephrase the question.
A. I don't understand the question.
BY MR. CASEY:
Q. Okay, let me ask you this. Based on your putting a line through seizure disorder, I want to know whether this form indicates that you

Page 34

considered whether a past seizure disorder existing before he got to the emergency room was relevant to what was happening in the emergency room?
MR. JOHNSON: I'm going to object to the form of that question. It's lacking the proper foundation.
BY MR. CASEY:
Q. You can answer it.
A. I'm sorry, sir, I can't answer that.
Q. Sir, why don't you tell me what it means that you have a line through seizure disorder under past history.
A. The line through this means that the little child did not have a history of any seizure disorder.
Q. Correct. And that's under past history, and you have it crossed out; is that correct?
A. That is correct.
Q. So before he got to your emergency room, he had no history of seizure disorder, correct?
A. That is correct.
Q. Tell me what you've written under other problems.
A. Did not cry during procedure, i.e., needle

Page 35

attempts.
Q. I missed something. Up above, it's something that I wanted to make sure I point out. You concluded that there were no problems in utero. There was no premature birth, and there were no complications at birth, correct?
A. That is correct.
Q. Why do you believe that it was significant enough for you to record it that the baby did not cry when you used the needle?
A. The baby was dehydrated and lethargic.
Q. Okay, but why would that go under other problems?
A. I believe I wrote this on the chart, not -- somewhere on the chart for my own recall.
Q. I understand. And then the rest of this page, I believe you've written, if I can decipher it, one half -- I can't. Why don't you tell me what it says.
A. Ounce.
Q. One-half ounce a day?
A. Yes.
Q. And to what is that referring?
A. That is the amount of fluid this child took.
Q. I see. And that is in conjunction with your

Page 36

note drinking less, won't nurse, and he's been drinking about one-half ounce of fluid a day?
A. That is correct.
Q. Immunizations up to date, no known allergies, and nothing significant under social history or family history, correct?
A. That is correct.
Q. All right, the next page, we have your physical exam, correct?
A. That is correct.
Q. Why don't you take me through it, sir, and tell me what you found in your physical exam. And please go through each of the recordings on the page on the left-hand side.
Let me suggest -- let me try and do it for you, and maybe we can get through it faster. You've checked no acute distress, correct?
A. That is correct.
Q. Under attentiveness, there's a box that you could have checked indicating that his attentiveness was normal for his age, and you did not check that; am I correct?
A. That is correct.
Q. There's also a box for good eye contact, and

Page 37

you did not check; is that correct?
A. That is correct.
Q. And there's a box that says sleeping, slash, easily aroused, and you did not check that; am I right?
A. That is correct.
Q. You have circled lethargic and weak cry, correct?
A. That is correct.
Q. And these are findings that you made upon examining the baby, correct?
A. That's correct.
Q. Under neuro, the only category that you've checked is capital CN apostrophe S normal as tested; am I right?
A. That is correct.
Q. What do you believe you did as part of your physical exam to reach that conclusion?
A. I checked the reactivity of the pupils with a light. That checks the cranial nerves which is CN.
Q. Anything else?
A. I checked the deep tendon reflexes.
Q. You would have done a full neurological exam, correct?

Page 38

A. Yes, sir.
Q. A full neurological exam would be specified in any medical textbook under how to do a neurological exam, correct?
A. That's correct.
Q. And you did a full neurological exam on this baby and found that he was neurologically stable, correct?
A. That is correct.
Q. How long does it take to do a full neurological exam?
A. I don't know the exact amount of time.
Q. It takes at least a few minutes, correct?
A. That is correct.
Q. And because you're an ER doctor, it's not your custom and practice to actually list all of the steps in a neuro-exam because you're in the emergency room, and you have other patients, correct?
A. That is correct.
Q. But you're familiar with the fact that when a neurological exam is done, each of those steps is typically recorded in the medical records for the patient upon whom the exam is being done, correct?

Page 39

A. That's correct.
Q. Under HEENT, tell me what you found there.
A. I checked PERRL, pupils equal reactive to light. I circled sunken eyes, sunken eyes. I circled dry mucous membranes. I circled decrease capillary refill greater than two seconds.
Q. And then you've written something there. What is that?
A. 140, slash, a minute. That's the heart, the pulse. Up on the top, I circled skin turgor, poor skin turgor.
Q. Excuse me, sir, what does poor skin turgor mean?
A. The skin is dry. It loses the elasticity and because of dehydration.
Q. You moved away from where I was near decreases capillary refill, and I want to go back to that. What is the clinical significance for you at this point for this baby finding a decreased capillary refill?
A. When you have a prolonged capillary refill, that means you don't have good profusion to the child or patient, and profusion means fluid. So the capillary refill would be delayed.

Page 40

Normal is less than two. This was greater than two.
Q. And what about the pulse finding of 140 that you've written in?
A. That's what I – that's what the child, the infant, had at the time I examined him.
Q. What was your conclusion regarding that finding as to its clinical significance?
A. It was rapid.
Q. And what was its clinical significance to you?
A. It means that there is – knowing the child and my examination, the child was dehydrated.
Q. You've also checked under cardiovascular systems heart sounds, normal, strong peripheral pulses, correct?
A. That is correct.
Q. All right, under respiratory, you found no respiratory distress and breath sounds normal, correct?
A. That is correct.
Q. No organomegaly under abdomen, correct?
A. That is correct.
Q. And nothing else on this left-hand side of the page that you found to be significant, right?
A. That is correct.

Page 41

Q All right, over, now, on the right-hand side under labs, X-rays, and progress notes, please read, first, your findings under the complete blood count that was done.
A. WBC, 12.82; Hgb, 13.7; Hct, 39.5; platelets, 531; segs, 22; bands, 21; lymphs, 42.
Q. Under chemistries, can you also read your findings, please?
A. Glucose, 69; BUN, 62; creatinine, .8; sodium, 138; potassium, 6.7; chloride, 103; CO2, 17 point -- I'm not sure of that last number.
Q. All right, again, we'll need to look at the original records to see if we can better decipher that. Under UA, what have you written in the number in the right-hand side of this box?
A. Bacteria plus 1; slightly cloudy.
Q. Under dip, what have you written?
A. Slightly.
Q. That's where you've written that, I'm sorry, slightly cloudy?
A. Slightly cloudy.
Q. Pulse ox, 95 percent at the bottom, correct?
A. That is correct.
Q. What is the significance of a 95 percent pulse

Page 42

ox for this baby to you in the ER?
A. That this 95 percent pulse oximetry on room air is acceptable at 95 percent of room air.
Q. What is not acceptable? When does 95 -- 95 is acceptable. When does it get into the unacceptable range?
A. My cut off is 90 percent.
Q. What do you worry about for a pediatric patient if their pulse ox goes below 90?
A. They're having -- if the pulse oximetry is less than 90, then they may be presenting with some respiratory distress.
Q. And it indicates poor profusion, correct?
A. No, sir.
Q. Okay, it is a predictor of poor profusion; is that fair?
A. No, sir.
Q. All right, at 3:15 a.m., which is the next note you have, you have that the baby has improved, correct?
A. That is correct.
Q. On what basis did you conclude that he had improved?
A. After the child was given a bolus of fluid, I felt clinically the child improved.

Page 43

Q. In what respect?
A. More active.
Q. Where do you record that?
A. I did not record it.
Q. What do you write under this 3:15 note?
A. Accucheck, 80.
Q. Is that a check for -- is that a glucose monitor?
A. That's correct. That's bedside glucose monitor.
Q. And what else? I'm sorry.
A. Admit, discussed case with Doctor Grout.
Q. And then you continue below. There's a box where you fill in what doctor you discussed it with. You fill in Doctor Grout. It's indicated he will see the patient not in his office, not in the emergency department, but in the hospital, correct?
A. That is correct.
Q. You've counseled the family regarding the lab results and your diagnosis, and you wrote your admit orders, correct?
A. That is correct.
Q. Under critical care to the right, what have you written in under the number of minutes?

Page 44

A. Thirty.
Q. What does that mean?
A. The time that I went, see the patient while he was in the emergency room, the times I went back to assess the child. I gave this time period, the time period here, 30 minutes.
Q. So you saw the patient between the time that he arrived and your writing this note at 3:15, about 30 minutes? Am I stating this correctly?
A. That is correct.
Q. All right, okay. Does that mean that you, yourself, saw him for 30 minutes during that time, or would it also include the nurses seeing him during that time?
A. That was just myself.
Q. And then you've circled the box for dehydration as your clinical impression, and you have home checked at the bottom under disposition as well as admitted. Can you explain that?
A. That was a mischeck. That was a mischeck on that.
Q. Did you consider sending the patient home?
A. Absolutely not.
Q. And you signed it, correct?
A. That is correct.

Page 45

Q. At what time did you call Doctor Grout?
A. I cannot recall the exact time.
Q. Based on your custom and practice, at what time do you expect that you called Doctor Grout?
A. Shortly after I examined the child, treated the child, and wrote my admitting orders.
Q. All right, so does that mean that it would have been sometime around 3:15 a.m., or would it have been earlier?
A. Around 3:15.
Q. Do you remember the conversation at all?
A. I can't -- I can't recall exactly verbatim the words I spoke to Doctor Grout.
Q. Right. My question was, do you remember the conversation at all?
A. Yes, I do.
Q. Please tell me what you remember. And I'm not talking about verbatim, sir. I'm talking about anything you remember about information exchanged between you and Doctor Grout.
A. I told Doctor Grout that I had a 17-day-old infant here that had poor intake for 2 days and has had some diarrhea stools. And to me clinically, the child appeared dehydrated, and I based that on the fact of talking to Doctor

Page 46

Grout that the child had sunken eyes, he was lethargic, and he had poor skin turgor.
And I went on to -- I went on to tell Doctor Grout what bloodwork I ordered and what I did in treating this dehydrated child, the infant. I told Doctor Grout that I gave him -- I told him some of the lab -- excuse me, the physical examination also I explained to him.
I told him about the capillary nailbed filling, and I did tell Doctor Grout that I did not find any other findings like any neurological deficits. I told Doctor Grout that I gave the child some fluids at 20 CCs per kilogram. The child weighed 3.2 kilograms, and I gave a bolus of 60 CCs of fluid.
And after my evaluation and the treatment with fluids, I told Doctor Grout I felt the child was -- appeared a little bit better in activity. Also I discussed with Doctor Grout the bloodwork, the results, and how I based my findings, those findings, on the conclusion of dehydration which was the BUN which was elevated and the CO2 of the electrolytes which were a little low, that which is indicative of dehydration. And then I

Page 47

said I wrote some orders, and I'd like to put this child in the hospital.
Q. And that's everything you can -- well, let me ask you this. Do you expect that you told Doctor Grout that there was the suspicion based on the history of a possible seizure at home?
A. Yes, I did.
Q. So you would have relayed to Doctor Grout, the neonatologist, the fact that there was a reported possible seizure at home?
A. That is correct.
Q. And you used that word seizure, correct?
A. That is correct.
Q. What do you remember Doctor Grout saying to you?
A. I can't recall.
Q. Okay, can you recall whether -- well, let me ask you this. If Doctor Grout had made any suggestions for you by way of additional things to order for this patient, they would be recorded in the ER records, correct?
A. No, sir.
Q. Okay, if he suggested things for you to include in your orders, they would not be included in the ER records?

Page 48

A. My order sheet.
Q. I see. And we have that in the hospital chart?
A. That is correct.
Q. And I want to make sure we read that. You've looked at that record. That order from the 3 o'clock time frame during the overnight hours is in your handwriting in the chart? I'll get to it in a second, but you've looked at that?
A. Yes.
Q. And that's your handwriting?
A. That is correct.
Q. Did Doctor Grout even discuss, to your recollection, anticonvulsants for this baby?
A. No, he did not.
Q. Did he discuss getting any neuroimaging for this baby?
A. No, he did not.
Q. Did he discuss an EEG and whether one of those tests was necessary?
A. No, he did not.
Q. When did you expect that the baby would next be seen by a physician after 3:15 a.m. and you admitted him?
A. I would hope as soon as possible.
Q. And did you convey that to Doctor Grout?

Page 49

A. I can't recall.
Q. Do you expect that you did?
A. Yes.
Q. And by as soon as possible, you mean like what everybody thinks as soon as possible means, like right as soon as possible, correct?
A. That's correct.
Q. Not as soon as possible like whenever you can get to it. As soon as possible, as soon as you can get yourself into the hospital to see this baby, correct?
MR. JOHNSON: Object to the form of the question.
MR. SOSNOWSKI: Object to the form.
BY MR. CASEY:
Q. Correct?
A. That's correct.
Q. Am I correct?
A. Yes.
Q. Did you suggest to him that he come into the hospital?
A. I can't recall.
Q. Do you expect that you did, sir?
A. I cannot recall.
Q. When did you want in terms of minutes or hours

Page 50

the neonatologist, Doctor Grout, to see this baby?
A. I would like to have the attending come in within an hour.
Q. The rest of the record, you have what page next? That's what I have next. We're making progress. Whose handwriting is that? A nurse?
A. That is correct.
Q. Do you recognize the initials on the right-hand side of the page?
A. No, I do not.
Q. Do you recognize the signature at the bottom?
A. No, I do not.
Q. The next page, what do you have? Is that right? Yes. This is emergency department record, Page 2 of 7 which we have next. Is this handwriting your own on this page?
A. No, it is not.
Q. It's a triage nurse, correct?
A. That is correct.
Q. The triage nurse under past medical history has the box checked for noncorrect?
A. That is correct.
Q. I believe I can read the rest of the information on this page. Look at the bottom

Page 51

of this major under monitors, slash, equipment. Do you know what that means when they have oxygen 2 circled, the number 2?
A. Yes, sir.
Q. What does it mean?
A. Two liters a minute.
Q. And what does NC mean, the box that's checked?
A. Nasal cannula.
Q. And the hope is, when you put the baby on a nasal cannula, his oxygen saturations will get better, correct?
A. That is correct.
Q. Why in your estimation as the ER physician was he put on a nasal cannula in the ER?
A. That's supplement oxygen. That's more routinely given to a patient that comes in.
Q. Do you think it's related to the fact that he was found to have shallow respirations?
A. No.
Q. It's just something you would routinely do for a baby like this who came into the ER?
A. That's correct.
Q. Under circulation on this page, there are seven choices, normal, mottled, ashen, sallow, pale, cyanotic, and jaundice, correct?

Page 52

A. That is correct.
Q. And the box for pale is checked; am I right?
A. That is correct.
Q. What does the word mottled mean?
A. Mottled is a bluish discoloration of the extremities due to poor profusion.
Q. A serious finding in an 18-day-old baby if it had existed when you saw him, correct?
A. Yes.
Q. What do you have on the next page, Doctor Palmer? Okay, again, we're doing well. Can you read what's in that box under miscellaneous?
A. Yes, I can.
Q. Let me see if I can read it. Yes, I can read it. What do you have as the next page? Okay, that's a note at 2:43 a.m. in the ER?
A. Oh, I'm sorry, yeah. Yes, sir.
Q. Pulse, 119; respirations, 50; pulse oximeter, 100 percent; is that right?
A. That's correct.
Q. What do you make of respirations of 50 at this point?
A. That is acceptable.
Q. That's acceptable?

Page 53

A. Yes.
Q. Is it low?
A. It's high.
Q. I'm sorry, what is the normal range?
A. I don't know the exact number.
Q. How is it that you know that it's high?
A. Well, 50 is a high number for respirations. I don't know the exact respirations for this infant, this aged infant.
Q. What do you have as the next page? All right, and next? Nothing on this page at which we're looking now is your handwriting; am I right?
A. That is correct.
Q. Okay, that's the end of your set of ER records; am I right?
A. That is correct.
Q. And we've marked that collection of records as Exhibit 1.
How is it that you knew to contact Doctor Grout as opposed to somebody else?
A. I asked the unit secretary: Who is the physician on call tonight?
Q. The neonatologist on call or the pediatrician on call?
A. Yes.

Page 54

Q. Which one?
A. It was Doctor Grout.
Q. I mean, what would you ask the unit secretary? I need a pediatrician?
A. Who is covering – I'm sorry, I would ask the unit secretary – first of all, I would look at who's the attending, who's the attending doctor, Doctor Siar. I would ask: Who is covering for Doctor Siar tonight.
The unit secretary would respond and say Doctor Siar is on tonight, or she would say whoever would be covering. And in this situation, it would be Doctor Grout.
Q. Okay, and then you have admitting privileges. You can admit the baby into the hospital, you, yourself?
A. That is correct.
Q. So you Doctor Palmer admitted this baby into the hospital, correct?
A. That is correct.
Q. And did you then tell the family that a physician on call would be in to see their baby?
A. That is correct. Can I back up on that?
Q. Sure.

Page 55

A. Once I sign – once I called the attending physician, the attending physician, which would have been Doctor Grout, takes over the care of this case.
Q. I understand that. But you didn't – you knew to contact Doctor Grout by speaking to the unit secretary and said: I need a doctor who's on call to see babies. Correct?
A. That is correct.
Q. And then she looked at her list, and she saw that Doctor Grout was on call. And you called Doctor Grout; is that correct?
A. That is correct.
Q. And once you make that call telling him you're admitting the patient, it's Doctor Grout's baby; is that correct?
A. That is correct.
Q. The family didn't come to you and say, we want Doctor Grout or Doctor Siar? That was your job, and you went to the hospital people to get Doctor Grout or whoever was on call that night to see babies, correct?
MR. JOHNSON: Object to the form of the question.
BY MR. CASEY:

Page 56

Q. Am I right?
A. That is correct.
Q. That's not something you would discuss with the family. You would get the doctor who was on call, right?
A. That is correct.
MR. SOSNOWSKI: Matt, can we take a short break?
- - - -
(There was a recess in the proceedings, and Exhibit 1 marked for identification.)
- - - -
MR. JOHNSON: Matt, before you resume your questioning of Doctor Palmer, I wanted to let you know that I think there were a couple of things at the end of Doctor Palmer's testimony that you may want to ask him about, because potentially the answers were misleading in response to the questions.
The one is that he does not have admitting privileges, so the patient actually is only admitted after he contacts some physician for that purpose, and that physician then is the one who actually admits the patient to that physician's service.

Page 57

And secondly, with regard to Doctor Siar, the reason that the inquiry was made regarding Doctor Siar was because that group would identify as the pediatrician for the child.

MR. CASEY: Well, I don't have any additional questions. His answers will stand on their own.

BY MR. CASEY:

Q. Sir, you've been working at DRMC now for how many years?

A. Approximately seven years.

Q. And I gather that it's a daily part of your practice to have to go through the steps necessary to admit a patient, correct?

A. That is correct.

Q. So when I asked you those questions a minute ago before the break, I was asking you about something that you're intimately familiar with because you do it on a daily basis, correct?

A. That's correct.

Q. And these records tell me, as does your testimony, that you admitted the patient?

MR. JOHNSON: Object to the form of the question.

Page 58

BY MR. CASEY:

Q. Okay, is there anything in these records that says that anybody but yourself admitted this patient?

A. I'm sorry, would you repeat that?

Q. Sure. There's nothing in these records which you have reviewed both yourself prior to this deposition and with me today as well as months ago with Mr. Volpe, there's nothing in the records to indicate that anybody but yourself admitted this patient, correct?

MR. JOHNSON: Object to the form of the question. What records are you referring to?

MR. CASEY: Referring to any records.

MR. JOHNSON: Well, he's only said that he's reviewed the emergency room records and not the entire chart, so there's no foundation to ask him about any other records.

BY MR. CASEY:

Q. Limit your answer, sir, to the records you have reviewed. Is there anything in those records that indicates that anybody but yourself admitted this patient?

A. It would be Doctor Grout who admitted the patient.

Page 59

Q. Sir, did you tell me a few minutes ago before the break -- did you discuss this with your lawyer at the break? Did you discuss this with your lawyer at the break?

A. Discussed what, sir?

Q. The issue of admitting and the like. That line of questioning, did you discuss it with your lawyer at the break?

A. Yes, I did.

Q. Did you discuss it with Mr. Volpe?

A. Yes, I did.

Q. Okay, what did Mr. Volpe say to you during the break after you answered questions under oath to me about the admitting of this patient? What did Mr. Volpe say to you?

A. Mr. Volpe said that I don't believe I have admitting privileges.

Q. Okay, but you did tell me under oath that you said to Doctor Grout on the phone: Doctor Grout, I, meaning Doctor Palmer, am going to admit this patient, correct? You told me that?

A. That is correct.

Q. And you told me that under oath, and you were telling the truth, correct?

Page 60

A. I said that, that I was going to admit the patient.

Q. Sir --

MR. JOHNSON: Let him finish his answer.

Continue, Doctor.

MR. CASEY: To this question, he can explain it, and you can ask him a question, David.

MR. JOHNSON: Now stop.

MR. CASEY: No, you stop.

MR. JOHNSON: You stopped him in the middle of his answer. He gets to complete his answer.

MR. CASEY: Wait a minute. Just a second. He can answer that questions later when you ask it.

BY MR. JOHNSON:

Q. My question is, you told me, sir, under oath that you said to Doctor Grout: Doctor Grout, I meaning yourself, Doctor Palmer, am going to admit this patient, and you were telling the truth, correct?

MR. JOHNSON: Stop. Strike that question. Go back to the next question. Let

Page 61

the doctor answer his question or ask a different question.
MR. CASEY: Wait. Pardon me? You're not going to tell the court reporter to strike that question.
MR. JOHNSON: Wait. Let me speak. Let me speak. It's a two-way street here.
MR. CASEY: No, it's not. It's not a two-way street.
MR. JOHNSON: You are not going to stop this physician in the middle of an answer and then interpose another question and try and reiterate the previous answer.
MR. CASEY: He is not answer the question. You know it is a yes-or-no question.
MR. JOHNSON: It is not.
MR. CASEY: Do you want to instruct him not to answer that question? It's a yes-or-no question.
MR. JOHNSON: And I want the record to reflect that Doctor Palmer was in the middle of an answer, his last answer to the question. He obviously was still speaking when counsel interrupted his answer. If counsel doesn't want to hear the rest of his answer, fine, but

Page 62

ask a different question.
MR. CASEY: Will you instruct the witness to respond to my question?
MR. JOHNSON: He was responding to the question.
MR. CASEY: You didn't hear the answer. How do you know?
MR. JOHNSON: If you want to hear the end of the answer, that's fine. If you don't want to hear the answer to that question, that's fine. Ask a different question.
BY MR. CASEY:
Q. Sir, before the break when you talked to the risk manager of the hospital, did you testify truthfully?
A. Are you asking – I'm sorry, are you asking me a question?
Q. Yeah, this is a question now, Doctor Palmer.
A. Okay.
Q. My question is, you understand, first, before the break you were under oath? Do you understand that?
A. Oh, yes, sir.
Q. And you answered all of my questions truthfully, correct?

Page 63

A. That is correct.
Q. And you answered truthfully when you told me that you said to Doctor Grout that you, Doctor Palmer, were going to admit the patient, correct? That was a truthful answer?
A. That is correct. Sir –
Q. There's no question pending.
MR. JOHNSON: Go ahead.
MR. CASEY: There is no question pending. You can ask him a question when I'm done. You know that's the proper way to do that. Let him answer your questions when I'm done.
MR. JOHNSON: Do you have something else responsive to that question, Doctor?
A. Well, I was just going to say that –
MR. CASEY: This is wrong.
A. I said, when I said I'm going to admit this patient, it's the same way of saying I'm going to put this patient in the hospital.
BY MR. CASEY:
Q. That's what you wanted to add?
A. Yeah, I was going to put this patient in the hospital.
Q. And you already told me that that's not

Page 64

something you discussed at all with the family, correct? Correct?
A. I told the family that the child was going to be put in the hospital.
Q. And that the baby would be seen by the physician on call. You already told me that, and you answered truthfully; is that correct?
A. That is correct.
Q. And that is the full extent of what you communicated to the family about who would be seeing their baby, correct?
A. That is correct.
Q. Were you concerned during the overnight hours of December 6th when you had this baby in the ER that, even though you believed you had diagnosed dehydration and you had made orders for him, that he was really a baby who needed to be seen by a neonatologist to figure out exactly what was going on?
Was that something you were thinking about that night?
A. No, I was not.
Q. You believe that your training equipped you to competently assess fully what was going on with this baby at that time?

Page 65

A. That is correct.
Q. Given your understanding of your custom and practice, after you admit the baby at 3:15 a.m., did you see the baby again at any time after that point?
MR. JOHNSON: Object to the form of the question.
BY MR. CASEY:
Q. Did you see the baby again?
A. No, I did not.
Q. Did you inquire at any point after 3:15 a.m. regarding whether a physician, specifically Doctor Grout, had seen the patient? Did you make any inquiry?
A. I can't recall.
Q. Given that your admitting note is at 3:15, do you expect that you would have been aware of the symptoms that the baby exhibited at 3:30 a.m. after he was admitted?
MR. JOHNSON: Object to the form of the question. I don't understand it.
BY MR. CASEY:
Q. Okay, for how long after 3:15 do you expect you had any knowledge whatsoever regarding what the symptoms -- what the baby's symptoms were?

Page 66

3:20? 3:25? 3:30? When?
MR. JOHNSON: I don't understand the question. I object to its form.
MR. CASEY: What don't you understand about it?
MR. JOHNSON: It's incomprehensible. It appears to me you're asking him, you last saw the patient at 3:15, and how far into the future do you predict that you saw -- I mean, I just --
MR. CASEY: I never said anything like that.
MR. JOHNSON: I just don't understand the question.
Do you understand the question, Doctor?
THE WITNESS: No.
MR. CASEY: Of course not.
BY MR. CASEY:
Q. Do you believe, sir, that you were privy to what the baby's symptoms were at 3:30 in the morning?
A. Again, I don't understand your question.
Q. Do you know what this baby's symptoms were at 3:30 a.m. on December 6th, 2001?

Page 67

A. I knew what the symptoms were of this child, this infant, when the child was in the emergency room. From the time that child left the emergency room, I do not know what the symptoms were.
Q. That's all I'm asking. And did you instruct any nurse to keep you apprised of what the baby's symptoms were after he left the emergency room?
A. No, I did not.
Q. Did you call on to the floor where he was admitted to find out what the baby's symptoms were?
A. No, I did not.
Q. Okay, did you take any steps whatsoever after the baby left the emergency room in terms of following up with this patient?
A. No, I did not.
Q. Other than your Pediatrics Life Support course, do you have any training whatsoever in either pediatrics -- well, I'll leave it there, just pediatrics.
A. No, I do not.
Q. There is a subspecialty of emergency medicine called pediatric emergency medicine, correct?

Page 68

A. That is correct.
Q. Are there any such physicians in this area?
A. No, there's not.
Q. Where is the nearest pediatric ER physician?
A. I don't know.
Q. Have you ever had to call such a physician to consult with him or her regarding a patient that you had in your ER?
A. I can't recall.
Q. Have you ever had to locate a pediatric neurologist for a patient in the emergency room?
A. I can't recall.
MR. CASEY: I want to mark as the next exhibit -- I guess it would be Exhibit 2 -- Doctor Palmer's curriculum vitae.
- - - -
(Exhibit 2 marked for identification.)
- - - -
BY MR. CASEY:
Q. Doctor, is this CV accurate and up to date as of today's date?
A. No, it is not.
Q. Can you just tell me what else should be included on it, please, sir?

Page 69

A. I am presently working at Brookville Hospital -- I'm sorry, it's here, Brookville Hospital. I am not working at St. Mary's Hospital nor Williamsport Hospital, nor Clearfield Hospital, but I am working at Phelpsburg Hospital.
Q. Have you ever had any break in your medical licensure since you first started practicing?
A. No, I have not.
Q. You alluded earlier to other lawsuits. Are you a defendant presently in any medical malpractice lawsuits?
A. Yes, I am.
Q. Do any of those lawsuits relate to care provided to a child?
A. No.
Q. Have you ever been sued in a medical malpractice case involving a pediatric patient?
A. No.
Q. Have you ever given a deposition prior to this one in a medical malpractice lawsuit where the care involved a pediatric patient?
A. Yes.
Q. Please identify that case for me, please, sir.
Please identify that case for me, sir.
A. I can't remember the exact name of the case.

Page 70

Q. How long ago was it?
A. Five years ago.
Q. Is it one case we're talking about?
A. Yes.
Q. Was it in court here in Clearfield County?
A. It has not been in court.
Q. Is it still in existence?
A. That's correct.
Q. If I'm correct from your earlier testimony, you're not a defendant in that case; is that right?
A. Yes, I am.
Q. You are a defendant in that case?
A. Yes.
Q. I thought you said you weren't a defendant in any pediatrics cases.
A. I'm sorry, I misunderstood.
Q. All right, who are your co-defendants in that case, persons, if you can tell me, if you know?
A. Defendants?
Q. Yes. Let me ask you this. Is Doctor Grout a defendant in that case?
A. No, he's not.
Q. Is anyone who was affiliated in the Gateway practice a defendant in that lawsuit?

Page 71

A. No, sir.
Q. And you gave a deposition in that case?
A. That is correct.
Q. Who is your attorney?
A. Robert McIntyre.
MR. CASEY: Off the record.

(There was a discussion off the record.)

A. Mr. McIntyre of Altoona.
BY MR. CASEY:
Q. Right, I think that's the one. And you believe you gave the deposition before five years ago?
A. I can't recall.
Q. A couple of years ago?
A. Yes, sir.
Q. Do you remember who the plaintiff's lawyer was?
A. No, I do not.
Q. What was the subject matter or is the subject matter in the case?
A. A child had a urinary tract infection, had a pyelonephritis, had a fever. And she had a complication from that, and that's basically it.
Q. And the child came into the ER?

Page 72

A. That's correct.
Q. What happened to the child?
A. It went into septic shock and then was LifeFlighted to Pittsburgh.
Q. From the ER?
A. That is correct.
Q. Did you arrange for the transfer?
A. No. I was not there.
Q. Have you ever had your privileges terminated at any medical facility?
A. No, I have not.
Q. Why did you leave Lancaster to come out here?
A. Three reasons, I left Lancaster to come here because of I made more money in this area, this geographical area.
Q. And that's the only reason, it was a better job opportunity?
A. That is correct.
Q. There was no professional disagreement at all with the people in Lancaster, with the people with whom you worked?
A. That is correct.
Q. And do you have a professional corporation outside -- today, I'm talking about outside -- that's a bad question.

Page 73

Other than DRMC, are you affiliated with -- I'll withdraw that question too.
Do you know what a professional corporation is in medical practice?
A. Yes.
Q. Like the Gateway practice?
A. Yes.
Q. Are you affiliated with any such entity?
A. No, I'm not.
Q. Because I know you have privileges at other hospitals, but you're not affiliated with any medical practice per se?
A. That is correct.
MR. CASEY: Those are all the questions I have for you. Thank you.
MR. SOSNOWSKI: No questions.
MR. BATTAGLIA: No questions.
MR. CAVANAUGH: I have nothing, Doctor. Thank you.
MR. JOHNSON: Doctor, I just have a couple of questions.

EXAMINATION

BY MR. JOHNSON:

Page 74

Q. When Mr. Casey was asking you certain questions regarding the admission of this child to the hospital, were you confused with regard to certain of the questions regarding the admission?
MR. CASEY: Objection to the form, leading.
A. Yes, I was.
BY MR. JOHNSON:
Q. Do you have admitting privileges at the hospital?
A. No, I do not.
Q. When you have an emergency room patient, how does that patient go about being admitted?
MR. CASEY: Objection, asked and answered.
A. I call the attending who is, in this case, Doctor Grout, and I tell Doctor Grout or whoever the physician that this patient is going to be put in the hospital or admitted to the hospital.
And then we go over the orders, and then I go ahead and write the orders. And the patient is admitted to the hospital.
BY MR. JOHNSON:

Page 75

Q. With regard to this particular patient, was any physician identified as being the physician for Ayden Shaffer-Doan?
MR. CASEY: Objection to the form.
A. Yes.
BY MR. JOHNSON:
Q. Tell us what you mean.
MR. CASEY: Same objection.
A. The physician identified would be Doctor Grout who would be the attending physician on call who is within Doctor Siar's practice, and he was the physician on call.
BY MR. JOHNSON:
Q. Looking at the block up at the top of the exhibit, the last line of that block under your name says Siar, W.J. What does that signify?
MR. CASEY: Objection to the form.
A. That is -- Doctor Siar is the physician, the little infant's -- is the physician who is of that little baby.
BY MR. CASEY:
Q. And so how did it happen that with Doctor Siar being identified on the chart as the physician you happened to call Doctor Grout that evening?
MR. CASEY: Objection, asked and

Page 76

answered.
A. I asked the unit secretary who is on for Doctor Siar's group tonight or this morning, and the unit secretary said Doctor Grout is on. He is the attending on call to night for Doctor Siar.
Doctor Siar was off, and so I said: Will you please get ahold of Doctor Grout? I want to talk with him regarding this patient for admission to the hospital.
BY MR. CASEY:
Q. And then what happened after that?
A. Well, I talked with Doctor Grout, and I presented this case to him and over the phone.
And I told him -- I told what I felt --
Q. You don't need to tell us all the details.
A. I told him what I found and what I did and how I treated this patient, and I said I would like to put this patient in the hospital. And I said: This is what I'm putting down for my orders and what I did and I went over the fluids and the vital signs and things and then I said why.
MR. JOHNSON: Thank you. Those are all the questions I have.
MR. CASEY: I have a few more.

Page 77

RE-EXAMINATION

BY MR. CASEY:

Q. Have you cleared up any confusion now so all your answers, I can assume, have been provided in a way that eliminated any confusion on your part, sir?

A. Yes.

Q. Everything is straight now, correct?

A. Yes.

Q. Are you confused about anything else right now? I mean, anything about your testimony, is there any confusion on your part?

A. No.

Q. Did Mr. Volpe in the hallway appear concerned about the answers that you provided before the break? Did he appear concerned to you?

A. No, he did not.

Q. Did he explain to you in any fashion why he was talking to you during the break in your deposition, why the risk manager at the hospital decided to speak to you during a break in a deposition?

A. Sir, Mr. Volpe, we were talking about – we

Page 78

were just hanging out out there just kind of taking a break. There was no concern or –

Q. What did he say to you, Mr. Volpe?

A. I told Mr. Johnson –

Q. Don't tell me what you told him, what you told Mr. Johnson.

A. Well, this is our conversation. Mr. Volpe was--

Q. Mr. Volpe was there?

A. Yes, he was there. And I told him about regarding admissions that I don't believe I have admitting privileges.

Q. You said that to him?

A. I said that to Mr. Johnson, yes, sir.

Q. And what did Mr. Volpe say?

A. And then in our discussions, we discussed that, and Mr. Volpe shared what I just mentioned about admitting privileges and Mr. Johnson.

MR. CASEY: Thank you. That's all I have.

MR. SOSNOWSKI: Nothing.

MR. JOHNSON: We will read it, please.

(The proceedings were concluded at 11:20 a.m.)

Page 79

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, GEORGE PALMER, D.O., 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 30th day of October, 2005.

_____
Notary Public

Page 80

COMMONWEALTH OF PENNSYLVANIA) ERRATA
COUNTY OF ALLEGHENY) SHEET

I, GEORGE PALMER, D.O., have read the foregoing pages of my deposition given on Thursday, October 13, 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.

_____
GEORGE PALMER, D.O.

Subscribed and sworn to before me this _____ day of _____, 2005.

_____
Notary Public
AKF Reference No. KK89856

16:11
admission [3]
74:2, 5; 76:9
admissions [1]
78:11
admit [10]
43:12, 22; 54:15; 57:15; 59:22; 60:1, 22; 63:4, 18; 65:3
admits [1]
56:24
admitted [14]
44:19; 48:23; 54:18; 56:22; 57:23; 58:3, 11, 24, 25; 65:19; 67:12; 74:14, 20, 24
admitting [11]
45:6; 54:14; 55:15; 56:21; 59:7, 15, 18; 65:16; 74:10; 78:12, 18
advanced [1]
28:21
affiliated [9]
11:24; 12:1, 5; 17:3; 18:5; 70:24; 73:1, 8, 11
affix [1]
81:11
affixed [1]
79:22
age [1]
36:22
aged [1]
53:9
ahold [1]
76:7
air [2]
42:2, 3
aircraft [2]
6:13; 7:3
akf [3]
1:23; 80:25; 81:1
allegheny [2]
79:2; 80:1
allergies [1]
36:4
alluded [1]
69:9
altoona [1]
71:10
amendments [1]
80:4
amount [3]
16:1; 35:24; 38:12
amphibious [1]
6:14
answer [22]
5:7; 34:9, 10; 58:21; 60:5, 13, 14, 16; 61:1, 11, 13, 14, 18, 22, 24, 25; 62:7, 9, 10; 63:5, 12
answered [7]
15:1; 59:14; 62:24; 63:2; 64:7; 74:16; 76:1
answers [5]
5:9; 56:18; 57:7; 77:6, 17
anticonvulsants [1]
48:13
anybody [5]
11:25; 17:6; 58:3, 10, 23
anybody's [1]
22:3
anymore [1]
18:20
anyway [1]
5:3
apostrophe [1]
37:14
appear [2]
77:16, 18
appearances [2]
2:8; 3:1
appeared [2]
45:24; 46:18
appears [2]
20:9; 66:7
applicable [1]
32:1
applied [2]
9:18; 31:14
apply [3]
9:6, 23; 10:2
apprised [1]
67:7
approximately [3]
9:5; 16:3; 57:12
approximation [2]
13:7; 16:2
area [6]
1:11; 3:6; 7:22; 68:2; 72:14, 15
arm [1]
24:2
aroused [1]
37:4
arrange [1]
72:7
arrival [2]
23:21; 24:16
arrive [1]
28:14
arrived [1]
44:8
arrow [1]
23:25
arts [1]
2:3
ashen [1]
51:24
asking [8]
16:16; 20:17; 57:18; 62:16; 66:7; 67:6; 74:1
assess [3]
32:23; 44:5; 64:24
assessing [1]
30:8
associated [1]
32:1
associates [2]
1:11; 3:7
assume [10]
9:15; 10:5; 11:15; 14:22; 25:17, 25; 28:11; 30:2; 31:12; 77:6
attachment [1]
81:14
attempt [1]
9:9
attempts [1]
35:1
attend [1]
5:17
attended [1]
5:18
attending [8]
50:3; 54:7; 55:1, 2; 74:17; 75:10; 76:5
attentiveness [2]
36:20, 22
attorney [3]
12:1; 19:15; 71:4
austin [1]
6:15
avenue [1]
2:4
aware [1]
65:17
ayden [11]
1:3; 4:11; 10:22; 11:7, 21, 23; 12:5, 9; 14:6; 20:24; 75:3

*** * B * ***

babies [2]
55:8, 22
baby [34]
25:5; 30:24; 33:8, 13; 35:9, 11; 37:11; 38:7; 39:20; 42:1, 19; 48:13, 16, 21; 49:11; 50:2; 51:9, 21; 52:7; 54:15, 18, 23; 55:16; 64:5, 11, 14, 17, 25; 65:3, 4, 9, 18; 67:16; 75:20
baby's [6]
24:15; 65:25; 66:21, 24; 67:8, 12
bacteria [1]
41:17
bands [1]
41:6
based [6]
27:24; 33:23; 45:3, 25; 46:21; 47:5
basic [1]
27:1
basically [3]
17:12; 18:2; 71:23
basis [2]
42:22; 57:20
battaglia [2]
3:7; 73:17
becoming [1]
9:12
bedside [1]
43:9
believe [18]
18:25; 23:13; 24:4, 6; 26:13; 27:8; 30:9; 32:24; 35:8, 14, 17; 37:17; 50:24; 59:17; 64:23; 66:20; 71:12; 78:11
believed [2]
28:12; 64:15
besides [2]
12:1; 31:13
bilirubin [1]
27:3
birth [2]
35:5, 6
bit [1]
46:18
blasko [1]
3:8
block [2]
75:14, 15
blood [2]
27:2; 41:4
bloodwork [2]
46:4, 20
bluish [1]
52:5
board [3]
17:3, 6; 19:14
bolus [3]
26:8; 42:24; 46:15
box [11]
23:17; 36:20, 25; 37:3; 41:16; 43:13; 44:16; 50:22; 51:7; 52:2, 12
boxes [1]
23:9
boy [2]
4:11, 16
break [14]
56:8; 57:18; 59:3, 4, 5, 9, 14; 62:13, 21; 69:6; 77:18, 21, 23; 78:2
breath [1]
40:18
briefly [2]
12:24; 14:15
brookville [2]
69:1, 2
building [2]
2:4; 3:3
bun [2]
41:9; 46:22

*** * C * ***

call [21]
13:14, 17, 23; 45:1; 53:22, 23, 24; 54:22; 55:8, 11, 14, 21; 56:5; 64:6; 67:11; 68:6; 74:17; 75:10, 12, 24; 76:5
cannula [3]
51:8, 10, 14
capacity [1]
9:4
capillary [6]
39:6, 18, 21, 22, 25; 46:9
capital [1]
37:14
cardiovascular [1]
40:13
care [5]
4:16; 43:24; 55:3; 69:13, 21
carolina [1]
7:2
carrier [1]
7:4
case [34]
11:12; 13:11, 22; 14:1, 14, 15, 18, 21; 15:7; 17:16, 23; 18:18; 19:5, 7, 13, 16, 24; 26:11, 13; 43:12; 55:4; 69:17, 23, 24, 25; 70:3, 10, 13, 19, 22; 71:2, 20; 74:17; 76:13
cases [2]
19:4; 70:16
casey [69]
1:18; 2:9; 3:15, 16; 4:7, 10; 12:16, 25; 15:2, 5; 21:4, 8, 14, 18; 22:3, 10, 17, 23; 25:9; 29:7, 12, 14, 20; 33:22; 34:8; 49:15; 55:25; 57:6, 9; 58:1, 15, 20; 60:7, 11, 15; 61:3, 8, 14, 17; 62:2, 6, 12; 63:9, 17, 21; 65:8, 22; 66:4, 11, 18, 19; 68:14, 20; 71:6, 11; 73:14; 74:1, 6, 15; 75:4, 8, 17, 21, 25; 76:10, 25;

77:4; 78:19; 81:13
categories [1] 23:12
category [1]
37:13
cavanaugh [3]
3:2; 25:5; 73:18
cbc [1]
27:1
cc [3]
26:8, 9
ccs [3]
28:17; 46:13, 15
center [9]
1:11; 2:19, 21; 3:12; 4:14, 21; 7:23; 9:19, 20
certificate [2]
3:17; 79:1
certified [1]
29:2
certify [3]
79:5, 13, 17
chandrasekhar [3]
1:10; 3:2; 11:13
change [1]
80:5
charleston [1]
7:2
chart [8]
14:16; 22:1; 35:14, 15; 48:2, 7; 58:18; 75:23
chatham [1]
2:21
check [4]
36:23; 37:1, 4; 43:7
checked [13]
23:17, 20; 36:17, 21; 37:14, 19, 23; 39:3; 40:13; 44:18; 50:22; 51:7; 52:2
checks [1]
37:20
chemistries [1]
41:7
chief [2]
23:23; 31:3
child [28]
34:15; 35:24; 39:24; 40:5, 11, 12; 42:24, 25; 44:5; 45:5, 6, 24; 46:1, 5, 13, 14, 18; 47:2; 57:5; 64:3; 67:1, 2, 3; 69:14; 71:21, 25; 72:2; 74:2
chloride [1]
41:10
choices [1]
51:24
circle [1]
31:12
circled [8]
31:4; 37:7; 39:4, 5, 11; 44:16; 51:3
circulation [1]
51:23
circumstances [1]
13:22
city [7]
5:18, 19; 6:7, 19, 21; 8:20, 22
civil [2]
1:3; 2:2
class [2]
28:22, 24
clean [1]
5:5
cleared [1]
77:5
clearer [1]
22:4
clearfield [6]
1:1; 7:23; 9:3, 10; 69:4; 70:5
clinical [4]
39:19; 40:8, 10; 44:17
clinically [3]
17:24; 42:25; 45:24
cloudy [3]
41:17, 21, 22
cn [2]
37:14, 21
co-defendants [1]
70:18
co2 [2]
41:10; 46:23
collection [1]
53:17
college [3]
3:9; 5:18; 6:8
coming [2]
10:23; 20:7
commencing [1]
2:4
common [1]
1:1
commonwealth [4]
2:3; 79:1, 4; 80:1
communicated [1]
64:10
communication [1]
12:4
community [2]
7:10; 8:13
competently [1]
64:24
complaint [3]
17:15; 23:24; 31:4
complete [2]
41:3; 60:13
completed [1]
81:16
completion [1]
81:11
complication [1]
71:23
complications [1]
35:6
concern [1]
78:2
concerned [3]
64:13; 77:16, 18
conclude [1]
42:22
concluded [6]
31:14; 32:25; 33:6, 11; 35:4; 78:25
conclusion [3]
37:18; 40:7; 46:22
condition [1]
23:21
confused [2]
74:3; 77:12
confusion [3]
77:5, 7, 14
conjunction [1]
35:25
consider [1]
44:22
considered [1]
34:1
constitutes [1]
79:11
consult [1]
68:7
cont'd [1]
3:1
contact [3]
36:25; 53:19; 55:6
contacts [2]
32:5; 56:22
continue [3]
6:22; 43:13; 60:6
contracted [2]
8:3, 5
contractor [6]
7:21; 8:1; 9:1, 16, 18, 25
contractual [1]
9:23
conversation [6]
14:13; 15:8, 24; 45:11, 15; 78:7
conversations [1]
20:23
convey [2]
15:20; 48:25
copy [5]
21:15; 22:3; 29:15; 81:14, 15
corner [4]
26:21; 27:23; 30:12; 32:17
corporation [3]
8:2; 72:23; 73:4
corrections [2]
80:4; 81:9
correctly [2]
20:20; 44:9
correspondence [1]
12:3
cough [2]
31:6, 10
counsel [7]
1:17; 16:25; 61:23, 24; 79:15, 19; 81:14
counseled [1]
43:20
count [1]
41:4
county [4]
1:1; 70:5; 79:2; 80:1
couple [3]
56:15; 71:15; 73:21
course [2]
66:18; 67:19
court [9]
1:1; 2:3; 3:17; 5:4; 61:4; 70:5, 6; 79:3; 81:19
covering [3]
54:5, 9, 12
cowie [1]
2:20
cranial [1]
37:20
creatinine [1]
41:9
critical [1]
43:24
crossed [2]
33:3; 34:18
cry [3]
34:25; 35:10; 37:7
culture [2]
27:2
current [1]
31:25
curriculum [2]
29:4; 68:16
custom [4]
24:12; 38:16; 45:3; 65:2
cut [2]
22:21; 42:7
cv [2]
29:5; 68:21
cv62 [1]
6:24
cv69 [1]
7:4
cyanotic [1]
51:25

*** * D * ***

d.o. [10]
1:9; 2:1; 4:1; 5:25; 6:6; 8:19; 79:6; 80:2, 21; 81:7
d5 [1]
26:9
daily [2]
57:13, 20
dash [2]
26:8
date [4]
1:11; 36:4; 68:21, 22
dave [1]
29:7
david [4]
2:20; 21:15; 60:9; 81:5
day [6]
30:22; 32:8; 35:21; 36:2; 79:22; 80:23
days [6]
13:8; 20:1; 30:24; 31:18; 45:22; 81:16
december [8]
4:15, 20; 10:24; 11:8, 20; 12:10; 64:14; 66:25
decided [1]
77:23
decipher [2]
35:17; 41:14
decision [1]
27:5
decrease [2]
23:25; 39:6
decreased [3]
31:19; 32:3; 39:21
decreases [1]
39:17
deep [1]
37:23
defendant [12]
2:14, 19; 3:2, 6; 18:15, 20; 69:10; 70:10, 13, 15, 22, 25
defendants [3]
1:13; 11:12; 70:20
deficits [1]
46:12
degree [5]
5:21, 23, 25; 6:6; 8:19
dehydrated [6]
28:3, 12; 35:11; 40:12; 45:24; 46:5
dehydration [7]
26:10; 28:16; 39:16; 44:16; 46:22, 25; 64:16
delay [1]
23:15

delayed [1]
39:25
deletions [1]
80:4
department [7]
7:10; 21:12, 20; 23:3, 9; 43:17; 50:15
deployment [2]
6:25; 7:5
deponent [2]
81:9, 11
deposed [1]
4:18
deposition [20]
1:8, 11, 14; 2:1; 3:22; 4:25; 13:3; 58:8; 69:19; 71:2, 13; 77:22, 24; 79:7, 9, 14; 80:3; 81:7, 9
details [2]
20:23; 76:15
diagnosed [1]
64:16
diagnosis [1]
43:21
diaper [1]
32:4
diarrhea [4]
31:4, 13; 32:3; 45:23
dip [1]
41:18
direction [1]
79:11
directors [3]
17:3, 6; 19:14
disagreement [1]
72:19
discoloration [1]
52:5
discuss [14]
14:1, 6; 16:24; 17:2; 18:4, 8; 48:12, 15, 18; 56:3; 59:3, 4, 8, 11
discussed [18]
11:7, 23; 14:15, 17; 15:3; 16:18; 17:11; 26:11, 13, 18; 27:17; 30:4; 43:12, 14; 46:19; 59:6; 64:1; 78:16
discussing [1]
19:13
discussion [5]
12:14; 21:6; 25:7; 29:18; 71:8
discussions [1]
78:16
disorder [8]
33:4, 7, 12, 24; 34:1, 12, 16, 21
disposition [1]
44:18
distress [3]
36:17; 40:18; 42:12
division [1]
1:3
doan [2]
1:5
doctor [90]
4:8; 5:24; 21:9, 20; 26:11, 14, 18; 27:4; 32:18, 20; 38:15; 43:12, 14, 15; 45:1, 4, 13, 20, 21, 25; 46:4, 6, 10, 12, 17, 20; 47:5, 8, 14, 18; 48:12, 25; 50:1; 52:10; 53:20; 54:2, 8, 9, 11, 13, 18; 55:3, 6, 7, 11, 12, 15, 19, 21; 56:4, 14, 16; 57:1, 3; 58:25; 59:20, 21; 60:6, 20, 21; 61:1, 21; 62:18; 63:3, 15; 65:13; 66:16; 68:16, 21; 70:21; 73:19, 20; 74:18; 75:9, 11, 18, 22, 24; 76:2, 4, 5, 6, 7, 12
doctors [2]
6:9; 11:13
documentation [1]
30:2
documents [1]
20:14
doesn't [1]
61:24
drinking [4]
32:4, 13; 36:1, 2
drive [1]
3:8
drmc [13]
10:3, 8, 12, 15; 11:24; 12:1, 5, 10; 14:10; 17:3; 18:6; 57:10; 73:1
dropped [3]
19:6, 7, 9
dry [2]
39:5, 15
dubois [12]
1:10; 2:3, 4, 19; 3:12; 4:13, 21; 7:22; 9:3, 10, 19, 20
due [1]
52:6
dugas [1]
2:15
duly [2]
4:2; 79:6
duncansvile [1]
2:16

*** * E * ***

e-mails [1]
12:3
easily [1]
37:4
east [1]
81:2
eeg [1]
48:18
eighth [1]
81:2
eisenhower [1]
7:4
elasticity [1]
39:15
electrolytes [1]
46:24
elevated [1]
46:23
eliminated [1]
77:7
emergency [33]
7:10, 12, 15, 17; 8:10; 10:6, 9, 16; 21:11, 19; 22:12, 24; 23:3, 8; 29:21; 33:9, 14; 34:2, 4, 20; 38:18; 43:17; 44:4; 50:15; 58:17; 67:3, 4, 9, 16, 24, 25; 68:11; 74:13
emergent [2]
23:10, 13
employed [3]
4:20, 23; 10:3
employee [4]
9:12; 10:2; 79:18, 19
end [3]
53:14; 56:16; 62:9
entity [2]
4:23; 73:8
equal [1]
39:3
equipment [1]
51:1
equipped [1]
64:23
er [21]
10:23; 11:1, 5; 20:7; 21:2; 24:7; 27:14; 38:15; 42:1; 47:21, 25; 51:13, 14, 21; 52:17; 53:14; 64:15; 68:4, 8; 71:25; 72:5
erie [2]
6:9; 81:2
errata [5]
3:18; 81:10, 11, 13, 16
esq [8]
1:18; 2:9, 14, 20; 3:2, 7; 81:5, 13
estimation [1]
51:13
evaluation [1]
46:16
evening [3]
11:2; 33:14; 75:24
everybody [1]
49:5
exact [8]
15:8; 16:1; 18:17; 38:12; 45:2; 53:5, 8; 69:25
exactly [3]
16:14; 45:12; 64:19
exam [14]
23:1; 26:3; 30:18, 21; 36:9, 12; 37:18, 24; 38:2, 4, 6, 11, 22, 24
examination [7]
2:1; 3:15, 16; 4:5; 40:12; 46:8; 73:23
examined [3]
4:3; 40:6; 45:5
examining [2]
30:8; 37:11
exchanged [1]
45:20
excuse [3]
6:14; 39:13; 46:7
exhibit [8]
3:22; 53:18; 56:11; 68:15, 18; 75:15
exhibited [1]
65:18
exhibits [1]
3:21
existed [1]
52:8
existence [1]
70:7
existing [1]
34:2
expect [10]
14:17; 24:9; 27:11; 45:4; 47:4; 48:21; 49:2, 23; 65:17, 23
experiencing [1]
33:8
explain [3]
44:19; 60:8; 77:20
explained [1]
46:8
extent [1]
64:9
extremities [1]
52:6
eye [1]
36:25
eyes [3]
39:4; 46:1

*** * F * ***

facilities [3]
8:4, 8; 9:7
facility [1]
72:10
fact [6]
17:10; 18:24; 38:21; 45:25; 47:9; 51:17
fair [1]
42:16
familiar [2]
38:21; 57:19
family [9]
19:15; 36:6; 43:20; 54:21; 55:18; 56:4; 64:1, 3, 10
fashion [2]
25:18; 77:20
faster [1]
36:17
felt [3]
42:25; 46:18; 76:14
fever [3]
31:6, 9; 71:22
figure [2]
14:23; 64:18
filed [3]
13:12; 15:12; 19:5
fill [2]
43:14, 15
filled [2]
24:6; 27:13
filling [2]
29:25; 46:10
find [2]
46:11; 67:12
finding [4]
39:20; 40:3, 7; 52:7
findings [6]
37:10; 41:3, 8; 46:11, 21
fine [3]
61:25; 62:9, 11
finish [2]
5:6; 60:4
finished [3]
6:7, 20, 25
first [11]
13:20; 19:18; 21:10; 23:3; 26:5; 27:17; 41:3; 54:6; 62:20; 69:7; 79:6
five [2]
70:2; 71:13
floor [3]
1:19; 2:11; 67:11
fluid [5]
35:24; 36:2; 39:24; 42:24; 46:15

fluids [5]
28:10, 15; 46:13, 17; 76:21
follow [1]
21:3
following [3]
5:2; 67:17; 80:3
follows [1]
4:3
foregoing [2]
79:7; 80:2
forgot [1]
29:10
form [15]
24:6; 29:25; 33:25; 34:6; 49:12, 14; 55:23; 57:24; 58:12; 65:6, 20; 66:3; 74:6; 75:4, 17
formal [2]
8:15, 20
forward [1]
81:13
found [8]
19:5; 36:12; 38:7; 39:2; 40:17, 24; 51:18; 76:16
foundation [2]
34:7; 58:19
four [2]
6:7, 20
frame [1]
48:6
frederick [1]
3:7
frick [1]
3:3
front [2]
21:2, 12
full [5]
37:24; 38:2, 6, 10; 64:9
fully [1]
64:24
future [1]
66:9

*** * G * ***

gateway [5]
1:11; 3:6; 18:6; 70:24; 73:6
gather [2]
11:1; 57:13
gave [6]
44:5; 46:6, 13, 15; 71:2, 13
gentlemen [1]
11:20
geographical [1]
72:15
george [7]
1:9; 2:1; 4:1; 79:6; 80:2, 21; 81:7
gets [1]
60:13
give [3]
5:3; 13:7; 16:2
given [7]
42:24; 51:16; 65:2, 16; 69:19; 79:12; 80:3
glucose [3]
41:9; 43:7, 9
goes [1]
42:9
greater [2]
39:6; 40:1
gregory [1]
3:12
group [2]
57:3; 76:3
grout [52]
1:9; 2:14; 11:13; 26:12, 14, 19; 27:4; 43:12, 15; 45:1, 4, 13, 20, 21; 46:1, 4, 6, 10, 12, 17, 20; 47:5, 8, 14, 18; 48:12, 25; 50:1; 53:20; 54:2, 13; 55:3, 6, 11, 12, 19, 21; 58:25; 59:20, 21; 60:20; 63:3; 65:13; 70:21; 74:18; 75:9, 24; 76:4, 7, 12
grout's [1]
55:15
guardians [1]
1:4
guess [2]
5:3; 68:15

*** * H * ***

half [1]
35:18
hallway [1]
77:16
hand [1]
79:21
handwriting [8]
23:4, 6; 31:16; 48:7, 10; 50:7, 17; 53:12
hanging [1]
78:1
happening [3]
19:1; 33:13; 34:3
hartye [1]
2:15
hct [1]
41:5
he'll [1]
16:23
he's [5]
30:24; 36:1; 58:16, 17; 70:23
head [2]
24:2; 31:20
hear [5]
12:17; 61:25; 62:6, 8, 10
heard [1]
19:18
hearing [1]
18:14
heart [2]
39:10; 40:14
heent [1]
39:2
hereby [1]
79:5
herein [1]
79:8
hereof [1]
81:16
hereunto [1]
79:21
hgb [1]
41:5
high [3]
53:3, 6, 7
highlighted [1]
21:16
historian [1]
30:13
history [14]
30:21; 31:3; 32:23, 24; 33:6, 12; 34:13, 15, 17, 21; 36:5, 6; 47:6; 50:21
home [7]
31:20; 32:6, 8; 44:17, 22; 47:6, 10
hope [2]
48:24; 51:9
hospital [36]
2:4; 6:9, 21; 7:2, 11, 23, 24; 8:14; 10:17; 13:2; 43:18; 47:2; 48:2; 49:10, 21; 54:15, 19; 55:20; 62:14; 63:20, 24; 64:4; 69:1, 2, 3, 4, 5; 74:3, 11, 20, 21, 24; 76:9, 18; 77:23
hospitals [4]
7:22; 8:6; 9:2; 73:11
hour [2]
26:10; 50:4
hours [3]
48:6; 49:25; 64:13
hr [1]
26:9
hx [2]
30:18, 21

*** * I * ***

i'd [5]
14:18; 15:6; 16:19; 20:11; 47:1
i've [1]
31:17
i.e. [1]
34:25
identification [2]
56:11; 68:18
identified [3]
75:2, 9, 23
identify [3]
57:4; 69:23, 24
illness [3]
22:13, 25; 31:3
immunizations [1]
36:4
important [1]
5:4
impression [2]
15:21; 44:17
improved [3]
42:19, 23, 25
inc [2]
1:12; 81:1
include [2]
44:13; 47:23
included [2]
47:24; 68:25
incomprehensible [1]
66:6
independence [1]
6:24
independent [7]
7:21, 25; 9:1, 16, 18, 25; 20:12
index [1]
3:21
indicate [2]
23:20; 58:10
indicated [5]
21:23; 24:17; 27:22; 30:17; 43:16
indicates [7]
24:15; 25:17; 29:22; 30:13; 33:25; 42:13; 58:23
indicating [1]
36:21
indicative [1]
46:25
indirectly [1]
79:20
individually [2]
8:4, 5
infant [9]
27:25; 28:3; 30:21; 40:6; 45:22; 46:6; 53:9; 67:2
infant's [1]
75:19
infection [1]
71:21
information [8]
20:9; 22:21; 27:18; 30:14, 23; 31:22; 45:19; 50:25
informed [2]
16:23; 18:11
infusion [1]
28:14
initial [1]
13:22
initials [1]
50:9
inquire [1]
65:11
inquiry [2]
57:2; 65:14
inspection [1]
79:13
institution [1]
17:7
instruct [3]
61:17; 62:2; 67:6
instructions [1]
5:2
intake [1]
45:22
interested [1]
79:20
interesting [1]
9:21
internship [1]
6:11
interpose [1]
61:12
interrupt [1]
16:15
interrupted [1]
61:24
intimately [1]
57:19
introduced [1]
14:14
involved [1]
69:21
involving [1]
69:17
isotonic [1]
28:16
issue [2]
22:4; 59:7

*** * J * ***

jaundice [1]
51:25
job [6]
7:9; 9:10, 11, 20; 55:20;

72:16
johnson [46] 2:20; 3:16; 14:25; 22:7, 16; 29:9, 13; 33:17; 34:5; 49:12; 55:23; 56:13; 57:24; 58:12, 16; 60:4, 10, 12, 18, 24; 61:6, 10, 16, 20; 62:4, 8; 63:8, 14; 65:6, 20; 66:2, 6, 13; 73:20, 25; 74:9, 25; 75:6, 13; 76:23; 78:4, 6, 14, 18, 22; 81:5
jones [1]
81:1

*** * K * ***

kansas [7]
5:18, 19; 6:7, 19, 21; 8:20, 22
karen [2]
1:5, 6
keep [5]
5:4; 16:23; 18:11; 29:4; 67:7
kilogram [2]
28:18; 46:14
kilograms [6]
24:22; 25:2, 3, 4, 10; 46:14
kircher [4]
1:22; 2:2; 79:3; 81:19
kk89856 [2]
1:23; 80:25
kline [2]
1:18; 2:10
knowing [1]
40:11
knowledge [1]
65:24
kristina [4]
1:22; 2:2; 79:3; 81:19

*** * L * ***

lab [2]
43:20; 46:7
labs [1]
41:2
lacking [1]
34:6
lakeside [1]
6:21
lancaster [13]
7:9, 11, 19, 20; 8:13, 14, 25; 9:7, 9, 24; 72:12, 13, 20
last [5]
20:1; 41:11; 61:22; 66:7; 75:15
lawsuit [15]
4:12; 13:12; 14:21; 15:12, 14, 21, 22; 17:4, 11, 23; 18:15, 20, 22; 69:20; 70:25
lawsuits [3]
69:9, 11, 13
lawyer [4]
59:4, 5, 9; 71:17
leading [1]
74:7
learn [2]
18:24; 28:20
learned [1]
18:19
leave [4]
6:5; 7:18; 67:21; 72:12
leaving [4]
8:25; 9:7, 9, 24
left-hand [3]
30:12; 36:14; 40:23
let's [3]
29:15, 21; 32:16
lethargic [3]
35:11; 37:7; 46:2
lethargy [1]
26:10
letters [1]
24:3
licensure [1]
69:7
life [4]
23:13; 28:21; 29:2; 67:19
lifeflighted [1]
72:4
light [2]
37:20; 39:4
limit [1]
58:21
limited [2]
30:18, 21
line [6]
33:24; 34:12, 14; 59:7; 75:15; 80:5
list [3]
19:4; 38:16; 55:10
liters [1]
51:6
locate [1]
68:10
locust [2]
1:19; 2:10
looks [3]
22:6, 8, 16
loses [1]
39:15
lot [1]
20:16
low [2]
46:24; 53:2
lpd [1]
6:15
lymphs [1]
41:6

*** * M * ***

m.d. [4]
1:9, 10; 2:14; 3:2
major [1]
51:1
malpractice [4]
4:12; 69:11, 17, 20
manager [4]
3:12; 13:1; 62:14; 77:22
mark [2]
21:9; 68:14
marked [4]
21:11; 53:17; 56:11; 68:18
mary's [4]
7:23; 9:3, 11; 69:3
matt [2]
56:7, 13
matter [4]
4:17; 14:7; 71:19, 20
matthew [4]
1:18; 2:9; 4:10; 81:13
mcintyre [3]
2:15; 71:5, 10
mcquaide [1]
3:8
mean [17]
9:11; 20:16; 31:1, 9; 32:7; 39:14; 44:2, 11; 45:7; 49:4; 51:5, 7; 52:4; 54:3; 66:9; 75:7; 77:13
meaning [3]
23:25; 59:21; 60:21
means [9]
30:20, 23; 34:11, 14; 39:23, 24; 40:11; 49:5; 51:2
medical [43]
1:11; 2:3, 19; 3:6, 12; 4:12, 14, 21; 5:17, 18; 6:4, 16; 7:23; 8:3, 7, 12, 16, 21; 9:7, 19, 20; 10:11; 11:1, 4, 8, 24; 17:7, 19, 22, 25; 19:21; 38:3, 23; 50:21; 69:6, 10, 16, 20; 72:10; 73:4, 12
medicine [8]
5:19; 6:8; 7:17; 8:10; 10:6, 9; 67:24, 25
meet [2]
13:25; 14:3
meeting [13]
14:9, 12, 20; 15:18, 21, 25; 16:4, 11, 12; 18:4, 8, 12; 19:12
member [1]
19:14
membranes [1]
39:5
mentioned [1]
78:17
merit [1]
15:23
metabolic [1]
27:1
michael [1]
2:14
middle [3]
60:13; 61:11, 21
mind [1]
21:14
minor [1]
1:4
minute [5]
33:15; 39:10; 51:6; 57:17; 60:15
minutes [8]
16:3; 38:13; 43:25; 44:6, 9, 12; 49:25; 59:2
miscellaneous [1]
52:13
mischeck [2]
44:20
misleading [1]
56:18
missed [1]
35:2
missouri [3]
5:20; 6:19, 21
misunderstood [1]
70:17
money [2]
9:25; 72:14
monitor [2]
43:8, 10
monitors [1]
51:1
months [4]
13:9, 10, 11; 58:8
morning [5]
4:8, 9; 20:2; 66:22; 76:3
mother [2]
30:15; 31:23
mottled [3]
51:24; 52:4, 5
move [1]
29:15
moved [1]
39:17
mr [147]
3:15, 16; 4:7; 12:16, 24, 25; 13:1, 14; 14:6, 8, 11, 25; 15:2, 5, 9; 16:6, 23; 17:10; 18:1, 9, 11, 25; 19:6, 12, 22; 21:4, 8, 14, 18; 22:2, 3, 7, 10, 16, 17, 23; 25:5, 9; 29:7, 9, 12, 13, 14, 20; 33:17, 22; 34:5, 8; 49:12, 14, 15; 55:23, 25; 56:7, 13; 57:6, 9, 24; 58:1, 9, 12, 15, 16, 20; 59:11, 13, 16, 17; 60:4, 7, 10, 11, 12, 15, 18, 24; 61:3, 6, 8, 10, 14, 16, 17, 20; 62:2, 4, 6, 8, 12; 63:8, 9, 14, 17, 21; 65:6, 8, 20, 22; 66:2, 4, 6, 11, 13, 18, 19; 68:14, 20; 71:6, 10, 11; 73:14, 16, 17, 18, 20, 25; 74:1, 6, 9, 15, 25; 75:4, 6, 8, 13, 17, 21, 25; 76:10, 23, 25; 77:4, 16, 25; 78:3, 4, 6, 7, 9, 14, 15, 17, 18, 19, 21, 22
mucous [1]
39:5
myself [3]
14:8; 30:1; 44:15

*** * N * ***

nailbed [1]
46:10
name [3]
4:10; 69:25; 75:16
named [3]
4:11; 15:11; 18:15
nasal [3]
51:8, 10, 14
natural [1]
1:4
naval [1]
7:1
navy [1]
6:15
nc [1]
51:7
nearest [1]
68:4
needle [2]
34:25; 35:10
needs [1]
30:9
neonatologist [4]
47:9; 50:1; 53:23; 64:18
nerves [1]
37:20
neuro [1]
37:13
neuro-exam [1]
38:17
neuroimaging [1]
48:15
neurological [7]
37:24; 38:2, 4, 6, 10, 22; 46:12

neurologically [1]
38:7
neurologist [1]
68:11
night [5]
10:23; 20:21; 55:21; 64:21; 76:5
non-waiver [2]
3:18; 81:8
noncorrect [1]
50:22
nonurgent [2]
23:11, 15
normal [9]
26:7, 9; 36:22; 37:14; 40:1, 14, 18; 51:24; 53:4
north [1]
2:15
nose [1]
32:3
notarized [1]
81:12
notary [5]
1:23; 2:3; 79:4, 25; 80:24
note [7]
26:5; 36:1; 42:18; 43:5; 44:8; 52:17; 65:16
noted [1]
81:9
notes [2]
16:4; 41:2
notice [2]
3:18; 81:8
nowhere [1]
10:19
ns [1]
26:7
number [8]
22:8; 28:17; 41:11, 15; 43:25; 51:3; 53:5, 7
nurse [11]
24:7; 25:23; 27:14, 18; 32:13; 36:1; 50:7, 19, 21; 67:7
nurses [2]
20:24; 44:13

* * O * *

o'clock [1]
48:6
o2 [1]
24:20
oath [5]
59:14, 19, 24; 60:19; 62:21
object [9]
34:5; 49:12, 14; 55:23; 57:24; 58:12; 65:6, 20; 66:3
objection [6]
74:6, 15; 75:4, 8, 17, 25
obtained [1]
31:23
obviously [2]
10:15; 61:23
october [5]
1:12; 2:4; 79:23; 80:3; 81:4
office [9]
10:13, 20; 14:10; 18:1; 19:13, 22; 32:21; 43:17; 79:22
officer [1]
6:16
oh [2]
52:18; 62:23
okay [24]
5:15, 16; 16:20; 20:1; 21:17; 25:4; 26:17; 30:2; 33:23; 35:12; 42:15; 44:11; 47:17, 23; 52:11, 16; 53:14; 54:14; 58:2; 59:13, 19; 62:19; 65:23; 67:15
old [2]
2:15; 30:24
one-fourth [1]
26:9
one-half [2]
35:21; 36:2
one-year [1]
6:10
ones [1]
25:15
opportunity [1]
72:17
opposed [1]
53:20
order [6]
27:5, 12, 21; 47:20; 48:1, 5
ordered [8]
26:17, 22; 27:5, 22, 24; 28:10, 11; 46:4
ordering [1]
25:19
orders [8]
43:22; 45:6; 47:1, 24; 64:16; 74:22, 23; 76:20
organomegaly [1]
40:21
original [5]
22:1, 18; 41:13; 81:13, 14
osteopath [1]
5:24
osteopathic [3]
5:19; 6:8, 9
ounce [3]
35:20, 21; 36:2
ounces [1]
25:1
outcome [1]
18:2
outside [3]
10:12; 72:24
overlap [1]
5:9
overnight [2]
48:6; 64:13
ox [3]
41:23; 42:1, 9
oximeter [1]
52:19
oximetry [2]
42:2, 10
oxygen [3]
51:3, 10, 15

* * P * *

pa [7]
1:20; 2:11, 16, 21; 3:4, 9; 81:2
page [30]
21:10, 11, 19; 22:9; 23:3, 4; 25:13, 16; 26:6; 27:17; 29:15, 16; 30:5; 32:11; 35:16; 36:8, 14; 40:24; 50:5, 10, 14, 16, 17, 25; 51:23; 52:10, 16; 53:10, 11; 80:5
pages [4]
22:22; 27:11; 30:10; 80:3
pain [1]
24:20
pale [3]
24:5; 51:24; 52:2
palmer [19]
1:9; 2:1; 4:1, 8; 21:9, 10, 20; 52:11; 54:18; 56:14; 59:21; 60:21; 61:21; 62:18; 63:4; 79:6; 80:2, 21; 81:7
palmer's [2]
56:16; 68:16
pardon [1]
61:3
parents [3]
1:4; 4:12; 20:25
part [4]
37:17; 57:13; 77:8, 14
participate [2]
12:8; 27:4
participated [2]
12:22; 25:18
parties [2]
79:15, 18
party [2]
1:14, 17
patient [58]
12:23; 18:4; 20:6; 23:14, 16; 24:10; 25:20; 26:18, 23; 27:9; 28:10, 12; 30:8, 9, 15; 32:2; 38:24; 39:24; 42:8; 43:16; 44:3, 7, 22; 47:20; 51:16; 55:15; 56:21, 24; 57:15, 23; 58:4, 11, 24; 59:1, 15, 22; 60:2, 22; 63:4, 19, 20, 23; 65:13; 66:8; 67:17; 68:7, 11; 69:17, 21; 74:13, 14, 19, 24; 75:1; 76:8, 17, 18
patient's [2]
23:20; 30:15
patients [5]
10:13, 18; 20:16, 18; 38:18
pediatric [10]
22:13, 25; 28:21; 29:2; 42:8; 67:25; 68:4, 10; 69:17, 21
pediatrician [3]
53:23; 54:4; 57:4
pediatrics [5]
18:6; 67:19, 21, 22; 70:16
peer [2]
12:8, 22
pending [3]
33:16; 63:7, 10
pennsylvania [9]
1:1; 2:2, 3, 4; 6:10; 7:9; 79:1, 5; 80:1
people [3]
55:20; 72:20
percent [7]
26:8; 41:23, 25; 42:2, 3, 7; 52:20
period [5]
4:16; 19:25; 31:19; 44:6
peripheral [1]
40:14
perrl [1]
39:3
person [5]
12:5; 17:2; 18:5, 9; 30:14
personally [1]
11:15
persons [2]
27:15; 70:19
phelpsburg [1]
69:5
philadelphia [2]
1:20; 2:11
phone [3]
13:23; 59:20; 76:13
physical [4]
36:8, 12; 37:18; 46:8
physically [1]
10:15
physician [28]
22:12; 25:25; 26:14, 15; 29:22; 30:3; 48:22; 51:13; 53:22; 54:22; 55:2; 56:23; 61:11; 64:6; 65:12; 68:4, 6; 74:19; 75:2, 9, 10, 12, 18, 19, 23
physician's [2]
22:25; 56:25
physicians [2]
11:11; 68:2
pin [1]
22:4
pittsburgh [3]
2:21; 3:4; 72:4
place [3]
14:9; 15:25; 79:8
placed [1]
13:23
places [1]
9:13
plaintiff's [1]
71:17
plaintiffs [4]
1:7, 15; 2:1, 9
platelets [1]
41:5
pleas [1]
1:1
please [18]
6:22; 21:3; 25:15; 26:5; 33:10; 36:13; 41:2, 8; 45:17; 68:25; 69:23, 24; 76:7; 78:23; 81:9, 13, 16
plus [1]
41:17
point [10]
8:18; 13:25; 18:19; 25:1; 35:3; 39:20; 41:11; 52:23; 65:5, 11
poor [7]
39:12, 13; 42:13, 15; 45:22; 46:2; 52:6
position [1]
9:6
possession [1]
81:14
potassium [1]
41:10
potentially [1]
56:18
pounds [2]
25:1, 10
practice [12]
10:9; 18:6; 24:12; 38:16; 45:3; 57:14; 65:3; 70:25; 73:4, 6, 12; 75:11
practices [1]
10:11
practicing [4]

right-hand [6]
26:21; 27:22; 32:16; 41:1, 15; 50:9
risk [4]
3:12; 13:1; 62:14; 77:22
robert [1]
71:5
room [22]
7:12, 15; 10:16; 13:2; 14:5; 23:1; 33:9, 14; 34:2, 4, 20; 38:18; 42:2, 3; 44:4; 58:17; 67:3, 4, 9, 16; 68:12; 74:13
rotating [1]
6:10
route [1]
2:15
routinely [2]
51:16, 20
rules [1]
2:2
runny [1]
32:3

*** * S * ***

s-e-c [1]
24:4
saline [2]
26:7, 9
sallow [1]
51:24
saturation [1]
24:21
saturations [1]
51:10
saying [3]
14:11; 47:14; 63:19
scale [1]
24:20
schmitt [1]
2:15
school [3]
5:17, 18; 81:1
scored [1]
24:18
se [1]
73:12
seal [1]
79:22
sec [1]
31:21
second [5]
7:14; 21:4; 24:4; 48:8; 60:16
secondary [1]
26:10
secondly [1]
57:1
seconds [3]
24:4; 31:21; 39:7
secretary [7]
53:21; 54:3, 6, 10; 55:7; 76:2, 4
segs [1]
41:6
seizure [15]
24:2; 31:18, 20, 21; 33:4, 7, 12, 24; 34:1, 12, 15, 21; 47:6, 10, 12
send [1]
81:14
sending [1]
44:22
sensitivity [1]
27:2
septic [1]
72:3
serious [1]
52:7
service [1]
56:25
services [3]
8:3, 5, 7
seven [2]
51:23; 57:12
seventeen [1]
31:18
shaffer [2]
1:5, 6
shaffer-doan [10]
1:3; 4:11; 10:23; 11:7, 21, 23; 12:6, 9; 14:6; 75:3
shaffer-doan's [1]
20:24
shallow [2]
24:18; 51:18
shared [1]
78:17
sheet [6]
3:18; 48:1; 81:10, 11, 13, 16
ship [1]
6:14
ship's [1]
6:24
shock [1]
72:3
siar [12]
32:20; 54:8, 9, 11; 55:19; 57:2, 3; 75:16, 18, 22; 76:5, 6
siar's [2]
75:11; 76:3
sick [3]
32:5, 6, 8
sign [1]
55:1
signature [6]
3:18; 25:16, 22; 50:12; 81:8, 11
signatures [1]
25:12
signed [2]
44:24; 81:13
significance [6]
23:8, 12; 39:19; 40:8, 10; 41:25
significant [4]
33:1; 35:8; 36:5; 40:24
signify [1]
75:16
signing [1]
79:14
signs [1]
76:21
sir [44]
4:23; 5:17; 12:17, 18; 14:23; 16:21; 17:9; 19:23; 20:14; 21:13; 22:24; 26:1; 27:21; 28:19; 34:10, 11; 36:11; 38:1; 39:13; 42:14, 17; 45:18; 47:22; 49:23; 51:4; 52:18; 57:10; 58:21; 59:2, 6; 60:3, 19; 62:13, 23; 63:6; 66:20; 68:25; 69:23, 24; 71:1, 16; 77:8, 25; 78:14
situation [1]
54:13
skin [6]
32:4; 39:11, 12, 13, 15; 46:2
skipped [1]
13:9
slash [13]
26:9; 30:18; 31:6, 18, 20; 32:17, 20, 21; 37:3; 39:10; 51:1
sleeping [1]
37:3
slightly [4]
41:17, 19, 21, 22
social [1]
36:5
sodium [1]
41:9
solution [1]
28:17
somebody [1]
53:20
somewhere [1]
35:15
sorry [11]
24:23; 34:10; 41:20; 43:11; 52:18; 53:4; 54:5; 58:5; 62:16; 69:2; 70:17
sosnowski [5]
2:14; 49:14; 56:7; 73:16; 78:21
sounds [2]
40:14, 18
south [1]
7:2
speak [8]
13:5, 14, 21; 15:10, 15; 61:6, 7; 77:23
speaking [3]
17:24; 55:6; 61:23
specifically [1]
65:12
specified [1]
38:2
specter [2]
1:18; 2:10
spend [1]
10:17
spent [1]
7:1
spoke [1]
45:13
spoken [1]
11:19
square [1]
81:1
ss [1]
79:2
st [4]
7:23; 9:3, 11; 69:3
stable [1]
38:8
stand [1]
57:7
start [1]
32:16
started [1]
69:7
state [2]
3:9; 28:16
stated [1]
79:8
states [1]
6:15
stating [1]
44:9
stenographically [1]
79:10
step-by-step [1]
30:7
steps [4]
38:17, 22; 57:14; 67:15
stomach [1]
32:21
stools [1]
45:23
stop [5]
7:14; 60:10, 11, 24; 61:11
stopped [1]
60:12
straight [1]
77:10
street [5]
1:19; 2:10; 61:7, 9; 81:2
strike [2]
60:24; 61:4
strong [1]
40:14
studies [7]
25:19; 26:22, 25; 27:5, 21, 24; 28:2
subject [4]
15:3; 19:19; 71:19
subscribed [1]
80:22
subspecialty [1]
67:24
substance [1]
16:18
sued [1]
69:16
suggest [2]
36:15; 49:20
suggested [1]
47:23
suggestions [1]
47:19
sundar [2]
1:10; 3:2
sunken [3]
39:4; 46:1
supplement [1]
51:15
support [3]
28:21; 29:2; 67:19
surgeon [1]
6:24
surgery [3]
6:18, 20; 8:21
suspicion [1]
47:5
sworn [3]
4:2; 79:6; 80:22
symptoms [10]
32:1; 65:18, 25; 66:21, 24; 67:1, 5, 8, 12
systems [1]
40:14

*** * T * ***

takes [4]
7:6, 7; 38:13; 55:3
talk [3]
12:11; 29:21; 76:8
talked [4]

12:23; 19:15; 62:13; 76:12
talking [10]
14:24; 16:7; 20:8; 45:18, 25; 70:3; 72:24; 77:21, 25
telling [3]
55:14; 59:25; 60:22
temperature [1]
24:16
ten [1]
7:12
tendon [1]
37:23
tense [1]
31:18
tensed [1]
24:3
terminated [1]
72:9
terms [2]
49:25; 67:16
terry [1]
3:2
tested [1]
37:15
testified [1]
4:3
testify [2]
62:14; 79:7
testimony [5]
56:17; 57:23; 70:9; 77:13; 79:12
tests [1]
48:19
textbook [1]
38:3
thank [5]
29:12; 73:15, 19; 76:23; 78:19
there's [11]
30:18; 33:16; 36:20, 25; 37:3; 43:13; 58:6, 9, 18; 63:7; 68:3
they're [1]
42:10
thinking [1]
64:20
third [1]
23:11
thirty [2]
44:1; 81:16
thomson [1]
2:20
threatening [1]
23:13
three [4]
23:9; 27:14; 31:21; 72:13
thursday [3]
1:12; 2:4; 80:3
times [3]
27:2; 31:21; 44:4
timothy [2]
1:5
today's [1]
68:22
tonight [4]
53:22; 54:9, 11; 76:3
total [1]
27:3
tract [1]
71:21
training [7]
6:4; 8:12, 15, 16, 21; 64:23; 67:20
transcript [4]
1:8; 80:19; 81:9, 14
transcription [1]
5:5
transfer [1]
72:7
transpired [1]
20:21
treated [3]
32:17; 45:5; 76:17
treating [1]
46:5
treatment [1]
46:17
triage [5]
25:22; 27:13, 18; 50:19, 21
true [2]
79:11; 80:19
truth [3]
59:25; 60:23; 79:7
truthful [1]
63:5
truthfully [4]
62:15, 25; 63:2; 64:7
turgor [4]
39:11, 12, 13; 46:2
two-way [2]
61:7, 9
two-year [1]
32:5
two-year-old [1]
32:7
typewritten [1]
20:13
typically [1]
38:23

****U****

ua [1]
41:14
unacceptable [1]
42:6
underneath [1]
31:17
understand [24]
4:17; 5:11, 13; 8:1; 10:1; 11:11, 18; 14:17; 17:12; 20:8; 32:12; 33:17, 19, 21; 35:16; 55:5; 62:20, 22; 65:21; 66:2, 4, 13, 15, 23
understandable [1]
5:15
understanding [3]
8:18; 20:20; 65:2
unit [7]
53:21; 54:3, 6, 10; 55:6; 76:2, 4
united [1]
6:15
university [1]
3:8
unquote [1]
32:22
upper [4]
26:21; 27:22; 30:12; 32:16
urgent [4]
23:10, 14, 17
urinalysis [1]
27:1
urinary [1]
71:21
urine [1]
27:1
uss [3]
6:15, 23; 7:4
utero [1]
35:4

****V****

verbatim [3]
16:17; 45:12, 18
virus [1]
32:21
vitae [2]
29:4; 68:16
vital [1]
76:21
volpe [29]
3:12; 12:24; 13:1, 14; 14:6, 8, 11; 15:9; 16:6, 23; 17:10; 18:1, 9, 11, 25; 19:6; 22:2; 58:9; 59:11, 13, 16, 17; 77:16, 25; 78:3, 7, 9, 15, 17
volpe's [2]
19:12, 22
volume [1]
28:14
vs [1]
1:8

****W****

w.j. [1]
75:16
wait [3]
60:15; 61:3, 6
waited [1]
9:22
waived [1]
79:14
wanted [4]
10:1; 35:3; 56:14; 63:22
wbc [1]
41:5
we'll [1]
41:12
we're [4]
50:6; 52:11; 53:11; 70:3
we've [3]
27:11, 17; 53:17
weak [1]
37:7
weeks [1]
13:8
weighed [1]
46:14
weight [1]
24:21
weren't [2]
18:19; 70:15
what's [4]
20:12, 17; 30:17; 52:12
whatsoever [3]
65:24; 67:15, 20
whenever [1]
49:8
whereof [1]
79:21
white [1]
3:3
who's [3]
54:7; 55:7
whoever [3]
54:12; 55:21; 74:19
williams [1]
3:3
williamsport [1]
69:4
wish [1]
80:3
withdraw [1]
73:2
witness [8]
2:1; 22:20; 62:3; 66:17; 79:5, 12, 16, 21
won't [1]
36:1
word [2]
47:12; 52:4
words [4]
10:12; 15:22; 20:8; 45:13
worked [5]
7:11, 15, 21; 9:1; 72:21
working [4]
57:10; 69:1, 3, 5
worry [1]
42:8
write [2]
43:5; 74:23
writing [8]
16:6; 23:7; 25:25; 26:14, 15; 30:3; 32:12; 44:8
written [14]
12:4; 20:13, 18; 23:23; 30:22; 32:18; 34:23; 35:17; 39:8; 40:4; 41:14, 18, 20; 43:25
wrong [1]
63:17
wrote [4]
35:14; 43:21; 45:6; 47:1

****X****

x-rays [1]
41:2

****Y****

yeah [3]
52:18; 62:18; 63:23
year [10]
6:2, 3, 16, 25; 7:6; 9:5, 16, 22; 28:25; 29:1
years [12]
6:7, 20; 7:12; 8:9; 9:4; 13:9; 29:1; 57:11, 12; 70:2; 71:13, 15
yep [1]
29:13
yes-or-no [2]
61:15, 19
yesterday [2]
32:6, 20
you've [22]
10:3, 5; 17:13; 19:18; 25:17; 31:4, 25; 32:18; 33:3; 34:23; 35:17; 36:17; 37:13; 39:8; 40:4, 13; 41:20; 43:20; 44:16; 48:4, 8; 57:10
yourself [10]
27:13, 19; 44:12; 49:10; 54:16; 58:3, 7, 10, 23; 60:21

Z

zero [2]
24:20; 26:7

,70312 013390 12/05/01
SHAFFERDOAN,A...C ER
M 17D 11/18/01
PALMER,GEORGE JR
SIAR,W J

DuBois Regional Medical Center

EMERGENCY DEPARTMENT RECORD Page 1 of 7

Time: 2254 ☐ Emergent ☒ Urgent ☐ Nonurgent

CONDITION ON ARRIVAL: ☐ Poor ☐ Fair ☐ Satisfactory ☐ DOA

CHIEF COMPLAINT: L UA gerous Report Wat looks Right Repeatedly Possible seizure Hit Head Back Ran tennessee up Abx 3 dec Pale.

VITAL SIGNS	Temp	Pulse	Resp	BP	Pain Scale	O_2 Sat	WT
	98.2 R	141	52 Shallow		8/10	94	7.11 32 Kg

ALLERGIES: NKA

CURRENT MEDS: ☐ See attached list

Tylenol

IMMUNIZATIONS: ☒ DNA ☐ UP TO DATE LAST TT/TD: _____

VISUAL ACUITY ☒ DNA	OD	OS	OU	☐ CORRECTED ☐ UNCORRECTED

PT. PREGNANT? ☒ DNA ☐ YES ☐ NO ☐ UNSURE ☐ HYSTERECTOMY ☐ TUBAL LIGATION
LMP _____

TRIAGE TO ☐ Registration ☒ Room 9 Triage Nurse: [signature]

Primary Nurse:

CHECK THE REQUESTED STUDIES

☒ CBC	☐ Cardiac enzymes	☒ UA	☐ C&S _____
☐ Lytes	☐ CKMB	☒ UC	☐ Wet Mount
☐ BUN	☐ CPK, Trip	☐ RSS	☐ RSV
☐ Creatinine	☐ Troponin I	☒ Throat C&S	☐ Triage Drug Screen
☐ Blood Sugar	☐ Magnesium	☒ Blood C&S X 1	☐ Coma Panel
☐ Amylase	☐ Digoxin level	☐ Type and Screen	☐
☒ PT/PTT	☐ Cholesterol	☐ Type and Cross _____	T. Palmer
☒ Basic Met Prof.	☐ Monospot	☐ Type and Cross _____	☐
☒ Hepatic Prof.	☐ Pregnancy	☐ Chlamydia	☐
☐ Compre profile	☐ ETOH	☐ GC	☐

EKG
☐ EKG: Provisional Reading:
☐ Repeat

CARDIO
☐ ABG ☐ on O_2 ☐ on Room Air
☐ Proventil _____ ☐ Repeat _____ ☐ Repeat _____
☐ Proventil _____ Atrovent _____ ☐ Repeat _____ ☐ Repeat _____
☐ Vaponephrine _____ ☐ Repeat _____ ☐ Repeat _____
☐ Other _____ ☐ Repeat _____ ☐ Repeat _____
☐ Peak Flows
☐ _____

X-RAY/SPECIAL

☐ Chest	☐ _____	☐ CT _____
☐ Portable Chest	☐ _____	☐ Enhanced
☐ Port Lat C Spine	☐ _____	☐ Unenhanced
☐ C Spine	☐ _____	☐ _____
☐ LS Spine	☐ _____	☐ _____
☐ ABD Series	☐ _____	

PHYSICIAN REPORT

Dictated

EXAM TIME: 2315

Acute UA.

KK DEPOSITION EXHIBIT 1
Palmer
AKF 10-13-05

DX ORDERS

NS 1000cc @ 60cc/hr

Pt. to NS room

Dehydration

Attorney at scene

DISPOSITION OF PATIENT AND PATIENT INSTRUCTIONS

Condition On Discharge: Satisfactory ☐ Fair ☐ Poor ☐ Time: WITH: ☐ self ☐ family ☐ other

☐ Admitted Room No: ☐ Physician Notified/Time:

☐ Sent Home ☐ Return to work ☐ Deceased ☐ Transferred

NOTIFIED: ☐ Relative ☐ Police ☐ Coroner ☐ Poison Center

For follow-up care please see: ☐ Personal physician ☐ Occupational medicine ☐ ER if worse or not improving

FOLLOW INSTRUCTIONS ON ☐ HEAD INJURY ☐ CULTURE ☐ STREP SCREEN ☐ LAB TEST ☐ X-RAY/EKG'S ☐ SPRAINS, STRAINS AND CONTUSIONS ☐ NOSEBLEEDS ☐ U.R.I. ☐ WOUND CARE AND BURN CARE ☐ GASTROENTERITIS AND/OR ABDOMINAL PAIN ☐ ALLERGY INJ. ☐ URINARY INFECTIONS ☐ CARE OF CHILD AND FEVER ☐ ANIMAL BITES ☐ CASTS ☐ EYE CARE ☐ TETANUS INJECTION ☐ MEDICATION ALERT ☐ MEDICATION USE

OTHER INSTRUCTION: Avoid use to Do Count.

☐ Work or School ☐ No Physical Education ☐ Light Work Only Date: _____ ☐ Until Released by Physician

PATIENT/ RESPONSIBLE PARTY | NURSE'S SIGNATURE | PHYSICIAN'S SIGNATURE

I hereby acknowledge receipt of these instructions, have read them and understand them. I further understand that I have had emergency treatment and that I may be released before all of my medical conditions/test results are known or treated. I will arrange for follow-up care. DuBois Regional Medical Center-DuBois, PA 15801

© 2000 T-System, Inc. Circle or check affirmatives, backslash (\) negatives.

470312 0[illegible] 847 12/05/01
SHAFFERDO[illegible] DEN NIC ER
M 17D 11/18/01
PALMER,GEORGE JR
SIAR,W J

DuBois Regional Medical Center 14

EMERGENCY PHYSICIAN RECORD

Pediatric Illness (5)

TIME SEEN: 1340 ROOM: 9 __ EMS Arrival

HISTORIAN: (mother) __father __patient __paramedics

__HX / __EXAM LIMITED BY: 17 mo.

HPI

chief complaint: fever cough / congested fussy pulling ears vomiting diarrhea seizure ingestion

17 mo girl – sick time – follow up.

started: about today

parents leave at home.

Seen urgent care – started

current & associated symptoms:

GENERAL
__fever
- to ____ °F R O T Ax
- subjective persistent

HEENT
__ear ache / pulling at ears R / L
__runny nose / congestion
- colored / clear drainage

__sore throat
__red eyes / discharge R / L

CHEST
__cough
- with vomiting after cough

__trouble breathing
- wheezing stridor
- mild moderate severe

GI
__vomiting x
- bilious bloody

__diarrhea x
__blood in stools
__abdominal pain
- general periumbilical RUQ RLQ LUQ LLQ migrated periumbilical to RLQ

NEURO
__acting differently
- fussy crying more inconsolable not sleeping decrsd activity

__headache
__seizure
- generalized focal
- duration:
- incontinent postictal confusion

GU
__drinking / eating less
- not drinking decrsd urination

last urinated
__pain with urination

SKIN
__skin rash / diaper rash
Abrasions

MUSCULOSKEL & LYMPHATICS
__extremity pain / swelling
__"lumps" or "swollen glands"

__sick contacts home __school __other
Older sibling at home. Same

__all systems neg. except as marked

INGESTION substance:
amount:
e:
__called poison control PTA __given ipecac PTA __vomited p ingestion
__lethargic __other symptoms after ingestion

__Recently seen / treated by doctor
Same or similar yesterday in office
Strep test Neg

__Similar symptoms previously

PAST HISTORY __negative

__ear infection(s)
__problems in-utero
__premature birth
__complications at birth

__bronchitis / bronchiolitis
__pneumonia
__asthma
__pharyngitis
__urinary tract infection
__diabetes
__febrile seizure
__seizure disorder
__cardiac problems

__other problems

Did not cry during procedure pt.
Needle stick.

1/2 ounce juice

Immunizations- __up-to-date

Medications __none __see nurses note
__ASA __ibuprofen __acetaminophen

Allergies __NKDA
__see nurses note

SOCIAL HX __smoking in house (second-hand exposure)
__attends daycare / school
__caregiver

FAMILY HX __no significant inherited disorder

☑ Nurses note reviewed ☐ Tetanus immun. current ☑ Vital signs reviewed

470312 0133900847 12/05/01
SHAFFERDOAN,AYDEN NIC ER
M 17D 11/18/01
PALMER,GEORGE JR
SIAR,W J

25cc 1

PHYSICAL EXAM

__no acute distress __mild distress __moderate __severe
__active __playful __fussy __crying __cries on exam __irritable
__smiles _____
__attentiveness nml (for age)
__good eye contact lethargic / weak cry
__sleeping/easily aroused _____

*INFANTS:
__nml consolability __poor consolability / poor intake suck
__nml feeding / suck __poor muscle tone
__flat ant. fontanel __closed / bulging / sunken ant. fontanel

NEURO
__nml motor / sensory __facial asymmetry / EOM palsy / anisocoria
__CN's nml as tested __sensory loss / weakness

HEENT
__conjun. & lids nml __tenderness / swelling
__PERRL __scleral icterus / injected conjunctivae
__conjunctival exudate
sunken eyes
__photophobia

__ears nml __TM erythema (R / L)
__TM dullness (R / L)
__Loss of TM landmarks (R / L)
__TM obscured by wax (R / L)

__nose nml __rhinorrhea
__purulent nasal drainage

__pharynx nml __pharyngeal erythema
__ulcerations / vesicles
__tonsillar exudate
__drooling / trismus / mass
__dry mucous membranes

NECK
__supple, no masses __meningismus / Brudzinski / Kernigs
__lymphadenopathy

CVS
__reg. rate & rhythm __murmur *grade* ___ /6 *sys / dias*
__heart sounds nml decreased cap refill / peripheral pulses
__strong periph pulses *capillary refill* < 2 sec

RESPIRATORY
__no resp. distress __respiratory distress
__breath sounds nml __retractions / accessory muscle use
__prolonged expirations
__decreased air movement
__grunting (infants)
__stridor
__rhonchi
__wheezing
__rales

ABDOMEN
__non-tender __tenderness
__no organomegaly __guarding
__rebound
__hepatomegaly / splenomegaly / mass
__abnormal bowel sounds

GENITALIA
__nml inspection __discharge / erythema / swelling / tenderness
__circumcised (male)
__uncircumcisd (male)

EXTREMITIES
__non-tender __tenderness
__nml ROM

SKIN
__no rash __cyanosis / diaphoresis / pallor
__no petechiae poor skin turgor
__normal color __skin rash / diaper rash
__warm, dry, nml palpation *urticarial eczematous impetiginous varicelliform scarlatinaform monilial erythematous vesicular crusted*

LABS, X-RAYS, AND PROGRESS NOTES

CXR ☐ Interp. by me ☐ Reviewed by me ☐ Discsd w/radiologist.
__nml / NAD __no infiltrates __nml heart size __nml lung inflation bilat.

not / *changed from:* _____

CBC *normal except*		Chemistries *normal except*		ESR		UA *normal except*	
WBC	12.82	Gluc	69			WBC's	
Hgb	13.7	BUN	62			RBC's	
Hct	39.2	Creat	.4			bacteria	+1
Platelets	531	Na	138			dip:	debris.
segs	22	K	6.2	Fecal			
bands	21	Cl	107	Leukocytes			
lymphs	42	CO2	17	none few		gram stain:	
monos		Anion GAP		mod. many			
eos							

LP __discussed risks, benefits, alternatives; parent/guardian consents.
__sitting (R / L) open. press.= _____
__betadine prep fluid color _____ RBC _____ WBC _____
__sterile technique glucose _____ polys _____ lymph _____
__L3-4 protein _____ monos _____ gm stn _____
__L4-5 Bactigen panel: __neg _____

Pulse Ox 97 % on *RA* / ___ *L* / ___ % *at (time)* _____

Time 0311 __re-examined __unchanged improved
__alert __nml attentiveness for age __nml consolability (infants)

Acetin
fl Amox Susp 5 ml
Albuterol

__Discussed with Dr. Cruz
will see patient in: office / ED / hospital
__Counseled patient / family regarding:
lab results diagnosis need for follow-up
__Rx given Admit orders written

__CRIT CARE- *30-74 min*
75-104 min 35 min
__Prior records ordered
__Additional history from:
family caretaker paramedics

CLINICAL IMPRESSION:

Fever
Otitis Media - *acute-* R / L
Pharyngitis
Sinusitis
Chicken Pox
Viral Syndrome
Upper Respiratory Infection
Meningitis / Sepsis
Pneumonia
Dehydration
Croup- acute
Bronchitis / Bronchiolitis - *acute*
Urinary Tract Infection - *acute*
Gastroenteritis / Enteritis - *acute*

DISPOSITION- ☑ home ☐ admitted ☐ transferred _____
CONDITION- ☐ unchanged ☑ improved ☐ stable _____

_____ MD (DO)

470312 0133900647 12/05/01
SHAFFERDOAN,AYDEN NIC ER
M 17D 11/18/01
PALMER,GEORGE JR
SIAR,W J

DuBois Regional Medical Center
Making the difference for life.

Emergency Department Record Page 7 of 7

Time	IV Fluid/cc/Medication Added	Rate	Size/Site	Amount Infused	Time D/C	Initials
0030	24G Hand					
0045	24G L Hand					AD
0100	24G R Hand				Peds RN	
0130	24 – L Hand				Dulp RN	
0140	24 – R Hand				Peds RN	
0150	Dulp + 22½ 13" NSS	Flush				
0205	IV NSSO.9% @ KVO	60cc	60cc/Hr			
0280	D5 ½ NSS	80cc/Hr				

Time	Medication/Dose	Route	Site	#/Dispensed by Physician	Time/Effect Code	Initials

Effect Code: Pain scale 0-10 Ø = No adverse effects

Wound Care: _____ ☐AM ☐PM
- ☐ NSS Irrigation
- ☐ Soap and water
- ☐ Other_____
- ☐ Dry Dressing
- ☐ Triple Antibiotic dressing
- ☐ Steri strips

GU: _____ ☐AM ☐PM
- ☐ Minicath
- ☐ Straight cath_____
- ☐ Foley catheter_____
- ☐ Coude_____
- ☐ No difficulty
- ☐ Specimen to lab
- ☐ Initial output_____
- ☐ Irrigation with_____
- ☐ Other_____

Assist with ADLS:
- ☐ Bed pan
- ☐ Bedside Commode
- ☐ Bath room
- ☐ Dressing
- ☐ Meal
- ☐ Hair washed
- ☐ Other:

Immobilizations, etc. _____ ☐AM ☐PM
- ☐ Immobilizations removed _____
- ☐ OCL to _____
- ☐ Ace _____
- ☐ Sling _____
- ☐ Crutches/walker_____
  - ☐ by PT_____
  - ☐ return demo_____
- ☐ Knee immobilizer _____
- ☐ Ice Pack _____
- ☐ Other: _____

Eye Care: _____ ☐AM ☐PM
- ☐ NSS irrigation_____
- ☐ Morgan lens irrigation with _____
- ☐ Fleurostrip _____

GI: _____ ☐AM ☐PM
- ☐ Salem Sump _____
- ☐ NG
- ☐ Lavage
- ☐ Verify placement
- ☐ Other: _____

Review: ☐ Old Records

☐ Labs drawn by nurse

Hemoccult _____ ☐AM ☐PM
☐ Positive ☐ Negative

Accuchek 80 mg ☐AM ☐PM 0100

TOTAL I & O
I: po_____ I.V._____
O:_____

Other:

Signature: _____ Initials Signature: _____ Initials:

DuBois Regional Medical Center

Emergency Department Record

470312 0133900847 12/05/01
SHAFFERDOAN,AYDEN NIC ER
M 17D 11/18/01
PALMER,GEORGE JR
SIAR,W

MISCELLANEOUS ☐ DNA

Mother Report Vomiting "just that Fever Right" Report Active Diarrhea Decreased Appetite Headache Back Pains Tensed up Pale Report Diarrhea

☐ DNA

Musculoskeletal Injury/Wounds

Mechanism of injury/Description:

Circulation: Capillary refill < 2 sec. ☐ Yes ☐ No
Movement: ☐ Full ROM ☐ Limited ROM
Sensation Intact: Yes ☐ No
Injured at: ☐ Work ☐ Home ☐ Other
☐ See body diagram

EENT ☐ DNA

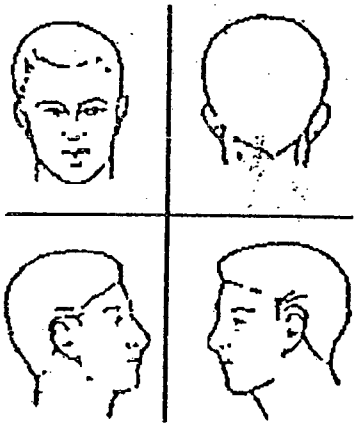
EYES	OD	OS
Red	☐	☐
Tearing	☐	☐
Matted	☐	☐
Burning/pain	☐	☐
Itching	☐	☐
Blurred vision	☐	☐
Loss of vision	☐	☐
Flashing light	☐	☐
Floaters	☐	☐
Foreign body	☐	☐

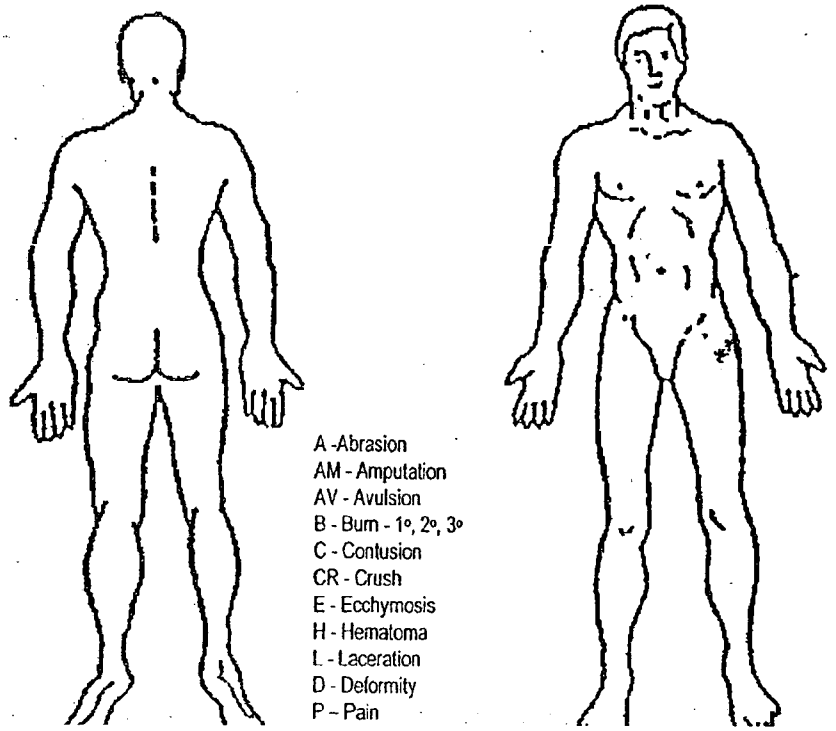
EARS	AD	AS
Pain	☐	☐
Drainage	☐	☐
Decreased Hearing	☐	☐

Other: _____

Nose/Throat
☐ Epistaxis
☐ Rhinorrhea
☐ Sore throat
☐ Dysphagia
☐ Post nasal drip
Other: _____

DESCRIPTION:





A - Abrasion
AM - Amputation
AV - Avulsion
B - Burn - 1°, 2°, 3°
C - Contusion
CR - Crush
E - Ecchymosis
H - Hematoma
L - Laceration
D - Deformity
P - Pain

GI/GU/GYN ☐ DNA

Abdomen:
☐ Soft ☐ Distended
☐ Guarding ☐ Rigid

Tenderness:
☐ None ☐ LUQ ☐ Suprapubic
☐ RUQ ☐ LLQ
☐ RLQ ☐ Epigastric

Bowel Sounds:
☐ Present
☐ Diminished
☐ Hyperative
☐ None
Last BM _____

GI:
☐ Nausea ☐ Dry heaves
☐ Vomiting _____
☐ Diarrhea Apx 8 Days / Dy.
☐ Rectal Bleed _____

GU:
☐ Voids without difficulty
☐ Flank pain R L
☐ Dysuria
☐ Urgency
☐ Hematuria
☐ Frequency
☐ Foley
☐ Other _____

GYN:
Fetal tones _____
☐ Vaginal bleeding
☐ Vaginal discharge
☐ History of ectopic
Para _____ Gravida _____ Ab _____
Description: _____

470312 0133900847 12/05/01
SHAFFERDOAN,AYDEN NIC ER
M 17D 11/18/01
PALMER,GEORGE JR
SIAR,W J

DuBois Regional Medical Center
Making the difference for life.

Emergency Department Record

TIME	T	P	R	BP	PULSE OXIMETER	MONITOR	PUPILS	HAND GRASPS	LEG MOVEMENT	PAIN SCALE	I	O	INITIALS
243		119	50		100%								AT
										TOTAL			

Pupils: D = Dilated S = Small
M = Medium L= Large
Pupil reaction: + = Brisk
S = Sluggish
O = No Reaction

Hand Grasp and Leg Movement:
Strong - S
Sensation Intact -SI
Weak - W
Paresthesia - P
Equal =
Unequal O

Cardiac Rhythms:
NSR - Normal Sinus Rhythm
AF - Atrial Fib
HB - Heart block
SB - Sinus Brady
SR - Sinus Rhythm
ST - Sinus Tachycardia
J - Junctional

PVC - Premature Ventricular Complex
AC - Premature Atrial Complex
VT - Ventricular tachy
VF - Ventricular fib
SVT - Supraventricular tachy
PA - Pacemaker

Glascow Coma Score		Adult	Child	Infant	TIME								
Eye Opening	Spontaneous	4	4	4									
	To Voice/Speech	3	3	3									
	To pain	2	2	2									
	No response	1	1	1									
Best Verbal Response	Oriented	5	5										
	Coos, blabbles, smiles			5									
	Confused	4	4										
	Irritable, crying			4									
	Inappropriate words	3	3										
	Cries, Screams to pain			3									
	Incomprehensible sounds	2	2										
	Moans,grunts			2									
	None/No response	1	1	1									
Best Motor Response	Obeys commands	6	6										
	Spontaneous			6									
	Localizes to Pain	5	5										
	Withdraws from touch			5									
	Normal flexion	4	4										
	Withdraws from pain			4									
	Abnormal flexion - decorticate	3	3	3									
	Abnormal extension - decerebrate	2	2	2									
	No response	1	1	1									

TIME	NOTES	INITIALS

Signature: Initials Signature: Initials

DuBois Regional Medical Center
Making the difference for life.

4 of 7

Emergency Department Record

470312 0133900847 12/05/01
SHAFFERDOAN,AYDEN NIC ER
M 17D 11/18/01
PALMER,GEORGE JR
SIAR,W J

PATIENT PROBLEM LIST

Patient needs identified as: (Number to Prioritize). (Minimum of 1 need to be identified)

___ Knowledge deficit:_____	___ Alteration in body temperature:_____
2 Alteration in Comfort: ↓ loss of Retinitis, Cap 22sec	___ Individual ineffective coping:_____
2 Alteration in fluid volume: pa thin tuyon	___ Risk of infection_____
2 Alteration in Oxygenation: 95%05AT 80's at 4's	___ Impaired tissue integrity:_____
___ Decreased Cardiac Output:_____	___ Other:_____
(See Chart and nurses notes for interventions and response.)	

SCREENING CRITERIA **Patient Home Phone Number/Room #:**_____

Suspected Abuse: Adult/Child: Physical/Psychological ☑ No Identified Needs
[ ] Unusual/suspicious marks (i.e. burns, bruises, welts, lacerations, punctures)
[ ] Sexual abuse: Harassment, sexual coercion, sexual assault.
[ ] Domestic violence: Patient verbalizes need for assistance.
FOLLOW DRMC POLICY (PR-1, PR-1.2, PR-1.3)

Initial visit date: _____
Time: _____
Signature: _____
Follow-up: [ ] None
[ ] See Progress Note

Discharge Planning: ☑ No Identified Needs
[ ] Additional supportive services needed upon d/c (med. equip., Home Health).
[ ] INITIAL placement assistance needed before discharge.
[ ] Financial assistance required to follow treatment.
[ ] Patient has an Advanced Directive but did not bring in a copy, follow up needed.
If indicated, PLEASE FAX THIS FORM TO SOCIAL WORK #3488.

Initial visit date:_____
Time: _____
Signature: _____
Follow-up: [ ] None
[ ] See Progress Note

Pastoral Care: ☑ No Identified Needs
[ ] Terminal illness
[ ] Recent loss of significant other
[ ] Request for Pastoral Care
If any of the above are indicated, PLEASE FAX THIS FORM TO THE SOCIAL WORK/ PASTORAL CARE AREA #3488

Initial visit date:_____
Time: _____
Signature: _____
Follow-up: [ ] None
[ ] See Progress Note

Nutrition: ☑ No identified Needs
[ ] Non-intentional weight loss
[ ] Has had weight gain
[ ] Poor appetite, more than 3 days
[ ] Food aversion/or change in taste
[ ] Trouble chewing/swallowing or choking
[ ] Tube feeding TPN, PPN
[ ] Alcohol abuse
[ ] Sore mouth/throat more than 3 days
[ ] Nausea/vomiting more than 3 days
[ ] Change in bowel habits (i.e. diarrhea, constipation)
[ ] Open wounds/decubiti
If indicated, PLEASE FAX THIS FORM TO NUTRITION SERVICE #3499

Initial visit date:_____
Time: _____
Signature: _____
Follow-up: [ ] None
[ ] See Progress Note

Functional: ☑ No Identified Needs

PHYSICAL THERAPY
[ ] Unsteady ambulation
[ ] Change in mobility/gait
[ ] Range of motion limitations

OCCUPATIONAL THERAPY
[ ] Needs assistance with bathroom skills
[ ] Unable to follow direction
[ ] Limited range of motion/coordination
[ ] Unable to feed self
[ ] Unable to dress self

SPEECH THERAPY
[ ] Difficulty reading
[ ] Difficulty speaking
[ ] Difficulty swallowing
[ ] Difficulty expressing self

If indicated, PLEASE FAX THIS FORM TO THERAPY AREA #3025

Initial visit date: _____ Time: _____ Signature: _____ Follow-up: [ ] None [ ] See Progress Note	Initial visit date: _____ Time: _____ Signature: _____ Follow-up: [ ] None [ ] See Progress Note	Initial visit date: _____ Time: _____ Signature: _____ Follow-up: [ ] None [ ] See Progress Note

Signature: _____ Initials Signature: _____ Initials

DuBois Regional Medical Center
Making the difference for life.

470312 0133900847 12/05/01
SHAFFERDOAN,AYDEN NIC ER
M 17D 11/18/01
PALMER,GEORGE JR
SIAR,W J

Emergency Department Record Page 5 of 7

NOTES

TIME		INITIALS
2334	Pt placed in Rm #9 Mother at bedside. Initial Monitored Assessment Completed Mother given Parent Info Packet "Not Feeling Right" Possible Dehydration Abd Soft Bowel Sounds Hyperactive Lungs CTA Bilat RRR No MRG Skin Pale, Warm to touch Poor Cap Refill to Digital >2sec. Mother Notified of Pt's Diagnosis (Parent Led) Rx & Discharge Plan Parent S/Sx Strep on Monday Note Was Seen by Dr Swick & Dx'd yesterday. Dr Palmer informed of Pt	
0130	Peds Nurse Navigator Notified of Pt's arrival & Dx Pt Parent & Pt Oriented to Room & Unit Dr Palmer Informed Mother Reassured at bedside. Labs Completed Awaiting Results	
0215	Parent Called to Pt Room Dr Palmer Informed Regarding Pt's Parent's Concern Dr Palmer Informed Mother Reassured at bedside. Pt Parent Educated Regarding Pt's Dx & Rx Plan Verbalized Understanding Pt Discharged Home Ambulatory Accompanied by Parent	

Signature: _____ Initials _____ Signature: _____ Initials _____

Hospital Affiliations:

Brookville Hospital
Brookville, Pennsylvania

St. Marys, Pennsylvania
St. Marys, Pennsylvania

Williamsport Hospital
Williamsport, Pennsylvania

Clearfield Hospital
Clearfield, Pennsylvania

DuBois Regional Medical Center
DuBois, Pennsylvania

August 1986 – 1996
Community Hospital of Lancaster
Lancaster, Pennsylvania
Department of Emergency Medicine

August 1984 – 1986
United States Naval Reserve
Naval Hospital
Charleston, South Carolina
Department of Surgery

Grand Commissioned: Lieutenant Commander
Staff General Surgeon 1984-1986

Achievements

1985 completion of written examination
Board Certification in General Surgery

1986 completion of oral examination
Board Certification in General Surgery

1992 Board Certification, Emergency Medicine (AOBEM)
1999 Board Recertificiation, Emergency Medicine (AOBEM)

July 1983 -1984
United States Navy USS Independence CV-62

Norfolk, Virginia Grade Commissioned:

Lieutenant
Staff General Surgeon

War Experiences:

MED Teamwork "84"
Granada Deployment 1983 – 1984

George Frederick Palmer, Jr., D.O.

Medals and Ribbons Achievements:

Armed Forces Expeditionary Medal
Navy Expeditionary Medal
Navy Unit Commendation Award
Sea Service Deployment Ribbon

July 1979 – 1983
Lakeside Hospital , Kansas City, Missouri
General Surgery Residency Program
Program Director:
A.J. Milazzo, D.O., F.A.C.O.S. (Deceased)
A.G. Blando, D.O., F. A.C.O.S.

July 1978 – 1979
United States Navy
USS Austin LPD – 4
Norfolk, Virginia

Grade Commissioned:

Lieutenant
General Medical Officer
Operations:
North Atlantic Deployment

July 1977 – 1978
DOCTORS OSTEOPATHIC HOSPITAL
Erie, Pennsylvania
Rotating Internship
Advanced Navy Schooling and Health
Professional Scholarship
Program – 1978

July 1973 – 1977
UNIVERSITY OF HEALTH SCIENCES
Kansas City, Missouri
College of Osteopathic Medicine
Year of Graduation: 1977 Degree: D.O.

September 1969 – 1972
CALIFORNIA STATE COLLEGE
California, Pennsylvania
Year of Graduation: 1972
Honors: Magna Cum Laude

September 1964 – 1968
OTTO-ELDRED JUNIOR-SENIOR HIGH SCHOOL
Duke Center, Pennsylvania
Year of Graduation: 1968
Degree: Academic

Letters of Recommendation: Available Upon Request

References: Available Upon Request

Exhibit C

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.

EXAMINATION	PAGE
By Mr. Casey	4, 119
By Mr. Cavanaugh	113

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

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.**

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 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 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**

11

viral illness or something to that extend. So I would really be hard-pressed to answer that question.

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

31

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.

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

32

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

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.

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**

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.

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?

"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?

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

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.**

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

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

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,

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

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

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

105

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.**

106

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?

107

"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

108

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 wk 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 complications

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

ND

PENGAD 800-631-6989
DEPOSITION EXHIBIT
STAR 1

FAMILY HISTORY

- Primary Family Members
- Familial Disease Patterns

MGM Breast CA
Paternal side healthy

MARITAL HISTORY

- Marriages & Adjustment
- Spouse
- Children

~~NO~~ single
6 yo D: healthy
9 yo 4 healthy
& 2 yo healthy

HABITS

- Food Patterns
- Drugs, Coffee, etc.
- Smoking Habits
- Alcohol
- Exercise
- Sleep
- Hobbies

-no

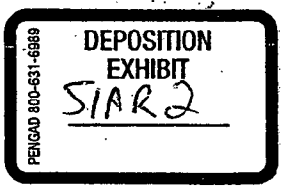
MENSTRUAL & OBSTETRICAL

- 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



DEPOSITION EXHIBIT
STAR 3
ESD 4-27-06
PENGAD 800-631-6989

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 rash Good Turgor

HEENT-O

Lungs Clear

CV Regular

Abd-O

Genitalia Normal ♂

Neuro

A: ? viral illness

P - Tylenol prn wt

JSG

DEPOSITION EXHIBIT
5 AR 4
PENGAD 800-631-6989

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				
12/14/01	Viral encephalopathy				
1/23/02	2 mo c				
3/25/02	4 mo c				
5/24/02	6 mo c				
8/8/02	9 mo c				
11/14/02	12 mo c				
2/[illegible]/03	15 mo c				

Ayden Shaffer Dean

'

'94 - 6:19, 6:22

0

02 - 39:3

1

1 - 81:8
10 - 81:7
100 - 1:17
109 - 29:25
11 - 41:16
112 - 97:21
113 - 3:7, 100:6, 100:9
114 - 100:6
119 - 3:6
11:00 - 17:25, 18:10, 31:6, 31:7, 31:16, 32:3, 32:6, 32:8, 32:9, 44:13, 77:5, 80:25, 82:3, 82:18, 83:9, 83:18, 84:2, 84:8, 85:24, 87:6, 87:14, 87:15, 87:21, 88:19, 89:5, 92:2, 99:9, 99:12, 99:15, 99:17, 99:18, 102:6, 115:8, 115:15, 116:1, 116:11, 116:16, 116:18, 116:23, 117:12, 118:16
12 - 95:18
125 - 102:13
12:10 - 86:11, 86:23, 89:14, 89:17
132 - 106:14
136 - 34:21
138 - 34:24, 35:3
15 - 33:2, 33:3, 33:7, 40:3, 57:9, 57:14, 57:16, 57:22, 58:8, 58:10, 58:14, 102:8, 102:21, 103:3, 103:6, 103:23
15-20 - 40:3
15801 - 1:17
15857 - 1:24
16 - 42:22
17-or - 61:15
1745 - 118:3
18-day-old - 61:15
1989 - 6:2
1993 - 6:10
1994 - 5:20, 5:22, 6:20, 7:7, 7:18, 11:7
1:00 - 89:21, 105:8, 106:18

2

20 - 33:7, 33:19, 40:3, 57:9, 57:14, 57:16, 57:22, 58:8, 59:7, 64:19, 65:22, 65:24
2001 - 4:9, 5:15, 11:25, 12:7, 13:3, 13:8, 24:7, 27:12, 103:14, 109:20, 110:8
2005-418 - 1:9
2006 - 1:14, 121:16
221 - 38:25
223 - 41:14
225 - 42:18
25 - 1:14
27 - 105:2
2:00 - 44:23
2:03 - 1:15
2:05 - 35:3
2:30 - 44:23
2:47 - 90:3, 90:5, 90:9, 90:15, 90:19, 90:25, 91:5, 91:16, 93:3, 93:23, 94:5, 94:7, 94:12, 94:14, 94:25, 104:4, 104:6, 104:10, 104:12, 105:9, 106:15, 106:16, 106:18, 106:22
2nd - 121:15

3

30 - 7:25, 57:24, 103:6
31 - 5:20
3:00 - 34:12, 34:19, 34:20, 34:21, 39:6, 83:16, 83:18, 91:8, 91:12, 97:3
3:30 - 37:6, 39:1, 39:5, 42:8, 43:2, 58:20, 61:4, 64:23, 66:15, 106:3
3:40 - 92:21, 93:3, 93:23, 94:6, 94:13

4

4 - 3:6, 106:3
43 - 95:25
4:00 - 17:23, 18:11, 19:7, 19:8, 24:4, 24:6, 26:4, 28:11, 32:1, 32:3, 32:13, 34:16, 75:17, 76:18, 78:10, 79:4, 79:18, 86:5, 94:14, 94:25
4:15 - 29:14, 29:24, 30:1, 30:14, 32:13, 32:16, 90:21, 95:6, 95:14, 96:12, 96:15, 98:7, 98:10, 98:19, 104:3, 104:7, 107:3, 107:8
4:20 - 96:16, 107:20

5

5 - 44:20
5:00 - 39:15, 56:21, 63:13, 63:18, 63:25, 66:12, 68:21, 69:6, 69:11
5:10 - 41:18, 41:19, 42:10, 42:18, 42:24
5:44 - 120:13
5th - 44:13

6

6 - 51:10
6-11-71 - 5:12
60 - 8:10
6:00 - 100:12
6:30 - 64:13
6:35 - 34:15
6th - 31:8, 31:24, 32:3, 34:13, 34:19, 34:20, 34:21, 35:2, 37:6, 37:17, 43:21, 44:14, 45:3, 45:6, 45:12, 46:9, 46:16, 47:1, 47:16, 49:16, 49:23, 53:23, 58:20, 62:3, 62:19, 64:5, 64:9, 68:21, 70:2, 70:11, 71:21, 71:24, 72:1, 73:3, 73:5, 73:23, 76:1, 76:6, 76:7, 76:15, 76:18, 77:6, 80:2, 84:3, 85:15, 102:7, 106:3, 115:15, 118:3, 120:7

7

7 - 12:7, 13:8, 15:1, 17:1, 24:7, 103:14, 105:4
7.8 - 83:17
70 - 87:7
70s - 39:4, 62:23
7:00 - 17:7, 17:12, 33:23, 35:18, 44:13, 44:16, 44:20, 45:5, 45:12, 46:16, 46:18, 70:2, 76:5, 76:6, 76:17, 107:25, 114:17, 115:3
7:30 - 17:12, 44:16, 45:2, 45:9, 46:8, 46:16, 46:25, 68:22, 76:6
7:45 - 62:19
7th - 31:24, 32:4, 33:23, 34:14, 44:5, 44:6, 44:14, 45:9, 49:18, 75:18, 76:19, 84:9, 85:16, 85:17, 86:11, 101:15, 102:8, 112:17, 113:11

8

8 - 15:17, 100:8
814 - 1:24
834-5337 - 1:24
8:00 - 80:1, 117:12
8:30 - 39:13

9

9 - 15:17
9.1 - 83:16, 83:18
90 - 8:10
98 - 9:3
997 - 1:23
9:30 - 70:5

A

abdomen - 80:5
ability - 121:9
able - 5:2, 20:15, 22:11, 46:22, 57:5, 60:3, 82:8, 85:4, 96:23, 101:19
abnormal - 40:17, 42:13, 50:16, 66:8, 101:9, 117:13
Absolutely - 37:22
absolutely - 110:20
abuse - 66:22
acceptable - 65:25
accommodated - 47:7
accompany - 7:13
accomplish - 101:24
accomplished - 60:11
according - 34:11, 40:5, 68:24, 104:15, 120:5
According - 119:18
accurate - 10:14, 16:6, 16:10, 61:14
accurately - 121:9
acting - 54:25, 80:17, 92:1, 115:18
actions - 97:15
activity - 31:19, 31:22, 37:14, 37:15, 38:12, 38:16, 40:20, 65:14, 89:8, 89:12, 105:14, 105:24, 106:6, 106:7, 106:8, 116:14
actual - 4:17, 106:7
added - 29:19, 79:8
addition - 4:23, 8:14
additional - 8:4
address - 67:18
addressed - 7:2
admission - 11:25, 22:1, 31:13, 31:18, 36:11, 54:3, 59:13, 59:15, 62:2, 62:12, 66:15, 82:8, 83:17, 105:22, 115:25
admit - 10:24, 12:23
admitted - 9:10, 30:20, 34:23, 36:2, 36:9, 36:17, 37:6, 62:9, 64:24, 66:11, 66:14, 75:1, 76:2, 76:14, 82:25, 83:25, 105:21, 120:4
admitting - 62:3
adult - 106:11
adults - 9:7
advanced - 7:15, 8:3
affect - 58:3, 83:6
affected - 57:12
affixed - 121:15
afternoon - 4:5, 113:10
afterwards - 12:11, 70:19
age - 8:21, 9:12, 10:1, 10:3, 10:7, 10:12, 10:15, 10:18, 92:1
ages - 8:17
ago - 7:25, 53:3
agree - 84:14, 118:15
Agreed - 106:22
ahead - 15:8, 33:13, 66:5
ahold - 19:14, 55:9, 56:15
alert - 65:22, 80:17
alerted - 56:16
alluded - 35:20, 72:6
alone - 85:3
altering - 52:9
altogether - 82:9
amend - 30:4
amount - 66:19
anesthesia - 60:19
anesthesiologist - 61:1
Answer - 30:3, 30:12, 39:9, 39:14, 39:20, 40:1, 41:21, 41:25, 43:1, 98:1, 100:11, 100:19, 102:18, 102:23, 103:4, 103:7, 106:20, 106:23, 107:1
answer - 4:20, 4:25, 5:4, 8:22, 10:19, 10:23, 11:2, 11:12, 11:17, 22:20, 36:3, 40:25, 41:3, 41:4, 58:10, 64:8, 85:8, 87:13, 89:4, 90:18, 102:8, 103:5, 107:18, 112:10, 114:13, 115:13, 117:10, 117:15, 119:1, 119:2, 119:5, 119:7
answered - 92:12
answering - 24:20, 98:15, 98:24, 102:2
answers - 5:6
antibiotics - 33:14, 36:18, 46:2, 71:12, 72:3
anticipate - 82:12
anytime - 39:5
anyways - 73:13
apneic - 37:15, 37:19, 42:21, 43:5, 43:7, 43:15, 43:23, 59:5, 59:8, 65:22, 95:11
appear - 63:4, 96:5
appearance - 62:24
appeared - 2:3, 2:5, 2:6, 2:8, 2:10
appreciate - 35:6, 70:7
appreciation - 80:24
appropriately - 92:2
approval - 20:4, 97:5
approximate - 57:2
approximation - 10:21
April - 1:14
area - 9:7
Area - 1:9, 6:4
arm - 90:4, 92:8
arrange - 17:18
arrangements - 61:9
arrived - 15:1, 50:11, 66:20, 84:16, 112:1, 113:10, 113:18
assess - 66:16, 66:21
assessed - 50:21, 103:15
assessment - 39:6, 62:23, 63:10, 66:18, 87:24, 102:16, 104:25, 105:23, 117:12
associate - 6:14, 8:6
associated - 88:5
Associates - 1:9
assume - 4:20, 6:15, 6:21, 7:19, 16:2, 16:8, 17:9, 20:25, 21:15, 22:8, 88:9
assumed - 30:20, 118:13, 120:8
assuming - 81:17, 86:15
attempt - 58:9, 69:12, 114:13
attempted - 69:9, 90:9
attempting - 89:17
attempts - 55:14

attend - 6:5, 74:13
attending - 41:7, 119:24
attorney - 108:19, 111:4
attribute - 116:4
attributed - 80:20, 88:21, 89:1, 89:2
attributing - 111:20
available - 62:13, 67:16, 67:25, 68:12, 82:11
Avenue - 1:17
awake - 55:8, 55:14, 56:18
aware - 13:24, 15:9, 18:5, 20:6, 22:16, 24:1, 89:11, 99:23
awhile - 55:1
Ayden - 1:3, 4:6, 4:9, 12:3, 12:8, 13:1, 14:8, 14:15, 15:22, 18:9, 29:10, 29:11, 39:2, 42:8, 42:12, 44:7, 44:22, 45:13, 49:7, 50:21, 51:2, 52:17, 53:20, 58:22, 59:18, 59:24, 60:3, 60:16, 60:21, 61:4, 74:25, 79:17, 83:2, 84:15, 84:16, 84:17, 84:25, 85:21, 85:23, 86:16, 86:24, 89:14, 89:21, 91:9, 92:18, 99:20, 109:19, 110:5, 111:24, 115:16
Ayden's - 22:1, 32:9, 33:25, 34:9, 50:11, 50:20, 52:3, 52:6, 54:5, 54:9, 54:24, 59:13, 62:7, 108:4, 113:17

B

babies - 10:7, 10:10, 10:11, 83:23
baby - 15:2, 15:6, 29:16, 33:17, 35:6, 35:25, 36:2, 36:9, 36:12, 36:15, 36:17, 36:20, 37:6, 39:6, 40:8, 41:6, 43:14, 43:15, 44:4, 48:18, 49:3, 53:21, 61:15, 63:14, 64:20, 65:10, 66:3, 66:5, 66:11, 66:14, 69:24, 70:3, 70:19, 72:1, 72:3, 73:19, 76:2, 76:14, 78:13, 79:13, 80:16, 82:25, 83:25, 84:1, 84:10, 84:11, 84:17, 85:17, 87:15, 87:22, 88:24, 92:22, 92:24, 94:15, 99:14, 102:9, 102:21, 103:8, 103:13, 103:20, 103:22, 107:9, 108:24, 115:9, 116:22, 117:17, 119:19
baby's - 11:24, 36:22, 36:23, 48:16, 70:6, 71:18, 72:8, 72:12, 72:19, 73:23, 74:21, 75:14, 77:23, 81:23, 117:23
Backing - 58:20
backwards - 44:10
Barb - 59:19
Barbara - 20:19, 20:23, 50:13, 65:5
Barnett - 20:19, 20:23
base - 74:7
based - 39:18, 81:21
basis - 9:23, 11:18, 97:19, 101:1, 114:8
Bates - 95:24, 96:1, 96:6
Battaglia - 2:9, 119:13
beating - 91:22
beats - 32:10, 77:6, 81:1, 81:23
become - 7:19
becoming - 79:6
beds - 11:3, 11:9, 11:14, 59:1
bedside - 56:17, 63:10, 91:10, 106:9
beep - 19:13, 19:14, 19:18, 19:23, 25:21, 57:19, 58:9, 58:13, 90:9, 97:5
beeped - 25:19, 57:7, 69:21
beeping - 28:14, 55:6, 98:14
beeps - 57:1, 57:10, 57:15, 57:23, 58:18, 69:14, 102:16
began - 89:16
begin - 111:23
begins - 41:16
behalf - 2:3, 2:5, 2:6, 2:8, 2:10
belly - 55:1, 80:21
Bernardo - 20:17
best - 10:20, 121:9
Beth - 111:9, 111:10
better - 45:25, 46:4, 64:15, 104:24, 115:18, 115:20, 115:24, 116:2, 117:9
between - 8:24, 19:23, 26:9, 29:2, 31:15, 32:3, 32:12, 38:15, 45:25, 51:24, 57:1, 57:9, 57:15, 57:16, 57:17, 57:22, 57:23, 58:18, 62:4, 63:18, 63:25, 66:11, 68:20, 69:6, 69:10, 75:1, 75:7, 76:14, 76:18, 76:22, 91:25, 93:3, 93:23, 94:5, 94:14, 96:25, 102:5, 102:15, 107:19, 110:12
birth - 5:11
bit - 33:17, 47:14, 54:24, 66:8, 67:2, 67:6, 86:16, 86:24, 101:4
blankets - 106:10
blinking - 62:22
blood - 9:21, 35:17, 81:24, 82:3, 82:5, 82:8, 87:24
book - 23:2, 24:21
books - 25:15
bottom - 81:12
bowel - 116:5
bowels - 80:21
Box - 1:23
box - 81:16, 118:24
boy - 109:20, 111:2
break - 6:22, 50:7, 50:8
breathing - 38:3, 38:4, 42:21, 59:2, 59:6, 64:17, 65:23, 65:24, 80:9, 91:22, 95:11, 102:10
brief - 18:8, 50:17, 51:6, 64:16, 82:24, 86:12, 86:14, 87:2, 89:14, 89:22, 90:1, 90:3, 96:19, 116:24, 117:11, 117:16
brings - 4:10
brought - 53:22
Building - 1:16
bulging - 112:20
Bun - 47:10, 111:24
bundled - 88:23

C

caffeine - 18:21, 29:19, 79:8
calcium - 18:18, 26:20, 29:16, 30:22, 30:24, 31:1, 31:4, 31:5, 31:20, 32:24, 35:11, 35:22, 36:1, 36:9, 37:2, 37:4, 38:12, 40:19, 40:21, 40:22, 46:3, 48:8, 51:4, 64:15, 67:20, 67:21, 67:23, 68:11, 72:4, 79:6, 82:23, 83:3, 83:6, 83:9, 83:15, 83:17, 89:9, 99:24, 111:25
cannot - 12:21, 21:22, 23:6, 26:12, 58:1, 97:3
capable - 84:15, 98:24
capacity - 59:23, 60:24, 61:5
cardio - 64:21, 65:21
cardio-respiratory - 64:21, 65:21
care - 4:9, 8:24, 8:25, 9:6, 9:20, 9:23, 10:16, 18:2, 47:3, 60:15, 61:13, 64:3, 74:5, 74:14, 74:25, 84:15, 103:24, 110:5, 120:8
cared - 9:3, 10:7, 10:11, 12:2, 12:9, 61:20, 83:22
caring - 37:16, 53:6, 118:13
Carol - 5:10
carried - 105:25
case - 11:22, 23:25, 24:2, 31:10, 36:18, 47:19, 64:10, 82:12, 108:21, 108:23
Casey - 2:3, 3:6, 4:4, 4:5, 22:19, 28:4, 38:21, 38:23, 41:14, 43:19, 44:1, 48:14, 53:2, 53:17, 53:19, 69:4, 74:1, 74:10, 75:5, 77:20, 78:8, 79:10, 84:7, 84:20, 84:23, 85:9, 85:13, 88:11, 88:17, 91:4, 92:7, 92:20, 95:24, 96:8, 98:25, 99:6, 103:12, 109:3, 109:10, 113:20, 115:11, 115:17, 119:15, 119:17, 120:10
caused - 47:1, 111:15, 112:9
causing - 51:4, 79:12, 83:20, 84:19, 91:23
Cavanaugh - 2:6, 3:7, 113:21, 113:23, 115:12, 115:21, 116:17, 116:20, 119:6, 119:11, 120:11
cc's - 33:2, 33:3
Cd - 1:9
cease - 51:5
ceased - 90:2
ceases - 59:6
census - 9:17, 11:15, 11:18
Center - 1:8, 1:16, 4:8, 5:14, 5:16, 5:19
center - 47:4, 110:14
cerebral - 112:17, 112:21, 112:23, 113:7
certain - 9:5, 9:18, 10:23, 20:20, 42:5, 42:7, 42:15, 77:11
certainly - 39:21, 58:17, 116:14
Certificate - 121:1
certify - 121:4
chain - 22:14, 23:13
Chandrasekhar - 1:8, 2:7, 16:17, 17:3, 17:17, 21:2, 21:20, 22:11, 22:25, 24:3, 24:12, 24:14, 25:10, 25:18, 25:25, 26:9, 26:15, 26:25, 27:18, 28:10, 29:3, 29:22, 30:14, 32:1, 32:7, 32:15, 32:21, 47:20, 55:15, 57:2, 70:9, 75:19, 79:20, 80:14, 81:4, 82:18, 83:9, 87:9, 87:14, 89:5, 89:17, 89:24, 90:10, 91:7, 91:13, 96:11, 97:17, 98:14, 98:20, 102:1, 102:4, 104:7, 106:14, 108:2, 115:6, 116:22, 118:9, 120:6
Chandrasekhar's - 29:25, 99:5, 99:8
change - 25:25, 32:23, 62:24, 88:4, 89:22, 90:5, 107:20, 119:19
changed - 10:9, 33:8, 33:12, 87:11, 87:21, 87:22, 88:23, 93:4, 93:8
changes - 9:15, 23:20, 23:22, 23:23
charge - 14:21
chart - 11:24, 13:22, 34:10, 34:17, 62:13, 63:4, 70:18, 88:13, 93:25, 95:17, 104:22, 105:17, 105:19, 106:1, 106:16, 108:10, 113:19, 118:12
charting - 63:8, 118:23
charts - 14:2
check - 18:19, 50:22, 70:3, 70:6, 75:12, 81:16, 87:2, 87:22, 87:23, 102:9, 118:24
checked - 30:8, 66:5, 81:17, 95:8
checking - 71:1, 71:18, 75:14
checks - 66:2, 87:25, 102:6, 102:14, 102:22, 103:3, 103:8, 103:13, 103:18, 103:22
child - 38:10, 46:20, 52:6, 53:6, 53:7, 64:14, 65:4, 73:6, 73:8, 73:9, 73:17, 78:16, 89:7, 89:11, 93:23, 106:11, 107:12, 110:23, 113:5, 116:1, 120:4
child's - 77:6
children - 10:4, 10:24, 61:10
Children's - 112:24, 113:1
chronologically - 7:1, 104:16
circumstance - 43:13, 77:14
circumstances - 16:4, 46:7, 50:6
Civil - 1:3
clarify - 4:19
clear - 21:1, 56:11, 87:13
clearance - 24:11
Clearfield - 1:1, 6:4
clearly - 117:25
clinical - 8:7, 46:7
clinically - 13:8, 112:1
close - 39:5, 81:16
closer - 86:20, 86:23
clue - 102:3
cold - 87:11, 88:2, 88:23
colleague - 33:22
colleagues - 14:8, 14:15, 15:4, 49:15, 71:8, 71:20, 72:17, 73:24, 74:19, 75:8, 108:20
collected - 34:11, 83:16
collecting - 36:14
collectively - 60:25
college - 6:5
color - 62:24, 88:4, 89:22, 90:5
column - 104:23, 105:6
coming - 16:16, 38:8
command - 22:14, 23:13
commiserating - 73:23
Common - 1:1
common - 104:25
Commonwealth - 121:3
communicate - 30:13, 31:15
communicated - 53:8, 53:10, 66:12
communication - 25:20, 49:24, 50:1, 51:24

Schreiber Reporting Service

community - 10:25
competing - 43:12, 43:22
complaints - 79:13
complete - 114:24
completed - 50:20, 93:11
completely - 69:2, 94:18
complex - 79:15, 84:17
compliment - 11:10
comport - 37:21, 40:9, 98:18
comports - 29:23, 41:11, 97:20
computer - 93:14, 101:22, 114:9, 114:10
computers - 63:8
concern - 30:14, 35:22, 53:8, 53:9, 66:3, 66:23, 72:2, 83:18, 85:23, 102:23
concerned - 18:13, 32:6, 35:9, 35:11, 35:21, 35:24, 52:7, 52:15, 53:6, 53:7, 53:13, 60:7, 62:15, 63:3, 64:12, 65:4, 79:5, 83:4, 103:22
concerning - 98:2
concerns - 36:7, 83:23, 84:7, 97:14
conclude - 94:4
concluded - 120:13
conclusion - 23:3, 78:25
concurrently - 33:15
condition - 18:8, 22:2, 42:3, 42:20, 46:20, 46:24, 47:6, 47:12, 48:1, 48:24, 50:11, 62:17, 93:4, 93:17, 99:25, 104:8, 110:16, 113:17, 117:23, 118:24, 119:2
confirm - 34:2, 69:20, 101:13
confusion - 37:13, 37:14, 56:12, 111:19
connect - 36:4
consider - 36:18, 47:13, 63:20, 66:8, 67:14, 78:15, 80:14, 86:3, 91:23, 92:6, 110:18, 110:22
consideration - 92:3
considered - 22:1, 42:13, 50:23, 59:6, 63:11, 63:24, 64:2, 64:10, 64:17, 65:23, 67:12, 68:19, 68:23, 71:11, 75:11, 75:13, 86:17, 86:18, 89:2
considering - 71:2, 88:22, 111:13
consistent - 71:1
constant - 51:5, 102:21
constantly - 62:25
constellation - 98:1
constituted - 91:18, 92:10
consulted - 118:9
contact - 12:22, 21:19, 24:16, 24:20, 25:16, 55:5, 58:9, 65:5, 69:5, 69:9, 69:12, 77:24, 77:25, 89:17, 96:25, 97:9, 97:10
contacted - 21:1, 22:23, 25:4, 25:12, 31:8, 50:4, 90:6, 91:2
contacting - 20:2, 20:25, 24:10, 24:24, 49:25, 50:6, 68:20, 91:6
contained - 121:9
contemporaneous - 7:9, 74:24
context - 16:24, 32:2, 44:12, 74:22, 75:6, 75:14
continue - 46:5
continues - 95:9, 98:16
Continuing - 39:17
continuing - 104:19
continuous - 102:11
conversation - 15:13, 15:25, 17:23, 18:14, 19:7, 19:9, 26:10, 26:15, 29:14, 31:2, 33:21, 33:24, 40:10, 43:3, 43:20, 43:22, 47:14, 47:15, 47:17, 48:5, 48:9, 49:22, 51:12, 51:24, 54:5, 54:7, 54:8, 59:16, 62:10, 62:11, 62:16, 69:10, 70:15, 75:18, 76:9, 76:22, 78:1, 96:17, 96:19, 97:16, 98:20, 98:25, 99:12, 107:10, 108:7, 116:18, 116:25, 118:16
conversations - 26:10, 46:11, 47:25, 51:8, 54:14, 54:18, 62:7, 72:25, 75:2, 75:22, 99:8, 107:22, 115:5
convey - 17:21, 100:21, 102:23, 108:1
conveyed - 37:11, 39:4, 39:9, 39:12, 39:14, 42:7, 48:21, 52:15, 53:4, 56:14, 100:24
conveying - 42:22
copy - 96:1
correct - 6:17, 6:24, 8:2, 8:13, 10:8, 11:6, 11:8, 16:8, 17:2, 17:5, 17:8, 17:11, 17:15, 21:4, 21:7, 21:16, 22:7, 22:12, 23:16, 24:15, 28:17, 28:21, 28:24, 31:11, 31:14, 33:20, 37:7, 44:16, 44:24, 45:3, 45:4, 45:7, 45:10, 45:14, 45:19, 49:14, 60:13, 76:8, 81:6, 81:10, 99:11, 102:17, 114:17, 114:18, 116:5, 116:6, 117:18, 119:10, 120:9, 121:11
Correct - 14:8, 16:5, 17:4, 17:7, 17:14, 21:3, 28:20, 35:22, 44:15, 44:23, 45:6, 48:25, 49:1, 58:19, 75:21, 76:11, 76:20, 80:3, 80:6, 80:9, 80:12, 80:13, 81:2, 81:5, 81:25, 84:21, 84:24, 90:22, 99:10, 106:25, 107:5, 107:6, 114:7, 114:15, 119:24
correctly - 31:9, 95:12, 105:10
counsel - 109:2
counsel's - 95:18
County - 1:1
couple - 20:19, 113:21, 115:7
coupled - 94:13
course - 13:1, 65:25, 92:5
court - 4:25
Court - 1:1, 121:1
courtroom - 4:17
covering - 36:18
Cr - 64:20
cramping - 80:22
cranial - 28:6, 28:12, 28:19, 47:20, 97:18, 98:7, 98:11, 100:5, 101:3, 101:11, 101:25, 113:24
created - 9:20
cribs - 67:1
cribside - 55:11
Cross - 113:22
Ct - 27:5, 27:16, 27:18, 27:21, 75:15, 113:4
custom - 104:15
customarily - 118:8
customary - 119:18

D

daily - 11:18
dangerous - 104:21
date - 5:11, 24:5
Date - 1:14
Dave - 96:4
David - 2:8
Davis - 50:14, 59:19, 65:5
day-to-day - 8:15
days - 8:11, 9:2, 10:7, 10:11
deal - 9:6, 34:14, 57:11, 59:8
December - 4:9, 5:15, 11:25, 12:7, 13:3, 13:8, 15:1, 15:17, 17:1, 24:6, 27:12, 44:20, 51:10, 71:21, 103:14, 105:4, 110:8, 118:3
decide - 60:9, 86:22
decided - 97:22, 97:24
decipher - 81:14
decision - 60:15
decrease - 107:16
decreased - 32:25, 33:1, 33:7
Defendant - 2:5, 2:7, 2:8, 2:10
Defendants - 1:9
deficits - 111:11, 111:16, 112:9
definitely - 30:17, 58:15
definition - 21:9
degree - 6:13, 6:14, 8:6
delete - 30:4
dense - 57:20
department - 6:18, 7:5, 7:9, 7:14, 8:9, 8:19, 8:20, 9:2, 9:17, 9:19, 10:6, 10:13, 10:16, 35:18, 36:10, 50:12, 56:21, 58:1, 59:22, 60:4, 66:20, 67:1, 68:4, 72:17, 73:10, 75:8, 76:25, 84:17, 85:1, 114:11, 115:4
deposition - 4:13, 7:24, 23:11, 29:22, 29:25, 38:24, 38:25, 39:1, 44:12, 97:21, 100:6, 102:4, 102:14, 106:14, 120:13, 121:7, 121:10
Deposition - 1:13
deprived - 52:5
desating - 62:22, 62:23
desats - 42:20, 95:10
desaturation - 88:5
desaturations - 30:9
describe - 40:24
described - 21:21, 37:25, 39:2, 42:11, 45:23, 46:4, 65:13, 112:2, 117:9
describing - 40:14, 93:13
description - 39:21
designated - 9:19
detail - 31:25
determination - 21:14
determine - 79:16, 114:6
determined - 12:11
determining - 47:11
devices - 106:9
diagnose - 40:24
diagnosis - 12:12, 37:20, 43:23
diagnostic - 71:11, 73:11, 75:12, 75:15, 101:12
diaper - 87:11
dictated - 39:13
difference - 38:15, 102:15, 102:17
different - 30:22, 32:10, 52:9, 53:8, 68:3, 74:11, 82:6, 85:25, 86:9, 94:15, 108:4, 113:6
differential - 37:20
differently - 110:18
difficult - 4:24, 8:22, 10:19, 10:23, 11:12, 101:5, 111:23
difficulty - 65:6, 68:16
dilated - 30:7, 32:20, 90:5, 92:9, 92:23, 93:24, 94:5, 95:8, 104:6
dipped - 59:9
Direct - 4:3
directly - 8:16, 24:1, 48:5
disagree - 78:25
discharged - 9:1, 13:8, 73:20, 75:2
discontinued - 32:24
discovery - 96:2
discuss - 44:2, 45:15, 49:2, 49:6, 49:19, 71:20, 72:17, 109:12, 109:21
discussed - 12:8, 14:7, 15:22, 28:18, 28:24, 29:2, 45:16, 48:2, 71:16, 73:15, 73:16, 75:14, 75:19, 99:13, 108:21, 109:4, 110:1, 110:12, 110:21
discussing - 74:14
Discussion - 62:4
discussion - 15:3, 28:1, 28:22, 40:13, 41:15, 42:2, 53:18, 58:21, 59:2, 59:11, 62:2, 71:3, 71:7, 71:10, 71:23, 95:22, 99:16, 99:19
discussions - 72:6, 100:4, 109:6, 109:7
disrupting - 20:5
disturbance - 35:25
Division - 1:3
doan - 1:3, 4:9, 12:8, 109:19, 110:5
Doan - 1:4, 4:7
doan's - 53:21
doctor - 16:13, 16:15, 16:16, 16:18, 21:10, 22:4, 22:5, 22:16, 23:8, 23:15, 25:2, 28:8, 30:23, 31:10, 34:16, 35:10, 35:14, 38:9, 42:19, 47:13, 49:8, 50:12, 50:24, 51:17, 52:7, 54:22, 54:23, 55:6, 56:15, 58:9, 59:12, 60:8, 60:9, 60:11, 60:14, 60:19, 67:9, 67:17, 73:6, 78:15, 78:19, 81:16, 81:17, 81:18, 82:12, 82:24, 87:20, 87:23, 87:25, 90:17, 92:14, 97:6, 97:7, 97:8, 97:10, 103:18, 115:9, 117:2, 117:16, 118:17, 118:20
Doctor - 81:12, 95:6
doctor's - 17:24, 60:10, 95:15, 118:4
doctors - 24:22, 31:14, 52:24, 71:13, 97:12
doctors' - 81:15
document - 23:12, 23:16, 63:9, 69:7, 94:7, 94:9, 94:18, 103:17, 115:22, 116:7
documentation - 33:11, 81:15, 87:21, 93:6, 93:11, 116:13, 116:14
documented - 29:10, 116:11, 118:20, 119:4, 119:8, 119:9, 119:10
documents - 117:25
done - 7:20, 27:1, 27:5, 27:11, 27:18, 28:19, 28:25, 29:7, 29:9, 35:15, 47:21, 60:17, 61:5, 70:11, 70:21, 70:23, 71:4, 71:8, 71:21, 72:7, 72:11, 72:12, 74:12, 74:16, 74:21, 79:16,

Schreiber Reporting Service

79:21, 87:17, 97:18, 100:8, 100:10, 100:17, 100:21, 100:25, 101:3, 101:5, 101:22, 102:1, 115:24, 116:22, 117:7, 120:12
dose - 67:18, 67:25
doses - 67:16
dosing - 68:6, 68:13
double - 50:22
double-check - 50:22
down - 18:25, 19:2, 25:6, 27:7, 33:7, 34:23, 39:4, 50:7, 50:8, 59:9, 59:19
Dr - 16:17, 16:19, 17:3, 17:17, 17:23, 18:9, 18:14, 21:2, 21:19, 22:11, 22:24, 24:3, 24:12, 24:14, 25:10, 25:18, 25:25, 26:9, 26:14, 26:25, 27:17, 28:10, 29:2, 29:22, 29:25, 30:13, 30:23, 32:1, 32:7, 32:15, 32:21, 36:11, 36:15, 36:20, 37:11, 37:13, 38:25, 40:5, 41:6, 42:7, 42:10, 42:16, 42:21, 43:6, 43:21, 46:12, 47:15, 47:19, 48:1, 49:2, 49:24, 55:15, 57:1, 59:11, 59:16, 63:12, 66:12, 68:14, 68:17, 68:20, 69:5, 69:24, 70:2, 70:6, 70:8, 75:19, 79:20, 80:14, 81:4, 82:17, 83:9, 87:9, 87:14, 89:5, 89:17, 89:23, 90:9, 91:6, 91:13, 96:10, 97:16, 98:13, 98:20, 99:5, 99:7, 101:25, 102:4, 104:7, 106:14, 108:1, 115:6, 116:21, 116:25, 118:9, 119:23, 120:2, 120:3, 120:6
draw - 35:8, 35:12, 35:16, 35:19
draws - 35:17
Drmc - 2:8, 6:16, 6:22, 7:5, 12:9, 27:12, 47:7, 61:11, 61:16, 69:24, 73:20, 120:5
dropping - 58:25
drug - 68:4, 68:6
Dubois - 1:8, 1:16, 1:17, 4:8, 5:14, 5:15, 5:18
duly - 121:5
duration - 51:6, 102:3
During - 8:6, 8:8, 36:11, 49:23
during - 8:9, 8:16, 9:18, 11:13, 16:25, 17:4, 17:22, 17:23, 18:4, 18:14, 19:6, 19:8, 21:3, 27:11, 28:10, 30:14, 31:1, 31:16, 32:7, 36:5, 43:20, 47:15, 49:6, 49:19, 51:9, 51:12, 54:5, 54:7, 62:23, 63:10, 64:3, 66:17, 67:2, 69:23, 73:17, 75:17, 76:11, 76:25, 84:8, 86:16, 87:1, 89:4, 90:13, 91:9, 96:17, 96:23, 102:6, 102:20, 103:9, 103:13, 106:13, 107:8, 107:10, 108:4, 109:7, 112:5, 117:7, 117:9
dusky - 59:1
duties - 74:13
duty - 31:18, 44:12, 44:22, 45:2, 45:5, 45:8, 68:7
dwindles - 9:18

E

early - 17:1, 35:8, 35:12, 35:16, 37:17, 47:16, 49:23, 51:10, 52:4, 71:23, 85:16, 101:23, 102:7, 105:3
easier - 112:4
edema - 112:18, 112:21, 112:23, 113:8
editorializing - 98:8
education - 8:7
Eeg - 26:25, 27:6, 27:7, 27:9, 27:10, 27:11, 27:14, 28:12, 28:23, 28:24, 29:3, 97:18, 98:11, 100:5, 101:3, 101:12
Eegs - 101:9
effect - 93:5
effort - 116:21
eight - 11:20
either - 8:10, 20:14, 43:15, 47:17, 49:15, 53:20, 53:21, 62:8, 62:16, 76:13, 79:7, 82:9, 84:7, 84:13, 90:1
elapsed - 19:23, 57:1, 57:3, 66:11, 96:25
elated - 110:2
electrolyte - 36:3
electrolytes - 83:4, 83:5, 86:6
eleven - 10:17
Elizabeth - 1:18, 121:2, 121:21
embark - 91:1
emergency - 21:8, 21:9, 40:16, 59:18, 60:19, 60:20, 65:6, 65:9, 65:15, 67:9, 91:18, 92:11, 106:21, 107:9
emergent - 21:12, 91:21
employed - 5:13, 5:15
employment - 8:8, 20:20
end - 10:10, 98:22
engage - 43:21
entire - 94:5
entries - 105:12, 115:25
entry - 81:12, 104:20, 104:23, 118:3
environment's - 105:13
episode - 40:2, 42:21, 43:5, 43:7, 43:23, 59:6, 59:8, 64:18, 86:14, 89:15, 89:22, 90:1, 90:3, 90:4, 91:9, 92:9, 106:13
episodes - 37:15, 37:19, 43:16, 65:22, 86:19, 89:11, 95:11
equal - 94:21
equipment - 61:1
Er - 34:12, 35:2, 44:23, 44:25, 59:12, 59:13
Esquire - 2:3, 2:4, 2:6, 2:8, 2:9
established - 104:5
evaluation - 114:3
evening - 20:3, 44:6, 44:7, 45:5, 56:1, 60:18, 70:9, 70:24, 71:24, 72:1, 73:7, 75:24, 75:25, 76:18, 77:5, 86:16, 86:25, 99:10
event - 15:21, 22:15, 39:17, 39:18, 43:20, 45:1, 46:20, 65:16, 67:4, 67:5, 77:10, 77:11, 79:18, 98:6
events - 13:1, 37:21, 39:21, 98:19
eventually - 24:16, 24:18, 91:1
evidence - 62:23, 91:18
exact - 23:19, 25:1, 91:14, 107:13
exactly - 5:7, 39:16, 48:9, 48:10, 52:16, 73:14, 74:8, 81:10, 81:13, 83:12, 92:17, 92:18, 97:3, 108:16, 111:21
Examination - 3:5, 4:3, 113:22, 119:16
examine - 119:21, 120:8
examined - 36:20, 36:24, 50:21
examining - 36:13
example - 46:10, 47:19, 54:10, 63:23, 109:18
exams - 65:1
Except - 61:12
exception - 12:10, 23:18
Excuse - 94:8
excuse - 99:18
exhibit - 85:21, 110:23
exhibited - 112:5
exhibiting - 64:14, 86:5, 92:18, 96:21
expect - 44:9, 48:15, 102:5, 102:19, 103:1, 112:21
expectation - 20:11
expected - 120:6
expecting - 55:7
expedited - 114:8, 114:14
experience - 8:15, 46:19, 77:17, 110:19, 113:13, 119:19, 120:5
experienced - 92:17
experiencing - 43:15, 84:10, 84:11
explain - 9:4, 14:4, 36:8
explained - 37:19, 88:8, 104:8
explains - 66:10
explanation - 81:11, 98:17, 111:15
explanations - 43:10, 43:12
explore - 72:13, 74:17
exploring - 61:3
express - 72:21, 107:7, 110:4
expressed - 44:3, 74:20, 75:7, 100:25
expressing - 108:11
extend - 11:1
extent - 8:23, 28:18, 35:21, 51:8, 59:14, 74:22, 112:10
extremities - 30:6, 39:3, 95:10
eye - 32:18, 42:20, 50:16, 62:22, 86:12, 89:15, 89:22, 90:3, 92:7, 94:8
eyes - 36:21, 36:22, 36:23, 36:25, 37:1, 39:2, 39:3, 41:17, 41:18, 42:9, 42:14, 77:2, 85:22

F

facility - 45:23, 46:23, 47:2, 47:3, 60:21
fact - 20:1, 23:5, 38:4, 44:4, 47:9, 58:25, 63:20, 71:4, 71:8, 72:17, 111:17, 114:7, 114:16, 115:22, 115:23, 119:23
facts - 67:10, 113:17
fair - 93:9, 93:10, 93:25, 94:3, 94:16, 95:2, 95:4, 114:2
fall - 7:18, 110:3
familiar - 67:1
family - 4:6
family's - 111:13
far - 10:25, 27:14, 32:6, 54:6, 60:7, 62:14, 63:3, 68:24, 85:5, 102:3, 112:2
fashion - 17:22, 57:2
faster - 80:1
feasibly - 100:14, 100:18, 100:21
feedback - 12:13
feelings - 108:11
fellow - 33:24
felt - 31:21, 39:22, 46:19, 52:25, 73:5, 78:14, 78:17, 82:20, 101:8, 103:17
few - 31:7, 49:12, 61:24, 108:16
fifteen - 67:20
Fifteen- 103:4
figure - 20:13, 57:21, 74:18
figured - 67:15
filed - 4:7
filled - 18:8, 83:1
findings - 32:14, 98:1, 102:24, 104:4, 106:15, 106:18
fine - 14:7, 99:4
finish - 4:24, 119:5
First- 97:21, 98:18, 115:9
first - 5:18, 5:21, 6:19, 8:18, 21:1, 32:5, 36:15, 51:15, 51:19, 51:21, 51:22, 53:21, 54:1, 56:10, 56:19, 57:17, 58:13, 59:17, 63:2, 63:4, 65:5, 80:23, 82:5, 90:9, 91:12, 96:13, 96:25, 98:2, 98:3, 98:4, 98:20, 108:14, 110:22, 111:7, 111:8, 111:20
five - 18:24, 26:5, 26:11, 28:15, 32:21, 107:15
five-minute-later - 26:11
flat - 86:9, 91:25
Flight- 113:10, 113:18
floor - 11:5, 11:11, 53:22, 59:23, 61:4, 85:3, 85:18, 119:21, 120:7
flow - 33:1, 33:6, 33:8, 33:11, 33:18
fluctuates - 11:18
fluid - 32:25, 33:18, 36:2, 86:8, 107:16
fluids - 32:25, 83:5
focal - 95:9
focusing - 10:4
follow - 22:15, 60:10, 78:3, 79:1
following - 22:13, 24:23, 38:8, 62:22, 78:2, 94:20, 94:22
follows - 4:2, 97:17
fontanel - 86:9, 91:24, 91:25, 112:19
foregoing - 121:7
form - 22:18, 25:20, 38:20, 38:21, 43:17, 48:3, 52:21, 69:1, 73:25, 74:2, 75:3, 77:15, 78:5, 79:2, 84:4, 84:12, 84:22, 88:10, 91:3, 91:19, 92:13, 103:10, 115:11
fourth - 11:5, 85:3
Frederick- 2:9
frequently - 62:23, 103:15, 115:22
front - 104:12, 104:13
frustrated - 108:3
frustration - 108:1
full - 5:9, 11:10, 31:12, 117:2
fully - 84:15, 121:9
fussiness - 79:14
fussing - 80:19, 82:10
fussy - 54:25
future - 110:22

G

gas - 80:19, 80:20, 116:4
Gas - 80:21
gastrointestinal - 79:13
Gateway - 1:8, 2:10
gather - 10:4, 22:9
gathered - 4:15

Schreiber Reporting Service

gathering - 72:9
general - 8:25, 36:1, 71:14, 108:23
Generally - 35:17, 58:9, 77:16, 105:13
generally - 9:5, 18:2, 46:19, 49:9, 53:15, 58:10, 58:12
gestures - 5:5
Giuffre - 45:18, 49:15, 62:20, 70:5, 71:3
given - 11:13, 21:25, 49:4, 54:11, 82:24, 83:23, 84:15, 104:11, 104:16, 107:4, 112:3, 117:2
graduate - 5:24, 6:7
great - 38:5, 59:8, 72:2
greater - 59:7, 64:19, 65:22
grimaces - 116:4
grimacing - 80:3
Group - 36:13, 36:16, 67:14
Grout - 1:7, 2:5, 36:11, 36:15, 36:20, 37:11, 37:13, 41:6, 42:7, 42:10, 42:16, 42:21, 43:6, 43:21, 46:12, 47:15, 48:1, 49:2, 49:24, 63:12, 66:12, 68:14, 68:17, 68:20, 69:5, 119:23, 119:24, 120:3
Grout's - 39:1, 40:5
guardians - 1:3
guess - 10:2, 28:6, 60:5, 92:16, 94:8
Gutowski - 14:22, 14:25, 17:6, 17:9
guys - 109:16

H

half - 58:11, 58:15, 102:8
hand - 105:6, 121:15
handle - 84:10
hang - 82:14
hard - 11:2, 43:9
hard-pressed - 11:2
Harriet - 68:5
Haven - 6:12
head - 5:5, 19:9, 66:21, 71:18, 72:8, 72:12, 72:19, 73:23, 74:22, 75:14, 77:23, 99:8, 101:10
Health - 1:16
hear - 32:11, 55:8, 109:11, 109:18
heard - 58:16, 61:15, 85:25, 86:1, 89:3
hearing - 52:25, 86:4, 92:4
heart - 32:9, 77:6, 81:23, 82:6, 83:7, 85:25, 91:22, 92:4, 102:10
heartbeat - 117:13
heartbeats - 118:17
heightened - 66:3
held - 54:24
help - 60:10, 72:15
helping - 46:2, 46:3
helps - 58:7
hereby - 121:4
herein - 121:8
hereunto - 121:14
herself - 15:2
high - 5:24, 26:20, 29:17, 31:4, 35:12, 47:10, 67:18, 68:13, 79:6, 83:7, 111:25
High - 6:4
hindsight - 112:4
hired - 5:22, 6:19
history - 36:11, 36:14, 50:20, 62:12, 66:15, 66:25
hmm - 79:11
holding - 86:16, 86:25, 92:22, 92:24
Home - 1:16
home - 17:10, 19:17, 24:25, 28:14, 62:9, 62:17, 98:14, 103:2
honest - 19:5, 64:3, 92:16, 101:8
honestly - 12:21, 51:19, 102:2, 108:5
hope - 17:20, 17:21
hoped - 48:20
hopeful - 45:25, 46:5
hospital - 9:10, 9:17, 12:12, 12:16, 15:12, 16:10, 17:14, 17:19, 20:21, 30:20, 44:22, 45:12, 46:21, 48:15, 49:7, 60:3, 61:4, 62:9, 63:19, 64:1, 69:6, 69:11, 70:1, 70:24, 73:3, 73:12, 74:4, 76:5, 76:15, 100:14, 103:1, 107:21, 110:6, 110:8, 111:1, 111:14, 111:19, 111:24, 112:1, 112:7, 113:5, 119:21, 120:7
Hospital - 1:17
hospitalization - 108:4, 112:6
hour - 26:4, 33:2, 33:3, 57:10, 57:15, 57:17, 57:19, 57:23, 58:15, 58:18, 102:8
hour's - 58:11
hours - 17:1, 17:4, 17:22, 21:3, 27:12, 31:7, 37:17, 47:16, 49:12, 49:23, 51:10, 52:4, 85:16, 96:23, 102:6, 102:20, 103:14, 105:4, 117:17
hurting - 55:1
hypocalcemia - 118:19, 118:21
hyponatremia - 112:15

I

idea - 67:3, 78:17, 91:10, 114:2
identified - 23:22, 36:12, 105:23
ill - 47:9, 112:1
illness - 11:1
illnesses - 61:22
images - 73:13
imagine - 43:9, 43:13
imbalance - 36:3
immediate - 13:10
immediately - 6:15, 12:11, 13:2, 17:18, 40:18, 100:10, 102:1, 106:24
impaired - 111:12
imparted - 99:9
implement - 106:8
implemented - 103:18, 103:19, 103:21, 105:22, 105:24
impression - 16:23, 17:16, 71:5, 71:9, 83:8, 83:10, 85:5, 107:7
improper - 85:12
improve - 74:6, 94:10
improved - 70:19, 72:1, 93:8, 93:18
inadvertently - 118:22
Inc - 1:9
include - 9:20, 10:3, 81:22
included - 31:18, 65:19, 113:1
including - 16:4, 45:9
indeed - 38:12, 49:10, 64:14, 104:12
index - 27:25
Index - 3:3
indicate - 54:11, 78:23, 90:21, 104:2, 117:6
indicated - 87:10, 87:20, 96:16, 97:4, 114:5, 119:9
indicates - 40:8, 87:3, 88:22, 94:20
indicating - 54:20, 93:21
Indicating - 105:6
indicators - 91:24
infant - 33:14, 71:1, 101:8, 117:21
infants - 10:24, 61:12, 61:20, 61:21, 66:20, 82:10
infer - 75:22
inform - 31:17, 37:25, 50:23
information - 13:12, 13:13, 13:14, 13:18, 13:19, 13:21, 13:22, 13:23, 14:1, 14:2, 18:1, 25:15, 25:16, 31:15, 34:10, 36:14, 39:4, 39:19, 48:6, 54:11, 54:22, 60:13, 61:25, 62:12, 67:10, 67:13, 67:16, 68:12, 69:3, 70:8, 70:16, 82:11, 82:14, 82:16, 82:18, 93:13, 97:22, 97:25, 99:9, 104:11, 104:13, 104:14, 104:16, 110:14, 112:3, 113:7, 114:19, 116:18, 117:19
informed - 22:3, 26:24, 30:24, 36:16, 42:19, 51:17, 52:6, 52:11, 53:12, 54:21, 55:17, 97:15, 99:19, 117:20, 117:23, 118:17
Informed - 95:7
informing - 26:19
infusion - 26:1, 26:6, 32:22
initial - 8:6, 105:22, 117:12
initials - 81:19
initiated - 90:12
initiating - 48:11, 48:12
injure - 106:12
inpatient - 11:14
inquired - 118:18
inside - 101:10
instance - 78:4, 78:6
instantaneous - 96:18
instead - 28:14, 67:19, 81:18, 98:14
instruct - 32:22
instructed - 85:8
instructs - 23:13
insurances - 9:16
intensive - 61:13, 103:24
interaction - 54:13, 59:20, 69:23, 101:15, 113:9
interested - 58:24
interim - 57:12
interpretation - 95:4
interpreted - 101:17
intervention - 52:19, 59:9, 104:24
interventions - 105:5
intravenous - 68:4
introduced - 54:3
intubate - 59:24, 59:25, 60:1, 60:2, 61:2
intubated - 58:22, 59:4, 59:24, 60:4, 60:16, 60:22, 61:8
intubation - 60:9, 61:23
investigated - 106:25
involved - 12:22, 59:12, 59:15, 66:9
issue - 28:9, 33:25, 36:6, 49:3, 49:6, 49:19, 49:20, 98:5, 98:21, 99:14
issues - 23:22, 57:11, 58:13, 99:13
items - 41:22
Iv - 18:25, 19:2, 30:24, 32:25, 33:18, 37:4, 59:19, 65:7, 65:16, 68:4, 72:4, 89:9, 107:16, 107:20

J

January - 5:20, 5:22, 6:19, 6:22
Jen - 108:6, 108:8, 108:14
Jennifer - 45:18, 49:15, 62:20, 70:5, 71:3, 109:17, 117:25, 118:6
Joanie - 20:17
job - 5:21, 8:12, 8:15, 9:20
Johnson - 2:8, 22:18, 27:25, 38:17, 38:19, 38:22, 43:17, 48:3, 52:21, 69:1, 73:25, 74:2, 75:3, 77:15, 78:5, 79:2, 84:4, 84:12, 84:22, 85:7, 85:11, 88:10, 88:12, 88:15, 91:3, 91:19, 92:12, 95:23, 96:5, 98:23, 99:2, 103:10, 109:1, 109:9, 116:16, 119:5, 119:14, 120:12
judge - 4:17
judgment - 9:9, 78:24, 103:21
July - 6:20, 7:7
juncture - 72:18, 79:22

K

Karen - 1:4
keep - 9:18, 23:7, 52:6, 53:16, 61:10, 73:10
keeping - 57:12
kept - 52:10
kid - 18:16, 107:12, 107:15
kind - 44:10, 49:21, 62:10, 65:14, 92:18
kinds - 61:2
knowledge - 61:19, 74:7, 113:16
known - 83:24

L

lab - 26:21, 34:18, 35:7, 35:8, 35:9, 35:12, 35:14, 35:17, 35:21, 40:15, 47:9, 48:8, 83:11, 83:15
labs - 34:2, 99:22
Lane - 68:5
larger - 77:3
last - 34:18, 81:11, 81:19, 82:23, 83:3, 83:9, 83:15, 104:17, 107:5, 108:25, 110:3, 118:22
lasted - 59:8, 64:18
lastly - 5:4
late - 63:8
lawsuit - 4:7, 4:12, 108:20, 109:17, 109:19, 109:22
leads - 70:14
learn - 41:8
learned - 13:1, 13:7, 13:10, 109:16, 110:14, 110:16, 110:19
learning - 74:7, 108:20
least - 23:24, 47:1, 48:24, 49:12, 57:4, 62:14, 63:2, 73:2, 74:25, 76:10, 78:2, 80:24, 82:3, 83:10, 85:5, 91:17, 103:3
leave - 16:12, 17:13, 82:14
leaving - 73:2
led - 46:9, 46:16, 47:6
leeway - 35:17
left - 15:9, 32:19, 35:13, 46:8, 46:15, 46:25, 63:19, 64:1, 68:21, 69:6, 69:11,

76:15, 77:2, 90:3, 90:4, 91:9, 92:7, 92:9, 92:22, 93:4, 94:4, 95:7, 104:5, 104:9, 105:6, 107:21, 110:7, 110:9
left-hand - 105:6
legs - 80:5, 80:19, 82:10
lengthy - 48:9
less - 65:24, 71:13
level - 18:19, 26:20, 34:4, 35:11, 36:10, 37:2, 40:21, 46:3, 53:8, 67:21, 79:6, 82:23, 83:3, 112:16
levels - 35:6, 83:7
licensed - 11:17
life - 7:15, 8:3
Life- 113:10, 113:17
light - 30:8, 58:24, 63:13, 63:15, 63:16, 94:21, 95:9
likely - 71:13
limitations - 9:16
limiting - 50:17, 51:6, 64:17
Line- 41:16, 42:22, 100:8
list - 20:12, 25:11, 69:17
listened - 32:9
literature - 40:18, 68:1, 68:2, 68:9, 68:11
located - 25:9
Lock- 6:12
Look- 88:12
look - 27:22, 33:4, 34:1, 38:2, 40:2, 43:14, 68:1, 69:13, 73:6, 73:8, 74:5, 81:13, 82:7, 83:11, 83:14, 95:17, 105:4, 105:18, 116:9
looked - 28:2, 32:19, 34:17, 41:7, 68:10, 79:25, 96:9
looking - 58:6, 66:22, 73:20, 80:17, 93:22, 96:22, 106:16, 115:19, 115:23
looks - 34:12, 105:25, 120:2
loop - 55:17
low - 30:22, 31:1, 36:10, 37:2, 38:11, 40:21, 51:4, 64:14, 67:18, 67:21, 68:11, 68:13, 111:25, 112:15, 112:16
lower - 11:15
Lp- 70:20, 71:4, 71:8, 71:13
Lpn- 58:3
lumbar - 70:11, 70:15, 117:7

M

Ma'am - 53:20
ma'am - 4:5, 42:5, 64:10, 96:10, 105:3, 105:18
machine - 102:16
managed - 46:23
management - 110:6, 110:7
manages - 60:21
manner - 46:6, 96:5, 96:7
manual - 68:4
Manual - 68:5
mark - 88:7, 88:18, 88:25
marked - 81:8
Marys - 1:24
maternity - 9:1
Matt - 4:5
matter - 4:10
Matthew - 2:3
max - 58:11
Md - 1:7, 1:8
mean - 9:14, 10:2, 14:4, 35:25, 54:12, 57:16, 59:7, 86:14, 87:19, 88:20, 94:12, 94:14, 95:16, 98:14, 99:3, 99:23, 108:3, 108:21, 112:25
Meaning - 93:17, 94:11
meaning - 60:25, 67:23, 75:25, 84:18, 101:11
means - 88:25, 100:13
meant - 28:6, 57:21, 100:7, 100:18
measures - 102:10
mechanical - 61:23
mechanically - 61:10
med./surg - 5:23, 7:3
medical - 11:21, 33:24, 95:18, 110:5
Medical - 1:8, 1:9, 1:16, 4:8, 5:14, 5:16, 5:19
medications - 29:19, 45:25, 46:1, 64:13, 92:4
medicine - 67:16
medicines - 52:9
meetings - 108:25, 109:1, 109:5, 109:7, 109:8, 109:11
mentioned - 30:6, 30:7, 32:4, 40:22, 42:4, 66:4, 98:11
mentioning - 49:8, 79:5
metabolic - 35:25, 36:6, 67:23
Michael - 2:4
middle - 19:16, 23:7, 37:24, 48:19, 97:6, 113:25, 115:3
midnight - 85:15, 85:16
might - 35:24, 47:12, 48:10, 67:12, 72:7, 73:16, 82:13, 110:22, 113:21
Mike - 41:14
mind - 36:4, 48:24, 86:6
mine - 105:4
minor - 1:3
minute - 26:11, 53:3
minutes - 7:25, 18:24, 26:5, 28:15, 32:22, 57:4, 57:5, 57:9, 57:15, 57:16, 57:22, 57:24, 58:8, 58:10, 58:14, 67:19, 67:20, 87:7, 102:8, 102:9, 102:22, 103:3, 103:4, 103:6, 103:23, 107:15
miss - 50:18
missing - 32:10, 118:17
misspoke - 108:13
misstated - 27:3
mls - 33:7
mode - 78:2
mom - 54:5, 54:9, 54:11, 54:12, 54:13, 67:13
moment - 64:7, 83:14
monitor - 64:21, 65:19, 65:21, 102:9
monitored - 91:11
monitoring - 103:20
monitors - 64:24
months - 13:10
morning - 16:16, 16:19, 16:22, 17:1, 17:24, 19:11, 27:2, 27:19, 28:12, 29:20, 33:22, 35:5, 37:17, 37:20, 38:8, 39:16, 43:2, 43:21, 44:13, 44:14, 45:2, 46:8, 46:15, 46:25, 47:16, 47:22, 49:16, 49:18, 49:23, 51:10, 52:4, 53:22, 56:21, 61:5, 62:3, 62:19, 63:19, 64:1, 64:5, 64:9, 71:24, 73:3, 73:4, 73:15, 76:15, 76:18, 84:9, 85:16, 86:5, 94:20, 94:22, 94:23, 100:11, 100:13, 100:15, 100:17, 100:19, 101:14, 101:19, 102:7, 105:3, 106:3, 107:21, 108:6, 112:16, 114:10
most - 34:13, 34:18, 57:8, 57:14, 57:16, 99:22
mother - 36:13, 36:15, 36:16, 50:20, 52:3, 52:6, 53:24, 55:4, 56:14, 56:18
mother's - 36:12, 66:25
Move - 103:11
move - 7:13, 75:4, 79:25
movements - 50:16, 116:5
moving - 7:9, 80:1, 80:21, 105:9
multiple - 65:16

N

nail - 59:1
name - 4:5, 5:9, 16:20, 81:19, 111:6, 111:7, 111:8
natural - 1:3
necessarily - 21:11, 65:1, 108:22, 110:19, 117:24, 118:11, 120:6
necessary - 21:6, 60:9, 60:17, 61:2, 61:6
necessitated - 91:20
need - 5:4, 9:25, 20:13, 33:4, 33:5, 34:1, 46:21, 50:8, 63:21, 67:6, 72:15, 74:22, 77:12, 97:9, 100:25
needed - 21:10, 21:19, 22:4, 26:21, 29:7, 29:9, 50:23, 51:17, 60:16, 67:13, 71:5, 71:9, 71:11, 78:23, 79:15, 79:21, 85:2, 92:14, 97:7, 103:22, 103:23, 106:24
needs - 22:16
neonatal - 38:4, 61:13, 64:18
neuro - 66:2, 102:6, 102:14, 102:22, 103:2, 103:8, 103:13, 103:18, 103:22, 104:24, 105:5
neurologic - 98:5, 98:21, 99:14
neurological - 39:6, 65:1, 99:25, 102:15, 104:25, 105:23, 106:21, 107:9, 112:19
never - 12:14, 92:17, 103:18, 104:1, 112:20, 117:1
Never- 4:14
New- 95:11
new - 18:10, 18:20, 21:23, 31:10, 32:4, 32:6, 32:11, 32:14, 54:20, 79:6, 80:25, 81:22, 82:19, 83:20
newborn - 66:1
next - 11:20, 14:11, 14:13, 15:15, 15:21, 16:22, 25:20, 38:7, 44:6, 48:17, 94:23, 110:10, 110:11
nice - 86:9
Nicu - 61:16, 62:3
night - 15:19, 18:5, 19:17, 20:10, 20:18, 21:25, 23:7, 30:22, 31:8, 36:15, 37:24, 44:7, 46:10, 46:17, 47:8, 48:19, 49:11, 49:13, 49:17, 50:13, 51:15, 51:16, 51:19, 51:20, 51:22, 51:23, 52:13, 54:25, 55:2, 55:3, 55:4, 55:5, 55:13, 55:15, 56:2, 56:5, 56:10, 56:11, 56:13, 56:17, 56:19, 56:24, 58:1, 59:17, 59:21, 63:17, 68:7, 75:11, 80:2, 84:2, 86:19, 97:6, 110:11, 113:25, 115:3
nights - 21:23, 51:12
Nights - 44:19
Nissel - 1:18, 121:3, 121:21
nobody - 16:20, 86:1
nonetheless - 79:1
norm - 38:4
normal - 34:22, 64:17, 66:1
normally - 11:16
notary - 121:3
Notary - 1:19, 121:22
notation - 104:1, 118:2
note - 30:3, 39:1, 39:13, 42:24, 47:23, 62:20, 63:4, 70:5, 80:23, 81:1, 81:7, 86:12, 88:12, 88:19, 89:14, 89:21, 92:21, 93:3, 93:5, 93:18, 94:12, 94:13, 95:6, 95:14, 96:9, 107:25, 119:8
noted - 80:2, 87:6, 87:7, 93:8
notes - 29:11, 30:4, 31:23, 33:4, 38:1, 38:2, 41:8, 41:10, 41:22, 42:6, 42:15, 42:18, 48:6, 54:10, 54:14, 54:19, 58:21, 79:24, 81:22, 90:21, 94:4, 94:16, 94:19, 95:3, 95:5, 96:23, 98:12, 105:2, 116:7, 116:9, 118:4, 118:15, 121:10
Nothing - 120:10
nothing - 120:11, 121:6
notice - 82:7
noticed - 77:6, 82:6, 87:1, 104:18, 117:13
notification - 96:10
notified - 24:22, 50:24, 89:25, 95:7, 117:25, 118:20
notify - 51:17, 97:4, 97:8
notion - 98:4, 98:21, 99:2
notions - 99:5
number - 68:13, 83:22
nurse - 5:23, 8:9, 8:20, 14:21, 22:8, 30:4, 39:22, 39:24, 40:1, 40:6, 44:12, 45:16, 50:13, 51:9, 59:17, 59:18, 62:11, 65:5, 66:24, 83:22, 91:17, 92:24, 94:23, 102:16, 102:22, 103:3, 103:9
Nurse - 92:22
nurses - 13:17, 13:21, 14:3, 23:13, 25:6, 39:7, 55:11, 55:22, 74:11, 100:17
Nurses' - 81:8
nurses' - 25:14, 29:11, 31:23, 38:1, 39:1, 41:8, 41:9, 41:22, 48:6, 63:9, 94:19, 118:4
nursing - 6:14, 7:13, 8:5, 8:6, 9:8, 14:12, 14:16, 19:25, 20:4, 20:25, 21:5, 21:18, 22:3, 22:9, 22:10, 22:24, 23:4, 23:7, 23:9, 24:10, 24:13, 25:23, 26:14, 31:21, 38:8, 45:23, 49:25, 50:5, 50:10, 50:20, 50:24, 51:13, 51:18, 51:25, 52:12, 53:4, 53:5, 53:10, 53:11, 55:9, 55:24, 56:4, 56:8, 56:15, 56:18, 56:20, 60:17, 62:11, 64:20, 66:15, 66:25, 71:25, 72:10, 72:17, 75:8, 75:9,

75:23, 76:9, 76:23, 77:16, 77:18, 77:21, 77:24, 78:1, 78:12, 79:19, 90:12, 90:13, 97:4, 97:10, 97:15, 99:20, 103:20, 104:20, 105:2, 106:5
Nz - 95:7

O

o'clock - 17:24, 26:4, 34:12, 34:19, 39:15, 56:21, 63:13, 66:12, 68:21, 83:16, 83:18, 83:19, 85:24, 86:5, 92:2, 100:12, 115:3, 115:8, 115:16, 116:1, 116:11, 116:18, 116:23, 117:12, 117:13, 118:16
O2 - 58:25, 95:10
oath - 4:16
object - 38:18, 38:20, 38:21, 69:1, 84:12, 92:13
Object - 22:18, 43:17, 48:3, 52:21, 73:25, 74:2, 75:3, 77:15, 78:5, 79:2, 84:4, 84:22, 88:10, 91:3, 91:19, 103:10
Objection - 92:12, 115:11
objection - 22:22, 115:17
obligated - 74:17
observed - 18:11, 18:12, 32:19, 37:15, 37:18, 42:11, 82:2, 83:24, 88:6, 89:23, 92:22
observing - 36:5, 37:8, 43:7
obtain - 66:17, 81:24, 82:5, 82:8, 82:15
obtained - 40:15
obviously - 20:13, 53:6, 54:12, 95:17, 99:7
occasion - 56:7, 69:19, 113:24
occasional - 80:8
occasionally - 81:1, 81:23
occasions - 61:18
occur - 74:1
occurred - 61:18, 75:24, 76:22, 77:4, 86:15, 104:17
Off-the-record - 28:1, 53:18, 95:22
offering - 81:10
office - 121:15
often - 12:23, 50:18, 103:8, 103:13
older - 10:12, 10:24, 61:16
oldest - 9:3
on-the-job - 8:12
once - 54:21, 68:23, 97:7
oncoming - 117:3
One - 20:12, 55:24, 111:5, 115:1
one - 5:2, 7:9, 7:13, 11:19, 20:10, 20:15, 21:14, 24:24, 26:19, 34:12, 34:13, 35:2, 35:9, 36:7, 38:16, 39:11, 41:24, 41:25, 42:23, 48:11, 49:18, 51:12, 55:12, 57:19, 62:8, 64:18, 67:4, 68:4, 69:13, 70:13, 72:21, 73:22, 83:23, 84:7, 84:18, 84:20, 90:1, 90:14, 93:23, 94:7, 94:15, 119:15
one-time - 67:4
operation - 78:3
opinion - 78:14, 85:7
opinions - 110:4
opposed - 70:8, 93:22, 96:12
order - 17:24, 18:24, 19:2, 19:4, 19:9, 24:22, 25:25, 26:5, 27:22, 28:7, 35:14, 48:5, 73:16, 74:12, 96:14, 96:17, 96:19, 98:12, 100:16, 103:25, 106:4, 113:24, 114:8, 114:10
ordered - 28:19, 29:5, 29:12, 37:3, 64:22, 64:25, 65:1, 65:19, 72:18, 72:22, 75:20, 77:12, 77:22, 77:23, 97:18, 98:6, 98:10, 100:6, 100:9, 101:22, 101:25, 103:18, 114:4, 114:7, 114:20, 114:23, 115:2
ordering - 29:3
orders - 26:16, 28:10, 39:12, 39:15, 51:2, 60:10, 78:19, 78:20, 82:19, 95:11, 95:15, 100:7, 118:22
organization - 23:21
oriented - 8:8
otherwise - 86:2, 92:2, 94:9
ourselves - 110:13
outcome - 74:8, 79:20, 111:2
outlines - 23:17
outpatient - 9:23, 11:14
outpatients - 9:21
output - 87:23
overlooked - 93:15
overnight - 9:25, 16:25, 17:4, 17:22, 21:3, 27:12, 36:5, 84:8, 85:3, 85:15, 96:23, 102:6, 102:7, 102:20, 103:9, 103:14
oversight - 93:12
own - 1:5, 25:2, 74:6, 79:24, 95:17, 103:19, 103:20, 108:11
oximeter - 64:21
oxygen - 102:10, 105:15, 106:9

P

Page - 3:5, 29:24, 38:25, 41:14, 42:18, 81:7, 95:17, 97:21, 100:6, 100:9, 102:13, 105:2, 106:3, 106:14
page - 19:19, 19:23, 24:18, 24:19, 24:24, 41:13, 69:20, 81:12, 88:14, 90:9, 90:18, 95:19, 96:3, 106:1
paged - 22:5, 24:17, 91:13
pages - 24:25, 57:1, 69:14, 96:7
paging - 21:2, 24:11, 63:25
paired - 58:3
pale - 39:3, 59:1
pale/dusky - 62:24
Palmer - 59:11, 59:16
paper - 93:14, 93:16, 104:14
parents - 1:3, 53:21, 62:8, 62:16
part - 39:20, 52:19, 93:13
partially - 44:16
particular - 13:9, 25:3, 25:11, 31:25, 69:21, 78:4, 78:6, 85:8
pass - 38:9
passing - 80:19
patient - 8:25, 9:3, 10:16, 10:18, 11:19, 12:4, 12:6, 12:14, 12:15, 12:19, 17:18, 18:1, 18:2, 18:4, 18:5, 21:22, 26:18, 36:14, 54:2, 60:2, 60:4, 60:15, 60:16, 64:3, 74:4, 74:5, 74:8, 74:12, 74:14, 80:2, 81:1, 92:17, 95:7, 96:20, 96:21, 97:14, 102:19, 103:1, 105:14, 105:21, 106:19, 108:8, 110:18, 117:4, 118:1, 118:10, 118:13, 119:3, 119:21, 120:8
Patient - 62:22
patient's - 31:10, 42:3, 48:1, 53:11
patients - 8:17, 8:24, 9:6, 9:9, 9:12, 9:17, 9:24, 10:2, 11:10, 11:17, 11:19, 12:23, 45:8, 53:16, 59:25, 60:22, 113:25
Patricia - 1:13, 3:3, 4:1, 5:10, 121:5
pauses - 65:24
pediatric - 7:4, 7:13, 7:15, 8:3, 8:5, 8:7, 8:9, 9:6, 9:19, 102:16, 102:22, 103:3, 103:23, 113:25
pediatrics - 7:4, 7:14, 7:16, 8:8, 8:19, 8:21, 9:3, 9:8, 10:6, 10:13, 10:16
Pennsylvania - 1:2, 121:4
people - 10:3, 14:3, 20:12, 101:16, 114:25
Peoples - 1:13, 3:3, 4:1, 5:10, 121:5
perform - 114:3
performed - 70:13, 70:17, 70:19, 114:16, 114:20, 115:3
period - 8:10, 13:2, 29:23, 32:12, 36:5, 38:5, 41:19, 41:20, 42:8, 51:9, 64:18, 66:10, 66:18, 76:11, 84:8, 85:15, 86:12, 89:16, 96:24, 103:9, 116:24, 117:11, 117:17
periodic - 38:3, 38:4, 42:20, 59:2, 80:8, 95:11
Periodic - 64:17, 65:23
periods - 9:18, 80:3, 80:8
perplexed - 52:16, 52:18
persisted - 104:10
person - 20:8, 20:13, 21:1, 24:13, 101:6
person's - 111:6
personal - 108:11
persons - 4:8
perspective - 60:7
petition - 121:11
pharmacist - 68:7
phase - 11:13
phenobarbital - 49:3, 49:4, 49:20
phone - 32:8, 34:7, 69:17, 79:4, 82:15, 89:5, 97:23, 98:19, 100:20, 107:8, 107:20, 115:16
phoned - 70:6, 87:20
phrased - 85:11
physically - 63:5
physician - 18:3, 20:4, 23:7, 38:14, 41:7, 60:1, 69:21, 77:13, 80:11, 106:4, 117:3, 119:20, 119:24, 120:3
physicians - 9:5, 12:2, 12:8, 12:22, 12:24, 13:20, 25:12, 52:20, 69:15, 110:21
piece - 93:14, 93:15
piecing - 81:22, 90:24
Place - 1:16
place - 15:13, 25:9, 25:10, 51:24, 69:10, 69:13, 69:20, 72:25, 76:10, 77:13, 105:20, 118:23, 121:8
placed - 64:24, 64:25, 118:22
plaintiff - 4:6
Plaintiffs - 1:5, 2:3
Pleas - 1:1
Pm - 1:15, 31:6, 31:7, 31:16, 32:3, 32:6, 32:8, 32:9, 34:20, 34:21, 44:16, 44:20, 45:6, 45:12, 46:18, 70:2, 76:6, 76:17, 77:5, 80:2, 80:25, 82:3, 82:19, 83:9, 84:2, 84:8, 87:6, 87:15, 88:19, 89:5, 99:9, 99:12, 99:17, 99:18, 102:7, 118:16, 120:13
Po - 1:23
point - 12:25, 14:7, 22:2, 23:19, 24:6, 26:22, 34:1, 34:22, 35:5, 36:19, 38:1, 38:6, 39:9, 41:6, 42:1, 42:12, 44:9, 45:24, 46:4, 47:10, 51:3, 52:14, 58:6, 67:24, 70:3, 71:22, 72:9, 73:17, 74:20, 78:22, 79:18, 80:11, 80:15, 80:18, 82:20, 83:1, 83:3, 83:21, 85:5, 85:21, 86:2, 86:13, 86:18, 89:12, 89:20, 89:24, 90:1, 90:6, 90:11, 90:14, 91:15, 91:18, 91:21, 93:1, 97:13, 98:6, 98:10, 99:22, 101:14, 108:8, 109:16, 113:14, 117:7
policy - 20:2, 20:3, 22:14, 22:22, 23:12, 23:17, 23:19, 23:21, 23:23, 77:13, 78:2, 97:9
positive - 11:16, 117:2
possibility - 40:20, 93:21, 94:18
possible - 38:11, 100:14, 100:18, 100:22, 105:24, 106:7, 106:21, 114:12
possibly - 12:10, 12:19, 35:11, 61:22, 79:7, 88:2, 98:6, 110:10
Possibly - 106:23
potassium - 83:6
potential - 99:14
potentially - 59:20, 83:19, 84:19
practice - 8:20, 9:13, 40:24, 104:15
precaution - 105:8, 105:10, 105:19
preceded - 90:4, 92:8
precipitated - 111:22
preface - 75:4, 103:11
premature - 61:12, 61:21
prepared - 65:10, 65:17, 83:25, 84:9, 106:5
present - 63:1, 63:5, 67:11
pressed - 11:2
pressure - 81:24, 82:3, 82:5, 82:9, 87:25
presume - 42:3
pretty - 65:7, 104:25
prevalent - 10:25
previous - 21:24, 29:19, 30:22, 34:25, 43:2, 79:9, 116:25, 117:2, 117:20
previously - 33:1, 41:21, 61:20
primarily - 11:5, 11:15
primary - 33:11, 33:18
privy - 46:15, 61:25, 62:5
problem - 84:18
procedure - 22:14, 22:23, 60:18
procedures - 67:22
proceed - 46:6, 60:20, 71:13, 77:18,

78:23
proceeded - 97:8
proceedings - 121:8
process - 77:17, 91:1, 91:5, 103:19, 103:21
progression - 24:9, 107:4
promise - 4:23
pronounce - 16:20
protect - 106:12
provide - 16:24, 74:23, 82:13, 111:15
provided - 4:9, 8:16, 96:1, 110:5, 117:19
providers - 33:24
providing - 74:25
Public - 1:19, 121:22
public - 121:3
pulling - 80:5, 80:18, 82:10
puncture - 70:11, 70:15, 117:7
pupil - 30:7, 32:19, 77:2, 90:4, 92:9, 92:10, 92:22, 92:23, 93:4, 93:17, 93:24, 94:4, 94:15, 95:7, 104:5, 104:9
pupils - 66:6, 94:20
put - 61:16, 64:20, 107:1, 118:24
putting - 9:16
puzzled - 115:5
puzzlement - 72:21, 74:20, 75:7

Q

questionable - 118:17
questioning - 72:10
questions - 5:4, 48:11, 113:20, 115:7, 119:12, 119:13
quickly - 101:5, 101:8, 101:19, 114:21
quite - 11:16, 20:20, 27:14, 39:23, 40:3, 43:5, 54:24, 86:16, 86:24
quote - 32:4, 32:14, 39:2, 53:7, 98:21, 98:22, 100:17

R

radiographic - 72:11
radiology - 101:7, 114:11
range - 10:1, 10:3, 34:5, 65:25
ranges - 9:12, 67:15
Rarity- 2:9
rate - 18:25, 19:2, 26:1, 26:6, 32:22, 32:25, 33:2, 33:3, 33:6, 33:8, 33:11, 33:18, 102:10, 107:16, 107:21
rather - 5:5, 15:11, 21:12, 48:17, 88:12, 115:9, 115:16
reach - 20:1, 22:11, 22:24, 23:1, 23:5, 23:6, 23:9, 23:14, 55:15, 57:18, 68:15, 89:23, 96:13
reachable - 22:17, 25:21
reached - 24:13, 79:1
reaching - 24:12, 63:24, 68:14, 68:17
reaction - 70:14
reactive - 94:21
reactivity - 66:6
read - 19:10, 23:2, 27:1, 27:6, 27:7, 27:15, 27:18, 29:21, 33:6, 36:24, 38:24, 42:24, 94:12, 95:12, 97:19, 105:10, 113:5, 113:6, 113:19, 119:14
reader - 44:11
reading - 27:14, 41:13, 41:21, 83:16, 93:25, 94:3, 94:16, 94:17, 95:3, 95:5, 98:12, 101:3, 101:6
readings - 101:7
realize - 10:20
really - 11:2, 15:18, 24:25, 26:22, 51:19, 57:24, 61:3, 73:4, 73:5, 79:3, 82:20, 84:5, 92:16, 93:10, 108:3, 108:13
reason - 4:18, 5:6, 22:23, 58:13, 64:19, 73:5, 77:20
reasons - 20:6, 84:20
rebeep - 58:11, 58:12, 58:16
recalled - 40:19
receive - 7:8, 7:12, 8:4, 9:22, 12:13, 97:5
received - 7:15, 8:4, 26:17, 28:7, 44:8, 45:16, 49:17, 51:2, 54:22, 71:25, 78:19, 95:12, 96:17, 96:18
receiving - 13:12, 13:19, 33:14, 72:4, 73:12, 92:5, 97:22, 97:25, 103:2, 117:5
recent - 34:13, 34:18, 99:22
recertified - 7:19
reckoning - 91:17
recollection - 25:17, 29:24, 37:21, 39:19, 40:10, 40:12, 41:11, 43:1, 62:15, 97:20, 98:19
recommendation - 79:1
record - 28:1, 39:10, 53:17, 53:18, 82:8, 91:16, 93:22, 95:21, 95:22, 95:24
recorded - 41:9, 69:15
recording - 102:11
records - 11:22, 40:6, 45:1, 46:14, 47:19, 58:5, 63:3, 63:21, 63:23, 68:24, 69:14, 95:18, 104:20, 105:1
recounted - 69:3
Redirect- 119:16
refer - 83:11, 96:3, 109:20
reference - 13:9, 104:2, 110:15
references - 68:6
referred - 68:2
referring - 27:16, 27:21, 30:3, 40:7, 63:15, 65:12, 68:10, 81:7, 95:17, 105:2, 105:12, 106:1, 112:12, 118:2
refers - 105:3
reflect - 45:1
reflected - 42:6, 46:14, 47:18, 54:9, 54:17, 54:19
reflects - 80:24, 96:10
regard - 78:20
regarding - 12:4, 12:5, 12:6, 21:19, 25:12, 29:3, 29:7, 29:24, 44:3, 50:11, 52:18, 58:22, 59:3, 62:8, 72:22, 82:3, 88:19, 96:19, 100:5, 100:7, 102:5, 106:17, 108:6, 108:7, 111:18, 117:14
Regarding- 97:16
regardless - 51:22
regards - 12:19
Regional- 1:8, 1:16, 4:8, 5:14, 5:16, 5:18
regroup - 28:9
regularly - 10:6
reimbursement - 9:16
related - 22:1, 24:1, 25:15, 29:16, 30:21, 31:1, 31:3, 31:4, 32:18, 37:3, 38:11, 40:18, 40:21, 48:8, 60:15, 64:14, 67:22, 68:12, 77:2, 77:17, 79:7, 79:8, 86:4, 86:7, 86:8, 92:4, 94:19, 99:13, 110:24, 115:6
relates - 40:12
relating - 42:18, 113:17
relation - 4:7, 64:9, 90:15
relay - 54:23, 60:13
relayed - 38:7
released - 15:11
relevant - 88:4
remember - 7:25, 14:20, 16:7, 18:16, 18:23, 19:1, 19:6, 21:18, 21:22, 26:3, 26:6, 26:7, 26:8, 26:12, 26:13, 26:18, 29:1, 29:6, 29:9, 30:10, 33:21, 33:23, 39:22, 47:16, 50:4, 51:7, 51:8, 51:15, 51:19, 51:21, 51:23, 54:1, 54:4, 54:8, 55:22, 56:14, 62:7, 63:11, 63:24, 72:24, 79:4, 83:12, 86:17, 96:2, 107:13, 107:24, 108:9
remind - 103:17
repeat - 4:19, 26:2, 73:12, 115:14
rephrase - 43:11
report - 14:12, 14:17, 17:6, 17:9, 17:16, 18:8, 21:5, 22:3, 22:10, 31:12, 33:22, 35:5, 36:12, 38:8, 44:8, 45:17, 45:23, 49:16, 49:17, 49:18, 60:8, 62:21, 71:25, 82:24, 99:20, 107:25, 108:6, 112:23, 112:25, 117:2, 118:6, 118:24
reported - 32:7, 32:15, 48:16, 87:8, 87:14, 89:4, 89:6, 89:7
Reported- 1:18
reporter - 4:25
Reporter- 121:1
Reporting- 1:23
reporting - 70:8
reports - 49:20
represent - 4:6
require - 9:21, 60:21, 61:22, 73:9
required - 59:9
resources - 68:3
respect - 70:7
respiratory - 64:21, 65:21, 111:5
response - 18:22, 19:21, 19:22
responsibilities - 58:4
responsibility - 74:13
responsible - 84:2
responsive - 119:7
rest - 52:4
restate - 14:6
result - 23:23
retired - 20:18
return - 24:18
returned - 24:19
review - 82:23
reviewed - 11:21, 11:24, 21:24, 40:17, 52:14, 83:3, 83:8, 99:22, 117:3, 118:12, 118:21, 119:2
reviewing - 34:9, 40:15, 70:18
Richard- 1:7
risk - 106:6, 110:7
Rita- 14:21, 14:25, 15:5, 15:14, 15:22, 16:3, 17:6, 17:9, 17:17, 33:23, 35:5, 44:2, 49:17, 107:24, 108:6, 108:15, 109:18, 111:17, 113:2, 113:9
Rn- 1:13, 3:3, 4:1, 58:2, 121:5
roles - 9:20
rolled - 39:3, 41:18, 42:9, 106:10
rolling - 37:1, 42:14
room - 40:16, 51:13, 52:1, 52:3, 52:13, 53:5, 53:11, 54:2, 54:24, 55:10, 55:23, 56:4, 56:8, 56:9, 59:18, 60:19, 63:9, 65:6, 65:9, 65:15, 66:16, 67:1, 67:9, 82:15, 86:15, 86:21, 86:24, 90:14, 103:15, 105:16
rotations - 8:7
round - 94:21
rounded - 48:17
rounding - 16:18
rounds - 16:22
roused - 55:11
routine - 101:1
row - 104:23
Rpr- 1:19, 121:22
ruling - 70:25, 89:10
running - 33:15

S

safe - 105:14
safety - 106:9
same-day - 9:24
sat - 39:4
satisfied - 73:13
sats - 58:25
saw - 15:15, 15:21, 21:13, 21:24, 29:10, 36:20, 37:25, 38:1, 40:23, 42:6, 50:22, 54:20, 59:13, 65:14, 68:11, 84:11
scale - 66:21
scan - 19:9, 73:22, 75:15, 113:4
scanning - 71:18, 72:8, 72:11, 74:21, 77:22
schedule - 15:19
scheduled - 45:8
school - 5:24
School - 6:4
Schreiber - 1:18, 1:23, 121:2, 121:21
science - 6:14
scope - 8:20, 9:13, 40:23
seal - 121:15
season - 10:22
second - 26:10, 44:7, 49:11, 51:16, 51:20, 51:23, 54:25, 55:3, 55:4, 55:5, 55:13, 55:15, 56:2, 56:4, 56:10, 56:13, 56:17, 56:23, 78:7, 81:11, 108:15
seconds - 40:4, 59:7, 59:10, 64:19, 65:22, 65:24
section - 27:24
see - 7:8, 8:18, 16:13, 17:17, 33:10, 33:11, 40:25, 41:11, 45:13, 48:18, 53:14, 53:15, 58:6, 66:7, 71:19, 81:11, 93:6, 97:19, 112:5, 112:21, 116:11, 116:19
seeing - 21:21, 29:12, 37:5, 38:12, 40:14, 41:3, 50:15, 50:23, 50:25, 51:5, 51:18, 52:23, 60:14, 64:12, 66:4, 67:4, 67:8, 67:9, 70:18, 83:20, 92:15, 94:9, 101:13
seemingly - 92:1
seizure - 31:3, 31:18, 31:21, 37:15, 38:12, 38:16, 39:22, 39:25, 40:2, 40:20, 41:2, 43:4, 43:7, 65:14, 89:8, 89:12, 105:8, 105:10, 105:14, 105:19, 105:24, 106:6, 106:7, 106:13, 116:14
seizure-like - 31:18,

38:12, 38:16, 40:20, 116:14
seizure-type - 31:3, 65:14
seizures - 30:5, 30:15, 30:17, 30:18, 30:25, 37:9, 37:19, 38:11, 38:15, 40:8, 40:13, 40:24, 43:16, 43:23, 51:4, 95:9, 99:24, 101:9, 112:15
self - 50:17, 51:6, 64:17
self-limiting - 50:17, 51:6, 64:17
send - 9:9, 12:14, 16:13, 46:21, 73:14
sense - 112:4, 112:12, 112:13
sent - 13:17, 13:23, 15:6, 45:22, 110:13, 110:15
sepsis - 36:19, 67:14, 70:25, 71:2, 89:10
septic - 46:1
sequence - 24:21, 25:2, 25:3, 25:17
sequences - 25:11
series - 115:25
Service - 1:23
service - 24:20, 98:16
services - 9:21, 11:14, 73:9, 74:6
set - 121:14
settled - 66:16
several - 17:3, 19:15, 25:15, 68:3
Shaffer - 1:3, 1:4, 4:6, 4:9, 12:8, 53:21, 109:19, 110:5
Shaffer-doan - 1:3, 4:9, 12:8, 109:19, 110:5
Shaffer-doan's - 53:21
Shaker - 16:19, 17:23, 18:10, 18:15, 30:23, 116:25
shared - 104:14
sheet - 17:25, 98:13
shift - 15:20, 20:3, 20:10, 20:18, 38:7, 80:23, 85:3, 93:12, 100:12, 115:10, 115:15, 116:7, 116:22
shifts - 105:20
shivering - 88:1
shock - 44:3
shocked - 15:6, 16:7, 16:11
short - 39:21, 40:3
shortly - 6:15, 31:17, 62:21, 114:17
showing - 30:21, 31:3, 77:1, 116:1
Siar - 69:24, 70:2, 70:6, 120:3
sick - 36:17, 65:7, 65:10, 66:5, 84:17, 84:25
sicker - 85:17
signed - 98:13, 120:2
significance - 33:16, 38:5, 58:8
significant - 52:25, 59:8, 65:23, 66:18, 86:17, 93:7, 103:17
signs - 66:17, 66:22, 95:23
similar - 86:18
simply - 119:8
single - 67:4
situated - 66:19
situation - 20:7, 47:7, 60:20, 84:16
situation's - 7:2
size - 94:15, 104:9
skipping - 77:6, 81:1, 81:23
sleep - 20:5, 52:5
sleep-deprived - 52:5
sleeping - 54:12
slept - 55:2, 55:4
slight - 87:16, 88:19
slightly - 30:7, 30:8, 32:20, 77:2, 90:5, 92:9, 92:23, 93:24, 94:4, 95:8, 104:6
sluggish - 30:8, 95:8
sodium - 33:25, 34:1, 34:4, 34:17, 34:21, 34:25, 35:6, 67:24, 112:15, 112:16
someone - 27:13, 106:6, 110:20, 112:7, 114:23
sometime - 42:7, 44:23, 90:25, 97:2
sometimes - 58:12, 58:14, 71:12
somewhat - 110:2
Somewhere - 15:17
somewhere - 23:2, 25:6
sonogram - 28:6, 28:12, 28:20, 75:15, 98:7, 98:11, 100:5, 101:3, 101:11, 101:25
soon - 17:12, 48:21, 100:13, 100:18, 100:21, 101:19, 114:12
sooner - 16:12, 16:14
Sorry - 98:8, 119:15
sorry - 26:2, 27:7, 28:2, 77:5, 94:1, 98:3, 102:25
sort - 37:20, 47:25, 55:17, 72:15, 98:4
Sosnowski - 2:4, 38:18, 41:13, 119:12
sounded - 32:10
sounds - 16:6, 44:24, 61:14
span - 117:17
speaking - 14:14, 14:18, 14:20, 14:21, 15:5, 26:8, 26:14, 49:25, 53:20, 69:8, 75:9, 77:21, 79:20
specialized - 7:12
specialty - 9:7
specific - 8:5, 8:10, 9:12, 24:22, 27:16, 42:16, 48:8, 51:8, 66:9, 108:22, 110:23
specifically - 9:13, 40:13, 40:22, 41:10, 58:6, 58:23, 72:8, 74:21, 92:7, 104:9, 107:14
specificity - 96:24
specifics - 13:4, 13:6, 54:6, 54:8, 61:25
spoken - 26:9, 90:19
St - 1:24
Staff - 5:23
staff - 9:8, 14:12, 14:16, 31:21, 60:17, 64:20, 72:10, 101:16
stamp - 96:1
stamped - 96:6
stamping - 96:6
start - 5:18, 59:19, 64:13, 64:15, 64:16, 72:16, 91:1, 91:5
started - 7:3, 8:18, 20:20, 30:24, 44:19, 51:16, 68:19, 71:12, 71:14, 71:15, 80:16, 85:21, 86:20, 89:19, 97:2
starting - 7:16, 52:9, 91:23, 99:9, 115:24
starts - 65:16
stat - 19:10, 27:1, 27:5, 27:7, 27:11, 27:14, 27:15, 27:18, 28:19, 28:25, 47:21, 97:19, 101:3, 102:1, 114:4, 114:20, 114:23
state - 118:16
statement - 114:5
statements - 109:24
station - 25:14, 63:9
status - 70:6, 78:16, 118:1
stay - 9:25
stayed - 86:21
steps - 65:18, 77:10, 79:19, 79:21
still - 20:23, 34:4, 34:22, 44:8, 45:13, 45:21, 65:25, 84:12, 84:13, 92:5, 111:21
stools - 80:16
strep - 36:13, 36:17, 67:14
strike - 75:4, 103:11
studies - 29:13, 71:11, 71:16, 72:12, 72:18, 72:22, 73:11, 73:16, 75:20
study - 75:12, 101:4, 114:24
subject - 55:18, 73:24, 74:23
subjects - 75:19
subside - 49:10
subsiding - 49:11
substance - 51:23
suck - 115:24
suction - 105:15, 106:8
suggested - 38:10
suggesting - 73:21
suggestion - 38:14
suggests - 93:4
suit - 12:5
summary - 95:18
Sundar - 1:7
superiors - 110:6
supervisor - 19:25, 20:4, 20:9, 20:18, 20:25, 21:6, 21:18, 21:22, 21:23, 21:24, 22:10, 22:24, 23:4, 23:8, 23:9, 24:10, 24:13, 25:24, 26:8, 26:14, 26:16, 26:19, 26:24, 49:25, 50:5, 50:10, 50:24, 51:1, 51:9, 51:13, 51:18, 51:25, 52:12, 53:4, 53:5, 53:10, 53:11, 55:10, 55:24, 56:4, 56:8, 56:16, 56:18, 56:20, 56:22, 75:10, 75:23, 76:10, 76:23, 76:25, 77:17, 77:19, 77:21, 77:25, 78:1, 78:12, 78:22, 78:24, 79:19, 90:12, 90:14, 97:4, 97:10, 97:15, 110:11
supervisors - 20:10, 110:6
supplement - 31:21, 37:4, 38:10
supplementation - 30:25, 32:24, 72:4, 99:24
supplementing - 64:16
support - 7:15, 8:3
supposed - 23:14
surgical - 9:24
surprise - 72:21, 74:20, 75:7
surprised - 41:8, 41:23, 42:24, 45:13, 45:21, 70:20, 82:17, 105:16
suspect - 87:22
sworn - 4:2, 40:5, 121:5
symptom - 78:13, 86:10, 110:23
symptoms - 18:20, 29:11, 30:19, 30:21, 31:2, 31:3, 32:5, 36:4, 43:10, 43:13, 47:8, 48:7, 48:16, 49:9, 51:16, 53:13, 53:15, 60:8, 62:8, 63:13, 63:15, 63:16, 64:4, 64:14, 64:16, 71:2, 77:1, 79:7, 79:12, 83:20, 83:24, 84:10, 84:19, 85:22, 86:6, 91:18, 91:23, 92:18, 92:19, 96:20, 99:19, 99:21, 102:20, 103:2, 111:20, 111:23, 112:2, 112:5, 112:19, 117:20
system - 66:9, 69:16, 81:15

T

talks - 102:11
taught - 97:12
team - 15:1, 113:10, 113:18
technicians - 101:15
telemetry - 5:23, 7:3
telephone - 115:8
ten - 11:20, 67:19
tend - 101:7
tense - 112:20
tenure - 6:23
term - 107:13
terms - 8:21, 9:11, 10:1, 13:9, 16:23, 42:6, 63:3, 82:3, 108:10
Terry - 2:6
tertiary - 47:3
test - 108:23
testified - 4:2, 14:25, 37:13, 41:5, 59:14, 91:6, 97:17
testify - 4:11, 121:5
testimony - 4:15, 4:17, 10:5, 40:5
testing - 101:17
tests - 28:18, 29:7, 71:21, 72:7, 73:13, 74:12, 74:20, 77:12, 100:8, 100:17, 100:20
themselves - 31:15, 106:13
therapists - 111:5, 111:12
thereabouts - 76:6
thereafter - 6:15, 13:10, 53:22
they've - 61:23, 61:24, 112:2
thicket - 104:22
thinking - 15:1, 67:21, 67:22, 79:15, 82:4, 85:9, 85:14, 85:19, 86:11, 86:13, 86:20, 100:1, 100:2, 100:4, 110:17
third - 25:24
thirty - 103:4
thoughts - 72:7
thrash - 106:11, 106:12
three - 9:2, 10:7, 10:11, 19:20, 22:6, 24:11, 24:17, 49:19, 57:8, 81:24, 117:17
Throughout - 63:17
throughout - 105:1
tied - 58:15
timeframe - 63:13, 63:18, 66:13, 68:21, 76:21
timing - 15:4, 100:8
Timothy - 1:4
to-contact - 25:16
today - 4:11, 5:13, 7:1, 8:19, 23:12
toe - 66:21
together - 17:13, 50:14, 67:11, 81:22, 90:24, 107:1
took - 4:16, 16:9, 17:6, 51:24, 65:18, 69:10, 69:20, 72:25, 108:6
total - 57:17
track - 57:13
trained - 22:15
training - 7:8, 7:12, 7:16, 8:4, 8:12
transcribed - 5:7
transcript - 119:14, 121:11
transcription - 5:1, 81:9
transfer - 12:3, 15:4, 16:4, 16:9, 61:9
transferred - 7:3, 13:2, 13:15, 15:2, 17:19, 41:6, 44:4
transfusions - 9:22
transition - 9:11, 11:13
transitions - 8:24
transpired - 13:7, 31:13, 31:17, 113:14
transpiring - 84:1
transport - 15:1
traumatic - 65:16
treat - 49:9, 60:16,

71:15
treated - 89:10, 99:21
treating - 30:19, 30:24, 51:4, 89:8, 99:23
treatments - 117:4
tremors - 30:6, 32:19, 85:22, 87:6, 87:8, 87:16, 88:1, 88:8, 88:19, 90:4, 92:8, 95:10, 116:8, 116:12
tried - 19:14, 19:18, 24:20, 55:5, 57:18, 82:12, 89:23, 96:13, 96:25
trouble - 68:14
true - 22:21, 98:5
truly - 51:11
trust - 9:8, 78:24
truth - 121:6
Try- 4:24
try - 20:13, 74:5, 74:6, 79:25, 91:10
trying - 52:3, 56:14, 57:20, 79:16, 86:3, 92:5, 116:17
Tuesday- 1:14
turn - 18:25, 19:2
turned - 39:3
twelve - 10:17
twitching - 32:18, 37:1, 37:18, 39:2, 41:17, 42:8, 42:14, 42:20, 43:2, 86:12, 89:15, 89:22, 90:3, 92:8
two - 7:22, 7:23, 8:1, 9:2, 10:7, 10:11, 11:19, 19:20, 22:6, 24:11, 24:17, 26:10, 43:9, 55:10, 55:22, 57:8, 107:1
type - 8:24, 31:3, 61:22, 65:14
typed - 88:18
typical - 10:15, 10:18, 53:9, 56:22, 110:24
typically - 8:18, 20:18, 53:14, 119:20
Typically- 20:17

U

ultrasound - 47:21, 97:18, 98:8
ultrasounds - 113:24
Um-hmm - 79:11
unable - 81:24
uncomfortable - 53:15, 86:25
uncommon - 73:8
under - 4:16, 39:6, 43:13, 95:15, 95:23, 104:24, 118:4, 120:2
underlying - 47:12, 49:9
understandably - 112:18
understood - 4:21, 43:3
unimportant - 20:6
unique - 47:25
unit - 61:13, 61:21, 103:24
University - 6:12
unless - 50:18
unquote - 39:4
unsuccessfully - 22:5, 24:17
unusual - 65:8, 65:11, 66:7, 73:8, 82:9
up - 7:1, 8:19, 11:14, 42:12, 52:14, 56:11, 56:20, 58:3, 58:15, 58:20, 59:10, 67:2, 80:5, 80:19, 83:17, 85:24, 90:14, 98:3, 105:3, 116:22
update - 21:25, 31:12
updated - 23:8
upper - 90:4, 92:8, 105:6
upset - 18:23
urgency - 91:20
urgent - 21:12, 52:19
utilize - 69:16
utilizing - 23:19

V

value - 83:10, 83:12, 83:15, 83:16, 83:19
values - 34:22, 35:9, 35:12, 35:21, 40:15, 40:16, 48:8, 83:12
various - 4:8, 96:23
ventilated - 61:10
ventilation - 61:23
ventilators - 60:22
verbal - 39:15
verbatim - 5:1
versus - 37:15, 43:5, 43:7, 43:23
viral - 11:1, 61:22
visit - 81:17, 81:20
visits - 81:12, 81:16
visually - 111:12
vital - 66:17, 95:23
vitals - 66:17
vs - 1:6

W

Wait - 98:23
wait - 19:11, 27:2, 27:19, 47:22, 58:12, 101:20
waiting - 90:17
walk - 9:22
warranted - 48:25
warrants - 46:20
waste - 98:16
watch - 86:22, 87:3
watched - 66:6
watching - 86:20
week - 15:19
weeks - 13:10
weighed - 66:19
whatsoever - 114:19
Whereof - 121:14
whichever - 52:13
whole - 52:2, 115:25, 121:6
wished - 104:2
withdraw - 11:4, 43:19, 46:13
Witness - 3:3, 28:2, 43:18, 43:24, 48:4, 52:22, 74:3, 77:16, 78:6, 79:3, 84:5, 84:14, 88:14, 88:16, 91:20, 92:14, 115:18, 116:19, 121:14
witness - 4:2, 98:23, 121:4
witnessed - 65:8, 65:11
witnessing - 38:3
wondering - 37:2, 60:24, 74:15
word - 30:4, 30:5, 30:17, 30:18
words - 5:5, 10:9, 37:16, 43:12, 48:17, 57:3, 59:13, 104:5, 108:1
worried - 52:5
write - 42:19, 95:6
written - 25:6, 48:5, 94:17, 95:5, 97:9, 97:11
wrote - 27:7, 96:14

Y

year - 6:1, 6:9, 10:24
years - 7:22, 7:23, 8:1, 8:23, 9:15, 10:17, 83:22
young - 10:7, 10:11
younger - 10:10
yourself - 17:13

Exhibit 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

PENGAD 800-631-6989
DEPOSITION EXHIBIT
Nurses' 1
4-25-06 psg

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 assessmer

			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 worsenin 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 nurse if any problem observed with IV such as redness, swelling

			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 witl 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 time
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 family before discharge.

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

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.	:	

AFFIDAVIT

I, Karen Shaffer, do hereby affirm as follows:

1. I and Timothy Doan are the parents of Ayden Shaffer-Doan.

2. Tim and I have brought a lawsuit on behalf of our minor son, Ayden Shaffer-Doan and in our own behalf against Richard Grout, M.D., Sundar Chandrasekhar, M.D., DuBois Regional Medical Center and Gateway Area Medical Associates, Inc. with respect to the negligent medical care that they provided to our son, Ayden.

3. On December 5, 2001 at approximately 11:00 PM I took my son Ayden Shaffer-Doan to the Emergency Room of DuBois Regional Medical Center because he had seizure-like activity which required immediate attention. I fully expected and relied upon the hospital to provide the care Ayden needed.

4. In December of 2001 I looked to DuBois Regional Medical Center when hospital care was required; it was the hospital our family regularly went to.

5. In the DuBois Regional Medical Center Emergency Room Ayden's medical care was assigned to Dr. George Palmer.

6. It was Dr. Palmer who contacted Dr. Richard Grout and a decision was made to admit Ayden to DuBois. Neither I nor Ayden's father selected the doctors who treated Ayden when I took him to DuBois Regional Medical Center for emergency care.

7. After Ayden was admitted to DuBois he came under the care of Dr. Richard Grout who at some point in time transferred responsibility for Ayden's care to Sundar Chandrasekhar, M.D. Neither I nor Ayden's father were consulted about this.

8. I relied on the hospital to provide medical care to Ayden after his admission to the hospital, and I looked to the hospital to insure that the care provided was proper.

9. Dr. Siar saw Ayden in his office at DuBois Regional Medical Center on December 4, 2001, the day before I took my son to the DuBois Emergency Room. Dr. Siar at Gateway Area Medical Associates was my regular pediatrician and was the doctor to whom I also took my three (3) other children. I made the decision to see Dr. Siar with my older son.

10. At the time that I took my son Ayden to Gateway Area Medical Associates prior to his December 2001 admission, the Gateway Area Medical Associates, Inc. Pediatric practice was located in the DuBois Regional Medical Center East Hospital Building. The offices of Gateway Area Medical Associates, including Dr. Siar, my pediatrician, and his associates was on the second floor of DRMC East Hospital Building. At that time, the DRMC maternity service and neonatal intensive care unit was also located in the East Hospital Building but on the third floor. That is where I gave birth to Ayden.

11. During the time that I took my other children for care with Dr. Siar and Gateway Area Medical Associates, Inc., they moved their offices from a location outside of the hospital (DRMC) to the offices located on the second floor of the DRMC East Hospital Building.

12. When this move occurred, I assumed that an employment relationship had been formed between DuBois Regional Medical Center and Gateway Area Medical Associates, and that the doctors of Gateway worked directly for the hospital in some capacity.

13. To the best of my knowledge and belief, Defendants Doctors Grout and Chandrasekhar were associated with and practiced pediatric medicine with Gateway Area Medical Associates.

14. At the time that my son Ayden was admitted to DuBois Regional Medical Center, in December, 2001 I assumed that some employment relationship existed between Doctors Grout and Chandrasekhar and the DuBois Regional Medical Center.

15. When my son was an in-patient at DuBois Regional Medical Center on December 6th and 7th, 2001, and pediatric medical services were rendered to him by Dr. Grout and Dr. Chandrasekhar, it was my belief that some type of employment relationship existed between these parties and that these doctors were acting on behalf of the hospital when they provided medical services to my child, Ayden.

I declare under penalty of perjury that the knowledge provided in this Affidavit is correct to the best of my knowledge, information and belief. I understand that the statements made in this Affidavit are subject to the penalties of 18 Pa.C.S. §4904 relating to unsworn falsification to authorities.

12/28/06
Date

Karen Shaffer
KAREN SHAFFER

Exhibit F

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

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.	:	

AFFIDAVIT

I, Timothy Doan, do hereby affirm as follows:

1. I and Karen Shaffer are the parents of Ayden Shaffer-Doan.

2. Karen and I have brought a lawsuit on behalf of our minor son, Ayden Shaffer-Doan and in our own behalf against Richard Grout, M.D., Sundar Chandrasekhar, M.D., DuBois Regional Medical Center and Gateway Area Medical Associates, Inc. with respect to the negligent medical care that they provided to our son, Ayden.

3. On the night of December 5, 2001, my wife Karen took our son Ayden Shaffer-Doan to the Emergency Room of DuBois Regional Medical Center because he had seizure-like activity which required immediate attention. I fully expected and relied upon the hospital to provide the care Ayden needed.

4. In December of 2001 I looked to DuBois Regional Medical Center when hospital care was required; it was the hospital our family regularly went to.

5. After Ayden was admitted to DuBois he came under the care of Dr. Richard Grout who at some point in time transferred responsibility for Ayden's care to Sundar Chandrasekhar, M.D. Neither I nor Ayden's mother were consulted about this.

6. I relied on the hospital to provide proper medical care to my son both in its Emergency Room and after he was admitted as an In-patient to the hospital. I assumed that once admitted to the hospital Ayden was being treated by hospital (DRMC) doctors.

7. Dr. Siar at Gateway Area Medical Associates was our regular pediatrician and was the doctor to whom we took our three other children. The decision was made to see Dr. Siar with our older son.

8. Although my wife Karen generally took the children to see the pediatrician, I sometimes went with them. I was aware that Gateway Area Medical Associates, Inc., the pediatric practice to whom we took our children was located in the DuBois Regional Medical Center East Hospital Building, prior to Ayden's admission in December 2001.

9. I always figured that Dr. Siar and the Gateway doctors worked for the hospital (DRMC) because they had their offices and practiced medicine on hospital property.

10. To the best of my knowledge and belief, Defendants Doctors Grout and Chandrasekhar were associated with and practiced pediatric medicine with Gateway Area Medical Associates.

11. When my son was an in-patient at DuBois Regional Medical Center on December 6th and 7th, 2001, and pediatric medical services were rendered to him by Dr. Grout and Dr. Chandrasekhar, it was my belief that an employment relationship existed between these parties and that these doctors were acting on behalf of the hospital when they provided medical services to my child, Ayden.

I declare under penalty of perjury that the knowledge provided in this Affidavit is correct to the best of my knowledge, information and belief. I understand that the statements made in this Affidavit are subject to the penalties of 18 Pa.C.S. §4904 relating to unsworn falsification to authorities.

12/24/06
Date

Timothy Doan
TIMOTHY DOAN

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

Received DRJ

JUN 2 2 2005

Place ( ) Dictation ( )
Diary/ Note ( )
Copy to DRJ ( ) Copy Key Doc.( )

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)

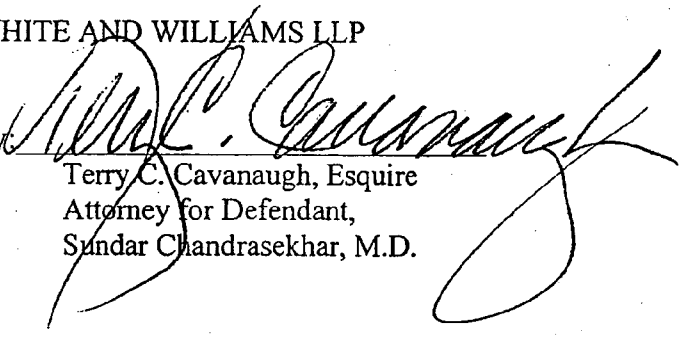
John W. Blasko, Esquire
McQuaide, Blasko, Schwartz, Fleming & Faulkner, Inc.
811 University Drive
State College, PA 16801-6699
(Counsel for Co-Defendant Gateway Area Medical Associates, Inc.)

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.

EXHIBIT H

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 : **KAREN DIANE SHAFFER**

Date : Friday, April 7, 2006
11:05 a.m.

Place : Residence of Timothy Doan and Karen Shaffer
6677 Route 310
Reynoldsville, PA 15851

Reported by : Elizabeth Schreiber Nissel
RPR and Notary Public

SCHREIBER REPORTING SERVICE
P.O. Box 997
St. Marys, PA 15857
(814) 834-5337

APPEARANCES:

MARCIA F. ROSENBAUM, 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

BRAD R. KORINSKI, Esquire
appeared on behalf of Defendant DRMC

DARRYL R. SLIMAK, Esquire
appeared on behalf of Defendant Gateway

INDEX OF WITNESS, **KAREN DIANE SHAFFER**

EXAMINATION	**PAGE**
By Mr. Sosnowski	4
By Mr. Slimak	97
By Mr. Cavanaugh	102

KAREN DIANE SHAFFER, called as a witness, was sworn and testified as follows:

DIRECT EXAMINATION

BY MR. SOSNOWSKI:

Q. Ma'am, for our record here would you state your full name, please?

A. **Karen Diane Shaffer.**

Q. And have you ever had any other names that you were known by?

A. **No.**

Q. Are you married?

A. **No.**

Q. Have you ever been married?

A. **No.**

Q. Now, we're going to be talking about a series of events that go back pretty much to the beginning of the 2000s here, and first I'd like to ask you, have you, as a matter of course, kept any type of written records or diary or calendars with dates and events on them or anything like that?

A. **No. What kind of events? I guess I don't know what you're asking.**

Q. We're going to be talking obviously about your son Ayden's hospitalization back in 2001.

A. **Right.**

5

Q. Perhaps not necessarily hospitalizations, but treatment or therapy since then, and anything -- I guess what I'm looking for -- where you might write down significant events, people that were involved or anything that you might use to aid your recollection for later on.

A. I mean -- no. I mean, you know, I obviously keep my therapies, when they're coming, different things like that on a calendar, but that would be it. No.

Q. Is there anything that you have reviewed to get ready for this deposition, anything written or that you could look at?

A. Not really, no.

Q. So let me ask you maybe --

A. Sorry.

Q. Let me ask you what may be a tougher question. Since we're going to go back four or five years in terms of these events, how would you rate your recollection?

A. Some things very high, depending on how significant, and other things I -- you know, five, six, say on a scale one to ten, the general -- a conversation. Of exact words would be harder, but you know, what occurred in the big scheme of things I recall very well.

Q. Are there things you have difficulty with like names, faces, dates, people, anything like that?

A. Not so much names. Dates, I know what day it was.

6

I don't all always know it was December 4, 5, Tuesday, Wednesday; times, within probably a good half hour or an hour of the time limits, basically, yes. I guess I remember quite a bit.

Q. As we go through this, obviously if you remember something, please tell us as well as you can what the answer is to the question. If there's something that you aren't really sure about or just don't remember, tell us that. Please don't guess at anything. We want to keep as accurate as we can, but if there is something that you can reasonably estimate about, you can go ahead and do that. Just tell us that you're doing it. Okay?

A. Okay.

Q. Now, just by way of a little bit of background here, what is the address where we are right now?

A. 6677 Route 310, Reynoldsville.

Q. And we're in -- we're here in your home today?

A. Yeah.

Q. How long has this been your home here?

A. Just a little over a year, December of 2004, I believe.

Q. And before that time you also lived in Reynoldsville but at a different address?

A. About two miles that way on the same side of the road, yes. (Indicating.)

7

Q. Now, I remember an R.D. box number. Has there been the 911 conversion?

A. Yes. It's been very interesting.

Q. Who all lives here?

A. Name them?

Q. Yes.

A. Okay. Well, obviously myself, Tim; I have five children that live here, Alec --

Q. And when you name your children, would you give their ages too, please?

A. Alec, ten; Arianna, eight; Austin, six; Ayden, four; and Andrew, nineteen months. And yes, I'm a little weird. They're all As.

Q. But it's easier to buy monogrammed clothing. You can just keep --

A. Yes. I just found a hat that said A Shaffer-Doan because it could go to anybody.

Q. Now, did you give birth to all of these children yourself?

A. Yes.

Q. And is Mr. Doan the father of all of them?

A. Yes.

Q. I understand that you are an accountant.

A. Yes.

Q. Could you tell me just a little bit about what you

8

do professionally?

A. Well, I actually have my CPA license, and after about a year -- after Ayden it went inactive. I don't know how relevant that is. And so I did auditing. I worked for a CPA firm. Do you want to know now or what I did before Ayden because I quit that aspect of my job when Ayden was born -- after I realized Ayden was going to need as much care as he needs, but I still do some things.

Q. Well, why don't you begin -- you went to school for accounting?

A. I went to school for accounting, Penn State, four years. Then I got my CPA license, worked at an accounting firm in DuBois and did auditing, taxes, bookkeeping. There's three of us, so I did everything that we needed -- you know what I mean because it wasn't like a -- and basically worked for him up until about seven months after Ayden was born.

Q. And what was the firm that you worked for?

A. Catalano, Case, Catalano & Fannin. Would you like me to spell that?

Q. No. That's okay.

A. Try answering the phone saying that.

Q. They didn't make you do that, did they?

A. Well, only if Molly wasn't there.

Q. Did you do the general run of the mill up until

9

shortly after Ayden was born then?
A. **Yeah. I still currently worked for him for a good seven months, but I didn't go to the office very often because of his schedule.**
Q. When did you stop working for -- let's call him Catalano?
A. **You can say Craig too. That was my direct boss, supervisor. I quit working for Craig about July, I believe, of 2002, sometime in July.**
Q. And then after that you said your license went inactive?
A. **I put my license in inactive like November of that -- 2002.**
Q. Have you ever reactivated it?
A. **Not yet, hopefully in two years.**
Q. What's the significance of two years?
A. **You have to have all your credits. You have to have 80 credits over two years, and you have to have them before. And I'm going to start getting those this fall. There's some stuff in DuBois, so I have to get the credits. And I wasn't able to really leave -- I shouldn't say able, but it's hard to leave him. You have to take 40 of the credits somewhere else. I'm sure you have continuing education, but I have to have those 80 credits before I can reactivate.**

10

Q. Were these the types of credits and courses that you partook of before you stopped working?
A. **Yes. I went to tax -- whatever was available or whatever was significant. I went to a tax class every year. It was in DuBois. You know what I mean.**
Q. Now, even though your CPA license is not current, do you still do work in accounting?
A. **I was -- yeah. I do bookkeeping, taxes, right now for other people, obviously Tim's business.**
Q. Do you have -- do you work for anyone right now?
A. **Not right now. I was up until December, and then she needed someone -- she's in Clarion, and so we kind of -- I worked for her from July of 2003 until December of this -- of 2005, strictly doing her bookkeeping.**
Q. Who is she?
A. **Clarion River Lodge. And it became too big. She needed someone there. I did it out of my home.**
Q. So essentially it started out as a part-time job that kind of became too much for you to handle out of your home?
A. **Well, she wants someone there. She needed someone there, yes. And I didn't want to work in Clarion. It's like a 45-minute drive, so --**
Q. Since the end of 2005 do you -- have you worked for anyone?

11

A. **Just taxes right now.**
Q. And do you do that out of your home?
A. **Yes.**
Q. We're going to talk a lot about your son Ayden's health, and before we do that though I just need to ask you a few questions, not so much about your own health but your family history.
A. **Okay.**
Q. As far as you know, is there any family history on your side of the family involving congenital problems, mental retardation or anything of that nature?
A. **I have an uncle who is mentally retarded. He's 60, almost 70 years old, who of course I've looked into millions of times and don't know if he was born that way, because of his age. They believe he was not, but that's just -- no doctor -- you know what I mean, but that's it. That's the only --**
Q. He doesn't have Down's syndrome or anything like that.
A. **No.**
Q. Anyone else as far as you know?
A. **Huh-uh.**
MS. ROSENBAUM: You just need to answer yes or no.
THE WITNESS: No. I'm sorry. I should know that. No.

12

BY MR. SOSNOWSKI:
Q. And if Marcia doesn't tell you or I don't, then Betsy --
A. **Yeah. She can yell at me.**
Q. Now, how about Tim's side of the family, if you know?
A. **No, nothing -- nobody that I know of. That's --**
Q. Now, as I understand it, Ayden -- is it Ayden?
A. **Ayden, yes.**
Q. Is your fourth child?
A. **Yes.**
Q. Of the five.
A. **Yes.**
Q. Do the other -- I should say the other four. Do any of them have any chronic or regular health problems?
A. **No.**
Q. Have any of the others demonstrated any signs of mental deficit or anything of that nature?
A. **No. They're very intelligent.**
Q. Now, we're going to be talking at some point about seizures.
A. **Okay.**
Q. Prior to the time, let's say, that Ayden was born, had you personally ever had any experience with seizures?
A. **No --**

13

Q. Not necessarily yourself but through someone you may have known or an event you may have witnessed?

MS. ROSENBAUM: I'm going to object to the extent that it may be calling for a medical opinion with regard to what seizures are.

MR. SOSNOWSKI: Okay. And I'll qualify that because you're right. It can certainly be subjective.

I understand that you're not a physician or a healthcare provider of any sort.

THE WITNESS: Right.

BY MR. SOSNOWSKI:

Q. You've never had any training or education in those areas.

A. **No.**

Q. If during this deposition I ask you any questions about things medical, be they things that you have witnessed or heard about or anything of that nature, I am only asking you to describe your understanding of it or your impression, and we will all understand that as such. Okay?

A. **Okay.**

MR. SOSNOWSKI: Fair enough, counsel?

MS. ROSENBAUM: Right. I -- yes. I think it -- Ms. Shaffer can describe what she sees, what she observes. That's perfectly proper.

14

BY MR. SOSNOWSKI:

Q. All right. Prior to Ayden -- Ayden?

A. **Ayden. That's okay. Believe me, it's --**

Q. -- have you ever witnessed a seizure or what you thought may have been a seizure?

A. **No. I -- can I reanswer that? Yes. Once.**

Q. When?

A. **I'm going to say junior or senior, I don't remember exactly which, because I was in high school, a girl had what they told me was a seizure.**

Q. Did you witness it?

A. **Yes.**

Q. Do you remember what you witnessed?

A. **Yes.**

Q. Could you describe it?

A. **Well, she shook and fell out of the chair. And I was in chem class, and my chem teacher ran over to her, and pretty much that was it because they kind of shoved us out.**

Q. Everybody out?

A. **She was shaking, the grand -- what they call -- I'm not going to talk anymore. What they call the grand mal, I believe, but only from what I read, you know, or heard.**

Q. And this was when you were 16 or 17?

A. **Yes. I had him for chemistry, eleventh and twelfth grade chem. I can't recall which one. That's why I can't recall which grade it was.**

15

Q. We've talked a little bit about your background. Let me ask you some questions about Ayden.

A. **Okay.**

Q. And your counsel was already kind enough to provide us with some information by way of background, but he was born on November 18 of 2001.

A. **Yes.**

Q. At DuBois Regional Medical Center?

A. **Yes.**

Q. Was that a full-term pregnancy for you?

A. **Yes.**

Q. As far as you know or recall, did you have any difficulties during that pregnancy?

A. **No.**

Q. Just generally, how would you say that your health was before you became pregnant with Ayden?

A. **Very good. I'm very healthy. Still am.**

Q. How about during your pregnancy?

A. **I'm very healthy.**

Q. Just to close this out, how about since your pregnancy?

A. **Well, it's going -- no. I'm just kidding. Very healthy. That was a joke.**

16

Q. That's okay. We --

MS. ROSENBAUM: Not the best forum for jokes.

BY MR. SOSNOWSKI:

Q. Now, when Ayden was born on the 18th of November in 2001, as far as you know or were told, how was he medically?

A. **Perfect. I mean, he had I think I believe nine and ten Apgar scores, and that's what I base things on. Nothing was wrong with him period.**

Q. Now, we took a look at the records of his birth which your counsel provided for us, and as I understand it, you went home the day after he was born.

A. **Yes.**

Q. There were some references in the record of the -- either the doctor and/or the nurses at the hospital suggesting that you perhaps stay another day. Do you remember that?

A. **Yes.**

Q. And the notation essentially said it -- I can't quote verbatim -- that you understood but that you wanted to go home that day.

A. **Right.**

Q. What was your understanding of why they perhaps suggested that you might stay another day?

A. **First of all, I was told originally -- I was told**

17

the whole time that I had to be there -- that Ayden should be there 24 hours, and they -- that I couldn't go home that afternoon, which was when the doctors would have normally signed me out. But he only was required to be there for 24 hours due to the Group B strep which I was also told I had with all my children. Okay. And so I said, "How about 7:00, 7:30?" My OB/GYN said that was fine.

Obviously the pediatricians weren't there, so they told me I could just sign him out at that point. And of course I questioned why and what that meant, and they told me to take his temperature. And actually me and Tim stopped on the way home and made sure we had a good thermometer to take his temperature, and that basically was the extent of that. Now, since I've been told Andrew had to stay 48 hours for the same thing, but Ayden was 24, and I was there for 26 to 27, so --

Q. Now, let me ask you some questions about that.

A. **Okay.**

Q. You said that you had that Group B strep with all of your children. Does that mean that they all had it or you had it when you gave birth to them? Or what do you understand that that means?

A. **My understanding is that once you have that, it does not go away. So if I had it with one child, I had it**

18

with all children. But they don't -- they didn't check it until I had Ayden. And that all it was was something that you should have had to take an antibiotic right before the child is born, which they gave me, and that they could treat it to -- they could get a temperature, and then you have to get treated. You know, that's what my understanding was at that point.

Q. Okay. If they didn't check it before Ayden, how did they know that you had it with your other children?

A. **Well, that's what my OB/G -- I'm telling -- my OB/GYN told me that. And I don't know how accurate that is, but I also did get tested with Andrew and had it. He said it's not something that goes away. It goes away while you're on an antibiotic. That was it. That was from my OB/GYN. I never looked into it otherwise. Do you know what I mean? I trusted him to tell me what was going on, and he did.**

Q. Did anyone at the time Ayden was born explain the significance of that Group B strep?

A. **No.**

Q. Did anyone suggest whether it might cause any problems and if so what those problems may be?

A. **No.**

Q. Do you remember if you asked?

A. **Well, I asked, when they wouldn't let me go home,**

19

why it was so important -- why, you know, he had to be there for 24 hours, and they told me because he could get a fever. And the nurse at that point said, you check his temperature; he'll be -- and get the fever, then you need to come back in. And I did for a good ten days.

Q. During that ten days did he have a temperature?

A. **No.**

Q. I'm going to ask you to search your brain a little bit. Do you remember during that ten days what his average temperature ran?

A. **No. No. Um. No.**

Q. Did you have an understanding of what a normal or acceptable temperature range was for him as a newborn at that point?

A. **I had a thermometer with instructions that that's what I -- you know, went by, under his arm, and went by those temperature ranges.**

Q. Did they tell you at the hospital, "If it reaches a certain point, call us or call your doctor"?

A. **I don't recall.**

Q. Now, prior to Ayden, had your three older children, when they were newborns early on, ever had any problems with feeding?

A. **No.**

Q. From the look on your face, it looks like they were

20

pretty good eaters?

A. **They never quit eating basically.**

Q. Have they had any problems with dehydration as far as you recall?

A. **No.**

Q. There was also a reference in the newborn record for Ayden that there was one or more siblings at home who was getting over an illness. Now, first of all, do you remember if that was the case at the time?

A. **Yes. My -- at the time my two-year-old had a -- I mean, a cold. He didn't even have to go to the doctor. He didn't have to get on antibiotics, but he had a cold which I felt was significant to tell the doctor, you know. But yes, I do recall that exactly.**

Q. And when you told the doctor, did the doctor suggest to you that there was any significance to the older child having a cold with the new baby being brought into the house?

A. **I mean, this was probably not exact words, but I basically remember him stating that Ayden probably has what he has, whatever it was, cold, viral infection, whatever -- he never -- never was told what he had.**

Q. When you say the doctor told you --

A. **Dr. Chandrasekhar was the doctor that day.**

Q. Was this while you were still in the hospital?

21

A. **No. This was -- this was when we went to the doctor's -- maybe I'm on a different time period. This was the ten -- the Tuesday he went to the pediatrician for his two-week visit.**

Q. Okay.

A. **That's the first time Ayden was sick, was that day from when he was born. So he was what, 14 -- 16 days old? Yes. I'm sorry.**

Q. That's all right. I -- I guess, just so that we're clear, was one of your children ill while Ayden was still in the hospital?

A. **No. No.**

Q. So you're at the time two-year-old caught the cold or at least showed signs of having a cold after you had brought Ayden home.

A. **Yes, like two weeks later, yes.**

Q. By the way, we know that the Gateway group was Ayden's pediatrician at birth.

A. **Yes.**

Q. How did you decide that?

A. **Well, at the time we had two pediatricians locally, Dr. Siar, Gateway, and Dr. Fatula. And I did work for Dr. Fatula's office out of my office, and so that was part of my decision-making. And I heard nothing bad about either at that point, so I didn't want to have to go to the**

22

office with my son and have to talk business, so -- and Dr. Siar, a lot of my friends went to him, so -- and were happy.

Q. Had your three older children been seeing Dr. Siar?

A. **Yes. I made that decision with my older son Alec, and they just all went to the same pediatrician, yes.**

Q. And was it your understanding, when you would take them to the office, your children -- would you go see Dr. Siar, or would you just take them to the practice and whoever was in that day, be it Dr. Siar or one of the other doctors, would take care of --

A. **I only -- exactly. I took them to the practice. Whoever I got is who saw you, whoever was there, yes.**

Q. Now, I think I remember seeing that you basically switched pediatricians somewhere in the February-March of 2003 period.

A. **Yes. I believe that's -- I mean, the year is off, but yeah. It was February-March -- I mean, the year may be right, but I can't recall. But it was in February or March. I do recall that part. Was it -- I don't know if he remembers. Okay.**

Q. I think Ayden's last appointment was on February 20 of 2003, and then you requested records the following month for transfer.

A. **Yes. I'm sure that's accurate. I can't in my**

23

brain recall how many years ago that was, but he was probably about two.

Q. Regardless of when those dates might be exactly, between the time Ayden was born and the time you requested that those records be transferred to another pediatrician, did Ayden see any other pediatricians locally?

A. **No.**

Q. Now, you had started to speak of the two-week visit on -- which you think was on December 4 of 2001?

A. **Yes.**

Q. Before. Between the time you took Ayden home from the hospital and that December 4 visit, do you recall going to the doctor for any reason during that time?

A. **No. I -- I did not. I know that for sure.**

Q. And was that two-week visit, was that just a standard two-week follow-up?

A. **Yes.**

Q. Even if you didn't go see the doctor, do you recall whether you would have phoned in for any reason during that two-week period?

A. **That morning I was to see the doctor anyhow, I called in and -- saying that he wasn't feeling good and was cranky and asked if there was anything I was able to give him, that Tuesday morning.**

Q. Okay. Now, cranky, especially with respect to

24

babies, means a lot of things to a lot of people, or could.

A. **Okay.**

Q. When you say that Ayden was cranky that day, what do you mean?

A. **He was crying, couldn't be consoled, couldn't feed him. That didn't make him happy. My babies didn't cry just for no reason, I mean, none of them. I don't know why, but -- and he didn't like to eat, and I told them that. He wasn't consoled by eating, which that's what I mean by cranky, fussy, crying.**

Q. So before the morning of December 4, when had that started?

A. **That morning, that exact morning.**

Q. During the preceding 14 or 15 days since he had left the hospital, had he had any other episodes like that?

A. **No.**

Q. So this stood out to you as something different?

A. **Yes.**

Q. Were you breast or bottle feeding at the time?

A. **Breast-feeding.**

Q. Other than not wanting to eat and crying inconsolably, did he exhibit any other characterization or character traits -- I don't want to say character

25

traits -- anything that you noticed was unusual?
A. **No, no. He was just tiny. He just cried.**
Q. Did you notice anything different with his color or how his skin felt?
A. **No.**
Q. Did you check his temperature that morning?
A. **Yes. No temperature, never had a temperature this whole time. Clear that up now. I don't know --**
Q. Did his cry sound any different other than the fact that he just kept doing it?
A. **No. No. I mean -- fuss -- hard to explain, but whenever your baby doesn't feel well, it was just like that kind of, you know, a cry.**
Q. Do you remember what time of day you took him in to see the doctor, approximately?
A. **I can tell you approximately. It would have been after lunch. I'd say 1:00, 2:00 o'clock.**
Q. Between the morning when he started this behavior that you noticed to be different and when you took him in to the doctor, did he change at all as far as what you noticed?
A. **I don't specifically recall. I gave him whatever they told me to give him, and I don't recall, but they did tell me what I could give him and how much of a medicine. I -- you know, as far as -- that's all I can recall.**

26

Q. Do you remember if that had any effect on him at all as far as --
A. **No. I don't remember that. I'm sorry.**
Q. Now, when you did take him in to the doctor's office, who did you see that day?
A. **I believe I saw Dr. Chan -- I call him Dr. Shaker. But after I said that now, I don't think it was him. I think it was Dr. Siar because it -- it was Dr. Siar and I'm sure of that.**
Q. Do you remember Dr. Siar examining him?
A. **Yes, basically. I don't remember every little thing, but yes, I remember talking to him.**
Q. Do you remember Dr. Siar saying anything or what he said about his examination?
A. **Well, the reason I'm sure it's him is I recall him saying to me, "Did all your babies not nurse well?" My babies were huge because they ate so well. That's -- but that was one statement. One statement was -- they looked at his stomach -- he looked at his stomach and said it looked like he might have had that -- which I never heard of before -- some type of rash that could have been a viral infection. And I do recall of course discussing my two-year-old briefly who, if I remember correctly, was probably with me. And he told me to take him home and bring him back the next Monday to have him weighed by a nurse.**

27

Q. Bring him back the next Monday?
A. **Yes. That was a Tuesday. He asked me if I had a baby scale. I said no -- to weigh ounces. Then he said bring him back and have the nurse weigh him on Monday.**
Q. Did he say what he thought that he had? You mentioned a virus.
A. **That's pretty much it; that he looked like there was a rash on his stomach that was going away and that it could have been viral and that he could have had what his brother had, which was just a cold.**
Q. Now, you took Ayden to the emergency room late in the evening on the 5th, which I guess was the next day.
A. **Wednesday, right, Wednesday. I don't remember like exact -- like I said, exact dates, but it was Wednesday evening, yes.**
Q. I think the records we have say it was December 5, and I think I believe that was a Wednesday.
A. **That's probably right then.**
Q. So -- and according to the hospital records, you brought him in around 11:30 at night. Does that sound about right?
A. **I believed it to be a little bit earlier, but that may be correct. 11:00 I thought, but --**
Q. In the neighborhood?

28

A. **Right. Like I said, times are a little shady.**
Q. Between the time you left the Gateway office and the time you took him to the emergency room, how did his condition change?
A. **Well, basically he ate less and slept more, which -- and then eventually he just -- as you said before, his color started looking funny towards when we took him -- you know, that evening. But really he slept more, ate less and to the point where he was pretty much not eating at all.**
Q. Did the crying trail off or stop?
A. **Yes.**
Q. When did that slow down?
A. **I would say Wednesday morning.**
Q. Up until that point from when you left the pediatrician's office, had he still pretty much kept up that cry that he had been doing?
A. **I can't recall specifically, but I do know, like I said, he gave me -- they told me Tylenol or something to give him, so that was pacify -- you know, making him feel better and sleeping. So I think he was -- from what I -- what I remember, he was still fussy in between, but he wasn't like that morning when he didn't have anything to console him. Do you know what -- I know I'm not making myself clear.**

29

Q. The medicine did help to calm him down.
A. **Yes.**
Q. But as of Wednesday morning, you felt that it changed or it noticeably trailed off? Is that what you're --
A. **He seemed to be less fussy, yes.**
Q. And you mentioned a little bit ago that his skin -- you noticed changes in his skin.
A. **Yeah. And that was more towards like 7:00, 8:00 o'clock that evening, he just --**
Q. On Wednesday.
A. **Yes. He just wasn't looking himself. Of course we thought he was getting better.**
Q. Well, how was the skin different at that time?
A. **I just remember him being very pale, and I may be even not thinking that point in time. After he got in the hospital, he got very pale. And I remember him being very pale once we started towards the ER, you know what I mean, clammy, pale looking.**
Q. When you say clammy, was his skin moist?
A. **I don't know. I -- maybe I don't have the same definition of that. I don't know. It's hard to say, just off, like a paleness to him. I don't remember it being moist.**
Q. Do you remember if it was unusually dry or cool

30

or -- anything other than the color difference?
A. **No. He didn't seem to be -- and we did -- to be honest, we did try to check him because we knew he wasn't eating enough, being that he was resting all the time it seemed like. But he didn't seem dehydrated to us, you know. He didn't seem -- that was -- I'm saying -- we're saying right before we took him to the ER, this was occurring to -- you know, he didn't seem to be dry to us, no. He was peeing, wet diapers.**
Q. Did he have wet diapers up until the time you took him to the emergency room?
A. **As far as I can recall, yes.**
Q. Had he vomited or been vomiting?
A. **No.**
Q. Did he continue to move his bowels -- again, still between the pediatrician's office and the ER?
A. **I don't recall that, but I do recall being asked if he had diarrhea, and I remember he did not have diarrhea. I don't remember any of that being different.**
Q. What made you take him to the emergency room?
A. **We believed we saw -- I know I have to watch what I say -- a seizure-like activity. His arms kind of flailed up. His eyes rolled back, and we immediately called Dr. Grout at that point.**
Q. Do you remember what time it was you saw this?

31

A. **It would have had to be like 10:00, 10:30, because I mean we basically got dressed, got him in the car and I drove up there. And it's about a 20-minute drive after getting off the telephone with Dr. Grout, so --**
Q. So you called into the office right after you witnessed this.
A. **Right.**
Q. Since the time you had left the office the day before, had you called back in?
A. **No.**
Q. At any time prior to that?
A. **No.**
Q. Was this one of those situations where you called in to the answering service, and then the doctor called you back?
A. **I believe so. I can't remember that exactly, but I -- I just remember talking to Dr. Grout when I called the answering so -- unless he answers the on-call and I can't recall that exactly, but -- it was, you know -- that's all I can remember. I don't know if he --**
MS. ROSENBAUM: Just what you remember is fine.
BY MR. SOSNOWSKI:
Q. That's right. Do you remember what he said to you?
A. **I remember him saying, "I think you should take him to the ER."**

32

Q. Had you described the episode or event that you thought was a seizure to him?
A. **Yes.**
Q. And did he say anything in response to that?
A. **No. I believe -- other than he needs to go to the ER.**
MR. SOSNOWSKI: Off the record.
(Off-the-record discussion.)
(Recess taken at 11:47 a.m. to reconvene at 11:51 a.m.)
BY MR. SOSNOWSKI:
Q. We've been talking about your trip to the ER on the evening of December 5 which was a Wednesday.
A. **Yes.**
Q. After you hung up with the -- with Dr. Grout, you basically got in the car and headed over to DRMC.
A. **Yes.**
Q. And was that the hospital that you typically went to?
A. **Yes.**
Q. Because you're not very far from Brookville either. Do you ever use that hospital?
A. **No.**
Q. How about Punxsutawney?
A. **No. My son -- my kids go over there now for**

33

pediatrician, but not --
Q. Not for hospital?
A. **It's in the hospital though.**
Q. Okay. If you need to go to the hospital now, your family for any reason, do you still go to DRMC?
A. **I don't know. We haven't had to.**
Q. Between the time that Ayden had this event that you thought might have been a seizure and when you got to the emergency room, did you notice any other events like that?
A. **No.**
Q. Were you with him the entire time he was in the emergency department?
A. **Yes.**
Q. Do you remember when he was examined by the doctor?
A. **Not exactly everything, no.**
Q. As a general rule, when you and Tim take one of your kids to the doctor and/or the hospital, who usually is the source of information? In other words, if the doctor asks questions of a parent, who usually is the one to give information?
A. **Me.**
(Off-the-record discussion.)
BY MR. SOSNOWSKI:
Q. Do you remember the examination after the doctor examined him, what he said to you? I'm talking about the

34

emergency room doctor.
A. **Right. No. No. I don't recall the doctor at all. I don't know why.**
Q. Did you tell the people at the hospital, I assume, that you thought that Ayden had had a seizure?
A. **Yes.**
Q. And you described what it was that you saw at your home.
A. **Yes.**
Q. Whether it was the doctor or someone else, do you remember anything -- anyone saying anything to you in response to that?
A. **No. There was never a comment on that.**
Q. Do you remember being told what the plan was to further evaluate him?
A. **I recall the nurses trying to put an IV in him. I recall trying to take his blood, and basically they just told me that they would have to admit him and -- yeah. It's very vague.**
Q. Do you remember if they had trouble putting in the IV or taking the blood?
A. **Yes, very much trouble.**
Q. Did anyone offer any comments as to why that might be?
A. **Because he was a baby, and it was hard to find**

35

veins.
Q. Do you remember being told that any other doctors were going to be consulted?
A. **No.**
Q. Just that he would be admitted.
A. **Yes.**
Q. Did you stay with him the entire time that overnight period?
A. **Yes.**
Q. Were both you and Tim there?
A. **No, just me.**
Q. And different units in the hospitals have different rules about when you're allowed to see people and when not. Were you allowed to stay with Ayden all the time?
A. **Yes.**
Q. Now, during the overnight period -- and I think the records indicate that he was actually admitted around 3:00 in the morning. Does that sound about right?
A. **Yes. That sounds correct.**
Q. Let's say from that point until around breakfast time, 7:00 a.m. or 7:30, whenever they might serve breakfast in the hospital --
A. **Okay.**
Q. As you watched him, did you notice his condition change any?

36

MS. ROSENBAUM: Objection as to form, overbroad.
You can answer it.
THE WITNESS: No. No change.
BY MR. SOSNOWSKI:
Q. Did you get to hold him?
A. **A little bit. He was connected to many things, so --**
Q. Did you notice any more of those events like the one you saw at home that you thought was a seizure?
A. **No.**
(Off-the-record discussion.)
BY MR. SOSNOWSKI:
Q. When you held him, aside from the fact that he was hooked up to different things, did he feel any different to you, be it dryer skin, cooler, warmer, more limp or flaccid? Anything?
A. **As compared to prior to all this?**
Q. Yes.
A. **Yeah. He was a little more -- I want to say -- yeah, not as much tone to him. Do you know what I mean? I mean, he's -- he was sick. I don't know how to explain myself.**
Q. As best you can.
MS. ROSENBAUM: You're doing fine.
THE WITNESS: Yeah. I mean, he cuddled us, but he

37

was not his normal strong self like where he would grab your hands, those kinds of things. Are we still referring to the one point in time because after 7:00 things do change in the morning. We're still referring 3:00 to 7:00.

BY MR. SOSNOWSKI:

Q. Yes, yes, until we go somewhere else. And that's fine. If you're unclear, please make sure you ask.

A. **Okay.**

Q. Did he feed at all during that period of time?

A. **No.**

Q. Did he cry?

A. **No.**

Q. Do you know if any doctors were in to see him during that period of time?

A. **And this is closest -- 7:30 or so.**

Q. But before let's say that 7:00 o'clock time.

A. **No.**

Q. How about the nurses?

A. **Yes, in and out all night.**

Q. Did you have any discussions with them?

A. **The only relevant discussion I -- two relevant discussions is they went over his -- his blood work with me, which of course didn't mean a lot to me. And they told me he'll be like a new boy in the morning. That's**

38

really the most discussions I can recall with the nurses, specific discussions.

Q. They went over the lab results, which the numbers didn't mean anything to you.

A. **Right.**

Q. Was there anything that the nurses might have said about those lab results though that stood out in your mind?

A. **No.**

Q. You do remember at least someone saying he'd be like a new boy in the morning.

A. **Yes.**

Q. And you interpreted that as being a positive thing?

A. **Exactly, yes.**

Q. At the time he was admitted, do you even remember the emergency room doctor or anyone telling you what they thought might be going on with him?

A. **No. No one gave me any indications.**

Q. Did you ask and no one responded, or was it just one of those things where they told you he was going to be admitted and you didn't --

A. **I believe I probably asked, but they were having so much trouble getting that IVs and stuff in him -- and I did inquire about that, and they told me that well -- you know, I told you he's a baby; it's hard; seemed slightly**

39

dehydrated but not drastically dehydrated. And that was really the big focus was trying to get an IV and blood work, and I tried to stay out of the way.

Q. Did anyone point out signs of dehydration to you in the baby?

A. **Not -- no.**

Q. Again, during that 3:00 to 7:00 period or so, do you know if he continued to have wet diapers?

A. **I don't recall. I do recall the nurses kept track of that information. I do remember that, but I don't -- so --**

Q. They would check his diaper periodically.

A. **And weigh them.**

Q. Now, you said a little while ago that after around 7:00 I guess that things changed.

A. **Not specifically 7:00, but he had episodes of some sort later on in the -- you know, after 7:00.**

Q. Okay.

A. **At various times, which I can't commit to times, but --**

Q. Do you remember a doctor coming in that morning?

A. **Yes.**

Q. Do you remember who it was?

A. **Dr. Grout.**

Q. Had you seen Dr. Grout before all of this?

40

A. **Once. Well, twice, one visit and a follow-up for an ear infection with my other son. That's it.**

Q. Do you remember if things started to change -- and we'll use his appearance as a benchmark -- before he came in or after he came in relative to what we've been talking about?

A. **I believe it was around -- I recall it being around the same time, throughout the day then.**

Q. Why don't you describe, as well as you can, what the changes were at around that time.

A. **Okay. He was basically the same as far as not eating. I was allowed to try to nurse him. But he would get these -- when we would hold him, he would -- when he was in his crib, he would clench his fists. He did not cry that I can recall ever during the hospital stay. He'd clench his fists. They would turn so bright red and his face would turn red that he looked like he was in some sort of pain. And he did that -- I can't tell you -- probably say five times between 7:00 and say 5:00 that evening. (Indicating.)**

Q. How many times?

A. **I'm going to say about five different times.**

Q. And I know the times are approximate. Are we using basically breakfast and dinner as kind of time benchmarks here more or less?

41

A. **Yes. That would probably help me.**
Q. Okay. That's fine. Other than the clenching fists and the red knuckles, I guess, and the red face, did you notice anything else when he would do these -- have these episodes?
A. **No.**
Q. Now, the episode you had seen the night before, you would describe as his arm going back and his eyes rolling over or back.
A. **Yes.**
Q. Did you see any of that during these particular episodes between breakfast and dinner?
A. **No. But he always had his eyes closed because he was -- (indicating) I mean when he clenched. But the flailing of the arms, no.**
Q. When he would do that, was he still breathing?
A. **Yes.**
Q. Were there periods that you noticed that he stopped his regular breathing that you noticed?
A. **No. I never noticed that.**
Q. Now, do you remember when Dr. Grout was in that morning, whatever time that was? Around breakfast time?
A. **Yes. I -- yes.**
Q. Do you know if he was there when he had one of these clenching episodes?

42

A. **I don't recall the morning, but I do believe he was there in the afternoon for one.**
Q. Do you remember talking with Dr. Grout when he was in in the morning?
A. **Yes.**
Q. What do you remember about that discussion?
A. **I told him what I was seeing, and to be honest, he didn't really want to hear what I had to say. And he told me he was having apnea episodes and pretty much left.**
Q. What made you think he didn't want to hear what you had to say?
A. **Because he basically ran in, didn't really listen, and left, that kind of thing.**
Q. Did he explain at least what apneic episodes were?
A. **No.**
Q. Did you at that time have any understanding of what apneic episodes were?
A. **Nope, still do not.**
Q. Did you try and ask one of the nurses or anyone else what they were?
A. **I tried to ask him, but he didn't really answer me. I'm sorry. He also told me apnea and reflux. He had apnea and reflux. I at that time knew what reflux was. I had heard of sleep apnea. I assumed it was the apnea, sleep all day long. You know, people get apnea also, so**

43

that's what I knew about it.
Q. You knew about it in a context of an adult who had sleeping issues.
A. **Well, I've heard of young -- I heard of young children having sleep apnea and having to be put on the monitor. And that's what I was told, "You'll have to take monitors home."**
Q. Had any of your other children at that point had sleep disorders like that?
A. **No.**
Q. Did Dr. Grout, before he left, indicate what was going to be done by way of any further treatment or evaluation?
A. **No. They did a lumbar puncture at some point. I don't remember if he told me that at that point or if a nurse came in and told me he was coming to do that.**
Q. Do you remember -- and I may have already asked you this, so I apologize.
A. **That's okay.**
Q. Had he had one of those clenching episodes before Dr. Grout got there?
A. **I don't recall that being -- overnight happening, no.**
Q. You don't remember that being -- if you had seen one of those, would you have told Dr. Grout?

44

A. **Yes.**
Q. When he came in?
A. **Yes.**
Q. Now, when these clenching episodes -- I'll call them to distinguish them from the episode from the prior evening.
A. **Okay.**
Q. -- started, do you know if there was a nurse present or do you remember?
A. **I don't remember a nurse being present. I do recall calling her in. They were very brief, so they didn't always -- they didn't catch them usually either.**
Q. Do you know if a nurse caught any of those five or so between breakfast and dinner?
A. **I don't believe that day they did, no.**
Q. When you called the nurse in for that first one, did you describe what you'd seen?
A. **Yes.**
Q. And do you remember what if anything the nurse said in response?
A. **I don't remember any responses.**
Q. And so that we're clear, does that mean you believe there were no responses or that if there -- there may or may not have been; you just don't remember either way.
A. **I just don't remember either way.**

45

Q. Now, these clenching events between breakfast and dinner, the five or so, were they bunched together timewise, or were they spread out or --

A. They were like -- and this isn't exact, but like one -- an hour later one -- they weren't like five minutes apart though. They had a -- a time in between, yeah, that they occurred.

Q. So regardless of the time intervals, you believe or as best you recall, they were at least an hour apart or more, one or more hours apart.

A. Yes.

Q. Whenever he would have one of these events, did you always call a nurse in?

A. I don't recall that. I -- knowing myself, I probably did, but I can't say that for sure.

Q. Between breakfast and dinner, do you remember any comments that any nurse might have made about one of these events that you may have described?

A. No.

Q. Now, do you remember if a doctor came in later that day? And again, we're still between breakfast and dinner.

MS. ROSENBAUM: Can we just put times on that so that I'm clear when we're saying breakfast and dinner?

BY MR. SOSNOWSKI:

Q. Let's say breakfast is 7:00; dinner is 5:00. Is

46

that okay?

A. Yes. That's what I was thinking.

Q. That's what --

MS. ROSENBAUM: Okay. We're doing hospital schedule, okay.

MR. SOSNOWSKI: Or thereabouts.

MS. ROSENBAUM: Or thereabouts.

BY MR. SOSNOWSKI:

Q. Now, whether the food's hot or not, that's another issue.

A. I don't recall eating, so I can't tell you that either. To answer your question, I believe he came back in around 4:00. And just for importance, Tim was also there for the second visit. In between, if I am thinking correctly, he came in and did a lumbar puncture on him for meningitis. I do believe that was around 11:00. For some reason I can't focus in on it, but I do remember him coming in and taking him and doing it. And that was not in conjunction with the 4:00 or so o'clock visit.

Q. And this was Dr. Grout?

A. Dr. Grout. It may have been in conjunction with the 7:30 one. I can't remember. That's one thing I can't get in my head, whether he was there two times or three times.

Q. Okay. And that's what I wanted to clear up.

47

A. Yes.

Q. You remember him coming in in the morning, sometime around breakfast, the breakfast time.

A. Yes.

Q. And then you remember him coming in one or two more times before dinner at around 5:00.

A. And this is -- I don't even know if I was there then. I left for like two hours. It's so much talked about, me and Tim. I don't know if I was even there with Tim when he came, but Tim was there or I was there. Tim was there or we both were there, and I can't recall. But I do remember seeing him for a lumbar puncture also which was -- I believe was around 11:00. I don't know if that's just --

Q. Did you actually witness the lumbar puncture?

A. No. I was not allowed to go, but I was there when he took him.

Q. And do you remember a discussion with Dr. Grout let's say at the time he took the baby for the lumbar puncture?

A. He told me he was coming to do that. I asked him if I could come along. He told me what it was for and he took him.

Q. What did he tell you?

A. He came back -- didn't even come back. The nurse

48

brought him back. He told me it was -- well -- I don't then know that he called it that. I've learned that term since. That they were doing a spinal tap for meningitis. That lumbar puncture term I learned later in life.

Q. You remember him telling you that they were looking for meningitis.

A. Yes.

Q. Do you remember being given any results of the --

A. I was told that it was clear at that point.

Q. -- puncture?

A. And I believe I was told that that meant good; that the fluid was clear.

Q. Do you remember seeing Dr. Grout that day after the lumbar puncture?

A. As I said, he came in later, and I -- me and -- I don't know if I was there. I -- is that sad or what? But I remember Tim telling me things that he said to him, and I don't know if I think I was there because of that conversation or if I really was there. Isn't that sad?

Q. Well, whether you or --

A. But he was there again.

Q. Okay. Whether you were there or you learned this through Tim, what do you remember about any discussion?

A. I remember Tim telling him, also describing to him what we saw, and him just telling him it was apnea and

49

reflux.

Q. Did you have an understanding of what if any medicines they might be giving to try and treat him?

A. **Other than there was an IV in him, no.**

Q. And when you talked about Tim possibly relaying to Dr. Grout what you had been observing, were you referring to those clenching episodes that we've talked about?

A. **Yes.**

Q. Now, during the course of that day between breakfast and dinner --

A. **Okay.**

Q. -- did you notice any other changes in his condition other than the clenching episodes?

A. **No.**

Q. Did his skin change for better or worse?

A. **I don't recall his skin, but I do believe that he -- I do remember him being a little more responsive to our touch, you know, instead of so -- you know, we held him. He liked that. You could tell we could console him somewhat, whereas before that he didn't respond much.**

Q. I think you said during the very early morning hours he seemed to have less muscle tone or muscle response when you held him.

A. **Yes.**

Q. Did that improve during the daytime hours between

50

breakfast and dinner?

A. **Yes, slightly.**

Q. Did you notice, when you -- did you have opportunities to hold him during the day?

A. **Yes.**

Q. Did you notice if his skin temperature seemed to -- different? Warmer? Colder?

A. **No. No.**

Q. Did he open his eyes during the day?

A. **A -- off and on, yes.**

Q. Did his eyes look any different?

A. **No.**

Q. Did you still make attempts to breast-feed him during the day?

A. **Yes.**

Q. Any success?

A. **No.**

Q. Not at all, just --

A. **I wasn't allowed really to -- until later that afternoon, they told me I could try. He really -- no. He wasn't interested.**

Q. Now, you told us that you had gone home or left for a couple hours during the day. Do you remember when that was, ballpark?

A. **4:00 -- I'm going to say 5:00 to 7:00 or 4:00 to**

51

6:00, something like that.

Q. Late afternoon to early evening.

A. **Yes.**

Q. When you weren't there, was Tim there?

A. **Yes.**

Q. And was any other family or close friends there at the hospital --

A. **Not at that point, no.**

Q. Now, when you got back to the hospital from your trip out briefly, and you saw Ayden, did you notice any changes from when you left?

A. **No. He seemed the same.**

Q. Did Tim tell you about anything -- any more of these clenching episodes?

A. **Yes. He saw -- he had seen them.**

Q. Now, between when you returned to the hospital, be it at 6:00 o'clock or 7:00 o'clock or whenever it was --

A. **Okay.**

Q. -- and the next morning, the next breakfast time at around 7:00 --

A. **7:00, okay.**

Q. -- were you there the entire time?

A. **Yes.**

Q. Was Tim with you or were you by yourself?

A. **He left that evening, I'm going to say around 9:00,**

52

and then I was there by myself.

Q. Somebody had to watch the other kids?

A. **Exactly.**

Q. Okay. Were you with Ayden basically the entire time?

A. **Yes, same room, yes.**

Q. And when I say the entire time, I mean -- I'm not suggesting that you didn't go to the restroom or step out periodically.

A. **Right.**

Q. But basically you were there with him.

A. **That's all I did was use the restroom.**

Q. Did you notice during that period any changes?

A. **I know the nurses were extremely concerned. They were seeing things. They weren't real clear to me. The nurses, I think they were trying to -- you -- they weren't real clear to me what they were seeing, but they were very concerned about him getting worse.**

Q. First of all, how did you come to understand or what was the basis for your belief that they were concerned? Did they say something?

A. **Well, number -- they were there a lot in the room, was one indication. They said something early in that morning saying they were trying to get ahold of a doctor all night long because somebody needs to see him, and**

53

nobody came.

Q. Do you remember what time of day or night that comment was made?

A. **5:00, 6:00 in the -- anywhere from 4:00 to 6:00 in the morning, let's put --**

Q. And did that nurse, whoever it was, actually say that they thought he was getting worse?

A. **Yes.**

Q. Was it a man or a woman?

A. **Woman.**

Q. What did she say?

A. **She said he's -- "We've been trying to get ahold of doctor. Ayden's having a really bad night."**

Q. Did she elaborate at all on that?

A. **No.**

Q. Do you remember if you asked any questions?

A. **No. I don't believe I did. I mean, I was there, so -- but --**

Q. When she said that Ayden was having a really bad night, did you even say, "Well, what do you mean? What does that involve?"

A. **No. I don't recall -- I am sure I asked questions, but I don't recall any specifics other than what I told you.**

Q. Other than the nurses increasing presence, I guess,

54

any differences that you noticed about Ayden?

A. **He was -- he just didn't do anything, but he didn't do anything all day really. I -- you know, I mean --**

Q. Did any --

A. **No. That's okay. Go ahead.**

Q. Did any of the nurses who came in make any comments about things that they saw?

A. **No, not to me.**

Q. Did they ask you any questions, for instance, "Have you noticed him doing this -- " whatever this might be -- "before?"

A. **I don't recall them specifically asking me questions. Everything I saw, I called them and told them at that particular moment when I saw it. They were holding him quite a bit overnight, so that -- they saw things more closely probably than I did.**

Q. Did they continue to weigh the diapers like they had been?

A. **I believe so, but I can't say that for a hundred percent fact.**

Q. Did you continue to try and nurse during that period at all?

A. **That evening -- Thursday after 5:00, maybe once or twice, but that was it; once bedtime started, no.**

Q. Did the nurses tell you at some point during that

55

overnight period between 6:00 or 7:00 in the evening and breakfast the next morning that they had been in touch with the doctor?

A. **They told me they tried to get in touch with the doctor. I don't know if they ever spoke to a doctor. And my -- I've been told was more than one time. And I'm going to say that was more like 11:00 to 6:00 in the evening. This was like a -- do you understand what I mean? They started this -- after 11:00 this all started.**

Q. 11:00 p.m. to 6:00 a.m. thereabouts, the overnight hours?

A. **Yes. Is when they're saying he got worse.**

Q. Let's go to breakfast time the next morning which I guess is Thursday now, December 7. No.

A. **Friday.**

Q. Friday. Do you remember if a doctor came in that morning?

A. **Dr. Chandrasekhar came in around 9:00 o'clock.**

Q. And had you known Dr. Chandrasekhar -- we call him Dr. Shaker.

A. **I call him Dr. Shaker also, so that's fine.**

Q. Before he came in that day --

A. **Yes.**

Q. -- did you have a discussion with him?

A. **Briefly. He very -- he did a very thorough**

56

examination on Ayden, did all these things that I had never seen before, and then he just told me that he was going to order some tests. And I don't recall anything else being said to me.

Q. What were the things he did that you'd never seen before?

A. **I've seen since, just since -- he like dropped him in the crib and -- from a halfway sit-up position. That was one. I don't recall every single thing. That one was significant to me because that was my baby he's like dropping. You know, checked his tone, different things like that, that I've never seen at that point. And then I was told -- and I don't know by whom -- that he had some -- he ordered CT scans and EEGs and EKGs.**

Q. Did he tell you at that point what he thought was going on with Ayden?

A. **No. I believe he didn't know.**

Q. He told you that they were going to order some more tests?

A. **I don't think he said. I don't know, but --**

MR. SOSNOWSKI: Off the record.

(Off-the-record discussion.)

BY MR. SOSNOWSKI:

Q. We've been talking about some different time periods, and I may have kind of inadvertently jumped over

57

one. You said that you thought Dr. Shaker was in at around 9:00 in the morning on Friday the 7th.

A. **Yes.**

Q. We had been talking about the overnight period from 6:00 or 7:00 in the evening until around 7:00 in the morning, breakfast time. Between that 7:00 A and 9:00 A period of time, was there any -- anything eventful or any changes that you noticed before Dr. Shaker came in?

MS. ROSENBAUM: Objection, asked and answered. You can go ahead.

THE WITNESS: Say what I said before?

BY MR. SOSNOWSKI:

Q. Did you understand what I meant though?

A. **Well, we -- I didn't see a whole lot, but the nurses were very very concerned.**

Q. Okay.

A. **That's really -- I mean, I took about a three-hour -- probably slept for about three hours. That's probably why I missed a little bit of it. And when I woke up about 5:00 -- I probably went to sleep about 2:00 -- they were very concerned, very upset and holding him all night, which I knew because I was awake the majority of it, but -- I mean, I don't want to -- I just want you to know I took a nap.**

Q. We will not hold that against you.

58

A. **Okay. Thank you.**

Q. After Dr. Shaker left -- now we know that later on that day he was transferred out to Pittsburgh.

A. **Yes.**

Q. Between let's say the time Dr. Shaker left the room and the time he was transferred to Pittsburgh, did another doctor come in that you're aware of?

A. **No. No.**

Q. Were you there with Ayden during that entire time?

A. **Yes.**

Q. Did you notice any changes take place during that period?

A. **No changes, the same, still having the episodes.**

Q. One thing I should have asked you before. You had told us about five or so of these clenching episodes that he had had between breakfast on the 6th, which was Thursday --

A. **You can use Thursday, that's --**

Q. -- and dinner around 5:00 o'clock that day. He'd had about five of them. Between whenever you came back to the hospital that evening and when Dr. Shaker came in the following morning, did you witness any more of those events?

A. **I witnessed some more that evening, about the same -- that's why -- probably like two from when I was**

59

like completely standing over him paying attention, you know, by the time I got back and then the nurses came in. I don't recall in the morning, maybe one, but we were very -- he was running, you know, tests everywhere, and I wasn't always able to be right on top of him, so that's -- I probably witnessed one that morning.

Q. Do you remember if you described those episodes to Dr. Shaker when he was in that morning?

A. **I don't recall.**

Q. Do you remember if he commented on them even if --

A. **No.**

Q. -- you didn't? And then between the time Dr. Shaker was in and the time he was transferred out, did Ayden have more of those episodes?

A. **I may have seen one. But as I said, we were getting a multitude of tests done over like a two- or three-hour period.**

Q. It was busy, hustle bustle.

A. **Yes.**

Q. Kind of crazy.

A. **In the elevator, yes.**

Q. The episodes that you did see in the overnight and into that morning, were they the same as what you described you'd started seeing the day before?

A. **Yes.**

60

Q. Any difference at all?

A. **They always seemed to get just a little bit more severe to me.**

Q. When you say severe, what do you mean by that?

A. **Much more -- he just clenched harder and got ready -- seemed like he was in a lot of pain.**

Q. Did you have any sense of how long these episodes lasted?

A. **Ten seconds, fifteen maybe.**

Q. And I had asked you earlier about his breathing on the prior day. As these episodes continued, were there times when he would stop breathing?

A. **Not that I -- that I picked up on, no.**

Q. When his -- when the episodes would be over as far as you could tell, did his color return to normal?

A. **Yes.**

Q. Was his color normal at that point or was he still pale as you had described before?

A. **He was still pale.**

Q. Now, I don't know that you would remember each and every test he had done later on on that morning before he was transferred, but do you remember anyone talking with you, before he was transferred, about the results of any of those tests?

A. **I got the results of the CT scan over the telephone**

61

by Dr. Grout, and he said he had a cerebral hemorrhage. And that was basically it, and he would be transferred to Pittsburgh.

Q. Anything beyond that?

A. **Nope. Didn't even come back in.**

Q. Now, we know from the records that a transport team came from Children's Hospital to do the transfer.

A. **Yes.**

Q. Were you there when the transport team came?

A. **Yes.**

Q. Were you present while they went about getting Ayden ready to transfer?

A. **I was in the waiting area. I wasn't allowed to be in the room.**

Q. Could you see what they were doing at all?

A. **No.**

Q. Did you speak with anyone from the transfer team?

A. **Yes.**

Q. What do you remember about that?

A. **They asked me if I had seen him stop breathing. I told them no. And briefly told me that they were having trouble stabilizing him, and they had to put him on a respirator.**

Q. Did they explain what they meant by having trouble stabilizing him?

62

A. **I believe they told me he was -- they didn't get into it detailed. Of course I know a little more than I probably want to know now, but I didn't know then, that he was -- yeah. They were having trouble keeping him breathing is -- they told me. They were specific about that. And that's why they put him on the respirator.**

Q. Do you remember anything else that someone from the transport team might have said to you?

A. **No, not specifically. They talked to me before they left, but they didn't -- and pretty much that was it and that they'd take care of him.**

Q. Now, they flew him out by helicopter and --

Off the record for a minute.

Do you want to take a little break here? Why don't we do that.

(Recess taken at 12:40 p.m.

to reconvene at 12:48 p.m.)

BY MR. SOSNOWSKI:

Q. Now, when we left off before our short break, Ayden was going to be transferred by helicopter to Children's Hospital of Pittsburgh.

A. **Yes.**

Q. Now, as I understand it, typically parents are not allowed to ride along on the helicopter.

A. **No, not in this case.**

63

Q. You and Tim drove to Pittsburgh?

A. **Yes.**

Q. Had you ever been to Children's before?

A. **No.**

Q. Fair to say it's a lot bigger and more confusing than any hospital around here?

A. **Yes.**

Q. When you arrived -- you arrived after Ayden obviously.

A. **Yes.**

Q. Did you get to see him right away?

A. **No.**

Q. Do you remember what time of day it was you arrived?

A. **Yes, I do. We got there probably about 7:00 o'clock in the evening.**

Q. And from about that point, how long was it until you were able to see him?

A. **Probably about a half an hour.**

Q. Before you saw him, did you speak with anybody?

A. **Yes.**

Q. Do you remember who that was?

A. **Dr. Margaret Satchell.**

Q. And what did Dr. Satchell tell you when you spoke with her?

64

A. **She told us we couldn't see him yet and that they received the CT scans from DuBois, and he did not have a cerebral hemorrhage; that that was not read right. And I don't know if she got into it at that point with us or not, but that we would have to wait to see him. They were still working on him basically.**

Q. She said no cerebral hemorrhage, but did she say anything else that they thought it might be instead?

A. **I was told he had cerebral edema. I don't recall if it was that conversation or the conversation inside the PICU later, but she did tell us that he had a cerebral edema.**

Q. Whether it was that time or later on, it was still within that day.

A. **Yes. Yes.**

Q. Did she explain to you what cerebral edema was?

A. **Fluid on the brain is basically what I got at that point.**

Q. Did she suggest what might have caused that?

A. **They had no idea. That was clear. They did not know at that point.**

Q. When you saw him half an hour later or whatever it was after you arrived, I assume he was all hooked up to things again?

A. **Very much so.**

65

Q. Like he had been before?
A. **Worse.**
Q. More.
A. **Yes.**
Q. And did you -- I take it from what you told us, you had additional discussions or at least one with Dr. Satchell.
A. **Yes. This is going to be tough, so -- I saw him before 8:00 o'clock because parents were not allowed in there till 8:00 o'clock. And they called us in there because he was that bad and showed us his scans and the amount of brain damage he had and that they were stabilizing him and they were doing everything they could. And we basically did not get into it anymore at that point because there was nothing really to discuss at that moment.**
Q. When you saw him, did he look, as far as you could tell, different from when you saw him before he was transported out of DuBois?
A. **I don't think he looked different, but he was -- had a respirator, which he didn't have -- I may -- you know, in his throat to breathe, hooked up to way more machines, way more IVs. It was just unreal.**
Q. You weren't able to hold him.
A. **No. We could sit with him.**

66

Q. And I don't mean to prolong this but --
A. **No. That's okay.**
Q. But when you say they didn't get into it anymore, do you remember if there was just no further discussion or if you just kind of went numb at that point?
A. **I probably went numb.**
Q. Now, he was there for approximately ten days?
A. **In the PICU specifically. He came in on a Friday. He moved to a room on the following Friday, and then he was there I believe through Wednesday, Thursday. I don't -- in a room. I might not have that date right, but December 20, that's all I do recall.**
Q. So not quite what, two weeks, I guess in the hospital totally in Pittsburgh?
A. **Right.**
Q. Now, we don't need to go through each and every day, and I expect to some degree it kind of ran together for you, the dates.
A. **Yes. The dates did, yes.**
Q. Do you remember though, would you have discussions periodically with a doctor or doctors that were taking care of Ayden?
A. **I had discussions with doctors constantly, yes. I had Dr. Margaret Satchell, who was the PICU doctor, and of course they brought neurologists in on it. I had -- we**

67

had 24-hour -- two nurses 24 hours who were at my beck -- I could ask them everything and anything, and that's -- you know, I'm sure there was other doctors that came in and out. It's a teaching hospital, so -- but those were the significant people I recall talking to.
Q. After that first evening, first day, when you were probably kind of in shock --
A. **Um-hmm.**
Q. -- during these discussions, did they give you more information about what was going on with Ayden?
A. **They gave me what I -- I mean, basically that he had cerebral edema. Their main focus was to stabilize everything and keep him alive, not for a day or two after that did they -- did anybody really get into trying to find out what happened and why. That's -- you know, it wasn't that night. I don't believe it was even Saturday.**
Q. They were able to stabilize him at some point.
A. **Yes. And luckily for us, within a few hours of that he was stable.**
Q. Now, after that first couple of days, did they, as far as you know, get into trying to figure out what had happened?
A. **Yes.**
Q. And why?
A. **Yes.**

68

Q. Did they talk with you about that at some point?
A. **The neurologist came in and talked to us, yes.**
Q. Do you remember who that was?
A. **Dr. Ira Bergman, and he always had his resident with him which is Dr. Goldstein.**
Q. What did Dr. Bergman tell you?
A. **He of course questioned us to get some background. He never really committed anything to me. He had never -- he was eliminating things like -- this sounds horrible -- like shaken baby syndrome, things like that was all eliminated. All those things were taken out. But then it came down to different things, and I honestly can't recall everything until six months later did he tell me what he believed it was that caused it. But not while he was in the PICU, he did not tell me.**
Q. Well, since you mentioned it, even though it's six months later, what did he tell you?
A. **He told me that he was given an inappropriate IV. There was no sodium in the IV or low sodium, but the inappropriate amount of sodium, and that caused that fluid in his brain.**
Q. And as best you recall, did he use the term inappropriate IV?
A. **I -- no. Those wouldn't -- I don't know if those were exact words. The IV was -- he probably didn't -- the**

69

IV was not -- let me think a second. His sodium level -- or there was no sodium in his IV, he believed. That's -- something -- no. I don't know exact words, but the implication was --

Q. Something to do with sodium in the IV?

A. **Yeah, not enough -- he was not given enough sodium, and it had to do with his IV. I also found out about his vision at the same time, so that's why I'm kind of shaky on some of this probably.**

Q. Okay.

A. **There was a lot going on that day.**

Q. During the not quite two weeks that he was at Children's, during any of the discussions that you had with doctors, nurses, any of the healthcare providers taking care of him, did any of them make any comments that you at least interpreted as being critical of the care that he received at DuBois?

A. **Just -- basically to me was just that they did not know how to read the scans. I mean -- and it was probably not exact wording, but I was told they did not know how to read the scans. Tim was given information, but not that I recall to me criticizing other than the scan reading.**

Q. Did you understand that to refer to the CT scan that had been read for cerebral hemorrhage?

A. **Yes.**

70

Q. Now, the comment that Dr. Bergman made to you six months later that you were telling us about a couple of minutes ago, even if you don't remember the exact words he used, did you interpret that as being critical of the care that Ayden received when he was at DuBois?

A. **Yes.**

Q. Since Ayden left Children's, have you heard any other comments from healthcare providers that you interpret as being critical of the care he received at DuBois?

A. **I don't recall anybody, no.**

Q. Did anyone else discuss with you the issue of the sodium in the IV that Dr. Bergman referred to?

A. **No.**

Q. And by the way, when I say after he got out of the hospital at Children's, I mean up until today.

A. **I mean, we've discussed it through my lawyers, but that's it.**

Q. Certainly. We don't want to know any of the stuff you discussed with your lawyers, but I mean if you were in a doctor's office or any other place where you might be talking with one of Ayden's physicians.

A. **Nothing I remember, no.**

Q. When he -- did you pretty much stay with him in Pittsburgh the entire time that he was there?

71

A. **I came home one evening, and Tim was with him the entire time. That's the only time I left him.**

Q. When he was discharged from Children's, managed to get rid of all of the tubes and needles and everything else -- and you were able to hold him again I take it.

A. **Yes. It was great.**

Q. Had he had any more of those episodes?

A. **No.**

Q. Did you --

A. **I'm sorry.**

Q. That's all right. Have you seen him have any more episodes like that since he was transported from DuBois?

A. **Till -- maybe I'm not -- the clenching episodes?**

Q. Okay. Let's -- you're right. You did describe more than one. Let's start with the clenching episodes.

A. **No.**

Q. No more clenching episodes.

A. **No.**

Q. Other types of episodes?

A. **He has seizure disorder now, so I have seen seizure-type activity he's being treated for. I don't know how specific I'm to get right now. He's not showing any -- at points throughout -- since he's come out of the hospital and he's treated for, but they were never the same exact thing twice. They're never the same. They're**

72

always different, so --

Q. Were they like the first event you described?

A. **No.**

Q. Before he went to the emergency department?

A. **No. No.**

Q. They're never the same?

A. **I don't know --**

MS. ROSENBAUM: Maybe it would be easier if Ms. Shaffer could describe what she sees.

BY MR. SOSNOWSKI:

Q. Why don't you describe --

A. **I get too chatty is my problem here. Okay. He had that seizure-like episode, the clench-like episodes. When he came home he was on phenobarb, being treated, so I saw nothing. Then those changed. Those seizures went to be called infantile spasms which is very -- just a very small -- looks like a normal baby movement actually, and reported that, had got that -- that's what I mean by they changed. Then we got that taken care of. Now he's having what's called myoclonic -- which are like muscle jerks. They're also being treated, so I have not seen those. So what I'm -- I guess I'm saying they're not like that first night, but they have changed other times throughout his life, and now we have none. We're treating those -- because we're treated. And if you need anything further,**

73

ask me.
Q. I will.
A. **Okay. I don't know if I'm clear or not.**
Q. With respect to the spasms that you referred to, can you give me some idea of when they were going on, when you first noticed them until when they changed to something else?
A. **Six months of age, approximately, that visit, to I'm going to say about a year and a half maybe -- no. Let's say 18 months -- not 18 months. What's between that? 15 months -- I'm sorry, to 15 months. And then they changed to myoclonic.**
Q. And even though he's being treated, has he still continued to at least occasionally exhibit myoclonic --
A. **Not while he's medicated, no.**
Q. Has he been medicated continuously for seizures since Children's Hospital?
A. **Yes.**
Q. And I appreciate that his medicine has been changed from time to time.
A. **Yes. Right. But yes.**
Q. So he has had periods where, even though he is being medicated, he will still exhibit some type of activity regardless of what it might be termed.
A. **Yes.**

74

Q. As you understand it.
A. **Yes.**
Q. When that happens, do the doctors change the medication or have they explained to you that this can happen notwithstanding his treatment?
A. **No. They change the medication.**
Q. Has he ever had anything as graphic as what you remember seeing when you were back in high school with the other girl?
A. **No. No.**
Q. I asked you a few minutes ago whether any healthcare people made comments that you deemed to be critical of the DRMC treatment. Have any of Ayden's doctors told you, even if you didn't interpret it as being critical, that if something different had been done, that his course might somehow have been different?
A. **No.**
Q. Now, when Ayden came home from Children's, how was he compared to I guess before all of this started happening in early December? And I realize he was still pretty much a newborn at that point.
A. **He was -- I mean, he was frail -- a lot frailer than he was initially. As I said the whole time, pale. He was still very pale.**
Q. Did he breast-feed?

75

A. **Oh. He went right back to eating, oh yeah.**
Q. Did he eat well?
A. **He ate well. He was eating before we left Children's.**
Q. How about his disposition, as much as you can describe that about a --
A. **He was just as pleasant as he was before that.**
Q. When you took him home, was there anything that you had to do different in terms of caring for him because of what he had been through?
A. **Obviously he had a number of medicines, which was different. Therapy, had to start -- I had to have a number of therapists come. As far as day-to-day thing, no. He nursed. He bathed. That all was the same.**
MS. ROSENBAUM: We're talking in the immediate postoperative period?
MR. SOSNOWSKI: The immediate postdischarge period.
MS. ROSENBAUM: Pardon me. Thank you.
MR. SOSNOWSKI: He didn't have any surgeries while he was there.
MS. ROSENBAUM: No. That was -- I misspoke. Sorry about that.
THE WITNESS: No.
BY MR. SOSNOWSKI:
Q. Might as well clear that up.

76

A. **August of last year was his first surgery.**
Q. We're all jumping around a little bit.
A. **I don't want to lie because I said no, but he did, just not --**
Q. No. That's all right. We were talking about that Children's Hospital admission.
A. **Okay.**
Q. The records we have collected so far only go not halfway into 2005. What surgery did he have last year?
A. **He had dental surgery.**
Q. Oh.
A. **Yes. Nothing --**
Q. Was -- is that in any way related to his brain condition, or is this just something -- what did he have done?
A. **It's somewhat related because, first of all, he has to have surgery because they can't clean his teeth like a normal child.**
Q. Why?
A. **They can't put you in a chair.**
Q. Why?
A. **Because he'll have a -- he doesn't do well with that mouth touching, and you could -- they clean them, but they can't do fluoride and all that. But he has cavities, which they're attributing to his medicine and his**

77

PediaSure that he takes because of -- all that is is sugar, so --

Q. So when you say dental surgery, he had cavities filled?

A. Yes.

Q. These are still his baby teeth?

A. Yes.

Q. Has he had, since Children's to now, any other kind of surgery or invasive treatment where things are put into him or implanted or anything?

A. No.

Q. Other than Children's Hospital and I guess DuBois, has Ayden treated at any other hospital facilities?

A. No.

Q. Now, he is about not quite four and a half today. Right?

A. Um-hmm.

Q. Okay. Let's switch gears a little bit and jump ahead to today.

A. Okay.

Q. And probably the best way to start out this series of questions is for me to ask you whether Ayden has a typical day or a daily routine.

A. Okay.

Q. Does he?

78

A. Yes. They change every day, but yes. They don't -- they're the same every week.

Q. Okay.

A. Would that help?

Q. Yes. So basically you have a weekly schedule that he follows.

A. Yes.

Q. And in terms of the changes, does that depend on the different types of therapy he receives, or how does it differ from day to day?

A. Well, like he goes to school Mondays and Wednesdays, afternoons only, and he has PT the same times every week and OT the same time and vision the same time.

Q. Right now he's undergoing physical therapy?

A. Occupational therapy, vision therapy, speech therapy, and he has a developmental teacher.

Q. A pretty full week.

A. Oh yes. He's busy.

Q. You told us that he goes to school on Monday and Wednesday afternoons. Where does he go?

A. The CG Johnson School, pre -- the -- it's at the CG Johnson School. He goes to the IU6 preschool.

Q. And is that a program specifically designed for children with special needs?

A. I don't know if I can answer that. I'm going to

79

say no because there are normal children.

Q. Okay.

A. In there.

Q. Even if there are, quote-unquote, normal children, are there -- does he have his own program there that he follows?

A. We have an IEP that he -- and -- yes, his -- they have goals and objectives they have to meet with him and things they have to work on with him. Am I answering that right?

Q. Well, let me ask you. Does he interact with the other children when he's there?

A. Yes.

Q. Can he play with those other children?

A. Yes, with assistance.

Q. And is there an aide that's designated to work with him while he is there?

A. There's four children in his class and three people always -- and three adults always in that class, so basically he has one to himself.

Q. Almost one to one basically.

A. Yes. He's the most severe child in there, so --

Q. Do any of the other children in the class have neurological deficits?

A. Not neurological that I'm aware of, some other

80

issues.

Q. Behavioral?

A. Autism. Two have autism, and the other one I'm really not sure.

Q. Now, you mentioned that he undergoes vision therapy and he has undergone vision therapy basically since he was a year old?

A. Yes.

Q. Right now what does vision therapy consist of? What do they do?

A. They shine lights on objects and -- in like a semi-dark environment to try to get him to respond, light-up toys. They try to get -- I mean, really it's --

Q. What do you understand his vision to be like right now?

A. He is legally blind. He -- I believe -- I think he can see some, but he can't see like we see.

Q. Have any of the --

A. He does not rely on his vision for anything.

Q. Have any of the vision professionals that he sees explained to you what he can see versus what he cannot see?

A. No, because what he has is called cortical vision impairment, and it's not the same across the board. They can't even tell you. They can see -- he can see today.

81

He might not see it tomorrow. It's very out there, you know what I mean.

Q. To answer your question, I'm not sure that I do only because --

A. That's okay.

Q. Are you telling me that he, for instance, may be able to see that black chair right there today, but tomorrow he would not be able to see that?

A. No. Let me rephrase that. First of all, he can only see, maybe if you're lucky, something within his like window of right in front of him. Peripherally they see much better than they do -- like you can't get them to cross midline, cross the middle. That's what they call it in all these terms.

MS. ROSENBAUM: This is as you understand it.

THE WITNESS: This is as I understand it, and I've been told many, many, many, many times. He has two vision doctors, two vision therapists. You may put something and shine a light on it here, and he'll look at it. In five minutes he won't want to have anything to do with it. He'll look that way. It can change from minute to minute in his case. I'm talking his specific case. It's -- and he doesn't like to look at anything.

BY MR. SOSNOWSKI:

Q. And I was going to ask you --

82

A. I mean, I'm saying what he thinks but --

Q. As you understand it, what you just described, does that have to do with his vision or with his behavior, his interest?

A. It's -- from what I've been told, let's say, from therapists and -- he doesn't always -- that's not always in his choosing. Do you know what I mean? This is the way his brain operates to his eyeballs is sometimes it allows that if it's in the exact right environment, the exact right color. Other times it may not. Some of it may be behavior at this point now that he's four, and he chooses not to bother, but the doctors -- I'm not speaking for the doctors, but -- would tell me that it wouldn't all be that behavior. Some of it he can't control.

MS. ROSENBAUM: I'm going to object to some of this questioning.

THE WITNESS: I'm talking too much.

MS. ROSENBAUM: No. Simply because a lot of the information requested really is medical information which would be properly contained in his medical records, and I believe that we have provided those records to counsel.

MR. SOSNOWSKI: And you have.

And again, the only thing I'm asking, as a non-physician, is what you understand. It may be accurate, it may not be accurate, medically.

83

THE WITNESS: Right.

BY MR. SOSNOWSKI:

Q. But what you understand. Can Ayden talk?

A. Ma ma ma ma, that's about it.

Q. So he can say mama. Can he say dada

A. He does occasionally, yes.

Q. Any other words or sounds that --

A. He tries to make sounds. That's -- nothing concrete though.

Q. Are there, even if they don't sound like words, are there sounds that he makes regularly enough that you understand that they refer to something like a sound that he might make if he wants a cup for instance?

A. No. We -- the only thing he's been saying is like vroom because they play with the car so much, but obviously nothing else -- he says vowel sounds or -- consonants, ga ga ga, but not to mean anything, just like a baby would babble basically is what he sounds like.

Q. Can he walk?

A. No.

Q. Can he walk with assistance?

A. Can you make that clearer?

Q. Well, from what you've said, I take it that he can't just stand up out of a chair and walk across the room on his own.

84

A. Right.

Q. If he were to have a -- he's still little enough -- one person pick him up and hold his hands or hold him by the arms, could you set him on his feet and could he walk along being supported?

A. He may take a step or two, but basically that's it.

Q. Now, I saw references in some of his records to a -- scissoring type strides.

A. Yes. He crosses his legs a lot when he does attempt to take those steps.

Q. Is this one of the things that he works on in therapy?

A. Yes.

Q. Has he made any progress as far as you've observed?

A. Yes.

Q. Have any of the therapists or doctors suggested to you that he may be able to walk to some degree some day without assistance?

A. No. They won't tell me one way or another.

Q. Let's go back to talking.

A. Okay.

Q. Has that changed or improved at all since he began going through speech therapy, I guess?

A. Slightly. I mean, he isn't doing a whole lot, but you know, every year we see a small change. But it's not

85

like daily or monthly like another little child would. It's more like yearly we can see maybe some changes.

Q. Have any of those professionals suggested that he may be able to speak or at least communicate better in the future if he continues with his therapy?

A. **No.**

Q. They haven't said one way or another?

A. **They haven't said one way or another. I'm sorry. No. They haven't said one way or another.**

Q. That's all right. Now, he has brothers and a sister.

A. **A sister.**

Q. Does he play with them?

A. **They play with him, yes.**

Q. As you look at him, is he aware that they're there?

A. **This is my opinion, and I believe yes.**

Q. That's what I'm asking.

A. **I think he knows they're there. He loves them. He laughs for them.**

Q. Does he have a distinctive laugh, when he does it, you know he's laughing?

A. **Yes. He -- he can laugh and he can giggle, very much.**

Q. When he plays, what are things that he likes to do?

A. **There's really nothing we can find that he really**

86

likes to do, believe it or not. He likes to talk -- he likes to hear people talk around him. He doesn't want to participate, but -- do you know what I mean? There's nothing concrete. He likes music. He likes listening to music. But as far as taking a toy and that's his favorite toy, there's no such thing as that right now.

Q. Now, we're here today on a Friday, and I understand that you have one of his therapists in the house right now.

A. **Yes.**

Q. And I -- I just happened to hear them downstairs?

A. **That's actually his developmental teacher and his speech -- if they're both here -- and his speech teacher. They come together on Friday afternoons.**

Q. And what does the developmental teacher do?

A. **Pretty much takes what everybody else wants to work on and makes it fun, instead of work like the other ones. They work on the car. You can hear that.**

Q. We just heard a vroom coming up the steps, and that is one of the sounds that he will make periodically?

A. **Yes, because he likes to play with the car now. That is a toy he's starting to like.**

Q. All of the different therapists services that Ayden makes use of or is available to him, is there a cost that you have to bear associated with that?

87

A. **No.**

Q. Is that all provided through county, the state or do you know?

A. **I'm pretty positive it's through -- some of them are through Access, but I don't know which ones for sure.**

Q. And just so I'm clear, for all of the therapists, the speech, physical, the developmental teacher, the school program, you don't get bills for that.

A. **No.**

Q. Even partial.

A. **No.**

Q. Can he travel?

A. **In a car?**

Q. Yes.

A. **Oh yes.**

Q. There's no limitations as far as him going on car rides or trips or anything of that nature?

A. **No.**

Q. As of today, does Ayden, I assume, see certain doctors on a regularly scheduled basis for evaluation?

A. **Yes.**

Q. Who are they?

A. **He has a pediatrician, which is a yearly visit.**

Q. Who is that.

A. **I'm sorry, Dr. -- it's called DRMG. It's Dr.**

88

Fatula. I don't know how -- DRMG PC or something is the name --

MR. CAVANAUGH: Could you repeat the doctor's name?

THE WITNESS: Dr. Fatula.

BY MR. SOSNOWSKI:

Q. And I think that's --

A. **F-a-t-u-l-a, and he's like my other practice where you see whoever's available. I think I've only seen him once. Dr. -- a neurologist, which is Dr. Goldstein.**

Q. And you have to go to Pittsburgh for that.

A. **Yes. Dr. -- I'm going to try Children's and get through this. Well, the dental department now. I don't know the name of the specific doctor there, but we go to the dental department every six months at Children's. We go to the Linkage Clinic, which is Dr. Russell in Indiana.**

Q. What is that?

A. **It's a -- for like CP, cerebral palsy. She's a physiatrist. Now he has two vision doctors, one is Dr. Cheng, C-h-e-n-g, and he's an ophthalmologist. And he also sees for a -- vision Dr. Moon. Hers is more like an every-couple-year basis, and she's an optometrist and specializes in the low vision, kind of the cortical vision is her specialty, see --**

Q. I saw references in his records where he had been tried with glasses at one time?

89

A. **Yes. That was when -- that was when I couldn't get in to see Dr. Moon, I went to a local doctor because I just didn't know what else to do. And we haven't gone to her since because she was just kind of like to get -- nobody could tell me anything. But yeah, he went like once or twice, and he has glasses, and no one else feels that's necessary.**

Q. So he doesn't wear them now?

A. **No. Now, let me think. I know -- he just started going to Dr. Deeney, who's an orthopedic surgeon.**

Q. How do you spell that?

A. **D-e-e-n-e-y.**

Q. Why does he go to an orthopedic surgeon?

A. **Because his hips are now out, and he'll have to be operated on. I just found that out in March.**

Q. Does he have a surgery scheduled?

A. **February is when I found out. No.**

Q. Did Dr. Deeney explain to you why his hips are out, as you put them -- put it?

A. **He basically told me that that's just one of the drawbacks of having a child like this that can't walk and can't weight-bear, has CP, that that occurs. That's -- I mean, that sounds -- he didn't say it that way, but you know what I mean.**

MS. ROSENBAUM: That's your understanding.

90

THE WITNESS: Yes.

BY MR. SOSNOWSKI:

Q. Did he explain to you what had happened with the hips or what is going on with the hips?

A. **He explained to me and showed me and told me that they were out. I -- I don't know what else to say.**

Q. Any other regular healthcare people that he goes to see now?

A. **Not that -- unless it's skipping my mind. I can't think of anybody.**

Q. Well, I'll run through the list I have. His regular pediatrician locally, Dr. Fatula's group; Dr. Goldstein, the neurologist; the Children's Hospital dental clinic.

A. **Yes.**

Q. The Linkage Clinic in Indiana for physiatry.

A. **Yes.**

Q. The vision specialists, Dr. Cheng and Dr. Moon; and Dr. Deeney the orthopedic surgeon.

A. **Yeah. That's all I can --**

Q. Is that as far as you can recall?

A. **As far as I can recall.**

Q. Now, just quickly, as far as Dr. Fatula's group, do you go see him on a scheduled basis or is it as needed?

A. **As needed other than his yearly visit.**

91

Q. How about Dr. Goldstein?

A. **Every six months.**

Q. When was the last time you saw him?

A. **It's a woman, February --**

Q. I'm sorry.

A. **February 6 of this year.**

Q. And when he goes to the neurologist, does he have testing done regularly or is it just --

A. **Not anymore, no.**

Q. Okay. When you were there in February, did Dr. Goldstein discuss with you how Ayden was doing?

A. **Yes.**

Q. What did she tell you?

A. **Well, she basically asked me how he was doing and observed him, but basic -- I mean, she pretty much gets her information from me and observing him.**

Q. Is she the one that oversees his anticonvulsive medication?

A. **Yes.**

Q. And what is he on now?

A. **He's on valproic acid. That's the only thing he's on for seizures.**

Q. Does he have nutritional therapy?

A. **No.**

Q. Has he ever?

92

A. **No. I went to the feeding clinic at Children's Institute. I don't know if that qualifies.**

Q. Other than that.

A. **Okay. No.**

Q. The dental clinic at Children's, did you say every six months?

A. **Yes, also went on February 6.**

Q. The Linkage Clinic?

A. **Every six months.**

Q. When was the last time you were there?

A. **Last Wednesday, 3-29.**

Q. What do they actually do when you go there?

A. **He gets an evaluation from an occupational therapist, a speech therapist, generally a physical therapist and the physiatrist, and they all just review all the notes and make sure there's some improvement and give me suggestions of things I can talk to my therapists about.**

Q. So it's more of an evaluation process.

A. **Um-hmm.**

Q. Yes.

A. **Yes -- I'm sorry -- making sure he's getting what he's -- needs locally, is --**

Q. And when you go to the Linkage Clinic, has he shown at least some improvement each time?

93

A. **Yes.**
Q. How about the vision specialists?
MS. ROSENBAUM: Is there a question?
BY MR. SOSNOWSKI:
Q. Yes. How often do you see the vision specialists?
A. **I'm sorry.**
Q. That's all right.
A. **Dr. Cheng's varies, six months to about ten months, depending on Dr. Moon's visits. That's confusing, but --**
Q. There's some overlap there, I take it.
A. **Well, I -- I see Dr. Moon -- like I saw him when he was one. I saw him again when he was just four. So now I'm not going to Dr. Cheng now till April because I go about every six months to somebody.**
Q. Okay. One or the other?
A. **Right.**
Q. Twice a year.
A. **Yes.**
Q. When was the last time you saw Dr. Cheng?
A. **May of 2005.**
Q. Has he -- is that a he?
A. **He. He's a he.**
Q. -- ever told you that there is anything that can be done for Ayden's cortical impairment surgically?
A. **No. He -- there's -- he didn't tell me, but -- no.**

94

There's no -- he's told me there's nothing you can do for the cortical vision impairment.
Q. And Dr. Deeney, then you just started going to see him?
A. **Yes. I went to him -- I -- March 1 maybe, somewhere, February.**
Q. And again, did he give you some idea when Ayden would need to have the surgery for his hips?
A. **He'd like to see it as soon as -- as soon as possible.**
Q. Did he give you any more of a concrete timetable?
A. **Within a year he would like to see it done, was basically what he told me.**
Q. Is there a reason that it's not been scheduled as soon as he has an availability? Is there something that has to be done before that surgery can take place?
A. **No, just me.**
Q. Okay.
A. **I don't want to have it done in the summer, and you know, you have to schedule four or five months ahead and --**
Q. So within the year you anticipate that he will have surgery on what? Both of his hips?
A. **That's not clear yet with them.**
Q. Is there one that's worse?

95

A. **One's worse.**
Q. Which one? Do you know?
A. **His left hip, and I'm hoping I'm saying that right. Yeah.**
(Off-the-record discussion.)
BY MR. SOSNOWSKI:
Q. Do you need to clarify an answer?
A. **I believe I do. And this is bothering me, and it's not really important but -- I mean, it's important. When I told you the different seizures he was having and told you like 15 months, I don't think that's right, but I don't recall --**
Q. Fifteen months when it changed from the spasms to myoclonic?
A. **Yeah. It was that date -- after he had his sleep EEG, and I don't think -- I think he was two. I -- that would have put him. I think he was two in a couple months.**
MS. ROSENBAUM: So you're uncertain of the date when that occurred.
THE WITNESS: Yes. I just wanted you to know that in case it comes up.
MR. SOSNOWSKI: And all dates I think we can say are approximate.
THE WITNESS: But I might be like a whole year off.

96

MS. ROSENBAUM: The medical records will reflect the dates.
BY MR. SOSNOWSKI:
Q. But since -- dates aside, these events, regardless of what they're termed, are these things that you can actually see, or are these things that the physicians, the neurologists have told you were present because they pick them up on EEGs or other testing?
A. **I saw those and brought those to the doctor's attention, the different -- (Indicating.)**
Q. The different types.
A. **-- types.**
Q. After Ayden was transferred on December 7 of 2001 to Children's, you indicated that you had talked to Dr. Grout that morning.
A. **Okay.**
Q. On the -- I guess on the phone that he had --
A. **Yes.**
Q. -- cerebral hemorrhage and would need to be transferred.
A. **Yes.**
Q. After that time did you ever talk to Dr. Grout again?
A. **No.**
Q. Now, you did continue for a period of time, I

97

guess, to take him to the Gateway practice.
A. **Yes.**
Q. And what doctors, if you remember, did you see when he would go to the Gateway practice?
A. **Mostly Dr. Shaker, but I also saw Dr. Siar at least once, I recall.**
Q. Today, when you take Ayden to the doctor, is it just you that takes him or you and Tim or --
A. **Most of the time me. Tim has been to some things, but mostly it's me.**
MR. SOSNOWSKI: I'm going to look at my notes here. I think I am just about finished, but in the meantime I'll let these other gentlemen ask you some questions if they have any.
THE WITNESS: Okay.

CROSS EXAMINATION

BY MR. SLIMAK:
Q. Hello again.
A. **Hi.**
Q. Did you have any contact with Dr. Siar during the hospitalization in December of 2001?
A. **No.**
Q. Have you had any contact with Dr. Siar since that time to the present?
A. **I saw him December 24 of 2001 when I came home.**

98

Q. Yes.
A. **And I -- that's the only time I can remember seeing him. He saw Ayden that day.**
Q. Okay.
A. **That's all I can remember.**
Q. What can you remember about the visit?
A. **He met me in the hallway and just started talking. I honestly was pretty flustered -- and told me, when he saw children like this, when he's seen -- hasn't seen anything like this for like ten years, and when they make it -- and I kind of quit listening at that point, to be honest.**
Q. Do you recall anything else whatsoever that Dr. Siar said to you or in your presence on December 24, 2001?
A. **No.**
Q. What was your understanding of the reason for that visit on December 24, 2001?
A. **They set it up in Children's Hospital for me to see my pediatrician when I got home, and that's the date he set it up. And I also had to take my daughter for her four-year-old visit.**
Q. Was anyone else with you on that day?
A. **My daughter and Ayden and me, that's it.**
Q. Okay. To your knowledge did your husband have any contact with Dr. Siar during the December 2001 admission

99

to DuBois?
A. **No.**
Q. To your knowledge has your husband had any contact with Dr. Siar after that point in time to the present?
A. **No.**
Q. Okay. Do you recall anything that Dr. Siar did during the visit of December 24, 2001, other than the extent that you've told me about the conversation?
A. **No.**
Q. Did you say anything to Dr. Siar that you recall on December 24, 2001?
A. **No, nothing.**
Q. Have you -- and you told me every single thing that you can recall he said on December 24, 2001.
A. **I just remember him approaching me in the hall, telling me he hasn't seen this for ten years and that's -- it was a period of time. And when these kids like that make it -- and honestly I shut my brain off at that point because I didn't want to hear anymore.**
Q. You don't recall a single word after that.
A. **No. I mean, he probably examined him, but -- I don't recall exactly anything.**
Q. Do you recall Dr. Siar examining your son on December 24, 2001?
A. **No.**

100

Q. Do you recall how long the visit was of December 24, 2001?
A. **I don't recall, but I would say about an hour. That's -- just because that's normal.**
Q. The office visit, December 4, 2001, do you recall now that that was with Dr. Siar?
A. **Yes. That was with Dr. Siar. December 4 did you say?**
Q. Yes.
A. **Yes. That was definitely with Dr. Siar.**
Q. Were you originally mistaken in your testimony here today when you thought it was Dr. Shaker?
A. **Yes. And I thought I cleared it up, but maybe now -- it was definitely Dr. Siar, hundred percent.**
Q. Okay. Before you took your son in to Dr. Siar for that visit of December 4, 2001, what had you noticed about his condition other than what you've told us, if anything?
A. **Just that he was fussy and just not eating as well as normal -- as normal for my child.**
Q. Did you notice any evidence of a rash?
A. **No.**
Q. You made mention to Dr. -- that Dr. Siar had referenced that he saw evidence of a rash on physical examination during the visit of December 4, 2001. Correct?

101

A. **He thought he saw evidence, but he never committed to that.**
Q. Did you see at that point in time any evidence of rash?
A. **No.**
Q. Do you know what he was pointing to or what he was talking about?
A. **No.**
Q. Did you ask to see?
A. **Well, Ayden was sitting there when he looked, I mean --**
Q. What was your understanding of the area of that rash?
A. **His belly. He pulled his -- you know, up whatever and looked and said it looks like he may have had a rash. Babies are always red and splotchy, so I don't know.**
Q. You're talking about the belly area?
A. **Yes.**
Q. Had you ever seen Ayden have a rash or evidence of a rash in the belly area?
A. **No.**
Q. No. Have any of your other children ever had a rash or evidence of a rash in the belly area?
A. **No.**
MR. SLIMAK: That's the only questions I have at this point. I'll defer to other counsel.

102

CROSS EXAMINATION

BY MR. CAVANAUGH:
Q. Hi. When you returned to the local pediatricians after Ayden was discharged from the hospital, I believe that you saw Dr. Chandrasekhar most often?
A. **Yes.**
Q. Did you from time to time discuss with him the events that occurred in DuBois hospital or Children's Hospital?
A. **Never.**
Q. Was there any discussion with him about the cause of Ayden's condition?
A. **No.**
Q. Your counsel had mentioned in a previous deposition a conversation that you may have had with a member of the DuBois hospital board. Do you know what I'm referencing?
A. **Yes. But that wasn't me. That was Tim.**
Q. Tell me what Tim told you about that conversation.
A. **He was at that office for business and had believed of course that something was done wrong at DuBois, and he asked them -- I believe he asked him what he could do about that.**
Q. Who is the person you're referencing?
A. **Dr. -- or -- Dr. -- Mr. Hanak? You mean the lawyer? Mr. Hanak, Bob Hanak.**

103

Q. And what did Mr. Hanak reportedly say to Tim?
A. **And he -- Tim told me that he told him he couldn't discuss that -- that he couldn't handle that or discuss that with him on the record because he was on the board and then gave him a name of a lawyer to call.**
Q. And who was that?
A. **William Schweers.**
Q. Anything else that Tim reported to you about the conversation with Mr. Hanak?
A. **Not that I recall, no. Oh. Yes. I'm sorry. I'm lying. He told me that Mr. Hanak said that Ayden's file was probably on the desk of -- what's the person that handles that at the hospital? I can't remember the term. I know the word. When I come up with it, I'll let you know.**
Q. You mean the risk management?
A. **The risk management probably had his file on his desk.**
Q. Did you have the impression that -- from Tim that Mr. Hanak knew something about your son's hospitalization before discussing it with your husband?
A. **No. I didn't believe that. I just thought when he told him the circumstances.**
Q. Thank you. Excuse me. What medication does Ayden take on a daily basis?

104

A. **He takes valproic acid for seizures, and he takes Carnitore -- Carnitore for -- for Carnitine deficiency.**
Q. I beg your pardon?
A. **Carnitore.**
Q. For what deficiency?
A. **Carnitine deficiency.**
Q. Anything else?
A. **I'm hoping I didn't reverse those. No. That's it.**
Q. Has he been able to be bowel trained?
A. **No.**
Q. Have any of his physicians indicated to you that at some point they're hopeful that he may be able to be trained, or have they expressed an opinion one way or the other?
A. **Never been discussed, no.**
Q. Mr. Sosnowski asked you about Ayden's average day, and you explained that it varies because of the schooling that he gets and the therapists that he sees. Outside of those events, how does he spend his day? Tell us please when he gets up and how he spends his day.
A. **He usually gets up anywhere again 8:00 and 9:00 in the morning, eats his breakfast, gets dressed. And as I said before, depends on his day. He has a stander he has to get into for an hour, anytime throughout the day,**

105

depending on his schedule.

Q. What is --

A. **A stander that he stands in, a swing we put him in, eats his lunch. Like I said, depending on whether he goes to school. If I have something to do, he goes with me. You know, he has a lot of therapy. Eats dinner and the kids come home, he plays -- lays around while they play around him, I should say. He goes everywhere I go.**

Q. What time's he go to bed?

A. **Oh, about 10:00.**

Q. Does he like to be bathed?

A. **Loves the water, loves the bathtub.**

Q. How does he eat?

A. **I have to spoon-feed him. He does not like to eat.**

Q. Does he -- and I apologize if you've already been asked this.

A. **That's okay.**

Q. Does he take a nutritional supplement?

A. **Yes, Pediasure.**

Q. Do you know how much?

A. **Two cans a day. I believe they're eight-ounce cans.**

Q. Does he seem to be a happy child?

A. **Yes.**

Q. When you see physicians and they give you a label

106

to describe his condition, do they say cerebral palsy, or is there another description of his current condition that they give?

MS. ROSENBAUM: I'm going to object to the extent that medical records have been provided. And could you reformulate the question, please?

MR. CAVANAUGH: Well, I mean, I know I have the records. I haven't disputed that. I'm asking her what Ayden's physicians tell her his diagnosis or label is.

MS. ROSENBAUM: Okay.

THE WITNESS: He has many diagnoses.

BY MR. CAVANAUGH:

Q. How about telling us what --

A. **Cerebral palsy I've been told; mental retardation I've been told; cortical vision impairment; seizure disorder and microcephaly and developmental delays.**

Q. One of the questions I had for you you just touched on. In terms of development delays, frequently physicians and therapists will describe in terms of months of development where the child -- regardless of his or her chronological age. Do you know what I mean?

A. **Yes, exactly yes.**

Q. So we know that Ayden is nearly four and a half.

A. **Um-hmm.**

Q. In terms of his development delays, what do his

107

physicians and therapists tell you he is in terms of development?

A. **I haven't really got that from anybody since he's been around three, and not one of those things was above a year at that point, eight to ten months. Ever since he started this new program, they don't do that.**

Q. I see. Thank you. You mentioned the therapists that he sees, and you're I believe uncertain as to the source of payment for the care that he gets. Is that correct?

A. **I know two of them are paid through one source, but I don't know off the top -- no. I can't recall.**

Q. Does he see the same therapists all the time?

A. **Yes.**

Q. Could you give us their names, please?

A. **Yes, I can. His physical therapist, her name is Miriam Bankovich. I can try to spell some of that if you need it, but -- B-a-y-t-o-v-i-c-h, I believe. Her -- his occupational therapist is Val -- oh my. She's new. Her last name is escaping me. It's Val, and his vision therapist is Dr. Andrew Lugg, L-u-g-g. His other physical therapist is Mary Ellen, two words, Huss, H-u-s-s. His speech teacher is Kelly Skarbeck.**

Q. Did you say Skarbeck?

A. **Yes. She's downstairs now, S-k-a-r-b-e-c-k.**

108

That's his speech. His developmental teacher is Jen -- oh my. And her name's slipping me too. Isn't that sad? I -- we'll probably remember it before you leave, but it's Jen.

Q. Regardless of the source of payment for this care, do you know what group these folks are affiliated with or what office they report to or out of?

A. **The Riverview Intermediate Unit No. 6.**

Q. And that applies to all of them as far as you know?

A. **As far as -- every one of them but Val at this point.**

Q. And where does Val -- what's her affiliation, if you know?

A. **She is -- I don't know for sure. I think it's Cen-Clear or something in Clearfield.**

Q. You mentioned that Vincent Deeney has seen Ayden and has recommended at least one hip procedure to take place within the next 12 months. Has he described to you the nature of the surgery that he proposes?

A. **Yes.**

Q. Could you briefly tell us what that is, please?

A. **They will operate on his left hip. It will be a good three or four days of pain management for Ayden, and he will set his therapy back. They will try to operate on his other hip at the same period of time if everything**

goes okay, and he doesn't have to be under anesthesia. But really that's all he's told me -- probably not a body cast.

Q. Has he described what type of hip surgery he'll do? In other words, is this a hip replacement?

A. **No, not a hip replacement, just -- no. He hasn't really, to be honest, gotten -- we're going back in July, but it's not a hip replacement. They will not remove his hip. They will somehow -- he has not told me how -- but put that hip back in place.**

Q. Has any of the -- have any of the physicians that you've seen indicated to you that there will be some other surgical procedure in the future that's been proposed for Ayden?

A. **No.**

Q. Whether you discuss -- have you discussed prognosis with the physicians that are caring for your son?

A. **I'm not sure I understand that.**

Q. Has -- have the physicians that are looking after Ayden -- and I realize he's only four and a half --

A. **Right.**

Q. -- told you what their expectations are for the future?

A. **No.**

Q. And I realize that you tend to be optimistic.

A. **Yes.**

Q. But has anyone ever said to you, at some point we hope he'll be able to function independently, or whatever?

A. **No.**

Q. I believe you said that, when you interacted with Ira Bergman, the pediatric neurologist at Children's, he was always with his resident, Dr. Goldstein.

A. **Yes.**

Q. Is that the same Dr. Goldstein that you now see?

A. **Yes.**

Q. And what is her first name, if you know?

A. **Oh my goodness. I do. It's the same -- doctor -- I -- no, not off the top of my head. I have it all downstairs.**

Q. Don't bother. I just wondered.

Bear with me if you would, please.

A. **That's okay.**

Q. You indicated, in recalling your conversations with Dr. Bergman, that he made statements pertinent to the interpretation of the scans that had been done at DuBois and the interpretation of those scans. Do you recall that?

A. **I don't -- I didn't talk to him directly related to the scans. That was Dr. Satchell.**

Q. I see. I have that as Dr. Bergman as well. Did

you not discuss that?

A. **Not as far as directly talking about the scans.**

Q. You seem to say that Tim had additional information about criticisms that may have been rendered. What did Tim report to you?

A. **He reported to me that Dr. Bergman told him the IVs were not run correctly; that they did not have sodium in the IVs, the same thing I was told six months later.**

Q. I see. So Tim just had that information before you did but did not have additional information in terms of criticisms.

A. **Right.**

Q. Was the reason that you transferred here -- from one pediatric group here to Punxsutawney because of the impending lawsuit, or was there some other reason that we haven't discussed?

A. **Well, that, and I was of course not confident they were going to do the best of their ability again --**

Q. Because of the --

A. **Because of the impending lawsuit, exactly, yes.**

Q. When Ayden had the seizure-like activity that you've described for us, that episode before you and Tim took him to the hospital, do you have a sense as to how long that lasted?

A. **Seconds, ten seconds, not even probably ten.**

Q. Thank you. Have you had any other conversations of any sort with Dr. Chandrasekhar pertinent to these events, meaning the events of this lawsuit, that you haven't told us about?

A. **I never discussed any of this with him other than when I -- my last visit that I knew in my head was my last visit there, he approached me and said, "Your lawyer requested records. Is that okay?" And I said yes and then I left. And then Tim picked up the records, and he did talk to him. He tried to call me, and Tim talked to him in the hallway when he picked up the records.**

Q. And tell me, please, what Tim told you about that conversation.

A. **Tim had asked -- he had asked Tim if I was upset with him, and Tim said no; that we thought he saved his life because at that point that's what we knew.**

Q. Any other conversation of any sort that we haven't discussed?

A. **No, not pertinent to this case.**

Q. Thank you. I'm almost finished, if you could bear with me just one moment.

A. **That's okay.**

MR. CAVANAUGH: That's all I have. Thank you.

THE WITNESS: Okay.

MR. KORINSKI: I don't have any questions for you,

ma'am.

THE WITNESS: Thank you.

MR. SOSNOWSKI: I don't have anything else.

MS. ROSENBAUM: Okay.

MR. SOSNOWSKI: Will she read?

MS. ROSENBAUM: Read and sign?

MR. SOSNOWSKI: Yes.

MS. ROSENBAUM: Yes.

MR. SOSNOWSKI: Good. You're done.

(The deposition was concluded at 2:03 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, **KAREN DIANE SHAFFER**, 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 20th day of April, 2006.

Elizabeth Schreiber Nissel,
RPR and Notary Public

1
1 - 94:5
102 - 3:5
10:00 - 31:1, 105:10
10:30 - 31:1
11:00 - 27:24, 46:16, 47:13, 55:7, 55:9, 55:10
11:05 - 1:15
11:30 - 27:21
11:47 - 32:9
11:51 - 32:10
12 - 108:18
12:40 - 62:16
12:48 - 62:17
14 - 21:7, 24:15
15 - 24:15, 73:11, 95:11
15851 - 1:17
15857 - 1:24
16 - 14:24, 21:7
17 - 14:24
18 - 15:8, 73:10
18th - 16:4
1:00 - 25:17

2
20 - 22:22, 66:12
20-minute - 31:3
2000s - 4:17
2001 - 4:24, 15:8, 16:5, 23:9, 96:13, 97:21, 97:25, 98:14, 98:17, 98:25, 99:7, 99:11, 99:14, 99:24, 100:2, 100:5, 100:16, 100:24
2002 - 9:9, 9:13
2003 - 10:13, 22:16, 22:23
2004 - 6:20
2005 - 10:14, 10:24, 76:9, 93:20
2005-418 - 1:9
2006 - 1:14, 114:16
20th - 114:15
24 - 17:2, 17:5, 17:16, 19:2, 67:1, 97:25, 98:14, 98:17, 99:7, 99:11, 99:14, 99:24, 100:2
24-hour - 67:1
26 - 17:17
27 - 17:17
2:00 - 25:17, 57:20
2:03 - 113:10

3
3-29 - 92:11
310 - 1:17, 6:16
3:00 - 35:17, 37:4, 39:7

4
4 - 3:4, 6:1, 23:9, 23:12, 24:12, 100:5, 100:7, 100:16, 100:24
40 - 9:22
45-minute - 10:23
48 - 17:16
4:00 - 46:13, 46:19, 50:25, 53:4

5
5 - 6:1, 27:17, 32:13
5:00 - 40:19, 45:25, 47:6, 50:25, 53:4, 54:23, 57:20, 58:19
5th - 27:13

6
6 - 91:6, 92:7, 108:8
60 - 11:12
6677 - 1:17, 6:16
6:00 - 51:1, 51:17, 53:4, 55:1, 55:7, 55:10, 57:5
6th - 58:16

7
7 - 1:14, 55:14, 96:13
70 - 11:13
7:00 - 17:7, 29:9, 35:21, 37:3, 37:5, 37:17, 39:7, 39:15, 39:16, 39:17, 40:19, 45:25, 50:25, 51:17, 51:20, 51:21, 55:1, 57:5, 57:6, 63:15
7:30 - 17:7, 35:21, 37:16, 46:22
7th - 57:2

8
80 - 9:18, 9:24
814 - 1:24
834-5337 - 1:24
8:00 - 29:9, 65:9, 65:10, 104:22

9
911 - 7:2
97 - 3:5
997 - 1:23
9:00 - 51:25, 55:18, 57:2, 57:6, 104:22

A
ability - 111:18, 114:9
able - 9:21, 9:22, 23:23, 59:5, 63:18, 65:24, 67:17, 71:5, 81:7, 81:8, 84:17, 85:4, 104:10, 104:13, 110:3
acceptable - 19:13
Access - 87:5
according - 27:20
accountant - 7:23
accounting - 8:10, 8:11, 8:12, 10:7
accurate - 6:10, 18:11, 22:25, 82:24, 82:25
accurately - 114:9
acid - 91:21, 104:2
activity - 30:22, 71:21, 73:24, 111:21
additional - 65:6, 111:3, 111:10
address - 6:15, 6:23
admission - 76:6, 98:25
admit - 34:18
admitted - 35:5, 35:17, 38:15, 38:21
adult - 43:2
adults - 79:19
affiliated - 108:6
affiliation - 108:12
affixed - 114:15
afternoon - 17:3, 42:2, 50:20, 51:2
afternoons - 78:12, 78:20, 86:14
age - 11:15, 73:8, 106:21
ages - 7:10
ago - 23:1, 29:7, 39:14, 70:3, 74:11
ahead - 6:11, 54:5, 57:10, 77:19, 94:20
ahold - 52:24, 53:12
aid - 5:5
aide - 79:16
Alec - 7:8, 7:11, 22:5
alive - 67:13
allowed - 35:13, 35:14, 40:12, 47:16, 50:19, 61:13, 62:24, 65:9
allows - 82:9
Almost - 79:21
almost - 11:13, 112:20
amount - 65:12, 68:20
Andrew - 7:12, 17:15, 18:12, 107:21
anesthesia - 109:1
answer - 6:7, 11:23, 36:2, 42:21, 46:12, 78:25, 81:3, 95:7
answered - 57:9
answering - 8:22, 31:14, 31:18, 79:9
answers - 31:18
antibiotic - 18:3, 18:14
antibiotics - 20:12
anticipate - 94:22
anticonvulsive - 91:17
anyhow - 23:21
anytime - 104:25
apart - 45:6, 45:9, 45:10
Apgar - 16:8
apnea - 42:9, 42:22, 42:23, 42:24, 42:25, 43:5, 48:25
apneic - 42:14, 42:17
apologize - 43:18, 105:15
appearance - 40:4
appeared - 2:3, 2:5, 2:6, 2:8, 2:10
applies - 108:9
appointment - 22:22
appreciate - 73:19
approached - 112:7
approaching - 99:15
approximate - 40:23, 95:24
April - 1:14, 93:13, 114:15
area - 61:13, 101:12, 101:17, 101:20, 101:23
Area - 1:9
areas - 13:13
Arianna - 7:11
arm - 19:16, 41:8
arms - 30:22, 41:15, 84:4
arrived - 63:8, 63:14, 64:23
aside - 36:13, 96:4
aspect - 8:6
assistance - 79:15, 83:21, 84:18
associated - 86:25
Associates - 1:9
assume - 34:4, 64:23, 87:19
assumed - 42:24
ate - 26:17, 28:5, 28:9, 75:3
attempt - 84:10
attempts - 50:13
attention - 59:1, 96:10
attributing - 76:25
auditing - 8:4, 8:13
August - 76:1
Austin - 7:11
Autism - 80:3
autism - 80:3
availability - 94:15
available - 10:3, 86:24, 88:8
average - 19:10, 104:17
awake - 57:22
aware - 58:7, 79:25, 85:15
Ayden - 1:3, 7:11, 8:3, 8:6, 8:7, 8:17, 9:1, 12:8, 12:9, 12:23, 14:2, 14:3, 15:4, 15:18, 16:4, 17:1, 17:16, 18:2, 18:8, 18:18, 19:21, 20:7, 20:20, 21:6, 21:10, 21:15, 23:4, 23:6, 23:11, 24:4, 27:12, 33:7, 34:5, 35:14, 51:10, 52:4, 53:19, 54:1, 56:1, 56:16, 58:9, 59:14, 61:12, 62:19, 63:8, 66:22, 67:10, 70:5, 70:7, 74:18, 77:13, 77:22, 83:3, 86:23, 87:19, 91:11, 94:7, 96:13, 97:7, 98:3, 98:23, 101:10, 101:19, 102:5, 103:25, 106:23, 108:16, 108:23, 109:14, 109:20, 111:21
Ayden's - 4:24, 11:4, 21:18, 22:22, 53:13, 70:22, 74:13, 93:24, 102:13, 103:12, 104:17, 106:9

B
babble - 83:18
Babies - 101:16
babies - 24:1, 24:7, 26:16, 26:17
baby - 20:17, 25:12, 27:4, 34:25, 38:25, 39:5, 47:19, 56:10, 68:10, 72:17, 77:6, 83:18
background - 6:14, 15:3, 15:7, 68:7
bad - 21:24, 53:13, 53:19, 65:11
ballpark - 50:24
Bankovich - 107:17
base - 16:8
basic - 91:15
basis - 52:20, 87:20, 88:21, 90:24, 104:1
bathed - 75:14, 105:11
bathtub - 105:12
Baytovich - 107:18
bear - 86:25, 89:22, 112:20
Bear - 110:16
became - 10:16, 10:19, 15:18
beck - 67:1
bed - 105:9
bedtime - 54:24
beg - 104:4
began - 84:22
begin - 8:9
beginning - 4:16
behalf - 2:3, 2:5, 2:6, 2:8, 2:10
behavior - 25:18, 82:3, 82:11, 82:14
Behavioral - 80:2
belief - 52:20
belly - 101:14, 101:17, 101:20, 101:23
benchmark - 40:4
benchmarks - 40:24
Bergman - 68:4, 68:6, 70:1, 70:13, 110:6, 110:19, 110:25, 111:6
best - 16:2, 36:23, 45:9, 68:22, 77:21, 111:18, 114:9
Betsy - 12:3
better - 28:21, 29:13, 49:15, 81:12, 85:4
between - 23:4, 28:22, 30:16, 40:19, 41:12, 44:14, 45:1, 45:6, 45:21, 46:14, 49:9, 49:25, 51:16, 55:1, 58:16, 59:12, 73:10
Between - 23:11, 25:18, 28:2, 33:7, 45:16, 57:6, 58:5, 58:20
beyond - 61:4
big - 5:22, 10:16, 39:2
bigger - 63:5
bills - 87:8
birth - 7:18, 16:10, 17:22, 21:18
bit - 6:4, 6:14, 7:25, 15:3, 19:9, 27:23, 29:7, 36:6, 54:15, 57:19, 60:2, 76:2, 77:18
black - 81:7
blind - 80:16
blood - 34:17, 34:21, 37:23, 39:2
board - 80:24, 102:17, 103:5
Bob - 103:1
body - 109:2
bookkeeping - 8:13, 10:8, 10:14
born - 8:7, 8:17, 9:1, 11:14, 12:23, 15:8, 16:4, 16:12,

18:4, 18:18, 21:7, 23:4
boss - 9:7
bother - 82:12, 110:15
bothering - 95:8
bottle - 24:21
bowel - 104:10
bowels - 30:15
Box - 1:23
box - 7:1
boy - 37:25, 38:11
Brad - 2:8
brain - 19:8, 23:1, 64:17, 65:12, 68:21, 76:13, 82:8, 99:18
break - 62:14, 62:19
breakfast - 35:20, 35:22, 40:24, 41:12, 41:22, 44:14, 45:1, 45:16, 45:21, 45:23, 45:25, 47:3, 49:10, 50:1, 51:19, 55:2, 55:13, 57:6, 58:16, 104:23
breast - 24:21, 50:13, 74:25
Breast - 24:22
breast-feed - 50:13, 74:25
Breast-feeding - 24:22
breathe - 65:22
breathing - 41:16, 41:19, 60:10, 60:12, 61:20, 62:5
brief - 44:11
Briefly - 55:25
briefly - 26:23, 51:10, 61:21, 108:21
bright - 40:16
bring - 26:25, 27:5
Bring - 27:2
Brookville - 32:21
brother - 27:11
brothers - 85:10
brought - 20:17, 21:15, 27:21, 48:1, 66:25, 96:9
bunched - 45:2
business - 10:9, 22:1, 102:20
bustle - 59:18
busy - 59:18, 78:18
buy - 7:14

C

calendar - 5:8
calendars - 4:19
calm - 29:1
cannot - 80:21
cans - 105:21, 105:22
car - 31:2, 32:16, 83:15, 86:18, 86:21, 87:13, 87:16
care - 8:8, 22:11, 62:11, 66:22, 69:15, 69:16, 70:4, 70:9, 72:19, 107:9, 108:5
caring - 75:9, 109:17
Carnitine - 104:3, 104:7
Carnitore - 104:3, 104:5
case - 20:9, 62:25, 81:22, 95:22, 112:19
Case - 8:19
cast - 109:3
Catalano - 8:19, 9:6
catch - 44:12
caught - 21:13, 44:13
caused - 64:19, 68:14, 68:20
Cavanaugh - 2:6, 3:5, 88:3, 102:3, 106:7, 106:12, 112:23
cavities - 76:24, 77:3
Cd - 1:9
Cen - 108:15
Cen-clear - 108:15
Center - 1:8, 15:10
cerebral - 61:1, 64:3, 64:7, 64:9, 64:11, 64:16, 67:12, 69:24, 88:17, 96:19, 106:1
Cerebral - 106:14
certain - 19:19, 87:19
certainly - 13:7
Certainly - 70:19
Certificate - 114:1
certify - 114:4
Cg - 78:21
chair - 14:16, 76:20, 81:7, 83:24
Chan - 26:6
Chandrasekhar - 1:8, 2:7, 20:24, 55:18, 55:19, 102:6, 112:2
change - 25:20, 28:4, 35:25, 36:3, 37:4, 40:3, 49:15, 74:3, 74:6, 78:1, 81:21, 84:25
changed - 29:4, 39:15, 72:15, 72:19, 72:23, 73:6, 73:12, 73:19, 84:22, 95:13
changes - 29:8, 40:10, 49:12, 51:11, 52:13, 57:8, 58:11, 58:13, 78:8, 85:2
character - 24:25
characterization - 24:24
chatty - 72:12
check - 18:1, 18:8, 19:3, 25:6, 30:3, 39:12
checked - 56:11
chem - 14:17, 15:1
chemistry - 14:25
Cheng - 88:19, 90:18, 93:13, 93:19
Cheng's - 93:8
child - 12:10, 17:25, 18:4, 20:17, 76:18, 79:22, 85:1, 89:21, 100:19, 105:23, 106:20
children - 7:8, 7:9, 7:18, 17:6, 17:21, 18:1, 18:9, 19:21, 21:10, 22:4, 22:8, 43:5, 43:8, 78:24, 79:1, 79:4, 79:12, 79:14, 79:18, 79:23, 98:9, 101:22
Children's - 61:7, 62:20, 63:3, 69:13, 70:7, 70:16, 71:3, 73:17, 74:18, 75:4, 76:6, 77:8, 77:12, 88:11, 88:14, 90:13, 92:1, 92:5, 96:14, 98:18, 102:9, 110:6
chooses - 82:12
choosing - 82:7
chronic - 12:15
chronological - 106:21
circumstances - 103:24
Civil - 1:3
clammy - 29:19, 29:20
clarify - 95:7
Clarion - 10:12, 10:16, 10:22
class - 10:4, 14:17, 79:18, 79:19, 79:23
clean - 76:17, 76:23
clear - 21:10, 28:25, 44:22, 45:23, 46:25, 48:9, 48:12, 52:15, 52:17, 64:20, 73:3, 75:25, 87:6, 94:24, 108:15
Clear - 25:8
cleared - 100:13
clearer - 83:22
Clearfield - 1:1, 108:15
clench - 40:14, 40:16, 72:13
clench-like - 72:13
clenched - 41:14, 60:5
clenching - 41:2, 41:25, 43:20, 44:4, 45:1, 49:7, 49:13, 51:14, 58:15, 71:13, 71:15, 71:17
Clinic - 88:15, 90:16, 92:8, 92:24
clinic - 90:14, 92:1, 92:5
close - 15:22, 51:6
closed - 41:13
closely - 54:16
closest - 37:16
clothing - 7:14
cold - 20:11, 20:12, 20:17, 20:21, 21:13, 21:14, 27:11
Colder - 50:7
collected - 76:8
color - 25:3, 28:7, 30:1, 60:15, 60:17, 82:10
coming - 5:7, 39:21, 43:16, 46:18, 47:2, 47:5, 47:21, 86:19
comment - 34:13, 53:3, 70:1
commented - 59:10
comments - 34:23, 45:17, 54:6, 69:15, 70:8, 74:12
commit - 39:19
committed - 68:8, 101:1
Common - 1:1
Commonwealth - 114:3
communicate - 85:4
compared - 36:17, 74:19
completely - 59:1
concerned - 52:14, 52:18, 52:21, 57:15, 57:21
concluded - 113:10
concrete - 83:9, 86:4, 94:11
condition - 28:4, 35:24, 49:13, 76:14, 100:17, 102:13, 106:1, 106:2
confident - 111:17
confusing - 63:5, 93:9
congenital - 11:10
conjunction - 46:19, 46:21
connected - 36:6
consist - 80:9
console - 28:24, 49:19
consoled - 24:6, 24:10
consonants - 83:17
constantly - 66:23
consulted - 35:3
contact - 97:20, 97:23, 98:25, 99:3
contained - 82:20, 114:8
context - 43:2
continue - 30:15, 54:17, 54:21, 96:25
continued - 39:8, 60:11, 73:14
continues - 85:5
continuing - 9:24
continuously - 73:16
control - 82:14
conversation - 5:20, 48:19, 64:10, 99:8, 102:16, 102:19, 103:10, 112:13, 112:17
conversations - 110:18, 112:1
conversion - 7:2
cool - 29:25
cooler - 36:15
Correct - 100:25
correct - 27:24, 35:19, 107:10, 114:11
correctly - 26:23, 46:15, 111:7
cortical - 80:23, 88:22, 93:24, 94:2, 106:15
cost - 86:24
counsel - 13:22, 15:6, 16:11, 82:21, 102:1, 102:15
county - 87:2
County - 1:1
couple - 50:23, 67:20, 70:2, 88:21, 95:17
course - 4:18, 11:13, 17:11, 26:22, 29:12, 37:24, 49:9, 62:2, 66:25, 68:7, 74:16, 102:21, 111:17
courses - 10:1
Court - 1:1, 114:1
Cp - 88:17, 89:22
Cpa - 8:2, 8:5, 8:12, 10:6
Craig - 9:7, 9:8
cranky - 23:23, 23:25, 24:4, 24:11
crazy - 59:20
credits - 9:17, 9:18, 9:21, 9:23, 9:24, 10:1
crib - 40:14, 56:8
cried - 25:2
critical - 69:16, 70:4, 70:9, 74:13, 74:15
criticisms - 111:4, 111:11
criticizing - 69:22
Cross - 97:16, 102:2
cross - 81:13
crosses - 84:9
cry - 24:7, 25:9, 25:13, 28:17, 37:12, 40:15
crying - 24:6, 24:11, 24:23, 28:11
Ct - 56:14, 60:25, 64:2, 69:23
cuddled - 36:25
cup - 83:13
current - 10:6, 106:2

D

dada - 83:5
daily - 77:23, 85:1, 104:1
damage - 65:12
dark - 80:12
Darryl - 2:9
Date - 1:14
date - 66:11, 95:15, 95:19, 98:19
Dates - 5:25
dates - 4:19, 5:24, 23:3, 27:15, 66:18, 66:19, 95:23, 96:2, 96:4
daughter - 98:20, 98:23
day-to-day - 75:13
days - 19:5, 19:6, 19:9, 21:7, 24:15, 66:7, 67:20, 108:23
daytime - 49:25
December - 6:1, 6:20, 10:11, 10:13, 23:9, 23:12, 24:12, 27:17, 32:13, 55:14, 66:12, 74:20, 96:13, 97:21, 97:25, 98:14, 98:17, 98:25, 99:7, 99:11, 99:14, 99:24, 100:1, 100:5, 100:7, 100:16, 100:24
decide - 21:20
decision - 21:24, 22:5
decision-making - 21:24
deemed - 74:12
Deeney - 89:10, 89:12, 89:18, 90:19, 94:3, 108:16
Defendant - 2:5, 2:7, 2:8, 2:10
Defendants - 1:9
defer - 102:1
deficiency - 104:3, 104:6, 104:7
deficit - 12:18
deficits - 79:24
definitely - 100:10, 100:14
definition - 29:22
degree - 66:17, 84:17
dehydrated - 30:5, 39:1
dehydration - 20:3, 39:4

delays - 106:16, 106:18, 106:25
demonstrated - 12:17
dental - 76:10, 77:3, 88:12, 88:14, 90:13, 92:5
department - 33:12, 72:4, 88:12, 88:14
deposition - 5:10, 13:15, 102:15, 113:10, 114:7, 114:10
Deposition - 1:13
describe - 13:18, 13:24, 14:15, 40:9, 41:8, 44:17, 71:14, 72:9, 72:11, 75:6, 106:1, 106:19
described - 32:1, 34:7, 45:18, 59:7, 59:24, 60:18, 72:2, 82:2, 108:18, 109:4, 111:22
describing - 48:24
description - 106:2
designated - 79:16
designed - 78:23
desk - 103:13, 103:19
detailed - 62:2
development - 106:18, 106:20, 106:25, 107:2
developmental - 78:16, 86:12, 86:15, 87:7, 106:16, 108:1
diagnoses - 106:11
diagnosis - 106:9
Diane - 1:13, 3:1, 4:1, 4:7, 114:5
diaper - 39:12
diapers - 30:9, 30:10, 39:8, 54:17
diarrhea - 30:18
diary - 4:19
differ - 78:10
difference - 30:1, 60:1
differences - 54:1
different - 5:7, 6:23, 21:2, 24:19, 25:3, 25:9, 25:19, 29:14, 30:19, 35:12, 36:14, 40:22, 50:7, 50:11, 56:11, 56:24, 65:18, 65:20, 68:12, 72:1, 74:15, 74:16, 75:9, 75:12, 78:9, 86:23, 95:10, 96:10, 96:11
difficulties - 15:15
difficulty - 5:23
dinner - 40:24, 41:12, 44:14, 45:2, 45:16, 45:21, 45:23, 45:25, 47:6, 49:10, 50:1, 58:19, 105:6
direct - 9:7
Direct - 4:3
directly - 110:23, 111:2
discharged - 71:3, 102:5
discuss - 65:15, 70:12, 91:11, 102:8, 103:4, 109:16, 111:1
discussed - 70:17, 70:20, 104:16, 109:16, 111:16, 112:5, 112:18
discussing - 26:22, 103:22
discussion - 32:8, 33:22, 36:11, 37:22, 42:6, 47:18, 48:23, 55:24, 56:22, 66:4, 95:5, 102:12
discussions - 37:21, 37:23, 38:1, 38:2, 65:6, 66:20, 66:23, 67:9, 69:13
disorder - 71:20, 106:16
disorders - 43:9
disposition - 75:5
disputed - 106:8
distinctive - 85:20
distinguish - 44:5
Division - 1:3
doan - 1:3, 7:16
Doan - 1:4, 1:16, 7:21
doctor - 11:16, 16:15, 19:19, 20:11, 20:13, 20:15, 20:23, 20:24, 23:13, 23:18, 23:21, 25:15, 25:20, 31:14, 33:14, 33:17, 33:19, 33:24, 34:1, 34:2, 34:10, 38:16, 39:21, 45:20, 52:24, 53:13, 55:3, 55:5, 55:16, 58:7, 66:21, 66:24, 88:13, 89:2, 97:7, 110:12
doctor's - 21:2, 26:4, 70:21, 88:3, 96:9
doctors - 17:3, 22:11, 35:2, 37:14, 66:21, 66:23, 67:3, 69:14, 74:3, 74:14, 81:18, 82:12, 82:13, 84:16, 87:20, 88:18, 97:3
done - 43:12, 59:16, 60:21, 74:15, 76:15, 91:8, 93:24, 94:12, 94:16, 94:19, 102:21, 110:20, 113:9
down - 5:3, 28:13, 29:1, 68:12
Down's - 11:18
downstairs - 86:11, 107:25, 110:14
Dr - 20:24, 21:22, 22:2, 22:4, 22:8, 22:10, 26:6, 26:8, 26:10, 26:13, 30:23, 31:4, 31:17, 32:15, 39:24, 39:25, 41:21, 42:3, 43:11, 43:21, 43:25, 46:20, 46:21, 47:18, 48:13, 49:6, 55:18, 55:19, 55:20, 55:21, 57:1, 57:8, 58:2, 58:5, 58:21, 59:8, 59:12, 61:1, 63:23, 63:24, 65:6, 66:24, 68:4, 68:5, 68:6, 70:1, 70:13, 87:25, 88:4, 88:9, 88:11, 88:15, 88:18, 88:20, 89:2, 89:10, 89:18, 90:12, 90:18, 90:19, 90:23, 91:1, 91:10, 93:8, 93:9, 93:11, 93:13, 93:19, 94:3, 96:14, 96:22, 97:5, 97:20, 97:23, 98:13, 98:25, 99:4, 99:6, 99:10, 99:23, 100:6, 100:7, 100:10, 100:12, 100:14, 100:15, 100:22, 102:6, 102:25, 107:21, 110:7, 110:9, 110:19, 110:24, 110:25, 111:6, 112:2
drastically - 39:1
drawbacks - 89:21
dressed - 31:2, 104:23
drive - 10:23, 31:3
Drmc - 2:8, 32:16, 33:5, 74:13
Drmg - 87:25, 88:1
dropped - 56:7
dropping - 56:11
drove - 31:3, 63:1
dry - 29:25, 30:8
dryer - 36:15
Dubois - 1:8, 8:13, 9:20, 10:5, 15:10, 64:2, 65:19, 69:17, 70:5, 70:10, 71:12, 77:12, 99:1, 102:9, 102:17, 102:21, 110:20
due - 17:5
duly - 114:5
during - 13:15, 15:15, 15:20, 19:9, 23:13, 23:19, 35:16, 37:10, 37:15, 39:7, 40:15, 41:11, 49:9, 49:21, 49:25, 50:4, 50:9, 50:14, 50:23, 52:13, 54:21, 54:25, 58:9, 58:11, 67:9, 69:13, 97:20, 98:25, 99:7, 100:24
During - 19:6, 24:15, 69:12

E

ear - 40:2
early - 19:22, 49:21, 51:2, 52:23, 74:20
easier - 7:14, 72:8
eat - 24:9, 24:23, 75:2, 105:13, 105:14
eaters - 20:1
eating - 20:2, 24:10, 28:10, 30:4, 40:12, 46:11, 75:1, 75:3, 100:18
eats - 104:23, 105:4
Eats - 105:6
edema - 64:9, 64:12, 64:16, 67:12
education - 9:24, 13:12
Eeg - 95:16
Eegs - 56:14, 96:8
effect - 26:1
eight - 7:11, 105:21, 107:5
eight-ounce - 105:21
either - 16:15, 21:24, 32:21, 44:12, 44:24, 44:25, 46:12
Ekgs - 56:14
elaborate - 53:14
elevator - 59:21
eleventh - 14:25
eliminated - 68:11
eliminating - 68:9
Elizabeth - 1:18, 114:2, 114:21
Ellen - 107:22
emergency - 27:12, 28:3, 30:11, 30:20, 33:9, 33:12, 34:1, 38:16, 72:4
end - 10:24
entire - 33:11, 35:7, 51:22, 52:4, 52:7, 58:9, 70:25, 71:2
environment - 80:12, 82:9
episode - 32:1, 41:7, 44:5, 72:13, 111:22
episodes - 24:16, 39:16, 41:5, 41:12, 41:25, 42:9, 42:14, 42:17, 43:20, 44:4, 49:7, 49:13, 51:14, 58:13, 58:15, 59:7, 59:14, 59:22, 60:7, 60:11, 60:14, 71:7, 71:12, 71:13, 71:15, 71:17, 71:19, 72:13
Er - 29:18, 30:7, 30:16, 31:25, 32:6, 32:12
escaping - 107:20
especially - 23:25
Esquire - 2:3, 2:4, 2:6, 2:8, 2:9
essentially - 10:18, 16:19
estimate - 6:11
evaluate - 34:15
evaluation - 43:13, 87:20, 92:13, 92:19
evening - 27:13, 27:16, 28:8, 29:10, 32:13, 40:20, 44:6, 51:2, 51:25, 54:23, 55:1, 55:8, 57:5, 58:21, 58:24, 63:16, 67:6, 71:1
event - 13:2, 32:1, 33:7, 72:2
eventful - 57:7
events - 4:16, 4:19, 4:21, 5:4, 5:17, 33:9, 36:8, 45:1, 45:12, 45:18, 58:23, 96:4, 102:9, 104:20, 112:2, 112:3
eventually - 28:6
every-couple-year - 88:21
everywhere - 59:4, 105:8
evidence - 100:20, 100:23, 101:1, 101:3, 101:19, 101:23
exact - 5:21, 20:19, 24:14, 27:15, 45:4, 68:25, 69:3, 69:20, 70:3, 71:25, 82:9, 82:10
Exactly - 38:14, 52:3
exactly - 14:9, 20:14, 22:12, 23:3, 31:16, 31:19, 33:15, 99:22, 106:22, 111:20
Examination - 3:3, 4:3, 97:16, 102:2
examination - 26:14, 33:24, 56:1, 100:24
examined - 33:14, 33:25, 99:21
examining - 26:10, 99:23
Excuse - 103:25
exhibit - 24:24, 73:14, 73:23
expect - 66:17
expectations - 109:22
experience - 12:24
explain - 18:18, 25:11, 36:21, 42:14, 61:24, 64:16, 89:18, 90:3
explained - 74:4, 80:21, 90:5, 104:18
expressed - 104:14
extent - 13:3, 17:15, 99:8, 106:4
extremely - 52:14
eyeballs - 82:8
eyes - 30:23, 41:8, 41:13, 50:9, 50:11

F

face - 19:25, 40:17, 41:3
faces - 5:24
facilities - 77:13
fact - 25:9, 36:13, 54:20
Fair - 13:22, 63:5
fall - 9:19
family - 11:7, 11:9, 11:10, 12:5, 33:5, 51:6
Fannin - 8:19
far - 11:9, 11:21, 15:14, 16:5, 20:3, 25:20, 25:25, 26:2, 30:12, 32:21, 40:11, 60:14, 65:17, 67:21, 75:13, 76:8, 84:14, 86:5, 87:16, 90:21, 90:22, 90:23, 108:9, 108:10, 111:2
father - 7:21
Fatula - 21:22, 88:1, 88:4, 88:7
Fatula's - 21:23, 90:12, 90:23
favorite - 86:5
February - 22:15, 22:18, 22:19, 22:22, 89:17, 91:4, 91:6, 91:10, 92:7, 94:6
February-march - 22:15, 22:18
feed - 24:6, 37:10, 50:13, 74:25, 105:14
feeding - 19:23, 24:21, 24:22, 92:1
feet - 84:4
fell - 14:16
felt - 20:13, 25:4, 29:3
fever - 19:3, 19:4
few - 11:6, 67:18, 74:11
Fifteen - 95:13
fifteen - 60:9
figure - 67:21
file - 103:12, 103:18
filled - 77:4
fine - 17:8, 31:21, 36:24, 37:8, 41:2, 55:21
finished - 97:12, 112:20
firm - 8:5, 8:13, 8:18

first - 4:17, 20:8, 21:6, 44:16, 67:6, 67:20, 72:2, 72:22, 73:6, 76:1, 76:16, 110:11
First- 16:25, 52:19, 81:9
fists - 40:14, 40:16, 41:2
five - 5:16, 5:19, 7:7, 12:12, 40:19, 40:22, 44:13, 45:2, 45:5, 58:15, 58:20, 81:19, 94:20
flaccid - 36:16
flailed - 30:22
flailing - 41:15
flew - 62:12
fluid - 48:12, 68:20
Fluid- 64:17
fluoride - 76:24
flustered - 98:8
focus - 39:2, 46:17, 67:12
folks - 108:6
follow - 23:16, 40:1
follow-up - 23:16, 40:1
following - 22:23, 58:22, 66:9
follows - 4:2, 78:6, 79:6
food's - 46:9
foregoing - 114:7
form - 36:1
forum - 16:2
four - 5:16, 7:12, 8:11, 12:14, 77:15, 79:18, 82:11, 93:12, 94:20, 98:21, 106:23, 108:23, 109:20
four-year-old - 98:21
fourth - 12:10
frail - 74:22
frailer - 74:22
frequently - 106:18
Friday- 1:14, 55:15, 55:16, 57:2, 66:8, 66:9, 86:7, 86:14
friends - 22:2, 51:6
front - 81:11
full - 4:6, 15:12, 78:17
full-term - 15:12
fully - 114:9
fun - 86:17
function - 110:3
funny - 28:7
fuss - 25:11
fussy - 24:11, 28:22, 29:6, 100:18
future - 85:5, 109:13, 109:23

G

ga - 83:17
Gateway- 1:8, 2:10, 21:17, 21:22, 28:2, 97:1, 97:4
gears - 77:18
general - 5:20, 8:25, 33:16
generally - 15:17, 92:14
gentlemen - 97:13
giggle - 85:22
girl - 14:9, 74:9
given - 48:8, 68:18, 69:6, 69:21
glasses - 88:25, 89:6
goals - 79:8
Goldstein- 68:5, 88:9, 90:13, 91:1, 91:11, 110:7, 110:9
goodness - 110:12
grab - 37:1
grade - 15:1, 15:2
grand - 14:21, 14:22
graphic - 74:7
great - 71:6
Group- 17:5, 17:20, 18:19
group - 21:17, 90:12, 90:23, 108:6, 111:14
Grout- 1:7, 2:5, 30:24, 31:4, 31:17, 32:15, 39:24, 39:25, 41:21, 42:3, 43:11, 43:21, 43:25, 46:20, 46:21, 47:18, 48:13, 49:6, 61:1, 96:15, 96:22
guardians - 1:3
guess - 4:21, 5:2, 6:3, 6:9, 21:9, 27:13, 39:15, 41:3, 53:25, 55:14, 66:13, 72:22, 74:19, 77:12, 84:23, 96:17, 97:1

H

half - 6:2, 63:19, 64:22, 73:9, 77:15, 106:23, 109:20
halfway - 56:8, 76:9
hall - 99:15
hallway - 98:7, 112:11
Hanak - 102:25, 103:1, 103:2, 103:10, 103:12, 103:21
hand - 114:15
handle - 10:19, 103:4
handles - 103:14
hands - 37:2, 84:3
happy - 22:3, 24:7, 105:23
hard - 9:22, 25:11, 29:22, 34:25, 38:25
harder - 5:21, 60:5
hat - 7:16
head - 46:23, 110:13, 112:6
headed - 32:16
health - 11:5, 11:6, 12:15, 15:17
healthcare - 13:9, 69:14, 70:8, 74:12, 90:7
healthy - 15:19, 15:21, 15:25
hear - 42:8, 42:10, 86:2, 86:11, 86:18, 99:19
heard - 13:17, 14:23, 21:24, 26:20, 42:24, 43:4, 70:7, 86:19
held - 36:13, 49:18, 49:23
helicopter - 62:12, 62:20, 62:24
Hello - 97:18
help - 29:1, 41:1, 78:4
hemorrhage - 61:1, 64:3, 64:7, 69:24, 96:19
hereby - 114:4
herein - 114:8
hereunto - 114:14
Hi- 97:19, 102:4
high - 5:18, 14:9, 74:8
himself - 29:12, 79:20
hip - 95:3, 108:17, 108:22, 108:25, 109:4, 109:5, 109:6, 109:8, 109:9, 109:10
hips - 89:14, 89:18, 90:4, 94:8, 94:23
history - 11:7, 11:9
hmm - 67:8, 77:17, 92:20, 106:24
hold - 36:5, 40:13, 50:4, 57:25, 65:24, 71:5, 84:3
holding - 54:15, 57:21
home - 6:17, 6:19, 10:17, 10:20, 11:2, 16:12, 16:21, 17:2, 17:13, 18:25, 20:7, 21:15, 23:11, 26:24, 34:8, 36:9, 43:7, 50:22, 71:1, 72:14, 74:18, 75:8, 97:25, 98:19, 105:7
honest - 30:3, 42:7, 98:12, 109:7
honestly - 68:12, 98:8, 99:18
hooked - 36:14, 64:23, 65:22
hope - 110:3
hopeful - 104:13
hopefully - 9:15
hoping - 95:3, 104:9
horrible - 68:9
hospital - 16:15, 19:18, 20:25, 21:11, 23:12, 24:16, 27:20, 29:17, 32:18, 32:22, 33:2, 33:3, 33:4, 33:17, 34:4, 35:22, 40:15, 46:4, 51:7, 51:9, 51:16, 58:21, 63:6, 66:14, 67:4, 70:16, 71:24, 77:13, 102:5, 102:9, 102:17, 103:14, 111:23
Hospital - 61:7, 62:21, 73:17, 76:6, 77:12, 90:13, 98:18, 102:10
hospitalization - 4:24, 97:21, 103:21
hospitalizations - 5:1
hospitals - 35:12
hot - 46:9
hour - 6:2, 6:3, 45:5, 45:9, 57:18, 59:17, 63:19, 64:22, 100:3, 104:25
hours - 17:2, 17:5, 17:16, 19:2, 45:10, 47:8, 49:22, 49:25, 50:23, 55:11, 57:18, 67:1, 67:18
house - 20:18, 86:8
huge - 26:17
hundred - 54:19, 100:14
hung - 32:15
husband - 98:24, 99:3, 103:22
Huss- 107:22
hustle - 59:18

I

idea - 64:20, 73:5, 94:7
Iep - 79:7
ill - 21:10
illness - 20:8
immediate - 75:15, 75:17
immediately - 30:23
impairment - 80:24, 93:24, 94:2, 106:15
impending - 111:15, 111:20
implanted - 77:10
implication - 69:4
importance - 46:13
important - 19:1, 95:9
impression - 13:19, 103:20
improve - 49:25
improved - 84:22
improvement - 92:16, 92:25
inactive - 8:3, 9:11, 9:12
inadvertently - 56:25
inappropriate - 68:18, 68:20, 68:23
Inc - 1:9
inconsolably - 24:24
increasing - 53:25
independently - 110:3
Index - 3:1
Indiana - 88:15, 90:16
indicate - 35:17, 43:11
indicated - 96:14, 104:12, 109:12, 110:18
Indicating - 6:25, 40:20, 96:10
indicating - 41:14
indication - 52:23
indications - 38:18
infantile - 72:16
infection - 20:21, 26:22, 40:2
information - 15:7, 33:18, 33:20, 39:10, 67:10, 69:21, 82:19, 91:16, 111:3, 111:9, 111:10
inquire - 38:24
inside - 64:10
instance - 54:9, 81:6, 83:13
instead - 49:18, 64:8, 86:17
Institute - 92:2
instructions - 19:15
intelligent - 12:19
interact - 79:11
interacted - 110:5
interest - 82:4
interested - 50:21
interesting - 7:3
Intermediate - 108:8
interpret - 70:4, 70:9, 74:14
interpretation - 110:20, 110:21
interpreted - 38:13, 69:16
intervals - 45:8
invasive - 77:9
involve - 53:21
involved - 5:4
involving - 11:10
Ira - 68:4, 110:6
issue - 46:10, 70:12
issues - 43:3, 80:1
Iu6 - 78:22
Iv - 34:16, 34:21, 39:2, 49:4, 68:18, 68:19, 68:23, 68:25, 69:1, 69:2, 69:5, 69:7, 70:13
Ivs - 38:23, 65:23, 111:6, 111:8

J

Jen- 108:1, 108:4
jerks - 72:20
job - 8:6, 10:18
Johnson- 78:21, 78:22
joke - 15:25
jokes - 16:2
July- 9:8, 9:9, 10:13, 109:7
jump - 77:18
jumped - 56:25
jumping - 76:2
junior - 14:8

K

Karen- 1:4, 1:13, 1:16, 3:1, 4:1, 4:7, 114:5
keep - 5:6, 6:9, 7:15, 67:13
keeping - 62:4
Kelly- 107:23
kept - 4:18, 25:10, 28:16, 39:9
kidding - 15:24
kids - 32:25, 33:17, 52:2, 99:17, 105:7
Kind- 59:20
kind - 4:21, 10:12, 10:19, 14:18, 15:6, 25:13, 30:22, 40:24, 42:13, 56:25, 66:5, 66:17, 67:7, 69:8, 77:8, 88:22, 89:4, 98:11
kinds - 37:2
knowing - 45:14
knowledge - 98:24, 99:3
known - 4:9, 13:2, 55:19
knows - 85:18
knuckles - 41:3
Korinski- 2:8, 112:25

L

lab - 38:3, 38:7
label - 105:25, 106:9
last - 22:22, 76:1,

76:9, 91:3, 92:10, 93:19, 107:20, 112:6
Last- 92:11
lasted - 60:8, 111:24
late - 27:12
Late- 51:2
laugh - 85:20, 85:22
laughing - 85:21
laughs - 85:19
lawsuit - 111:15, 111:20, 112:3
lawyer - 103:1, 103:6, 112:7
lawyers - 70:17, 70:20
lays - 105:7
learned - 48:2, 48:4, 48:22
least - 21:14, 38:10, 42:14, 45:9, 65:6, 69:16, 73:14, 85:4, 92:25, 97:5, 108:17
leave - 9:21, 9:22, 108:3
left - 24:16, 28:2, 28:15, 31:8, 42:9, 42:13, 43:11, 47:8, 50:22, 51:11, 51:25, 58:2, 58:5, 62:10, 62:19, 70:7, 71:2, 75:3, 95:3, 108:22, 112:9
legally - 80:16
legs - 84:9
less - 28:5, 28:9, 29:6, 40:25, 49:22
level - 69:1
license - 8:2, 8:12, 9:10, 9:12, 10:6
lie - 76:3
life - 48:4, 72:24, 112:16
light - 80:12, 81:19
light-up - 80:12
lights - 80:11
limitations - 87:16
limits - 6:3
limp - 36:15
Linkage- 88:15, 90:16, 92:8, 92:24
list - 90:11
listen - 42:12
listening - 86:4, 98:11
live - 7:8
lived - 6:22
lives - 7:4
local - 89:2, 102:4
locally - 21:21, 23:6, 90:12, 92:23
Lodge- 10:16
look - 5:11, 16:10, 19:25, 50:11, 65:17, 81:19, 81:21, 81:23, 85:15, 97:11
looked - 11:13, 18:15, 26:18, 26:19, 26:20, 27:8, 40:17, 65:20, 101:10, 101:15
looking - 5:3, 28:7, 29:12, 29:19, 48:5, 109:19
looks - 19:25, 72:17, 101:15
Loves- 105:12
loves - 85:18, 105:12
low - 68:19, 88:22
luckily - 67:18
lucky - 81:10
Lugg- 107:21
lumbar - 43:14, 46:15, 47:12, 47:15, 47:19, 48:4, 48:14
lunch - 25:17, 105:4
lying - 103:12

M

Ma'am - 4:5
ma'am - 113:1
machines - 65:23
main - 67:12
majority - 57:22
mal - 14:22
mama - 83:5
man - 53:9
managed - 71:3
management - 103:17, 103:18, 108:23
march - 22:15, 22:18
March - 22:20, 89:15, 94:5
Marcia - 2:3, 12:2
Margaret - 63:23, 66:24
married - 4:11, 4:13
Mary - 107:22
Marys - 1:24
matter - 4:18
Md - 1:7, 1:8
mean - 5:6, 8:15, 10:5, 11:16, 16:7, 17:21, 18:16, 20:11, 20:19, 22:17, 22:18, 24:5, 24:8, 24:11, 25:11, 29:18, 31:2, 36:20, 36:21, 36:25, 37:24, 38:4, 41:14, 44:22, 52:7, 53:17, 53:20, 54:3, 55:9, 57:17, 57:23, 60:4, 66:1, 67:11, 69:19, 70:16, 70:17, 70:20, 72:18, 74:22, 80:13, 81:2, 82:1, 82:7, 83:17, 84:24, 86:3, 89:23, 89:24, 91:15, 95:9, 99:21, 101:11, 102:25, 103:17, 106:7, 106:21
meaning - 112:3
means - 17:23, 24:1
meant - 17:11, 48:11, 57:13, 61:24
meantime - 97:12
medical - 13:4, 13:16, 82:19, 82:20, 96:1, 106:5
Medical - 1:8, 1:9, 15:10
medically - 16:6, 82:25
medicated - 73:15, 73:16, 73:23
medication - 74:4, 74:6, 91:18, 103:25
medicine - 25:24, 29:1, 73:19, 76:25
medicines - 49:3, 75:11
meet - 79:8
member - 102:16
meningitis - 46:16, 48:3, 48:6
mental - 11:11, 12:18, 106:14
mentally - 11:12
mention - 100:22
mentioned - 27:7, 29:7, 68:16, 80:5, 102:15, 107:7, 108:16
met - 98:7
Michael - 2:4
microcephaly - 106:16
middle - 81:13
midline - 81:13
might - 5:3, 5:5, 16:24, 18:21, 23:3, 26:20, 33:8, 34:23, 35:21, 38:6, 38:17, 45:17, 49:3, 54:10, 62:8, 64:8, 64:19, 66:11, 70:21, 73:24, 74:16, 81:1, 83:13, 95:25
Might - 75:25
miles - 6:24
mill - 8:25
millions - 11:14
mind - 38:8, 90:9
minor - 1:3
minute - 62:13, 81:21
minutes - 45:5, 70:3, 74:11, 81:20
Miriam - 107:17
missed - 57:19
misspoke - 75:21
mistaken - 100:11
moist - 29:20, 29:24
Molly - 8:24
moment - 54:14, 65:16, 112:21
Monday - 26:25, 27:2, 27:5, 78:19
Mondays - 78:11
monitor - 43:6
monitors - 43:7
monogrammed - 7:14
month - 22:24
monthly - 85:1
months - 7:12, 8:16, 9:3, 68:13, 68:17, 70:2, 73:8, 73:10, 73:11, 88:14, 91:2, 92:6, 92:9, 93:8, 93:14, 94:20, 95:11, 95:13, 95:18, 106:19, 107:5, 108:18, 111:8
Moon - 88:20, 89:2, 90:18, 93:11
Moon's - 93:9
morning - 23:21, 23:24, 24:12, 24:14, 25:6, 25:18, 28:14, 28:23, 29:3, 35:18, 37:4, 37:25, 38:11, 39:21, 41:22, 42:1, 42:4, 47:2, 49:21, 51:19, 52:24, 53:5, 55:2, 55:13, 55:17, 57:2, 57:6, 58:22, 59:3, 59:6, 59:8, 59:23, 60:21, 96:15, 104:23
Most - 97:9
most - 38:1, 79:22, 102:6
Mostly - 97:5
mostly - 97:10
mouth - 76:23
move - 30:15
moved - 66:9
movement - 72:17
multitude - 59:16
muscle - 49:22, 72:20
music - 86:4, 86:5
myoclonic - 72:20, 73:12, 73:14, 95:14

N

Name - 7:5
name - 4:6, 7:9, 88:2, 88:3, 88:13, 103:6, 107:16, 107:20, 110:11
name's - 108:2
names - 4:8, 5:24, 5:25, 107:15
nap - 57:24
natural - 1:3
nature - 11:11, 12:18, 13:17, 87:17, 108:19
nearly - 106:23
necessarily - 5:1, 13:1
necessary - 89:7
need - 8:7, 11:5, 11:23, 19:4, 33:4, 66:16, 72:25, 94:8, 95:7, 96:19, 107:18
needed - 8:14, 10:12, 10:17, 10:21, 90:24, 90:25
needles - 71:4
needs - 8:8, 32:5, 52:25, 78:24, 92:23
neighborhood - 27:25
neurological - 79:24, 79:25
neurologist - 68:2, 88:9, 90:13, 91:7, 110:6
neurologists - 66:25, 96:7
Never- 102:11, 104:16
never - 13:12, 18:15, 20:2, 20:22, 25:7, 26:20, 34:13, 41:20, 56:2, 56:5, 56:12, 68:8, 71:24, 71:25, 72:6, 101:1, 112:5
new - 20:17, 37:25, 38:11, 107:6, 107:19
newborn - 19:13, 20:6, 74:21
newborns - 19:22
next - 26:25, 27:2, 27:13, 51:19, 55:2, 55:13, 108:18
night - 27:21, 37:20, 41:7, 52:25, 53:2, 53:13, 53:20, 57:22, 67:16, 72:23
nine - 16:7
nineteen - 7:12
Nissel - 1:18, 114:3, 114:21
nobody - 12:7, 53:1, 89:5
non - 82:23
none - 24:8, 72:24
normal - 19:12, 37:1, 60:15, 60:17, 72:17, 76:18, 79:1, 79:4, 100:4, 100:19
normally - 17:4
Notary - 1:19, 114:22
notary - 114:3
notation - 16:19
notes - 92:16, 97:11, 114:10
nothing - 12:7, 21:24, 65:15, 72:15, 83:8, 83:16, 85:25, 86:4, 94:1, 99:12, 114:6
Nothing - 16:9, 70:23, 76:12
notice - 25:3, 33:9, 35:24, 36:8, 41:4, 49:12, 50:3, 50:6, 51:10, 52:13, 58:11, 100:20
noticeably - 29:4
noticed - 25:1, 25:19, 25:21, 29:8, 41:18, 41:19, 41:20, 54:1, 54:10, 57:8, 73:6, 100:16
notwithstanding - 74:5
November - 9:12, 15:8, 16:4
numb - 66:5, 66:6
number - 7:1, 52:22, 75:11, 75:13
numbers - 38:3
nurse - 19:3, 26:16, 27:1, 27:5, 40:12, 43:16, 44:8, 44:10, 44:13, 44:16, 44:19, 45:13, 45:17, 47:25, 53:6, 54:21
nursed - 75:14
nurses - 16:15, 34:16, 37:19, 38:1, 38:6, 39:9, 42:19, 52:14, 52:16, 53:25, 54:6, 54:25, 57:15, 59:2, 67:1, 69:14
nutritional - 91:23, 105:18

O

o'clock - 25:17, 29:10, 37:17, 46:19, 51:17, 55:18, 58:19, 63:16, 65:9, 65:10
Ob/g- 18:10
Ob/gyn- 17:7, 18:11, 18:15
object - 13:3, 82:15, 106:4
Objection- 36:1, 57:9
objectives - 79:8
objects - 80:11
observed - 84:14, 91:15
observes - 13:24
observing - 49:6, 91:16
obviously - 4:23, 5:6, 6:5, 7:7, 10:9, 63:9, 83:16
Obviously- 17:9, 75:11
occasionally - 73:14, 83:6
occupational - 92:13, 107:19
Occupational- 78:15
occurred - 5:22, 45:7, 95:20, 102:9

occurring - 30:8
occurs - 89:22
Off-the-record - 32:8, 33:22, 36:11, 56:22, 95:5
offer - 34:23
office - 9:3, 21:23, 22:1, 22:8, 26:5, 28:2, 28:16, 30:16, 31:5, 31:8, 70:21, 100:5, 102:20, 108:7, 114:15
often - 9:3, 93:5, 102:6
old - 11:13, 20:10, 21:7, 21:13, 26:23, 80:7, 98:21
older - 19:21, 20:17, 22:4, 22:5
on-call - 31:18
once - 17:24, 29:18, 54:23, 54:24, 88:9, 89:6, 97:6
Once - 14:6, 40:1
One - 26:18, 58:14, 93:15, 106:17
one - 5:20, 15:1, 17:25, 20:7, 21:10, 22:10, 26:18, 31:13, 33:16, 33:19, 36:9, 37:3, 38:18, 38:19, 38:20, 40:1, 41:24, 42:2, 42:19, 43:20, 43:25, 44:16, 45:5, 45:10, 45:12, 45:17, 46:22, 47:5, 52:23, 55:6, 56:9, 57:1, 59:3, 59:6, 59:15, 65:6, 70:22, 71:1, 71:15, 79:20, 79:21, 80:3, 84:3, 84:11, 84:19, 85:7, 85:8, 85:9, 86:8, 86:20, 88:18, 88:25, 89:6, 89:20, 91:17, 93:12, 94:25, 95:2, 104:14, 107:4, 107:11, 108:10, 108:17, 111:14, 112:21
One's - 95:1
ones - 86:17, 87:5
open - 50:9
operate - 108:22, 108:24
operated - 89:15
operates - 82:8
ophthalmologist - 88:19
opinion - 13:4, 85:16, 104:14
opportunities - 50:4
optimistic - 109:25
optometrist - 88:21
order - 56:3, 56:18
ordered - 56:14
originally - 16:25, 100:11
orthopedic - 89:10, 89:13, 90:19
Ot - 78:13
otherwise - 18:15
ounce - 105:21
ounces - 27:4
Outside - 104:19
overbroad - 36:1
overlap - 93:10
overnight - 35:8, 35:16, 43:22, 54:15, 55:1, 55:10, 57:4, 59:22
oversees - 91:17
own - 1:5, 11:6, 79:5, 83:25

P

pacify - 28:20
Page - 3:3
paid - 107:11
pain - 40:18, 60:6, 108:23
pale - 29:15, 29:17, 29:18, 29:19, 60:18, 60:19, 74:23, 74:24
paleness - 29:23
palsy - 88:17, 106:1, 106:14
Pardon - 75:18
pardon - 104:4
parent - 33:19
parents - 1:3, 62:23, 65:9
part - 10:18, 21:23, 22:20
part-time - 10:18
partial - 87:10
participate - 86:3
particular - 41:11, 54:14
partook - 10:2
paying - 59:1
payment - 107:9, 108:5
Pc - 88:1
Pediasure - 77:1, 105:19
pediatric - 110:6, 111:14
pediatrician - 21:3, 21:18, 22:6, 23:5, 33:1, 87:23, 90:12, 98:19
pediatrician's - 28:16, 30:16
pediatricians - 17:9, 21:21, 22:15, 23:6, 102:4
peeing - 30:9
Penn - 8:11
Pennsylvania - 1:2, 114:4
people - 5:4, 5:24, 10:9, 24:1, 34:4, 35:13, 42:25, 67:5, 74:12, 79:18, 86:2, 90:7
percent - 54:20, 100:14
Perfect - 16:7
perfectly - 13:25
Perhaps - 5:1
perhaps - 16:16, 16:23
period - 16:9, 21:2, 22:16, 23:20, 35:8, 35:16, 37:10, 37:15, 39:7, 52:13, 54:22, 55:1, 57:4, 57:7, 58:12, 59:17, 75:16, 75:17, 96:25, 99:17, 108:25
periodically - 39:12, 52:9, 66:21, 86:20
periods - 41:18, 56:25, 73:22
Peripherally - 81:11
person - 84:3, 102:24, 103:13
personally - 12:24
pertinent - 110:19, 112:2, 112:19
petition - 114:10
phenobarb - 72:14
phone - 8:22, 96:17
phoned - 23:19
physiatrist - 88:18, 92:15
physiatry - 90:16
physical - 78:14, 87:7, 92:14, 100:23, 107:16, 107:21
physician - 13:8, 82:24
physicians - 70:22, 96:6, 104:12, 105:25, 106:9, 106:18, 107:1, 109:11, 109:17, 109:19
pick - 84:3, 96:7
picked - 60:13, 112:9, 112:11
Picu - 64:11, 66:8, 66:24, 68:15
Pittsburgh - 58:3, 58:6, 61:3, 62:21, 63:1, 66:14, 70:25, 88:10
Place - 1:16
place - 58:11, 70:21, 94:16, 108:18, 109:10, 114:7
Plaintiffs - 1:5, 2:3
plan - 34:14
play - 79:14, 83:15, 85:13, 85:14, 86:21, 105:7
plays - 85:24, 105:7
Pleas - 1:1
pleasant - 75:7
Pm - 55:10, 62:16, 62:17, 113:10
Po - 1:23
point - 12:20, 17:10, 18:7, 19:3, 19:14, 19:19, 21:25, 28:9, 28:15, 29:16, 30:24, 35:20, 37:3, 39:4, 43:8, 43:14, 43:15, 48:9, 51:8, 54:25, 56:12, 56:15, 60:17, 63:17, 64:4, 64:18, 64:21, 65:14, 66:5, 67:17, 68:1, 74:21, 82:11, 98:11, 99:4, 99:18, 101:3, 102:1, 104:13, 107:5, 108:11, 110:2, 112:16
pointing - 101:6
points - 71:23
position - 56:8
positive - 38:13, 87:4
possible - 94:10
possibly - 49:5
postdischarge - 75:17
postoperative - 75:16
practice - 22:9, 22:12, 88:7, 97:1, 97:4
pre - 78:21
preceding - 24:15
pregnancy - 15:12, 15:15, 15:20, 15:23
pregnant - 15:18
preschool - 78:22
presence - 53:25, 98:14
present - 44:9, 44:10, 61:11, 96:7, 97:24, 99:4
pretty - 4:16, 14:18, 20:1, 27:8, 28:9, 28:16, 42:9, 62:10, 70:24, 74:21, 78:17, 87:4, 91:15, 98:8
Pretty - 86:16
previous - 102:15
problem - 72:12
problems - 11:10, 12:15, 18:22, 19:22, 20:3
procedure - 108:17, 109:13
proceedings - 114:8
process - 92:19
professionally - 8:1
professionals - 80:20, 85:3
prognosis - 109:16
program - 78:23, 79:5, 87:8, 107:6
progress - 84:14
prolong - 66:1
proper - 13:25
properly - 82:20
proposed - 109:13
proposes - 108:19
provide - 15:6
provided - 16:11, 82:21, 87:2, 106:5
provider - 13:9
providers - 69:14, 70:8
Pt - 78:12
Public - 1:19, 114:22
public - 114:3
pulled - 101:14
puncture - 43:14, 46:15, 47:12, 47:15, 47:20, 48:4, 48:10, 48:14
Punxsutawney - 32:24, 111:14
put - 9:12, 34:16, 43:5, 45:22, 53:5, 61:22, 62:6, 76:20, 77:9, 81:18, 89:19, 95:17, 105:3, 109:10
putting - 34:20

Q

qualifies - 92:2
qualify - 13:6
questioned - 17:11, 68:7
questioning - 82:16
questions - 11:6, 13:15, 15:4, 17:18, 33:19, 53:16, 53:22, 54:9, 54:13, 77:22, 97:13, 101:25, 106:17, 112:25
quickly - 90:23
quit - 8:6, 9:8, 20:2, 98:11
quite - 6:4, 54:15, 66:13, 69:12, 77:15
quote - 16:20, 79:4
quote-unquote - 79:4

R

ran - 14:17, 19:10, 42:12, 66:17
range - 19:13
ranges - 19:17
rash - 26:21, 27:9, 100:20, 100:23, 101:4, 101:13, 101:15, 101:19, 101:20, 101:23
rate - 5:17
Rd - 7:1
reaches - 19:18
reactivate - 9:25
reactivated - 9:14
Read - 113:6
read - 14:23, 64:3, 69:19, 69:21, 69:24, 113:5
reading - 69:22
ready - 5:10, 60:6, 61:12
real - 52:15, 52:17
realize - 74:20, 109:20, 109:25
realized - 8:7
really - 5:12, 6:8, 9:21, 28:8, 38:1, 39:2, 42:8, 42:12, 42:21, 48:19, 50:19, 50:20, 53:13, 53:19, 54:3, 57:17, 65:15, 67:14, 68:8, 80:4, 80:13, 82:19, 85:25, 95:9, 107:3, 109:2, 109:7
reanswer - 14:6
reason - 23:13, 23:19, 24:8, 26:15, 33:5, 46:17, 94:14, 98:16, 111:13, 111:15
reasonably - 6:11
recalling - 110:18
received - 64:2, 69:17, 70:5, 70:9
receives - 78:9
Recess - 32:9, 62:16
recollection - 5:5, 5:17
recommended - 108:17
reconvene - 32:10, 62:17
record - 4:5, 16:14, 20:5, 32:7, 32:8, 33:22, 36:11, 56:21, 56:22, 62:13, 95:5, 103:5
records - 4:18, 16:10, 22:23, 23:5, 27:17, 27:20, 35:17, 61:6, 76:8, 82:20, 82:21, 84:7, 88:24, 96:1, 106:5, 106:8, 112:8, 112:9, 112:11
red - 40:16, 40:17, 41:3, 101:16
refer - 69:23, 83:12
reference - 20:6
referenced - 100:23
references - 16:14, 84:7, 88:24
referencing - 102:17, 102:24
referred - 70:13, 73:4
referring - 37:2, 37:4, 49:6
reflect - 96:1
reflux - 42:22, 42:23, 49:1
reformulate - 106:6
regard - 13:4
regardless - 45:8,

73:24, 96:4, 106:20
Regardless- 23:3, 108:5
Regional- 1:8, 15:10
regular - 12:15, 41:19, 90:7, 90:12
regularly - 83:11, 87:20, 91:8
related - 76:13, 76:16, 110:23
relative - 40:5
relaying - 49:5
relevant - 8:4, 37:22
rely - 80:19
remember - 6:4, 6:5, 6:8, 7:1, 14:8, 14:13, 16:17, 18:24, 19:9, 20:9, 20:20, 22:14, 25:14, 26:1, 26:3, 26:10, 26:11, 26:12, 26:13, 26:23, 27:14, 28:22, 29:15, 29:17, 29:23, 29:25, 30:18, 30:19, 30:25, 31:16, 31:17, 31:20, 31:21, 31:23, 31:24, 33:14, 33:24, 34:11, 34:14, 34:20, 35:2, 38:10, 38:15, 39:10, 39:21, 39:23, 40:3, 41:21, 42:3, 42:6, 43:15, 43:17, 43:24, 44:9, 44:10, 44:19, 44:21, 44:24, 44:25, 45:16, 45:20, 46:17, 46:22, 47:2, 47:5, 47:12, 47:18, 48:5, 48:8, 48:13, 48:17, 48:23, 48:24, 49:17, 50:23, 53:2, 53:16, 55:16, 59:7, 59:10, 60:20, 60:22, 61:19, 62:7, 63:13, 63:22, 66:4, 66:20, 68:3, 70:3, 70:23, 74:8, 97:3, 98:2, 98:5, 98:6, 99:15, 103:14, 108:3
remembers - 22:21
remove - 109:8
rendered - 111:4
repeat - 88:3
rephrase - 81:9
replacement - 109:5, 109:6, 109:8
report - 108:7, 111:5
Reported- 1:18
reported - 72:18, 103:9, 111:6
reportedly - 103:2
Reporter- 114:1
Reporting- 1:23
requested - 22:23, 23:4, 82:19, 112:8
required - 17:4
Residence- 1:16
resident - 68:4, 110:7
respect - 23:25, 73:4
respirator - 61:23, 62:6, 65:21
respond - 49:20, 80:12
responded - 38:19
response - 32:4, 34:12, 44:20, 49:23
responses - 44:21, 44:23
responsive - 49:17
resting - 30:4
restroom - 52:8, 52:12
results - 38:3, 38:7, 48:8, 60:23, 60:25
retardation - 11:11, 106:14
retarded - 11:12
return - 60:15
returned - 51:16, 102:4
reverse - 104:9
review - 92:15
reviewed - 5:9
Reynoldsville- 1:17, 6:16, 6:23
Richard- 1:7
rid - 71:4
ride - 62:24
rides - 87:17
risk - 103:17, 103:18
River- 10:16
Riverview- 108:8
road - 6:25
rolled - 30:23
rolling - 41:8
room - 27:12, 28:3, 30:11, 30:20, 33:9, 34:1, 38:16, 52:6, 52:22, 58:5, 61:14, 66:9, 66:11, 83:25
Rosenbaum- 2:3, 11:23, 13:3, 13:23, 16:2, 31:21, 36:1, 36:24, 45:22, 46:4, 46:7, 57:9, 72:8, 75:15, 75:18, 75:21, 81:15, 82:15, 82:18, 89:25, 93:3, 95:19, 96:1, 106:4, 106:10, 113:4, 113:6, 113:8
Route- 1:17, 6:16
routine - 77:23
Rpr- 1:19, 114:22
rule - 33:16
rules - 35:13
run - 8:25, 90:11, 111:7
running - 59:4
Russell- 88:15

S

sad - 48:16, 48:19, 108:2
Satchell- 63:23, 63:24, 65:7, 66:24, 110:24
Saturday- 67:16
saved - 112:15
saw - 22:13, 26:6, 30:21, 30:25, 34:7, 36:9, 48:25, 51:10, 51:15, 54:7, 54:13, 54:14, 54:15, 63:20, 64:22, 65:8, 65:17, 65:18, 72:14, 84:7, 88:24, 91:3, 93:11, 93:12, 93:19, 96:9, 97:5, 97:25, 98:3, 98:9, 100:23, 101:1, 102:6
scale - 5:20, 27:4
scan - 60:25, 69:22, 69:23
scans - 56:14, 64:2, 65:11, 69:19, 69:21, 110:20, 110:21, 110:24, 111:2
schedule - 9:4, 46:5, 78:5, 94:20, 105:1
scheduled - 87:20, 89:16, 90:24, 94:14
scheme - 5:22
school - 8:9, 8:11, 14:9, 74:8, 78:11, 78:19, 87:8, 105:5
School- 78:21, 78:22
schooling - 104:18
Schreiber- 1:18, 1:23, 114:2, 114:21
Schweers- 103:8
scissoring - 84:8
scores - 16:8
seal - 114:15
search - 19:8
second - 46:14, 69:1
seconds - 60:9, 111:25
Seconds- 111:25
see - 22:8, 23:6, 23:18, 23:21, 25:15, 26:5, 35:13, 37:14, 41:11, 52:25, 57:14, 59:22, 61:15, 63:11, 63:18, 64:1, 64:5, 80:17, 80:21, 80:22, 80:25, 81:1, 81:7, 81:8, 81:10, 81:11, 84:25, 85:2, 87:19, 88:8, 88:23, 89:2, 90:8, 90:24, 93:5, 93:11, 94:3, 94:9, 94:12, 96:6, 97:3, 98:18, 101:3, 101:9, 105:25, 107:7, 107:13, 110:9, 110:25, 111:9
seeing - 22:4, 22:14, 42:7, 47:12, 48:13, 52:15, 52:17, 59:24, 74:8, 98:2
seem - 30:2, 30:5, 30:6, 30:8, 105:23, 111:3
sees - 13:24, 72:9, 80:20, 88:20, 104:19, 107:8
seizure - 14:4, 14:5, 14:10, 30:22, 32:2, 33:8, 34:5, 36:9, 71:20, 71:21, 72:13, 106:15, 111:21
seizure-like - 30:22, 72:13, 111:21
seizure-type - 71:21
seizures - 12:21, 12:24, 13:5, 72:15, 73:16, 91:22, 95:10, 104:2
self - 37:1
semi - 80:11
senior - 14:8
sense - 60:7, 111:23
series - 4:15, 77:21
serve - 35:21
Service- 1:23
service - 31:14
services - 86:23
set - 84:4, 98:18, 98:20, 108:24, 114:14
seven - 8:16, 9:3
severe - 60:3, 60:4, 79:22
shady - 28:1
Shaffer- 1:3, 1:4, 1:13, 1:16, 3:1, 4:1, 4:7, 7:16, 13:24, 72:9, 114:5
Shaffer-doan- 1:3, 7:16
shaken - 68:10
Shaker- 26:6, 55:20, 55:21, 57:1, 57:8, 58:2, 58:5, 58:21, 59:8, 59:13, 97:5, 100:12
shaking - 14:21
shaky - 69:8
shine - 80:11, 81:19
shock - 67:7
shook - 14:16
short - 62:19
shortly - 9:1
shoved - 14:18
showed - 21:14, 65:11, 90:5
showing - 71:22
shown - 92:24
shut - 99:18
Siar- 21:22, 22:2, 22:4, 22:9, 22:10, 26:8, 26:10, 26:13, 97:5, 97:20, 97:23, 98:14, 98:25, 99:4, 99:6, 99:10, 99:23, 100:6, 100:7, 100:10, 100:14, 100:15, 100:22
siblings - 20:7
sick - 21:6, 36:21
side - 6:24, 11:10, 12:5
sign - 17:10, 113:6
signed - 17:4
significance - 9:16, 18:19, 20:16
significant - 5:4, 5:19, 10:4, 20:13, 56:10, 67:5
signs - 12:17, 21:14, 39:4
Simply- 82:18
single - 56:9, 99:13, 99:20
sister - 85:11, 85:12
sit - 56:8, 65:25
sit-up - 56:8
sitting - 101:10
situations - 31:13
six - 5:19, 7:11, 68:13, 68:16, 70:1, 88:14, 91:2, 92:6, 92:9, 93:8, 93:14, 111:8
Six - 73:8
Skarbeck - 107:23, 107:24, 107:25
skin - 25:4, 29:7, 29:8, 29:14, 29:20, 36:15, 49:15, 49:16, 50:6
skipping - 90:9
sleep - 42:24, 42:25, 43:5, 43:9, 57:20, 95:15
sleeping - 28:21, 43:3
slept - 28:5, 28:8, 57:18
slightly - 38:25, 50:2
Slightly- 84:24
Slimak- 2:9, 3:5, 97:17, 101:25
slipping - 108:2
slow - 28:13
small - 72:17, 84:25
sodium - 68:19, 68:20, 69:1, 69:2, 69:5, 69:6, 70:13, 111:7
someone - 10:12, 10:17, 10:21, 13:1, 34:10, 38:10, 62:7
sometime - 9:9, 47:2
sometimes - 82:8
somewhat - 49:20, 76:16
somewhere - 9:23, 22:15, 37:7, 94:6
son - 4:23, 11:4, 22:1, 22:5, 32:25, 40:2, 99:23, 100:15, 109:17
son's - 103:21
soon - 94:9, 94:15
sorry - 11:24, 21:8, 26:3, 42:22, 71:10, 73:11, 85:8, 87:25, 91:5, 92:22, 93:6, 103:11
Sorry- 5:14, 75:21
sort - 13:9, 39:17, 40:18, 112:2, 112:17
Sosnowski- 2:4, 3:4, 4:4, 12:1, 13:6, 13:11, 13:22, 14:1, 16:3, 31:22, 32:7, 32:11, 33:23, 36:4, 36:12, 37:6, 45:24, 46:6, 46:8, 56:21, 56:23, 57:12, 62:18, 72:10, 75:17, 75:19, 75:24, 81:24, 82:22, 83:2, 88:5, 90:2, 93:4, 95:6, 95:23, 96:3, 97:11, 104:17, 113:3, 113:5, 113:7, 113:9
sound - 25:9, 27:21, 35:18, 83:10, 83:12
sounds - 35:19, 68:9, 83:7, 83:8, 83:11, 83:16, 83:18, 86:20, 89:23
source - 33:18, 107:9, 107:11, 108:5
spasms - 72:16, 73:4, 95:13
speaking - 82:12
special - 78:24
specialists - 90:18, 93:2, 93:5
specializes - 88:22
specialty - 88:23
specific - 38:2, 62:5, 71:22, 81:22, 88:13
specifically - 25:22, 28:18, 39:16, 54:12, 62:9, 66:8, 78:23
specifics - 53:23
speech - 78:15, 84:23, 86:13, 87:7, 92:14, 107:23, 108:1
spell - 8:20, 89:11, 107:17
spend - 104:20
spends - 104:21
spinal - 48:3
splotchy - 101:16
spoon - 105:14
spoon-feed -

105:14
spread - 45:3
St - 1:24
stabilize - 67:12, 67:17
stabilizing - 61:22, 61:25, 65:13
stable - 67:19
stand - 83:24
standard - 23:16
stander - 104:24, 105:3
standing - 18:7, 59:1
stands - 105:3
start - 9:19, 71:15, 75:12, 77:21
started - 10:18, 23:8, 24:13, 25:18, 28:7, 29:18, 40:3, 44:8, 54:24, 55:9, 59:24, 74:19, 89:9, 94:3, 98:7, 107:6
starting - 86:22
state - 4:5, 87:2
State - 8:11
statement - 26:18
statements - 110:19
stating - 20:20
stay - 16:16, 16:24, 17:16, 35:7, 35:14, 39:3, 40:15, 70:24
step - 52:8, 84:6
steps - 84:10, 86:19
Still - 15:19
still - 8:8, 9:2, 10:7, 20:25, 21:10, 28:16, 28:22, 30:15, 33:5, 37:2, 37:4, 41:16, 42:18, 45:21, 50:13, 58:13, 60:17, 60:19, 64:6, 64:13, 73:13, 73:23, 74:20, 74:24, 77:6, 84:2
stomach - 26:19, 27:9
stood - 24:19, 38:7
stop - 9:5, 28:11, 60:12, 61:20
stopped - 10:2, 17:13, 41:18
strep - 17:5, 17:20, 18:19
strictly - 10:14
strides - 84:8
strong - 37:1
stuff - 9:20, 38:23, 70:19
subjective - 13:7
success - 50:16
sugar - 77:2
suggest - 18:21, 20:16, 64:19
suggested - 16:24, 84:16, 85:3
suggesting - 16:16, 52:8
suggestions - 92:17
summer - 94:19
Sundar - 1:7
supervisor - 9:8
supplement - 105:18
supported - 84:5
surgeon - 89:10, 89:13, 90:19
surgeries - 75:19
surgery - 76:1, 76:9, 76:10, 76:17, 77:3, 77:9, 89:16, 94:8, 94:16, 94:23, 108:19, 109:4
surgical - 109:13
surgically - 93:24
swing - 105:3
switch - 77:18
switched - 22:15
sworn - 4:2, 114:5
syndrome - 11:18, 68:10

T

tap - 48:3
tax - 10:3, 10:4
taxes - 8:13, 10:8, 11:1
teacher - 14:17, 78:16, 86:12, 86:13, 86:15, 87:7, 107:23, 108:1
teaching - 67:4
team - 61:6, 61:9, 61:17, 62:8
teeth - 76:17, 77:6
telephone - 31:4, 60:25
temperature - 17:12, 17:14, 18:5, 19:4, 19:6, 19:10, 19:13, 19:17, 25:6, 25:7, 50:6
ten - 5:20, 7:11, 16:8, 19:5, 19:6, 19:9, 21:3, 66:7, 93:8, 98:10, 99:16, 107:5, 111:25
Ten - 60:9
tend - 109:25
term - 15:12, 48:2, 48:4, 68:22, 103:14
termed - 73:24, 96:5
terms - 5:16, 75:9, 78:8, 81:14, 106:18, 106:19, 106:25, 107:1, 111:10
Terry - 2:6
test - 60:21
tested - 18:12
testified - 4:2
testify - 114:5
testimony - 100:11
testing - 91:8, 96:8
tests - 56:3, 56:19, 59:4, 59:16, 60:24
therapies - 5:7
therapist - 92:14, 92:15, 107:16, 107:19, 107:21, 107:22
therapists - 75:13, 81:18, 82:6, 84:16, 86:8, 86:23, 87:6, 92:17, 104:19, 106:19, 107:1, 107:7, 107:13
therapy - 5:2, 78:9, 78:14, 78:15, 78:16, 80:5, 80:6, 80:9, 84:12, 84:23, 85:5, 91:23, 105:6, 108:24
Therapy - 75:12
thereabouts - 46:6, 46:7, 55:10
thermometer - 17:14, 19:15
thinking - 29:16, 46:2, 46:14
thinks - 82:1
thorough - 55:25
three - 8:14, 19:21, 22:4, 46:23, 57:17, 57:18, 59:17, 79:18, 79:19, 107:4, 108:23
three-hour - 59:17
throat - 65:22
throughout - 40:8, 71:23, 72:23, 104:25
Thursday - 54:23, 55:14, 58:17, 58:18, 66:10
Tim - 7:7, 17:12, 33:16, 35:10, 46:13, 47:9, 47:10, 48:17, 48:23, 48:24, 49:5, 51:4, 51:13, 51:24, 63:1, 69:21, 71:1, 97:8, 97:9, 102:18, 102:19, 103:2, 103:3, 103:9, 103:20, 111:3, 111:5, 111:9, 111:22, 112:9, 112:10, 112:12, 112:14, 112:15
Tim's - 10:9, 12:5
time's - 105:9
timetable - 94:11
timewise - 45:3
Timothy - 1:4, 1:16
tiny - 25:2
today - 6:17, 70:16, 77:15, 77:19, 80:25, 81:7, 86:7, 87:19, 100:12
Today - 97:7
together - 45:2, 66:17, 86:14
tomorrow - 81:1, 81:8
tone - 36:20, 49:22, 56:11
took - 16:10, 22:12, 23:11, 25:14, 25:19, 27:12, 28:3, 28:8, 30:7, 30:10, 47:17, 47:19, 47:23, 57:17, 57:24, 75:8, 100:15, 111:23
top - 59:5, 107:12, 110:13
totally - 66:14
touch - 49:18, 55:2, 55:4
touched - 106:17
touching - 76:23
tough - 65:8
tougher - 5:15
towards - 28:7, 29:9, 29:18
toy - 86:5, 86:6, 86:22
toys - 80:13
track - 39:9
trail - 28:11
trailed - 29:4
trained - 104:10, 104:14
training - 13:12
traits - 24:25, 25:1
transcript - 114:11
transfer - 22:24, 61:7, 61:12, 61:17
transferred - 23:5, 58:3, 58:6, 59:13, 60:22, 60:23, 61:2, 62:20, 96:13, 96:20, 111:13
transport - 61:6, 61:9, 62:8
transported - 65:19, 71:12
travel - 87:12
treat - 18:5, 49:3
treated - 18:6, 71:21, 71:24, 72:14, 72:21, 72:25, 73:13, 77:13
treating - 72:24
treatment - 5:2, 43:12, 74:5, 74:13, 77:9
tried - 39:3, 42:21, 55:4, 88:25, 112:10
tries - 83:8
trip - 32:12, 51:10
trips - 87:17
trouble - 34:20, 34:22, 38:23, 61:22, 61:24, 62:4
trusted - 18:16
truth - 114:6
Try - 8:22
try - 30:3, 40:12, 42:19, 49:3, 50:20, 54:21, 80:12, 80:13, 88:11, 107:17, 108:24
trying - 34:16, 34:17, 39:2, 52:16, 52:24, 53:12, 67:14, 67:21
tubes - 71:4
Tuesday - 6:1, 21:3, 23:24, 27:3
turn - 40:16, 40:17
twelfth - 14:25
twice - 40:1, 54:24, 71:25, 89:6
Twice - 93:17
Two - 80:3, 105:21
two - 6:24, 9:15, 9:16, 9:18, 20:10, 21:4, 21:13, 21:16, 21:21, 23:2, 23:8, 23:15, 23:16, 23:20, 26:23, 37:22, 46:23, 47:5, 47:8, 58:25, 59:16, 66:13, 67:1, 67:13, 69:12, 81:17, 81:18, 84:6, 88:18, 95:16, 95:17, 107:11, 107:22
two-week - 21:4, 23:8, 23:15, 23:16, 23:20
two-year-old - 20:10, 21:13, 26:23
Tylenol - 28:19
type - 4:18, 26:21, 71:21, 73:23, 84:8, 109:4
types - 10:1, 71:19, 78:9, 96:11, 96:12
typical - 77:23
typically - 32:18, 62:23

U

Um-hmm - 67:8, 77:17, 92:20, 106:24
uncertain - 95:19, 107:8
uncle - 11:12
unclear - 37:8
under - 18:6, 19:16, 109:1
undergoes - 80:5
undergoing - 78:14
undergone - 80:6
understood - 16:20
Unit - 108:8
units - 35:12
unless - 31:18, 90:9
unquote - 79:4
unreal - 65:23
unusual - 25:1
unusually - 29:25
up - 8:16, 8:25, 10:11, 23:16, 25:8, 28:16, 30:10, 30:23, 31:3, 32:15, 36:14, 40:1, 46:25, 56:8, 57:20, 60:13, 64:23, 65:22, 70:16, 75:25, 80:12, 83:24, 84:3, 86:19, 95:22, 96:8, 98:18, 98:20, 100:13, 101:14, 103:15, 104:21, 104:22, 112:9, 112:11
Up - 28:15
upset - 57:21, 112:14

V

vague - 34:19
Val - 107:19, 107:20, 108:10, 108:12
valproic - 91:21, 104:2
varies - 93:8, 104:18
various - 39:19
veins - 35:1
verbatim - 16:20
versus - 80:21
Vincent - 108:16
viral - 20:21, 26:22, 27:10
virus - 27:7
vision - 69:8, 78:13, 78:15, 80:5, 80:6, 80:9, 80:14, 80:19, 80:20, 80:23, 81:17, 81:18, 82:3, 88:18, 88:20, 88:22, 90:18, 93:2, 93:5, 94:2, 106:15, 107:20
visit - 21:4, 23:8, 23:12, 23:15, 40:1, 46:14, 46:19, 73:8, 87:23, 90:25, 98:6, 98:17, 98:21, 99:7, 100:1, 100:5, 100:16, 100:24, 112:6, 112:7
visits - 93:9
vomited - 30:13
vomiting - 30:13
vowel - 83:16
vroom - 83:15, 86:19
vs - 1:6

W

wait - 64:5
waiting - 61:13
walk - 83:19, 83:21, 83:24, 84:4, 84:17, 89:21
wants - 10:21, 83:13, 86:16
Warmer - 50:7
warmer - 36:15
watch - 30:21, 52:2
watched - 35:24
water - 105:12
wear - 89:8

Wednesday- 6:2, 27:14, 27:15, 27:18, 28:14, 29:3, 29:11, 32:13, 66:10, 78:20, 92:11
Wednesdays- 78:12
week - 21:4, 23:8, 23:15, 23:16, 23:20, 78:2, 78:13, 78:17
weekly - 78:5
weeks - 21:16, 66:13, 69:12
weigh - 27:4, 27:5, 39:13, 54:17
weighed - 26:25
weight - 89:22
weight-bear - 89:22
weird - 7:13
wet - 30:9, 30:10, 39:8
whatsoever - 98:13
whereas - 49:20
Whereof- 114:14
whoever's - 88:8
whole - 17:1, 25:8, 57:14, 74:23, 84:24, 95:25, 114:6
William- 103:8
window - 81:11
Witness- 3:1, 11:24, 13:10, 36:3, 36:25, 57:11, 75:23, 81:16, 82:17, 83:1, 88:4, 90:1, 95:21, 95:25, 97:15, 106:11, 112:24, 113:2, 114:14
witness - 4:2, 14:11, 47:15, 58:22, 114:4
witnessed - 13:2, 13:17, 14:4, 14:13, 31:6, 58:24, 59:6
woke - 57:19
woman - 53:9, 91:4
Woman- 53:10
wondered - 110:15
word - 99:20, 103:15
wording - 69:20
words - 5:21, 20:19, 33:18, 68:25, 69:3, 70:3, 83:7, 83:10, 107:22, 109:5
works - 84:11
Worse- 65:2
worse - 49:15, 52:18, 53:7, 55:12, 94:25, 95:1
write - 5:3
written - 4:18, 5:10

Y

year - 6:20, 8:3, 10:5, 20:10, 21:13, 22:17, 22:18, 26:23, 73:9, 76:1, 76:9, 80:7, 84:25, 88:21, 91:6, 93:17, 94:12, 94:22, 95:25, 98:21, 107:5
yearly - 85:2, 87:23, 90:25
years - 5:16, 8:12, 9:15, 9:16, 9:18, 11:13, 23:1, 98:10, 99:16
yell - 12:4
young - 43:4
yourself - 7:19, 13:1, 51:24

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	*	CIVIL DIVISION
vs.	*	
RICHARD GROUT, M.D., SUNDAR CHANDRASEKHAR, M.D., DUBOIS REGIONAL MEDICAL CENTER and GATEWAY AREA MEDICAL ASSOCIATES, INC., Defendants	*	NO. 2005-418 CD

Deposition of : **TIMOTHY DOUGLAS DOAN**

Date : Friday, April 7, 2006
2:19 p.m.

Place : Residence of Timothy Doan
and Karen Shaffer
6677 Route 310
Reynoldsville, PA 15851

Reported by : Elizabeth Schreiber Nissel
RPR and Notary Public

SCHREIBER REPORTING SERVICE
P.O. Box 997
St. Marys, PA 15857
(814) 834-5337

INDEX OF WITNESS, **TIMOTHY DOUGLAS DOAN**

EXAMINATION	**PAGE**

APPEARANCES:

MARCIA F. ROSENBAUM, 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

BRAD R. KORINSKI, Esquire
appeared on behalf of Defendant DRMC

DARRYL R. SLIMAK, Esquire
appeared on behalf of Defendant Gateway

TIMOTHY DOUGLAS DOAN, called as a witness, was sworn and testified as follows:

DIRECT EXAMINATION

BY MR. SOSNOWSKI:

Q. Sir, would you state your full name for the record here?

A. **Timothy Douglas Doan.**

Q. And sir, how old are you?

A. **Forty-two, I think. I quit counting at forty.**

(Off-the-record discussion.)

BY MR. SOSNOWSKI:

Q. We took your wife's -- I don't want to say your wife's. You're not married. Is that correct?

A. **Correct.**

Q. We took Ms. Shaffer's deposition earlier, and you were present not for the entire thing but for parts of it. Is that right?

A. **Correct.**

Q. You probably saw the process. We're going to ask you questions, and all you have to do is answer them as well as you can.

A. **Okay.**

Q. Now, you told us right before we started that Ms. Shaffer, with respect to Ayden anyhow, tended to be involved in more of the action, I think, as you put it.

5

A. **Right. She probably does 99 percent of the hospital visits or the doctor stuff and -- because I'm usually working.**

Q. And is she home generally with Ayden more often than you are?

A. **Oh yes.**

Q. If I ask you questions that you just don't know about because you weren't there for whatever reason, then tell us that. There's no shame in not knowing. And even if you don't remember something that you might have been present for, tell us you don't remember. We want to be clear more than anything else on our record.

A. **Right.**

Q. And you do have to answer out loud. The reporter will prod you or I will or Marcia will.

A. **Okay.**

Q. Now, as we were with Ms. Shaffer, we're sitting here in your house, and I understand that this is not quite a year and a half old. Is that right?

A. **That's correct.**

Q. Did you build this?

A. **Yes.**

Q. When I say you, you actually put lumber to shoulder and helped put this up.

A. **I had some subcontractors, but I did most of the work.**

6

Q. What do you do professionally?

A. **Excavator.**

Q. Do you have your own business?

A. **Yes.**

Q. Does it have a name?

A. **Tim Doan Excavating.**

Q. How long have you been an excavator?

A. **Since 2001.**

Q. Is most of your excavating commercial, residential or is there a mix?

A. **Mix, about 90 percent residential, 10 percent commercial.**

Q. What kind of a geographic region do you cover?

A. **We used to take a bigger area, but now we stay within 30 miles of here.**

Q. Why did you cut back the radius?

A. **Too late getting home, spend time with the kids and that.**

Q. When did you cut back?

A. **About three years ago.**

Q. Do you work the same number of hours a day or a week consistently, or is it seasonal dependent?

A. **Seasonal.**

Q. What are your busy seasons?

7

A. **Probably March 15 through January 15?**

Q. You kind of ease off for the hard winter months basically?

A. **Yeah. I lay all the employees off.**

Q. During your busy or active season, how many hours a day do you work typically?

A. **Seventy -- well, in a week seventy, so probably talking ten- or twelve-hour days.**

Q. Is that a five-day week, or do you spread it over six or seven?

A. **Spread over seven.**

Q. Back when you went further away before three years ago, did you work more hours each week?

A. **Yeah, not much though.**

Q. Now, you are not currently married, as I think we've established, but you told us earlier that you were married before. Is that right?

A. **Correct. Um-hmm.**

Q. When did that marriage end?

A. **Officially '93. I'm not sure of the date.**

Q. You and Ms. Shaffer have resided together for some time, I take it.

A. **Yeah, ten or eleven years. I'm not positive on that though.**

Q. You have five children with her, which I think she

8

was kind enough to identify earlier.

A. **That's correct.**

Q. Do you have other children?

A. **Yes. I have two other children.**

Q. Are they adults?

A. **One's 19 and the other's 17.**

Q. Do they live with you?

A. **No.**

Q. Have they?

A. **Yes.**

Q. When was the last time that they lived with you?

A. **Probably been seven years. They -- at that point they were spending three days a week here, four days a week there, but they thought it was too much to be away from their friends at night.**

Q. Do they live with their mother now?

A. **Yes.**

Q. Do you help provide support for the five children you have with Ms. Shaffer?

A. **Oh yes.**

Q. Do you provide support for the two children from your earlier marriage?

A. **Yes.**

Q. In terms of your family health history, are you aware of any history of mental retardation, brain injury,

9

brain damage?
A. **No.**
Q. We're going to talk about seizures and seizure-like episodes. Prior to Ayden being born, had you ever witnessed what you thought or understood to be a seizure?
A. **No.**
Q. Now, Ayden was born in November of 2001. Would that have been a period where you still would have been working 70 or more hours a week?
A. **Yes.**
Q. Were you able to be there when he was born?
A. **I wasn't there when he was born. I was here with the other kids -- I was at the other home with the other kids.**
Q. Were you able to go to the hospital when Ayden came home from being born?
A. **Yes. Yeah. I was there the next day or -- she had him at night, and I was there the next morning.**
Q. And typically we talked about your work schedule in terms of number of hours. When would you typically leave for work and come home?
A. **Usually 5:00 to -- sometimes 5:00 to 7:00, depending on if equipment has to be moved.**
Q. When Ayden was born and when he came home, do you remember anything that struck you different about him than

10

your older children?
A. **No.**
Q. We talked with Ms. Shaffer about a two-week follow-up visit with the pediatrician that she took Ayden to, and I'll say it was on December 4 of 2001. I take it you were not present for that.
A. **No. I wasn't.**
Q. Did she tell you about that later that day?
A. **Yes.**
Q. And did you yourself, when you were home that evening, notice anything different about Ayden?
A. **I just noticed that he didn't seem to have that much energy.**
Q. Did he cry more?
A. **Yeah. He seemed like you couldn't please him much. I held him and rocked him.**
Q. And the next morning you would have left for work around 5:00 or thereabouts?
A. **Yes.**
Q. Okay. When you got home that evening -- I guess this would be the evening of the 5th, that -- the same night that you took him to the emergency room -- was he different? Did he look different, appear different in any way from when --
A. **His skin color looked off to me.**

11

Q. How?
A. **Looked paler to me. And actually I held him all night, and -- well, I was the one that noticed he had the seizure. Karen -- I told her to come here, and that was -- or what I thought was a seizure. I shouldn't say that. What I thought was a seizure.**
Q. Okay. What did you see?
A. **Rolled his eyes back and straightened his body out like a poker, you know, real stiff. And his arms went up and -- and --**
Q. When you say his arms went up --
A. **They went above his head, and his body went real straight and his eyes rolled back into his head. (Indicating.)**
Q. And just for the record, you kind of raised both of your arms up into the touchdown symbol that referees use in football games.
A. **Right.**
Q. And he was stiff in that position?
A. **Yeah, just for -- it probably lasted only three or four seconds, I would say.**
Q. When you told -- when you said to Karen, "Come here", did she see any of that?
A. **Yeah. She was on the bed actually just facing -- talking with the other kids, and I was in the rocking**

12

chair in the bedroom.
Q. And what do you remember after that? She told us she called the pediatrician.
A. **Yeah. She called the pediatrician. I'm not sure if they were there or they called right back, but she got him dressed and ran up to the hospital then.**
Q. The two of you went together?
A. **No. She went by herself. I stayed with the other kids.**
Q. Did she -- did you get to go to the hospital at some time that night or --
A. **No. I went the next -- be late afternoon.**
Q. After he had already been admitted.
A. **Yes.**
Q. Did you go to work the next day?
A. **Yes.**
Q. And do you have someone local that can watch the other kids during the day?
A. **Yes. We had a sitter that came in, and she watched them because Karen worked as an accountant.**
Q. Did you work your regular hours the next day?
A. **No. I quit early. I think I quit at like 2:30 or 3:00.**
Q. Did you go to the hospital then?
A. **Came home and got a shower and then I went.**

13

Q. And we earlier used benchmarks of breakfast and dinner, dinner being around 5:00 o'clock. Do you remember about when you would have gotten there?

A. I think I got there about 4:00 and was there till about 7:00 or 8:00.

Q. During the day -- and I guess really from the time that Karen took him to the emergency room the night before until you got there yourself the following afternoon, had you spoken with Karen by telephone?

A. Yeah. I spoke with her in the morning and at lunchtime.

Q. In the morning before you went to work?

A. Yeah. It would be like -- well, I went to work at 7:00 then because I had to get the kids on the bus then because that's what she usually did get the oldest one to school, and the sitter I think came at 7:00.

Q. And when she -- when you talked with her that first time, did you call her or did she call you?

A. She called me.

Q. And what did she tell you?

A. She said that he slept decent, and that was pretty much it; that they were going to do some tests and that.

Q. Did she say whether a doctor had been in at that point to see him?

A. No. She didn't say.

14

Q. I think you said she called later around lunchtime?

A. Around lunchtime.

Q. What did she tell you at lunchtime?

A. They had a test done, and I think that she was waiting to hear on the results or something.

Q. Do you know what the test was?

A. No.

Q. Do you remember if it was the spinal tap or the lumbar puncture?

A. I don't -- I can't remember.

Q. Did she tell you anything during that call at lunch about what she had observed of his condition?

A. Well, I asked her that if she was -- if I thought she was -- if I thought he was having seizures or whatever the spell was, and she said he's had one or two since or something, and -- I think that's what she said. And I told her -- we just arranged times though mostly that she could shuttle back, I could be up there so someone was there the whole time; and that her mom would be done teaching school and come watch the kids when the sitter left.

Q. Did she compare the events, episodes, to the one the two of you had seen the night before?

A. No.

Q. In other words, did she say that it was the same thing or that it was something different, or didn't she describe it?

A. She didn't describe it.

Q. Did she say that lunch discussion that she had spoken with a doctor?

A. No. She just said he was going to do tests and that. It was kind of a brief conversation. I was on a satellite phone and didn't have a real good signal, so I had to go up to the top of a hill and get signal and that.

Q. Most of the call was who's going to be where when.

A. Right.

Q. So when you got to the hospital around 4:00 o'clock or thereabouts, I guess, and you saw Ayden, did he appear different to you in any way than he had the night before, before he left for the emergency room?

A. No. He looked pretty much like he did the night before.

Q. Did you get to hold him?

A. Um-hmm.

Q. You have to say yes.

A. Yes. Yes.

Q. Did you notice anything different when you held him?

A. When I first got there and Karen just left, he had like a seizure-like activity, I guess.

16

Q. And when he had this activity, why don't you describe what you saw.

A. I don't know if it was the machine -- I think it was a blood oxygen sensor thing was going off almost the whole time I was there, on the machine. And he just tightened up into a ball. He'd turn his hands to where his hands just turned solid red, and then his face would do the same and duck his head down and (indicating) -- you know, and that would be it and --

Q. Now, just so I can describe this for the record, when you were describing that, you kind of flexed your arms and put your fists together right about in the middle of your chest.

A. Yeah. Well, he just like balled up like in the fetal position and put his hands up and tightened them up, and his chin went down and his face turned bright red and his hands were bright red.

Q. Did his chin actually look like it was touching his chest the way you saw him?

A. Yes.

Q. And were the fists that he clenched up against the chin that was down, or weren't they quite up that high?

A. No. They weren't quite that far.

Q. How long would you estimate, if you could, that that lasted?

17

A. **It lasted about 20 seconds.**
Q. Did you call anyone, a nurse, to come see --
A. **A nurse was present, and then Dr. Grout came into the room right after that.**
Q. Had you known or met Dr. Grout before then?
A. **No.**
Q. How did you know it was Dr. Grout?
A. **Because the nurse come in and said "The doctor is just down the hall and will be right here." And then she said, "He's coming in right now."**
Q. Did she say which doctor?
A. **No. She said, "Dr. Grout's here right now." She said, "Here he is."**
Q. Had you ever met any of the pediatricians in that group before that?
A. **I met Chandrasekhar and Dr. Siar before that.**
Q. And this was shortly after you got back to the hospital.
A. **Yes.**
Q. Did Dr. Grout talk with you at all when he came in?
A. **He just came in the door, and the nurse said something to him, and he asked me how he's doing. And I said, "I think he's doing worse." I said, "I think he just had a seizure."**
And he said -- his comment was, "I think it's --"

18

how did he say it -- acnea, apnea or something.
Q. Apneic? Apnea?
A. **Yeah. And I said, "Well, I said I don't know what it is. So --"**
Q. Did he ask you to describe what you'd seen?
A. **No. He left -- just walked in, only made it two or three steps in the door and was out again.**
Q. Did he see any of that event himself?
A. **No.**
Q. When you said that you thought he was doing worse, other than that event that you just described --
A. **Um-hmm.**
Q. -- was there anything else about him that you thought was worse?
A. **He seemed less coherent, like he couldn't hardly keep his eyes open and that.**
Q. Were his eyes open at all when you first got there?
A. **Yeah, a little bit, but it was like he was in and out of sleep, I guess.**
Q. Was the event you saw when you came into the hospital different than the one that you saw the night before, before he went to the emergency room?
A. **Yes.**
Q. Now, during the time that you were in the hospital that evening from 4:00 to 7:00 or 8:00, whatever time, did

19

you see any episodes like the one you saw the night before, before he went to the emergency room?
A. **Yeah. He would just like straighten up like a poker then again and like he was going -- you know, just body stiff, and his eyes would roll back. And then other times he would just -- he did it four or five times that night, and I didn't know if he wasn't getting any rest or not, but the buzzer was going off for the blood oxygen sensor. And the nurse said they thought it was because he was so little, they were having problems getting it to read.**
Q. I'm not clear on what you told me just now.
A. **Um-hmm.**
Q. And so I'll ask you. Did he have two different types of events that evening that you witnessed or was it just one type of event?
A. **It was like he was spasm -- muscle spasming. Sometimes he'd like bowl over, and other times his legs would straighten up and come back. (Indicating.)**
Q. So sometimes he had the -- I think we earlier referred to it as a clenching event.
A. **Yes.**
Q. Where he would bring his fists in --
A. **Hands up and tighten them all up.**
Q. Head down and he would turn red.

20

A. **Yes.**
Q. And he also then had events like he had the night before?
A. **Yes.**
Q. Where he got stiff and his eyes rolled back.
A. **Yes.**
Q. And you saw his eyes roll back.
A. **Yep.**
Q. Now, how many of that type of event did you see that evening?
A. **One, maybe two of that type.**
Q. And how long did those last?
A. **They didn't last as long as the ones where he'd ball up.**
Q. The clenching?
A. **Right.**
Q. I mean, you said the one the night before lasted maybe three to four seconds.
A. **Yeah.**
Q. Would the ones the evening of the 6th have been about that time as well?
A. **A little longer even but not much. The other ones would go 20 seconds, the ones where he'd clench up.**
Q. In terms of the clenching episodes, how long -- how many of them did you see him have that evening?

21

A. **He had at least five while I was there, or more. And the nurses seemed kind of concerned about it. They were trying to monitor how many -- how often he had them and that.**

Q. Did you talk with the nurses about it?

A. **They were in the room constantly.**

Q. During the time that any of them were in, did you have even bits of conversations with them like what's going on or what do you think this is or anything that you might have asked?

A. **I -- I probably did, but I can't recollect all -- you know, the conversations we had.**

Q. Do you remember any of it?

A. **No.**

Q. Anything that stood out?

A. **No.**

Q. Do you remember -- after you saw Dr. Grout, do you remember seeing any other doctors while you were there?

A. **No.**

Q. When he would have these episodes -- and let's start with the one where he would get stiff and the eyes would roll.

A. **Um-hmm.**

Q. Did you notice that his breathing changed at all when he had those?

22

A. **No.**

Q. Could you see him breathing, I mean, the chest rising and falling or hearing breath sounds?

A. **No. I couldn't tell because he had clothes on.**

Q. How about the one -- the clenching episodes where he would ball up and turn red?

A. **Just -- the only thing I could tell was a buzzer was going off, you know, on the -- I don't know if that was oxygen level or -- machine and that -- in the room.**

Q. Did you notice at all whether he was breathing when he had those clenching episodes, just from looking at him?

A. **If he was, he'd have to be breathing through his nose because his mouth was shut and chin down.**

Q. That monitor, could you tell which one the alarm was going off on?

A. **I thought they told me it was the blood oxygen sensor.**

Q. But could you see it?

A. **Oh yeah. I was holding him and the things were all connected to him. It was right there.**

Q. Did you see any numbers or anything on that?

A. **No.**

Q. Did the nurses mention anything about his blood oxygen level?

A. **They were concerned about it.**

23

Q. Did they say what it was or why they were concerned?

A. **No. All they told me was that they were concerned about it, and they said it might not be fitting him right and it might not be reading right.**

Q. Now, other than the events -- and I think you've described a total of I guess seven or more perhaps -- did you notice any other differences or changes in Ayden while you were there those two or three hours -- three or four hours that evening?

A. **Just that he was all -- it was almost like he was sedated.**

Q. Now, Karen came back and you went home at 7:00 or 8:00 that night.

A. **Yeah.**

Q. Did you come back to the hospital before Ayden was transferred to Pittsburgh?

A. **Yes. She called me when I was at work, and I rushed up then.**

Q. Do you remember when that was?

A. **Had to be close to noon. I called her at like 9:00, and they were supposedly doing tests right around 9:00 somewhere. And it would have been between 11:00 and noon, and I headed to the hospital when she called me in.**

Q. Well, if you left at 7:00 or 8:00 that night, when

24

was the first time after that that she called you?

A. **She had to call me that night even later just to talk to the kids and that.**

Q. Okay. So she phoned home sometime after that.

A. **Yeah.**

Q. As far as to tell you about anything having to do with Ayden --

A. **She thought he was getting worse, and I told her I thought he was getting -- the seizures were more when I was there -- or seizure-like activity.**

Q. Did she tell you that she was noticing anything?

A. **She said he only had a couple all day before that.**

Q. Did she call you overnight like between 11:00 p.m. and 7:00 a.m.?

A. **No. I think she called me at -- right away in the morning. It might have been before 7:00.**

Q. Around the time you needed to get the kids on the bus.

A. **Yeah.**

Q. And specifically during that conversation what do you remember her telling you?

A. **She told me he didn't have a very good night and that -- and that was pretty much it. Well, she said they couldn't get ahold of the doctor also.**

Q. Did she elaborate on why he didn't have a good

25

night, as she put it?
A. **No. She didn't.**
Q. Did she say if a doctor had been in by the time that she had called you?
A. **No. I don't think the doctor was in then.**
Q. Now, you told us about the noon call. Did she call you at any time between sometime around 7:00 and that noonish phone call?
A. **I can't remember, but she could have.**
Q. She may have; she may not have. You just don't remember either way.
A. **Right.**
Q. But you do remember her calling around noon.
A. **Is this on Friday?**
Q. The day --
A. **The day that they flew him out?**
Q. Yes.
A. **It would have been before noon because I made it to the hospital by noon.**
Q. Late morning.
A. **Yeah.**
Q. What did she tell you during that late morning conversation?
A. **That they were doing tests and that and that I should get up there.**

26

Q. Did she say anything else?
A. **No. Then she called me again while I was on my way up there -- or either just about there and told me that they were Life Flighting him out.**
Q. When you got to the hospital, was he -- was Ayden still there?
A. **Yes. The transfer team hadn't arrived yet.**
Q. Did you get to see him?
A. **Just for a couple seconds.**
Q. Before the transfer team came in and started to do their thing?
A. **Um-hmm.**
Q. Yes.
A. **Yes. Sorry.**
Q. Before the -- when you got to see him before the transfer team was there, did you notice any changes or differences from when you had left him the evening before?
A. **Yeah. He looked lifeless, you know. He didn't do nothing, didn't respond to anything.**
Q. Did you notice his color was different?
A. **No, still the same pale.**
Q. Were you able to hold him at all?
A. **No.**
Q. Was he moving at all?
A. **No.**

27

Q. Did you notice any of those events of either type that you described for us earlier?
A. **No. They were trying to sedate him I think for the Life Flight to get him to go.**
Q. Had -- did Karen tell you either at that point or during one of her earlier phone calls that she noticed him having more of these episodes of either variety that you described?
A. **No.**
Q. Did you talk with or were you present for any discussions with the Life Flight team?
A. **Just that they thought they lost him before they took off. They had to do CPR.**
Q. Do you remember if they asked you any questions?
A. **No. I don't.**
Q. And is this one of those situations where Karen would typically have been the one to provide any information that was asked for?
A. **Yes.**
Q. Even if that was the case, do you remember anything that she may have been talking about with them before they took off with Ayden?
A. **No.**
Q. Now, as I understand it, the two of you went home and then basically headed right out to Pittsburgh.

28

A. **That's correct.**
Q. Karen said you got there around 7:00 or so in the evening. Does that sound about right?
A. **Could be. I can't remember the times.**
Q. Do you remember talking with the doctor when you got there?
A. **Yes.**
Q. And do you remember who that was?
A. **Margaret Satchell, I think was her name.**
Q. What do you remember about the discussion with Dr. Satchell?
A. **She said that they brought him back down there when they got him there and that he had died and they brought him back, and they've been fighting with him for a half hour or so to keep him alive and they didn't think he'd make it through the night.**
Q. Did you get to see Ayden then later on?
A. **Yes.**
Q. And did you -- were there more discussions or at least one more discussion with the doctors when you saw him?
A. **Yeah. I talked to Dr. Satchell and a couple other specialists were in there, and they told us that he had very severe brain damage and that, and that's pretty much all they told us, and they didn't think he'd make it**

29

through the night.

Q. Did they give you any idea of what they thought was causing the brain damage or what had caused it?

A. **At that time they just said it swelled so much that it would cause it. They said, if he would have been older, he would have been dead much before that. Because his skull was soft that he lived, that was the only thing that kept him alive to that point.**

Q. He was at Children's, per the records we have, for about 13 days or so, came home on December 20. Now, during the time he was in Pittsburgh, were you with him during any portion of that time?

A. **Yes. I was there all but three days.**

Q. Were you and Karen there together, or did you alternate?

A. **We were there together except for the three days I come home to -- when he come out of the intensive care or whatever, and I come home just so the kids would have some stability. Her mom was watching the kids and --**

Q. But that was after he got out of the pediatric intensive care unit.

A. **Yes. It might have only been two days also. I can't remember.**

Q. Of that thirteen though, you were there though for all but two or three of the days.

30

A. **Correct.**

Q. Now, after he came home, did you take a little extra time off or did you have to go back to work at that point?

A. **I took a lot more time off.**

Q. How long were you off for?

A. **Well, I just -- I was off for a few days when we come home, and then I shortened my days up then.**

Q. How long did you work those shortened days after he came home? He came home on December 20 or a little before Christmas.

A. **I probably didn't work for another week, and then after that I probably kept the days short for a month or so.**

Q. So by February of 2002 would you pretty much have gone back to your regular schedule?

A. **Yeah.**

Q. Do you remember, before Ayden left Children's in December of 2001, being a part of any conversations with doctors where the subject of what you might expect with Ayden was discussed?

A. **Margaret Satchell once said something that she didn't -- she didn't know how good he'd be. She figured he'd be blind because that part of the brain had been damaged. And other parts of the brain had been damaged,**

31

so she didn't -- she said be very -- she said don't get your hopes too high, pretty much. And then there was another lady there that helped with the people that said something, but I can't remember her name.

Q. Do you remember what she said?

A. **No. She -- I'm trying to think of what her job would have been at Children's. She met with the families and tried to help the families through things. That was her job.**

Q. Some type of social worker?

A. **I think so, yes.**

Q. But you don't remember what she said or --

A. **She told us pretty much that you'd have to take things as a daily basis, you know, that -- don't expect things to happen fast and that there's a lot of damage, and she gave us some other people to contact and that and that was pretty much it.**

Q. Now, when you got home from the hospital with Ayden, was it the situation where Karen took care of him for the most part, and you tended to the other children? Or did you kind of try and divide those duties?

A. **Try and divide them.**

Q. Before you left Children's again, were you part of any discussion where any healthcare provider, doctor, nurse, whatever, said something that you interpreted as

32

being critical of the care that Ayden received at DRMC?

A. **Margaret Thatcher (sic) said that -- said that they didn't read the tests right at DuBois.**

Q. Margaret Satchell?

A. **Satchell, yes. And Ira Bergman, he made a quote that they used the wrong IV on him. He said that it should have had sodium, and they deprived him of sodium, and that made the problem worse than it should have been.**

Q. You said he. Who's he?

A. **Ira Bergman, the neurologist.**

Q. And did he say that while you were still at Children's?

A. **Yes. He told me that, and Karen had just come home. And I was like -- I didn't want to hear that. I made him repeat it to her when she -- at the next appointment I said, "Tell her what you told me," and then he did.**

Q. And you think it was Dr. Satchell that made reference to reading the scan wrong or whatever it was that you said?

A. **Yes. She told us that right away when we got down there and then the second or third day we were in there because they had to redo all the scans, all the tests.**

Q. So other than Dr. Bergman and Dr. Satchell, any other healthcare people make any statements that you

33

deemed critical of DRMC or the doctors that took care of Ayden there?

A. No.

Q. After Ayden came home from Children's, obviously he had to go to a number of doctors' appointments in the coming months and still does.

A. Um-hmm.

Q. Have you gone to any of those?

A. Yes.

Q. Frequently or infrequently?

A. As my work schedule lets me.

Q. And you went to the one with Dr. Bergman.

A. Right.

Q. When you go to these appointments though, is Karen always there as well?

A. Yes.

Q. Does she go to all of them?

A. Yes.

Q. Now, were you here when we asked Karen about Ayden's typical day, daily and weekly routine?

A. Um-hmm.

Q. Now, she told us about his daily and weekly routines to a degree. What I'd like to ask you though is whether you feel that Ayden's special routine has affected the rest of the family and how.

34

A. Well, it's definitely affected the rest of the family. His normal day eating is almost three hours it takes to feed him.

Q. For all the meals? Is that just --

A. For three meals. It's almost an hour per meal, just -- he doesn't want to eat. He throws it back up at you half the time. Preparing his meals, he has to have special meals.

Q. In spite of the problems with feeding, do you recall any time, since he's been home from Children's, where he's either had to go into the hospital or be put on an IV because he's not getting enough nutrition?

A. No. I don't think he has had to.

Q. Karen described for us the different therapists and people that come in to your home and work with Ayden, and he obviously goes to school as well. Does all of that take place during the weekdays, Monday through Friday?

A. Yes.

Q. And is it fair to say that most of that takes place when you're typically not around because of your work schedule?

A. In the winter months I do all the morning stuff, all the -- if I'm here, I do the feeding, and she travels -- I take the other kids to school then, and then I try and be home for supper. I do the supper feeding

35

because I know it's got -- she's pretty frustrated at times.

Q. When you say the winter months, you're talking about mid January to mid March or so?

A. Yes.

Q. I think we touched on this, but in addition to being the source of historical information when people talk about Ayden, is Karen also the record keeper?

A. Yes.

Q. All the financial, medical, whatever records, she would be the one who would take care of that sort of thing.

A. Yep.

Q. Does she also basically handle the paperwork business side for your business?

A. Yes.

Q. Since Ayden has been born, does your family take family vacations?

A. Yes. We've taken I think two or three.

Q. Where have you gone?

A. I think we've been to Florida once and I think Ocean City once or twice.

Q. Did you fly to Florida?

A. No, drove.

Q. Did you take Ayden?

36

A. Yes.

Q. Did you have -- I think anyone that has children will tell you that sometimes long car trips with kids are not always the most fun. Have you ever -- did you on any of those trips encounter any unusual problems with Ayden that you might not with any of the other kids?

A. Just the feeding problem. The other kids can eat in the car, and you pretty much have to feed him and --

Q. You have to stop and -- for extended periods of time?

A. Yes. That would be it. He travels very well.

Q. Before that brief encounter with Dr. Grout at DuBois in December of 2001 in the evening that you told us about, had you ever met him before?

A. No.

Q. Have you seen or spoken with him since?

A. No.

Q. How about Dr. Chandrasekhar? Had you seen him before?

A. I'd seen him when I went to pick up -- I've seen him before and I seen him when I went to pick up the medical records.

Q. Okay. So -- and I should clear up what I mean when I say before, before Ayden's hospitalization in December of 2001. Did you know him before then?

37

A. **I had seen him before at the hospital and that when he was doing his rounds and that, and when I -- when Karen had appointments and that, I think we met him once.**

Q. And did you have discussions with him?

A. **Not really, just, you know, just for the appointments. I had a discussion afterwards when I went to pick up the medical records. He asked me if there was something he did personally or anything, and I says -- I actually thought he saved him at that time, you know, by ordering the tests and ordering the Life Flight in to get him to Pittsburgh.**

Q. Do you remember anything else about that discussion?

A. **No.**

Q. How about Dr. Siar? Did you know Dr. Siar before Ayden was hospitalized?

A. **Yes.**

Q. In December of 2001?

A. **Yes.**

Q. And after Ayden's hospitalizations in December, did you have or were you present for any discussions with Dr. Siar?

A. **No.**

Q. Have you seen Dr. Siar since then?

A. **No.**

38

Q. That you know of?

A. **No.**

Q. Now, Karen in her deposition talked about briefly a conversation that she understood that you had with a board member of DuBois Regional Medical Center.

A. **Um-hmm.**

Q. First of all, who was that?

A. **Bob Hanak, which he is my attorney.**

Q. Your attorney for things related to your business?

A. **Correct.**

Q. Do you remember when this discussion was?

A. **No, I don't.**

Q. Was it close to December of 2001?

A. **It could have been. I'm not -- I can't recollect.**

Q. Was it shortly after Ayden was discharged from Children's in Pittsburgh?

A. **I can't even remember, to be truthful.**

Q. How was it that you came to have this discussion with him?

A. **Well, it would have been after I talked -- after Karen heard IRA Bergman's statement, and I talked to -- I went in just to talk about a land management problem with Bob, and he said that -- well, I told him about what happened, and he says that it's probably already on the risk management person's desk and that he can't do**

39

anything with it because he was on the board at the hospital and that he could give me somebody that would -- that could do a good job for Ayden.

Q. And did he give you the name of someone?

A. **Yes.**

Q. And who was that?

A. **I think a William Schweers.**

Q. And you actually retained Attorney Schweers for a period of time.

A. **Yes, if that's what you call it.**

MS. ROSENBAUM: Yes.

BY MR. SOSNOWSKI:

Q. Well, Attorney Schweers filed an initial lawsuit on behalf of you and Karen and Ayden. Right?

A. **Correct. I think, anyhow.**

MS. ROSENBAUM: Right. And any communication and conversation you had with Mr. Schweer is attorney-client privilege and is privileged.

BY MR. SOSNOWSKI:

Q. Other than saying that Ayden's file was probably on the risk manager's desk and referring you to Mr. Schweers, was -- did Mr. Hanak say anything else during that discussion?

A. **No.**

Q. Did he elaborate on why he thought that was already

40

on the risk manager's desk?

A. **No, or not that I can remember.**

Q. Is there anything else that he said that you remember that you haven't told us already about that discussion?

A. **Not that I can remember.**

Q. Did you or Karen, to the best of your knowledge, have any further follow-up with people affiliated with DRMC, administration, board members or anyone else about Ayden's December 2001 care there?

A. **No.**

Q. At one time I understand that you and Karen applied for Social Security disability for Ayden. Do you know about that?

A. **Karen would know more about that than I would.**

Q. Do you know anything about it?

A. **Not really. She might have asked me to sign something so he could get something, but I do not know, cannot remember.**

Q. Even though you don't take care of the bills and keep the records, do you know about any medical treatment or services that Ayden has needed that has not been either provided by state or county services or is covered by health insurance?

A. **She does say stuff to me about it, but I don't**

41

catch it all or can't remember it all.

Q. In other words, I guess what I'm basically asking is, is there any out-of-pocket money that you have had to -- beyond the ordinary expense of having a child -- that you've had to put out because of Ayden?

A. **I wouldn't even know it. Karen would know it, if you really want the truth.**

MR. SOSNOWSKI: Sir, those are all the questions that I have for you. These gentlemen may have some more.

THE WITNESS: Okay.

CROSS EXAMINATION

BY MR. SLIMAK:

Q. Do you have any family in the local area?

A. **Yes.**

Q. Can you tell me about them?

A. **I have a mom and dad, a brother and sister.**

Q. Give me their names and where they live, where they're employed.

A. **James Doan, Sr., I guess it would be retired; Mary Sue Doan would be my mom, she -- retired housewife I guess or just a housewife. My brother is James Doan, Jr. He'd be retired or -- I guess you'd call that, or as an investor, just invest money of his own. My sister is Brenda Lee Smith, and she's a housewife. And I have two boys in DuBois, Adam Doan and Eric Doan.**

42

Q. How old is your father?

A. **Born in '40, so what would that make him? Sixty-five, sixty-six.**

Q. And how old is your mother?

A. **She's born in '41, so she'd be --**

Q. And what business was your father in before he retired?

A. **Surface mine.**

Q. What years was he in the surface mining business?

A. **I think he got out of -- in the '60s to '81 or '82.**

Q. Was your brother James in the strip mining business too?

A. **Yes.**

Q. How many years was he in that business?

A. **Three.**

Q. What years?

A. **I'd say he was in from '80 to '84.**

Q. And now his occupation is investor?

A. **Yes, invest money.**

Q. And does he have a business that he runs, or does he just do this investment for himself?

A. **Just for himself.**

Q. And Brenda, the housewife, is she married?

A. **Yes.**

Q. What's her husband's name?

43

A. **Timothy Smith.**

Q. Where does Tim Smith work, if he does?

A. **Rental -- the Jefferson County Airport.**

Q. And does your brother Jim live in the DuBois area?

A. **Yeah. He still lives at home.**

Q. And your parents then obviously still in the DuBois area as well?

A. **Yes.**

Q. Okay. And your wife, does she have any family in the area?

A. **Yes, her mom and dad.**

Q. Give me their names and where they live?

A. **James Shaffer and Darlene Shaffer, and they live in Reynoldsville.**

Q. They're married?

A. **Yes.**

Q. And her sister?

A. **That would be Brenda Gorham.**

Q. Gorham?

A. **Um-hmm. And her and her husband and four children live in the Brockway area. And her brother lives in North Carolina, which would be Steven Shaffer.**

Q. Okay. Karen's mother and father, are they retired or are they still working?

A. **Yes. They're retired. One was an engineer at**

44

Rockwell, and another one is a retired school teacher from DuBois.

Q. What did she teach over there?

MS. ROSENBAUM: Objection. This line of questioning is totally irrelevant. What she teaches is of no merit.

MR. SLIMAK: She's apparently retired right now. It's obviously pertinent to various things such as jury selection, people who may know the family.

MS. ROSENBAUM: What she taught?

MR. SLIMAK: Then I was going to ask what types of things she might do to help out with the family. Maybe she's involved in some regard. So just bear with me, just a few discovery questions.

MS. ROSENBAUM: Okay. I will bear with you. This conversation and the exploration of family is going pretty far askew.

MR. SLIMAK: I won't ask anything personal about them, just getting some general information and see if it ties in with the family situation here.

MS. ROSENBAUM: If you want to ask about the mom's involvement with the family, please do.

MR. SLIMAK: But it's nice to know what her background is and get a little bit of -- about that background, to know the extent of her involvement and

45

perhaps why she is or isn't involved.
So what did she teach when she taught?
THE WITNESS: Second grade education. I don't think it's a straight subject. It was just everything.
BY MR. SLIMAK:
Q. And her sister is Brenda Gorham. Her husband, what was his name?
A. **John Gorham.**
Q. And does he work?
A. **Yes.**
Q. Where does he work?
A. **He works for Sensys or Invensys System -- it would be the old Rockwell. He's an engineer there.**
Q. Okay. My father used to work there. And your -- her brother Steve is down in North Carolina. How many years has he been down that way?
A. **I don't know. It's four or five anyhow.**
Q. Okay. Do your family members have a lot of involvement with Ayden and his care?
A. **No, not really.**
Q. That type of thing?
A. **No.**
Q. When is the last time they had contact with him?
A. **I don't even know.**
Q. Has it been several years?

46

A. **No. They see him every once in a while. Karen and my mom don't get along real good, so --**
Q. Okay. Do they get together for Christmas?
A. **I don't even know actually.**
Q. Okay.
A. **She comes out on holidays and that, my mom.**
Q. How about your brother Jim? Does he have much involvement with your family here?
A. **Yeah. He was -- my brother's a professional pedal bike racer also, so he's all over the country doing that.**
Q. BMX biking?
A. **No, the road biking.**
Q. Okay.
A. **And mountain biking.**
Q. Okay.
A. **So he's all over doing that. He was just out two or three days ago actually.**
Q. Out here to visit?
A. **Yes.**
Q. How about Brenda?
A. **I see her occasionally, and sometimes more than I want to. I guess -- I love my sister and everything, but --**
Q. Is she younger or older?
A. **Older. She just built a new house, and we did all**

47

the digging and that, so --
Q. Right. Okay. And how about Karen's family? Do her parents have much involvement in assisting your family with Ayden?
A. **Rephrase that a little bit.**
Q. Do they specifically come over any days of the week, for instance, to take care of certain activities or to allow you and your wife some perhaps free time or anything like that?
A. **Well, I don't know. They come out a lot, or they see the kids a lot, so --**
Q. Do they have a regular schedule when they come out?
A. **No.**
Q. Do they spend a time alone with them to allow you and Karen to get out or not?
A. **No, not with Ayden personally.**
Q. Right.
A. **Karen just thinks there's too many issues there, so she -- just to keep the meds and everything going and therapists and that.**
Q. How about her sister Brenda? Does she spend much time over helping out in any way?
A. **No. She has a few young kids, so she's pretty busy herself.**
MR. SLIMAK: Those are all the questions I have.

48

Hope that wasn't too bad.
CROSS EXAMINATION
BY MR. CAVANAUGH:
Q. I just have a couple questions as well. If I understood your testimony, you've been excavating since 2001. Is that correct?
A. **Yeah, I'd say 2001.**
Q. What did you do before that time, Mr. Doan?
A. **Previously I was a partner with my brother in the coal business, and then I was retired for so many years and I bought a motorcycle franchise and a motorcycle shop and sold motorcycles and that. And then I sold that and then I started -- well, actually I kept that and I started excavating on the side, and I liked it so much I decided that's what I wanted to do full-time. I think that's when I grew up or whatever, if that's what you call it, found my calling in life.**
Q. Was there a period of time you were not working at all?
A. **No, there's never been. Yes, there has been, '84 maybe to '88.**
Q. How far did you go in school, sir?
A. **High school education.**
Q. And what high school was that?
A. **DuBois.**

MR. CAVANAUGH: That's all I have. Thank you, Mr. Doan.

MR. KORINSKI: I have no questions, Mr. Doan.

THE WITNESS: Thank you.

MS. ROSENBAUM: While we're still on the record, Matt, I think, wanted to ask if all were going to agree to request an extension for discovery.

MR. SOSNOWSKI: Well, it is my understanding that there are depositions that are already scheduled at the end of the month which are after -- which is after the discovery deadline, so -- I don't know.

MS. ROSENBAUM: I believe his plan is to contact the Court, but I assume -- and this is only on me -- that he would like to at least make a representation that there is no disagreement with that.

MR. SLIMAK: I can't speak for John Blasko whose case it is, so I think you'd have to talk to him.

MR. SOSNOWSKI: My only concern is we have a -- what became a vary elaborate case management order in place with a variety of deadlines, and I would be interested in how Matt thought that would -- discovery extension would impact those deadlines because this particular Judge is -- can be kind of demanding about his orders.

MS. ROSENBAUM: So is this something you would like

to further discuss with Matt?

MR. SOSNOWSKI: Yes. I think so.

MS. ROSENBAUM: Is that, Terry, similar --

MR. CAVANAUGH: I would prefer to lull him into complacency and suddenly take advantage of him -- no.

MR. SLIMAK: We're still on the record.

MR. CAVANAUGH: But everybody knows that I don't mean that. I think we'll be reasonable. I really don't -- can't respond because I don't know what he intends to do beyond the depositions that he scheduled. But tell him we'll certainly be reasonable. I'll certainly be reasonable.

MS. ROSENBAUM: So I'll leave -- and that there will be further discussion amongst counsel with regard to this matter.

(Off-the-record discussion.)

MS. ROSENBAUM: Actually, I think I've changed my mind. I don't think reading and signing is necessary for either of them unless that's a problem for you guys.

MR. CAVANAUGH: Not at all.

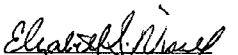
(The deposition was concluded at 3:31 p.m.)

* * *

CERTIFICATE OF COURT REPORTER

I, Elizabeth Schreiber Nissel, a notary public in and for the Commonwealth of Pennsylvania, do hereby certify that the witness, **TIMOTHY DOUGLAS DOAN**, 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 20th day of April, 2006.



Elizabeth Schreiber Nissel,
RPR and Notary Public

'

'40 - 42:2
'41 - 42:5
'60s - 42:10
'80 - 42:17
'81 - 42:10
'82 - 42:10
'84 - 42:17, 48:20
'88 - 48:21
'93 - 7:20

1

10 - 6:12
11:00 - 23:23, 24:13
13 - 29:10
15 - 7:1
15851 - 1:17
15857 - 1:23
17 - 8:6
19 - 8:6

2

20 - 17:1, 20:23, 29:10, 30:10
2001 - 6:9, 9:7, 10:5, 30:19, 36:13, 36:25, 37:18, 38:13, 40:10, 48:6, 48:7
2002 - 30:15
2005-418 - 1:9
2006 - 1:14, 51:16
20th - 51:15
2:19 - 1:14
2:30 - 12:22

3

30 - 6:16
310 - 1:16
3:00 - 12:23
3:31 - 50:21

4

4 - 10:5
4:00 - 13:4, 15:12, 18:25

5

5:00 - 9:22, 10:18, 13:2
5th - 10:21

6

6677 - 1:16
6th - 20:20

7

7 - 1:14
70 - 9:9
7:00 - 9:22, 13:5, 13:14, 13:16, 18:25, 23:13, 23:25, 24:14, 24:16, 25:7, 28:2

8

814 - 1:24
834-5337 - 1:24
8:00 - 13:5, 18:25, 23:14, 23:25

9

90 - 6:12
99 - 5:1
997 - 1:23
9:00 - 23:22, 23:23

A

ability - 51:9
able - 9:11, 9:15, 26:22
accountant - 12:20
accurately - 51:9
acnea - 18:1
action - 4:25
active - 7:5
activities - 47:7
activity - 15:25, 16:1, 24:10
Adam - 41:25
addition - 35:6
administration - 40:9
admitted - 12:13
adults - 8:5
advantage - 50:5
affected - 33:24, 34:1
affiliated - 40:8
affixed - 51:15
afternoon - 12:12, 13:8
afterwards - 37:6
ago - 6:21, 7:13, 46:17
agree - 49:6
ahold - 24:24
Airport - 43:3
alarm - 22:14
alive - 28:15, 29:8
allow - 47:8, 47:14
almost - 16:4, 23:11, 34:2, 34:5
alone - 47:14
alternate - 29:15
answer - 4:20, 5:14
anyhow - 4:24, 39:15, 45:17
apnea - 18:1
Apnea - 18:2
Apneic - 18:2
appear - 10:23, 15:13
appeared - 2:3, 2:5, 2:6, 2:8, 2:10
applied - 40:12
appointment - 32:16
appointments - 33:5, 33:14, 37:3, 37:6
April - 1:14, 51:15
area - 6:15, 41:13, 43:4, 43:7, 43:10, 43:21
Area - 1:8
arms - 11:9, 11:11, 11:16, 16:12
arranged - 14:17
arrived - 26:7
askew - 44:17
assisting - 47:3
Associates - 1:8
assume - 49:13
attorney - 38:8, 38:9, 39:17
Attorney - 39:8, 39:13
attorney-client - 39:17
aware - 8:25
Ayden - 1:2, 4:24, 5:4, 9:4, 9:7, 9:15, 9:24, 10:4, 10:11, 15:13, 23:8, 23:16, 24:7, 26:5, 27:22, 28:17, 30:18, 30:21, 31:19, 32:1, 33:2, 33:4, 34:15, 35:8, 35:17, 35:25, 36:5, 37:16, 38:15, 39:3, 39:14, 40:13, 40:22, 41:5, 45:19, 47:4, 47:16
Ayden's - 33:20, 33:24, 36:24, 37:20, 39:20, 40:10

B

background - 44:24, 44:25
bad - 48:1
ball - 16:6, 20:14, 22:6
balled - 16:14
basis - 31:14
bear - 44:13, 44:15
became - 49:19
bed - 11:24
bedroom - 12:1
behalf - 2:3, 2:5, 2:6, 2:8, 2:10, 39:14
benchmarks - 13:1
Bergman - 32:5, 32:10, 32:24, 33:12
Bergman's - 38:21
best - 40:7, 51:9
between - 23:23, 24:13, 25:7
beyond - 41:4, 50:10
bigger - 6:15
bike - 46:10
biking - 46:11, 46:12, 46:14
bills - 40:20
bit - 18:18, 44:24, 47:5
bits - 21:8
Blasko - 49:16
blind - 30:24
blood - 16:4, 19:8, 22:16, 22:23
Bmx - 46:11
board - 38:4, 39:1, 40:9
Bob - 38:8, 38:23
body - 11:8, 11:12, 19:5
born - 9:4, 9:7, 9:11, 9:12, 9:16, 9:24, 35:17, 42:5
Born - 42:2
bought - 48:11
bowl - 19:18
Box - 1:23
boys - 41:25
Brad - 2:8
brain - 8:25, 9:1, 28:24, 29:3, 30:24, 30:25
breakfast - 13:1
breath - 22:3
breathing - 21:24, 22:2, 22:10, 22:12
Brenda - 41:24, 42:23, 43:18, 45:6, 46:20, 47:21
brief - 15:7, 36:12
briefly - 38:3
bright - 16:16, 16:17
bring - 19:23
Brockway - 43:21
brother - 41:16, 41:21, 42:11, 43:4, 43:21, 45:15, 46:7, 48:9
brother's - 46:9
brought - 28:12, 28:13
build - 5:21
built - 46:25
bus - 13:14, 24:18
business - 6:4, 35:15, 38:9, 42:6, 42:9, 42:11, 42:14, 42:20, 48:10
busy - 6:25, 7:5, 47:23
buzzer - 19:8, 22:7

C

cannot - 40:19
car - 36:3, 36:8
care - 29:17, 29:21, 31:19, 32:1, 33:1, 35:11, 40:10, 40:20, 45:19, 47:7
Carolina - 43:22, 45:15
case - 27:20, 49:17, 49:19
catch - 41:1
caused - 29:3
causing - 29:3
Cavanaugh - 2:6, 48:3, 49:1, 50:4, 50:7, 50:20
Cd - 1:9
Center - 1:8, 38:5
certain - 47:7
certainly - 50:11, 50:12
Certificate - 51:1
certify - 51:4
chair - 12:1
Chandrasekhar - 1:7, 2:7, 17:16, 36:18
changed - 21:24, 50:17
changes - 23:8, 26:16
chest - 16:13, 16:19, 22:2
child - 41:4
children - 7:25, 8:3, 8:4, 8:18, 8:21, 10:1, 31:20, 36:2, 43:20
Children's - 29:9, 30:18, 31:7, 31:23, 32:12, 33:4, 34:10, 38:16
chin - 16:16, 16:18, 16:22, 22:13
Christmas - 30:11, 46:3
City - 35:22
Civil - 1:2
clear - 5:12, 19:12, 36:23
Clearfield - 1:1
clench - 20:23
clenched - 16:21
clenching - 19:21, 20:15, 20:24, 22:5, 22:11
client - 39:17
close - 23:21, 38:13
clothes - 22:4
coal - 48:10
coherent - 18:15
color - 10:25, 26:20
coming - 17:10, 33:6
comment - 17:25
commercial - 6:10, 6:13
Common - 1:1
Commonwealth - 51:3
communication - 39:16
compare - 14:22
complacency - 50:5
concern - 49:18
concerned - 21:2, 22:25, 23:2, 23:3
concluded - 50:21
condition - 14:12
connected - 22:20
consistently - 6:23
constantly - 21:6
contact - 31:16, 45:23, 49:12
contained - 51:8
conversation - 15:7, 24:20, 25:23, 38:4, 39:17, 44:16
conversations - 21:8, 21:12, 30:19
correct - 4:13, 5:20, 8:2, 28:1, 48:6, 51:11
Correct - 4:14, 4:18, 7:18, 30:1, 38:10, 39:15
counsel - 50:14
counting - 4:9
country - 46:10
county - 40:23
County - 1:1, 43:3
couple - 24:12, 26:9, 28:22, 48:4
Court - 1:1, 49:13, 51:1
cover - 6:14
covered - 40:23
Cpr - 27:13
critical - 32:1, 33:1
Cross - 41:11, 48:2
cry - 10:14
cut - 6:17, 6:20

D

dad - 41:16, 43:11
daily - 31:14, 33:20, 33:22
damage - 9:1, 28:24, 29:3, 31:15
damaged - 30:25
Darlene - 43:13
Darryl - 2:9
date - 7:20
Date - 1:14
days - 7:8, 8:13, 29:10, 29:13, 29:16, 29:22, 29:25, 30:7, 30:8, 30:9, 30:13, 46:17, 47:6
dead - 29:6
deadline - 49:11
deadlines - 49:20, 49:22
December - 10:5, 29:10, 30:10, 30:19, 36:13, 36:24, 37:18, 37:20, 38:13, 40:10

decent - 13:21
decided - 48:14
deemed - 33:1
Defendant - 2:5, 2:7, 2:8, 2:10
Defendants - 1:9
definitely - 34:1
degree - 33:23
demanding - 49:23
dependent - 6:23
Deposition - 1:13
deposition - 4:15, 38:3, 50:21, 51:7, 51:10
depositions - 49:9, 50:10
deprived - 32:7
describe - 15:2, 15:3, 16:2, 16:10, 18:5
described - 18:11, 23:7, 27:2, 27:8, 34:14
describing - 16:11
desk - 38:25, 39:21, 40:1
died - 28:13
differences - 23:8, 26:17
different - 9:25, 10:11, 10:23, 15:1, 15:14, 15:22, 18:21, 19:14, 26:20, 34:14
digging - 47:1
dinner - 13:2
Direct - 4:3
disability - 40:13
disagreement - 49:15
discharged - 38:15
discovery - 44:14, 49:7, 49:11, 49:21
discuss - 50:1
discussed - 30:21
discussion - 4:10, 15:4, 28:10, 28:20, 31:24, 37:6, 37:13, 38:11, 38:18, 39:23, 40:5, 50:14, 50:16
discussions - 27:11, 28:19, 37:4, 37:21
divide - 31:21, 31:22
Division - 1:2
doan - 1:2
Doan - 1:3, 1:4, 1:13, 1:15, 3:1, 4:1, 4:7, 6:7, 41:19, 41:20, 41:21, 41:25, 48:8, 49:2, 49:3, 51:5
doctor - 5:2, 13:23, 15:5, 17:8, 17:11, 24:24, 25:3, 25:5, 28:5, 31:24
doctors - 21:18, 28:20, 30:20, 33:1
doctors' - 33:5
done - 14:4, 14:19
door - 17:21, 18:7
Douglas - 1:13, 3:1, 4:1, 4:7, 51:5
down - 16:8, 16:16, 16:22, 17:9, 19:25, 22:13, 28:12, 32:21, 45:15, 45:16
Dr - 17:3, 17:5, 17:7, 17:12, 17:16, 17:20, 21:17, 28:10, 28:22, 32:18, 32:24, 33:12, 36:12, 36:18, 37:15, 37:21, 37:24
dressed - 12:6
Drmc - 2:8, 32:1, 33:1, 40:9
drove - 35:24
Dubois - 1:7, 32:3, 36:13, 38:5, 41:25, 43:4, 43:6, 44:2, 48:25
duck - 16:8
duly - 51:5
during - 12:18, 14:11, 18:24, 24:20, 25:22, 27:6, 29:11, 29:12, 34:17, 39:22
During - 7:5, 13:6, 21:7
duties - 31:21

E

early - 12:22
ease - 7:2
eat - 34:6, 36:7
eating - 34:2
education - 45:3, 48:23
either - 25:11, 26:3, 27:1, 27:5, 27:7, 34:11, 40:22, 50:19
elaborate - 24:25, 39:25, 49:19
eleven - 7:23
Elizabeth - 1:18, 51:2, 51:21
emergency - 10:22, 13:7, 15:15, 18:22, 19:2
employed - 41:18
employees - 7:4
encounter - 36:5, 36:12
end - 7:19, 49:10
energy - 10:13
engineer - 43:25, 45:13
entire - 4:16
episodes - 9:4, 14:22, 19:1, 20:24, 21:20, 22:5, 22:11, 27:7
equipment - 9:23
Eric - 41:25
Esquire - 2:3, 2:4, 2:6, 2:8, 2:9
established - 7:16
estimate - 16:24
evening - 10:11, 10:20, 10:21, 18:25, 19:15, 20:10, 20:20, 20:25, 23:10, 26:17, 28:3, 36:13
event - 18:8, 18:11, 18:20, 19:16, 19:21, 20:9
events - 14:22, 19:15, 20:2, 23:6, 27:1
Examination - 3:2, 4:3, 41:11, 48:2
Excavating - 6:7
excavating - 6:10, 48:5, 48:14
Excavator - 6:3
excavator - 6:8
except - 29:16
expect - 30:20, 31:14
expense - 41:4
exploration - 44:16
extended - 36:9
extension - 49:7, 49:22
extent - 44:25
extra - 30:3
eyes - 11:8, 11:13, 18:16, 18:17, 19:5, 20:5, 20:7, 21:21

F

face - 16:7, 16:16
facing - 11:24
fair - 34:19
falling - 22:3
families - 31:7, 31:8
family - 8:24, 33:25, 34:2, 35:17, 35:18, 41:13, 43:9, 44:9, 44:12, 44:16, 44:20, 44:22, 45:18, 46:8, 47:2, 47:3
far - 16:23, 24:6, 44:17, 48:22
fast - 31:15
father - 42:1, 42:6, 43:23, 45:14
February - 30:15
feed - 34:3, 36:8
feeding - 34:9, 34:23, 34:25, 36:7
fetal - 16:15
few - 30:7, 44:14, 47:23
fighting - 28:14
figured - 30:23
file - 39:20
filed - 39:13
financial - 35:10
first - 13:17, 15:24, 18:17, 24:1
First - 38:7
fists - 16:12, 16:21, 19:23
fitting - 23:4
five - 7:9, 7:25, 8:18, 19:6, 21:1, 42:3, 45:17
five-day - 7:9
flew - 25:16
flexed - 16:11
Flight - 27:4, 27:11, 37:10
Flighting - 26:4
Florida - 35:21, 35:23
fly - 35:23
follow - 10:3, 40:8
follow-up - 40:8
following - 13:8
follows - 4:2
football - 11:17
foregoing - 51:7
Forty - 4:9
forty - 4:9
Forty-two - 4:9
four - 8:13, 11:21, 19:6, 20:18, 23:9, 43:20, 45:17
franchise - 48:11
free - 47:8
Frequently - 33:10
Friday - 1:14, 25:14, 34:17
friends - 8:15
frustrated - 35:1
full - 4:5, 48:15
full-time - 48:15
fully - 51:9
fun - 36:4

G

games - 11:17
Gateway - 1:8, 2:10
general - 44:19
generally - 5:4
gentlemen - 41:9
geographic - 6:14
Gorham - 43:18, 43:19, 45:6, 45:8
grade - 45:3
grew - 48:16
group - 17:15
Grout - 1:7, 2:5, 17:3, 17:5, 17:7, 17:20, 21:17, 36:12
Grout's - 17:12
guardians - 1:3
guess - 10:20, 13:6, 15:13, 15:25, 18:19, 23:7, 41:2, 41:19, 41:20, 41:22, 46:22
guys - 50:19

H

half - 5:19, 28:14, 34:7
hall - 17:9
Hanak - 38:8, 39:22
hand - 51:15
handle - 35:14
hands - 16:6, 16:7, 16:15, 16:17
Hands - 19:24
hard - 7:2
hardly - 18:15
head - 11:12, 11:13, 16:8
Head - 19:25
headed - 23:24, 27:25
health - 8:24, 40:24
healthcare - 31:24, 32:25
hear - 14:5, 32:14
heard - 38:21
hearing - 22:3
held - 10:16, 11:2, 15:22
help - 8:18, 31:8, 44:12
helped - 5:24, 31:3
helping - 47:22
hereby - 51:4
herein - 51:8
hereunto - 51:14
herself - 12:8, 47:24
high - 16:22, 31:2, 48:24
High - 48:23
hill - 15:9
himself - 18:8, 42:21, 42:22
historical - 35:7
history - 8:24, 8:25
hmm - 7:18, 15:19, 18:12, 19:13, 21:23, 26:12, 33:7, 33:21, 38:6, 43:20
hold - 15:18, 26:22
holding - 22:19
holidays - 46:6
home - 5:4, 6:18, 9:13, 9:16, 9:21, 9:24, 10:10, 10:20, 12:25, 23:13, 24:4, 27:24, 29:10, 29:17, 29:18, 30:2, 30:8, 30:10, 31:18, 32:14, 33:4, 34:10, 34:15, 34:25, 43:5
Hope - 48:1
hopes - 31:2
hospital - 5:2, 9:15, 12:6, 12:10, 12:24, 15:12, 17:18, 18:21, 18:24, 23:16, 23:24, 25:19, 26:5, 31:18, 34:11, 37:1, 39:2
hospitalization - 36:24
hospitalizations - 37:20
hospitalized - 37:16
hour - 7:8, 28:15, 34:5
hours - 6:22, 7:5, 7:13, 9:9, 9:20, 12:21, 23:9, 23:10, 34:2
house - 5:18, 46:25
housewife - 41:20, 41:21, 41:24, 42:23
husband - 43:20, 45:6
husband's - 42:25

I

idea - 29:2
identify - 8:1
impact - 49:22
Inc - 1:8
Index - 3:1
Indicating - 11:14, 19:19
indicating - 16:8
information - 27:18, 35:7, 44:19
infrequently - 33:10
initial - 39:13
injury - 8:25
instance - 47:7
insurance - 40:24
intends - 50:10
intensive - 29:17, 29:21
interested - 49:21
interpreted - 31:25
Invensys - 45:12
invest - 41:23, 42:19
investment - 42:21
investor - 41:23, 42:18
involved - 4:25, 44:13, 45:1
involvement - 44:22, 44:25, 45:19, 46:8, 47:3
Ira - 32:5, 32:10, 38:21
irrelevant - 44:5
issues - 47:18
Iv - 32:6, 34:12

J

James - 41:19, 41:21, 42:11, 43:13
January - 7:1, 35:4
Jefferson - 43:3
Jim - 43:4, 46:7
job - 31:6, 31:9, 39:3
John - 45:8, 49:16
Jr - 41:21
Judge - 49:23

jury - 44:8

K

Karen - 1:3, 1:4, 1:16, 11:4, 11:22, 12:20, 13:7, 13:9, 15:24, 23:13, 27:5, 27:16, 28:2, 29:14, 31:19, 32:13, 33:14, 33:19, 34:14, 35:8, 37:2, 38:3, 38:21, 39:14, 40:7, 40:12, 40:15, 41:6, 46:1, 47:15, 47:18
Karen's - 43:23, 47:2
keep - 18:16, 28:15, 40:21, 47:19
keeper - 35:8
kept - 29:8, 30:13, 48:13
kids - 6:18, 9:13, 9:14, 11:25, 12:9, 12:18, 13:14, 14:20, 24:3, 24:17, 29:18, 29:19, 34:24, 36:3, 36:6, 36:7, 47:11, 47:23
kind - 6:14, 7:2, 8:1, 11:15, 15:7, 16:11, 21:2, 31:21, 49:23
knowing - 5:9
knowledge - 40:7
known - 17:5
knows - 50:7
Korinski - 2:8, 49:3

L

lady - 31:3
land - 38:22
last - 8:11, 20:12, 20:13, 45:23
lasted - 11:20, 16:25, 17:1, 20:17
late - 6:18, 12:12, 25:22
Late - 25:20
lawsuit - 39:13
lay - 7:4
least - 21:1, 28:20, 49:14
leave - 9:20, 50:13
Lee - 41:24
left - 10:17, 14:21, 15:15, 15:24, 18:6, 23:25, 26:17, 30:18, 31:23
legs - 19:18
less - 18:15
level - 22:9, 22:24
life - 48:17
Life - 26:4, 27:4, 27:11, 37:10
lifeless - 26:18
line - 44:4
live - 8:7, 8:16, 41:17, 43:4, 43:12, 43:13, 43:21
lived - 8:11, 29:7
lives - 43:5, 43:21
local - 12:17, 41:13
look - 10:23, 16:18
looked - 10:25, 15:16, 26:18
Looked - 11:2
looking - 22:11
lost - 27:12
loud - 5:14
love - 46:22
lull - 50:4
lumbar - 14:9
lumber - 5:23
lunch - 14:11, 15:4
lunchtime - 13:11, 14:1, 14:2, 14:3

M

machine - 16:3, 16:5, 22:9
management - 38:22, 38:25, 49:19
manager's - 39:21, 40:1
March - 7:1, 35:4
Marcia - 2:3, 5:15
Margaret - 28:9, 30:22, 32:2, 32:4
marriage - 7:19, 8:22
married - 4:13, 7:15, 7:17, 42:23, 43:15
Mary - 41:19
Marys - 1:23
Matt - 49:6, 49:21, 50:1
matter - 50:15
Md - 1:7
meal - 34:5
meals - 34:4, 34:5, 34:7, 34:8
mean - 20:17, 22:2, 36:23, 50:8
Medical - 1:8, 38:5
medical - 35:10, 36:22, 37:7, 40:21
meds - 47:19
member - 38:5
members - 40:9, 45:18
mental - 8:25
mention - 22:23
merit - 44:6
met - 17:5, 17:14, 17:16, 31:7, 36:14, 37:3
Michael - 2:4
mid - 35:4
middle - 16:12
might - 5:10, 21:10, 23:4, 23:5, 24:16, 29:22, 30:20, 36:6, 40:17, 44:12
miles - 6:16
mind - 50:18
mine - 42:8
mining - 42:9, 42:11
minor - 1:2
mix - 6:11
Mix - 6:12
mom - 14:19, 29:19, 41:16, 41:20, 43:11, 46:2, 46:6
mom's - 44:21
Monday - 34:17
money - 41:3, 41:23, 42:19
monitor - 21:3, 22:14
month - 30:13, 49:10
months - 7:2, 33:6, 34:22, 35:3
morning - 9:18, 10:17, 13:10, 13:12, 24:16, 25:20, 25:22, 34:22
Most - 15:10
most - 5:25, 6:10, 31:20, 34:19, 36:4
mostly - 14:17
mother - 8:16, 42:4, 43:23
motorcycle - 48:11
motorcycles - 48:12
mountain - 46:14
mouth - 22:13
moved - 9:23
moving - 26:24
muscle - 19:17

N

name - 4:5, 6:6, 28:9, 31:4, 39:4, 42:25, 45:7
names - 41:17, 43:12
natural - 1:3
necessary - 50:18
needed - 24:17, 40:22
neurologist - 32:10
never - 48:20
new - 46:25
next - 9:17, 9:18, 10:17, 12:12, 12:15, 12:21, 32:15
nice - 44:23
night - 8:15, 9:18, 10:22, 11:3, 12:11, 13:7, 14:23, 15:14, 15:16, 18:21, 19:1, 19:7, 20:2, 20:17, 23:14, 23:25, 24:2, 24:22, 25:1, 28:16, 29:1
Nissel - 1:18, 51:3, 51:21
noon - 23:21, 23:24, 25:6, 25:13, 25:18, 25:19
noonish - 25:8
normal - 34:2
North - 43:21, 45:15
nose - 22:13
notary - 51:3
Notary - 1:18, 51:22
notes - 51:10
nothing - 26:19, 51:6
notice - 10:11, 15:22, 21:24, 22:10, 23:8, 26:16, 26:20, 27:1
noticed - 10:12, 11:3, 27:6
noticing - 24:11
November - 9:7
number - 6:22, 9:20, 33:5
numbers - 22:21
nurse - 17:2, 17:3, 17:8, 17:21, 19:9, 31:25
nurses - 21:2, 21:5, 22:23
nutrition - 34:12

O

o'clock - 13:2, 15:12
Objection - 44:4
observed - 14:12
obviously - 33:4, 34:16, 43:6, 44:8
occasionally - 46:21
occupation - 42:18
Ocean - 35:22
Off-the-record - 4:10, 50:16
office - 51:15
Officially - 7:20
often - 5:4, 21:3
old - 4:8, 5:19, 42:1, 42:4, 45:13
Older - 46:25
older - 10:1, 29:6, 46:24
oldest - 13:15
once - 30:22, 35:21, 35:22, 37:3, 46:1
One - 20:11, 43:25
one - 11:3, 13:15, 14:15, 14:22, 18:21, 19:1, 19:16, 20:17, 21:21, 22:5, 22:14, 27:6, 27:16, 27:17, 28:20, 33:12, 35:11, 40:12, 44:1
One's - 8:6
ones - 20:13, 20:20, 20:22, 20:23
open - 18:16, 18:17
order - 49:19
ordering - 37:10
orders - 49:24
ordinary - 41:4
out-of-pocket - 41:3
overnight - 24:13
own - 1:4, 6:4, 41:23
oxygen - 16:4, 19:8, 22:9, 22:16, 22:24

P

Page - 3:2
pale - 26:21
paler - 11:2
paperwork - 35:14
parents - 1:3, 43:6, 47:3
part - 30:19, 30:24, 31:20, 31:23
particular - 49:23
partner - 48:9
parts - 4:16, 30:25
pedal - 46:9
pediatric - 29:20
pediatrician - 10:4, 12:3, 12:4
pediatricians - 17:14
Pennsylvania - 1:1, 51:4
people - 31:3, 31:16, 32:25, 34:15, 35:7, 40:8, 44:9
per - 29:9, 34:5
percent - 5:1, 6:12
perhaps - 23:7, 45:1, 47:8
period - 9:8, 39:9, 48:18
periods - 36:9
person's - 38:25
personal - 44:18
personally - 37:8, 47:16
pertinent - 44:8
petition - 51:10
phone - 15:8, 25:8, 27:6
phoned - 24:4
pick - 36:20, 36:21, 37:7
Pittsburgh - 23:17, 27:25, 29:11, 37:11, 38:16
place - 34:17, 34:19, 49:20, 51:7
Place - 1:15
Plaintiffs - 1:5, 2:3
plan - 49:12
Pleas - 1:1
Pm - 1:14, 24:13, 50:21
Po - 1:23
pocket - 41:3
point - 8:12, 13:24, 27:5, 29:8, 30:4
poker - 11:9, 19:4
portion - 29:12
position - 11:19, 16:15
positive - 7:23
prefer - 50:4
Preparing - 34:7
present - 4:16, 5:11, 10:6, 17:3, 27:10, 37:21
pretty - 13:21, 15:16, 24:23, 28:24, 30:15, 31:2, 31:13, 31:17, 35:1, 36:8, 44:16, 47:23
Previously - 48:9
privilege - 39:18
privileged - 39:18
problem - 32:8, 36:7, 38:22, 50:19
problems - 19:10, 34:9, 36:5
proceedings - 51:8
process - 4:19
prod - 5:15
professional - 46:9
professionally - 6:2
provide - 8:18, 8:21, 27:17
provided - 40:23
provider - 31:24
Public - 1:18, 51:22
public - 51:3
puncture - 14:9
put - 4:25, 5:23, 5:24, 16:12, 16:15, 25:1, 34:11, 41:5

Q

questioning - 44:5
questions - 4:20, 5:7, 27:14, 41:8, 44:14, 47:25, 48:4, 49:3
quit - 4:9, 12:22
quite - 5:19, 16:22, 16:23
quote - 32:5

R

racer - 46:10
radius - 6:17
raised - 11:15
ran - 12:6
read - 19:11, 32:3
reading - 23:5, 32:19, 50:18
real - 11:9, 11:12, 15:8, 46:2
really - 13:6, 37:5,

40:17, 41:7, 45:20, 50:8
reason - 5:8
reasonable - 50:8, 50:11, 50:12
received - 32:1
recollect - 21:11, 38:14
record - 4:5, 4:10, 5:12, 11:15, 16:10, 35:8, 49:5, 50:6, 50:16
records - 29:9, 35:10, 36:22, 37:7, 40:21
red - 16:7, 16:16, 16:17, 19:25, 22:6
redo - 32:23
referees - 11:16
reference - 32:19
referred - 19:21
referring - 39:21
regard - 44:13, 50:14
region - 6:14
Regional - 1:8, 38:5
regular - 12:21, 30:16, 47:12
related - 38:9
remember - 5:10, 5:11, 9:25, 12:2, 13:2, 14:8, 14:10, 21:13, 21:17, 21:18, 23:20, 24:21, 25:9, 25:11, 25:13, 27:14, 27:20, 28:4, 28:5, 28:8, 28:10, 29:23, 30:18, 31:4, 31:5, 31:12, 37:12, 38:11, 38:17, 40:2, 40:4, 40:6, 40:19, 41:1
Rental - 43:3
repeat - 32:15
Rephrase - 47:5
Reported - 1:18
Reporter - 51:1
reporter - 5:14
Reporting - 1:22
representation - 49:14
request - 49:7
resided - 7:21
Residence - 1:15
residential - 6:10, 6:12
respect - 4:24
respond - 26:19, 50:9
rest - 19:7, 33:25, 34:1
results - 14:5
retained - 39:8
retardation - 8:25
retired - 41:19, 41:20, 41:22, 42:7, 43:23, 43:25, 44:1, 44:7, 48:10
Reynoldsville - 1:17, 43:14
Richard - 1:7
rising - 22:3
risk - 38:25, 39:21, 40:1
road - 46:12
rocked - 10:16
rocking - 11:25
Rockwell - 44:1, 45:13
roll - 19:5, 20:7, 21:22
Rolled - 11:8
rolled - 11:13, 20:5
room - 10:22, 13:7, 15:15, 17:4, 18:22, 19:2, 21:6, 22:9
Rosenbaum - 2:3, 39:11, 39:16, 44:4, 44:10, 44:15, 44:21, 49:5, 49:12, 49:25, 50:3, 50:13, 50:17
rounds - 37:2
Route - 1:16
routine - 33:20, 33:24
routines - 33:23
Rpr - 1:18, 51:22
runs - 42:20
rushed - 23:19

S

Satchell - 28:9, 28:11, 28:22, 30:22, 32:4, 32:5, 32:18, 32:24
satellite - 15:8
saved - 37:9
saw - 4:19, 15:13, 16:2, 16:19, 18:20, 18:21, 19:1, 20:7, 21:17, 28:20
scan - 32:19
scans - 32:23
schedule - 9:19, 30:16, 33:11, 34:21, 47:12
scheduled - 49:9, 50:10
school - 13:16, 14:20, 34:16, 34:24, 44:1, 48:22, 48:23, 48:24
Schreiber - 1:18, 1:22, 51:2, 51:21
Schweer - 39:17
Schweers - 39:7, 39:8, 39:13, 39:21
seal - 51:15
season - 7:5
seasonal - 6:23
Seasonal - 6:24
seasons - 6:25
second - 32:22
Second - 45:3
seconds - 11:21, 17:1, 20:18, 20:23, 26:9
Security - 40:13
sedate - 27:3
sedated - 23:12
see - 11:7, 11:23, 13:24, 17:2, 18:8, 19:1, 20:9, 20:25, 22:2, 22:18, 22:21, 26:8, 26:15, 28:17, 44:19, 46:1, 46:21, 47:11
seeing - 21:18
seem - 10:12
seizure - 9:3, 9:5, 11:4, 11:5, 11:6, 15:25, 17:24, 24:10
seizure-like - 9:3, 15:25, 24:10
seizures - 9:3, 14:14, 24:9
selection - 44:9
sensor - 16:4, 19:9, 22:17
Sensys - 45:12
Service - 1:22
services - 40:22, 40:23
set - 51:14
seven - 7:10, 7:11, 8:12, 23:7
Seventy - 7:7
seventy - 7:7
several - 45:25
severe - 28:24
Shaffer - 1:2, 1:3, 1:4, 1:16, 4:24, 5:17, 7:21, 8:19, 10:3, 43:13, 43:22
Shaffer's - 4:15
Shaffer-doan - 1:2
shame - 5:9
shop - 48:11
short - 30:13
shortened - 30:8, 30:9
shortly - 17:17, 38:15
shoulder - 5:23
shower - 12:25
shut - 22:13
shuttle - 14:18
Siar - 17:16, 37:15, 37:22, 37:24
sic - 32:2
side - 35:15, 48:14
sign - 40:17
signal - 15:8, 15:9
signing - 50:18
similar - 50:3
sister - 41:16, 41:23, 43:17, 45:6, 46:22, 47:21
sitter - 12:19, 13:16, 14:20
sitting - 5:17
situation - 31:19, 44:20
situations - 27:16
six - 7:10, 42:3
Sixty - 42:2
sixty - 42:3
sixty-six - 42:3
skin - 10:25
skull - 29:7
sleep - 18:19
slept - 13:21
Slimak - 2:9, 41:12, 44:7, 44:11, 44:18, 44:23, 45:5, 47:25, 49:16, 50:6
Smith - 41:24, 43:1, 43:2
social - 31:10
Social - 40:13
sodium - 32:7
soft - 29:7
sold - 48:12
solid - 16:7
someone - 12:17, 14:18, 39:4
sometime - 24:4, 25:7
sometimes - 9:22, 19:20, 36:3, 46:21
Sometimes - 19:18
somewhere - 23:23
Sorry - 26:14
sort - 35:11
Sosnowski - 2:4, 4:4, 4:11, 39:12, 39:19, 41:8, 49:8, 49:18, 50:2
sound - 28:3
sounds - 22:3
source - 35:7
spasm - 19:17
spasming - 19:17
special - 33:24, 34:8
specialists - 28:23
specifically - 24:20, 47:6
spell - 14:15
spend - 6:18, 47:14, 47:21
spending - 8:13
spinal - 14:8
spite - 34:9
spoken - 13:9, 15:5, 36:16
spread - 7:9
Spread - 7:11
Sr - 41:19
St - 1:23
stability - 29:19
start - 21:21
started - 4:23, 26:10, 48:13
state - 4:5, 40:23
statement - 38:21
statements - 32:25
stay - 6:15
stayed - 12:8
steps - 18:7
Steve - 45:15
Steven - 43:22
stiff - 11:9, 11:19, 19:5, 20:5, 21:21
still - 9:8, 26:6, 26:21, 32:11, 33:6, 43:5, 43:6, 43:24, 49:5, 50:6
stood - 21:15
stop - 36:9
straight - 11:13, 45:4
straighten - 19:3, 19:19
straightened - 11:8
strip - 42:11
struck - 9:25
stuff - 5:2, 34:22, 40:25
subcontractors - 5:25
subject - 30:20, 45:4
suddenly - 50:5
Sue - 41:20
Sundar - 1:7
supper - 34:25
support - 8:18, 8:21
supposedly - 23:22
Surface - 42:8
surface - 42:9
swelled - 29:4
sworn - 4:2, 51:5
symbol - 11:16
System - 45:12

T

tap - 14:8
taught - 44:10, 45:2
teach - 44:3, 45:2
teacher - 44:1
teaches - 44:5
teaching - 14:20
team - 26:7, 26:10, 26:16, 27:11
telephone - 13:9
ten - 7:8, 7:23
tended - 4:24, 31:20
terms - 8:24, 9:20, 20:24
Terry - 2:6, 50:3
test - 14:4, 14:6
testified - 4:2
testify - 51:5
testimony - 48:5
tests - 13:22, 15:6, 23:22, 25:24, 32:3, 32:23, 37:10
Thatcher - 32:2
therapists - 34:14, 47:20
thereabouts - 10:18, 15:13
they've - 28:14
thinks - 47:18
third - 32:22
thirteen - 29:24
three - 6:21, 7:12, 8:13, 11:20, 18:7, 20:18, 23:9, 29:13, 29:16, 29:25, 34:2, 34:5, 35:19, 46:17
Three - 42:15
throws - 34:6
ties - 44:20
tighten - 19:24
tightened - 16:6, 16:15
Tim - 6:7, 43:2
Timothy - 1:3, 1:4, 1:13, 1:15, 3:1, 4:1, 4:7, 43:1, 51:5
together - 7:21, 12:7, 16:12, 29:14, 29:16, 46:3
took - 4:12, 4:15, 10:4, 10:22, 13:7, 27:13, 27:22, 30:5, 31:19, 33:1
top - 15:9
total - 23:7
totally - 44:5
touchdown - 11:16
touched - 35:6
touching - 16:18
transcript - 51:11
transfer - 26:7, 26:10, 26:16
transferred - 23:17
travels - 34:24, 36:11
treatment - 40:21
tried - 31:8
trips - 36:3, 36:5
truth - 41:7, 51:6
truthful - 38:17
try - 31:21, 34:25
Try - 31:22
trying - 21:3, 27:3, 31:6
turn - 16:6, 19:25, 22:6
turned - 16:7, 16:16
twelve - 7:8
twelve-hour - 7:8
twice - 35:22
two - 4:9, 8:4, 8:21, 10:3, 12:7, 14:15, 14:23, 18:6, 19:14, 20:11, 23:9, 27:24, 29:22, 29:25, 35:19, 41:24, 46:16
two-week - 10:3
type - 19:16, 20:9, 20:11, 27:1, 31:10, 45:21
types - 19:15, 44:11
typical - 33:20
typically - 7:6, 9:19,

9:20, 27:17, 34:20
13:8

U

Um-hmm - 7:18, 15:19, 18:12, 19:13, 21:23, 26:12, 33:7, 33:21, 38:6, 43:20
understood - 9:5, 38:4, 48:5
unit - 29:21
unless - 50:19
unusual - 36:5
up - 5:24, 10:4, 11:9, 11:11, 11:16, 12:6, 14:18, 15:9, 16:6, 16:14, 16:15, 16:21, 16:22, 19:3, 19:19, 19:24, 20:14, 20:23, 22:6, 23:19, 25:25, 26:3, 30:8, 34:6, 36:20, 36:21, 36:23, 37:7, 40:8, 48:16

V

vacations - 35:18
variety - 27:7, 49:20
various - 44:8
vary - 49:19
visit - 10:4, 46:18
visits - 5:2
vs - 1:6

W

waiting - 14:5
walked - 18:6
watch - 12:17, 14:20
watched - 12:19
watching - 29:19
week - 6:23, 7:7, 7:9, 7:13, 8:13, 8:14, 9:9, 10:3, 30:12, 47:7
weekdays - 34:17
weekly - 33:20, 33:22
Whereof - 51:14
whole - 14:19, 16:5, 51:6
wife - 43:9, 47:8
wife's - 4:12, 4:13
William - 39:7
winter - 7:2, 34:22, 35:3
Witness - 3:1, 41:10, 45:3, 49:4, 51:14
witness - 4:2, 51:4
witnessed - 9:5, 19:15
words - 14:25, 41:2
worker - 31:10
works - 45:12
worse - 17:23, 18:10, 18:14, 24:8, 32:8

Y

year - 5:19
years - 6:21, 7:12, 7:23, 8:12, 42:9, 42:14, 42:16, 45:16, 45:25, 48:10
young - 47:23
younger - 46:24
yourself - 10:10,

EXHIBIT J

EN SHAFFER-DOAN VS RICHARD GROUT, M.D., DEPOSITION OF SUNDAR CHANDRASEKHAR, M.D., 10/12/0

Page 1 to Page 186

CONDENSED TRANSCRIPT AND CONCORDANCE
PREPARED BY:

AKF Reporters, Inc.
436 Boulevard of the Allies
Pittsburgh, PA 15219-1314
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.

APPEARANCES:

FOR THE PLAINTIFFS:
Matthew A. Casey, Esq.
KLINE & SPECTER
1525 Locust Street
19th Floor
Philadelphia, PA 19102
215-772-1000

FOR THE DEFENDANT, RICHARD GROUT, M.D.:
Michael A. Sosnowski, Esq.
McINTYRE, DUGAS, HARTYE & SCHMITT
1816 Old Route 220 North
Duncansvile, PA 16635
814-696-3581

FOR THE DEFENDANT, DUBOIS REGIONAL MEDICAL CENTER:
David Johnson, Esq.
THOMSON RHODES & COWIE
1010 Two Chatham Center
Pittsburgh, PA 15219
412-232-3400

Page 3

APPEARANCES (CONT'D.):

FOR THE DEFENDANT, SUNDAR CHANDRASEKHAR, M.D.:
Terry C. Cavanaugh, Esq.
WHITE & WILLIAMS
1001 Frick Building
Pittsburgh, PA 15219
412-566-3524

FOR THE DEFENDANT, GATEWAY AREA MEDICAL ASSOCIATES:
Allen Neely, Esq.
McQUAIDE & BLASKO
811 University Drive
State College, PA 16801
814-238-4926

ALSO PRESENT:
Gregory J. Volpe, risk manager
DuBois Regional Medical Center

* I N D E X *

Examination by Mr. Casey ---------- 4
Certificate of Court Reporter ---------- 184
Errata Sheet ---------- 185
Notice of Non-Waiver of Signature ------- 186

* INDEX OF EXHIBITS *

Deposition Exhibit 1 ---------- 53
Deposition Exhibit 2 ---------- 53
Deposition Exhibit 3 ---------- 166
Deposition Exhibit 4 ---------- 166

* INDEX OF NOTED QUESTIONS *

Question ---------- Page 58, Line 24

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.

- - - -

(There was a recess in the proceedings.)

Page 50

- - - -

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

Page 83

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.
Q. 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

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

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
05-418-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]

42:1; 75:6; 109:1, 4, 15; 112:13; 115:6; 116:13; 122:20, 24; 124:6; 128:2; 130:18; 133:17; 135:25; 137:7, 25; 138:4, 18; 139:6; 149:11; 176:2
4:20 [2]
75:7; 137:7
4:40 [1]
140:10

****5****

5 [64]
21:16; 22:1, 4, 14; 24:4, 21; 25:9, 14; 26:18; 28:17, 22; 29:3; 30:20; 31:1, 12, 24; 32:22; 33:7, 9; 34:3, 12, 21; 37:23; 38:10, 15, 21; 39:8; 46:16; 47:12, 13, 16; 53:11; 57:17; 58:5; 70:3, 8; 72:9, 12; 73:7, 25; 74:12, 19; 75:22; 79:2, 12; 80:5; 86:6; 91:6; 92:6; 94:3; 95:12; 105:6, 10; 117:5; 118:25; 119:19; 121:22; 127:12; 143:18; 149:18; 152:11, 13
50 [1]
119:11
53 [2]
3:20, 21
5325 [1]
5:3
54 [1]
98:1
58 [1]
3:24
5:10 [1]
85:23
5:45 [23]
74:6, 24; 75:4; 86:24; 88:23; 90:11; 92:21; 93:15; 94:2; 95:13, 18; 96:8, 13, 20; 97:25; 98:5, 25; 99:8, 18; 105:7; 107:17; 132:24; 133:5

****6****

6 [18]
22:1; 24:4; 25:11; 26:8; 29:3; 30:8; 31:12; 39:9; 57:17; 113:11; 122:10; 127:3, 7; 141:6, 7, 25; 142:22
60 [3]
150:19; 151:6
60s [1]
144:1
62 [2]
24:12; 173:25
65 [1]
151:23
6:31 [3]
48:23, 24; 49:1
6:40 [1]
143:18
6th [38]
25:9, 14; 26:13, 19; 27:2; 28:18, 23; 34:13, 21; 37:24; 38:10, 16; 46:22; 47:13, 17; 53:12; 55:12; 58:6; 70:3; 79:2, 13; 86:7; 88:23; 90:11; 93:16, 23; 94:2, 11; 96:8, 13, 21; 117:6, 11; 118:25; 127:8, 13, 24; 175:9

****7****

7 [10]
10:2; 12:11, 24; 22:21; 37:24; 39:9; 40:12; 42:1; 64:22; 72:5
70s [8]
81:23, 24; 82:3, 20; 118:6; 119:11; 121:14; 144:1
74 [1]
121:1
76 [2]
120:9; 142:18
79 [1]
97:25
7:45 [1]
124:2
7th [22]
11:20; 21:18; 22:2; 23:9, 22; 38:11, 17; 46:24; 47:12; 53:21; 55:13; 68:8, 14; 70:9; 75:25; 80:23; 81:13; 83:5; 98:6; 127:14; 175:9; 176:3

****8****

8 [22]
22:4, 12, 20; 23:22; 37:24; 38:10, 16, 21; 39:8, 9; 55:13; 60:15; 68:7; 69:15; 70:8, 14; 75:9; 100:6; 102:13, 19; 106:20
80s [5]
77:8; 78:2, 11; 83:25; 84:4
811 [1]
3:8
814 [1]
186:3
814-238-4926 [1]
3:9
814-696-3581 [1]
2:16
86 [3]
103:7; 107:3; 142:14
8:10 [8]
60:12, 14, 19; 81:13; 83:5; 139:10, 25; 143:25
8:40 [3]
148:8; 149:7, 8
8:50 [17]
58:19; 60:16, 19; 63:7, 8; 65:3; 67:13; 68:7; 75:25; 76:12, 18; 145:2; 146:6; 147:3, 6, 10, 22

****9****

9 [21]
13:20; 14:6, 7, 8; 15:17; 16:5; 18:9; 20:1, 10, 25; 22:2, 9, 15, 20; 23:9; 46:16; 61:3; 117:10; 118:3, 14; 121:9
90 [6]
96:10, 22, 23; 101:5, 8; 138:21
90s [6]
77:9, 10; 78:2, 3, 7, 11
96 [1]
98:20
96.4 [1]
98:16
96.7 [1]
98:20
97 [1]
98:21
97.5 [1]
103:19
9:30 [2]
119:10; 144:6

****A****

a-b-d [1]
141:12
a.m. [115]
1:12; 2:5; 10:1; 11:8; 12:10, 25; 13:20; 14:6, 7, 8; 15:17; 16:5; 18:9; 20:1, 10, 25; 21:1, 6, 17; 22:2, 4, 9, 12, 16, 20; 23:9, 22; 37:24; 38:10, 16, 22; 39:8, 9; 42:1; 46:16, 22; 49:15; 55:13; 58:19; 60:12, 14, 16; 61:3; 70:9, 14; 71:10; 75:6, 7, 9, 25; 76:18; 77:4; 78:20; 81:13; 83:5; 85:23; 112:14; 117:10; 118:3; 120:9, 25; 121:9; 122:20, 24; 124:2; 127:3, 7; 130:12, 18, 22, 24; 131:1, 10, 19; 132:10, 13; 133:2; 137:7, 12, 24, 25; 138:2, 3, 4, 7, 18, 20; 139:2, 6, 10, 25; 140:10; 141:6, 7; 142:1, 19, 22; 143:18, 19, 25; 145:2; 146:6; 147:3, 23; 148:4, 16; 149:11; 150:19, 23
abdominal [2]
59:20
able [4]
85:22; 148:13; 170:7; 173:20
abnormal [1]
174:3
abnormality [2]
45:5; 59:18
absolute [1]
36:19
absolutely [1]
36:15
abundance [1]
31:24
accent [1]
82:12
accept [3]
22:13; 159:2, 9
acceptable [2]
96:9; 97:24
access [1]
168:3
accordance [1]
2:2
according [5]
18:7; 21:23; 54:19; 107:2; 147:21
accurate [2]
7:21, 25
accurately [1]
120:21
action [4]
8:9; 16:9; 92:18; 184:20
active [1]
28:10
actively [1]
9:9
activity [8]
44:12, 13, 20; 45:3, 19, 21; 79:6; 175:17
actual [2]
11:5; 33:1
add [5]
31:4; 38:24; 74:4; 158:7; 159:25
added [2]
132:21; 158:7
addition [2]
163:7, 16
additions [1]
185:4
address [5]
4:25; 5:2; 14:2; 63:3; 94:16
adequate [3]
89:20; 156:15, 19
administer [1]
54:2
administered [2]
54:3; 151:1
administration [2]
55:10; 151:17
admissible [1]
50:21
admission [13]
24:13; 47:11, 16; 57:17; 58:5; 65:3; 68:6; 77:15, 25; 81:9; 85:16, 18; 114:22
admit [1]
181:15
admitted [9]
24:7; 46:22; 72:11; 77:4; 78:21; 79:4; 80:3, 14; 174:20
admitting [6]
11:23; 12:18; 77:21; 78:18; 88:13
advance [2]
146:1
advice [2]
171:17, 21
advised [1]
123:10
afebrile [1]
59:12
affairs [1]
160:8
affect [1]
94:18
affiliated [2]
52:16
affix [1]
186:11
affixed [1]
184:22
afternoon [4]
14:15; 96:13; 144:7; 147:23
afterwards [3]
52:5; 155:19; 158:4
age [1]
36:7
agree [3]
122:21; 144:15; 177:5
agreed [3]
21:10; 71:23; 132:14
air [4]
95:25; 100:8, 13, 19
akf [3]
1:23; 185:25; 186:1
akin [1]
64:7

alarming [1]
84:20
alert [1]
84:10
allegations [1]
180:24
allegheny [2]
184:2; 185:1
allen [1]
3:7
allowed [1]
116:25
alluded [1]
63:23
alludes [2]
175:11, 16
ambient [1]
99:6
amend [1]
109:16
amendments [1]
185:4
american [1]
9:3
amongst [1]
137:4
amount [2]
35:14; 89:20
ampicillin [1]
151:21
analysis [1]
132:22
answer [36]
9:1; 12:9; 15:20; 20:6; 33:12; 36:15; 42:23; 43:18; 51:16; 67:19; 76:2; 80:8, 24; 81:2, 3, 4; 84:13, 18; 89:2; 96:16; 106:15; 111:1; 122:7; 123:18; 124:25; 126:5; 127:19; 133:8; 149:24; 168:23; 170:8; 177:11, 19; 179:4; 180:9
answered [6]
106:14; 111:9, 21; 126:18; 134:14; 180:3
answering [1]
112:20
answers [9]
4:17; 7:9, 13, 17, 20; 9:1; 115:17; 180:8; 182:22
anticonvulsant [1]
148:6
anticonvulsants [11]
53:18; 54:3, 8, 21; 55:10, 19; 56:1, 8, 21; 58:6; 148:19
anybody [4]
52:22, 23; 127:12; 155:7
anyway [2]
48:10; 137:6
anywhere [3]
34:20; 63:1; 134:12
apart [1]
35:18
apnea [15]
69:13; 71:18, 19; 72:1; 82:23; 88:20, 21; 91:9, 10, 20; 95:22; 99:21; 116:4; 117:25
apneas [1]
118:17
apneic [19]
24:8; 26:1, 5, 13; 86:2; 88:20; 91:7, 8; 92:10; 93:25; 94:15; 95:7; 100:3; 109:11; 116:3; 117:7; 122:2; 138:12; 142:12
apologize [2]
27:16; 128:11
appear [1]
28:14
appearances [2]
2:8; 3:1
appointments [1]
145:25
appraise [1]
15:14
appraised [2]
18:17; 112:25
apprised [1]
118:13
approx [1]
121:5
approximately [6]
35:8; 61:5; 70:13; 98:21; 120:14; 137:21
area [8]
1:11; 3:6; 6:10; 60:6; 64:7; 156:25; 168:21; 169:12
aren't [1]
55:18
arm [2]
131:3, 20
arms [2]
138:9; 139:15
arose [5]
32:15; 33:19, 22, 25; 38:23
arrange [1]
164:21
arrangements [1]
144:25
arrived [4]
140:22; 141:19, 23; 143:20
arrow [2]
60:6; 75:12
artifacts [1]
82:15
artifactual [1]
88:18
arts [1]
2:3
asking [38]
10:14; 12:2; 23:4, 5, 15, 17; 36:22; 37:5; 38:8; 52:7; 55:18, 23; 58:11, 14; 66:3, 4; 80:7; 90:4; 95:1; 103:22; 105:23; 111:5; 114:24; 115:1; 118:23; 123:2, 11; 127:5, 9; 131:23; 134:17; 154:16; 162:1; 166:11; 170:2, 3; 176:25
asks [1]
8:24
aspect [1]
168:12
assess [1]
97:23
assessed [1]
137:15
assessment [7]
31:4; 77:16; 97:15; 124:14; 125:14; 126:20; 130:14
associated [2]
84:16; 142:9
associates [5]
1:11; 3:7; 6:10; 156:25; 169:13
assume [10]
19:12; 94:20; 104:1; 106:2; 118:13; 119:4; 120:17; 123:6; 159:15; 181:2
assumed [6]
53:11; 78:5; 79:1, 12; 80:1; 94:22
assuming [1]
23:8
assumption [3]
103:21, 22; 145:4
attach [1]
7:12
attached [3]
7:24; 162:7; 182:20
attachment [1]
186:14
attempt [1]
64:23
attempting [1]
180:4
attend [1]
129:24
attended [1]
170:15
attending [8]
14:17; 31:1; 37:11, 19; 38:14, 15, 19, 20
attention [1]
62:15
attenuation [1]
161:18
attribute [2]
88:5, 15
available [5]
34:7; 63:20; 67:9; 99:10, 12
avenue [3]
2:4; 5:3; 163:11
awake [2]
78:22; 142:3
awakens [1]
78:21
aware [7]
35:20; 52:8, 22, 24; 131:9, 18
axillary [3]
98:17, 18; 103:18
ayden [27]
1:3; 5:19; 8:11; 10:6; 11:17; 13:22; 17:17, 22; 24:6; 25:19; 26:18; 34:14; 40:8; 50:14; 52:18; 85:17; 105:18; 127:6; 154:1; 156:22; 158:18, 22; 162:16; 164:1; 173:15; 178:9; 181:22

*** * B * ***

babies [2]
31:22; 89:1
baby [135]
11:21; 12:5, 19; 14:14; 15:2, 4, 6; 24:18, 19; 25:14; 26:1; 32:12; 33:16; 35:21; 36:1, 9; 37:16; 42:15; 43:13, 23; 46:9, 20; 47:12; 48:19; 52:6; 54:3, 6, 20; 55:9; 56:6; 58:1; 67:22; 70:2; 72:11; 78:16, 20; 79:9, 12, 24; 81:9; 82:6, 7, 8, 15, 19, 22; 83:5; 84:11, 22; 87:9; 88:17, 18; 91:16; 92:23; 94:2, 14; 95:11; 96:2; 98:5, 25; 99:4, 5, 6, 21; 100:6, 19; 101:1, 4; 102:3, 5, 8, 10; 104:14; 105:15; 106:10, 19; 107:3, 21; 108:2, 9; 117:7; 118:17; 119:2; 124:22; 125:3, 20; 126:8; 127:15; 130:6; 134:23; 135:10, 21; 136:5, 8, 9, 11, 18; 137:13; 145:1; 146:6, 9, 13; 147:2, 10, 19, 22, 24; 148:7, 15, 18; 149:2; 151:5; 153:8, 9, 10, 19, 21; 154:7, 14; 155:16, 18, 19, 20, 24; 157:8, 18; 158:1, 4, 10, 13, 15; 161:9; 173:4
baby's [8]
16:7; 23:8; 56:20; 68:6; 72:4; 89:14; 97:24; 117:1
back-up [3]
31:18; 38:4; 39:11
backing [2]
32:15; 137:10
based [7]
19:25; 35:3; 42:11; 75:17; 97:16; 102:17; 115:2
basically [1]
133:25
basil [2]
162:25; 177:23
basis [9]
27:22; 31:16, 25; 35:23; 37:2; 49:18; 55:18; 60:8; 177:24
beach [1]
5:4
bear [1]
127:18
beat-to-beat [1]
125:8
beats [9]
101:12, 23; 102:5; 104:9; 128:8; 133:2; 140:13, 14; 142:24
beeper [1]
112:25
beeping [1]
112:18
beeps [1]
125:15
behaving [1]
87:10
behind [2]
155:21, 22
belief [1]
7:22
believe [24]
7:15; 11:12; 15:16; 16:15; 22:19; 23:12; 26:25; 27:18; 38:6; 41:21; 57:14; 58:19; 60:18; 76:4; 83:3; 84:10; 85:2; 91:4; 116:25; 128:4; 156:18; 161:23; 162:13; 181:20
believing [1]
27:22
belly [1]
141:14
beneficial [1]
29:25
bigger [2]
43:24; 62:23
bill [2]

168:15, 20
billed [1]
168:9
billing [1]
168:12
bills [2]
168:22, 23
bit [3]
35:13, 15; 44:16
blanket [2]
129:5, 22
blasko [1]
3:8
blinking [12]
42:3, 5, 16; 43:5; 69:11; 118:7, 11, 22; 119:14; 121:15; 139:16
blood [4]
24:11; 60:1; 97:24; 135:6
blowby [1]
120:12
blur [1]
153:24
bms [1]
143:1
board [5]
28:1; 32:14; 37:20; 97:18; 108:1
body [6]
59:5; 61:20; 89:14, 19; 90:2, 9
books [1]
62:4
born [1]
89:1
bowel [1]
59:21
bradycardia [15]
81:23; 82:3, 20, 21, 22, 23; 83:4, 12; 91:10; 99:21; 100:3; 117:8, 25; 122:1; 143:25
bradycardias [2]
118:18; 119:7
bradycardic [1]
142:18
brain [3]
115:8; 159:13; 161:19
break [8]
8:14; 53:1, 8; 73:20; 85:11; 129:12; 150:12, 16
breath [2]
119:16; 120:11
breathing [15]
43:21; 69:13; 70:5; 86:2; 109:11; 116:5; 118:9; 119:6; 120:10; 121:3, 17; 122:1; 125:5; 142:11; 144:2
brief [8]
45:11; 53:8; 130:14; 131:1; 133:3; 142:3, 7, 17
build [1]
93:5
building [2]
2:4; 3:3
built [1]
22:3
bun [5]
24:10, 15; 59:25; 173:24, 25
bundled [2]
129:5, 22
business [4]
5:2; 169:9, 11, 13

*** * C * ***

c-u-e-s [1]
141:8
caffeine [11]
91:19; 92:4, 9, 16, 23; 93:2, 10, 13, 19, 23; 108:10
calcium [10]
133:23, 25; 134:2, 22, 25; 135:4, 17, 19, 21, 22
calculated [1]
50:21
call [110]
18:16; 22:3; 24:5; 26:17; 27:10, 11, 13, 23; 31:20; 37:20, 23; 38:1, 7, 9, 13; 39:7, 11; 40:21; 41:25; 45:2; 46:5; 61:1, 8; 69:7, 8; 70:21; 71:2, 5; 72:14, 20, 22; 73:6, 9, 18, 19; 74:6, 7, 11, 24; 75:2, 3, 5, 6, 7; 87:5; 88:22; 92:21; 93:18; 95:18; 99:8, 11, 13, 15; 101:17, 19, 24; 102:2; 105:14; 107:6, 9; 109:4, 15, 24; 111:25; 112:15, 17, 21, 23; 116:6, 7, 19, 25; 121:24; 124:12; 128:7; 130:19, 22, 23; 132:6, 9; 133:17; 136:1; 137:8, 25; 138:4, 18; 139:6; 140:11, 17, 18; 141:17, 22; 143:20; 145:3; 148:4; 149:12; 165:13, 19, 23; 166:7; 167:11, 22; 168:4, 8; 171:15, 20; 172:17
calling [4]
31:16; 85:14; 112:24; 169:3
calls [11]
22:12; 72:15; 73:3, 15, 16, 21; 79:20, 25; 80:16; 81:7; 108:25
cannula [12]
95:13, 20; 100:20, 25; 102:9, 10, 14, 15; 103:5, 8; 106:20; 138:22
capacity [1]
49:17
capital [1]
142:15
cardiac [2]
173:6, 7
cardiologist [2]
5:13, 24
cardiology [3]
5:10, 18; 9:4
cardovascular [1]
59:17
care [52]
5:21; 8:20; 11:22; 14:5; 15:2, 3; 18:16; 19:17; 20:2, 11; 21:2; 31:3, 22; 32:18; 35:25; 36:11, 13, 17, 18, 20; 37:9, 10; 52:11, 18; 53:11; 56:3; 78:5; 79:1, 12; 80:1; 84:11; 93:1; 117:20; 145:17; 149:2; 156:1, 5, 14, 18; 157:12; 159:16; 161:5; 165:13; 171:11, 13; 172:20; 173:4; 178:2; 180:4; 181:20
careful [1]
6:21
carefully [1]
29:22
caring [2]
51:1; 58:9
case [9]
5:20; 8:7, 12; 51:22; 67:8; 168:17; 178:3; 180:22; 181:19
cases [2]
66:14; 173:8
casey [140]
1:18; 2:9; 3:15; 4:7, 16; 6:19, 24; 11:4, 10; 12:8, 15; 13:7, 15, 17; 20:16, 22; 23:18, 21; 29:8, 13, 24; 30:2; 46:15; 47:6; 50:2, 20; 51:2, 10, 15, 21; 52:25; 53:7; 54:25; 55:5, 21, 24; 58:11, 16, 23; 59:1; 72:18, 25; 73:2, 11, 14; 74:15, 18; 77:18, 20; 82:13; 85:10; 89:25; 90:6, 19, 23; 96:17; 100:17; 103:4, 11, 24, 25; 105:1; 106:16; 108:6, 7, 16, 19, 24; 110:21, 25; 111:5, 9, 13, 15, 23; 115:4; 116:16, 18; 117:14, 15; 119:25; 120:8, 17, 23; 121:8; 122:8, 19; 123:4, 8, 14, 17, 22; 124:19, 20; 125:12; 126:15, 21; 128:14, 20, 24; 129:17; 130:4; 131:14, 15, 25; 132:5; 143:10, 15; 150:7, 11; 159:8; 162:21; 163:20; 164:8, 11, 15; 165:6; 166:3; 174:7; 176:14, 24; 177:12, 20; 178:1, 7, 15, 23, 25; 179:9, 12, 16, 21; 180:8, 10, 13, 20; 181:11; 182:3, 15; 186:13
catch [2]
18:10
category [1]
144:13
cavanaugh [100]
3:2; 4:15; 6:17, 21; 10:22; 12:2, 12; 13:1, 10; 20:18; 23:16; 29:21; 46:13; 47:2; 50:17, 23; 51:6, 13, 18; 53:2; 54:23; 55:3, 16, 22; 58:8, 13; 72:16, 23; 73:8; 74:16; 82:11; 89:22; 90:17; 96:15; 100:15; 103:1, 6, 20; 104:22; 106:14; 108:4, 11, 17, 23; 110:19, 23; 111:3, 7, 11, 21; 115:1; 116:11; 117:12; 119:20; 120:3, 15, 18; 121:7; 122:6, 14, 15; 123:1, 5, 9, 15, 21; 124:17, 25; 126:14, 17; 128:12; 129:14; 130:2; 131:12, 23; 132:2; 143:9; 159:6; 164:9; 165:1; 173:21; 174:4; 177:10, 18, 21; 178:4, 13, 17, 24; 179:6, 11, 14, 18; 180:2, 9, 12; 181:8; 182:5, 10; 186:5
cc [1]
143:1
cced [1]
161:3
ccs [3]
134:3; 142:25
center [11]
1:11; 2:19, 21; 3:12; 10:8; 32:19; 34:6; 36:9; 65:13; 145:17; 156:1
central [2]
64:7, 10
cents [1]
164:8
cerebral [6]
136:24; 150:4; 161:16, 17, 18; 176:1
certificate [2]
3:16; 184:1
certified [2]
28:1; 97:18
certify [3]
184:5, 13, 17
challenged [1]
10:20
chandrasekhar [15]
1:9, 10; 2:1; 3:2; 4:1, 8, 23; 30:1; 112:18; 139:16; 183:2; 184:6; 185:2, 21; 186:7
chandrasekhar's [1]
50:19
change [14]
75:22; 113:1; 119:6, 13; 120:13; 121:2; 129:4, 21; 130:15; 131:5; 133:22; 137:19; 138:23; 185:5
changed [5]
80:15; 129:3, 21; 133:19; 176:1
changes [2]
124:13; 142:8
changing [1]
134:20
charge [6]
14:2, 24; 22:17; 145:5, 19; 172:18
chart [36]
23:20, 24; 30:17; 56:25; 57:2, 16, 25; 58:4; 63:16, 21; 64:25; 65:11, 13, 16; 66:1, 3, 10, 23; 67:3, 5, 14, 15, 21; 68:23; 69:3; 71:13; 103:13; 114:9; 139:10; 144:10; 147:14; 148:9; 161:8; 162:15; 163:5, 10
charts [1]
156:25
chatham [1]
2:21
check [2]
93:13; 125:3
checked [6]
76:16; 109:7, 21; 137:17; 138:12; 143:4
checks [2]
18:16; 126:10
child [3]
76:16; 91:25; 178:20
children's [26]
19:22, 24; 20:1, 20; 40:1; 153:7; 159:20; 163:6, 15; 167:14, 19; 168:16; 169:1, 17, 20, 25; 170:6, 9, 16; 171:16, 20; 172:4; 175:1; 176:7; 179:24; 180:6
circumstances [2]
6:9; 107:15
civil [2]
1:3; 2:2
claim [1]

181:10
claims [3]
181:5, 12, 15
clarification [2]
5:14; 120:16
clear [13]
15:12; 27:9; 29:24; 58:14; 59:14, 16; 83:2; 127:20; 171:8; 181:24; 182:19
clearfield [1]
1:1
clenching [2]
88:2; 135:17
clinical [6]
42:12; 75:12; 82:19; 83:4, 18; 97:20
clinically [1]
24:1
clip [1]
162:10
clipped [1]
162:9
closed [1]
168:7
closer [1]
98:21
cme [1]
170:17
cold [2]
129:3, 20
colleague [1]
4:18
colleagues [2]
7:2; 167:2
collection [3]
65:19; 163:18; 182:24
collections [1]
168:12
college [2]
3:9; 9:3
colon [3]
100:13; 139:13; 141:10
color [15]
118:9; 119:6, 12; 120:13; 121:2, 17; 129:3, 21; 130:15; 131:5; 137:19; 138:22; 139:17; 142:8; 144:2
combination [2]
6:11; 114:17
comfortable [2]
69:24; 146:13
comfortably [1]
69:17
coming [7]
36:23; 43:11; 76:5, 6; 117:2; 153:8; 168:22
comma [58]
85:25; 86:1, 25; 87:1; 109:7, 10; 118:6, 7, 9; 119:12, 13, 14, 15; 120:9, 10, 12, 13; 121:1, 2, 3, 4, 14, 15, 17; 129:3, 4, 10, 21, 22; 130:15; 131:2, 3, 5; 137:16; 138:8, 11, 13, 23; 139:15; 141:11, 12, 13; 142:3, 6, 8, 11, 23; 143:1; 162:25; 176:6, 7
commencing [1]
2:4
comment [8]
72:10; 143:18, 19, 25; 144:6; 168:11; 174:1
commented [1]
82:18
comments [2]
144:8; 147:17
common [4]
1:1; 17:5; 18:18; 19:3
commonwealth [4]
2:3; 184:1, 4; 185:1
communicate [2]
49:5; 52:15
communicated [5]
137:24; 138:4, 17; 139:5; 143:19
communication [2]
21:13; 27:23
complaint [3]
180:21; 181:4, 6
complete [5]
9:5, 6, 15; 71:7; 80:19
completed [1]
186:16
completely [2]
50:25; 99:10
completion [1]
186:11
complicated [1]
31:21
complicating [1]
13:3
component [1]
83:15
comport [3]
27:2; 119:18; 144:10
compound [1]
79:21
compromise [1]
136:10
computer [3]
63:25; 64:4, 17
computers [3]
64:6, 20
concern [5]
34:13; 84:5; 99:16; 124:9; 125:23
concerned [5]
33:1; 56:19; 98:20; 107:11; 136:17
concerning [4]
14:1; 78:14; 79:8; 112:9
concerns [1]
175:25
conclude [4]
57:5, 25; 58:2; 159:12
concluded [4]
58:12; 61:12; 145:11; 183:4
conclusion [4]
42:11; 43:2, 17; 177:25
condition [7]
16:8; 85:24; 135:15; 154:10; 155:1; 173:6, 7
conditions [4]
172:6, 24, 25; 173:2
conduct [1]
30:20
confounding [1]
135:3
confused [3]
18:21; 128:2; 154:17
confusion [3]
11:6; 25:25; 36:22
congenital [1]
173:6
conjunction [2]
158:3; 178:2
consider [1]
146:3
consideration [1]
53:18
considered [5]
33:17; 35:17; 45:4; 71:22; 133:11
considering [1]
41:19
consistent [3]
45:5; 47:14; 104:25
constant [1]
125:20
constantly [1]
37:10
constellation [12]
14:3; 15:15; 37:6, 16; 42:18; 43:12; 62:8; 83:15; 112:8; 114:14, 16; 124:10
constitute [1]
83:13
constituted [2]
61:10; 83:10
constitutes [1]
184:11
consult [4]
166:5; 168:10, 17, 19
consulted [1]
160:25
cont'd [1]
3:1
contact [7]
20:19; 27:1, 6, 19; 122:9; 146:25; 165:15
contacted [6]
19:22, 24; 20:3, 12; 21:1; 60:18
contains [1]
103:22
contemporaneous [1]
163:25
context [1]
123:12
continually [1]
143:7
continue [14]
53:9; 61:20; 62:16; 85:12; 89:8; 90:21; 91:15, 25; 94:14, 22; 123:11, 20; 150:13; 164:18
continued [2]
104:17; 106:10
continues [8]
44:22; 109:7; 118:5; 121:13; 123:6; 142:10, 22, 23
continuing [3]
142:10; 170:18, 19
continuous [5]
44:13, 19; 124:7; 125:5; 146:10
contributed [1]
7:3
control [2]
25:18; 74:3
conversation [46]
11:1, 3, 8, 12, 19; 12:24; 13:4, 8, 12, 16; 14:4; 16:4, 13, 20; 17:3, 8, 14; 19:8; 20:1, 7; 24:24; 25:22; 26:8; 34:12, 18; 60:25; 61:2; 72:24; 74:1; 86:6, 12; 91:6; 105:4, 5, 6, 7, 10; 111:20; 117:6; 118:1, 12; 145:7; 153:15, 17; 154:18; 171:25
conversations [12]
10:24; 12:13; 13:5, 19; 41:12; 144:24; 156:21; 157:2, 24; 158:5, 8, 17
convey [8]
25:13, 17; 106:6; 124:9; 125:23; 127:12; 145:6, 15
conveyed [11]
14:18; 20:9, 24; 115:5; 117:24; 118:24; 143:23; 145:16, 20; 146:19; 156:6
copies [2]
164:9, 16
copy [5]
38:1; 160:21; 164:5; 186:14, 15
cordial [2]
169:21, 22
corrections [2]
185:4; 186:9
correctly [21]
56:15; 60:21; 62:13; 78:24; 81:25; 87:2; 104:23; 109:13; 129:6; 130:16; 131:6; 137:22; 138:15, 25; 139:20; 142:20; 143:5; 144:21; 161:15; 167:13; 169:5
corroboration [1]
161:1
counsel [11]
1:17; 13:1; 50:17; 119:20; 127:20; 178:4; 180:14; 182:6; 184:15, 19; 186:14
count [1]
74:8
county [3]
1:1; 184:2; 185:1
couple [4]
153:9; 171:23, 25; 172:3
course [16]
42:25; 63:11; 66:9; 68:5; 74:5; 85:19; 116:16; 132:20, 22; 137:11; 159:6, 19; 166:4, 13; 174:25; 182:18
court [6]
1:1; 2:3; 3:16; 4:21; 184:3; 186:19
courtesy [1]
22:6
covered [2]
99:4; 172:15
covering [1]
38:21
covers [1]
7:25
cowie [1]
2:20
cramping [1]
141:14
cranial [1]
112:14
cranian [1]
60:5
creatinine [2]
60:1; 174:1
cried [1]
137:17
criteria [1]
116:13
critical [1]
171:12

criticism [1]
52:17
cry [4]
59:6; 87:11; 88:19; 141:12
crying [4]
88:3; 107:21; 141:12
crystalized [1]
115:8
csf [1]
60:4
ct [2]
174:1, 2
cues [2]
141:8; 170:1
culture [1]
60:1
cure [1]
51:20
current [1]
8:4
curriculum [1]
7:24
custom [2]
65:15; 167:8
customary [1]
88:25
cut [4]
149:12; 150:3; 162:21, 24
cutting [1]
112:23
cv [1]
129:24
cvs [1]
59:17

*** * D * ***

dad [3]
157:3, 21; 158:19
danville [2]
167:17, 18
dash [6]
119:11; 138:23; 139:14; 142:7; 151:16; 161:20
data [1]
118:13
date [10]
1:11; 8:1, 4; 77:25; 144:13; 162:19, 22; 163:12; 170:24
dated [2]
162:24; 163:1
david [1]
2:20
day [40]
10:25; 11:1; 13:9, 11, 16; 15:17; 16:21; 21:6, 17; 25:10; 26:20; 27:7; 38:2, 5, 13; 49:2; 66:22; 67:22; 70:8; 89:1; 94:6; 95:5, 9; 97:2, 5, 6, 25; 107:13; 121:22; 149:19; 151:24; 152:12; 153:23; 161:9; 162:16; 167:25; 168:1; 182:18; 184:22; 185:23
day-to-day [1]
157:12
days [6]
36:7, 10; 93:12; 145:25; 175:14; 186:16
dazed [1]
78:23
dealing [1]
141:4
debate [2]
26:7; 47:4
december [69]
10:2; 11:20; 12:11, 24; 21:17; 22:1, 2, 21; 23:9, 22; 24:4; 25:9, 11, 14; 26:8, 13, 19; 27:1; 28:18, 23; 29:3; 30:7; 31:12; 34:13, 21; 37:24; 38:10, 11, 16; 39:9; 40:12; 42:1; 46:24; 47:12, 13, 17; 52:11; 53:12, 21; 54:14; 55:12, 13, 15; 57:17; 58:5; 64:2, 10, 14, 22; 68:8, 14; 70:3; 72:5; 80:23; 88:23; 93:23; 96:13, 21; 117:6, 11; 122:10; 127:8, 24; 175:9; 176:3
decide [1]
116:8
decided [2]
112:6; 150:25
deciding [1]
148:18
deciliter [1]
24:12
decipher [1]
152:15
decision [12]
10:21; 33:1; 34:9; 53:23; 68:2; 79:19; 80:15; 107:17, 23; 115:18; 145:11
decisions [5]
79:16; 155:4; 178:9; 180:1; 181:21
decrease [2]
35:2; 60:6
decreased [1]
59:22
decreasing [1]
24:15
deep [2]
119:16; 120:11
defendant [4]
2:14, 19; 3:2, 6
defendants [1]
1:13
defense [1]
122:13
defer [2]
47:20; 122:14
deferred [1]
32:11
definition [2]
46:7; 117:1
definitively [1]
97:17
dehydrated [1]
136:9
dehydration [1]
24:8
delay [1]
41:14
delayed [3]
158:11, 23; 159:5
delete [1]
109:16
deletions [1]
185:4
delightful [1]
6:23
delivery [1]
96:2
demonstrating [1]
62:5
department [5]
30:18; 48:18; 168:2, 7; 172:20
departure [1]
7:4
depend [1]
167:25
depending [3]
38:24, 25; 165:10
depends [1]
168:3
deponent [2]
186:9, 11
depose [1]
177:23
deposition [23]
1:8, 11, 14; 2:1; 3:20, 21, 22; 4:10; 7:13; 30:3; 39:14; 74:14; 85:12; 128:19; 182:17, 21; 184:8, 9, 14; 185:3; 186:7, 9
deprivation [1]
90:8
deprived [2]
89:20; 90:2
desat [5]
103:6; 129:4, 21; 137:19; 142:14
desats [8]
69:12; 70:4; 86:1; 103:3; 109:10; 115:21; 116:2; 142:8
desatting [7]
87:1, 19; 117:8, 25; 118:6; 119:11; 121:14
desaturation [14]
87:11, 20; 88:20; 89:13, 14, 18; 90:1, 7, 10, 12; 99:13; 106:21; 107:3, 18
desaturations [46]
72:2; 78:12; 83:19; 84:4, 9, 21; 87:15, 22; 88:15, 16; 89:7; 91:1, 8, 11, 13, 17; 92:11, 24; 94:15, 23; 95:12; 96:19; 99:8, 9, 19, 22; 100:4; 101:1; 102:19, 24; 104:12, 17; 105:3, 9, 11, 15, 22; 106:11; 107:10, 16; 109:22; 118:18; 119:5; 121:25; 132:23, 24
describe [1]
63:22
described [3]
47:10; 97:4; 172:25
describes [1]
160:22
describing [1]
183:1
desired [1]
92:9
despite [1]
79:20
detail [2]
68:11; 181:2
details [5]
42:22; 121:25; 127:4; 166:10, 11
detected [1]
59:19
determination [1]
122:18
determine [1]
123:2
determined [1]
126:19
development [1]
155:21
developmentally [2]
158:23; 159:5
deviate [1]
181:23
deviated [1]
181:20
diagnose [4]
54:14; 56:15; 76:9; 102:6
diagnosed [5]
45:3; 54:22; 61:15; 76:22, 23
diagnoses [2]
71:22; 102:7
diagnosis [22]
26:5, 13; 32:18; 45:9, 16; 46:2; 54:10, 17; 56:4, 11, 16; 62:8; 71:19; 83:6, 13; 88:13; 89:10; 91:9; 116:4; 146:18; 157:10; 159:25
diagnostic [4]
61:13; 163:3, 17; 179:24
diagonally [1]
151:14
diaper [2]
129:3, 20
dictated [3]
48:23, 24; 163:2
difference [3]
11:14; 125:14, 16
differences [1]
7:2
differential [4]
26:4, 12; 45:9, 16
differentiate [1]
44:6
difficult [5]
57:3; 84:13; 98:19; 135:6, 10
difficulty [2]
108:21; 135:8
dilatation [1]
45:23
dilated [11]
43:10; 44:1; 109:6, 20; 110:12; 111:17; 131:4, 21; 137:14; 138:11; 143:3
dip [1]
88:19
direct [1]
169:16
directed [1]
58:24
direction [1]
184:11
director [1]
163:14
disagree [2]
21:10; 180:12
disagreed [2]
10:20, 21
disagreement [2]
12:3; 14:10
discern [1]
181:9
discharged [2]
23:14; 174:20
discontinued [1]
175:22
discoverable [1]

177:20
discovery [2]
7:10; 50:21
discretion [2]
100:25; 101:6
discuss [11]
18:19; 39:1; 48:11; 50:3, 11; 51:22; 52:1; 155:14; 165:21; 167:1, 5
discussed [20]
12:23; 21:5; 22:15; 51:7, 10, 11; 54:5; 71:24; 74:13; 80:8, 13; 81:10; 83:18; 139:3; 152:21; 154:8; 155:13; 166:21; 175:7
discusses [2]
133:16; 174:14
discussing [6]
17:9; 25:8; 50:8; 51:8; 87:24; 89:23
discussion [13]
10:1; 11:7; 51:3; 52:6; 74:19; 104:20; 105:17; 140:23; 143:13; 154:3, 19; 180:18; 182:13
disorder [19]
42:7; 43:14; 45:6; 54:11, 15; 56:4, 5, 6, 11, 25; 57:4, 11; 62:7, 9; 76:10; 80:5, 10; 83:7; 155:25
disparaging [1]
170:3
displeasure [1]
169:24
disregarded [4]
178:12, 21; 179:15, 23
division [1]
1:3
doan [2]
1:5
doctor [152]
4:8, 18; 5:6; 6:21; 9:24; 10:6, 23; 11:2, 12, 16, 23; 12:2, 4, 10, 16, 18; 13:23; 14:9, 17, 23; 17:3, 4, 15; 18:3, 4, 6, 11, 12, 14, 15; 19:1, 10, 14, 16; 20:10, 24; 21:4, 15; 22:16; 23:9; 24:7; 25:9, 13; 26:11; 28:20; 29:25; 30:25; 31:15, 17, 18; 32:5, 7, 11; 33:2, 4; 34:12; 38:3, 21; 39:7; 41:11; 48:5, 12; 50:4, 12, 19; 51:7, 9; 52:7; 55:11; 56:2; 60:15, 25; 63:14, 22; 72:24; 73:6; 74:1, 11, 19; 83:17, 22; 85:23; 86:6, 12; 91:6, 18; 92:18, 21; 97:3, 13; 101:3; 103:15; 104:21; 105:7; 112:17; 117:5, 24; 119:19, 23; 120:2, 5, 19, 21; 121:20; 122:7; 123:15; 125:1; 126:17; 127:2; 128:15; 129:13; 139:16; 144:19; 145:4; 146:7, 25; 148:25; 149:21; 150:12; 152:21; 154:3, 18, 20; 155:3; 160:20, 21; 161:5, 6; 163:3, 10; 165:14; 167:1; 169:19; 170:5; 171:2, 4; 173:12, 13; 174:4, 13, 24; 175:6; 182:6; 183:2
doctor's [1]
167:23
doctors [3]
17:7; 31:18; 172:13
document [2]
40:6; 162:2
documentation [1]
65:20
documented [14]
18:15; 23:20, 24; 28:14; 29:2; 56:24; 57:12, 20, 21; 65:1, 20; 75:14; 76:23; 150:18
documents [6]
29:19; 65:19; 162:13; 163:18; 164:19; 182:25
doesn't [2]
62:10; 175:13
domain [1]
180:6
door [1]
9:22
dosage [2]
151:1, 16
dosages [1]
93:15
dose [6]
151:4, 10; 152:4, 5, 10
dosing [2]
151:3
downward [2]
60:6; 75:12
drawing [6]
60:3; 87:10; 88:1, 2, 3, 5
draws [1]
135:6
drift [1]
18:10
drink [1]
49:21
drive [1]
3:8
driving [1]
22:10
drmc [21]
38:13; 39:19; 41:5, 22; 52:16, 18; 55:15; 66:5; 75:18; 152:23; 154:14; 156:14, 18; 164:20; 166:5, 14, 20; 168:14; 169:2; 171:18; 182:25
drop [1]
89:16
dropped [4]
77:9; 78:3, 7; 82:5
dropping [2]
75:11; 84:14
drops [1]
59:7
dubois [19]
1:10; 2:3, 4, 19; 3:12; 10:7; 34:5; 36:9; 48:9; 50:16; 52:9; 163:11; 174:15, 25; 176:6, 20; 177:5; 178:20
dugas [1]
2:15
duly [2]
4:2; 184:6
duncansvile [1]
2:16
duration [3]
44:9; 84:15; 107:14

*** * E * ***

e-x-t-r-e-m [1]
139:12
early [3]
80:23; 101:3; 134:14
easiest [1]
165:15
east [1]
186:2
easy [1]
168:3
edema [6]
136:24; 150:5; 161:16, 17, 18; 176:1
editorialize [1]
110:20
editorializes [1]
129:14
editorializing [3]
110:18, 24; 111:6
education [3]
6:12; 170:18, 19
eeg [25]
40:8, 18; 41:1, 19, 24; 43:3; 45:4, 5; 47:23; 48:11, 14; 49:4, 20; 50:3, 4, 9, 11, 16; 52:1, 2; 112:14; 113:5; 161:19; 174:2; 182:23
eegs [3]
41:4, 12, 13
effect [6]
69:25; 92:9, 17; 118:20; 157:18; 175:15
effective [2]
92:12; 93:6
effects [4]
92:1; 93:2; 94:7
effort [1]
122:9
eight [1]
118:3
eighth [1]
186:2
elbow [1]
55:4
elevated [2]
24:11, 12
elicitable [1]
59:23
emergencies [1]
145:23
emergency [21]
15:13, 16, 18, 20, 21, 23, 25; 43:25; 44:2; 61:11; 76:11, 20; 83:11, 13; 115:7, 11; 132:13; 133:12; 147:5, 6; 165:10
emphasize [1]
110:22
emphasized [4]
35:4; 110:2, 16; 111:8
emphasizes [1]
129:15
employed [2]
5:7; 6:6
employee [6]
41:11; 168:21, 25; 169:12; 184:18, 19
enable [1]
7:15
enabled [1]
118:1
encompassing [1]
69:1
end [2]
30:3; 151:9
ends [1]
22:12
enlarged [3]
44:1; 59:13; 63:5
enter [2]
63:24; 64:16
entering [1]
63:11
entirety [1]
57:9
entitled [1]
179:21
entries [6]
63:10, 12, 13, 14, 15; 151:20
entrusted [2]
37:8, 17
entry [2]
64:19; 117:20
epilepticus [8]
44:11, 21; 45:1, 10, 15; 46:3, 7; 47:15
episode [19]
54:7, 12; 56:24; 57:1; 86:2; 93:25; 120:13; 121:5, 14; 130:14; 131:1, 4; 137:20; 138:12, 21, 23; 139:14; 142:18; 146:11
episodes [40]
23:19; 24:9; 26:1, 5, 13; 28:14; 29:2, 3, 7, 19, 22; 30:5; 33:16; 36:1, 11; 45:11; 46:21; 57:21; 87:1, 19; 91:7, 8; 92:10; 94:15, 21; 95:8; 100:3; 109:11; 116:3; 117:8; 118:6; 119:13; 122:2; 133:3; 141:11; 142:7, 9, 11, 13
equally [1]
58:14
er [2]
77:7; 78:1
erie [1]
186:2
errata [5]
3:17; 186:10, 11, 13, 16
esq [8]
1:18; 2:9, 14, 20; 3:2, 7; 186:5, 13
essence [1]
120:20
essentially [4]
94:13, 25; 96:12; 145:8
estimate [1]
93:22
estimation [1]
94:5
etiology [6]
84:16; 99:25; 159:12, 22; 161:16, 17
evaluate [1]
42:8
evaluated [1]
166:23
evaluation [3]
50:18; 56:7; 163:4
evaluations [1]
179:24
evening [3]
49:1; 105:17; 132:21
event [4]

54:9; 73:21; 112:12; 150:1
events [37]
22:24; 23:2, 10, 23; 30:14, 15; 31:8, 10; 32:3, 10; 33:15, 21, 23; 34:10; 35:21; 36:24; 47:10, 14; 66:10; 68:20; 70:22, 25; 71:1; 75:4; 90:22, 25; 105:12; 114:20, 21; 115:13, 15; 116:9, 21; 117:2; 155:15; 159:19; 174:19
evidence [1]
50:22
exact [8]
69:20; 70:18; 94:8; 118:23; 153:1; 166:10, 11; 171:24
exactly [15]
13:21; 17:9; 19:7; 35:9; 44:18; 49:13; 61:2; 83:23; 88:24; 97:4; 110:11; 148:11; 153:24; 167:10; 181:4
exam [6]
28:4; 59:20; 63:3; 82:2; 158:12, 14
examination [6]
2:1; 3:15; 4:5; 13:22; 59:12; 144:18
examine [4]
22:7; 52:6; 59:24; 134:8
examined [9]
4:3; 22:19; 23:13; 40:14; 46:23; 60:9; 127:14; 154:11; 155:19
examining [6]
22:11; 40:12; 82:7; 140:25; 148:18; 157:8
example [1]
89:19
excessive [1]
136:5
excluded [1]
65:18
exclusion [3]
9:18; 65:22, 23
excuse [17]
15:19; 16:2; 20:15; 23:1; 29:8; 39:3; 40:6; 47:15; 49:21; 67:11; 77:6; 103:20; 106:1; 110:21; 174:15; 175:22; 179:3
exhibit [16]
3:20, 21, 22; 7:12; 47:22; 48:1; 53:4, 5; 162:15; 163:7; 166:1; 173:11; 182:16, 20
exhibits [2]
3:19; 182:21
existed [3]
76:12; 80:14; 131:18
expansive [1]
11:13
expect [9]
7:11; 63:9; 89:4; 106:5; 107:11; 124:21; 125:18, 24; 165:7
expectation [1]
96:24
expected [4]
94:5, 13; 95:8, 21
expecting [1]
7:11
experience [1]
94:14
experienced [4]
36:16; 102:24; 104:16; 106:21
experiences [1]
89:14
experiencing [6]
26:1; 43:24; 46:20; 91:1; 95:11; 105:15
expert [7]
35:11; 40:4; 92:15; 95:22; 122:12; 124:18; 181:18
experts [1]
120:7
explain [3]
14:14; 55:8; 121:20
explained [1]
117:6
explains [3]
19:3; 175:21, 25
explanation [7]
66:17, 20, 21; 89:7; 99:18, 24; 100:2
explore [2]
51:5; 179:22
express [4]
34:13; 155:3; 156:17; 157:9
expressed [2]
11:15; 155:7
extensive [1]
131:17
extent [2]
16:4; 181:8
external [1]
45:1
extra [2]
36:6
extrem [1]
139:11
extremities [7]
42:2, 6; 43:7; 69:11; 109:10, 19; 142:6
eye [19]
42:3, 5, 15; 43:5; 69:11; 85:25; 86:7, 16; 118:6, 11, 22; 119:14; 121:14; 130:14; 131:2, 20; 133:3
eyelid [1]
137:18
eyelids [1]
142:5
eyes [6]
59:5; 61:19; 106:9; 127:6, 15; 138:8

*** * F * ***

face [4]
21:7; 74:13, 14, 17
face-to-face [1]
24:25
facial [1]
122:23
facility [5]
8:20; 19:17; 20:2, 12; 21:2
fact [22]
19:21; 23:9; 29:2; 32:20; 37:5; 40:17; 41:8; 53:20; 58:1; 90:25; 101:15; 119:5; 130:5; 140:15; 145:13; 146:14; 151:2; 158:10; 159:2; 166:13; 170:4; 175:2
factored [1]
34:9
factors [1]
37:16
facts [5]
19:13; 31:7; 103:17; 104:25; 157:11
fading [1]
59:24
fahrenheit [1]
98:16
failure [2]
10:6, 15
fair [6]
22:2; 42:21; 76:21; 175:5; 179:16, 17
fairly [3]
97:8; 143:8, 9
familiar [4]
84:2; 119:5; 167:8; 169:10
familiarize [1]
159:15
fast [1]
80:22
fax [1]
7:9
feasibly [3]
113:13, 18, 23
feedings [3]
78:21; 157:12; 159:23
feel [2]
17:21; 18:8
fell [1]
180:5
fellow [1]
172:18
felt [3]
19:4; 91:24; 156:4
fever [1]
59:7
field [1]
36:7
fifteen [3]
125:2; 126:4
figure [1]
90:15
file [1]
162:6
filed [2]
8:9; 180:22
final [1]
159:24
find [1]
83:16
finding [21]
43:13; 44:4, 5, 7, 9; 45:15; 106:3; 130:24; 131:9, 10; 132:7; 133:6, 7; 137:24; 138:2, 3, 17, 20; 139:2
findings [41]
13:24; 14:3, 17; 15:5, 15; 16:6; 17:10, 13, 22; 18:23; 19:15; 42:12; 43:12; 48:11, 22; 50:4; 52:2; 61:9; 65:2, 21; 68:5; 75:15; 76:8; 79:8; 83:15; 88:8; 112:8; 113:1; 114:17; 125:10, 23; 132:10, 20; 145:10; 153:3, 6; 154:8, 9; 157:25; 167:3; 173:17
fine [7]
13:7; 29:10, 16; 68:11; 73:11; 108:20; 123:13
finish [3]
25:5; 140:8; 160:23
finished [1]
13:21
first [55]
7:12; 8:8; 11:19; 12:1, 23; 13:4; 18:4; 26:6, 14; 28:4, 13; 29:1; 30:10; 36:23; 45:19; 48:14; 49:9, 11, 15; 59:18; 60:2, 24; 66:23; 75:14; 76:7; 78:7, 10; 80:2; 85:2, 14, 15; 99:2, 3, 4; 107:18; 112:9, 10; 114:13; 117:20; 127:14; 131:8; 133:10, 15; 136:3, 15; 137:2; 142:1; 150:1; 155:20; 165:21; 174:8, 10, 14; 176:5; 184:6
five [2]
151:20; 173:23
flexing [1]
139:15
floor [3]
1:19; 2:11; 75:7
florida [5]
5:1, 4, 5; 6:4; 170:13
flow [1]
30:14
fluctuated [1]
77:8
fluctuating [2]
78:1, 11
fluid [5]
134:20; 135:12; 136:18, 21; 149:13
fluids [6]
24:14, 19; 133:19; 134:24; 136:5; 150:4
focal [5]
109:8, 9; 122:23; 123:10; 142:5
focusing [1]
123:7
follow [7]
13:5; 58:3; 81:17; 85:22; 117:23; 166:21; 179:22
follow-up [3]
154:7; 162:2; 163:8
followed [2]
75:3; 167:6
following [12]
9:2; 85:17; 94:6; 95:9; 103:17; 107:2, 13; 110:1; 127:13; 139:8; 144:5; 185:3
follows [5]
4:3; 109:4; 137:12; 139:11; 182:22
force [1]
179:11
foregoing [2]
184:7; 185:3
form [12]
29:6, 9; 47:1; 106:18; 116:11, 17; 173:13; 176:12, 22; 177:8, 13, 16
formal [2]
97:11, 19
former [1]
4:18
forth [2]
8:24; 9:12
forward [2]
13:14; 186:13
found [11]
13:25; 14:1; 32:2, 9, 21; 63:7; 99:15; 106:2; 112:8;

146:7; 160:15
four [6] 19:7; 59:22; 151:20; 164:23; 173:23; 175:14
frame [2] 72:11; 92:18
frequency [1] 151:16
frick [1] 3:3
friend [3] 170:22; 171:1, 16
front [5] 42:5; 65:12; 155:14; 170:24; 173:21
frothing [1] 59:14
full [3] 4:21; 94:7; 158:16
fully [1] 93:6
funny [2] 179:12, 13
furthering [1] 6:12

*** * G * ***

g-u-i-f-f-r-e [1] 87:7
gamut [3] 52:5; 91:9; 172:16
gastroenteritis [3] 24:8; 88:9; 173:8
gastroesophageal [2] 24:9; 88:10
gateway [19] 1:11; 3:6; 6:7, 10; 7:3, 6; 39:20; 52:9, 17; 154:1; 156:24; 158:22; 159:18; 163:10; 168:15, 21; 169:2, 12, 16
gather [2] 102:18; 148:13
gave [9] 15:5; 16:7; 70:11, 22; 124:10, 11; 126:23; 145:8, 10
geisinger [1] 167:15
generalities [1] 46:6
generated [1] 75:18
gentleman [1] 51:23
gets [1] 44:8
gi [1] 59:20
gist [3] 70:23, 24; 87:12
give [26] 10:12; 11:25; 14:25; 16:6; 23:5; 35:16; 51:19; 56:1; 66:17; 68:16, 22, 25; 69:1; 71:6, 7; 93:1, 7; 133:25; 134:1; 136:5; 146:22, 24; 148:19; 151:8; 152:7; 164:8
given [31] 16:16; 24:14, 19; 32:24; 37:16; 56:21; 64:17; 91:21; 92:3, 4, 17, 25; 93:15; 94:3; 95:16; 126:9; 130:9; 135:4; 136:18; 148:7, 15, 16, 21; 149:3; 151:19; 152:6, 9; 157:1; 181:18; 184:12; 185:3
gives [2] 125:5; 160:22
giving [1] 118:16
gobbly-gook [1] 181:9
goes [1] 151:19
gotten [3] 31:23; 33:4; 98:19
grammar [1] 62:15
gravity [3] 15:14; 20:9, 24
greenwood [1] 5:3
gregory [1] 3:12
grimacing [1] 141:11
group [4] 5:7; 18:19; 60:5
grout [79] 1:9; 2:14; 4:19; 11:12, 16, 23; 12:4, 10, 16; 13:23; 14:9; 17:4, 15; 19:14, 16; 20:10, 25; 21:15; 22:16; 24:7; 25:10, 13; 26:11; 28:21; 30:25; 31:18; 32:5, 7, 11; 33:2; 34:12; 38:4; 39:7; 50:5; 51:9; 58:18; 60:25; 63:23; 72:24; 73:6; 74:1, 12, 19; 83:18, 22; 85:19, 23; 86:6, 12; 91:6, 19; 92:19, 21; 97:3, 13; 104:21; 105:7; 117:5, 24; 119:19; 120:2, 5, 19; 121:20; 127:3; 144:19; 145:4; 146:7; 147:1; 149:21; 151:15; 152:22; 154:3, 19, 20; 155:3; 163:10; 182:17, 24
grout's [9] 9:24; 10:6; 17:3; 18:6; 31:15; 33:4; 63:14; 101:3; 119:23
grunting [3] 140:1, 5, 7
guardians [1] 1:4
guess [3] 27:15; 55:9; 103:12
guessing [1] 166:18
guidance [1] 167:6

*** * H * ***

half [4] 92:16; 93:11; 107:1; 125:2
hallway [1] 170:24
hand [1] 184:21
handed [2] 32:23; 75:21
hands [2] 69:18; 115:7
handwritten [1] 63:14
happening [10] 45:21, 25; 68:16; 70:16, 17, 19; 89:13; 114:15, 17; 115:15
hardwood [1] 5:1
hartye [1] 2:15
haven't [1] 179:7
he's [31] 12:2; 23:16; 58:8, 15; 69:17, 22; 78:21; 90:17; 96:15; 100:20; 102:14, 15, 17; 103:5; 106:14, 15; 108:11; 115:1; 119:21; 120:3, 4; 124:17; 131:23; 146:16; 165:14; 171:5; 177:10, 18; 178:5; 179:19; 180:2
head [4] 21:9; 31:19; 127:7, 16
heading [1] 10:18
hear [4] 14:11; 125:9; 165:1; 177:24
heard [6] 9:24; 21:15; 26:6, 15; 76:3; 93:2
hearing [1] 26:7
heart [13] 59:8, 18; 77:9; 78:2, 6; 81:22; 82:4; 125:4; 139:18; 140:12; 142:18; 144:1; 173:6
held [1] 138:7
help [3] 13:13; 32:19; 77:2
helped [1] 147:2
helpful [2] 11:4, 8
hence [1] 96:2
hereby [1] 184:5
herein [1] 184:9
hereof [1] 186:16
hereunto [1] 184:21
hesitation [1] 10:22
high [5] 77:9; 78:2, 11; 83:25; 84:4
higher [1] 151:9
history [3] 63:5; 65:18; 118:2
holding [2] 137:13; 162:14
home [9] 4:25; 89:5; 112:18, 22, 23; 124:11, 24; 126:1; 137:5
hope [3] 55:3; 86:10; 96:3
hoped [1] 94:16
hospital [52] 2:4; 13:23; 19:22, 24; 20:2, 20; 23:11; 24:6; 26:17; 35:3, 4, 16, 18; 40:1; 51:12, 24; 76:5; 78:8; 79:19; 80:3, 16; 81:8, 11; 85:18; 89:5; 113:14; 115:9; 117:3; 125:25; 140:20, 22; 141:23; 143:21; 144:17; 146:4, 8; 148:24; 153:8; 154:4; 163:11; 164:23; 167:14; 168:20; 169:25; 170:16; 171:11; 176:7, 20; 177:5; 179:25; 180:6
hospitals [2] 35:6, 8
hour [6] 72:21; 107:1; 125:2; 134:3; 141:16
hour-by-hour [1] 85:3
hours [56] 4:14; 16:23; 19:6; 21:20; 30:7; 34:21; 36:6; 38:13; 40:20; 46:10, 16, 17; 54:1; 59:3; 60:2, 3, 4; 71:17; 72:4, 5; 73:4, 22; 79:25; 91:2; 92:6; 93:3; 94:1, 3; 95:17; 100:8, 12; 101:11, 18; 103:4, 16; 104:2, 5; 106:19; 117:21; 118:3; 124:23; 125:19; 126:9; 128:25; 129:7; 134:7, 13, 16; 140:25; 141:5, 19; 148:17; 168:5; 175:8; 177:2
hr [6] 118:7; 119:14; 120:9; 121:1, 15; 142:23
human [1] 90:8
hypocalcemia [2] 86:1; 134:25
hyponatremia [5] 34:17, 22; 134:11; 176:8; 177:7

*** * I * ***

i'd [3] 10:19; 153:11; 170:7
i've [19] 7:9; 10:10; 31:21; 36:17; 39:15; 41:17; 64:24; 69:3; 132:3; 136:3; 144:13; 156:24, 25; 160:21; 167:13; 171:25; 172:3; 174:12; 183:1
idea [1] 168:14
identification [2] 53:5; 166:1
identified [1] 85:16
image [1] 18:2
immediate [7] 53:17; 56:7, 10, 12; 84:22, 24; 165:12
immediately [10] 15:7, 8; 40:11; 41:2; 79:5; 113:9; 114:9, 24; 132:16; 148:22
impacted [2] 79:15, 18
implication [1] 123:2
implies [1]

122:21
imply [1]
114:6
implying [1]
156:13
import [1]
153:14
important [4]
9:20; 17:24; 18:20; 75:14
importantly [1]
135:24
impression [11]
16:7; 25:13; 47:13; 74:2; 88:13; 118:24; 145:9, 10; 173:13; 177:14
improper [2]
178:17, 23
improve [1]
96:1
inactivate [1]
81:18
inartfully [1]
27:16
inc [2]
1:12; 186:1
incident [2]
52:8, 13
include [7]
66:11; 67:1; 70:1; 84:6; 105:4; 144:8; 163:8
included [12]
9:2; 70:10; 77:8; 78:1; 91:8; 104:4; 118:14; 162:15; 163:5, 9, 18; 173:18
includes [4]
45:10; 53:17; 65:17; 176:17
incorporate [3]
178:8, 18; 179:25
incorporated [2]
68:1; 161:8
incorrect [5]
21:23; 55:1, 6; 173:25; 177:15
independent [1]
161:1
independently [1]
19:20
index [2]
3:19, 23
indicate [1]
102:22
indicated [7]
45:10; 56:8; 58:6; 87:25; 97:25; 102:13; 140:12
indicates [5]
26:25; 48:22; 102:8; 103:15; 104:2
indication [1]
106:18
indirectly [1]
184:20
individually [1]
120:6
indulge [1]
127:21
indulged [1]
128:12
infiltrate [1]
135:5
infiltration [1]
135:12
information [23]
7:22; 8:3; 14:18, 25; 15:4; 24:2; 58:4; 65:17, 19; 68:13, 21; 72:14; 86:11; 87:13; 100:6; 103:23; 112:7; 115:5; 121:24; 130:9; 145:6, 16, 20
informed [20]
28:21; 30:22; 71:1; 85:24; 87:14, 18; 95:12; 101:15, 22; 103:17; 104:16; 109:5; 116:20; 121:22; 127:6; 128:8; 130:18; 140:15, 19; 141:22
informing [1]
101:22
infusion [3]
149:12; 150:3; 176:1
initial [2]
173:24, 25
initials [3]
100:13; 139:13; 141:10
initiate [2]
14:20; 154:2
initiated [2]
27:13; 61:1
injury [1]
159:13
input [2]
31:15, 23
inquire [2]
26:17; 87:21
inspection [1]
184:13
instance [1]
95:21
instituted [1]
118:19
institution [1]
8:20
insult [2]
130:3; 179:14
insulting [2]
178:18; 179:2
intensity [1]
165:11
intensive [5]
31:22; 93:1; 165:12; 171:11; 172:19
intensivist [9]
171:5, 6, 9, 17, 22; 172:9, 10, 19; 173:3
intensivists [3]
171:23; 172:1, 13
interacted [1]
48:9
interested [2]
153:16; 184:20
interfere [1]
13:2
interposed [1]
122:15
interpretation [1]
41:15
interpreted [1]
48:6
interrogatories [4]
7:14, 18; 8:23; 182:23
interrupted [2]
41:10; 157:6
intervals [1]
142:4
investigate [2]
89:6; 91:17
investigated [1]
132:16
investigation [4]
84:23, 24, 25; 85:1
involuntary [2]
59:5; 61:19
involved [6]
28:17; 36:25; 70:2; 107:20; 135:15; 145:18
involvement [1]
5:19
involving [1]
105:18
irregular [2]
81:22; 142:23
irrespective [1]
159:22
irritant [1]
135:4
issue [12]
10:5, 14, 19; 17:25; 31:19; 67:10, 12; 108:14; 112:11; 135:18; 139:5; 173:17
issues [9]
18:20; 31:5; 32:17; 43:22; 134:25; 135:5, 16; 155:13; 180:5
iv [17]
24:14, 19; 133:19, 24; 134:2, 3, 20, 24; 135:7, 9, 12, 25; 136:12; 150:19; 152:18, 19; 176:2
ivs [1]
135:8

****J****

jennifer [1]
87:6
job [3]
6:12, 13; 53:13
johnson [6]
2:20; 176:12, 22; 177:8, 16; 182:9
joint [1]
31:3
jones [1]
186:1
journal [3]
8:25; 9:3, 12
journals [6]
9:2, 14, 15, 16, 19, 21
judgment [6]
23:6; 33:14; 34:1, 5; 120:4; 152:3
july [2]
6:5; 7:8
jumping [3]
128:16, 18, 20
junction [1]
96:8
juncture [1]
160:9
june [1]
6:6
jupiter [1]
5:1
jury [1]
6:22

****K****

karen [2]
1:5, 6
keep [3]
96:10; 101:5; 152:8
kilo [3]
151:4, 10; 152:12
kilograms [2]
151:5; 152:14
kinetics [2]
93:10; 94:9
kinosian [2]
48:5, 12
kircher [4]
1:22; 2:2; 184:3; 186:19
kk89611 [2]
1:23; 185:25
kline [2]
1:18; 2:10
knees [1]
87:10
knowing [2]
151:7; 153:16
knowledge [9]
7:22, 23; 23:23; 54:16; 87:9; 144:15; 165:4; 172:13, 14
kristina [4]
1:22; 2:2; 184:3; 186:19

****L****

lab [6]
35:3, 4; 59:25; 75:18, 20; 135:2
labs [1]
63:15
lag [1]
148:9
lap [1]
69:18
larger [1]
138:10
last [6]
4:9; 7:11; 87:6; 92:23; 120:25; 164:10
lasted [2]
137:20; 138:23
lasting [6]
44:13; 45:6, 12; 120:13; 121:5; 142:7
law [2]
36:19; 129:24
lawyer [1]
155:9
lawyers [2]
155:8, 9
lead [2]
50:21; 86:13
leading [3]
12:21; 47:15, 16
learn [3]
36:24; 48:14; 68:4
learned [7]
28:13; 29:1; 33:15; 47:9; 72:15, 21; 73:23
leaving [1]
6:9
leeway [1]
22:5
left-hand [2]
151:14, 22
legs [8]
88:1, 2, 4, 5; 107:21; 138:9; 141:11
length [1]
89:23

lesson [2]
6:18; 137:5
let's [6]
72:3; 74:8; 76:25; 119:10; 128:4; 179:4
letter [29]
142:16; 160:20; 161:6, 11, 12, 13, 25; 162:20, 22, 24; 163:1, 3; 173:12, 14, 16, 18, 19; 174:13, 16, 23; 175:3, 4, 6, 24; 177:13; 178:2, 8, 22; 179:15
letters [1]
142:16
level [10]
35:14; 84:9; 87:21; 89:17; 93:4, 13, 24; 94:17; 96:6; 165:10
levels [7]
34:15; 35:12; 96:20; 134:9; 135:19; 152:8; 177:23
license [1]
28:10
licensure [1]
8:14
life [3]
8:21; 92:16; 93:11
light [6]
31:13; 109:7, 21; 137:15; 138:12; 143:4
liked [1]
79:11
limbs [1]
59:22
limited [2]
172:14; 178:19
limiting [2]
11:11; 26:19
limits [5]
75:21; 98:2, 4, 11, 14; 135:2
line [8]
3:24; 80:5, 10, 20; 131:17; 137:9; 185:5
lip [3]
62:2, 5, 11
list [5]
9:5, 6, 15; 61:13; 76:18
listener [1]
17:13
listening [1]
4:17
literally [1]
109:8
literature [1]
44:24
liters [2]
103:7; 138:22
load [2]
152:7, 9
loading [2]
151:4; 152:5
located [1]
168:4
locust [2]
1:19; 2:10
looks [1]
69:23
loop [1]
119:8
lost [1]
8:19
lot [5]
66:5, 14; 82:22; 125:10; 144:23
lots [1]
9:6
loud [2]
110:9; 174:5
low [2]
75:17; 84:12
lower [3]
98:18, 22; 151:7
lunch [2]
85:7, 11

*** * M * ***

m-i-n [1]
139:14
m.d. [12]
1:9, 10; 2:1, 14; 3:2; 4:1; 162:25; 184:6; 185:2, 21; 186:7
machine [1]
125:15
machines [3]
35:10, 12, 16
mail [2]
9:7, 23
mainly [1]
91:19
maintenance [3]
152:4, 8, 11
malpractice [1]
8:7
man [2]
165:15; 179:14
management [5]
31:5; 80:5, 11; 147:1; 156:1
manager [3]
3:12; 51:12, 23
managing [1]
31:21
mandatory [2]
66:2, 4
manifestation [1]
45:2
manifested [1]
116:14
manually [1]
63:24
mark [10]
47:22; 58:23; 85:25; 86:25; 129:2, 20; 141:13, 14; 142:4; 162:14
marked [3]
53:5; 166:1; 173:10
master [1]
13:22
matt [2]
10:22; 162:19
matter [2]
44:17; 47:3
matthew [3]
1:18; 2:9; 186:13
mcintyre [1]
2:15
mcquaide [1]
3:8
mean [49]
9:18; 13:1; 14:5, 22; 18:1, 2, 24; 21:12; 31:7; 39:18; 40:21; 44:3, 18, 20; 50:7; 57:8; 62:12, 13; 68:12, 22; 75:19; 76:7; 84:12; 97:3, 15; 100:18, 20; 101:9; 102:4, 6; 103:16; 110:7; 112:19; 113:22; 115:18, 24; 119:7; 123:12; 129:10; 132:21; 135:11; 137:4; 149:1; 150:21; 159:24; 169:7; 170:24; 175:3, 13
meaning [3]
110:8; 147:12; 155:18
means [12]
45:15; 59:17, 21; 60:2, 6; 64:12; 89:15; 100:19; 101:6; 112:21; 113:13; 152:18
meant [4]
49:15; 62:3; 113:18; 114:2
meantime [1]
164:17
measure [2]
35:10, 12
measured [1]
35:2
measures [2]
53:14; 125:4
medical [46]
1:11; 2:3, 19; 3:6, 12; 6:10; 8:6, 19, 20, 24; 9:2, 12, 15; 10:7; 26:22, 24; 27:15; 28:10, 15; 30:12, 16, 17; 33:24; 34:6; 38:23; 39:13, 15, 16, 18, 19, 20; 40:16, 25; 48:17; 80:21; 144:11; 156:25; 167:15; 168:21; 169:4, 12; 170:18, 19
medication [16]
36:9; 91:18, 23; 93:3; 94:3, 9, 16; 95:1; 146:21, 23, 24; 148:14, 21; 149:6; 151:16, 19
medications [4]
93:7; 151:21; 153:9; 159:23
medicine [4]
92:12; 93:7; 107:12, 25
meet [1]
117:1
meeting [3]
48:7; 170:15, 25
meetings [2]
170:17, 19
membrane [2]
59:15, 16
memory [2]
67:10, 12
mention [13]
24:15, 17; 62:18, 21; 63:1, 4; 86:17; 116:2; 118:16; 135:7; 160:24; 174:21; 175:13
mentioned [28]
11:20; 16:6, 11; 19:14; 24:10; 41:11; 42:2; 43:9; 62:4; 67:16; 72:2; 74:14; 107:19; 109:18, 19; 112:3, 15; 115:22; 124:11; 127:23; 128:9; 132:24, 25; 146:12, 13; 149:3, 6; 161:4
michael [1]
2:14
mid [1]
17:1
middle [4]
41:4, 18, 22; 139:8
midnight [5]
70:7, 13, 14, 25; 71:2
mike [1]
77:18
mild [1]
59:13
miles [6]
25:3, 4, 6; 35:18; 60:23; 146:5
milligrams [10]
24:12; 150:19; 151:4, 6, 10; 152:11, 13, 14, 16, 19
mind [9]
17:25; 33:20, 22, 25; 58:21; 88:8; 99:17; 100:2; 115:18
minor [1]
1:4
minus [1]
91:11
minute [6]
46:12; 89:22; 125:10, 11; 127:18; 158:24
minute-by-minute [3]
31:16, 25; 37:1
minutes [23]
44:14, 23; 45:6, 14; 60:10; 61:4, 5; 74:7; 92:6; 94:4; 95:17; 120:25; 125:2, 21; 126:3, 4, 6, 24; 140:11; 141:16; 149:9
mischaracterizing [1]
108:12
missed [1]
133:1
missing [8]
73:8; 101:23; 104:9; 128:8; 133:1; 140:13, 14; 142:23
misspeaking [1]
109:9
misspoke [1]
154:24
misstakes [1]
156:5
misstated [1]
55:22
misstating [2]
91:5; 111:4
misunderstood [1]
131:13
modality [1]
101:7
modified [1]
81:18
mom [11]
69:17, 23; 146:15, 16; 156:14; 157:3, 4, 17, 20; 158:5, 19
mom's [2]
69:18
moment [1]
90:3
moments [1]
59:6
money [1]
9:10
monitor [8]
89:8; 90:18, 20, 21; 91:16, 25; 102:3; 125:3
monitor's [1]
89:15
monitored [2]
24:20; 82:17
monitoring [1]
102:3
mooing [1]

82:9
morning [51]
4:8; 11:2; 16:21, 23; 17:1; 18:1, 5, 19; 19:2; 40:12, 18; 41:20; 46:23; 49:9, 12, 16; 53:20; 62:22; 66:23; 68:7; 69:16; 76:7, 13; 80:24; 101:4; 113:3, 6, 10, 13, 15, 18, 19, 20; 114:1, 2, 4, 5; 119:1; 127:13; 130:13; 140:20, 23; 144:18; 145:23; 147:22; 150:22; 157:17; 161:20; 176:2
moro [2]
59:22, 23
mother [4]
52:4; 146:11; 155:11; 156:6
mouth [2]
59:14; 139:15
mouthy [4]
59:6; 61:25; 62:3, 17
move [7]
6:4; 13:13; 76:25; 78:18; 83:19; 119:10; 141:25
moved [1]
170:13
movement [1]
139:15
movements [7]
59:5, 9; 61:20, 25; 62:3, 6, 17
moving [8]
82:6, 8, 10, 11, 15; 88:17; 130:12; 141:4
mr [252]
3:15; 4:7, 15, 16; 6:17, 19, 21, 24; 10:22; 11:4, 10; 12:2, 8, 12, 15; 13:1, 7, 10, 15, 17; 20:16, 18, 22; 23:16, 18, 21; 29:5, 8, 11, 13, 17, 21, 24; 30:2; 46:13, 15, 25; 47:2, 6; 50:2, 17, 20, 23; 51:2, 6, 10, 13, 15, 18, 21; 52:25; 53:2, 7; 54:23, 25; 55:3, 5, 16, 21, 22, 24; 58:8, 11, 13, 16, 23; 59:1; 72:16, 18, 23, 25; 73:2, 8, 11, 14; 74:15, 16, 18; 77:14, 18, 20; 82:11, 13; 85:10; 89:22, 25; 90:6, 17, 19, 23; 96:15, 17; 100:15, 17; 103:1, 4, 6, 11, 20, 24, 25; 104:22; 105:1; 106:14, 16; 108:4, 6, 7, 11, 16, 17, 19, 23, 24; 110:19, 21, 23, 25; 111:3, 5, 7, 9, 11, 13, 15, 21, 23; 115:1, 4; 116:11, 16, 18; 117:12, 14, 15; 119:20, 25; 120:3, 8, 15, 17, 18, 23; 121:7, 8; 122:6, 8, 14, 15, 19; 123:1, 4, 5, 8, 9, 14, 15, 17, 21, 22; 124:17, 19, 20, 25; 125:12; 126:14, 15, 17, 21; 128:12, 14, 18, 20, 22, 24; 129:14, 17; 130:2, 4; 131:12, 14, 15, 23, 25; 132:2, 5; 143:9, 10, 15; 150:7, 11; 159:6, 8; 162:19, 21; 163:20; 164:7, 8, 9, 11, 15; 165:1, 6; 166:3; 173:21; 174:4, 7; 176:12, 14, 22, 24; 177:8, 10, 12, 16, 18, 20, 21; 178:1, 4, 7, 13, 15, 17, 23, 24, 25; 179:6, 9, 11, 12, 14, 16, 18, 21; 180:2, 8, 9, 10, 12, 13, 16, 20; 181:8, 11; 182:3, 5, 7, 8, 9, 10, 15
myriad [1]
82:21
myself [2]
37:12; 178:11

*** * N * ***

nad [1]
59:17
name [6]
4:21, 23; 8:24; 9:12; 87:6; 171:3
named [2]
8:10; 9:14
names [1]
9:21
nasal [12]
95:13, 20; 100:20, 25; 102:9, 10, 14, 15; 103:5, 8; 106:19; 138:22
natural [1]
1:4
nature [4]
9:25; 14:23; 71:11; 181:10
nc [1]
142:17
necrosis [1]
135:13
needs [5]
14:2, 5; 16:9; 56:7; 173:4
neely [4]
3:7; 128:18, 22; 182:8
negative [4]
60:1, 2, 4; 75:15
negligence [1]
180:25
neonatal [2]
31:22; 39:5
neonate [4]
31:19; 36:8, 20; 45:11
neonates [1]
44:25
neonatologist [27]
11:24; 12:19; 15:2, 3; 16:16, 18; 31:1, 6; 32:7, 14, 24; 35:22, 25; 36:5, 14; 37:1, 11, 19, 23; 38:3, 12, 14; 39:7; 47:20; 60:19; 97:13, 19
neonatologists [1]
97:14
neonatology [6]
31:17; 36:2; 39:2; 96:10, 12; 97:21
neuro-checks [9]
124:1, 7, 13, 16, 23; 125:13, 21; 126:2, 24
neurologic [6]
24:16; 112:11, 12; 115:11; 136:2, 6
neurological [18]
15:25; 43:25; 44:2; 61:10; 76:11, 20; 115:7; 121:12; 125:14; 126:10; 130:13; 132:13; 133:11; 136:16; 147:5, 6; 150:2; 167:3
neurologist [18]
34:7; 48:5; 122:10; 164:22; 165:18, 19, 20; 166:6, 7, 9, 16, 19, 24; 167:4, 12; 169:3; 172:8; 173:1
neurologists [3]
160:19; 167:14; 171:22
neurology [5]
160:24; 165:23; 168:2, 10; 169:25
neuromuscular [2]
121:10, 13
newborn [2]
93:1; 98:3
newborns [1]
44:25
night [10]
7:10; 41:4, 18, 22; 69:3; 75:2; 104:16; 105:2; 132:23; 142:3
nitrogen [1]
24:11
nodded [1]
21:9
non-waiver [2]
3:17; 186:8
noncoordination [1]
161:19
nonetheless [2]
27:5; 45:13
nonspecific [1]
62:6
noon [6]
94:5; 95:4, 9; 107:12; 108:2, 9
normal [15]
35:17; 43:11; 44:8; 60:5; 75:20, 21; 89:17; 98:2, 4, 11, 14, 22; 121:3; 135:2, 20
north [1]
2:15
notably [1]
176:6
notarized [1]
186:12
notary [5]
1:23; 2:3; 184:4, 25; 185:24
notation [1]
60:14
note [69]
58:19; 59:3; 60:11, 12; 61:6, 9, 17, 21; 62:10, 14, 19, 21; 63:14; 71:8; 75:10, 16, 23; 77:21; 82:2, 4; 100:9, 11; 101:11; 102:12, 13, 22, 23; 103:10, 13, 16; 104:1; 109:3; 112:3; 113:22; 117:10, 13; 118:3, 15; 119:10; 120:1, 9; 121:10, 18; 122:20; 123:3; 124:3, 4; 127:3, 23; 128:3, 25; 130:5, 21; 131:18, 19; 133:15; 137:11; 139:23, 25; 141:6; 142:1, 22, 23; 144:6; 147:23; 150:17; 161:2; 163:9
noted [5]
3:23; 59:4; 61:18; 130:21; 186:9
notes [41]
9:4; 60:13; 63:17, 24; 64:13, 17, 21; 65:12; 66:11, 15, 18; 67:2, 9, 14, 16, 21; 68:9; 76:25; 77:3, 13, 17; 78:18; 81:16; 82:4; 85:3, 15, 17; 92:5; 107:2; 110:20; 111:12; 112:16; 117:16; 119:1; 132:3; 142:1; 143:16; 147:18, 21, 25; 148:2
notice [3]
3:17; 124:1; 186:8
notified [6]
18:12; 19:16; 24:5; 86:24; 122:24; 133:1
notion [1]
112:10
november [1]
7:7
nowhere [1]
134:17
nudge [1]
55:4
number [14]
6:14, 15; 38:8; 75:19; 82:5; 84:10, 14, 15, 19; 88:19; 103:18; 124:12; 168:3; 177:22
numbers [7]
35:19; 82:16; 83:24; 88:18; 136:13; 176:17
numeral [2]
152:17, 18
numerous [3]
23:19, 23; 68:12
nurse [35]
42:1, 10; 69:21, 24; 72:20; 73:18, 25; 74:7, 24; 75:3, 5, 6, 7, 8; 87:5; 101:7, 19; 102:7; 103:12; 104:14; 105:21; 113:24; 125:15, 22; 126:2; 131:20; 134:6, 10; 137:13; 138:7, 20; 140:1; 142:2; 146:16; 150:18
nurse's [9]
77:21; 100:9, 13; 117:13; 122:20; 127:3; 137:11; 139:13; 141:10
nurses [68]
25:25; 27:1, 19; 51:11; 52:17; 54:14; 59:4; 60:13; 61:18; 63:17, 23; 64:13, 20, 21; 65:1, 12, 20; 66:15; 67:2, 9, 14, 21; 68:4; 70:10; 71:8; 72:6; 73:15, 16; 74:9; 76:1, 3, 25; 77:3; 79:5; 81:7, 16; 85:3, 15, 17; 90:19, 21, 24; 91:15; 99:7; 100:24; 104:4; 105:8; 111:12; 113:17, 21; 115:12; 117:16; 121:24; 124:5, 15, 18; 126:10, 23; 127:5; 130:5; 139:9; 140:24; 141:1; 146:22; 147:16; 149:1, 2
nursing [9]
64:6, 10; 66:11, 18; 77:15, 17; 123:23; 138:13; 148:13

*** * O * ***

o'clock [14]
17:3; 68:7; 69:16; 102:14, 19, 20; 105:4; 106:12; 113:11; 117:10; 118:14; 130:7; 132:25; 149:18
o2 [10]
100:12; 103:7; 109:10; 120:12; 121:2; 138:21, 22; 139:18; 142:14, 15
oath [1]
26:12

object [8]
29:5, 9; 116:11; 119:21; 176:12, 22; 177:8, 16
objection [8]
29:9, 12; 46:25; 55:2; 116:16; 120:15, 17; 122:16
obligation [2]
11:24; 12:17
observation [2]
44:6; 54:17
observe [1]
124:6
observed [6]
88:14; 130:15; 137:13; 142:13; 143:2; 147:6
observing [2]
82:8; 139:22
obtain [1]
98:19
obtained [1]
125:10
obvious [1]
102:11
occ [1]
139:16
occasional [7]
59:6, 7; 61:25; 62:17; 101:22; 141:10; 142:12
occasionally [5]
66:16; 101:12; 140:14; 142:6, 24
occasions [1]
96:23
occur [2]
55:14, 15
occurred [14]
11:1, 3; 22:25; 23:10; 28:22; 30:7, 11; 47:11; 54:12; 92:11; 160:6; 168:19; 174:19; 175:8
occurring [1]
89:9
occurs [2]
90:7, 10
october [5]
1:12; 2:4; 184:23; 185:3; 186:4
offend [1]
6:22
offered [1]
180:3
office [14]
14:18; 16:23, 24; 22:9; 25:2, 3, 6; 60:23; 74:23; 144:21; 146:5; 153:8; 167:23; 184:22
oh [2]
6:17; 162:21
okay [51]
6:16; 9:11; 12:9; 14:19; 21:15; 26:10; 40:16; 48:2; 52:25; 53:2; 58:23; 77:7; 81:13; 84:21; 85:2; 89:19; 90:24; 92:6; 96:18; 98:8; 99:17; 102:13; 105:8; 106:17; 109:23; 111:13; 113:2; 118:4, 22; 122:4; 123:15; 128:15; 133:13; 134:6, 17; 139:8; 140:8; 141:8, 25; 153:25; 156:8; 158:16; 159:15; 162:1, 10; 165:7; 170:14; 174:6, 10, 23; 179:5
old [2]
2:15; 36:10
on-call [2]
38:20
ones [5]
9:20; 57:7; 67:17; 78:20; 104:8
ongoing [3]
24:16; 122:23; 165:17
open [4]
64:7; 138:10; 139:12; 141:9
opinion [5]
11:14; 33:4, 5; 165:18, 21
opinions [1]
169:4
opportunity [3]
6:13; 51:20
opposed [4]
36:5; 66:18; 146:4; 169:17
orally [3]
92:17; 110:5, 15
order [30]
6:15; 33:10, 14; 40:11, 13; 41:1, 20, 24; 44:20; 49:4, 20; 54:4, 5, 8; 97:4, 5; 100:22; 101:3, 9; 112:16; 113:16; 133:20; 148:6, 8, 21; 149:7, 8; 150:25; 159:15
ordered [22]
40:8, 14, 18, 22; 42:8; 47:23; 48:15; 49:2; 55:19; 91:19; 112:13; 113:2, 5, 8; 114:23; 137:7; 146:20, 21; 150:20, 21; 151:2; 152:4
orders [8]
21:9; 30:13; 63:13; 97:2; 109:12; 133:16; 148:4, 23
organ [1]
173:9
organs [1]
89:19
original [3]
18:12; 186:13, 14
ourselves [1]
11:11
outcome [1]
155:15
outside [2]
40:4; 155:9
over-dramatizing [1]
110:7
overall [2]
16:8; 154:9
overload [1]
136:22
overnight [17]
30:7; 40:20; 54:1; 72:5, 20; 73:3, 22; 79:25; 124:23; 125:19; 126:9; 134:7, 13, 16; 140:24; 141:5; 175:8
oxygen [14]
82:16; 89:16, 21; 90:3, 8; 95:23, 24; 96:2, 3, 6; 101:5; 103:1; 116:1; 125:4

* * P * *

p-e-d-i-a-t-r-i-x [1]
5:8
p-e-o-p-l-e-s [1]
142:2
p.m. [96]
21:17; 22:1, 4, 14; 24:4, 21; 25:9, 14; 26:18; 28:18, 23; 29:3; 30:20; 31:2, 12, 24; 32:22; 33:7, 9; 34:3, 13, 21; 37:24; 38:10, 16, 21; 39:8; 46:16; 47:12, 13, 16, 17; 48:23, 24; 49:1; 53:11; 57:17; 58:5; 70:3, 8, 14, 21; 71:11; 72:9, 12; 73:7, 25; 74:6, 12, 19; 75:5, 22; 79:2, 13; 80:5; 85:8; 86:6; 88:23; 90:11; 91:6; 92:5; 93:16, 17; 94:2; 95:13, 17, 18; 96:8, 13, 20; 97:25; 98:5, 25; 99:8, 18; 100:6; 101:11; 105:5, 6, 10, 14; 106:20, 21; 115:6; 117:5; 118:25; 119:19; 121:22; 127:13, 23; 128:10; 133:6; 183:4
pa [8]
1:20; 2:11, 16, 21; 3:4, 9; 163:12; 186:2
page [43]
3:24; 58:23; 77:2, 6, 11, 24; 78:19; 81:17, 20; 85:2, 14, 15, 16, 21; 100:7; 103:9; 107:3; 117:16, 23; 121:9; 128:15, 23; 130:12; 133:13, 14; 139:8, 9; 140:8; 141:4, 25; 143:16; 144:5, 14; 150:15; 151:13, 14, 18, 23; 160:12; 185:5
paged [1]
27:10
pages [5]
7:25; 77:16; 128:16; 164:6; 185:3
paginated [1]
77:1
pagination [1]
77:15
paid [1]
9:10
pain [16]
71:20, 21; 86:25; 87:10, 24; 88:7, 11, 16; 89:10; 107:20, 22; 135:11, 12, 15; 141:8, 14
painful [1]
89:11
pale [5]
118:9; 119:13; 121:17; 139:17; 144:2
palm [1]
5:3
paper [3]
80:21; 97:8; 110:13
paragraph [6]
59:11; 174:8, 11, 14; 175:17; 176:6
paragraphs [1]
118:21
paraphrase [1]
50:24
paraphrasing [1]
84:6
parens [6]
138:10, 11; 139:12, 13; 141:9
parents [2]
1:4; 156:23
parse [2]
10:16; 68:11
part [15]
5:6; 34:5; 36:2; 42:20; 52:5; 53:17; 69:21; 88:20; 124:13; 133:25; 148:3; 158:12, 14; 161:9; 179:19
parties [2]
184:15, 18
parts [1]
90:8
party [2]
1:14, 17
pass [1]
28:4
passed [1]
116:13
patient [129]
14:24; 18:6; 19:3; 21:5, 16, 20; 22:1, 8, 14, 16, 19, 21; 23:13; 24:1, 5; 25:9, 10; 28:23; 29:4; 31:2, 12; 32:23; 33:6; 35:3; 37:6; 38:15; 39:6; 44:21; 46:9, 17; 50:9; 51:1; 52:10; 53:11; 56:3, 5, 14, 16; 58:7, 10; 60:10; 62:19; 64:5, 9; 65:3, 7, 11; 66:10; 71:16; 72:13, 19; 73:22; 74:3; 75:9, 22, 24; 77:7; 78:6; 79:16; 80:4, 10; 85:24; 86:25; 95:20; 96:7; 98:12, 15; 109:5; 116:10; 118:4; 119:15; 120:11; 121:3; 122:5, 22; 124:6, 19, 21; 125:18, 25; 126:8, 25; 129:1, 4, 19, 22; 130:14; 131:1; 132:11; 134:8; 135:6; 137:16; 138:7; 139:14; 140:25; 141:20; 142:24; 144:18; 145:19; 147:11; 148:1; 152:21; 154:6, 10, 17; 155:5; 156:9, 10, 11, 12; 160:9, 16; 161:5; 162:3; 163:8; 164:2, 22; 165:23; 166:23; 168:9; 176:11, 16, 21; 177:2, 6; 181:24, 25
patient's [5]
18:12; 52:4; 65:18; 155:1; 174:24
patients [19]
5:11, 12, 18; 16:22; 18:2; 22:8; 65:25; 66:5, 7; 145:21, 25; 164:21; 166:5, 9, 14, 20; 169:16; 171:18; 180:1
pattern [26]
22:24; 23:2, 10; 30:15; 31:7, 10, 13; 32:3, 10, 22; 33:20; 34:10; 35:21; 36:24; 47:10, 14; 66:25; 68:20; 80:19; 89:12; 90:22, 25; 114:20, 21; 115:13; 121:4
paying [1]
62:15
pcp [1]
141:9
pe [1]
59:11
pedialyte [1]
142:25
pediatric [60]
5:10, 11, 13, 18, 24; 9:4; 24:20; 34:6; 36:2, 4; 44:14; 56:3; 59:3; 65:11, 12; 66:7; 97:14; 122:9; 125:15, 22; 126:2, 10; 147:16; 148:24; 151:12; 160:19, 24; 164:22;

165:18, 20, 23; 166:6, 7, 8, 14, 16, 19, 20, 23; 167:4, 11; 168:1, 10; 169:3, 25; 171:5, 6, 8, 10, 12, 17, 21, 22; 172:8, 10, 11; 173:1, 3; 180:4
pediatrician [10]
36:16, 20; 37:13, 14; 65:16; 160:2; 178:20; 181:21, 25
pediatricians [2]
36:18; 37:22
pediatrics [9]
5:21; 9:3; 28:2; 36:12; 37:9, 18; 96:18; 137:3; 173:9
pediatrix [1]
5:8
pennsylvania [10]
1:1; 2:2, 3, 4; 28:10; 170:13; 172:1; 184:1, 5; 185:1
people [3]
39:4; 51:4; 170:6
peoples [1]
142:2
perceived [1]
170:4
percent [12]
96:11, 22, 23; 101:5, 8; 103:7; 107:4; 119:17; 138:21; 139:18; 142:15
percentage [1]
36:3
percentages [1]
87:16
performed [2]
48:6; 174:2
perinatology [1]
97:20
period [50]
43:6; 58:5; 59:5, 6, 7, 9, 12, 13, 14; 65:10; 70:7, 9; 81:19; 89:23; 90:4; 109:11, 12; 120:11; 121:4; 129:23; 137:15, 18, 19; 138:8, 9, 12, 14, 22; 139:16, 17, 18, 19; 140:3; 141:15; 142:4, 9, 13, 17, 19, 24, 25; 143:2; 172:3; 176:10, 15, 19, 20; 177:1
periodic [8]
69:13; 70:4; 86:2; 109:11; 118:8; 121:16; 122:1; 142:11
periods [2]
81:23; 177:1
permit [1]
47:4
permitted [1]
29:14
perplexed [1]
73:9
persist [1]
45:13
persistent [2]
44:1, 3
person [12]
38:20; 52:2, 15; 92:19; 155:9; 156:17; 165:15; 168:18; 169:7; 171:10; 172:18, 21
personally [1]
52:19
perspective [1]
76:15
pertaining [1]
129:10
pertinent [2]
75:14; 106:3
pharm [1]
93:8
pharmocological [3]
93:9, 10; 94:9
phenobarb [2]
149:3; 152:6
phenobarbital [6]
150:17, 19; 151:1, 20, 23; 152:16
phenomenon [1]
114:18
philadelphia [2]
1:20; 2:11
phone [40]
24:24; 31:20; 38:8; 41:19; 46:5; 61:1; 62:22; 70:21; 71:2; 72:14, 15, 22; 73:3, 9, 19; 74:11, 24; 76:9; 79:20; 80:16; 87:5; 108:25; 110:6, 15; 111:14, 16, 19, 25; 112:4; 115:6; 124:11; 141:22; 143:20; 145:3; 166:7, 15; 168:16, 18; 169:3; 171:15
photocopied [1]
162:9
photocopy [1]
162:10
phrase [1]
99:14
physician [17]
4:24; 38:15; 54:22; 56:2, 17; 67:3, 6; 84:10; 145:1; 146:5; 147:11, 12, 18, 24, 25; 160:2; 163:13
physician's [1]
133:20
physicians [2]
54:18; 169:2
pick [2]
170:1; 171:15
picked [1]
166:15
picking [1]
169:2
piece [1]
80:20
pin [2]
86:11; 97:17
pitt [6]
152:23; 158:3; 159:11; 160:14, 19; 161:7
pittsburgh [21]
2:21; 3:4; 40:1; 159:20; 160:4; 163:5, 14; 167:15, 19; 168:16; 169:1, 20; 170:6, 9, 16; 171:16, 20; 172:4; 174:25; 179:25; 180:7
place [2]
12:24; 184:8
placed [6]
69:8, 10; 101:19; 133:24; 140:11; 166:6
placement [1]
135:9
placing [1]
135:8
plaintiff [1]
178:3
plaintiffs [4]
1:7, 15; 2:1, 9
plan [1]
179:19
planned [1]
7:16
plans [1]
122:12
played [1]
179:19
pleas [1]
1:1
please [7]
4:22; 59:2; 141:25; 182:11; 186:9, 13, 16
pled [1]
181:6
plus [4]
59:21; 91:11; 133:6
po [1]
142:25
point [42]
5:1; 16:10; 17:12; 19:18, 22; 21:11; 23:6; 33:8, 18; 34:17; 46:1; 60:24; 67:2, 4; 68:15; 76:6; 83:20; 89:12; 91:1; 92:12; 94:13; 99:17, 20; 102:8; 108:8; 112:13; 113:1; 114:16; 115:10, 19; 127:7, 15; 143:3; 145:5, 14; 146:20; 147:2, 3, 11; 155:2; 164:11; 175:5
policy [3]
14:21, 22; 169:15
politely [1]
179:20
pool [1]
6:22
poor [1]
98:24
population [1]
44:14
port [1]
135:1
positive [2]
75:15; 115:17
possession [1]
186:14
potential [3]
134:11; 136:24; 150:4
practice [19]
6:7; 7:6; 18:19; 52:10, 17; 65:15; 67:1; 88:25; 96:10, 18; 154:2; 158:22; 159:18; 162:4; 167:9; 168:15, 20; 169:15; 179:23
practice's [1]
39:20
practicing [6]
4:24; 5:6, 23; 8:16; 37:22; 96:12
preceded [1]
131:3
preceding [2]
149:19; 186:10
precisely [2]
45:8; 46:4
prefaced [1]
10:25
prelude [1]
18:25
prepared [3]
46:2; 53:8; 150:13
prescribing [1]
134:23
presence [1]
21:5
present [5]
3:11; 16:12; 59:21; 147:18, 24
presented [1]
114:13
pressure [1]
97:24
presume [8]
19:25; 20:6, 19; 103:16; 104:3; 106:17; 144:2; 153:23
presumed [3]
20:11, 25; 108:8
presuming [1]
23:12
presumption [2]
20:4, 5
pretty [1]
15:12
previous [6]
71:17; 72:4, 15; 97:2, 5; 107:19
primary [2]
18:16; 161:5
printing [1]
184:10
prior [13]
10:8; 28:17; 29:3; 56:16; 58:6; 63:10; 64:21; 70:2; 104:19; 105:14; 140:25; 159:17; 175:14
privileges [1]
8:19
privy [1]
168:22
problem [16]
38:25; 71:5, 12; 84:12; 105:24; 110:25; 115:23; 136:2, 7, 17; 150:2; 165:12; 169:1, 5, 6, 8
problems [5]
24:16; 36:19; 37:6; 38:23; 156:9
procedure [3]
2:2; 49:11; 166:21
proceeded [2]
131:2; 137:17
proceedings [6]
49:25; 53:4; 85:7; 150:9; 164:13; 183:4
process [4]
55:14; 76:17; 84:25; 91:22
products [1]
134:1
professional [2]
7:1; 22:5
profusion [1]
98:24
progress [3]
58:18; 63:10; 75:10
progressive [2]
176:8; 177:6
prolonged [1]
44:5
promise [1]
4:11
prompt [2]
81:8; 172:7
prompted [5]
51:3; 54:1; 101:24; 154:2, 18

pronouncing [1]
4:9
proper [3]
177:21; 178:24, 25
prospective [1]
6:22
provide [5]
66:20; 81:4; 95:23; 173:5
provided [6]
7:9; 12:9; 67:18; 91:24; 95:16; 178:3
providers [1]
117:20
providing [1]
5:20
public [5]
1:23; 2:3; 184:4, 25; 185:24
publications [1]
9:7
pull [1]
158:24
pulling [1]
141:11
pulse [2]
98:8, 13
pupil [15]
43:10, 15, 24; 44:1; 62:23; 109:5, 19; 110:2; 131:4, 21; 137:14, 15, 16; 138:9; 143:2
pupils [3]
59:12; 63:5; 137:17
pure [1]
95:24
purpose [3]
101:21; 159:1; 170:14
purposes [1]
129:16
puts [1]
97:8
putting [3]
67:2; 76:17; 155:23

**** Q ****

qd [2]
152:16, 19
qualified [1]
16:15
qualify [1]
44:20
qualitatively [1]
120:1
quality [1]
87:14
quarters [2]
134:4; 136:14
question [83]
3:24; 8:8, 23; 9:11; 11:5; 12:4, 6; 20:15, 17; 25:5; 26:10, 19; 27:12, 17; 28:22; 29:6, 18; 32:20; 37:15; 42:24; 43:21; 51:16, 17, 20; 58:15; 71:21; 72:17; 76:2; 80:12, 18, 24; 81:1, 2; 82:25; 83:1; 84:7, 13; 85:25; 86:10, 25; 89:2; 90:5; 92:19; 96:16; 100:16; 105:23; 108:6; 111:2, 10; 113:20; 114:19; 116:12; 120:14, 24; 121:6, 19; 122:16; 125:24; 127:21; 129:2, 9, 20; 131:13; 133:8, 9; 134:14; 141:13, 14; 142:4; 149:24; 159:1; 172:24; 173:5; 176:13, 23; 177:9, 17; 178:16, 18; 179:2, 4, 13; 180:8
questionable [1]
149:22
questions [17]
3:23; 4:17; 7:16; 10:3, 25; 13:6; 47:24; 51:14; 55:17; 68:18; 121:11; 164:18; 182:4, 6, 7, 8, 9
quick [2]
85:4; 164:5
quickly [2]
54:1; 165:16
quote [25]
18:22; 30:5; 50:24; 61:18; 70:15; 85:24; 86:24; 87:18; 101:12; 109:5; 113:17; 116:8, 21; 119:11; 121:13; 129:1; 137:16; 138:20; 139:11; 142:2, 10; 158:23; 159:5; 175:18; 176:19

**** R ****

r-e-s-p [7]
118:8; 119:15; 120:10; 121:1, 2, 15, 16
radar [3]
34:20; 134:12, 17
radiology [1]
163:17
rag [1]
139:12
raised [1]
31:19
range [6]
35:13, 15, 16, 19; 96:3, 4
ranges [1]
35:7
rate [19]
59:8; 77:9; 78:2, 6; 81:22; 82:4; 125:4; 134:3, 21; 135:25; 136:12; 139:19; 140:12; 142:18; 144:1; 149:12; 150:3; 151:2; 176:1
re [1]
186:7
re-evaluate [1]
31:2
reach [5]
43:16; 93:4, 11, 24; 94:17
react [1]
63:6
reacting [2]
43:10; 59:13
reaction [2]
89:11; 153:23
read [53]
9:12, 16, 19, 20; 30:4; 32:21; 58:17, 20; 64:15, 17; 67:23, 24; 68:10, 24; 78:24; 81:24; 87:2; 109:13; 110:12; 120:21; 122:20; 123:19; 129:6, 13, 18; 130:16; 131:6, 8, 10, 16; 132:2; 137:22; 138:15, 25; 139:20; 142:20; 143:5; 160:20, 21; 161:11, 12; 162:17; 173:14, 16; 174:4, 5, 8, 12; 177:13; 181:2; 185:2, 5; 186:9
reading [11]
50:16; 71:10; 102:12; 112:16; 118:5; 143:7; 147:25; 148:1; 160:12; 174:9; 184:13
reads [4]
129:11; 137:12; 139:10; 140:10
real [1]
85:4
realize [1]
33:12
realized [3]
11:5; 33:20; 37:7
reason [5]
40:25; 83:10; 134:20; 170:21; 185:5
reasonable [5]
20:4; 66:21; 88:7; 145:4; 168:23
reasonably [1]
50:20
reasoning [3]
99:20; 137:9
reasons [1]
143:11
recall [17]
14:10, 12; 15:8, 9; 16:14; 27:6, 21; 49:7; 50:8, 10; 52:3; 61:2; 67:8; 145:24; 156:21; 158:5; 171:24
receding [1]
115:24
receipt [1]
186:16
receive [5]
124:22; 140:17, 18; 168:15, 20
received [15]
7:10; 52:11; 80:16, 17; 81:7; 87:5; 88:22; 97:19; 109:12; 116:19; 135:22; 156:14, 18; 159:17; 168:24
receiving [2]
112:6; 126:2
recently [1]
163:23
recertify [1]
28:6
recess [5]
49:25; 53:4; 85:7; 150:9; 164:13
recollect [10]
8:18; 26:21; 71:9; 83:21; 84:8; 87:23; 99:14; 106:25; 153:4; 166:10
recollection [7]
47:25; 51:8; 60:14; 65:9; 67:7; 72:1, 7
recommendation [1]
11:21
recommendations [4]
11:25; 20:13; 21:8; 158:1
recommended [7]
14:4; 16:8, 10; 32:12, 25; 145:17, 18
record [20]
1:17; 58:18, 22; 63:10; 69:2; 129:18; 131:17; 140:10; 143:11, 13; 144:11; 150:7; 151:17; 161:10; 171:8; 180:16, 18; 182:13, 16; 184:11
recorded [2]
144:9; 184:9
recording [2]
125:6; 133:3
recordings [1]
104:4
records [49]
23:5; 26:22, 24; 27:3, 8, 15, 18; 28:15; 30:4, 12, 17; 32:21; 33:24; 37:8; 39:13, 15, 16, 18, 19, 21, 25; 40:16, 25; 42:4, 23; 43:20; 47:9; 48:17; 56:20; 58:12; 66:1; 73:12; 74:9; 80:21; 101:3; 120:21; 123:23; 126:22, 23; 131:16; 148:14; 158:21; 159:4; 160:13; 173:12; 182:24
red [1]
112:24
redeposed [1]
119:24
reduce [3]
134:2; 136:4, 12
reduced [3]
135:24; 136:7; 184:10
refer [5]
33:2; 37:25; 92:5; 158:22; 159:4
reference [4]
1:23; 26:24; 40:17; 185:25
referral [5]
80:6; 162:3; 163:4, 9; 179:24
referring [9]
30:6; 70:6, 7; 77:3; 81:19; 151:15; 161:21; 173:10; 182:18
refers [6]
162:22; 176:10, 15, 20, 25; 177:1
reflect [3]
65:1; 126:23; 147:17
reflected [7]
27:8, 20, 23; 82:2; 107:6; 118:2; 139:23
reflecting [1]
130:22
reflects [2]
61:9; 130:5
reflex [2]
59:23; 153:22
reflux [3]
24:9; 71:21; 88:10
refresh [1]
47:25
regard [1]
53:24
regarding [17]
11:16; 25:25; 31:5; 66:17; 99:24; 109:4; 121:25; 131:20; 132:9; 134:11; 143:25; 154:13; 155:4, 10; 174:17; 175:7; 181:22
regional [6]
1:10; 2:19; 3:12; 10:7; 34:6; 36:9
regret [2]
155:3, 7
regular [4]
35:22; 66:9; 124:14; 158:12
regularly [2]
9:13, 16
reiterate [1]

18:9
reiterated [2]
18:23; 69:12
reiterating [1]
19:13
relate [1]
17:21
related [8]
12:9; 17:10; 83:8; 107:22; 121:11; 139:2; 172:20; 173:9
relates [3]
5:23; 35:25; 92:10
relating [3]
52:10; 58:4; 130:24
relation [1]
64:4
relationship [5]
169:9, 14, 19, 21; 170:5
relative [2]
184:17, 18
relayed [3]
14:16; 15:4; 103:23
relevant [2]
50:18; 65:17
remained [1]
139:18
remaining [1]
133:25
remains [3]
118:9; 119:12; 121:17
remember [62]
8:15; 9:21; 10:2, 4; 21:13, 18; 24:23; 30:3, 8, 10; 36:22; 37:3; 43:8; 65:8; 66:15; 67:13; 69:15, 21; 83:17, 22, 24; 84:7; 87:4; 105:23; 109:23; 110:1, 3, 5, 14; 111:19, 24; 127:5, 9; 139:22; 140:5; 147:4, 7; 153:13, 14, 20; 154:15, 25; 157:2, 11, 16, 20; 158:8, 9, 17; 161:13, 15; 162:6, 12; 163:22; 164:4, 24, 25; 165:3, 4; 167:13, 20
remembers [1]
111:22
remove [2]
100:25; 133:24
removed [1]
135:23
repeat [3]
19:5; 121:18; 127:21
repeatedly [3]
108:12; 119:22; 120:22
rephrase [3]
23:3; 28:19; 79:22
report [16]
11:25; 41:13; 47:22; 48:22; 50:3, 16; 52:1, 8, 13; 60:3; 68:23; 76:4; 162:2; 163:8, 17; 182:23
reported [7]
1:22; 42:12, 19; 43:2; 45:23; 79:5; 86:7
reporter [6]
2:3; 3:16; 4:22; 58:24; 184:3; 186:19
reporters [1]
186:1
representation [1]
159:9
representing [1]
159:3
reproducible [1]
44:4
requires [1]
116:9
resembling [1]
149:16
reserve [1]
182:10
residency [2]
36:3, 5
resisting [1]
179:7
resounding [1]
115:17
resp [3]
118:7, 8; 119:14
respect [1]
63:1
respectfully [1]
10:17
respective [1]
184:15
respects [1]
185:19
respiration [1]
140:7
respirations [5]
98:9, 10; 140:1, 5; 142:12
respiratory [1]
59:16
respond [4]
54:13; 58:9, 15; 178:6
responded [2]
27:11; 71:14
responds [1]
172:21
response [4]
36:24; 41:25; 89:11; 121:7
responsibility [1]
22:14
responsible [1]
31:11
rest [3]
48:16; 85:4; 118:12
restate [4]
20:16; 83:1; 103:24; 131:14
resting [1]
69:17
result [1]
166:6
results [2]
48:14; 81:18
resume [1]
103:10
retained [1]
142:25
return [1]
186:16
returned [3]
120:12; 121:3, 4
returns [1]
119:16
reveals [1]
59:12
reversing [1]
80:23
review [8]
27:2; 39:20, 25; 40:3; 41:13; 144:10; 167:4; 182:11
reviewed [12]
7:17; 23:4; 26:22; 27:17; 39:13, 15; 47:9; 63:9; 123:23; 126:22; 178:1; 180:21
reviewing [3]
57:2; 67:13; 164:1
revisit [1]
108:13
rhodes [1]
2:20
richard [2]
1:9; 2:14
right [108]
1:6; 4:9, 12; 6:17, 25; 9:24; 10:5; 14:7; 20:12; 21:24; 22:17; 27:13, 14, 25; 28:24; 38:17; 39:25; 40:16; 41:7, 16; 42:4; 43:23; 44:10, 15; 45:18; 46:17; 52:13; 56:10, 13, 17; 58:17; 60:18; 61:3, 16, 22, 24, 25; 62:3; 63:2, 9; 65:21; 70:16, 17; 71:3; 73:1, 6, 17, 20; 74:8; 77:18; 78:19; 81:20; 83:23; 85:21; 90:13; 92:14; 93:13; 94:11; 95:7, 18; 97:21; 102:15, 20; 104:7, 21; 105:9; 106:24; 107:1, 4, 13; 110:10; 112:1; 117:10; 119:10; 122:25; 126:25; 132:22; 133:17; 135:21; 137:10, 14; 139:3; 141:20; 142:22; 147:9, 24; 150:23; 151:24; 152:9; 160:1, 2, 16, 19; 161:19; 167:10; 169:10; 170:2, 14; 173:21; 175:5, 19; 176:21; 178:8; 179:5; 182:11
risk [3]
3:12; 51:12, 23
roll [1]
127:15
rolled [1]
127:7
roman [2]
152:17, 18
room [14]
17:7; 18:8; 19:5; 22:11; 26:11; 51:23; 70:12; 85:4; 95:25; 100:8, 13, 19; 141:1, 3
rooms [3]
16:24; 64:8, 9
roughly [2]
95:17; 148:17
rounded [1]
136:13
route [2]
2:15; 151:16
routine [1]
97:8
routinely [1]
67:5
rs [1]
59:16
rule [1]
50:24
rules [2]
2:2; 29:14
running [1]
134:4
rush [1]
61:7
rushed [1]
76:2

*** * S * ***

s-e-c [1]
119:12
s1 [1]
59:17
s2 [1]
59:17
sat [9]
26:11; 119:16; 120:9, 11, 24, 25; 121:4; 138:21; 139:18
sats [4]
59:8; 78:1, 10; 81:24
saturation [1]
139:5
saturations [8]
59:8; 77:8; 89:16; 96:3, 7; 100:12; 101:5, 8
save [1]
164:17
saying [28]
10:11; 18:25; 21:18; 36:21; 37:13, 15; 42:21; 45:20, 22; 69:22, 23, 24; 71:10; 82:4, 9; 84:7; 95:4; 101:4; 110:14; 133:5, 7; 144:16; 156:6, 13; 157:17; 158:9; 174:22; 179:15
scan [2]
174:1, 2
schedule [3]
22:3, 12; 38:2
scheduled [2]
22:9; 38:9
schmitt [1]
2:15
school [2]
129:24; 186:1
scope [1]
158:16
screen [3]
34:20; 134:12, 18
se [1]
5:25
seal [1]
184:22
second [11]
16:20; 40:7; 59:18; 73:18; 74:10; 87:25; 90:2, 3; 91:12; 118:22; 119:1
seconds [8]
45:12; 119:12; 120:14; 121:5; 137:21; 138:13, 24; 142:8
section [2]
121:12; 147:17
seizure [42]
28:14; 29:3, 19; 30:5; 42:7, 11; 43:14; 44:12, 13, 19, 22, 23; 45:3, 6, 19, 21; 54:11, 15; 56:4, 5, 6, 11, 25; 57:1, 4, 11, 12; 58:1; 61:13; 62:7, 8; 76:10, 17; 80:4, 10; 83:7, 14; 86:18; 146:10; 155:25; 175:19
seizure-like [10]
29:22; 33:16; 36:1, 10; 45:11; 46:21; 47:3; 57:21; 79:6; 175:17
seizured [2]
109:8, 9
seizures [39]
25:21; 26:2, 5, 14; 28:22; 42:17; 43:4, 17, 25; 44:1;

53:12, 14, 25; 54:22; 57:15, 20; 61:15; 76:19, 22, 23; 83:8; 86:13, 19; 109:17; 111:25; 118:11; 122:23; 123:10; 127:25; 128:6; 142:5; 145:13, 16; 146:18; 149:16, 22; 174:15
self [1]
119:16
send [1]
186:14
senior [1]
18:3
sense [3]
19:4; 56:23; 125:8
sensitive [1]
82:17
sentence [5]
62:17; 79:21; 129:11; 176:5; 177:14
separate [3]
77:15, 16; 158:14
sepsis [1]
24:19
sequence [2]
75:4; 156:2
series [8]
33:15; 116:8, 21; 117:2; 123:12; 174:18; 175:16; 182:25
serious [2]
21:7; 84:11
serum [3]
34:14; 35:2, 14
service [3]
112:20, 25; 162:23
severe [5]
173:6, 7, 8
severity [1]
119:3
shaffer [2]
1:5, 6
shaffer-doan [20]
1:3; 5:20; 8:8, 11; 10:7; 11:17; 13:22; 17:17, 22; 24:6; 25:19; 26:18; 40:9; 50:15; 52:18; 105:19; 154:1; 173:15; 178:10; 181:22
shaffer-doan's [5]
34:14; 85:18; 127:6; 156:22; 158:19
shaker [3]
171:2, 4
shallow [9]
118:8; 119:6, 15; 120:10; 121:1, 16; 140:2; 142:12; 144:2
shared [1]
17:4
sheet [6]
3:17; 112:16; 186:10, 11, 13, 16
shift [4]
113:11; 142:14; 143:1, 3
shock [1]
173:8
show [1]
158:25
shrill [2]
59:7; 141:12
shut [1]
136:10
siar [24]
11:2; 17:4, 15; 18:3, 11, 14, 15; 19:1, 10; 21:4; 31:18; 38:3; 41:11; 50:12; 51:7; 160:21; 161:7; 163:3; 167:1; 170:5; 173:12; 174:13, 24; 175:6
siar's [1]
169:19
sides [1]
64:8
sign [1]
62:6
signature [4]
3:17; 60:7; 186:8, 11
signed [4]
60:7; 112:17; 163:13; 186:13
significance [4]
75:13; 82:19; 83:4, 19
significant [2]
24:2; 106:8
signing [2]
30:13; 184:14
signs [2]
144:8, 9
silent [1]
135:11
sir [431]
4:13, 20, 25; 5:5, 22; 6:1, 3, 8; 7:5, 19, 23; 8:2, 5, 13, 18, 22; 10:4, 14; 14:16; 15:5, 9, 10, 15, 18, 22, 24; 16:1, 3, 6, 14, 17, 19; 17:18; 18:11; 19:18, 20, 23; 20:4, 14, 21; 21:3, 14, 19, 25; 22:23; 23:8, 20, 25; 24:23; 25:5, 12, 16, 23; 26:3, 9, 16, 21, 23; 27:4, 13, 21, 25; 28:5, 7, 9, 12, 25; 30:23; 32:5, 6, 8; 33:3, 22; 34:4, 8, 11, 16, 19, 23; 37:12, 22; 38:12, 18, 25; 39:10, 12, 22; 40:2, 5, 10, 15, 19; 41:3, 9, 23; 42:14; 43:19, 22; 45:17; 46:11, 19; 47:18; 48:3, 4, 13, 18, 25; 49:3, 7, 19, 21; 50:6, 8, 10, 13; 51:25; 52:7, 12, 14, 19, 21, 24; 53:8, 10; 54:4, 7, 10, 16; 55:7; 56:9, 12, 18, 23; 57:8, 10, 13, 19; 58:2, 19, 25; 60:20; 61:8, 12, 16; 62:13, 20; 63:4, 16, 18; 64:1, 3, 15, 18, 23; 65:5, 7, 9, 14, 22, 23; 66:8, 12, 14, 16, 25; 67:19, 22, 25; 70:18; 71:4; 72:1, 7; 73:24; 74:4, 13, 21, 23; 75:1, 4; 76:2, 10, 18, 24; 77:11, 24; 78:9, 15, 17; 79:3, 7, 10, 14, 17, 21; 81:12, 15; 82:1; 83:9, 13, 16; 84:3, 8; 85:11; 86:4, 8, 15, 22; 87:3, 8, 17, 20, 23; 88:2, 4, 24; 89:3; 90:14; 91:3, 14; 92:5, 8, 13; 94:7, 19, 24; 95:2, 6, 15, 19; 97:22; 98:7, 12, 23; 99:1, 2, 14; 100:1, 5, 10, 21, 23; 101:10, 14, 16, 20, 25; 102:12, 16, 25; 104:6, 9, 13, 18; 105:16, 23, 25; 106:6, 9, 10, 25; 107:5, 8; 109:2, 14; 110:7, 17; 112:2, 5; 113:4, 7, 11, 19; 114:8, 10, 11, 18, 21, 25; 115:3, 8; 116:6, 19; 117:4, 19; 118:16; 119:9; 121:23; 122:3, 11, 14; 124:3, 4; 125:17; 127:1, 17; 128:9; 129:9, 18; 130:1, 11, 17, 20; 131:7; 132:3, 4, 8, 12, 15, 19; 133:12, 14, 15, 18, 21; 134:10, 15, 19, 21; 136:20; 137:4, 5, 23; 138:1, 6, 16, 19; 139:4, 7, 21, 24; 140:4, 14, 16, 21; 141:7, 24; 142:21; 143:6, 22; 144:4, 12, 16, 22; 145:3, 22, 24; 147:8, 13; 148:2, 16, 20, 23; 149:23, 25; 150:6, 14, 24; 151:25; 152:20, 24; 153:13, 20, 24; 154:25; 155:6; 156:7, 16, 20; 157:1, 19, 23; 158:6, 12, 20; 159:14, 21; 160:17; 161:12, 21; 162:6, 12, 18; 163:22, 24; 164:4, 24, 25; 165:3, 5, 8; 166:25; 167:10, 21; 168:11; 169:11, 18; 170:10; 171:14, 19; 172:5, 23; 173:16; 174:9, 12, 22; 175:2, 10, 13, 20; 176:4, 18; 177:4; 178:11; 180:15, 21, 23; 181:1, 3, 12, 17, 23; 182:2
sit [1]
161:14
site [1]
34:7
situation [8]
18:18; 20:10, 24; 31:17; 32:15; 42:9; 63:3; 165:11
six [2]
172:1, 2
size [2]
43:16; 138:10
skin [1]
59:24
skip [1]
7:16
skipped [2]
101:23; 102:5
skipping [1]
101:12
slash [5]
85:25; 118:8; 121:16; 141:14
sleep [1]
78:22
slept [1]
142:3
slight [2]
129:1, 19
slightly [25]
43:10; 59:13; 63:5; 98:17; 109:6, 20; 110:2, 8, 11, 12, 16, 22; 111:8, 11, 17; 131:4, 21; 137:14; 138:10; 143:2, 4
slow [1]
150:19
slowly [1]
58:22
sluggish [7]
109:6, 21; 110:12; 111:18; 137:16; 138:11; 143:4
sluggishly [1]
43:11
smacking [3]
62:2, 5, 11
so-called [1]
88:12
sodium [8]
34:15; 35:2, 14; 60:6; 75:11, 17, 19; 134:8
soft [1]
59:20
somebody [3]
37:18; 141:2; 168:8
someone [6]
36:12, 13; 37:9; 38:6, 9; 146:3
somewhere [2]
169:17; 172:20
sonogram [1]
112:14
sorry [37]
12:7; 16:21; 28:16; 41:9; 46:4, 12; 67:20; 72:16; 74:15; 77:5, 21; 82:12, 14, 24; 85:5; 89:3; 91:5; 95:3; 97:6; 98:10; 125:24; 131:12; 152:19; 155:15, 17, 18, 24; 156:3, 8, 9; 157:6, 10, 14; 158:10; 163:17; 174:15
sort [4]
17:8; 45:25; 112:10; 168:9
sosnowski [9]
2:14; 29:5, 11, 17; 46:25; 77:14; 162:19; 180:16; 182:7
sounds [1]
59:21
space [2]
17:5; 64:7
speak [5]
19:1; 25:24; 165:2; 167:20; 173:2
speaking [1]
178:23
specialist [2]
15:1; 171:13
specializing [1]
5:9
specific [3]
43:1; 50:11; 71:5
specifically [14]
5:24; 50:6, 9; 52:7; 72:10; 74:9; 87:15; 89:9; 102:23; 124:3; 134:16; 153:11; 154:16; 158:13
specifics [2]
40:24; 154:15
specter [2]
1:18; 2:10
speech [2]
179:1, 10
speed [1]
160:5
spelled [2]
87:6, 7
spenders [1]
164:10
spent [1]
22:10
spirit [4]
119:18, 21, 24; 120:19
spoke [1]
28:20
square [1]
186:1
ss [1]
184:2
stable [4]
24:3; 25:15; 118:7; 121:15

staff [3]
59:3; 138:14; 166:19
stand [1]
108:20
standard [2]
50:22; 181:20
staple [1]
163:21
stapled [2]
163:19; 183:1
stapled-together [1]
173:11
start [9]
58:25; 76:13; 77:1; 84:25; 136:21; 148:3; 151:9; 154:9; 160:23
started [8]
12:16; 16:22; 19:9, 13; 70:20; 76:14; 93:19; 136:1
starting [4]
46:16; 77:2; 108:21; 150:23
starts [3]
44:22; 92:16; 151:18
stat [5]
49:18, 20; 114:9; 148:22; 149:5
state [12]
3:9; 4:21; 8:16; 29:11; 53:24; 93:4, 12; 130:23; 152:9; 160:8; 170:7
stated [3]
27:16; 107:25; 184:8
statement [4]
67:17; 84:8; 123:19; 156:16
stating [2]
83:23; 144:21
station [2]
64:6, 10
status [10]
44:11, 21, 25; 45:10, 15; 46:2, 7; 47:15; 86:25; 134:8
stay [1]
124:6
steady [3]
93:4, 12; 152:8
stenographically [1]
184:10
steps [1]
14:19
stimulated [1]
138:13
stimulates [1]
119:15
stimulus [1]
153:22
stint [1]
151:3
stooled [1]
59:10
stop [4]
53:14; 95:3, 7; 133:23
street [3]
1:19; 2:10; 186:2
strep [1]
60:5
strike [1]
57:22
studying [1]
36:6
stuff [1]
119:8
subclinical [1]
45:3
subject [2]
9:25; 10:3
subscribe [1]
9:9
subscribed [2]
8:25; 185:22
subsequent [3]
56:20; 158:2; 159:11
subspecialty [1]
97:20
substance [3]
21:12; 69:19; 112:5
succumbed [1]
179:8
sued [1]
8:6
sufficient [2]
93:25; 94:17
suggest [3]
25:24; 86:19; 98:24
suggested [1]
178:21
suggesting [1]
116:12
suite [1]
5:3
suits [2]
129:15, 16
sum [3]
69:19; 112:5; 153:2
summarize [1]
174:24
summary [2]
145:8; 160:22
sundar [11]
1:9, 10; 2:1; 3:2; 4:1, 23; 19:11; 184:6; 185:2, 21; 186:7
superfluous [1]
149:5
support [2]
152:7; 177:25
suppose [1]
47:3
supposed [2]
29:15; 55:9
surrounding [1]
107:16
suspect [5]
42:16; 55:1; 86:13; 136:16; 153:25
suspected [5]
43:3; 53:13; 130:6; 150:1; 166:22
suspicion [2]
53:25; 54:4
sustenance [1]
136:11
switchboard [2]
167:22; 168:6
switches [1]
22:4
sworn [3]
4:2; 184:7; 185:22
symptoms [21]
37:17; 42:18; 43:1; 77:7; 78:1; 79:5; 80:2, 7, 13; 81:9; 94:18; 98:5; 99:25; 114:14; 117:1; 119:2; 124:10, 22; 125:19; 126:1, 9
synopsis [5]
68:16; 70:1, 11; 105:10; 118:17
system [4]
59:16; 93:5; 167:15; 173:9

* * T * *

tabbed [1]
77:22
table [1]
55:17
takes [4]
22:7; 41:14; 92:22; 93:12
talk [14]
13:23; 14:23; 37:12; 39:4; 46:13; 93:2; 119:24; 120:19; 134:24; 157:8; 158:25; 172:7, 9; 173:1
talked [20]
10:10; 36:23; 75:8; 84:4; 93:24; 106:11; 124:5; 144:20; 153:5, 12; 154:24, 25; 155:11; 161:15; 166:8; 171:23, 25; 172:3, 17
talking [43]
5:12, 16, 17; 8:10, 11; 17:17; 23:6; 28:15, 16; 46:4, 6; 57:12, 15; 60:10; 63:11; 64:13; 70:10; 72:25; 83:17, 22, 24; 84:2; 85:19, 20; 87:15; 89:25; 105:6; 117:12, 19; 125:13; 144:23; 151:11; 153:15; 154:22; 155:8; 158:2; 160:12, 13, 14; 169:7, 23, 24
tape [1]
112:24
taught [4]
136:3, 4, 16; 137:3
teaching [3]
151:9, 11, 12
team [8]
160:15, 18; 163:14; 165:13, 14, 24; 172:12, 22
tease [1]
128:22
technicians [1]
41:16
tedious [1]
143:8
telephone [1]
73:23
telling [15]
18:22; 33:12; 38:6; 42:15; 71:9; 90:19, 21; 91:15; 113:16, 21; 114:5, 21; 147:4, 7; 153:25
temperature [5]
98:16, 17, 22; 99:6; 103:19
temperatures [1]
98:18
ten [2]
61:4, 5
terms [4]
84:9; 96:19; 97:23; 119:2
terry [4]
3:2; 13:7; 111:10; 186:5
tertiary [8]
14:5; 19:17; 20:2, 11; 21:2; 32:18; 145:17; 156:1
testified [2]
4:3; 26:11
testify [6]
13:2, 13; 60:9; 122:12; 181:18; 184:7
testifying [1]
123:24
testimony [12]
9:24; 18:7; 26:4; 56:14; 60:22; 102:18; 106:17; 107:20; 108:19; 128:9; 134:15; 184:12
testing [1]
99:5
tests [3]
41:12; 113:17; 146:21
thank [3]
11:8; 77:19; 182:5
therapy [1]
165:13
there's [31]
14:22; 26:24; 38:12; 41:14; 56:16; 64:25; 66:24; 77:16; 89:16; 90:22; 101:11; 102:22, 23; 117:10; 122:18; 125:13, 16; 126:22; 128:25; 129:10; 130:2, 21; 135:5; 141:13; 160:24; 174:13, 16; 175:5, 11, 21, 24
thereafter [2]
30:21; 60:24
they're [3]
35:9; 64:9
thinking [6]
88:9, 10, 11; 135:16; 136:1; 165:3
third [5]
105:17; 116:6, 19, 25; 176:5
thirty [2]
126:4; 186:16
thomson [1]
2:20
thorough [2]
84:22, 24
thousand [1]
13:6
three [13]
9:14; 30:13; 43:12; 55:17; 68:10, 24; 79:20; 80:22; 134:4; 136:14; 143:16; 148:17; 173:23
throat [1]
59:14
tied [1]
83:6
timely [1]
55:10
times [14]
37:20; 59:10; 60:1, 4; 68:13; 81:23; 116:7; 119:11; 140:2; 142:14, 19; 151:5, 24
timothy [2]
1:5
tm [1]
59:15
today's [2]
8:1, 4
tone [2]
59:22; 110:9
tones [1]
59:18
total [2]
23:2; 57:9
toto [1]
133:7
touch [1]

35:22
touched [1]
127:18
trained [5]
36:12, 13; 37:9, 18; 147:16
training [4]
97:11, 14, 19; 137:3
transcribe [1]
148:10
transcribed [2]
114:1; 163:2
transcript [5]
1:8; 182:11; 185:19; 186:9, 14
transfer [13]
10:6; 14:5, 20; 16:11; 24:5; 32:25; 33:9, 13, 17; 56:20; 153:7; 165:21, 22
transferred [15]
10:9, 12; 11:18, 22; 12:6, 20; 14:15; 15:7; 22:22; 32:13; 48:20; 152:22; 153:19; 158:3; 159:10
transferring [1]
31:3
transient [3]
44:7; 46:1; 114:18
transiently [1]
43:9
transpired [6]
28:17; 69:2; 70:1; 71:7; 105:11; 154:13
transport [6]
163:14; 165:13, 14, 24; 172:12, 21
treat [1]
93:25
treated [1]
24:18
treater [2]
159:11; 160:13
treating [5]
160:1, 2, 15; 173:15; 181:25
treatment [14]
56:12; 80:6; 91:20; 92:2; 95:22; 118:19; 153:7; 155:25; 159:10, 24; 178:9, 19; 179:19; 180:5
treatments [1]
159:21
trembling [3]
59:4; 61:19; 69:11
tremor [1]
43:7
tremors [14]
42:2, 5; 109:9, 18; 116:5; 128:1, 7; 129:2, 19; 130:6; 131:3, 21; 138:9; 142:6
true [9]
7:21; 56:25; 90:10, 12; 112:12; 115:11; 184:11; 185:19
trust [1]
103:9
truth [1]
184:7
twenty-four [1]
94:1
twice [11]
28:7; 55:12; 60:7; 104:15, 19; 105:2, 5, 14; 111:12, 22; 155:12
twitching [13]
43:6; 59:4; 61:19; 85:25; 86:7, 16; 130:15; 131:2, 20; 133:3; 137:18; 138:8; 142:5
tympanic [2]
59:15
type [4]
107:16; 150:2; 166:21; 171:4
typewritten [1]
67:2
typical [1]
65:10
typically [1]
167:20

*** * U * ***

ultrasound [2]
60:5; 113:2
uncomfortable [2]
31:11, 14
uncover [1]
99:5
understand [28]
5:19; 12:4; 19:6; 33:11; 36:21; 42:21, 24; 44:18; 52:20; 53:23; 60:21; 67:19; 72:17; 80:18; 82:14; 101:9; 113:22; 114:4; 118:1; 123:1; 127:20; 156:3; 159:19; 178:4, 5; 180:24; 181:12
understanding [18]
41:3, 6, 23; 44:12, 24; 47:19; 49:10; 54:19; 56:14; 64:1, 16; 94:8, 10, 11; 127:1; 169:4; 172:11, 22
understood [1]
82:25
undertake [1]
68:4
unit [3]
24:20; 31:22; 148:25
university [1]
3:8
unknown [3]
50:25; 161:16, 17
unquestionably [1]
116:14
unquote [12]
30:6; 86:2; 87:1; 101:13; 109:12; 116:9, 21; 118:9; 137:16; 158:23; 175:19; 176:8
unrelated [1]
164:18
untreated [2]
94:25; 95:1
upper [3]
131:3, 20; 139:11
upset [1]
145:12
urea [1]
24:11
urgency [1]
49:6
urinating [1]
59:9
urine [1]
60:4
usual [1]
151:3
utter [1]
111:24

*** * V * ***

values [6]
35:3, 5, 7; 75:18, 20; 135:2
varies [1]
35:14
vary [1]
35:13
vein [1]
54:13
ventilatory [1]
173:4
verbal [2]
68:22; 69:1
verbally [1]
11:15
vernacular [1]
25:18
versus [4]
26:2, 5, 14; 44:8
via [2]
103:7; 120:12
vicinity [1]
22:20
view [1]
15:12
vis-a-vis [2]
8:15; 24:2
visit [2]
154:1; 158:14
visits [1]
157:25
visually [1]
125:9
vitae [1]
7:24
vital [2]
144:8, 9
voice [1]
110:10
voided [1]
143:1
volpe [2]
3:12; 164:7
volunteered [1]
68:20
vs [1]
1:8

*** * W * ***

wait [7]
46:12; 89:22; 103:20; 108:2, 9; 126:17; 164:16
waiting [1]
146:1
waived [1]
184:14
walk [2]
18:8; 19:4
walked [2]
17:5, 7
walls [1]
164:23
wanted [14]
18:17; 49:7, 8, 14; 51:4; 76:1; 96:20, 22; 106:5; 114:14; 132:6; 136:10; 165:18, 22
wanting [2]
166:12; 172:7
warrant [1]
84:22
warranted [3]
76:4; 117:2; 167:3
waste [1]
112:20
water [1]
49:22
ways [1]
31:24
we'll [13]
27:14; 40:24; 43:23; 71:15; 73:20; 78:18; 85:22; 101:17; 104:21, 22; 108:22; 163:8; 177:24
we're [15]
29:15; 85:19, 21; 104:23, 24; 108:13, 20; 120:18; 128:16; 137:10; 140:8; 144:23; 150:15; 158:2; 164:16
we've [3]
80:7; 122:20; 175:7
weather [2]
6:20, 23
wednesday [3]
1:12; 2:4; 185:3
week [2]
30:13; 68:10
weeks [7]
30:13; 48:19; 68:11, 24; 69:4; 80:22; 146:1
weight [1]
152:13
weren't [3]
104:8; 106:24; 156:13
west [1]
5:3
what's [9]
35:24; 68:15; 70:17, 19; 85:16; 96:18; 125:8; 162:19; 173:10
whatsoever [2]
34:14; 130:9
whenever [2]
146:7; 147:21
whereof [1]
184:21
white [1]
3:3
who's [4]
14:24; 36:10; 170:22
wife [2]
6:11, 14
williams [1]
3:3
window [1]
57:18
wish [1]
185:3
withdraw [5]
27:5; 101:7; 121:19; 148:5; 175:22
witness [8]
2:1; 130:3; 163:16; 178:1; 184:5, 12, 16, 21
witnessed [6]
54:6, 9; 61:17, 23; 62:1, 10
witnessing [1]
32:16
wondering [2]
66:9; 162:5
word [28]
15:8, 11; 25:21; 29:19;

30:15; 34:17; 35:4; 45:19; 62:3; 109:16, 17; 110:8, 16, 22; 111:8, 25; 112:3; 113:25; 114:8, 11; 123:6, 11; 127:25; 128:1, 5, 6; 142:17
words [17]
8:3; 10:16; 23:16; 44:17; 69:20; 70:19; 99:13; 110:2, 11; 114:1; 118:19, 23; 124:8; 153:1; 167:5; 175:10, 14
work [1]
108:10
worked [3]
35:7; 54:20; 97:9
working [7]
93:19; 94:5; 97:12; 99:23; 107:12; 152:13; 170:22
works [4]
63:22; 152:12; 171:10; 172:19
world [1]
37:22
worrying [1]
136:21
wouldn't [3]
10:23; 33:13; 107:10
write [4]
49:15; 62:25; 75:16; 149:5
writing [4]
60:11; 61:4, 5; 62:14
writings [1]
40:3
written [9]
14:22; 33:9, 13; 97:5; 148:12; 149:7, 8; 152:2, 10
wrong [7]
45:18; 116:22; 128:11; 168:24; 172:23; 174:18; 177:22
wrote [5]
54:4, 5; 62:16; 140:6; 148:8

****Y****

yeah [8]
14:7; 21:19; 37:4; 67:16; 69:23; 149:23; 152:18; 157:15
years [9]
8:25; 9:13, 17; 19:7; 36:6; 48:8; 97:15; 172:2
yesterday [14]
4:13; 8:15; 9:25; 11:13; 17:4; 21:15; 26:6, 10, 14; 30:1; 44:16; 63:23; 83:17; 127:2
you'd [1]
156:8
you'll [4]
12:14; 13:4; 86:23; 108:23
you've [4]
26:22; 48:2; 120:20; 131:16
yours [7]
21:20; 22:1; 124:21; 125:18; 176:11, 21; 177:2
yourself [12]
11:16; 25:10; 30:19; 31:9; 32:2, 9; 35:24; 54:9; 105:18; 159:16; 174:5

****Z****

zero [1]
84:19
zitelli [4]
160:20; 162:25; 173:13; 177:23

Healy, Daire

From: Casey, Matthew A. [matt.casey@KlineSpecter.com]
Sent: Monday, October 10, 2005 4:03 PM
To: Daire Healy
Subject: Fw: Shaffer Doan v. Grout, M.D., et al.



gw2C17.pdf (1 MB)

Pl print for me.

-----Original Message-----
From: "Deborah Anderson" <ANDERSOND@whiteandwilliams.com>
Date: Mon, 10 Oct 2005 15:35:05
To:<mcasey@klinespecter.com>
Cc:<jwblasko@mcquaideblasko.com>, <DRJ@trc-law.com>
Subject: Shaffer Doan v. Grout, M.D., et al.

Attached are Dr. Chandrasekhar's Preliminary Answers to Interrogatories along with a copy of his CV. Like Mr. Sosnoski, we are providing you with these tentative answers to facilitate your deposition of our client. We reserve the right to make alter or amend with within responses prior to serving the final verified answers.

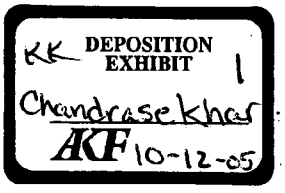
IRS Circular 230 Notice: To ensure compliance with certain regulations promulgated by the U.S. Internal Revenue Service, we inform you that any federal tax advice contained in this communication (including any attachments) is not intended or written to be used, and cannot be used, by any taxpayer for the purpose of (1) avoiding tax-related penalties under the U.S. Internal Revenue Code, or (2) promoting, marketing or recommending to another party any tax-related matters addressed herein, unless expressly stated otherwise.

Deborah M. Anderson
Legal Assistant to Jason A. Archinaco and Steven J. Forry White and Williams LLP The Frick Building 437 Grant Street, Suite 1001 Pittsburgh, PA 15219-6003 Direct Dial: 412-566-3526 andersond@whiteandwilliams.com

****CONFIDENTIALITY NOTICE****

This E-Mail message and any documents accompanying this E-Mail transmission contain information from the law firm of White and Williams LLP which is "Privileged and confidential attorney-client communication and/or work product of counsel." If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution and/or the taking of or refraining from taking of any action in reliance on the contents of this E-Mail information is strictly prohibited and may result in legal action being instituted against you. Please reply to the sender advising of the error in transmission and delete the message and any accompanying documents from your system immediately. Thank you.

Sent via BlackBerry



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, GATEWAY AREA MEDICAL ASSOCIATES, INC.	Civil Division Civil Action - Medical Professional Liability Action JURY TRIAL DEMANDED TYPE OF PLEADING: ANSWERS TO INTERROGATORIES COUNSEL OF RECORD FOR DEFENDANTS: TERRY C. CAVANAUGH, ESQUIRE I.D. No. 16702 STEVEN J. FORRY, ESQUIRE I.D. No. 73961 WHITE AND WILLIAMS LLP 437 Grant Street Suite 1001 Pittsburgh, PA 15219 412-566-3520

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
	:	Civil Action - Medical Professional Liability Action
Plaintiffs,	:	JURY TRIAL DEMANDED
vs.	:	
RICHARD GROUT, M.D., SUNDAR CHANDRASEKHAR, M.D., DUBOIS REGIONAL MEDICAL CENTER, GATEWAY AREA MEDICAL ASSOCIATES, INC.	:	

ANSWER TO PLAINTIFFS' INTERROGATORIES AND REQUEST FOR PRODUCTION OF DOCUMENTS [FIRST SET] ADDRESSED TO DEFENDANT SUNDAR CHANDRASEKHAR, M.D.

INTERROGATORIES

INSURANCE

1. Identify all policies of insurance providing coverage for the claims made in this lawsuit.

ANSWER: The defendant, Dr. Chandrasekhar maintained insurance through PMSLIC.

2. State the exact amount of coverage applicable to the claims made in this lawsuit as follows:

(a) primary coverage;
(b) self-retained limits;
(c) excess coverage.

ANSWER: (a) $500,000.00/$1.5 in the aggregate

(b) N/A

(c) $700,000.00 through MCare.

3. Specifically identify any excess or umbrella coverage applicable to the claims made in this lawsuit.

ANSWER: The defendant is not aware of any excess or umbrella coverage available to the claims made in this lawsuit.

4. Has your liability carrier and/or excess liability carrier been informed of this claim?

ANSWER: Yes.

5. Attach a copy of all insurance agreements under which the insurance carrier may be liable to satisfy part or all of a judgment which may be entered against you in this action or to indemnify reimburse for payments made to satisfy the judgment.

ANSWER: Objection, beyond the scope of permissible discovery. Subject to and without waiving said objection, see response to numbers 1 and 2.

6. State whether defendant Chandrasekhar is an employee of Dubois Regional Medical Center and/or Gateway Area Medical Associates, Inc., at the times applicable hereto and identify with respect to these employee each and every layer of insurance, including each layer of excess liability insurance below:

a. Defendant Chandrasekhar:
   (1) The name and limits of the primary insurer:
   (2) The names and limits of coverage of any. excess insurance carrier:
   (3) Whether there is any layer of self-insurance and the amount of coverage:
   (4) Whether the insurers have been notified of this claim:
   (5) The names and addresses of the adjusters handling this claim:
   (6) Any exclusionary clause(s) in any of the insurance contract(s):

ANSWER: From November 2000 through July 2003 Dr. Chadrasekhar was an employee of Gateway Area Medical Associates. Dr. Chadrasekhar was insured through PMSLIC with $500,000 primary, $700,000 MCare. Gateway Area Medical Associates has primary limits of $500,000 primary, $700,000 MCare and $5,000,000 excess.

7. State whether there are any exclusions under the policy and/or policies that may be applicable to any claim presented by plaintiffs' Complaint.

ANSWER: The defendant is not aware of any exclusions that may be applicable under the policies of insurance.

8. If the answer to Interrogatory #7 is in the affirmative, state the precise language of each exclusion which is or may' be applicable, and in summary form, the facts on the basis of which it is contended each such exclusion is or maybe applicable.

ANSWER: Not applicable.

EXPERT

1. Identify all expert witnesses who you intend to call at trial, and state the subject matter on which the expert is expected to testify, the substance of the facts and opinions, and a summary of the grounds for each opinion in accordance with the Pennsylvania Rules of Civil Procedure and produce the following:

(a) for each such expert, state or have the expert state the substance of the facts and opinions to which the expert is expected to testify and summarize the grounds for each such opinion. (Expert's reports containing the same information may be attached in lieu of an answer);

(b) if the expert is employed and/or self-employed, identify the employer and the nature of employment thereof;

(c) identify all documents submitted to the expert and all products and/or locales inspected by the expert in connection with preparations for his testimony; and

(d) set forth the qualifications of each expert, listing the schools attended, years of attendance, degrees received, experience in any particular field or specialization or expertise, all publications authored, including the title of the work and the book in which it was printed giving the date of publication

ANSWER: At the present time the defendant has not identified any expert witnesses. The defendant reserves the right to supplement these responses to produce the name of any expert witnesses in accordance with local rules and the Pennsylvania Rules of Civil Procedure.

STANDARD

1. Set forth the following details regarding your medical education and preparation for practice:

(a) Medical school(s) attended, dates of attendance and year of graduation;
(b) Place and period of internship;
(c) Nature of subjects covered during internship;
(d) Names and specialties of physicians who trained you during internship;
(e) Places and period of residency;
(f) Subject of residency;
(g) Names and specialties of physicians who trained you during residency;
(h) Nature and period of any graduate studies and where they were pursued;
(i) Inclusive dates of any armed service;
(j) Nature of armed forces service, including nature of any medical experiences.
(k) **Attach a copy of your curriculum vitae to your Answers to these Interrogatories.**

ANSWER: See Curriculum Vitae.

2. Set forth the name of each medical organization and society with which you are affiliated or of which you area member.

ANSWER: See Curriculum Vitae.

3. If you have ever been certified by any specialty board, or if you are now or have ever been a member of any specialty board, set forth the following:

(a) The name and address of each specialty board;
(b) The date you were certified or became a member; and
(c) If you are no longer certified or a member, give the date your certification or membership was terminated and the reason for the same.

ANSWER: See Curriculum Vitae.

4. Identify all publications, including but not limited to papers, journal articles, letters to the editor, textbooks, symposiums, etc., which you authored or contributed to, including the titles of the work, the name of the periodical or book in which it was printed, the pages you wrote and the date of its printing.

ANSWER: See Curriculum Vitae.

5. State whether you have participated in any programs or any presentations at professional meetings of any nature with regard to your specialty. If so, state when and where; identify the group in attendance; and indicate the title or subject matter of your presentation.

ANSWER: See Curriculum Vitae.

6. During the years 2000 through 2005, did you seek to obtain, or receive solicited or unsolicited, literature, including professional education publications, produced by and on behalf of any professional organization? If so, identify all such materials by title, date of publication, and when received by you.

ANSWER: I subscribe to the following professional publications: *Pediatrics*, *Journal of American College of Cardiology* and *Pediatric Notes*.

7. Set forth the names of all hospitals with which you are and were affiliated from 2000 through 2005 and with respect to each such hospital, set forth the time periods of each affiliation, your positions and responsibilities.

ANSWER: See Curriculum Vitae.

8. Identify each office, clinic or other location relating to the practice of medicine maintained by you, or in which you otherwise worked, subsequent to your internship or residency until the present and set forth the inclusive dates you maintained each such location.

ANSWER: See Curriculum Vitae.

9. Have you ever been denied a medical license or had a medical license suspended, revoked or terminated in any state or country?

ANSWER: No.

10. If your answer to the previous Interrogatory in whole or in part is in the affirmative, for each such license please state the following:

(a) The state or authority which granted it;
(b) Whether it was denied, suspended, terminated or otherwise restricted, indicating which of the foregoing;
(c) The date your application for license was denied; or the date it was suspended, revoked or terminated; and
(d) The reason for such denial, suspension, revocation or termination and whether it was ever reinstated or renewed and, if so, on what date.

ANSWER: Not applicable.

11. Have you concentrated your medical practice in any particular medical specialty field or fields? If so, please state the following:

(a) The name of each specialty; and
(b) The inclusive dates you have practiced each specialty.

ANSWER: See Curriculum Vitae.

12. For each medical specialty described in your answer to the foregoing Interrogatory, please state the following:

(a) The name of the specialty involved and the name and address of each institution where you received training in such specialty;
(b) The inclusive dates of your training in each specialty;
(c) A description of the training program for each specialty; and
(d) The length of time you spent in the diagnosis, treatment, and operative and postoperative care of. problems in each specialty.

ANSWER: See Curriculum Vitae.

13. Are you now or have you ever been eligible for, or a member or diplomat of any specialty board? If so, for each specialty board state the following:

(a) The name and address of the specialty board;
(b) The inclusive dates of your eligibility, membership or diplomacy;
(c) The qualifications required in order to be eligible to take the membership examinations;
(d) The date you qualified to take the membership examination;

(e) The number of times you took the examination; the dates thereof and the results of each examination;
(f) The place or places you took the examination;
(g) If you are no longer a member or diplomat, the reason for the termination thereof.

ANSWER: See Curriculum Vitae.

14. Do you have or have you ever had any staff privileges, including surgical privileges, at or in association with any hospital? If so, for each hospital, state the following:

(a) The name and address of each hospital;
(b) The nature of your relationship to it;
(c) A description of each and every staff privilege granted to you including specific surgical privileges, with limitations thereon.; if any; and
(d) The inclusive dates each such privilege was held by you.

ANSWER: See Curriculum Vitae.

15. Identify each and every hospital at which you have ever applied for medical staff privileges of any nature. With respect to each application set forth the following:

(a) A complete listing of all privileges applied for;
(b) Whether each privilege applied for was granted, granted in part or with limitations or denied;
(c) The reasons for each denial of a privilege or limitation on the grant thereof; and
(d) Whether your application for such privileges was ever withdrawn by you in whole or in part, and if so, state in detail the reason(s) the same was withdrawn.

ANSWER: See Curriculum Vitae.

16. Have you ever had staff privileges, including surgical privileges, denied you by any hospital? If so, for each denial of privileges, whether in whole or in part, please state the following:

(a) A description of each privilege denied;
(b) The date each such privilege was denied;
(c) The reason each such privilege was denied; and
(d) The name of the board or body which denied you each such privilege.

ANSWER: See Curriculum Vitae.

17. Have you ever had any staff privilege including surgical privilege limited, revoked, curtailed or terminated at any hospital? If so, for each such privilege state the following:

(a) A description of each privilege;
(b) Whether it was limited, revoked, curtailed or terminated and in what way;
(c) The date each such privilege was limited, revoked, curtailed or terminated;
(d) The reason each such privilege was limited, revoked, curtailed or terminated;
(e) The name of the board or body of the institution or association which limited, evoked, curtailed, or terminated each privilege.

ANSWER: No.

18. Have you ever been connected in a teaching capacity, including a clinical teaching capacity, with any medical institution whether on a full time or part time basis? If so, for each such institution, state the following:

(a) Its name and address;
(b) A description or designation of each position you held, the inclusive dates thereof and a description of your duties and responsibilities; and
(c) The name of each subject taught by you.

ANSWER: See Curriculum Vitae.

19. Identify by author, title and year of publication, every textbook to which you regularly referred to and/or relied upon during the years 2000 through 2005.

ANSWER: See Curriculum Vitae.

20. Set forth the name of each medical journal you subscribed to during the years 2000 to 2005.

ANSWER: I subscribe to the following professional publications: *Pediatrics*, *Journal of American College of Cardiology* and *Pediatric Notes.*

21. Set forth the name of each medical journal you read regularly during the years 2000 to 2005.

ANSWER: I subscribe to the following professional publications: *Pediatrics*, *Journal of American College of Cardiology* and *Pediatric Notes.*

22. What is the name and address of your employer in December 2001 and presently?

ANSWER: From December of 2001 I was employed by Gateway Area Medical Associates with offices in Gateway Office Suite. From 2003 to present, I have been employed by Pediatrix Medical Group of Florida, Inc.

23. Were you associated, or in partnership with any other medical practitioner at the time of the occurrence which is the subject of this action?

ANSWER: I did not have any partners as I was an employee of Gateway Area Medical Associates.

24. If your answer to the preceding Interrogatory is in the affirmative, state:

(a) The name, address, specialty and qualification of each person with whom you were associated or in partnership;
(b) The nature of your business relationship to each such person;
(c) the terms and conditions of the relationship;
(d) The date you formed the relationship;
(e) Whether the relationship still exists and, if not, the reason and date it was terminated; and
(f) Whether any written agreement existed between you and your associates or partners and, if so, the names and address of the person who has custody of the agreement. **PLEASE CONSIDER THIS A REQUEST TO PRODUCE SAID WRITTEN AGREEMENT.**

ANSWER: Not applicable.

25. Have you ever been sued relative to your capacity as a health care provider?

ANSWER: Objection, beyond the scope of permissible discovery and not reasonably calculated to lead to the discovery of admissible evidence. Subject to and without waiving said objection I have not been a defendant in any other medical negligence lawsuit.

26. If your answer to the preceding Interrogatory is in the affirmative, please state;

(a) Parties to the lawsuit;
(b) Subject matter of the lawsuit; and
(c) Year, case caption and court of the lawsuit.

ANSWER: Not applicable.

27. Produce any and all applications for medical privileges submitted to Dubois Regional Medical and/or Gateway Medical Associates, Inc., together with all documentation corroborating, supporting or qualifying each application, and all documents generated in response to each application, including, but not limited to grants, denials, limitations, reviews, suspensions, revocations or terminations of any privileges awarded on the basis of any such. application.

ANSWER: Not applicable.

28. If you deny you are negligent. as described in the Complaint, set forth the facts that support the basis of your denial.

ANSWER: Objection, beyond the scope of permissible discovery. Subject to and without waiving said objection, see defendant's Answer and New Matter to Plaintiffs' Complaint.

29. Do you contend that plaintiff acted in such a manner as to cause or contribute to the injuries and illnesses from which he suffered? If so, give a full and complete statement of the facts upon which you rely to answer this Interrogatory.

ANSWER: No.

30. Do you contend that any other person and/or business entity who is or is not a party to this action acted in such a manner as to cause or to contribute to the injuries and illnesses suffered by plaintiff? If so, give a full and complete statement of the facts upon which you rely to answer this Interrogatory.

ANSWER: At the present time, the defendant has not formulated a position whether any other person or business entity who is not a party to this action caused or contributed to the injuries or illnesses suffered by the plaintiff.

31. If the answer to the previous interrogatory is yes, state the case name, caption of each such suit and the allegations made against you.

ANSWER: See response to number 30.

32. Have you, or anyone on your behalf, conducted any investigations of. the treatment, surgery or examination which is the subject matter of the Civil Action Complaint?

ANSWER: No.

33. If the answer to the previous interrogatory is in the affirmative, please state:

(a) the name, address and employer of any persons who conducted any investigations;
(b) the dates of any reports of any Investigations and the identity of the persons who have possession thereof;
(c) the dates of any investigations; and
(d) **PLEASE CONSIDER THIS A REQUEST TO PRODUCE YOUR INVESTIGATIVE REPORTS, MATERIALS AND THINGS, PURSUANT TO THE PENNSYLVANIA RULE OF CIVIL PROCEDURE 4.003.1 and 4003.3.**

ANSWER: N/A.

34. State whether you have conducted an investigation of the plaintiff, including, but not limited to, surveillance. If yes, produce all, documents and things, including but not limited to, videotape relating to such investigation and/or surveillance.

ANSWER: The defendant has not conducted any such investigation.

35. Set forth all dates you had contact with plaintiff.

ANSWER: The medical records include the dates upon which all contact occurred with the plaintiff.

36. List all times and dates on which you attended plaintiff and in addition, state for each attendance.

(a) the services performed;
(b) plaintiff s condition and appearance;
(c) the duration of such attendance; and
(d) the names of any person or persons present other than the patient and yourself.

ANSWER: See medical records.

37. Set forth each diagnostic and evaluation study, including all laboratory studies, radiological studies, EKGs, EEGs, ultrasounds, consultations, and tests, you and/or your agents prescribed for plaintiff while he was under your care, including.

(a) the date prescribed;
(b) the indications and reasons for prescribing the test;
(c) the symptoms and physical findings of the patient which indicated such test was warranted;
(d) the diagnosis prior to and subsequent to each particular test ordered;
(e) the results of each such test/study; and
(f) the change in nature of treatment, if any, by you following receipt of test/study results.
(g) PLEASE CONSIDER THIS A REQUEST TO PRODUCE ALL REPORTS OF TESTS AND STUDIES YOU ORDERED FOR PLAINTIFF.

ANSWER: See medical records.

38. Set forth the details of any and all communication you had with or about the plaintiff between January 2000 and the present, and thereafter, including:

(a) names of individuals to whom you spoke;
(b) method of communication (i.e., face-to-face, telephone);
(c) time, location and duration of the communication;
(d) complaints or symptoms offered by or elicited about the patient;
(e) the complete history you obtained and the sources thereof;
(f) any advice or information you rendered or offered.

ANSWER: The medical records include all such communications.

39. Set forth the details of your initial physical examination of plaintiff on or about December 2001, and thereafter, including:

(a) time, location and duration of the examination;
(b) the complaints or symptoms offered by or elicited from the patient;
(c) the complete history you obtained and the sources thereof;
(d) the names of any persons other than plaintiff and yourself who were present during the examination;
(e) the nature and extent of the examination;
(f) the physical findings from the examination; and
(g) a description of any untoward of abnormal physical findings.

ANSWER: See medical records.

40. State:

(a) your initial diagnosis of plaintiffs condition, indicating when made; and
(b) all additional diagnoses, indicating when each was made.

ANSWER: See medical records.

41. Explain fully any complications or untoward developments which were manifested during your and/or your agent's care of plaintiff, including:

(a) a description of these complications or developments;
(b) the reasons for their appearance;
(c) the evaluatory procedures taken;
(d) the therapeutic measures taken; and
(e) the results and conclusions therefrom.

ANSWER: See medical records.

42. Identify by name and current business address each physician and/or who was involved in plaintiff s care during the times referenced in the Complaint, and for each such physician and/or nurse, state the following:

(a) whether the physician was an attending physician or resident physician/fellow (for all resident physicians and fellows, please identify their employer, state what year of residency or fellowship they were in and state what specialty the residency or fellowship was in);

(b) f the time or times that the physician(s) and/or nurse(s)was involved and the nature of the involvement.

ANSWER: Objection, overly broad and burdensome. Subject to and without waiving said objections, see the medical records.

43. State the name of the plaintiff's attending physician at Dubois Regional Medical Center and/or Gateway Medical Associates, Inc., during the times referenced in the Complaint.

ANSWER: See medical records.

44. Please produce all schedules referring or relating to physician coverage responsibilities of plaintiff.

ANSWER: I am not in possession of any such coverage schedules.

45. State the amount of your charges for services rendered to plaintiff, with an itemized statement of the amounts charged for each service.

ANSWER: I am not in possession of any medical bills for services rendered to the plaintiff.

46. State whether your bill for services rendered to plaintiff has been paid, indicating the date and source of such payment.

ANSWER: I do not know whether the charges for professional services rendered were paid.

47. State whether you ascertained the identities of any or all of the professional individuals or health care providers who had previously examined or treated plaintiff. If so, state:

(a) from whom you secured the information;
(b) whether you contacted any of those individuals/physicians and, if so, the names of the individuals/physicians so contacted and the method and date of such contact;
(c) whether the information received from those individuals/physicians was oral or written; and
(d) the statements of those individuals/physicians relating to plaintiff's condition.

ANSWER: Objection, overly broad and unduly burdensome. Subject to and without waiving said objection see the medical records.

48. State whether you and/or your agents explained to and/or discussed with plaintiffs the nature of, alternatives to and/or risks associated with the course of treatment, including medication, tests and procedures you ordered for plaintiff.

ANSWER: Objection. Beyond the scope of a permissible discovery. Subject to and without waiving said objection, see the medical records.

49. If your answer to the preceding Interrogatory is in the affirmative, state:

(a) the date(s) of each explanation and/or discussion;
(b) the substance of each explanation and/or discussion;
(c) the identity of each party to the explanation and/or discussion;
(d) the identity of each witness to the explanation and/or discussion; and
(e) whether you provided any literature or other written documentation to plaintiff or his family relating to the nature of, alternative to, and/or risks associated with the medication, tests and/or procedures you ordered for

plaintiff. **IF SO, PLEASE CONSIDER THIS A REQUEST TO PRODUCE SUCH DOCUMENT OR DOCUMENTS.**

ANSWER: See response to number 48.

50. Identify and produce all written policies and procedures which relate to the care and treatment rendered to plaintiff.

ANSWER: Objection, overly broad, unduly burdensome and not reasonably calculated to lead to the discovery of admissible evidence. Subject to and without waiving said objection, the defendant is not aware of nor in possession of any written policies or procedures.

51. State whether there have been any alterations, additions, modifications, or changes to any medical records relating to plaintiff which are known to you.

ANSWER: The answering defendant is not aware of any alterations, additions, modifications or changes to the medical records.

52. Did you ever consult with any other physician or health care provider in connection with the care and treatment of plaintiff? If so, set forth:

(a) the date(s) and time(s) of the consultation;
(b) the identity of the physician or health care provider;
(c) the subject matter of the consultation;
(d) action taken as a result of the consultation;
(e) the identity of documents relating to the consultation; and
(f) **PLEASE CONSIDER THIS A REQUEST TO PRODUCE THE DOCUMENTS REFERRED TO IN (e).**

ANSWER: See medical records.

53. State the name and last known address of each person who:

(a) was a witness to your examination and treatment of plaintiff, through sight or hearing; and
(b) has knowledge of facts concerning your examination and treatment of plaintiff at the time of, prior to or after said treatment and examination, excepting those persons who acquired such knowledge during the course of this litigation.

ANSWER: The defendant is not aware of any witnesses other than those which are contained within the medical records.

54. With respect to each person identified in the answer to the previous interrogatory (a), state that person's exact location and activity at the time of the treatment and examination.

ANSWER: See response to Interrogatory 53.

55. If you saw plaintiff as a consulting physician or other health care provider, state:

(a) the name and address of the physician or other health care provider who requested your consultation;
(b) the date and time on which the consultation was carried out;
(c) the date and time on which the consultation was requested; and
(d) the purpose for which the consultation was sought.

ANSWER: See response to Interrogatory 53.

56. If you saw plaintiff initially as a consulting physician or other health care provider, state whether you became plaintiff's attending physician or health care provider subsequent to your consultation. If so, state the date and time when you became the attending physician or other health care provider.

ANSWER: Objection, beyond the scope of permissible discovery. Subject to and without waiving said objection see medical records.

57. If the answer to the preceding Interrogatory is in the affirmative, state whether you attended plaintiff concomitantly with other physicians. If so, list the names of those physicians and the period of such concomitant care.

ANSWER: See response to Interrogatory 56.

58. State whether plaintiffs ever requested that you procure consultations or perform additional tests or studies, including laboratory studies, and if so, indicate the person who so requested and describe the circumstances of the request, including the date, time and location when the request was made and your response thereto.

ANSWER: Objection, beyond the scope of permissible discovery. Subject to and without waiving said objection see the medical records.

59. Identify all reports relating to plaintiff's condition made or received by you, giving the dates and times thereof b whom and when made, the purpose therefor, to whom given and the present custodian thereof.

ANSWER: See medical records.

60. State whether you filled out or executed any forms relating to your diagnosis, treatment or prognosis of plaintiff. If so, describe such forms, the nature of the information set forth, and the names of the person who either requested or received the information.

ANSWER: See medical records.

61. Identify each and every medical provider with whom you spoke regarding the care that you rendered to minor-plaintiff and the details, including dates, times and substance, of each conversation.

ANSWER: See medical records.

WHITE AND WILLIAMS LLP

Steven J. Forry, Esquire
Attorney for Sundar Chandrasekhar, M.D.

CERTIFICATE OF SERVICE

I, Steven J. Forry, Esquire hereby certify that true and correct copies of the foregoing *Answers to Interrogatories* have been served this _____ day of October, 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:_____
Steven J. Forry, Esquire
Attorneys for Defendant, SUNDAR CHANDRASEKHAR, M.D.

SUNDAR CHANDRASEKHAR

OFFICE ADDRESS
5325 Greenwood Ave
Suite 302,West Palm Beach, FL 33407
(561) 844-9858

HOME ADDRESS
301 Hardwood Point
Jupiter, FL 33458
(561) 743-0921

EDUCATIONAL & WORK EXPERIENCE

7/03 – present	Pediatric Cardiology, Pediatrix Medical Group, Inc., 1301 Concord Terrace, Sunrise, Fl 33323
11/00-7/03	Pediatrics and Pediatric cardiology Gateway Area Medical Associates, 603 C Maple Ave, DuBois, PA
9/99-11/00	Pediatrics and Pediatric Cardiology DuBois Regional Medical Center, 100 Hospital Ave, DuBois, PA
9/96-9/99	Pediatrics and Pediatric Cardiology Clearfield Hospital, 807 Doctors Drive, Clearfield, PA
8/94-8/96	Pediatrics and Pediatric Cardiology Franklin Foundation Hospital, 1501 Hospital Ave, Franklin, LA
7/91 – 6/94	Fellow in Pediatric Cardiology Riley Hospital for Children, IU Medical Center, Indianapolis, IN
7/88 – 6/91	Resident in Pediatrics Children's Hospital of Wisconsin, Milwaukee, WI
8/87 – 6/88	Senior House Office in Pediatrics Leicester Royal Infirmary, Leicester, UK
8/86 – 7/87	Senior House Office in Pediatrics Middlesbrough General Hospital, Middlesbrough, UK
6/85 – 8/86	Registrar in Pediatrics Jawaharlal Institute of Post Graduate Medical Education and Research(JIPMER),University of Madras, Pondicherry, India
4/82 – 3/85	Pediatric Resident (M.D.), JIPMER, Pondicherry, India
7/81 – 4/82	Junior House Officer, JIPMER, Pondicherry, India
6/74 – 6/81	Medical Diploma (M.B.B.S.) JIPMER, University of Madras, Pondicherry, India
7/71 – 6/74	High School Diploma DTEA Higher Secondary School (CBSE), New Delhi, India

SUNDAR CHANDRASEKHAR

MEMBERSHIP American College of Cardiology, American Academy of Pediatrics

LICENSURE Florida, Pennsylvania, Louisiana

PRIZES / ACHIEVEMENTS

1. Distinctions in the School Leaving Examinations – April 1974
2. First rank in the Pre-Final and Final M.B.B.S. – April 1980
3. First rank in Final M.D. (Pediatrics) Examinations, JIPMER – March 1985
4. Passed Member of Royal College of Physicians (MRCP),UK Examination – July 1987
5. Best Intern of the Year Award, Wisconsin – July 1989
6. Passed the Certifying Exam in General Pediatrics (ABP) – October 1991
7. Philip Murray Fellowship in Pediatric Cardiology – August 1993
8. Passed the Certifying Exam in Pediatric Cardiology (ABP)– August 1994
9. Young Investigators Award – Section of Pediatric Cardiology at the American Academy of Pediatrics Annual Meeting, Dallas – October 1994
10. Passed the Exam for Recertification in Pediatrics-June 1998, May2005 and Recertification in Pediatric Cardiology March 2001

PUBLICATIONS

1. Purification and characterization of a novel 35 kilodalton protein from transformed cardiomyocytes- Sundararaman Chandrasekhar, Roger A. Hurwitz, William A. Henzel, Kyung-keun Kim, Loren J. Field and Adil I. Daud .
   This was presented at the Pediatric Cardiology Section of the American Academy of Pediatrics Annual Meeting, Dallas, October 1994.

2. Anomalous origin of the left coronary artery from the pulmonary artery in D-transposition of great vessels- Sundararaman Chandrasekhar, Randall L. Caldwell, John W. Brown, American Heart Journal, 127, 722-723, March 1994.

3. Cardiogenesis from commitment to the adult phenotype- Michael Klug, Adil I. Daud, Sundararaman Chandrasekhar, Loren J. Field, part 1, Chapter 7 in 'Cardiac Electrophysiology', 2nd Ed, D.P. Zipes and J. Jalife, W.B. Saunders & Co., 1995.

4. Is p35, a T-antigen cross reacting protein, differentially expressed during cardiac growth- Sundararaman Chandrasekhar, Roger A. Hurwitz, Adil I. Daud, Loren J. Field- Abstract published in Clinical Research, 41(3), October 1993. This topic was also presented at the Midwest Society for Pediatric Research in November 1993.

CARDIOPULMONARY DEPARTMENT
DUBOIS REGIONAL MEDICAL CENTER
DUBOIS, PENNSYLVANIA

SEX: M
BIRTH DATE: 11/18/2001
ADMISSION DATE: 12/06/2001
TEST DATE: 12/07/2001

ELECTROENCEPHALOGRAM REPORT

PATIENT NAME: SHAFFERDOAN, AYDEN N 0133900847 - 000470312 402-1

This electroencephalogram was performed on a 16 Channel Grass Harmonie Digital System with standard 10-12 electrode placement.

Ayden Shafferdoan is a 19-day old child referred by Dr. Grout because of possible seizure disorder.

There is considerable amount of low to medium voltage with approximately 10 hertz activity, at times, with a higher voltage, at times, on the right. There are trains of triphasic waves at varying frequencies and there are also some epileptogenic activity appearing mostly over the right hemisphere and it is not wholly consistent. Again, there are trains of very slow 1 hertz triphasic waves and episodes of relative electrographic inactivity. There is some low voltage, very fast activity, from time to time, and some trains of 2-3 hertz slow spike-wave discharges, at times, with a predominance over the right hemisphere. There was relative electrographic inactivity as the child was described as breathing deeply and slowly. Also, there is some chin trembling during the episode of faster spike wave activity.

EEG DIAGNOSIS:
Abnormal EEG indicating prolonged seizure disorder and generalized encephalopathy possibly more marked on the right than the left.

D: 12/07/2001 6:31 P
T: 12/08/2001 2:03 P MJK/dk
DOCUMENT NO: 232307
Job/Tape ID: 163366

M.J. Kinosian, M.D.

Ordered by: Dr. Grout

1700

Chart Copy

DEPOSITION EXHIBIT 2
Chandrasekhar
AKF 10-12-05

1700 Exhibit 34

Children's
Hospital of Pittsburgh

3705 Fifth Avenue
Pittsburgh, PA 15213-2583

UNIVERSITY PEDIATRIC ASSOCIATES
Diagnostic Referral Service

...ancy MD (Emeritus)
...n Gartner MD (Director)
...zelli MD
...H Urbach MD

Telephone (412) 692-5135
Evenings/Weekends (412) 692-5326
FAX (412) 692-7038

Sara C McIntire MD
Miriam D Bloom MD
Barbara J Negrini MD
Sylvia S Choi MD

DIAGNOSTIC REFERRAL EVALUATION

SHAFFER-DOAN, AYDEN
MRN 963239
DOB 11/18/2001
DOS 12/07/2001

Dear Dr Siar

Ayden was transferred to my service from the intensive care unit. He was admitted here at 18 days of age. He was well until about four days prior to admission, when he had diarrhea and decreased activity. He was seen by a physician and sent home. However, the next day, the mother felt that he had some seizure activity, with arching of his back and right arm extension. He was seen at Dubois Hospital and was admitted for dehydration. He was given intravenous fluids. His initial BUN was in the 40s. His creatinine was 0.7. After intravenous fluids, he appeared to be more listless and may have had another seizure. There was a change in his mental status. A CT scan and EEG were performed. The CT scan was abnormal. There may have been an infarct or possible subarachnoid bleed.

He was referred to Children's Hospital. The CT scan was reinterpreted as having cerebral edema with a possible infarct. The mother has a history of being positive for group-B strep. The patient had a sepsis workup; however, the lumbar puncture and blood cultures were negative and multiple organisms, including group-B strep, were grown from the urine. He was treated with antibiotics and acyclovir. In our intensive care unit, he was treated with phenobarbital. Total protein was 5.6. Albumin was 2.6. He had elevated liver function tests. A neurological consultation had been obtained, where maintaining a higher level of phenobarbital was recommended.

Notably, while at Dubois Hospital and here at Children's Hospital, he had progressive hyponatremia. His sodium went from 141 to 129. On the first day of admission here, his sodium was 119. He had an abdominal CT scan, which was negative. He does not have any evidence of acidosis and an undilated ophthalmologic exam was unremarkable. Ammonia was 2. Amino acids were negative.

When I saw him, after he had been transferred out of the intensive care unit, he was a sleeping child. He was on nasal cannula oxygen. His anterior fontanel was flat. He had spontaneous opening of his eyes. He blinked to light. Pupils were equal, round and reactive. He did have doll's eyes and corneal and gag reflex. He was moving all of his extremities; however, he was hypotonic. He did withdraw to pain. He had no evidence of clonus. He was being fed with a nasoduodenal tube. He gradually improved neurologically and appeared much more normal. He had a suck and a cookie swallow was performed. The cookie swallow showed that he had minimal aspiration with thin liquids while the nasojejunal tube was in. When the tube was removed, he only had some mild penetration to the level of the chords, but no evidence of aspiration. He had a normal swallow with thick barium.

He actually did very well and began nursing again, without any swallowing difficulties, and finally was discharged home on December 20 on phenobarbital 6 mg b.i.d., Reglan 0.3 mg t.i.d., Zantac 10 mg every eight hours. He is scheduled to have a repeat CT scan and an EEG on January 1 and I will see him on January 2 for follow-up. His

KK DEPOSITION EXHIBIT 4
Chandrasekhar
AKF 10-12-05

REFERRAL EVALUATION

DOAN, AYDEN
63239
12/07/2001

examination at the time of discharge was significantly improved. We are still concerned, however, about a ble occipital infarct.

nk you for allowing me to see him with you.

Basil J Zitelli MD

D 12/21/2001 15:41:25/bz
T 12/27/2001 15:41:04/mek
R *

pc W John Siar MD, Primary Care Physician

Primary Care Physician's Copy - Transcribed But Not Reviewed

TEAM
AVENUE
GH, PA 15213-2583
5402
NCY DISPATCH FOR TRANSPORT REFERRAL/TRAUMA (412) 692-5000

FOLLOW-UP REPORT
PATIENT REFERRAL

Prepared for Referring Physician

Dr. Grout
DuBois Hospital
100 Hospital Avenue
DuBois, PA 15801

1700

Dear Colleague:

We are pleased to provide you with this follow-up report on the patient you referred to Children's Hospital of Pittsburgh by the Transport Team. If you require further assistance or information, please contact the Transport Team office (412) 692-5402. We appreciate your referral.

PATIENT INFORMATION

PATIENT NAME (LAST, FIRST)	AGE	DATE OF TRANSPORT	ATTENDING PHYSICIAN
SHAFFERDOAN, AYDEN	18 days	12/7/01	Dr. Satchell

REASON FOR REFERRAL
Rule out seizures

DIAGNOSIS
- Seizures due to diffuse cerebral edema of unknown etiology
- Cerebrospinal fluid negative; urine positive for Group A strep
- CT scan of head shows diffuse edema, multiple infarcts & decreased ventricular size
- EEG in morning -- attenuated, non-coordination of left and right brain
- Ophthalmology consult

TREATMENT
1) Fluid boluses
2) Epinephrine and Hydrocortisone infusions
3) Phenobarbital and Dilantin
4) IV fluids; antibiotics

ADMITTED TO
- ☐ EMERGENCY DEPARTMENT
- ☒ ICU
- ☐ NICU
- ☐ UNIT/FLOOR
- ☐ EXPIRED
- ☐ DISCHARGED WITHIN 24 HOURS

SIGNATURE: PHYSICIAN/DIRECTOR, TRANSPORT TEAM

DATE 12/13/01

FORM NO. 7600-1122 (4-95)

80

CHILDREN'S HOSPITAL OF PITTSBURGH

3705 Fifth Avenue
Pittsburgh, Pa. 15213
(412) 692-5500

RADIOLOGY DIAGNOSTIC REPORT

Name :	SHAFFERDOAN, AYDEN	SEX	M
Unit No.	96-32-39	DOB	11/18/01
Admit Phys.	MARGARET SATCHELL, M.D.	Location	PICU6720H
Req. Phys.	MARGARET SATCHELL, M.D.	Order No.	582062
Exam Date	12/11/01	Result No.	457363

MRI BRAIN WO CONTRAST

CLINICAL HISTORY: CEREBRAL INFARCT - CEREBRAL EDEMA HISTORY: ENCEPHALOPATHY WITH COMA. CT SHOWS DIFFUSE EDEMA. POSSIBLE HYPONATREMIA.

COMMENT:
MRI was done using sagittal T1, IR coronal T1, axial PD, T2, MPGR, and diffusion images. The study is compared with the CT of 12/7.

The MRI picture fairly well matches that of the CT. There is abnormal increased T2 signal throughout the cerebral hemispheres with some sparing of the frontal cortex. The ventricles are small, though the sulci and cisterns are better seen than on the CT, suggesting early signs of resolution of the edema. The diffusion images show abnormal diffusion throughout the posterior half of both hemispheres, the white matter through the frontal lobes, the caudate nuclei, posterior thalami, internal capsules, and ventral brainstem. The T1 images show foci of increased signal in the occipital cortex and subcortical white matter secondary to cortical necrosis.

The gradient images show a very small hemorrhage in the left lateral ventricle, unlikely to be of significance.

The cerebellum is also partially affected, though less severely than the cerebrum.

No parenchymal or extra-axial hemorrhage is seen. There is focal soft tissue swelling over the right occipital region.

No anomalies are seen. The intracerebral vessels appear smaller than usual. This is presumably secondary to decreased perfusion.

"My signature below is attestation that I have interpreted this/these examinations and agree with the findings as noted abov

Dictated by:

Resident/Fellow:

CHARLES FITZ, MD
Attending Radiologist

Signed by: CHARLES FITZ, MD

D: 2001/12/12 11:39:51.00
T: 011775 12/12/2001 15:34

Verified

CHILDREN'S HOSPITAL OF PITTSBURGH
3705 Fifth Avenue
Pittsburgh, Pa. 15213
(412) 692-5500

RADIOLOGY DIAGNOSTIC REPORT

...e:	SHAFFERDOAN, AYDEN	SEX	M
...it No.	96-32-39	DOB	11/18/01
Admit Phys.	MARGARET SATCHELL, M.D.	Location	PICU6720H
Req. Phys.	MARGARET SATCHELL, M.D.	Order No.	582062
Exam Date	12/11/01	Result No.	457363

IMPRESSION:
1. GENERALIZED EDEMA WITH RELATIVE SPARING OF FRONTAL CORTEX, PORTIONS OF THE BASAL GANGLIA AND THALAMI AND DORSAL BRAINSTEM.
2. EARLY CHANGES OF DECREASING EDEMA COMPARED TO CT OF 12/7.
3. CORTICAL NECROSIS IN OCCIPITAL LOBES.
4. TINY HEMORRHAGE IN LEFT LATERAL VENTRICLE, PROBABLY OF NO SIGNIFICANCE.

"My signature below is attestation that I have interpreted this/these examinations and agree with the findings as noted abo

Dictated by:
Resident/Fellow:

CHARLES FITZ, MD
Attending Radiologist

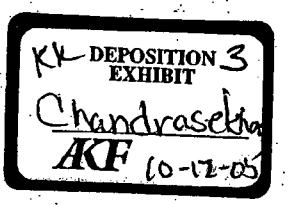
Signed by: CHARLES FITZ, MD

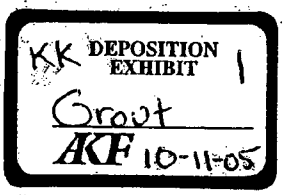
D: 2001/12/12 11:39:51.00
T: 011775 12/12/2001 15:34

Verified

Ayden Shaffer-Doan

DUBOIS REGIONAL MEDICAL CENTER
ER 12/05/01
IP 12/06/01 - 12/07/01





ADVANCE DIRECTIVE | Thu Dec 06 03:13 EST 2... ADMISSION SUMMARY | ORGAN DONOR | 470312

DuBOIS REGIONAL MEDICAL CENTER

NAME AND ADDRESS	PREVIOUS NAME	ADMISSION DATE	TIME	ROOM NO	BED NO	SMK	PUB	BILLING NO.
SHAFFERDOAN,AYDEN NICHOL RD 3 BOX 308 3 REYNOLDSVILLE PA 15851		12/06/01	03:00	4020	01	N	N	0133900847

AGE	BIRTH DATE	P.T.	SEX	RACE	M.S.	REFERRAL	S.C.	F.C.	ADM BY
18D	11/18/01	I/P	M	1	S	*ER	PED	BC	JMZ

COUNTY: DUBO

TELEPHONE NO. (814)653-2744 S.S. NO.

RELIGION-CHURCH: CATHOLIC NO CHURCH

RM REQ: S

EMPLOYER, ADDRESS, OCCUPATION, PHONE: INFANT

ADMITTING DIAGNOSIS	STAFF ALERT	LAST ADM. DATE	WHERE	RELATIONSHIP
276.5-HYPOVOLEMIA		11/18/01	DRMC	FATHER

PERSON TO NOTIFY IN CASE OF EMERGENCY: DOAN,TIM ADDRESS: RD 3 BOX 308 3 REYNOLDSVILLE PA PHONE: (814)653-2744

NAME AND ADDRESS	TELEPHONE	REL.	EMPLOYER NAME AND ADDRESS
SHAFFER,KAREN D RD 3 BOX 308 3 REYNOLDSVILLE PA 15851	(814)653-2744 ACCOUNTANT SOC. SEC. # 194-62-1715		CATALANO CASE DUBOIS PA 15801

INSURANCE COMPANY	PLAN	POLICY HOLDER	REL.	POLICY #	GROUP #
BLUE CROSS 363	100001	DOAN,TIMOTHY;D		YYT184526256	04807208
BLUE SHIELD PROF IND	105001	DOAN,TIMOTHY;D		YYT184526256	04807208

ATTENDING PHYSICIAN	REFERRING PHYSICIAN	CONSULTING PHYSICIAN
~~SIAR,W J~~ Grout, R. PRI CHANDRASEKHAR,SUNDAR	PALMER,GEORGE JR SIAR,W J	

RINCIPAL DIAGNOSIS: The condition established, after study, to be chiefly responsible for causing the admission to the hospital for care.
ECONDARY DIAGNOSIS: All conditions that coexist at the time of admission or develop subsequently which affect the treatment received and/or the length of stay.
RINCIPAL PROCEDURE: That procedure most related to the principal diagnosis.

RINCIPAL AND SECONDARY DIAGNOSIS AND COMPLICATIONS

	CODE
Cerebral hemorrhage in The subarachnoid space.	~~430~~ 430
	7722

OMPLICATIONS

RINCIPAL AND SECONDARY PROCEDURES

	CODE
12-6-01 Lumbar puncture done by R. Grout	03.31

NOTE: This report is strictly confidential and is for the information only of the person to whom it is addressed. No responsibility can be accepted if it is made available to any other person, INCLUDING THE PATIENT.

AL DAYS

TRANSFER DESTINATION: Children's Hospital

TYPE OF ADMISSION: ☐ ELECTIVE ☐ URGENT ☐ EMERGENCY

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.

ATTENDING PHYSICIAN _____ DATE _____

PHYSICIAN _____ DATE _____

D 12-7-01 TIME 400 ☐ A.M. ☐ P.M. AUTOPSY ☐ YES ☐ NO

IONAL MEDICAL CENTER - DUBOIS, PA.

ADMISSION SUMMARY SHEET

HISTORY AND PHYSICAL EXAMINATION
DUBOIS REGIONAL MEDICAL CENTER
DUBOIS, PENNSYLVANIA

11/18/2001
SHAFFERDOAN, AYDEN NICHOL 0133900847 000470312 4020

The patient was admitted through the Emergency Room last night for dehydration secondary to poor intake and some diarrhea which the patient has had for about two days. 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, was discharged 24 hours of age from the Maternity Unit. He had his first appointment on Tuesday at which time he weighed 7lb 11oz, was 7lb 7oz at birth and on admission here was 7lbs 4.8oz. There is a two -year-old in the family who has had congestion, is otherwise unremarkable. Everyone else in the family is otherwise well. There are three other siblings, two boys and a girl at home. The patient lives with his siblings and his parents.

REVIEW OF SYSTEMS: Noncontributory. The patient has had no urine or stool output since admission.

PHYSICAL EXAMINATION

His head circumference is 14 ½ inches, length is 20 ½ inches and the weight is 7lbs 4.8oz.

HEENT: Examination of eyes, ears, nose and throat is unremarkable.

CHEST: Clear to auscultation.

HEART: Regular rhythm with no murmur being noted.

ABDOMEN: Normal bowel sounds.

EXTREMITIES: Normal range of motion.

NEUROLOGIC: The patient tends to drift off to sleep unless stimulated but is arousable.

SKIN: Turgor is good. There are no skin lesions present.

IMPRESSION:
Dehydration secondary to poor intake and diarrhea.

PLAN: To monitor for sepsis and continue IV fluids today, suggest possibility of doing a pH study and placing the patient on caffeine with a home monitor.

D: 12/06/2001 8:29 A
T: 12/06/2001 8:49 A RG/jms
DOCUMENT NO: 231863
Job/Tape ID: 000162344

Richard Grout, M.D.

cc: Richard Grout, M.D.

Chart Copy

DUBOI EGIONAL MEDIC CENTER
C..SENT FOR TREA IT
Outpatient, Emergency, Observation, Ambulatory Surgery, Inpatient

47 2 18D
S ERDOAN,AYDEN NI
Si J
11/ /01 M 12/06/01
0133900847

E_____ TIME_____ A.M. P.M.

_____, (or_____
or _____) have presented myself (or _____
_____) for registration to the DuBois Regional Medical Center and consent to diagnostic rocedures and medical care and/or treatments as prescribed by the physician in charge, his assistants, or his designees as is necessary in his idgment. I understand that this consent does not include operations or any non-routine procedures or treatments, and that the risks and lternatives for such procedures or treatment, which a reasonable patient would consider significant to a decision whether or not to undergo uch treatment or procedures, will be explained to me by my treating physician or another physician designated by him.

am aware that the practice of medicine and surgery is not an exact science and acknowledge that no guarantees have been made to me as to ıe results of treatments or examinations in the Medical Center.

understand that DuBois Regional Medical Center is affiliated with various medical educational programs and that those involved in these aining/educational programs may be participating in my care, and I hereby consent to such participation by those persons.

I am admitted to the hospital, I give consent for my name to be published in the newspaper. YES_____ NO_____

_____ Consents Attached
Witness Signature of Patient

atient is unable to consent for the following reason: _____

_____

_____

_____ _____
Witness Signature of Patient Representative

_____
(Relationship)

ELEASE FROM RESPONSIBILITY FOR DISCHARGE DATE_____ TIME_____ A.M. P.M.

am leaving (or taking _____) from the DuBois Regional Iedical Center against the advice of my physician. I have been informed of the risks involved in this decision. I hereby release the DuBois egional Medical Center, its staff, and my physician from all responsibility for any ill effects which may result from this action.

/ITNESS _____ _____
Signature of patient/patient representative

_____ _____
(Relationship)

470312 18D PED 4020-01 I/P
SHAFFERDOAN,AYDEN
AR,W J
11/18/01 M 12/06/01

HW-022 H:\sharing\nursform97\proporder-consentORAnesSpecialProced. (CV-ICCU has copy in their

BC

DUBOIS REGIONAL MEDICAL CENTER

CONSENT FOR OPERATION, ANESTHETICS AND SPECIAL PROCEDURES

I authorize the performance upon Ayden Shafferdoan
following operation or procedure Lumbar Puncture

be performed under the direction of Dr. Grout. He/she is authorized to utilize in the performance of the procedure, the service of such assistant(s) as he/she may designate.

If conditions arise during the course of the operation or procedure or while I am anesthetized, which make it medically advisable to extend the procedure, or to undertake procedures different from those set forth above. I authorize Dr. Grout or the physician authorized by him/her to perform the procedures advisable in his/her judgment for my health and safety.

I consent to the administration of such anesthetics as may be considered necessary.

For the purpose of advancing medical education, I consent to the admittance of observers to the operating room, and to the taking of photographs provided my identity is not revealed by the pictures or the descriptive text accompanying them.

I authorize the retention, preservation, and the use of scientific or educational purposes, or the disposal of any specimens or tissues taken from my body during hospitalization.

If I am a recipient of a trackable implant device, I hereby authorize the release of my social security number to the device manufacturer for tracking purposes in accordance with the Safe Medical Device Act.

I acknowledge that the nature, purpose, and results of such procedure and possible alternative methods of treatment have been explained to me by Dr. Grout. I have also been informed that there are risks such as severe blood loss, infection, cardiac arrest,

and other complications that are attendant to the performance of any surgical procedure. I acknowledge that I have all the information I desire, and all of my questions have been answered to my satisfaction.

Jennifer Giuffre RN
Witness

Signature of Patient

12/6/01
Date

1Pm
Time

The patient described herein is (a minor) (unable to give his/her consent), and I am giving consent of his/her behalf. I further warrant and represent that I have full and legal authority to give this permission.

x Karen D Shaffer
Signature of person giving consent

Mother
(Relationship to Patient)

12/6/01
Date

I have explained the nature and purpose of the above procedure, possible alternative methods of treatment, the risks involved, and the possibility of complications. No guarantee or assurance has been given as to the result that may be obtained.

Physician's Signature

Reviewed: 7/90, 9/95
Revised: #1 12/1/97 2/20/98 #2 5/4/98
#3 6/18/98 #4 7/10/98 #5 9/98 #6 7/99 SAG
Add. II Ed Policy #29

HW-087.2

[illegible]Bois Reg[illegible]al Medical Center

Making the difference for life.

470312 18D PED 4020-01 I/P
SHAFFERDOAN,AYDEN NIC
SIAR,W J
11/18/01 M 12/06/01
BC

CERTIFICATE OF TRANSFER

☑ I certify that Ayden Shafferdoan suffered from an emergency medical condition and was in an unstabilized condition and that based upon the reasonable risks and benefits to the patient, and based upon the information available at the time, the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweighed the increased risks to the individual's medical condition from effecting the transfer. In summary, the risks and benefits upon which this certification is based include:

_____

_____

☐ I certify that _____ was in active labor and based upon the information available at the time, the medical benefits reasonable expected from the provision of appropriate medical treatment at another medical facility outweighed the increased risks to the individual's medical condition from effecting the transfer. In summary, the risks and benefits for the mother and any unborn children upon which this certification is based include:

_____

_____

☐ I hereby certify that _____ suffered from an emergency medical condition but was stabilized at the time of the transfer.

☐ I hereby certify that _____ did not suffer from an emergency condition and that _____ was not in active labor at the time of the transfer.

☐ I hereby certify that _____ suffered from an emergency psychiatric medical condition but was transferred to another psychiatric facility due to lack of bed availability at this facility.

☐ Other

_____

_____

_____

_____

1-7-2002 1800 AM PM [signature]

DATE TIME PHYSICIAN'S SIGNATURE

Original to Medical Records
Copy with Patient

1/88; 12/91; 3/93
Revised 5/88; 1/95

DuBois Regional Medical Center
DuBois, PA 15801
HW-087.4

ATTACHMENT #3

470312 18D PED 4020-01 I/P
SHAFFERDOAN,AYDEN NIC
SIAR,W J
11/18/01 M 12/06/01
BC

GUIDELINES FOR NOTIFICATION OF REGARDING TRAN

1. Ask the patient if they are a member of an ambulance service. If so, that ambulance service is to be notified for transfer.

   NOTE: The ambulance service that may have brought the patient to the medical center is not necessarily the one with which the patient is a member. If a 911 call was placed to bring the patient to the medical center, the ambulance on call would have responded.

2. If the patient is not a member of an ambulance service, ask if they have a preference.

   NOTE: In the Emergency Room, if the patient needs transferred to another facility or to the airport or CT Scan and they are not a member of an ambulance service, the ambulance that brought the patient to the Emergency Room is to be notified of transfer.

3. If the patient is not a member of an ambulance service and has no preference, the ambulance that serves the area where the patient lives is to be notified.

4. When notifying the appropriate ambulance service, the following guidelines are to be used:
   A. Notify the ambulance as soon as possible.
   B. Provide the following information:
      1) Name of the patient
      2) Reason for transfer
      3) If the patient has oxygen, I.V.'s, catheters, monitor, etc.
      4) If the patient has a communicable disease or radiation poisoning
      5) Destination and/or physician patient is to see
         NOTE: This would be written on a piece of paper and given to the EMT's
      6) Estimated time of transfer. DO NOT tell the ambulance service they are needed STAT and keep them waiting here awhile.
      7) Whether or not a nurse will be accompanying the patient.
         NOTE: a. Any patient receiving I.V.'s must be accompanied by a nurse.
               b. Nurses should wear professional attire.
               c. Nurses are responsible for providing their own meals while on a transport.

HW-087.1

DuBois Regional Medical Center

Making the difference for life.

470312 18D PED 4020-01 I/P
SHAFFERDOAN,AYDEN NIC
SIAR,W J
11/18/01 M 12/06/01
BC

AUTHORIZATION FOR TRANSFER AND TREATMENT

AUTHORIZATION FOR TRANSFER

This is to certify that I, _____, have been examined at the DuBois Regional Medical Center, and that I have given my consent to a transfer from this hospital to another facility. I acknowledge that I have been fully informed of the risks and benefits involved in the transfer and that I have given my consent to the transfer. I understand that the risks (becoming sicker, staying the same, developing complications or even death) involved in this transfer may outweigh the expected medical benefits (further diagnostic testing, medical specialists and care not available at DRMC) of being treated at the transferring facility. I hereby release the attending physician and the hospital from all responsibility for any ill effects or harm which may result from the transfer.

Rita Gutowske RN 12/7/01 2:30Pm AM PM
Witness Date Time

Mother Karen O. Shaffer 12/7/01 AM PM
Patient's Signature Date Time

AM PM
Signature of Legally Responsible Person Date Time

• •

REQUEST FOR TRANSFER

This is to certify that I, _____, have been examined at the DuBois Regional Medical Center, and that I have requested a transfer from this hospital to another facility for the following reason(s): _____. I acknowledge that I have been fully informed of the risks and benefits involved in the transfer and that I have given my consent to the transfer. I understand that the risks (becoming sicker, staying the same, developing complications or even death) involved in this transfer may outweigh the expected medical benefits (further diagnostic testing, medical specialists and care not available at DRMC) of being treated at the transferring facility. I hereby release the attending physician and the hospital from all responsibility for any ill effects or harm which may result from the transfer.

AM PM
Witness Date Time

AM PM
Patient's Signature Date Time

AM PM
Signature of Legally Responsible Person Date Time

• •

REFUSAL OF TRANSFER

This is to certify that I, _____, have been examined at the DuBois Regional Medical Center, and that I have refused to consent to a transfer to another facility against the advice of my attending physician. I acknowledge that I have been fully informed of the risks and benefits involved regarding transfer, examination, and/or treatment and hereby release the attending physician and the hospital from all responsibility for any ill effects or harm which may result from th Refusal to Consent to Transfer.

AM PM
Witness Date Time

AM P
Patient's Signature Date Time

Signature of Legally Responsible Person Date Ti

1/88; 12/91; 3/93
Revised 5/88; 1/92; 1/95

CHART COPY - THIS COPY M[illegible]EMAIN IN CH[illegible]

DUBOIS REGIONAL MEDICAL C[illegible]TE[illegible]

DUBOIS, PENNSYLVANIA

PHYSICIAN'S ORDER SHEET

AUTHORIZATION IS GIVEN TO THE PHARMACY TO DISPENSE AND TO THE NURSE TO ADMINISTER THE GENERIC OR CHEMICAL EQUIVALENT WHEN THE DRUG IS FILLED BY THE PHARMACY OF DUBOIS REGIONAL MEDICAL CENTER - UNLESS THE PRODUCT NAME IS CIRCLED.

(IMPRINT PATIENT'S [illegible]E HERE)

470312 18D PED 4020-01 I/P
SHAFFERDOAN,AYDEN NIC
SIAR,W J
11/18/01 M 12/06/01
BC

402

PROVISIONAL DIAGNOSIS:

ALLERGIES:

DATE/TIME	ORDERS
12/6/01	Vital Rectal Cultures
1:58 p.m.	Vital Nasopharyngeal
	Liver profile & Lipid Labs
	Basic metabolic panel
	T.O. Dr. Hurst / Linda Evans
	[signature]
12-7-01	Note order to Nurse to be called to Nursery Staff Mr 12-7-2001
	Transfer Patient to Children Hospital P'HS Burgh
	Written 1-7-2002 [signature]

PLACE "X" BEFORE ORDER TO BE CARRIED OUT.

NURSE'S SIGNATURE: _____ PHYSICIAN'S SIGNATURE: _____

. DIMENSIONS
)-535-7753

H:\SHARINGMIS FORMS\ HW-73 MIS.doc
9/2/98SAG

PROGRESS RECORD

DuBois Regional Medical Center

Making the difference for life.

470312 18D PED 4020-01 I/P
SHAFFERDOAN,AYDEN NIC
SIAR,W J
11/18/01 M 12/06/01

BC

Date	Record progress of case, complications, change in diagnosis, condition on discharge, instructions to patient
12-6-01 0100	Called admit to Dr Swanson and Beckwith 1 Clindamycin 300 Vancomycin 1 gm IVPB over 2 hours BUN 12 Creatinine 0.8 Please 49 no 138 K 4.2 repeat 5.9 repeat ANC 9-17 repeat CBC. Hold IVF Clear Clear Keep IVF now Dr Swanson Dr Beckwith to be present when IVPB given. Please Biopsy lymph node marked on x-ray for gram stain culture and culture results until culture clear. Gram C&P when specimen Biopsy Dr to notify of CBC.
12-6-01 1300	IP Procedure Note. Patient prepped draped and obtained consent pre moto. 22 gauge spinal needle inserted in L3-L4 IC space 2.5 cc clear colorless CSF obtained.

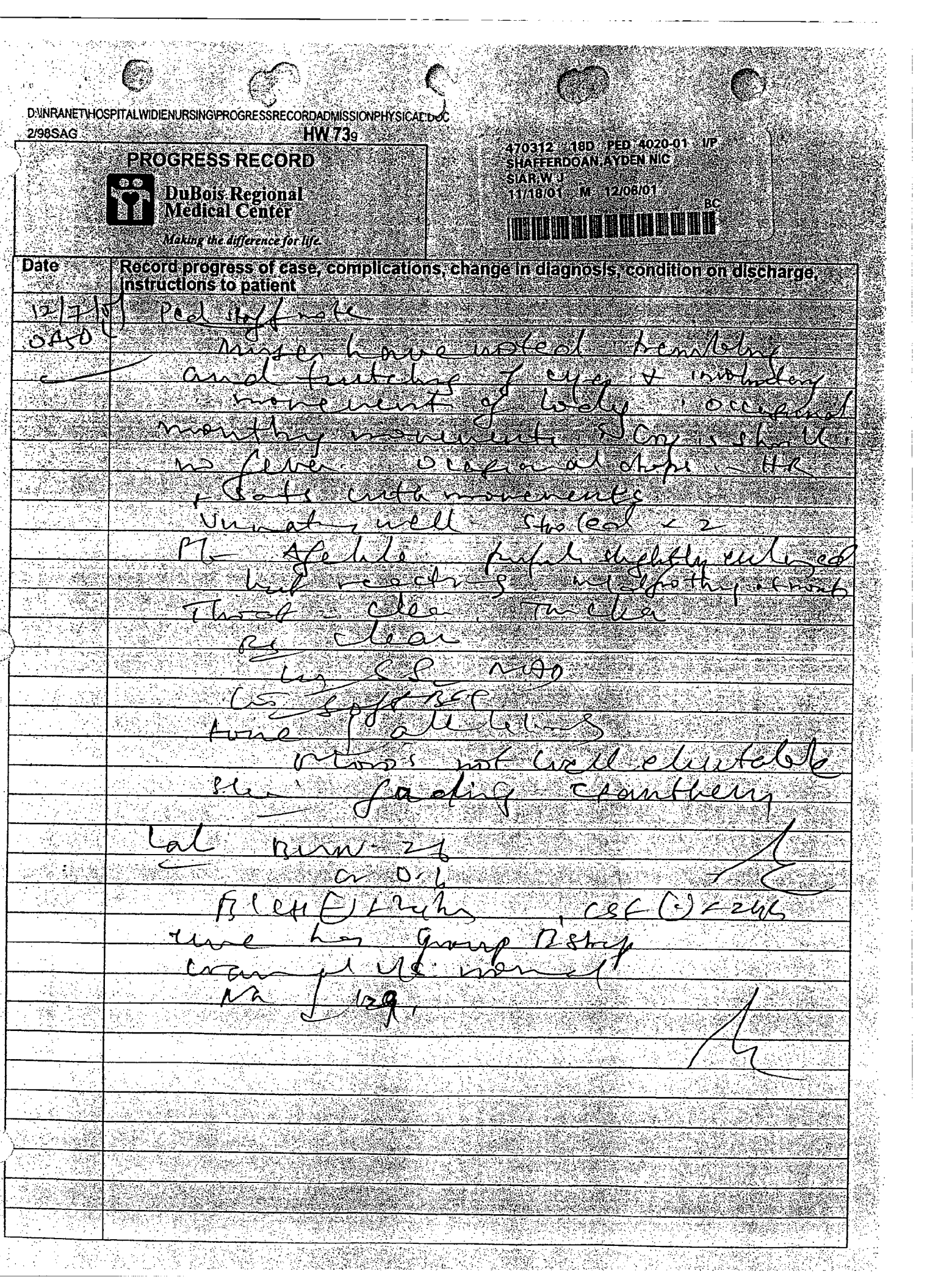
D:\INRANET\HOSPITALWIDE\NURSING\PROGRESSRECORDADMISSIONPHYSICAL.DOC
2/98SAG HW 739

PROGRESS RECORD

DuBois Regional Medical Center
Making the difference for life

470312 18D PED 4020-01 I/P
SHAFFERDOAN,AYDEN NIC
SIAR,W J
11/18/01 M 12/06/01
BC

Date	Record progress of case, complications, change in diagnosis, condition on discharge, instructions to patient
12/7/01 0450	Ped Staff note Nurses have noted bending and twitching of eyes & intermittent movement of body & occasional mouthing movements. Cry is strong, no fever. Vitals stable - HR & Sats with movements Urinating well - stooled x 2 PE: Afebrile, fontanel slightly sunken but reacting, mildly dry mucous membranes. Throat clear. TM clear bilat. CTA bilat Abd soft, BS active, some gaseous distention Cord not well clamped Plan: Fasting Chemistry Lab Bili 2.6 Cr 0.6 BUN 6 Glucose 62 Have had Group D strep exposure at home NA 129.



DUBOIS REGIONAL MEDICAL CENTER

470312 18D PED 4020-01 I/P
DC SHAFFERDOAN,AYDEN NIC
SIAR,W J
AC 11/18/01 M 12/06/01
BC
☐ EAST ☐ WEST

ABG ANALYSIS	RESULTS	NORMAL RANGE
pH	7.36	7.37-7.43
pCO_2	35	37-43 mmHg
pO_2	74	90-105 mmHg
HCO_3	20	22-26 meq/L
B.E.	-5	-3 - +3
O_2 SAT. CALCULATED	97	> 95.0%
CO_2	21	21-30 mM/L

CO-OXIMETRY ANALYSIS	RESULTS	NORMAL RANGE
THb		
% O_2Hb		> 95%
% COHb		< 2.0%
% MeTHb		< 1.0%
VOL % O_2		14-24 VOL %

☐ INPAT. ☐ OUTPAT. ☐ ER ☐ STAT ☐ ROUTINE ☐ PRE-OP.

RR _____ ☐ LABORED ☐ NON LABORED ☐ REG. ☐ IRREG.

PT. TEMP. _____ CORR ☐ UNCORR ☐

FIO, 2L NC

NOTES:

MS
SpO2 93%.

DATE	TIME SAMPLE DRAWN	TECH.
12/7/01	0920	JP
DATE	TIME REPORT RETURNED	TECH.
12/7/01	0930	JP

CHART COPY

PULMONARY

DUBOIS REGIONAL MEDICAL CENTER-DUBOIS, PA

REMOVE STRIP OF TAPE
AND ATTACH FIRST REPORT

REMOVE SLOWLY TO EXPOSE ADHESIVE — TAPE GROUPINGS — RETAIN FOR PERMANENT RECORD — PLACE IN PATIENT'S CHART — DO NOT REMOVE TAPE FROM PAPER

DUBOIS REGIONAL MEDICAL CENTER

470312 18D PED 4020-01 I/P
LOC SHAFFERDOAN,AYDEN NIC
SIAR,W J
ADDR 11/18/01 M 12/06/01
BC

☐ EAS

ABG ANALYSIS	RESULTS	NORMAL RANGE
pH	7.35	7.37-7.43
pCO_2	36	37-43 mmHg
pO_2	56	90-105 mmHg
HCO_3	19.2	22-26 meq/L
B.E.	-5.3	-3 - +3
O_2 SAT. CALCULATED	91.8	> 95.0%
CO_2	20.3	21-30 mM/L

CO-OXIMETRY ANALYSIS	RESULTS	NORMAL RANGE
THb	12.1	
% O_2Hb	90.7	> 95%
% COHb	0.5	< 2.0%
% MeTHb	0.7	< 1.0%
VOL % O_2	15.4	14-24 VOL %

☒ INPAT. ☐ OUTPAT. ☐ ER ☐ STAT ☐ ROUTINE ☐ PRE-OP.

RR 30 ☐ LABORED ☐ NON LABORED ☐ REG. ☐ IRREG.

PT. TEMP. _____ CORR ☐ UNCORR ☐

FIO$_2$ simple mask

NOTES: (R) heel cap. stick

spun 16

DATE 12/4/01 TIME SAMPLE DRAWN 0940 TECH JAD

TIME REPORT RETURNED 0950 TECH JAD

CHART COPY

PULMONARY

DUBOIS REGIONAL MEDICAL CENTER-DUBOIS, PA.

REMOVE STRIP OF TAPE AND ATTACH SECOND REPORT.

DUBC REGIONAL MEDICAL CENTER
Mon Dec 10, 2001 07:31 am
Post Discharge Work Report

Name: SHAFFERDOAN,AYDEN NICHOLAS Page: 1
#/Acct #: 000470312/D0133900847
Dis Date 12/07/01
Phys-Service: SIAR,W J - PEDIATRIC

****

>> CULTURE CEREBROSPINAL FLUID <<

Specimen: CSF-
Coll. Time: 12/06/01 1328 In at: 12/06/01 1357 Acct #: D0133900847
Ordering Phys: SIAR,W J Techs : VDR

Out at: 12/09/01 0526 Preliminary 3 [1478639] Techs: T00323*,00325

No growth at 72 hours. (Final Report due in 4 days.)

Jose Costa M.D./Gregory Suslow M.D.

Discharge Work Report

SHAFFERDOAN,AYDEN NICHOLAS
000470312/D0133900847
I/P 12/07/01
(M-11/18/01)
Dr. SIAR,W J

Name: SHAFFERDOAN,AYDEN NICHOLAS Page: 2
t #/Acct #: 000470312/D0133900847
is Date 12/07/01
r/s-Service: SIAR,W J - *PEDIATRIC

****

CULTURE URINE

pecimen: Urine Clean Catch
ll. Time: 12/06/01 0035 In at: 12/06/01 0311 Acct #: D0133900847
dering Phys: PALMER,GEORGE JR Techs : VER

n at: 12/09/01 Final [1478236] Techs: T52300*,00325

lso present 60,000 CFU's/ml
Colony Types
ixed flora

trep agalact. - Grp B (Strep Grp B)
25,000 CFU's/ml

MIC - ug/ml)	Strep Grp B	
lindamycin:	S	<=0.25
rythromycin:	S	<=0.25
evofloxacin:	S	<=1
enicillin G:	S	<=0.03
etracycl:	R	8
ancomycin:	S	<=0.5

CULTURE BLOOD <<

pecimen: Blood
ll. Time: 12/06/01 0105 In at: 12/06/01 0212 Acct #: D0133900847
dering Phys: PALMER,GEORGE JR Techs : V3051

at at. 12/08/01 Preliminary 1 [1478166] Techs: T00407*,00325

o growth at 48 hours.

Name: SHAFFERDOAN,AYDEN NICHOLAS Page: 3
Lt #/Acct #: 000470312/D0133900847
s Date 12/07/01
ys-Service: SIAR,W J - *PEDIATRIC

****

>> CULTURE STOOL INCLUSIVE <<

ecimen: Stool
ll. Time: 12/06/01 1340 In at: 12/06/01 1444 Acct #: D0133900847
dering Phys: SIAR,W J Techs : VNURS

t at: 12/09/01 0702 Final [1478646] Techs: T52300*,00325

Salmonella species, Shigella species, Campylobacter species, Staphylococcus aureus, E.coli O157-H7, Yersinia species, Aeromonas species, Pleisiomonas species or Vibrio species recovered

rge amount normal stool flora present

rep agalact. - Grp B (Strep Grp B)
Moderate amount

MIC - ug/ml)	Strep Grp B	
indamycin:	S	<=0.25
ythromycin:	S	<=0.25
floxacin:	S	<=1
cillin G:	S	<=0.03
tracycl:	S	<=1
ncomycin:	S	<=0.5

End of Report - 12/10/01 07:31am

DUBOIS REGIONAL MEDICAL CENTER
Fri Dec 14, 2001 07:46 am
Post Discharge Work Report

Name: SHAFFERDOAN,AYDEN NICHOLAS Page: 1
nit #/Acct #: 000470312/D0133900847
is Date 12/07/01
nys-Service: GROUT,RICHARD E - *PEDIATRIC

****

>> CULTURE CEREBROSPINAL FLUID <<

pecimen: CSF-
oll. Time: 12/06/01 1328 In at: 12/06/01 1357 Acct #: D0133900847
rdering Phys: SIAR,W J Techs : VDR

- -

ut at: 12/13/01 0954 Final [1478639] Techs: T52300*,00325

o growth at one week.

>> CULTURE BLOOD <<

pecimen: Blood
oll. Time: 12/06/01 0205 In at: 12/06/01 0212 Acct #: D0133900847
rdering Phys: PALMER,GEORGE JR Techs : V3051

- -

ut at: 12/14/01 0709 Final [1478166] Techs: T01411*

o growth at one week.

End of Report - 12/14/01 07:46am

ose Costa M.D./Gregory Suslow M.D.

ost Discharge Work Report

SHAFFERDOAN,AYDEN NICHOLAS
000470312/D0133900847
I/P 12/07/01
(M-11/18/01)
Dr. GROUT,RICHARD E

DUBC REGIONAL MEDICAL CENTER
Sat Dec 08, 2001 07:00 am
Discharge Cumulative Trend Report from 12/06/01 0205 to 12/07/01 1210

ent Name: SHAFFERDOAN,AYDEN NICHOLAS — All Sections-Page 1
ed Rec #: 000470312 — Adm: 12/06/01
is Date 12/07/01
sys-Service: SIAR,W J - *PEDIATRIC

****

Hematology — Last Tech: 02094

ate: / ime: / ew Work:	12/07 0530 PREV RPT	12/06 0205 PREV RPT	Normal Range	
BC	13.4	12.82	5.0-20.0	(X(10)3
RC	4.12	4.06	4.0-6.6	(x10 6/u
gb	14.2 L	13.7 L	14.5-22.5	(gm/dl)
ct	39.9 L	39.5 L	45-67	(%)
CV	96.6	97.2	95-121	(fl)
CH	34.2	33.8	31-37	(pg)
CHC	35.4	34.8	30-37	(g/dl)
lt	425 H	531 H	150-380	(X(10)3
DW-CV	14.8 H	14.9 H	11.8-14.2	(%)
PV	8.3 L	8.0 L	8.4-10.8	(fl)
mear Scan		#		
ands	10	21		(%)
egs	36	22		(%)
ymphs	44	42		(%)
s	10	15		(%)
orph		1+ Macro		
t App	#	#		

Specific Comments
12/07/01 0530|CBC/MANUAL DIFF/PLATELET-Plt App: Increased *&*
12/06/01 0205|CBC/AUTO DIFF/PLATELET-Smear Scan : Manual Diff Performed
12/06/01 0205|CBC/AUTO DIFF/PLATELET-Plt App: Increased

General Comments
12/06/01 0205|CBC/AUTO DIFF/PLATELET-Order Comment: BED 9

---

n: 12/06/01 1356 — Spec: CSF-
E: 12/06/01 1443 — GLUCOSE CEREBRAL SPINAL FLUID — Techs: VDR T02873
oll Time: 12/06/01 1328
ider Phys: SIAR,W J — [D0133900847/1478639]

esult Name	*STAT*STAT*STAT* Result	Normal Range
lucose CSF(mg/dl):	67	40-70
rder Comment:	ct tube1&3 cult #2	

SHAFFERDOAN,AYDEN NICHOLAS
000470312

ose Costa M.D./Gregory Suslow M.D.
** NOT DISCARD **
scharge Cumulative Trend Report

(M-11/18/01)
Dr. SIAR,W J

DUBC. REGIONAL MEDICAL CENTER
Sat Dec 08, 2001 07:00 am
Discharge Cumulative Trend Report from 12/06/01 0205 to 12/07/01 1210

ent Name: SHAFFERDOAN,AYDEN NICHOLAS All Sections-Page 2
d Rec #: 000470312 Adm: 12/06/01
s Date 12/07/01
ys-Service: SIAR,W J - *PEDIATRIC

****

: 12/06/01 1356 | CELL COUNT, FLUID | Spec: CSF-
t: 12/06/01 1433 Techs: VDR T01447
ll Time: 12/06/01 1328
der Phys: SIAR,W J [D0133900847/1478639]

*STAT*STAT*STAT*

sult Name	Result
lor:	Colorless
arity:	Clear
lume(ml):	2.5
CS(/cmm):	0
CS(/cmm):	20
mment:	tube 3
der Comment:	ct tube1&3 cult #2

: 12/06/01 1429 | CELL COUNT, FLUID | Spec: CSF-tube #3
t: 12/06/01 1437 Techs: VDR T00240
ll Time: 12/06/01 1328
der Phys: SIAR,W J [D0133900847/1478685]

sult Name	Result
lor:	Colorless
arity:	Clear
lume(ml):	2.5
CS(/cmm):	2
CS(/cmm):	47
mment:	tube #1

SHAFFERDOAN,AYDEN NICHOLAS
000470312

se Costa M.D./Gregory Suslow M.D.
O NOT DISCARD **
charge Cumulative Trend Report

(M-11/18/01)
Dr. SIAR,W J

DUBO. REGIONAL MEDICAL CENTER
Sat Dec 08, 2001 07:00 am
Discharge Cumulative Trend Report from 12/06/01 0205 to 12/07/01 1210

ent Name: SHAFFERDOAN,AYDEN NICHOLAS All Sections-Page 3
ed Rec #: 000470312 Adm: 12/06/01
is Date 12/07/01
ys-Service: SIAR,W J - *PEDIATRIC

****

: 12/06/01 0215 | URINALYSIS WITH MICRO | Spec: Urine Clean Catch
t: 12/06/01 0223 Techs: VER T02094*
oll Time: 12/06/01 0205
der Phys: PALMER,GEORGE JR [D0133900847/1478233]

*STAT*STAT*STAT*

Result Name	Result
olor:	YELLOW
larity:	SL CLOUDY
lucose(mg/dl):	NEGATIVE
ili,Ua:	NEGATIVE
etone, Ua(mg/dl):	NEGATIVE
pecific Gravity:	1.020
lood, Occult:	NEGATIVE
(pH Units):	5.0
rotein(mg/L):	30 mg/dL
robilinogen(EU/dl):	0.2 E.U./dL
itrites:	NEGATIVE
eukocytes:	NEGATIVE
ulfosalicylic Acid:	1+
BCs(/HPF):	0-2
(/HPF):	0
helial Cells(/LPF):	4-6
rystals(/LPF):	2+ Uric Acid
acteria:	1+

: 12/06/01 0248 | CLINITEST | Spec: Urine Clean Catch
t: 12/06/01 0248 Techs: VER T02094
oll Time: 12/06/01 0205
der Phys: PALMER,GEORGE JR [D0133900847/1478233]

*STAT*STAT*STAT*

esult Name	Result
initest:	Negative

SHAFFERDOAN,AYDEN NICHOLAS
000470312

se Costa M.D./Gregory Suslow M.D.
** DO NOT DISCARD ** (M-11/18/01)
scharge Cumulative Trend Report Dr. SIAR,W J

DUBC. REGIONAL MEDICAL CENTER
Sat Dec 08, 2001 07:00 am
Discharge Cumulative Trend Report from 12/06/01 0205 to 12/07/01 1210

ent Name: SHAFFERDOAN,AYDEN NICHOLAS
ed Rec #: 000470312
.s Date 12/07/01
ys-Service: TIAR,W J - *PEDIATRIC

****

Chemistry Profile — Last Tech: 02094

ate: / ime: / ew Work:	12/07 1210 PREV RPT	12/07 1210 *	12/07 0530 PREV RPT	12/06 1500 PREV RPT	12/06 0600 PREV RPT	Normal Range	
lucose			129 H	131 H		70-110	(mg/dl)
rea Nitrogen	22 H		26 H	47 HP	58 HP	7-18	(mg/dl)
reatinine	0.4 L		0.6	0.7	0.8	0.6-1.3	(mg/dl)
otal Protein		5.0 L				6.4-8.2	(g/dl)
t Glob		2.4				2.1-3.5	(gm/dl)
lbumin		2.6 L				3.4-5.0	(gm/dl)
lcium	8.5		8.7	9.1	7.8 L	8.5-10.4	(mg/dl)
osphorus			5.3 H			2.4-4.9	(mg/dl)
Bili		0.6				0-1.0	(mg/dl)
li Direct		<0.6 H				0-0.4	(mg/dl)
li Indirect		unable ^				0.2-1.0	(mg/dl)
odium	136 L		129 L	136	141	136-145	(mEq/L)
otassium	6.7 H		5.1	5.3 H	6.4 H	3.6-5.2	(mEq/L)
loride	91 L		94 L	100	104	100-108	(mEq/L)
al Co2	18.6 L		19.2 L	17.0 L	19.1 L	24-32	(mEq/L)
on Gap	16.3		15.8	19.0 H	17.9 H	0-17	
P		182				74-400	(U/L)
T		335 H				5-29	(U/L)
T		326 H				15-54	(U/L)

Chemistry Profile — Last Tech: 02094

ate: / ime: / ew Work:	12/06 0205 PREV RPT					Normal Range	
lucose	69 L					70-110	(mg/dl)
rea Nitrogen	62 HP					7-18	(mg/dl)
reatinine	0.8					0.6-1.3	(mg/dl)
lcium	7.8 L					8.5-10.4	(mg/dl)
odium	138					136-145	(mEq/L)
otassium	[illegible] H					3.6-5.2	(mEq/L)
loride	105					100-108	(mEq/L)
otal Co2	17.1 L					24-32	(mEq/L)
ion Gap	[illegible] H					0-17	

Continued next page

DUBC REGIONAL MEDICAL CENTER
Sat Dec 08, 2001 07:00 am
Discharge Cumulative Trend Report from 12/06/01 0205 to 12/07/01 1210

nt Name: SHAFFERDOAN,AYDEN NICHOLAS
a Rec #: 000470312
s Date 12/07/01
ys-Service: SIAR,W J - *PEDIATRIC

All Sections-Page 5
Adm: 12/06/01

****

Chemistry Profile (Cont)

- - - - - - - - - - - - - - - - - General Comments- - - - - - - - - - - - - - - - -
/06 1 0205 BASIC METABOLIC PANEL.-Comment: Repeated and Duplicated

: 12/06/01 0917
t: 12/06/01 1046
ll Time: 12/06/01 0903
der Phys: SIAR,W J

ROTAVIRUS ANTIGEN

Spec: Stool Swab
Techs: VNURS T01078

[D0133900847/1478397]

Result Name	Result	Normal Range
tavirus Antigen:	Negative	Negative

DUBC REGIONAL MEDICAL CENTER
Sat Dec 08, 2001 07:00 am
Discharge Cumulative Trend Report from 12/06/01 0205 to 12/07/01 1210

ent Name: SHAFFERDOAN,AYDEN NICHOLAS
ed Rec #: 000470312
is Date 12/07/01
vs-Service: SIAR,W J - *PEDIATRIC

All Sections-Page 6
Adm: 12/06/01

****

Drug Monitoring — Last Tech: 01752

ate: / ime: / ew Work:	12/07 0945 PREV RPT	12/07 0745 PREV RPT	12/07 0530 PREV RPT			Normal Range	
ent Tr			<0.05			0-2.0	(ug/ml)
ent Pk		5.8				4.0-8.0	(ug/ml)
henobarbital	< 5.0 L					15-40	(ug/ml)

General Comments

2/07/01 0530	GENTAMICIN TROUGH-Order Comment: MAY DRAW AM LABS AT THIS TIME ALSO
2/07/01 0530	GENTAMICIN TROUGH-Call/Fax-Date/Time: patty

Neonatal Profile — Last Tech: 02094

ate: / ime: / Work:	12/06 0500 PREV RPT					Normal Range	
li Neonatal	[illegible]					0-1.0	(mg/dl)
Bil	0.7* H					0-0.4	(mg/dl)

>> CULTURE STOOL INCLUSIVE <<
Source: Stool

oll. Time: 12/06/01 1340 In at: 12/06/01 1444 Acct #: D0133900847
der Phys: SIAR,W J Techs : VNURS

t at: 12/07/01 0729 Preliminary 1 [1478646] Techs: T51500*,68600

, Salm,Shig,Campy,Saur,Ecoli O157,Yersin,Vibrio,Aero, Pleisio at 24 hours.

rep agalact. - Grp B
Moderate amount
MIC's/Sensi to follow

DUBC REGIONAL MEDICAL CENTER
Sat Dec 08, 2001 07:00 am
Discharge Cumulative Trend Report from 12/06/01 0205 to 12/07/01 1210

ent Name: SHAFFERDOAN,AYDEN NICHOLAS — All Sections-Page 7
d Rec #: 000470312 — Adm: 12/06/01
s Date 12/07/01
ys-Service: SIAR,W J - *PEDIATRIC

****

>> CULTURE CEREBROSPINAL FLUID <<
Source: CSF-

ll. Time: 12/06/01 1328 — In at: 12/06/01 1357 — Acct #: D0133900847
der Phys: SIAR,W J — Techs : VDR

at: 12/07/01 0717 — Preliminary 1 [1478639] — Techs: T51500*,68600

growth at 24 hours.

>> GRAM STAIN W/ INTERP <<
Source: CSF-

ll. Time: 12/06/01 1328 — In at: 12/06/01 1357 — Acct #: D0133900847
der Phys: SIAR,W J — Techs : VDR

at: 12/06/01 1452 — Gram Stain [1478639] — Techs: T00686*,68600

RAM STAIN
WBC's seen.
acteria seen.

---

n: 12/06/01 1357 — Spec: CSF-
at: 12/06/01 1441 — ANTIGENS BACTERIAL PROFILE — Techs: VDR T68600
ll Time: 12/06/01 1328
der Phys: SIAR,W J — [D0133900847/1478639]

esult Name	*STAT*STAT*STAT* Result
rp B Strep Ag:	Negative
pneumo Ag:	Negative
flu type b Ag:	Negative
men Grp A-Y Ag:	Negative
men Grp C-W135 Ag:	Negative
men Grp B/E coli K1 Ag:	Negative
alled to/time:	lisa at 245
rder Comment:	cx tube1&3 cult #2

SHAFFERDOAN,AYDEN NICHOLAS
000470312

ose Costa M.D./Gregory Suslow M.D.
** DO NOT DISCARD **
scharge Cumulative Trend Report

(M-11/18/01)
Dr. SIAR,W J

DUBC REGIONAL MEDICAL CENTER
Sat Dec 08, 2001 07:00 am
Discharge Cumulative Trend Report from 12/06/01 0205 to 12/07/01 1210

nt Name: SHAFFERDOAN,AYDEN NICHOLAS
Rec #: 000470312
Date 12/07/01
s-Service: SIAR,W J - *PEDIATRIC

All Sections-Page 8
Adm: 12/06/01

****

CULTURE URINE <<
Source: Urine Clean Catch

ll. Time: 12/06/01 0255 In at: 12/06/01 0311 Acct #: D0133900847
der Phys: PALMER,GEORGE JR Techs : VER

t at: 12/07/01 0810 Preliminary 1 [1478236] Techs: T51500*,68600

so present 60,000 CFU's/ml
Colony Types
xed flora

rep agalact. - Grp B
25,000 CFU's/ml
MIC's/Sensi to follow

SHAFFERDOAN,AYDEN NICHOLAS
000470312

(M-11/18/01)
Dr. SIAR,W J

se Costa M.D./Gregory Suslow M.D.
O NOT DISCARD **
harge Cumulative Trend Report

DUBO REGIONAL MEDICAL CENTER
Sat Dec 08, 2001 07:00 am
Discharge Cumulative Trend Report from 12/06/01 0205 to 12/07/01 1210

nt Name: SHAFFERDOAN,AYDEN NICHOLAS Notification-Page 10
i Rec #: 900470312 Adm: 12/06/01
s Date 12/07/01
ys-Service: SIAR,W J - *PEDIATRIC

****

LABORATORY CANCELLED AND SPECIMEN REJECTED TESTS

****SPECIMEN CANCELLED****

cn: 1473643 Acct: D0133900847
ec: CSF Collected: 12/06/01 1336
iority: ASAP Ord Phys: SIAR,W J

Test Name: CELL COUNT, FLUID

Cancelled: 12/06/01 1447 Cancelled by: 01447
Cancellation Reason: DUPLICATE ORDERS

****SPECIMEN CANCELLED****

cn: 1478889 Acct: D0133900847
ec: Blood Collected: 12/07/01 0530
iority: ROUTINE Ord Phys: SIAR,W J

Test Name: DIFFERENTIAL, MANUAL
CBC/PLATELET

Cancelled: 12/07/01 1502 Cancelled by: 01447
Cancellation Reason: PART OF ANOTHER TEST

End of Report

ACL
QUEST Diagnostic, Inc. Affiliate

Clinical Laboratory Report

Mary Ellen Reitz, M.D.
Medical Director

Complete Report

SHAFFERDOAN, AYDE
Patient Name

M 11/18/2001 0
Sex D.O.B. Age

470312
Patient I.D./Soc. Sec. Number

SIAR, W J.
Ordering Physician

Patient Home# Patient Work# 847

12/07/2001 09:50am
Date Drawn Time Drawn

DUBOIS REGIONAL MEDICAL CENTER
100 HOSPITAL AVE
DUBOIS, PA 15801

12/07/2001
Date Received

402D / 7
Hospital/ID #

12/16/2001
Date of Report

10057
Account Number

ET780122M
Specimen Number

REQ#: B06052 085183A 1479087
Comments

Test Name	Results	Units	Reference Range	Site
646N AMINO ACIDS,PLASMA				
DATE OF BIRTH	11182001			
PHOSPHOSERINE	10	UMOL/L	7- 47	
TAURINE	142	UMOL/L	46- 492	
ASPARTIC ACID	24	UMOL/L	20- 129	
HYDROXYPROLINE	26	UMOL/L	0- 91	
THREONINE	36	UMOL/L	90- 329	
SERINE	112	UMOL/L	99- 395	
ASPARAGINE	60	UMOL/L	29- 132	
GLUTAMIC ACID	78	UMOL/L	62- 620	
GLUTAMINE	804	UMOL/L	376- 709	
PROLINE	230	UMOL/L	110- 417	
GLYCINE	222	UMOL/L	232- 740	
ALANINE	428	UMOL/L	131- 710	
CITRULLINE	22	UMOL/L	10- 45	
2-AMINOBUTYRIC ACID	36	UMOL/L	6- 24	
VALINE	96	UMOL/L	86- 190	
CYSTINE	SEE BELOW INTERFERING SUBSTANCE DOES NOT PERMIT QUANTITATION OF THIS AMINO ACID.	UMOL/L	17- 98	
METHIONINE	38	UMOL/L	10- 60	
ISOLEUCINE	24	UMOL/L	26- 91	
LEUCINE	74	UMOL/L	48- 160	
TYROSINE	44	UMOL/L	55- 147	
PHENYLALANINE	58	UMOL/L	38- 137	
HOMOCYSTINE	0	UMOL/L	0	
TRYPTOPHAN	12	UMOL/L	0- 60	
ORNITHINE	32	UMOL/L	48- 211	
LYSINE	112	UMOL/L	92- 325	
1-METHYLHISTIDINE	2	UMOL/L	0- 43	
HISTIDINE	60	UMOL/L	30- 138	
3-METHYLHISTIDINE	8	UMOL/L	0- 6	
ARGININE	58	UMOL/L	6- 140	
2-AMINOADIPIC ACID	0	UMOL/L	0	
PHOSPHOETHANOLAMINE	20	UMOL/L	3- 27	
BETA-ALANINE	6	UMOL/L	0- 10	

end [↑] High [↓] Low [*] Abnormal [C] Corrected [I] Incomplete [P] Preliminary

Clinical Laboratory Report

Mary Ellen Reitz, M.D.
Medical Director

Complete Report

SHAFFERDOAN, AYDE Patient Name	12/07/2001 Date Drawn	09:50am Time Drawn	12/07/2001 Date Received	12/16/2001 Date of Report
M 11/18/2001 0 Sex D.O.B. Age	DUBOIS REGIONAL MEDICAL CENTER		402 Hospital/ID #	10057 Account Number
470312 Patient I.D./Soc. Sec. Number	100 HOSPITAL AVE			
SIAR, W J. Ordering Physician	DUBOIS, PA 15801			ET780122M Specimen Number
Patient Home# Patient Work#	REQ#: B06052 085183A	1479087 Comments		

Test Name	Results	Units	Reference Range	Site
ETHANOLAMINE	64	UMOL/L	0- 115	
CYSTATHIONINE	0	UMOL/L	0- 3	
INTERPRETATION	SEE BELOW			

THIS PATTERN OF AMINO ACIDS DOES NOT SUGGEST A SPECIFIC INHERITED METABOLIC DEFECT.

IF CLINICAL SIGNS AND SYMPTOMS INDICATE, SUGGEST QUANTITATIVE URINE ORGANIC ACID ANALYSIS TO FURTHER INVESTIGATE THE INBORN ERRORS OF METABOLISM. Interpretation reviewed by: Charles Strom, M.D., Ph.D., FACMG, HCLD

NOTE: LITERATURE REFERENCE RANGE SOURCE:

SJ Soldin, C Brughara, KC Gunter and JM Hicks Pediatric Reference Ranges, 2nd Edition, AACC Press, 1997, pp. 10-19.

PERFORMING SITE
QUEST DIAGNOSTICS

ADDRESS
NICHOLS INSTITUTE
33608 ORTEGA HIGHWAY
SAN JUAN CAPISTRANO, CA 92690

*** END OF REPORT ***

ACL
QUEST Diagnostic, Inc. Affiliate

Clinical Laboratory Report

Mary Ellen Reitz, M.D.
Medical Director

Complete Report

SHAFFERDOAN, AYDE
Patient Name

M | 11/18/2001 | 0
Sex | D.O.B. | Age

470312
Patient I.D./Soc. Sec. Number

SIAR, W J.
Ordering Physician

Patient Home# | Patient Work#

12/07/2001 Date Drawn | 01:12pm Time Drawn

DUBOIS REGIONAL MEDICAL CENTER
100 HOSPITAL AVE
DUBOIS, PA 15801

12/07/2001 Date Received
ped Hospital/ID #

12/18/2001 Date of Report
10057 Account Number

ET780117T Specimen Number

REQ#: B06052 085178A

1479258 Comments

Test Name	Results	Units	Reference Range	Site
65847W VIRUS CULTURE				
SOURCE	OTHER-RECTAL			
PRELIM REPORT	NO VIRUS ISOLATED AFTER 5 DAYS.			
FINAL REPORT	NO VIRUS ISOLATED.			

PERFORMING SITE
ASSOCIATED CLINICAL LABS

ADDRESS
1526 PEACH STREET
ERIE, PA 16501

*** END OF REPORT ***

Legend [↑] High [↓] Low [*] Abnormal [C] Corrected [I] Incomplete [P] Preliminary

ACL

QUEST Diagnostic, Inc. Affiliate

Clinical Laboratory Report

Mary Ellen Reitz, M.D.
Medical Director

Complete Report

SHAFFERDOAN, AYDE
Patient Name

M | 11/18/2001 | 0
Sex | D.O.B. | Age

470312
Patient I.D./Soc. Sec. Number

SIAR, W.I. Medlites
Ordering Physician

Patient Home# | Patient Work#

12/07/2001 | 01:13pm
Date Drawn | Time Drawn

DUBOIS REGIONAL MEDICAL CENTER
100 HOSPITAL AVE
DUBOIS, PA 15801

REQ#: B06052 085177A

1479260
Comments

12/07/2001 | 12/18/2001
Date Received | Date of Report

ped | 10057
Hospital/ID # | Account Number

ET780116L
Specimen Number

Test Name	Results	Units	Reference Range	Site
65847W VIRUS CULTURE				
SOURCE	OTHER-NASOPHARYNGEAL			
PRELIM REPORT	NO VIRUS ISOLATED AFTER 5 DAYS.			
FINAL REPORT	NO VIRUS ISOLATED.			

PERFORMING SITE
ASSOCIATED CLINICAL LABS

ADDRESS
1526 PEACH STREET
ERIE, PA 16501

*** END OF REPORT ***

end [↑] High [↓] Low [*] Abnormal [C] Corrected [I] Incomplete [P] Preliminary

DuBois REGIONAL MEDICAL CENTER
100 Hospital Ave / DuBois, PA 15801

SHAFFERDOAN,AYDEN NICHOLAS PED-4020-01 Unit # 000470312
RD 3 BOX 308 3
REYNOLDSVILLE PA 15851 Age 18D Acct # D0133900847

Date:12/06/01 Time:1027

SIAR,W J
DRMC EAST
DUBOIS PA 15801

SIAR,W J
DRMC EAST
DUBOIS PA 15801

Chk-in #	Order	Exam	
505452	0013	41003	XR-CHEST PA & LATERAL Ord Diag: ;DEHYDRATION
505453	0013	42124	US-RETROPERITONEUM LIMITED Ord Diag: ;DEHYDRATION

CHEST:

The lungs are well aerated. No infiltrate or consolidation is seen. The cardiomediastinal silhouette is normal. There is no pleural effusion or pneumothorax seen.

IMPRESSION: NO ACTIVE PULMONARY PATHOLOGY.

RETROPERITONEAL ULTRASOUND:

Both kidneys are preserved with no hydronephrosis, masses, or cysts. The right kidney measures 5.9 x 2.6 cm and the left kidney measures 5.1 x 2.9 cm.

IMPRESSION: NEGATIVE.

/READ BY/ JERJIS T ALAJAJI, Radiologist
/Released By/ JERJIS T ALAJAJI, Radiologist

12/06/01 1353
LLW

Complete

DUBOIS REGIONAL MEDICAL CENTER
100 Hospital Ave, DuBois, PA 15801

SHAFFERDOAN,AYDEN NICHOLAS PED-4020-01 Unit # 000470312
RD 3 BOX 308 3
REYNOLDSVILLE PA 15851 Age 19D Acct # D0133900847

Date:12/07/01 Time:0722

SIAR,W J
DRMC EAST
DUBOIS PA 15801

SIAR,W J
DRMC EAST
DUBOIS PA 15801

Chk-in #	Order	Exam	
505618	0024	42111	US-CRANIAL VENTRICLE

Ord Diag: ;DEHYDRATION

CRANIAL ULTRASOUND:

Cranial ultrasound through the anterior fontanelle was performed.

Brain parenchyma is preserved and appears to have normal echogenicity. There is no focal abnormalities to suggest hemorrhage or leukomalacia. Lateral and third ventricles show no dilatation. Choroid plexus is unremarkable.

IMPRESSION: NEGATIVE.

/READ BY/ JERJIS T ALAJAJI; Radiologist
/Released By/ JERJIS T ALAJAJI, Radiologist

12/07/01 1115
LLW

Complete

D IS REGIONAL MEDICAL CENTE
100 Hospital Ave, DuBois, PA 15801

SHAFFERDOAN,AYDEN NICHOLAS PED-4020-01 Unit # 000470312
RD 3 BOX 308 3
REYNOLDSVILLE PA 15851 Age 19D Acct # D0133900847

Date:12/07/01 Time:1157

SIAR,W J
DRMC EAST
DUBOIS PA 15801

SIAR,W J
DRMC EAST
DUBOIS PA 15801

Chk-in #	Order	Exam	
505663	0031	72724	CT-HEAD UNENHANCED
			Ord Diag: ;SEIZURES

CT HEAD SCAN:

Computerized tomographic axial sections of the head were obtained without intravenous contrast enhancement.

There is extensive subarachnoid hemorrhage on the falx tentorium, the anterior intercerebral fissure, and the sulci of the frontal lobes. The fourth ventricle is visualized. The anterior horns of the lateral ventricles are visualized. There may be hemorrhage within the bodies of the lateral ventricles and the occipital horns.

IMPRESSION: THERE IS EXTENSIVE SUBARACHNOID HEMORRHAGE AS DESCRIBED ABOVE.

/READ BY/ GEORGE M KOSCO
/Released By/ GEORGE M KOSCO

12/07/01 1540
RAW

omplete

ASSESS/INTERVENT	12/06					
Psychosocial-Cont.	03:30	05:45	06:00	07:45	08:00	08:30
interventions				listen reassure		
CARE PROVIDERS				JG3		

12/06/01 03:30 psychosocial(PCP): did have startle reflex and cried when undressed and weighed on scale.

12/06/01 03:30 Pt/Par interactn(PCP): mother at bedside, staying over with pt tonight.

psychosocial	03:30	05:45	06:00	07:45	08:00	08:30
cultural beliefs	wont impact care					
religion beliefs	wont impact care					
CARE PROVIDERS	BAD					

Pain	03:30	05:45	06:00	07:45	08:00	08:30
assessment	WNL except &		WNL except &	WNL &		
Pain intervent	swaddle &					
Pain intv resp	good tolerated					
Understnd pain	verbalized					
CARE PROVIDERS	PCP		PCP	JG3		

12/06/01 03:30 assessment(PCP): pt is an infant and unable to report/rate pain, pt currently laying in crib, occasionally grimacing but also eyes twitching (? seizure activity), no other pain cues observed.

12/06/01 03:30 Pain intervent(PCP): baby bundled/swaddled and held pm.

12/06/01 06:00 assessment(PCP): 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 07:45 assessment(JG3): no evidence of pain

Peripheral IV	03:30	05:45	06:00	07:45	08:00	08:30
Site 1						
IV line	patent continue iv &	patent convert hep lock		patent continue iv		
placement	scalp	scalp		Rt Antecubital		
soln type	D5 1/4NS			D5 1/4NS		
bag size	1000 cc &			500 cc		
amt up	1000cc			440cc		
flow rt	20cc/hr			20cc/hr		
additive 1				Ca gluc ml		
dose 1				10 &		
site assessment	dry intact	dry intact		dry intact		
Site 2						
IV line		patent continue iv restart &				
placement		Rt Antecubital				
CARE PROVIDERS	BAD	BAD		JG3		

DAVIS, BARBARA A(BAD)RN GIUFFRE, JENNIFER(JG3)RN PEOPLES, PATRICIA C(PCP)RN

ASSESS/INTERVENT	12/06					
Peripheral IV-Cont.	**03:30**	**05:45**	**06:00**	**07:45**	**08:00**	**08:30**
soln type		D5 1/4NS				
bag size		500 cc				
amt up		500cc				
flow rt		20cc/hr				
additive 1		Ca gluc ml				
dose 1		21.5 &				
site assessment		dry intact				
# of pumps	1	2 &		1		
IV placement IV attempts cathlon size		Rt Antecubital 1 angio 24				
interventions	checked q 2 hrs	flush/protocol		checked q 2 hrs		
intv response	tolerated	good		good		
CARE PROVIDERS	BAD	BAD		JG3		

12/06/01 03:30 IV line(BAD): 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 03:30 bag size(BAD): bag hung by ER.

12/06/01 05:45 IV line(BAD): started second iv access at this time since scalp vein cannot be used for infusion of calcium gluconate.

12/06/01 05:45 dose 1(BAD): 10 mEq/ 500cc IV fluid.

12/06/01 05:45 # of pumps(BAD): 1 pump used for IV antibiotics via hep lock and other pump used for IV infusion.

12/06/01 07:45 dose 1(JG3): 10 meq

Activ Daily Liv	**03:30**	**05:45**	**06:00**	**07:45**	**08:00**	**08:30**
Feeding	total			total		
Diet	breast feed			&		
ADL intv resp	good tolerated unchanged			tolerated		
Play activities	not interested			not interested		
HR monitor limit	80-200			80-200		
RR monitor limit	20-100					
Apnea delay	20sec			20sec		
Low Sat Limit	90%			90%		
Activity						
Dependent	all adl's					
Mobility	&					
Eating/feeding	total feed					
hygiene	pericare					
activity	held crib HOB up			held crib HOB up		
safety	call light pt checked crib rails 1/2 parents/bedside			call light pt checked crib rails 1/2 parents/bedside		
CARE PROVIDERS	PCP*			JG3		

DAVIS, BARBARA A(BAD)RN GIUFFRE, JENNIFER(JG3)RN PEOPLES, PATRICIA C(PCP)RN

CONTINUED

ASSESS/INTERVENT	12/06					
Activ Daily Liv-Cont.	03:30	05:45	06:00	07:45	08:00	08:30
bedside equip	oximeter			oximeter other &		
interventions	ID bands on teaching done			ID bands on		
CARE PROVIDERS	PCP			JG3		

12/06/01 03:30 Mobility(BAD): n/a

12/06/01 07:45 Diet(JG3): holding feedings

12/06/01 07:45 bedside equip(JG3): cr monitor

Pt progress	03:30	05:45	06:00	07:45	08:00	08:30
progress note			&			
continued			&			
CARE PROVIDERS			PCP			

12/06/01 06:00 progress note(PCP): Pt admitted with dehydration. Afebrile. NPO. Diaper changed x 1 for squirt 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.

12/06/01 06:00 continued(PCP): Had some periodic breathing and 1 apneic episode. Had some twitching movements of eyes, and rolled eyes back as well as o2 desats occuring with these episodes. Episodes lasted approx 15-30sec. O2 blowby used during desats.

Comments	03:30	05:45	06:00	07:45	08:00	08:30
Comments 1		&				
CARE PROVIDERS		BAD				

12/06/01 05:45 Comments 1(BAD): 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.

DAVIS, BARBARA A(BAD)RN GIUFFRE, JENNIFER(JG3)RN PEOPLES, PATRICIA C(PCP)RN

ASSESS/INTERVENT	12/06					
Neurological	09:00	09:30	10:20	11:00	11:15	11:25
Assessment	&	&			&	&
LOC				lethargic listless		
Motor strength						
All extremities				normal		
Opens eyes				spontaneous		
Best motor respn				withdraws pain		
Nuchal rigidity				absent		
Fontanels				soft flat		
cry				lusty		
best verb rsp <2				cries consolable		
muscle tone				normal		
CARE PROVIDERS	JG3	JG3		JG3	JG3	JG3

12/06/01 09:00 Assessment(JG3): 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 09:30 Assessment(JG3): 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 11:15 Assessment(JG3): 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 30sec

12/06/01 11:25 Assessment(JG3): 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 20sec

Neuromuscular	09:00	09:30	10:20	11:00	11:15	11:25
Assessment	&	&			&	&
CARE PROVIDERS	JG3	JG3			JG3	JG3

12/06/01 09:00 Assessment(JG3): 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 09:30 Assessment(JG3): 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 11:15 Assessment(JG3): 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 30sec

12/06/01 11:25 Assessment(JG3): 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 20sec

Respiratory	09:00	09:30	10:20	11:00	11:15	11:25
Resp pattern				shallow periodic apnea		
Cough				absent		
Resp intv resp				unchanged		
Oxygen L				10L blowby		
Chest expansion				equal bilat		
Nailbeds				pink pale		
Apnea				&		
Apnea interventn				oxygen monitor pulse oximeter		
Sound/Breath				normal		
CARE PROVIDERS				JG3		

GIUFFRE, JENNIFER(JG3)RN

ASSESS/INTERVENT	12/06					
Respiratory-Cont.	09:00	09:30	10:20	11:00	11:15	11:25
breath sounds						
All lobes				clear		
CARE PROVIDERS				JG3		
12/06/01 11:00 Apnea(JG3): periodic breathing						
Cardiovascular	09:00	09:30	10:20	11:00	11:15	11:25
Assessment				WNL		
cap refill <2sec				yes		
CARE PROVIDERS				JG3		
Gastrointestinal	09:00	09:30	10:20	11:00	11:15	11:25
Bowel sounds						
all quads				hypoactive		
Abdomen				soft nondistended rounded		
Bowel control				incontinent		
CARE PROVIDERS				JG3		
Renal/Urinary	09:00	09:30	10:20	11:00	11:15	11:25
Assessment				WNL		
CARE PROVIDERS				JG3		
Musculoskeletal	09:00	09:30	10:20	11:00	11:15	11:25
Assessment				WNL		
CARE PROVIDERS				JG3		
Skin	09:00	09:30	10:20	11:00	11:15	11:25
Skin condition				very dry warm		
Turgor				normal		
Mucous memb				pink sticky		
Skin color				pale		
Skin integrity				intact		
Umbilical cord				dry black		
lips				dry		
interventions				cord care		
CARE PROVIDERS				JG3		
Psychosocial	09:00	09:30	10:20	11:00	11:15	11:25
Pt/Par interactn				agreeable appropriate comforting holding		
CARE PROVIDERS				JG3		

GIUFFRE, JENNIFER(JG3)RN

ASSESS/INTERVENT	12/06					
Multidisciplinry	09:00	09:30	10:20	11:00	11:15	11:25
US			&			
CARE PROVIDERS			MAB			

12/06/01 10:20 US(MAB): renal sono done

BECKMAN, MICHELLE A(MAB)Ultrasound

ASSESS/INTERVENT	12/06					
Neurological	11:45	11:55	12:00	12:15	12:20	12:25
Assessment	&	&	&		&	&
cry				&		
neuro intervntns			phys notified (modified) &			
CARE PROVIDERS	JG3	JG3	JG3	JG3	JG3	JG3

12/06/01 11:45 Assessment(JG3): sat 82, hr 138, resp 28, shallow breathing, periodic breathing, no color change, o2 on, episode lasted 45 sec

12/06/01 11:55 Assessment(JG3): sat 69, hr 142, resp 24, shallow, no color change/pt remains pale, episode lasted 40sec

12/06/01 12:00 Assessment(JG3): sat 72, hr 150's, resp 28, shallow, no color change. episode lasted 50sec

12/06/01 12:00 neuro intervntns(JG3): dr grout notified of episode, pt status, renal us results, cxr results. dr will come in caffeine received from pharmacy and administered

12/06/01 12:15 cry(JG3): pt crys occasionally as if in pain

12/06/01 12:20 Assessment(JG3): sat 40-60, hr 120, resp 26, resp shallow, no color change, episode lasted 40sec

12/06/01 12:25 Assessment(JG3): sat 71, hr 140's, resp 20, shallow, episode lasted 45 sec.

Neuromuscular	11:45	11:55	12:00	12:15	12:20	12:25
Assessment	&	&	&		&	&
CARE PROVIDERS	JG3	JG3	JG3		JG3	JG3

12/06/01 11:45 Assessment(JG3): sat 82, hr 138, resp 28, shallow breathing, periodic breathing, no color change, o2 on, episode lasted 45 sec

12/06/01 11:55 Assessment(JG3): sat 69, hr 142, resp 24, shallow, no color change/pt remains pale, episode lasted 40sec

12/06/01 12:00 Assessment(JG3): sat 72, hr 150's, resp 28, shallow, no color change. episode lasted 50sec

12/06/01 12:20 Assessment(JG3): sat 40-60, hr 120, resp 26, resp shallow, no color change, episode lasted 40sec

12/06/01 12:25 Assessment(JG3): sat 71, hr 140's, resp 20, shallow, episode lasted 45 sec.

Cardiovascular	11:45	11:55	12:00	12:15	12:20	12:25
Heart rate				&		
CARE PROVIDERS				JG3		

12/06/01 12:15 Heart rate(JG3): hr occasionally drops to 106-108

GIUFFRE, JENNIFER(JG3)RN

ASSESS/INTERVENT	12/06					
Neurological	12:40	12:45	13:15	13:30	14:00	15:30
Assessment	&	&	&			
LOC						lethargic listless
Neuro intv respn						tolerated
Motor strength						
All extremities						normal
Opens eyes						spontaneous
Best motor respn						withdraws pain
Nuchal rigidity						absent
Fontanels						soft flat
cry						strong
best verb rsp <2						cries consolable
muscle tone						normal
neuro intervntns						seizure precautn safety precautin oximeter CR monitor
CARE PROVIDERS	JG3	JG3	JG3			JG3

12/06/01 12:40 Assessment(JG3): sat 68, hr 136, resp 24, no color change, o2 on, episode lasted 20sec. pt appears to be refluxing, crys as if in pain occasionally

12/06/01 12:45 Assessment(JG3): sat low 80's, hr 130's, resp 20's, left arm tremoring x 5 sec.

12/06/01 13:15 Assessment(JG3): dr. grout in, lumbar puncture performed, pt wimpered with procedure, lethargic, dr. notified of episodes/arm tremoring.

Neuromuscular	12:40	12:45	13:15	13:30	14:00	15:30
Assessment	&	&	&			
CARE PROVIDERS	JG3	JG3	JG3			

12/06/01 12:40 Assessment(JG3): sat 68, hr 136, resp 24, no color change, o2 on, episode lasted 20sec. pt appears to be refluxing, crys as if in pain occasionally

12/06/01 12:45 Assessment(JG3): sat low 80's, hr 130's, resp 20's, left arm tremoring x 5 sec.

12/06/01 13:15 Assessment(JG3): dr. grout in, lumbar puncture performed, pt wimpered with procedure, lethargic, dr. notified of episodes/arm tremoring.

Respiratory	12:40	12:45	13:15	13:30	14:00	15:30
Resp pattern						equal shallow
Cough						absent
Oxygen L				2L nasal cann		2L nasal cann
Chest expansion						equal bilat
Nailbeds						pink
Apnea interventn						oxygen monitor pulse oximeter
Sound/Breath						normal
breath sounds						
All lobes						clear
CARE PROVIDERS				JG3		JG3

GIUFFRE, JENNIFER(JG3)RN

CONTINUED

ASSESS/INTERVENT	12/06					
Cardiovascular	12:40	12:45	13:15	13:30	14:00	15:30
Assessment						WNL
CARE PROVIDERS						JG3
Gastrointestinal	12:40	12:45	13:15	13:30	14:00	15:30
Abdomen						soft nondistended rounded
Bowel control						incontinent
Stool						
Output descrp				moderate loose yellow dk green		
Feeding						total
stools sent				C&S		
CARE PROVIDERS				JG3		JG3
Renal/Urinary	12:40	12:45	13:15	13:30	14:00	15:30
Assessment						WNL
CARE PROVIDERS						JG3
Musculoskeletal	12:40	12:45	13:15	13:30	14:00	15:30
Assessment						WNL
CARE PROVIDERS						JG3
Skin	12:40	12:45	13:15	13:30	14:00	15:30
Skin condition						very dry warm
Turgor						normal
Mucous memb						pink sticky
Skin color						pale pink
Skin integrity						intact
Umbilical cord						dry black
lips						dry
CARE PROVIDERS						JG3
Psychosocial	12:40	12:45	13:15	13:30	14:00	15:30
Pt/Par interactn						agreeable appropriate comforting holding &
interventions						listen reassure holding
CARE PROVIDERS						JG3

12/06/01 15:30 Pt/Par interactn(JG3): dad holding baby
GIUFFRE, JENNIFER(JG3)RN

CONTINUED

ASSESS/INTERVENT	12/06					
Pain	12:40	12:45	13:15	13:30	14:00	15:30
assessment						WNL except &
CARE PROVIDERS						JG3
12/06/01 15:30 assessment(JG3): pt occasionally crys as if in pain						
Peripheral IV	12:40	12:45	13:15	13:30	14:00	15:30
Site 1						
IV line					patent continue iv	patent continue iv
placement						Rt Antecubital
soln type						D5 1/4NS
bag size						500 cc
amt up					350cc	300cc
flow rt						20cc/hr
additive 1						Ca gluc ml
dose 1						&
site assessment					dry intact	dry intact
Site 2						
IV line						patent hep lock
placement						scalp
site assessment						dry intact
interventions					checked q 2 hrs	checked q 2 hrs
intv response					good	good
CARE PROVIDERS					JG3	JG3
12/06/01 15:30 dose 1(JG3): 10 meq						
Activ Daily Liv	12:40	12:45	13:15	13:30	14:00	15:30
Feeding						total
Play activities						not interested
HR monitor limit						80-200
Apnea delay						20sec
Low Sat Limit						90%
activity						held crib
safety						call light pt checked crib rails 1/2 parents/bedside
bedside equip						oximeter other &
interventions						ID bands on
CARE PROVIDERS						JG3
12/06/01 15:30 bedside equip(JG3): cr monitor						

GIUFFRE, JENNIFER(JG3)RN

ASSESS/INTERVENT	12/06					
Pt progress	12:40	12:45	13:15	13:30	14:00	15:30
progress note					&	
CARE PROVIDERS					JG3	

12/06/01 14:00 progress note(JG3): pt in mom's arms, color pale pink, improved, lips pinker, o2 sats 100 on 2liter nasal cannula, frequent episodes of desats, shallow/periodic breathing, one episode of arm tremoring. episodes have become less frequent since caffeine. 70cc void with 2 bm's

GIUFFRE, JENNIFER(JG3)RN

ASSESS/INTERVENT	12/06					
Neurological	15:40	16:00	16:10	17:45	18:05	19:10
Assessment	&	&	&		&	&
CARE PROVIDERS	JG3	JG3	JG3		JG3	JG3
12/06/01 15:40 Assessment(JG3): sat 82 hr 140, resp shallow, episode lasted 20sec						
12/06/01 16:00 Assessment(JG3): sat 68, hr 148, resp shallow, approx 10sec						
12/06/01 16:10 Assessment(JG3): sat 82, hr 146, no color change, approx 5 sec						
12/06/01 18:05 Assessment(JG3): sat 74, hr 150, resp 28, no color change noted, approx 15sec						
12/06/01 19:10 Assessment(JG3): brief desat to 88 with recovery to 100, no color change						
Neuromuscular	15:40	16:00	16:10	17:45	18:05	19:10
Assessment	&	&	&		&	&
CARE PROVIDERS	JG3	JG3	JG3		JG3	JG3
12/06/01 15:40 Assessment(JG3): sat 82 hr 140, resp shallow, episode lasted 20sec						
12/06/01 16:00 Assessment(JG3): sat 68, hr 148, resp shallow, approx 10sec						
12/06/01 16:10 Assessment(JG3): sat 82, hr 146, no color change, approx 5 sec						
12/06/01 18:05 Assessment(JG3): sat 74, hr 150, resp 28, no color change noted, approx 15sec						
12/06/01 19:10 Assessment(JG3): brief desat to 88 with recovery to 100, no color change						
Pain	15:40	16:00	16:10	17:45	18:05	19:10
Pain cues				crying grimacing rigid &		
Pain intervent				&		
CARE PROVIDERS				JG3		
12/06/01 17:45 Pain cues(JG3): pt crys occasionally, tense						
12/06/01 17:45 Pain intervent(JG3): belly warmer						

GIUFFRE, JENNIFER(JG3)RN

ASSESS/INTERVENT	12/06					12/07
Neurological	19:30	20:00	22:00	23:00	23:30	00:10
Assessment	&					WNL except
LOC		awake alert rec sign otr &		awake alert rec sign otr		
Both pupils						
Pupil reaction		brisk accomodation		brisk accomodation		
Pupil size		3mm		3mm		
Seizure activity						
Facial						sudden &
Neuro intv respn		good tolerated		good tolerated unchanged		good tolerated unchanged
Motor strength						
All extremities		normal		normal		
Opens eyes		spontaneous		spontaneous		
Best motor respn		withdraws pain &		withdraws pain		
Nuchal rigidity		absent		absent		
Fontanels		soft flat		soft flat		
cry		shrill &		shrill &		
Understnd neuro		verbalized				
best verb rsp <2		cries consolable recogn parent(s)		cries consolable recogn parent(s)		
O2 applied		2L &				
muscle tone		normal		normal		
color change		none		none		
neuro intervntns		seizure precautn safety precautin teaching done oximeter CR monitor &		seizure precautn safety precautin teaching done oximeter CR monitor		seizure precautn safety precautin oximeter CR monitor &
CARE PROVIDERS	JG3	PCP		PCP		PCP

12/06/01 19:30 Assessment(JG3): sats 70's, lips sl. less pink, resp shallow, hr 150's, approx 50sec

12/06/01 20:00 LOC(PCP): looks around when spoken to, acting like he is rec ognizing mother better.

12/06/01 20:00 Best motor respn(PCP): good reflexes, good startle reflex.

12/06/01 20:00 cry(PCP): only occasional cry, seems assosciated 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 O2 applied(PCP): nasal cannula on at this time.

12/06/01 20:00 neuro intervntns(PCP): suction on standby.

12/06/01 23:00 cry(PCP): occasional shrill cry ? belly pain.

12/07/01 00:10 Facial(PCP): had brief episode of eye twitching, no color change observed at this time.

12/07/01 00:10 neuro intervntns(PCP): suction at bedside on standby, o2 remains at 2 liters nc.

GIUFFRE, JENNIFER(JG3)RN PEOPLES, PATRICIA C(PCP)RN

CONTINUED

ASSESS/INTERVENT	12/06					12/07
Neuromuscular	19:30	20:00	22:00	23:00	23:30	00:10
Assessment	&					WNL except
CARE PROVIDERS	JG3					PCP

12/06/01 19:30 Assessment(JG3): sats 70's, lips sl. less pink, resp shallow, hr 150's, approx 50sec

Respiratory	19:30	20:00	22:00	23:00	23:30	00:10
Resp pattern		equal shallow &		equal shallow &		
Cough		absent		absent		
Resp intv resp		good tolerated unchanged		good tolerated		
Resp intervent		pulse oximeter &		pulse oximeter &		
Resp effort		abd breathing		abd breathing		
Chest expansion		equal bilat		equal bilat		
Nailbeds		pink		pink		
Sound/Breath		normal		normal		
breath sounds						
All lobes		clear		clear		
CARE PROVIDERS		PCP		PCP		

12/06/01 20:00 Resp pattern(PCP): some occasional periodic breathing observed.
12/06/01 20:00 Resp intervent(PCP): suction at bedside on standby.
12/06/01 23:00 Resp pattern(PCP): periodic breathing at times.
12/06/01 23:00 Resp intervent(PCP): suction on standby at bedside.

EENT	19:30	20:00	22:00	23:00	23:30	00:10
Assessment		WNL &		WNL		
CARE PROVIDERS		PCP		PCP		

12/06/01 20:00 Assessment(PCP): looks much better, eyes no longer sunken.

Cardiovascular	19:30	20:00	22:00	23:00	23:30	00:10
Assessment		WNL		WNL except		
Heart rate		-		irregular &		
cap refill <2sec		yes		yes		
cardio intervnts				phys notified		
CARE PROVIDERS		PCP		PCP		

12/06/01 23:00 Heart rate(PCP): missing beats occasionally.

Gastrointestinal	19:30	20:00	22:00	23:00	23:30	00:10
Assessment				&		
Bowel sounds						
all quads		hypoactive		active		
Swallows		liquids		liquids		
Abdomen		soft nondistended rounded		soft nondistended rounded		
CARE PROVIDERS		PCP		PCP		

GIUFFRE, JENNIFER(JG3)RN PEOPLES, PATRICIA C(PCP)RN

ASSESS/INTERVENT	12/06					12/07
Gastrointestinal-Cont.	19:30	20:00	22:00	23:00	23:30	00:10
Bowel control		incontinent		incontinent		
Stool						
Output descrp		moderate loose mucoid dk green &				
Gastro intervent		perineal care teaching done &		teaching done &		
Gastro intv resp		good tolerated		good tolerated		
Feeding		total		total		
Diet		breast feed &		breast feed		
Signs/symptoms		draw leg abdomen abd pain fussy &		draw leg abdomen abd pain &		
Suck/Swallow		strong &		strong &		
Appear nourishmt		thin		thin		
Understnd gastro		verbalized		verbalized		
CARE PROVIDERS		PCP		PCP		

12/06/01 20:00 Output descrp(PCP): also had a squirt bm with diaper changed immediately prior to this bm- both were dark green.

12/06/01 20:00 Gastro intervent(PCP): 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 Diet(PCP): currently truely NPO.

12/06/01 20:00 Signs/symptoms(PCP): 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 Suck/Swallow(PCP): 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 23:00 Assessment(PCP): pt does occasionally act as if refluxing, gulps and swallows.

12/06/01 23:00 Gastro intervent(PCP): informed pt's mother to continue to save all diapers for nurses to monitor output.

12/06/01 23:00 Signs/symptoms(PCP): ? belly cramping/pain.

12/06/01 23:00 Suck/Swallow(PCP): is sucking on pacifier occasionally, and rooting some.

Renal/Urinary	19:30	20:00	22:00	23:00	23:30	00:10
Assessment		WNL		WNL		
Renal intervent						
Diaper		checked applied care done changed		checked applied changed		
Renal intv resp		good tolerated unchanged				
Urine color/odor						
diaper		clear		clear		
CARE PROVIDERS		PCP		PCP		

PEOPLES, PATRICIA C(PCP)RN

CONTINUED

ASSESS/INTERVENT	12/06					12/07
Renal/Urinary-Cont.	19:30	20:00	22:00	23:00	23:30	00:10
renal intervntns		teaching done &				
CARE PROVIDERS		PCP				

12/06/01 20:00 renal intervntns(PCP): need to continue to monitor output.

Musculoskeletal	19:30	20:00	22:00	23:00	23:30	00:10
Assessment		WNL		WNL		
CARE PROVIDERS		PCP		PCP		

Skin	19:30	20:00	22:00	23:00	23:30	00:10
Skin condition		very dry warm		very dry warm		
Turgor		normal		normal		
Mucous memb		pink moist		pink moist		
Skin color		pale pink &		pale pink		
Skin intv resp		good tolerated		good tolerated		
Skin integrity		intact		intact		
Thermal regulate		bundling		bundling		
Umbilical cord		dry black		dry black		
lips		dry		dry		
interventions		cord care other &		cord care other &		
CARE PROVIDERS		PCP		PCP		

12/06/01 20:00 Skin color(PCP): color much improved than from admission.

12/06/01 20:00 interventions(PCP): A & D ointment to diaper area with changes.

12/06/01 23:00 interventions(PCP): A & D ointment to diaper area with changes.

Psychosocial	19:30	20:00	22:00	23:00	23:30	00:10
Assessment		WNL		WNL		
psychosocial		appropriate &		appropriate &		
Psych intv resp		good tolerated		good tolerated		
Pt/Par interactn		agreeable appropriate comforting holding &		agreeable appropriate comforting holding &		
interventions		listen encourage expres offer info		listen holding rocking encourage expres &		
CARE PROVIDERS		PCP		PCP		

12/06/01 20:00 psychosocial(PCP): looking around more, seems to recognize mother tonight.

PEOPLES, PATRICIA C(PCP)RN

ASSESS/INTERVENT	12/06					12/07
Psychosocial-Cont.	19:30	20:00	22:00	23:00	23:30	00:10

12/06/01 20:00 Pt/Par interactn(PCP): mother at bedside, very involved in pt care, mother holding infant at this time.

12/06/01 23:00 psychosocial(PCP): looking around more, seems to recognize mother.

12/06/01 23:00 Pt/Par interactn(PCP): mother at bedside, staying over with pt tonight.

12/06/01 23:00 interventions(PCP): mother holding and rocking baby at this time.

Pain	19:30	20:00	22:00	23:00	23:30	00:10
assessment		WNL except &	WNL except &	WNL except &		
Pain cues		crying grimacing other &		crying grimacing other &		
Pain intervent		emot supp repositioned swaddle hold teaching done &		emot supp heat swaddle hold &		
Pain intv resp		good tolerated		good tolerated		
Understnd pain		verbalized				
CARE PROVIDERS		PCP	PCP	PCP		

12/06/01 20:00 Pain cues(PCP): pt occasionally grimaces - then pulls legs to abd then cries a shrill cry, ? belly cramping/pain.

12/06/01 20:00 Pain intervent(PCP): 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 caffine po.

12/06/01 22:00 assessment(PCP): 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 time.

12/06/01 23:00 assessment(PCP): pt is an infant and unable to report/rate pain, pain cues observed - see charting below.

12/06/01 23:00 Pain cues(PCP): pt occasionally grimaces, pulls legs to abd then cries a shrill cry, ? belly cramp/pain.

12/06/01 23:00 Pain intervent(PCP): pt comforted, held and rocked by both mother and also nursing staff, swaddled and belly warmer applied.

Peripheral IV	19:30	20:00	22:00	23:00	23:30	00:10
Site 1						
IV line		patent continue iv	patent continue iv	patent continue iv		
placement		Rt Antecubital	Rt Antecubital	Rt Antecubital		
soln type		D5 1/4NS	D5 1/4NS	D5 1/4NS		
bag size		500 cc	500 cc	500 cc		
amt up			100cc			
flow rt		20cc/hr	20cc/hr	20cc/hr		
additive 1		Ca gluc ml	Ca gluc ml	Ca gluc ml		
dose 1		10 &	10 &	10 &		
site assessment		dry intact	dry intact	dry intact		
Site 2						
IV line		patent hep lock	patent hep lock	patent hep lock		
CARE PROVIDERS		PCP	PCP	PCP		

PEOPLES, PATRICIA C(PCP)RN

CONTINUED

ASSESS/INTERVENT	12/06					12/07
Peripheral IV-Cont.	19:30	20:00	22:00	23:00	23:30	00:10
placement		scalp	scalp	scalp		
soln type		D5 1/4NS &				
bag size		500 cc				
site assessment		dry intact		dry intact		
# of pumps		1 &	1	1		
interventions		checked q 2 hrs pt teaching flush/protocol &	checked q 2 hrs	checked q 2 hrs pt teaching flush/protocol &		
intv response		good tolerated unchanged &	good tolerated unchanged	good tolerated unchanged &		
CARE PROVIDERS		PCP	PCP	PCP		

12/06/01 20:00 dose 1(PCP): per 500cc of iv fluids.

12/06/01 20:00 soln type(PCP): for flush after iv antibiotics.

12/06/01 20:00 # of pumps(PCP): for continuous iv infusion and also 2nd pump for giving iv antibiotics.

12/06/01 20:00 interventions(PCP): 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) or if pump beeping.

12/06/01 20:00 intv response(PCP): pt's mother verbalizes understanding.

12/06/01 22:00 dose 1(PCP): per 500cc if fluid.

12/06/01 23:00 dose 1(PCP): meq per 500cc of iv fluid, bag mixed by pharmacist.

12/06/01 23:00 interventions(PCP): flush hep lock q8h, instructed pt's mother to inform nurses if any problem observed with iv such as redness, swelling or if tape loosens or if pump beeping.

12/06/01 23:00 intv response(PCP): pt's mother verbalizes understanding.

Activ Daily Liv	19:30	20:00	22:00	23:00	23:30	00:10
Feeding		total		total		
Diet		breast feed &		breast feed		
ADL intv resp		good tolerated		good tolerated		
Play activities		not interested &		not able @ time		
HR monitor limit		80-200		80-200		
RR monitor limit		20-100		20-100		
Apnea delay		20sec		20sec		
Low Sat Limit		90%		90%		
hygiene		pericare		pericare		
activity		held crib HOB up		held crib HOB up		
safety		call light pt checked crib rails 1/2 parents/bedside		call light pt checked crib rails 1/2 parents/bedside		
CARE PROVIDERS		PCP		PCP		

PEOPLES, PATRICIA C(PCP)RN

CONTINUED

ASSESS/INTERVENT	12/06					12/07
Activ Daily Liv-Cont.	19:30	20:00	22:00	23:00	23:30	00:10
bedside equip		oximeter other &		oximeter other &		
interventions		ID bands on		ID bands on		
CARE PROVIDERS		PCP		PCP		

12/06/01 20:00 Diet(PCP): currently truely NPO.

12/06/01 20:00 Play activities(PCP): pt is alert and looking around more.

12/06/01 20:00 bedside equip(PCP): cr monitor, suction at bedside on standby.

12/06/01 23:00 bedside equip(PCP): cr monitor.

Pt progress	19:30	20:00	22:00	23:00	23:30	00:10
progress note			&			
continued			&			
continued			&			
CARE PROVIDERS			PCP			

12/06/01 22:00 progress note(PCP): 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 8pm.

12/06/01 22:00 continued(PCP): O2 on at 2 liters (humidified), nasal cannula. Occasionally grimaces, pulls legs to abd then cries a shrill cry, ? belly pain/cramping. Had done this with bm this shift (acted like in pain). Pt consoled easily and quieted easily.

12/06/01 22:00 continued(PCP): Pt did suck on pacifier this shift, does not seem to be rooting yet thou.

Comments	19:30	20:00	22:00	23:00	23:30	00:10
Comments 1				&	&	
CARE PROVIDERS				PCP	PCP	

12/06/01 23:00 Comments 1(PCP): 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 Comments 1(PCP): 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.

PEOPLES, PATRICIA C(PCP)RN

ASSESS/INTERVENT	12/07					
Neurological	01:00	02:30	02:47	03:40	04:00	04:20
Assessment	WNL except		WNL except			
Seizure activity						
Facial	sudden &		focal &			
Neuro intv respn	good tolerated		good tolerated			
neuro intervntns	seizure precautn safety precautin oximeter CR monitor		seizure precautn safety precautin oximeter CR monitor			
CARE PROVIDERS	PCP		PCP			
12/07/01 01:00 Facial(PCP): had brief episode of eye twitching, no color change observed.						
12/07/01 02:47 Facial(PCP): brief episode of left eye twiticching, preceeded with upper arm tremors, after episode left pupil slightly more dilated, no color change.						
Neuromuscular	01:00	02:30	02:47	03:40	04:00	04:20
Assessment	WNL except		WNL except			
CARE PROVIDERS	PCP		PCP			
Cardiovascular	01:00	02:30	02:47	03:40	04:00	04:20
Assessment						
Heart rate						
cap refill <2sec						
cardio intervnts						
Renal/Urinary	01:00	02:30	02:47	03:40	04:00	04:20
Assessment						
Renal intervent						
Diaper						
Renal intv resp						
renal intervntns						
Peripheral IV	01:00	02:30	02:47	03:40	04:00	04:20
Site 1						
IV line						patent continue iv &
placement						Rt Antecubital
soln type						D5 1/4NS
bag size						500 cc
amt up						500cc
amt waste						50cc &
chng rt						15cc/hr
site assessment						dry intact
# of pumps						1
interventions						pt teaching &
intv response						good tolerated unchanged
CARE PROVIDERS						PCP

PEOPLES, PATRICIA C(PCP)RN

ASSESS/INTERVENT	12/07					
Peripheral IV-Cont.	01:00	02:30	02:47	03:40	04:00	04:20
						&

12/07/01 04:20 IV line(PCP): iv fluids changed at this time as per physician's order.

12/07/01 04:20 amt waste(PCP): dced iv fluids with calcium gluconate as per physician's orders.

12/07/01 04:20 interventions(PCP): informed pt's mother of iv fluid change as per physician's orders and of rate change as ordered.

12/07/01 04:20 intv response(PCP): pt's mother verbalizes understanding.

Comments	01:00	02:30	02:47	03:40	04:00	04:20
Comments 1		&		&	&	
Comments 2				&	&	
CARE PROVIDERS		PCP		PCP	PCP	

12/07/01 02:30 Comments 1(PCP): pt alert, awake and rooting, small amt pedialyte po given.

12/07/01 03:40 Comments 1(PCP): Nurse holding baby and observed that left pupil is slightly more dilated than right pupil. When assessed with light left pupil "sluggish", pt cried out after pupils checked and proceeded to have twitching of left eyelid. No color change or desat.

12/07/01 03:40 Comments 2(PCP): Episode lasted approx 15 seconds.

12/07/01 04:00 Comments 1(PCP): 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 20seconds, stimulated by nursing staff.

12/07/01 04:00 Comments 2(PCP): O2 sat at 90% during this episode with O2 at 2 liters nasal cannula. No color change, episode lasted 30-40seconds.

PEOPLES, PATRICIA C(PCP)RN

ASSESS/INTERVENT	12/07					
Neurological	04:40	05:00	06:00	06:40	08:10	09:15
LOC					awake alert	
Both pupils						
Pupil reaction					brisk	
Pupil size					3mm	
Seizure activity						
Upper extrem					intermittent tonic chewing movement &	
Motor strength						
All extremities					normal	
Opens eyes					spontaneous	
Fontanels					full	
cry					shrill	
best verb rsp <2					inappr pers cry	
muscle tone					tremors	
color change					pale	
CARE PROVIDERS					RAG	

12/07/01 08:10 Upper extrem(RAG): Pt had a 1-2 min episode of mouth movement, flexing of arms. and occ blinking. Dr Chandrasekhar here at the time.Color pale. O2 Sat remained 100 %. Heart rate 120's.

Respiratory	04:40	05:00	06:00	06:40	08:10	09:15
Resp pattern					shallow	
Resp effort					nasal flaring grunt expiratory abd breathing &	
breath sounds						
All lobes					clear equal	
CARE PROVIDERS					RAG	

12/07/01 08:10 Resp effort(RAG): Resp are grunting at times and very shallow at other times.

EENT	04:40	05:00	06:00	06:40	08:10	09:15
nose					mild congestion	—
CARE PROVIDERS					RAG	
Cardiovascular	04:40	05:00	06:00	06:40	08:10	09:15
Assessment	WNL except				WNL except	
Heart rate	irregular &					
cap refill <2sec	yes				yes (modified) &	
cardio intervnts	&					
CARE PROVIDERS	PCP				RAG	

12/07/01 04:40 Heart rate(PCP): missing beats.

12/07/01 04:40 cardio intervnts(PCP): cr monitor in use.

GUTOWSKI, RITA A(RAG)RN PEOPLES, PATRICIA C(PCP)RN

CONTINUED

ASSESS/INTERVENT	12/07					
Cardiovascular-Cont.	04:40	05:00	06:00	06:40	08:10	09:15
12/07/01 08:10 cap refill <2sec(RAG): Heart rate is irregular at times. Has periods of bradycardia in the 70's and O2 sats in 70's.						
Gastrointestinal	04:40	05:00	06:00	06:40	08:10	09:15
Bowel sounds						
all quads					hypoactive	
Abdomen					soft non-tender	
Diet					clear liquid	
CARE PROVIDERS					RAG	
Renal/Urinary	04:40	05:00	06:00	06:40	08:10	09:15
Assessment	WNL				WNL	
Renal intervent						
Diaper	checked applied changed &					
Renal intv resp	good tolerated unchanged					
renal intervntns	teaching done &					
CARE PROVIDERS	PCP				RAG	
12/07/01 04:40 Diaper(PCP): diaper changed by nursing staff at this time for 100cc void.						
12/07/01 04:40 renal intervntns(PCP): continue to save all diapers for nurses to monitor output.						
Musculoskeletal	04:40	05:00	06:00	06:40	08:10	09:15
Assessment					WNL except	
Movement					&	
CARE PROVIDERS					RAG	
12/07/01 08:10 Movement(RAG): Movements appear normal except when having periods of posturing and flexing of arms that resemble seizures.						
Skin	04:40	05:00	06:00	06:40	08:10	09:15
Skin condition					dry	
Turgor					delayed	
Mucous memb					moist	
Skin color					pale	
Skin integrity					intact	
Umbilical cord					dry black	
Rash						
Abdomen					pink fading flat fine	
lips					moist	
CARE PROVIDERS					RAG	

GUTOWSKI, RITA A(RAG)RN PEOPLES, PATRICIA C(PCP)RN

ASSESS/INTERVENT	12/07					
Psychosocial	04:40	05:00	06:00	06:40	08:10	09:15
Assessment					WNL	
CARE PROVIDERS					RAG	
Pain	04:40	05:00	06:00	06:40	08:10	09:15
assessment			WNL except		WNL	
Pain cues			crying grimacing other &			
Pain intervent			emot supp swaddle hold &			
Pain intv resp			good tolerated improved &			
CARE PROVIDERS			PCP		RAG	

12/07/01 06:00 Pain cues(PCP): has occasional episodes of grimacing, then pulling legs to abd and crying a shrill cry, ? belly pain/cramping.

12/07/01 06:00 Pain intervent(PCP): held and comforted by nursing staff, swaddled.

12/07/01 06:00 Pain intv resp(PCP): improves quickly- easily consoled when comforted.

Peripheral IV	04:40	05:00	06:00	06:40	08:10	09:15
Site 1						
IV line			patent continue iv		patent continue iv	patent continue iv
placement			Rt Antecubital		r forearm	r forearm
soln type			D5 1/4NS		D5 1/4NS	D5 1/4NS
bag size			500 cc		500 cc	1000 cc
amt up			400cc		375cc	1050cc
amt waste						325cc
flow rt			15cc/hr		15cc/hr	15cc/hr
additive 1						KCL meq
dose 1						20
site assessment			dry intact		dry intact	dry intact
Site 2						
IV line			patent hep lock		hep lock	
placement			scalp		scalp	
site assessment			dry intact &		dry intact	
# of pumps			1		1	
interventions			checked q 2 hrs flush/protocol &		checked q 2 hrs pt teaching	
intv response			good tolerated unchanged			
CARE PROVIDERS			PCP		RAG	RAG

GUTOWSKI, RITA A(RAG)RN PEOPLES, PATRICIA C(PCP)RN

ASSESS/INTERVENT	12/07					
Peripheral IV-Cont.	04:40	05:00	06:00	06:40	08:10	09:15
12/07/01 06:00 site assessment(PCP): flushes well.						
12/07/01 06:00 interventions(PCP): flush 2nd iv site (hep lock), flushes well.						
Activ Daily Liv	04:40	05:00	06:00	06:40	08:10	09:15
Diet					clear liquid	
Play activities					not able @ time	
HR monitor limit					80-200	
Apnea delay					20sec	
Low Sat Limit					90%	
hygiene					pericare am care	
activity					held crib HOB up	
safety					call light pt checked crib rails 1/2 parents/bedside	
interventions					ID bands on teaching done	
CARE PROVIDERS					RAG	
Pt progress	04:40	05:00	06:00	06:40	08:10	09:15
progress note			&			
continued			&			
continued			&			
CARE PROVIDERS			PCP			
12/07/01 06:00 progress note(PCP): 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 15-30seconds, no color changes or desats associated with these episodes.						
12/07/01 06:00 continued(PCP): Continues to have episodes of periodic breathing, shallow respirations & with occasional apneic episodes observed. O2 desat x 1 this shift to 86% with o2 at 2 L nc. Had brief bradycardic episode with heart rate down to 76 X 1 this am.						
12/07/01 06:00 continued(PCP): HR irregular, missing beats occasionally. Pt did take 45cc pedialyte po and retained. Voided 160cc this shift, with no bm's. Left pupil observed to be slightly more dilated than R this shift & at 1 point was slightly sluggist when checked with light.						
Multidisciplinry	04:40	05:00	06:00	06:40	08:10	09:15
US						
Comments	04:40	05:00	06:00	06:40	08:10	09:15
Comments 1		&		&	&	
CARE PROVIDERS		PCP		PCP	RAG	
12/07/01 05:00 Comments 1(PCP): 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 06:40 Comments 1(PCP): 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 08:10 Comments 1(RAG): Had an episode of bradycardia-60's,and hr in 70's, with shallow breathing and pale color.						

GUTOWSKI, RITA A(RAG)RN PEOPLES, PATRICIA C(PCP)RN

ASSESS/INTERVENT	12/07					
Pt progress	09:30	09:35	10:20	11:22	12:10	13:15
progress note						
Multidisciplinry	09:30	09:35	10:20	11:22	12:10	13:15
US	&					
CARE PROVIDERS	CEC					

12/07/01 09:30 US(CEC): cranial sono done

Comments	09:30	09:35	10:20	11:22	12:10	13:15
Comments 1	&	&	&	(modified) &	&	(modified) &
Comments 2						&
CARE PROVIDERS	RAG	RAG	RAG	RAG	RAG	RAG

12/07/01 09:30 Comments 1(RAG): Bradicardia in70's and O2 sat in 70's.

12/07/01 09:35 Comments 1(RAG): Had another brief episode of bradtcardia in 70's, and sat in 70's also.

12/07/01 10:20 Comments 1(RAG): Had a brief episode of bradicardia in 80's and sats 80's, with shallow breathing.

12/07/01 11:22 Comments 1(RAG): 60 mg of Pb given over 13 min after conferring with Pharmacy re: dose and rate of infusion.

12/07/01 12:10 Comments 1(RAG): Pt tol CT well No Desat's or sig bradicardias.

12/07/01 13:15 Comments 1(RAG): Pt rested and appeared to sleep for most of last 2 hrs with out any significant bradicardias or Desats.Pt is now 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 Comments 2(RAG): Chart and CT films are being copied. Consent to release med records obtained and for transfer and treatment.

CRIBBS, CONNIE E(CEC)RT GUTOWSKI, RITA A(RAG)RN

ASSESSIV/INTERVENT	12/07			
Pt progress	14:00	14:50	15:40	16:00
progress note	&			&
CARE PROVIDERS	RAG			RAG

12/07/01 14:00 progress note(RAG): Arrangements being made for transfer to CHP. Baby now having short episodes of bradicardia with Desat to 80's. Dr aware of Pt status.

12/07/01 16:00 progress note(RAG): Afebrile.CHP/ Medivac crew Stabilized pt and intubated him after sedating and paralyzing. They spoke with family before discharge.

Multidisciplinry	14:00	14:50	15:40	16:00
CT			&	
CARE PROVIDERS			JPC	

12/07/01 15:40 CT(JPC): ct head completed

Comments	14:00	14:50	15:40	16:00
Comments 1		(modified) &		
Comments 2		&		
CARE PROVIDERS		RAG		

12/07/01 14:50 Comments 1(RAG): CHP transport team here.Report given and care of baby turned over to transport team.Pt bradycardic to 50 ,compressions started, then baby sedated and paralyzes, intubated, and placed on a ventilator. Given fluid boluses,iv lidocain, Mannitol,im Vit K.

12/07/01 14:50 Comments 2(RAG): Chem strip103. Transport team talked with family before leaving.

SWING BED CHARTIN	No Data

RESPIRATORY CARE	12/06					
Resp Assessment	03:30	07:45	10:50	11:00	13:30	15:30
Cough	absent &	absent		absent		absent
Resp pattern	equal shallow apneic periodic apnea &	equal shallow periodic apnea		shallow periodic apnea		equal shallow
Resp effort	abd breathing	abd breathing				
CARE PROVIDERS	PCP	JG3		JG3		JG3

12/06/01 03:30 Cough(PCP): no cough heard during assessment.

12/06/01 03:30 Resp pattern(PCP): periodic breathing observed, pt did have 1 apneic episode with nurse at bedside.

Oxygen Rounds	03:30	07:45	10:50	11:00	13:30	15:30
Oxygen L				10L blowby	2L nasal cann	2L nasal cann
O2 saturation	100% &	100%	100%	100%		100%
CARE PROVIDERS	PCP	JG3	JG3	JG3	JG3	JG3

12/06/01 03:30 O2 saturation(PCP): on room air at this time.

RESPIRATORY CARE	12/06			12/07		
Resp Assessment	20:00	23:00	23:30	04:40	08:00	08:10
Cough	absent	absent				
CARE PROVIDERS	PCP	PCP				

CEKOVSKY, JOHN P(JPC)RTR,CT GIUFFRE, JENNIFER(JG3)RN GUTOWSKI, RITA A(RAG)RN
PEOPLES, PATRICIA C(PCP)RN

RESPIRATORY CARE	12/06			12/07		
Resp Assessment-Cont.	20:00	23:00	23:30	04:40	08:00	08:10
Resp pattern	equal shallow &	equal shallow &				shallow
Resp effort	abd breathing	abd breathing				nasal flaring grunt expiratory abd breathing &
CARE PROVIDERS	PCP	PCP				RAG

12/06/01 20:00 Resp pattern(PCP): some occasional periodic breathing observed.

12/06/01 23:00 Resp pattern(PCP): periodic breathing at times.

12/07/01 08:10 Resp effort(RAG): Resp are grunting at times and very shallow at other times.

Oxygen Rounds	20:00	23:00	23:30	04:40	08:00	08:10
O2 saturation	99-100% &	99-100%	86% &	100%	100%	
CARE PROVIDERS	PCP	PCP	PCP	PCP	RAG	

12/06/01 20:00 O2 saturation(PCP): on room air at this time.

12/06/01 23:30 O2 saturation(PCP): desat to 86%.

RESPIRATORY CARE	12/07
Oxygen Rounds	12:00
O2 saturation	100%
CARE PROVIDERS	RAG

THERAPY REPORT	No Data

SOCIAL SERVICES	12/06	
Social Services	08:37	09:35
Initiated		
discharge plan	dev realist plan pt return home &	
CARE PROVIDERS	KJB	

12/06/01 08:37 discharge plan(KJB): Nursing indicates the pt. may need an Apnea Monitor.Sw will follow and assist with DME if order written.

Pastoral Care	08:37	09:35
pt visits		routine
religious info		correct Info to AOS other &
spiritual assess		spirit nds exprs
interventions		
pt preferences		prayer scriptures devotionals sacraments other rituals local clergy
CARE PROVIDERS		RPD

BUSH, KAREN J(KJB)Hospital E
DENOON, ROBRT P(RPD)CHAPLAIN
GUTOWSKI, RITA A(RAG)RN
PEOPLES, PATRICIA C(PCP)RN

SOCIAL SERVICES	12/06	
Pastoral Care-Cont.	08:37	09:35
utilized		prayer other rituals &
intervnt outcome		unchanged
follow up		offer to availab
CARE PROVIDERS		RPD

12/06/01 09:35 religious info(RPD): Member of St. Mary's Church in Reynoldsville.

12/06/01 09:35 utilized(RPD): Blessing.

DISCHARGE DATA	12/07
discharge/death	16:00
DC/transfr/death	tertiary care fc helicopter belongings w/ pt family/so aware
DC assessment	DC sheet done see nurs assess see progress nte VS unstable conditn unstable
CARE PROVIDERS	RAG

DENOON, ROBRT P(RPD)CHAPLAIN GUTOWSKI, RITA A(RAG)RN

INITIAL TEACHING ASSESSMENT

	Initial Teaching		
Barriers *No* physical reading language sensory visual sensory hearing emotional cognitive motivational age related BAD			
Barriers Assessd none identified BAD (see note)			

Barriers Assessd 12/06/01 03:30 no barriers for mother, teaching not applicable to patient as he is only 17 days old.

PATIENT TEACHING	12/06					
Pt. Education	03:30	05:45	07:45	08:00	08:30	09:30
family						
diet	&			&		
procedures	&	&		&	&	&
equipment	&					
medications	&	&		&		
addtnl teaching			&			&
pref learn methd	printed material verbal instructn demonstrated					
How	demonstrates verbal written	verbal	verbal	verbal	verbal	verbal
response	verbalized other &	verbalized other &	verbalized	verbalized	verbalized	verbalized
CARE PROVIDERS	BAD	BAD	JG3	JG3	JG3	JG3

12/06/01 03:30 diet(BAD): 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 03:30 procedures(BAD): 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 & ask questions as needed, encouraged to voice concerns &/or needs.

12/06/01 03:30 equipment(BAD): explained use of oximeter and cardiac-resp monitor and possible causes of alarms including false alarms. Mother reassurred that nurses would respond to alarms and would be assessing and reassessing pt as needed.

12/06/01 03:30 medications(BAD): no meds ordered at this time but possibility exists of Dr ordering medication to treat the low calcium level if needed.

12/06/01 03:30 response(BAD): 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 03:30 DAVIS, BARBARA A(BAD) RN
DAVIS, BARBARA A(BAD)RN GIUFFRE, JENNIFER(JG3)RN

PATIENT TEACHING	12/06					
Pt. Education-Cont.	03:30	05:45	07:45	08:00	08:30	09:30
12/06/01 05:45 procedures(BAD): 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 05:45 medications(BAD): 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 05:45 response(BAD): 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 07:45 addtnl teaching(JG3): reviewed plan of care with mom						
12/06/01 08:00 diet(JG3): hold feedings						
12/06/01 08:00 procedures(JG3): labs at 3pm, and in am, cap gases						
12/06/01 08:00 medications(JG3): caffeine qd						
12/06/01 08:30 procedures(JG3): chest x ray						
12/06/01 09:30 procedures(JG3): renal ultrasound						
12/06/01 09:30 addtnl teaching(JG3): dr siar phoned in to check baby's status						

Barriers-Admissn	03:30	05:45	07:45	08:00	08:30	09:30
Cultural beliefs	wont impact care					
Religion beliefs	wont impact care					
CARE PROVIDERS	BAD					

PATIENT TEACHING	12/06				12/07	
Pt. Education	12:25	15:30	20:00	23:00	08:10	16:00
family						
diet			&	&		
exercise/activit			&	&		
procedures	&		&	&		
equipment			&	&		
medications			&	&		
addtnl teaching		&	&	&	&	
DC teaching						given
pref learn methd			verbal instructn &	verbal instructn &		
How	verbal	verbal	verbal	verbal	verbal	verbal written &
response	verbalized	verbalized	verbalized	verbalized	verbalized	verbalized
CARE PROVIDERS	JG3	JG3	PCP	PCP	RAG	RAG

12/06/01 12:25 procedures(JG3): dr grout coming in to do lumbar puncture
12/06/01 15:30 addtnl teaching(JG3): reviewed plan of care with dad
12/06/01 20:00 diet(PCP): diet as per age, truely npo at this time.
12/06/01 20:00 exercise/activit(PCP): activity as tolerated, baby may be held- etc as tolerated.
12/06/01 20:00 procedures(PCP): shift routines, vitals q4h and prn, need to obtain labs in am.
12/06/01 20:00 equipment(PCP): iv pump at bedside for continuous iv fluids with ca gluconate, and 2nd iv pump for admisistration of iv antibiotics, oximeter and cr monitor.
12/06/01 20:00 medications(PCP): gentamycin 12mg iv q24h, ampicillin 150mg iv q12h, caffine po QD - please see mar.
12/06/01 20:00 addtnl teaching(PCP): reviewed ongoing plan of care.
12/06/01 20:00 pref learn methd(PCP): verbal info okay with pt's mother at this time.
12/06/01 23:00 diet(PCP): diet per age for infant.

DAVIS, BARBARA A(BAD)RN GIUFFRE, JENNIFER(JG3)RN GUTOWSKI, RITA A(RAG)RN
PEOPLES, PATRICIA C(PCP)RN

PATIENT TEACHING	12/06				12/07	
Pt. Education-Cont.	12:25	15:30	20:00	23:00	08:10	16:00
12/06/01 23:00 exercise/activit(PCP): activity as tolerated, may be held - rocked etc as tolerated.						
12/06/01 23:00 procedures(PCP): shift routines, vitals q4h and prn, for labs in am.						
12/06/01 23:00 equipment(PCP): iv pump at bedside x 2, 1 for iv antibiotic infusion.						
12/06/01 23:00 medications(PCP): iv gentamycin 12mg q24h, iv ampicillin 150mg q12h see mar, continue with iv D5 & 1/4 nss with calcium gluconate 2meq per 100cc of iv fluids at 20cc /hr.						
12/06/01 23:00 addtnl teaching(PCP): reviewed ongoing plan of care.						
12/06/01 23:00 pref learn methd(PCP): verbal info okay with pt's mother at this time						
12/07/01 08:10 addtnl teaching(RAG): Plan of care discussed with Mom.						
12/07/01 16:00 How(RAG): Family given written directions to CHP						

PATIENT FLOWSHEET	12/06 NOCS	DAYS	EVES	24 HR	12/07 NOCS	DAYS	EVES	24 HR
INTAKE								
ORAL					45			45
IVPB			36	36				
IV	120	146	158	424	167			167
Intake Total	120	146	194	460	212			212
OUTPUT								
URINE		70	142	212	100			100
Stool (O)	1	2	2	5				
Output Total		70	142	212	100			100
I&O SUMMARY								
Intake Total	120	146	194	460	212			212
Output Total		70	142	212	100			100
NET	120	76	52	248	112			112

PERM

OR DATE / INITIAL	EXP. DATE / TIME	MEDICATION DOSAGE - FREQUENCY ROUTE OF ADM.	HR.	12/6	12/7	12/8
12/6		Gentamycin 12mg IV q 24° 1st T.D. for	6[38]A	PP	PP	
12/6		Ampicillin 150mg IV q 12°	6[00]A	BP	PP	
			6[00]P	VE		
12/6		Caffeine 15mg po q 24°	12P	JG	RB	
12/7		Phenobarbital 15mg q d IV				
		Ampicillin 175mg q 6°	12MN			
			6A			
			12N	RB	RB	
			6P			

470312 18D PED 4020-01 I/P
SHAFFERDOAN,AYDEN NIC
SIAR,W J
11/18/01 M 12/06/01
BC

SINGLE ORDERS & PRE-OP USE RED ASTERISK * TO INDICATE DOSE NOT GIVEN EXPLAIN IN NURSE'S NOTES

OR date Initials	Medication Dose/route of Administration	To be given Date	To be given Time	Nurse initials
12/7	Phenobarbital 60mg IV slow	12/7	11[22]A	RB

DATE / INITIAL	EXP. DATE / TIME	MEDICATION DOSAGE - FREQUENCY ROUTE OF ADM.	HR.

ROOM	PATIENT	ALLERGIES	DIAGNOSIS	PHYSICIAN

INITIALS	FULL SIGNATURE	TITL
PD	[signature]	RN
VE	Vonda Evans	RN
RG	Rita Gulanski	R.N.

H:\sharing\nursadm\medsurg\marmed-surgbottom.doc 4/19/00 Revised: #17/12/00 #2 10/9/00sag

PREOP-1 11/00

PATIENT LABEL

470312 18D PED 4020-01 I/P
SHAFFERDOAN,AYDEN NIC
SIAR,W J
11/18/01 M 12/06/01
BC

MEDICATION ADMINISTRATION RECORD

Routine/Single/Preop Orders

DuBois Regional Medical Center

Making the difference for life.

ROOM	PATIENT	ALLERGIES	DIAGNOSIS	PHYSICIAN
402A	Shafferdoan, Ayden	nkda	dehydration	Dr Sia

DATE																				
TIME																				
DOSE																				
SITE																				
INITIAL																				
PRE																				
INITIAL																				
POST																				
INITIAL																				

DATE																				
TIME																				
DOSE																				
SITE																				
INITIAL																				
PRE																				
INITIAL																				
POST																				
INITIAL																				

DATE																				
TIME																				
DOSE																				
SITE																				
INITIAL																				
PRE																				
INITIAL																				
POST																				
INITIAL																				

DATE																				
TIME																				
DOSE																				
SITE																				
INITIAL																				
PRE																				
INITIAL																				
POST																				
INITIAL																				

ROOM	PATIENT	ALLERGIES	DIAGNOSIS	PHYSICIAN
402A	Shafferdoan, Ayden	nkda	dehydration	Dr. Siar

INITIALS	FULL SIGNATURE	TITLE
AD	D Reyes	RN

PATIENT LABEL

470312 18D PED 4020-01 I/P
SHAFFERDOAN,AYDEN NIC
SIAR,W J
11/18/01 M 12/06/01
BC

MEDICATION | ADMINISTRATION RECORD

PRN Medications

DuBois Regional Medical Center

Making the difference for life.

	DATE	GOAL
Individual pain goal		

19 days Male

Dept: DS 402

470312 8/7

V3

Oper: DHJP

Rate 123
PR 90
QRSD 54
QT 290
QTc 415

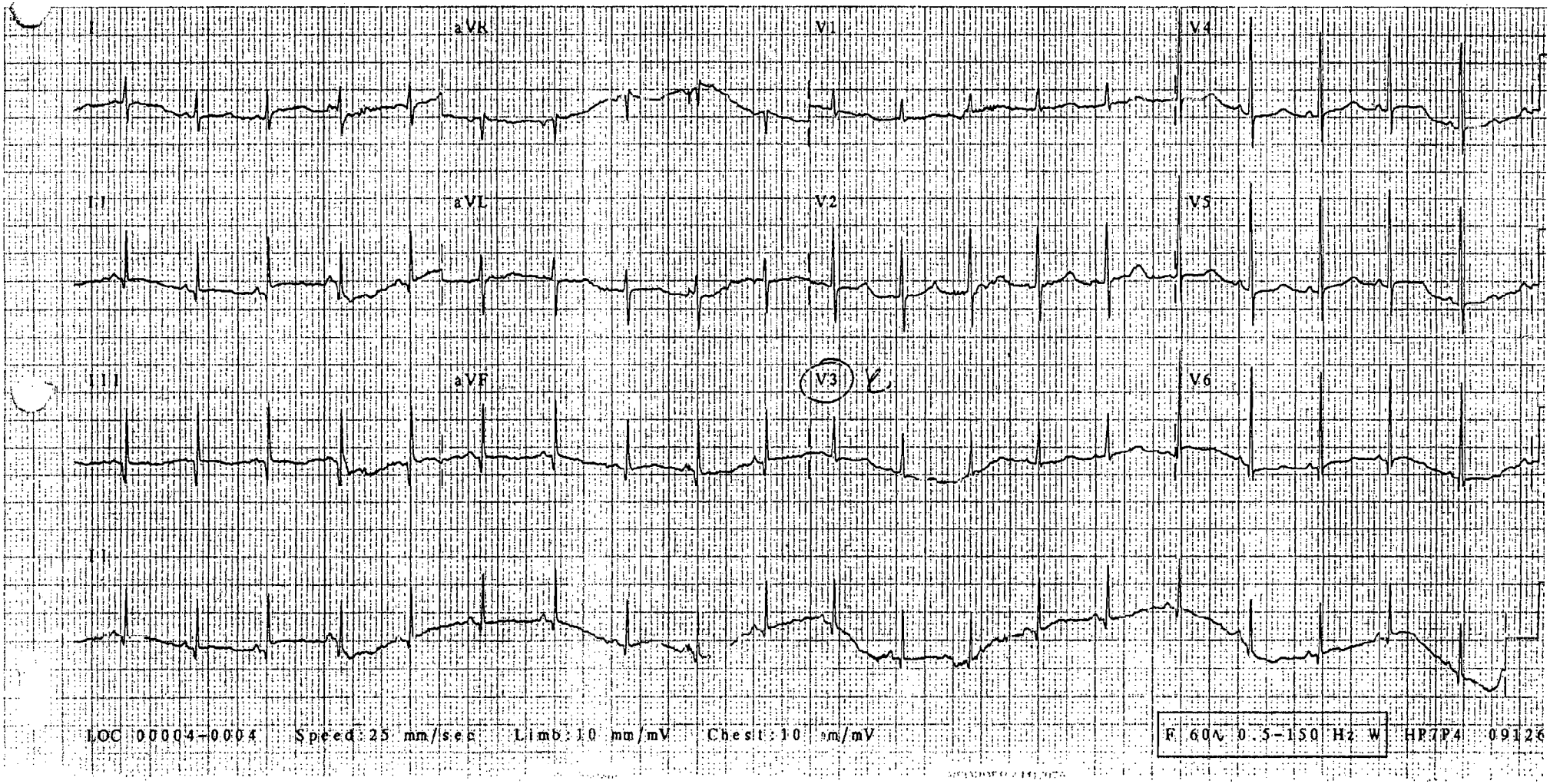
--AXIS--
P 48
QRS 74
T -25

---------- Pediatric ECG Interpretation ----------

. Sinus rhythm, rate = 123
. Nonspecific Inferior T wave changes

Doctor
SIAR/CHANDRASEKA

- BORDERLINE ECG -



770312 12/07/2001 09:50:21 SHAFFERDOAN, AYL
19 days Male

Dept: S 402
Oper: DHJP

V3R

DISCARD

Rate 123
PR 90
QRSD 54
QT 290
QTc 415

--AXIS--
P 48
QRS 74
T -25

---------- Pediatric ECG Interpretation ----------

. Sinus rhythm, rate = 123
. Nonspecific Inferior T wave changes

Doctor
SIAR/CHANDRASEKA

- BORDERLINE ECG -

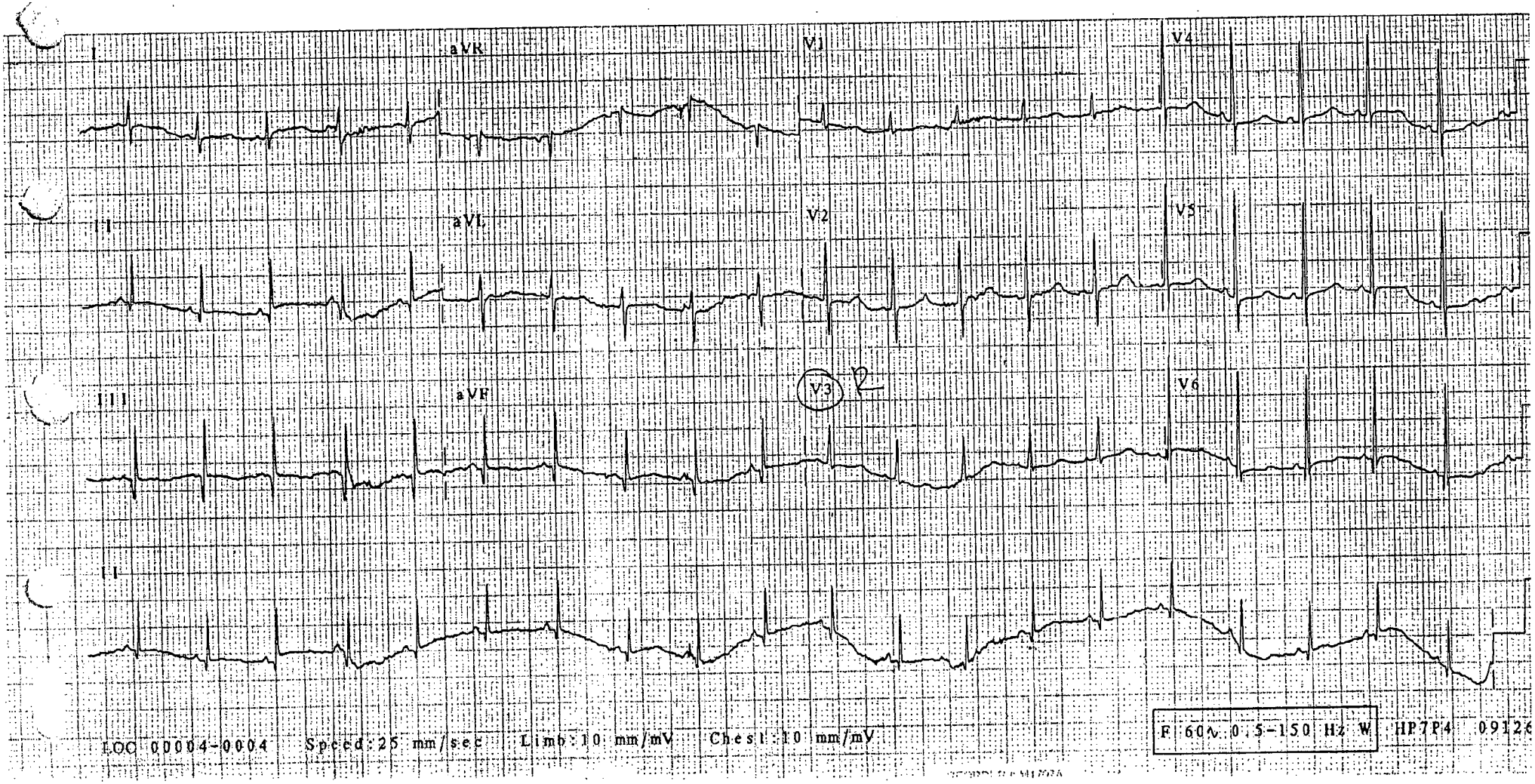


Exhibit K

Hasbro Children's Hospital

The Pediatric Division of Rhode Island Hospital

A Lifespan Partner

July 12, 2006

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.

Division of Pediatric Critical Care and Inpatient Medicine

593 Eddy Street
Providence, RI 02903

Tel 401 444-4201
Fax 401 444-5527
Email LSnelling@lifespan.org

Linda K. Snelling, MD, FCCM, FAAP
Chief
Pediatric Critical Care Medicine
Hasbro Children's Hospital
Medical Director
Pediatric Inpatient Medicine
Medical Director
Pediatric Sedation Service
Hasbro Children's Hospital

Associate Professor of Pediatrics and Surgery (Clinical)
Department of Pediatrics
Brown Medical School

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).

Exhibit L

Hyman-Newman
Institute for
Neurology and Neurosurgery

Beth Israel Medical Center
Department of Neurology
10 Union Square East
New York, NY 10003
Tel: 212-844-6910
Fax: 212-844-6911
wmolofsky@chpnet.org

Walter J. Molofsky, M.D.
Associate Chairman, Dept. of Neurology
Chief, Division of Pediatric Neurology W

July 13, 2006

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

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.

RE: AYDEN SHAFFER-DOAN
DB: 11/18/01

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.

RE: AYDEN SHAFFER-DOAN
DB: 11/18/01

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.

RE: AYDEN SHAFFER-DOAN
DB: 11/18/01

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.

RE: AYDEN SHAFFER-DOAN
DB: 11/18/01

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.

Walter J. Molofsky, M.D.

Hyman-Newman
Institute for
Neurology and Neurosurgery

Walter J. Molofsky, M.D.
Associate Chairman, Dept. of Neurology
Co-Director, Division of Pediatric Neurology

Beth Israel Medical Center
Singer Division
170 E. End Ave. NYC. NY. 10128
Tel: 212-870-9483
Fax:212-870-9424
e-mail:wmolofsky@bethisraelny.org

3 /1/03

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,)
"Kernicterous" 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

BIBLIOGRAPHY

Original Publications

Molofsky WJ and Chutorian AM. Non-surgical Treatment of Intraspinal Neuroblastoma. Neurology 31:1170-1173, 1981.

Ganti SR and **Molofsky, WJ.** Computed Tomography of Epidural Metastatic Neuroblastoma. Computed Tomography 5:287-291, 1981.

Drew H, Vogel R, **Molofsky WJ**, et al. Effect of Folate of Phenytoin Hyperplasia. Journal of Clinical Periodontology Issue 6, 350-356, 1987.

Koenigsberger MR, **Molofsky, WJ**, et al. Neonatal Presentation and Pheotypic Heterogeneity in Familial Spastic Paraplegia. Annals of Neurology 28:461, 1990.

Molofsky WJ and Piccone MA. Chronic Headaches; Evaluation and Management. Clinical Consultations in Obstetrics and Gynecology, Vol 7, No. 1 38-44, 1995.

Molofsky WJ, Headaches in Children, Issues in Neurosciences, June 1997.

Mahalick DM, Carnel PW, **Molofsky WJ**, et al. Psychopharmacological Treatment of Acquired Attention Deficit Disorder in Children with Brain Injury. Pediatric Neurosurgery, 29-121-126, 1998.

Molofsky WJ. Headaches in Children. Pediatric Annals vol 27, 614-621, 1998.

Nass, R, Kramer,E, **Molofsky WJ**, et. al. Perfusion brain scintigraphy ininfants and children with malformations of the vein of Galen. Childs Nervous System, 17:519-523, July 2001.

Case Reports

Molofsky WJ, Alpha Coma in a child. Journal of Neurology, Neurosurgery & Psychiatry, Vol 45, p 95, 1982.

Chapters

Molofsky WJ and Gold AP. "Neurological Examination of Children." In: Handbook of Clinical Assessment of Children and Adolescents. Kestenbaum, Clarice, Williams, editor, NYU Press, 1988

Koenigsberger MR, **Molofsky WJ**, et al. "Neuromuscular Diseases in Children." In: Child and Adolescent Neurology for Psychiatrists. Kaufmann, Solomon & Pfeffer, Editors. St. Louis MO 3, 26-42, 1992.

Review Articles

Molofsky WJ. Steroids and Head Trauma. Neurosurgery Vo. 15, No 3:424-426, 1984

Molofsky, WJ. "Tuberous Sclerosis in Children." In: Pediatrics in Review. H Haggerty, Editor, 1986

Molofsky, WJ. Hypervitaminosis A. Pediatrics in Review. H. hagerty Editor, 1987.

Article Reviews

Molofsky WJ. UMDNJ Pediatric Newsletter, Richard R. Rapkin Editor, 1981-1995

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.

Exhibit M

RECYCLED

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.

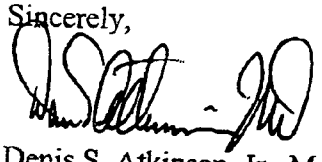
The CT examination of the head performed on 12/7/2001 at 11:57 read by M. J. Kinosian, M.D. was clearly misinterpreted, constituting a deviation from the standard of care in the field of radiology. The Dubois interpretation suggested the presence of widespread subarachnoid hemorrhage. This scan clearly 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.

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, ESQ.
	:	ID. NO.: 40928
	:	MARCIA F. ROSENBAUM, ESQ.
	:	ID. NO.: 46832
	:	LEON AUSSPRUNG, ESQ.
	:	ID. NO.: 80183
	:	FILED ON BEHALF OF PLAINTIFFS
	:	**KLINE & SPECTER,**
	:	A Professional Corporation
	:	19th Floor
	:	1525 Locust Street
	:	Philadelphia, PA 19102
	:	(215) 772-1000

FILED 1cc
012:03/01 Atty Specter
OCT 03 2006 GK
William A. Shaw
Prothonotary/Clerk of Courts

RULE TO SHOW CAUSE

AND NOW, this 3rd day of Oct, 2006, a Rule is hereby issued upon Defendants to show cause why the 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, Motion for Leave to Amend the *Ad Damnun* Clause of their Complaint to include a claim for punitive damages against defendant, Richard Grout, M.D., Sundar Chandrasekhar, M.D., Dubois Regional Medical Center and Gateway Area Medical Associates, Inc. should not be granted.

This Rule is Returnable on this 22nd day of November 2006 at 1:30 o'clock PM. in Courtroom No. 1, Clearfield County Courthouse.

BY THE COURT:

J.

DATE: 10/3/06

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:

FILED

OCT 03 2006

William A. Shaw
Prothonotary/Clerk of Courts

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

ORDER

AND NOW this day of , 2006, upon consideration of Plaintiffs' Motion for Leave to Amend the *Ad Damnum* Clause of their Complaint to include a claim for punitive damages against defendants, Richard Grout, M.D., Sundar Chandrasekhar, M.D., Dubois Regional Medical and Gateway Area Medical Associates, Inc., and any response thereto, it is hereby **ORDERED** and **DECREED** that plaintiffs' Motion is **GRANTED**.

It is further **ORDERED** that plaintiffs' counsel shall file an Amended Complaint within seven (7) days of the date of this Order.

_____
J.

KLINE & SPECTER
A PROFESSIONAL CORPORATION

FILED NO CC
m/11:26 BM
SEP 29 2006
William A. Shaw
Prothonotary/Clerk of Courts

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 FILED ON BEHALF OF PLAINTIFFS
	:	**KLINE & SPECTER,** A Professional Corporation 19th Floor 1525 Locust Street Philadelphia, PA 19102 (215) 772-1000

PLAINTIFFS' MOTION FOR LEAVE TO AMEND THEIR COMPLAINT TO INCLUDE A CLAIM FOR PUNITIVE DAMAGES

Plaintiff Ayden Shaffer-Doan, a minor, by his parents and natural guardians, Timothy Doan and Karen Shaffer-Doan in their own right, by and through their counsel, Kline & Specter, P.C., respectfully requests this Honorable Court to enter the attached Order granting plaintiffs' Motion to Amend the *Ad Damnum* clause of their Complaint to add a claim for punitive damages against the defendants. In support of their Motion, plaintiffs incorporate by reference the attached Memorandum of Law as if fully set forth herein, and states as follows:

1. This medical malpractice action filed March 24, 2005[1], arises out of the medical care and treatment provided to the minor plaintiff, Ayden Shaffer-Doan in December, 2001 by defendants, neonatologist Richard Grout, M.D., pediatrician Sundar Chandrasekhar, M.D., Dubois Regional Medical Center, and Gateway Area Medical Associates, Inc., the doctors' medical group. See Exhibit "A" attached hereto.

2. As a result of the defendants' combined negligence and outrageous conduct in failing to detect and/or treat ongoing seizure activity for 36 hours following his admission, Ayden experienced extensive and permanent brain injury which was preventable had any of the defendants used their knowledge and experience to treat this child. Despite many opportunities to intervene to treat Ayden's medical condition, the defendants allowed Ayden to reach the brink of death when he was transferred to Children's Hospital of Pittsburgh where he finally received the necessary treatment.

3. Ayden was admitted to defendant Dubois Regional Medical Center at approximately eighteen (18) days of age because he had developed diarrhea, and become dehydrated. Plaintiff mother, Karen Shaffer, at the direction of defendant Dr. Grout brought her baby, Ayden, to defendant Dubois Regional Medical Center after she had noted what she thought was possible seizure activity.

4. During the course of his hospitalization from December 6, to December 7, 2001at defendant Dubois Regional Medical Center ("Dubois"), and while under the care of defendants Dr. Grout, Dr. Chandrasekhar, Dubois and the nurses, Ayden had recurrent episodes of eye twitching, apnea, bradycardia, and abnormal movements and was dehydrated. Defendant doctors did not act

---

[1]Prior to retention of current counsel to represent their interests, Plaintiffs filed an initial Complaint on April 3, 2003, which was subsequently discontinued on January 28, 2004.

to help their patient Ayden - who was having seizures, despite having the signs and symptoms of seizures repeatedly called to their attention by nursing staff. Ayden was in status epilepticus unrecognized for 36 hours. He developed severe cerebral edema and cortical infarcts and was hypotensive and hyponatremic due to dehydration. Ayden was in cardiac arrest experiencing additional seizures and in critical condition when the transport team arrived at defendant Dubois from Children's Hospital of Pittsburgh. ("CHP"). Ayden required resuscitation and treatment by this outside team of medical providers before being air lifted to CHP to receive the treatment needed.

5. As a result of all of the defendants' failures to diagnose and treat Ayden's medical problems as noted above, and the wholesale abandonment of his care during the last ten (10) hours of his hospitalization where vital signs were not taken by the nurses, Ayden has experienced extensive, permanent brain injury. He has spastic quadriparesis, impaired cognition/mental retardation,visual impairment, global aphasia, seizures, incontinence of bowel and bladder and will remain dependent on others for all activities of daily living and mobility for his entire life. See Exhibit "B", Expert Report of Richard P. Bonfiglio, M.D., at 12.

6. Extensive discovery, including ten (10) depositions, have brought to light the egregiousness of the medical misconduct and reckless disregard for the safety and physical well being of Ayden Shaffer-Doan. Discovery has demonstrated failure to treat Ayden when defendants admittedly understood the harm that could accrue from continuous untreated seizure activity and total abandonment of the baby during the last portion of his hospitalization.

7. Deposition testimony from the nurses reveals that they observed seizure-like or seizure activity, which was reported both to Dr. Grout and to Dr. Chandrasekhar. See Exhibit "C", deposition testimony of Patricia Peoples, R.N. at 18-22, 36-42. The nursing supervisor had to be

advised when the night nurse tried to reach Dr. Chandrasekhar on several occasions to report continued eye twitching, tremors in the arms and legs, differences in pupil dilation and what is described as **"focal seizures and tremors of extremities."** Id. See also Exhibit "D" Chronological Summary of Nursing Notes provided by defendant hospital marked as deposition exhibit Nurses 1; particular reference is made therein to the notes of Patricia Peoples, R.N. of 12/06/01 at 3:30 AM, 5:10 AM; at 6:00 AM. See also id. notes by Jennifer Guiffre, R.N. on 12/06/01 at 8:00 AM, 9:30 AM, 12 Noon, 1350 (3:50 PM), 17:45 (7:45 PM); and Patricia Peoples, R.N. 12/06/01 at 20:00 (8:00 PM), 23:00 (1:00 AM) and 12/07/01 at 3:40 AM, 6:00 AM.

8. Despite the documentation made by the nurses who cared for Ayden from the early morning hours of December 6 through December 7, 2001, with respect to signs and symptoms of seizures or seizure-like disorder, and their difficulty in reaching the defendant doctors who did not come in during the night to see the baby, Drs. Grout and Chandrasekhar dispute that they received this information about Ayden's status. Dr. Grout at his deposition testified that he saw the nurses notes for the first time in medical records one to three weeks after Ayden's discharge and that he was surprised with what he read because "some of the descriptions were different than I recall them to be given to me verbally. ...Specifically the descriptions of the patient's episodes." See Exhibit "E", Deposition of Richard Grout, M.D. at 29-32.

9. While the nurses clearly testified of verbally conveying all the information in their notes to Drs. Grout and Chandresekhar, the doctors claimed ignorance of this information and cited defendant Dubois Regional Medical Center policy and procedure as the cause. The doctors testified that access to the written nurses' notes were computerized and not available to them by computer or on the chart at the time they treated Ayden. However, they further testified they made no effort

to seek out the nurses about Ayden despite their knowledge that they could not access nurses notes and observations on the chart or in the computer. See Exhibit "E" deposition of Dr. Grout at 28 and Exhibit "F" deposition of Sundar Chandrasekhar, M.D. at 63-68.

10. In support of their claims, plaintiffs have produced the liability reports of four (4) medical experts spanning the medical specialities of pediatric critical care medicine, pediatric neurology, pediatric neuroradiology, and pediatric medicine.[2]

11. Linda K. Snelling, M.D. Chief of Pediatric Critical Care Medicine at Brown University, is highly critical of the defendants in her report:

> 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 progress 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.

See Exhibit "G" Expert Report and Curriculum Vitae of Linda K. Snelling, M.D., at 4.

Dr. Snelling opines with respect to Dr. Grout:

> 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 thought Ayden might

[2]Three (3) experts have also been retained to offer opinions with respect to Ayden's damages including a life care plan and assessment of economic loss.

> 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 movement and to definitively diagnose or rule out seizures. ...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.

Id. At 2.

With respect to Dr. Chandrasekhar who was responsible for Ayden's care starting on December 6th at 5:00 PM through the time of his transfer, Dr. Snelling opines:

> Dr. Chandrasekhar, now aware of the probable seizure activity, failed to come to the hospital to evaluate Ayden, and failed to order anticonvulsants. ...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. ...In his deposition, Dr. Chandrasekhar states he suspected seizures at this time in the morning, [8:00 AM on 12/07/01], but Dr. Chandrasekhar failed to institute treatment for seizures, and actually left the hospital at this time.

Id. at 3.

With respect to the Nursing Staff of defendant hospital Dr. Snelling further opines:

> 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.

Id. at 5.

12. Walter J. Molofsky, M.D., Co-Director of the Division of Pediatric Neurology at Beth Israel Medical Center New York and Associate Professor of Pediatric Neurology at Albert Einstein College of Medicine opines in similar fashion:

> It is my opinion that he had unrecognized ongoing seizure activity throughout the thirty-six (36) hours following his admission on December 6, 2001 through the December 7, 2001 transfer.
>
> . . . .
>
> 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. Chandrasekhar, 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.

See Exhibit "H", Expert Report and Curriculum Vitae of Walter Molofsky, M.D. at 8.

13. Denis Atkinson, Jr., M.D., Assistant Professor of Radiology in Pediatric Neuroradiology at Emory University School of Medicine, opined on the CT scan which was misread by the defendant Dubois Hospital staff radiologist who failed to diagnose the cerebral edema and hypoxic ischemic brain injury from which Ayden suffered:

> Based upon my review of the images and the related records and depositions, it is my opinions that the etiology of Ayden's brain injury was untreated status epilepticus while at Dubois Regional Medical Center....The CT examination of the head performed on 12/7/2001...was clearly misinterpreted, constituted a deviation from the standard of care in the field of radiology. The Dubois interpretation suggested the presence of wide spread subarachnoid hemorrhage. ...There is no evidence of subarachnoid hemorrhage on the head CT in question.
>
> . . . .
>
> The extensive brain injury sustained by Ayden Shaffer-Doan was a direct result of continuous seizure activity, otherwise known as status epileticus. Had timely and appropriate measures been taken to treat said status epilepticus, the severe neurological injury he sustained would have been prevented.

See Exhibit "I" Expert Report and Curriculum Vitae of Denis S. Atkinson, Jr., M.D. at 8.

Dr. Atkinson further opines with respect to the inaccessibility of Nursing Notes as testified to by doctors Grout and Chandrasekhar, and opined:

> 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 constitutes a truly egregious deviation from the standard of care in any community.

Id. at 3.

14. Discovery has revealed that punitive damages are warranted and that plaintiffs can meet the threshold of evidentiary burden, as a matter of law, such that they should be permitted to amend their Complaint to plead punitive damages and to amend the *Ad Damnum* clause to do so. Discovery has shown that there is at least a jury issue that defendants' actions were reckless therefore warranting punitive damages.

15. A copy of plaintiffs' proposed Amended Complaint with requested additions of punitive damages to the *Ad Damnum* clauses is attached hereto as Exhibit "J".

16. The amendments sought herein will not necessitate additional discovery, nor will they delay the trial in this matter which is scheduled for February 19, 2007. The current Amended Scheduling Order in this matter is attached hereto as Exhibit "K".

17. Plaintiffs have served their expert reports with respect to liability and damages and are awaiting receipt of the defendants' expert reports.

18. Defendants will not be prejudiced by the granting of plaintiffs' Leave to Amend the *Ad Damnum* clause.

19. Pennsylvania Rule of Civil Procedure 1033 allows for the amendment of a Complaint either by consent of the adverse parties or by the Court. Pa.R. Civ. P. 1033. The rule provides in pertinent part:

> A party...by leave of Court may at anytime change the form of action, correct the name of a party or amend his pleading. The amended pleading may aver transactions or occurrence which have happened before or after the filing of the original pleading, even though they give rise to a new cause of action or defense. **An amendment may be made to conform the pleading to the evidence offered or admitted.**

Pa.R. Civ. P. 1033. (Emphasis Added).

20. The legal standard for the imposition of punitive damages is found in Sections 908 and 909 of the Restatement (Second) of Torts, both of which have been adopted as the law of this Commonwealth. Under seminal case of Chambers v. Montgomery, 192 A.2d 355 (Pa. 1963), Pennsylvania courts recognized that punitive damages may be awarded due to a defendant's "reckless indifference to the rights of others." See Martin v. Johns-Mansville Corp., 494 A.2d 1088, 1096 (Pa. 1985).

21. The Medical Care Availability and Reduction of Error (M-CARE) Act P.S. §1305.505(a) provides, in relevant part: "Punitive damages may be awarded for conduct that is the result of the health care provider's willful or wanton conduct or reckless indifference to the rights of others."

22. The decision to grant or deny plaintiff permission to amend a pleading is committed to the sound discretion of the trial court. Berman v. Herrick, 227 A.2d 840 (Pa. 1967). Moreover, it is well settled in Pennsylvania that leave to amend should be liberally granted to secure the just determination of cases on their merits and to allow full development of a party's theories and averments. See, Tanner v. Allstate Ins. Co., 467 A.2d 1164, 1167 (Pa. Super. 1983); Beardall v. Western Wayne School District, 496 A.2d 1373 (Pa. Commw. 1985).

23. In this case no additional facts need to be pleaded and the request to amend the complaint does not raise any issue concerning the statute of limitation. In any event, the statute of

limitations on the minor plaintiff's claims has not yet expired as he is not yet five (5) years old.

24. Under Pennsylvania law, a right to punitive damages is a mere incident to a cause of action." Hilbert v. Roth, 149 A.2d 648, 652 (Pa. 1959). "A request for punitive damages does not constitute a cause of action in and of itself." Nix v. Temple Univ., 596 A.2d 1132, 1138 (Pa. Super. 1991).

25. Under Pennsylvania law, a plaintiff may amend the Complaint to seek punitive damages through amendment of the *Ad Damnum* clause of a complaint at any point in the litigation including at trial. See, Daly v. John Wannamaker, Inc., 464 A.2d 355 (Pa. Super 1983). See also R.P. Clarke Personnel, Inc. v. Commw. Nat'l Bank, 559 A.2d 560,566 (Pa. Super 1989).

26. As will be further discussed in Plaintiffs' Memorandum of Law, the determination of whether a person's conduct rises to the level of recklessness as would warrant an award of punitive damages lies within the exclusive province of the jury. See, SVH Coal, Inc. v. Continental Grain, Co., 587 A.2d 702, 704 (Pa. 1991).

27. A plaintiff need not have used the magic words, "outrageous," "willful," "vindictive," or "wanton" in its initial complaint in order to amend the *Ad Damnum* clause to seek punitive damages after the statute of limitations has expired, as long as the existing facts demonstrate conduct which, if proven, would support punitive damages. Taylor v. Ryder Truck Rental, Inc., 41 PA D.&C.3d 396, 400 Pa.Com. (C.P. 1984).

28. In the context of a medical malpractice case, a claim for punitive damages is supported where the conduct involves "an easily perceptible danger of death or substantial physical harm, and the probability that it will so result must be substantially greater than is required for ordinary negligence." Hall v. Jackson, 788 A.2d 390, 403 (Pa. Super. 2001).

29. The purpose of punitive damages is to punish and deter outrageous and egregious

conduct done in reckless disregard of another's rights. Johnson v. Hyundai Motor America, 698 A.2d 631, 639 (Pa. Super. 1997).

30. Under Pennsylvania law, a plaintiff may state a claim for punitive damages by alleging that the defendant had a subjective appreciation of the risk of harm to which the plaintiff was exposed, and acted, or failed to act, in conscious disregard of that risk. Hutchinson v. Luddy, 870 A.2d 766, 772 (Pa. 2005).

31. Depositions have made clear that defendants had an appreciation of the immediate need to treat seizure activity in a baby such as Ayden. See Exhibit "E", Deposition of Richard Grout, M.D. at 140-141, 201-202. See also Exhibit "F" of Sundar Chandrasekhar, M.D. at 53, 56. The reckless and egregious conduct of the defendants in failing to diagnose and treat Ayden Shaffer-Doan, allowing him to sustain seizure after seizure for 36 hours untreated, caused him to deteriorate to a moribund condition requiring resuscitation in defendant Dubois hospital by the outside flight team from the institution to which he was being transferred (CHP). If proven to the satisfaction of the jury, these facts support punitive damages. These willful omissions caused Ayden lifelong permanent and debilitating neurologic injury and is the type of conduct that should be both punished and deterred in the future and which supports the inclusion of punitive damages in the *Ad Damnum* clauses of plaintiffs' Complaint.

32. Accordingly, plaintiffs seek to amend their Complaint to include a claim for punitive damages against Richard Grout, M.D., Sundar Chandrasekhar, M.D., Dubois Regional Medical and Gateway Area Medical Associates, Inc. based upon their outrageous conduct as described above. The proposed amendment does not include the introduction of any cause of action not contained in plaintiffs' original Complaint. Such amendments will not necessitate additional discovery nor cause any delay in the start of trial.

33. In further support of their Motion, plaintiffs incorporate by reference the attached Memorandum of Law as if set forth fully herein.

WHEREFORE, plaintiffs respectfully request that this Honorable Court enter an Order granting Leave to Amend the Complaint to assert a claim for punitive damages against all of the defendants and to amend the *Ad Damnum* clause of the Complaint accordingly.

Respectfully submitted,
KLINE & SPECTER,
A Professional Corporation

SHAMIN SPECTER, ESQUIRE
MARCIA F. ROSENBAUM, ESQUIRE
LEON AUSSPRUNG, ESQUIRE
Attorney for Plaintiffs

Dated: 9/26/06

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 2nd day of October, 2006, it is the ORDER of this Court 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 least fifteen (15) days before argument on said Motion, which is scheduled for November 22, 2006.

BY THE COURT,

FREDRIC J. AMMERMAN
President Judge

FILED
01:47 PM
OCT 03 2006
William A. Shaw
Prothonotary/Clerk of Courts

1CC Attys: Sharon Specter and Matthew Casey
M. Sosnowski
T. Cavanaugh
D. Johnson
J. Blasko

FILED

OCT 03 2006

William A. Shaw
Prothonotary/Clerk of Courts

DATE: 10/3/06

____ You are responsible for serving all appropriate parties.

__X__ The Prothonotary's office has provided service to the following parties:

____ Plaintiff(s) __X__ Plaintiff(s) Attorney ____ Other

____ Defendant(s) __X__ 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.

CIVIL DIVISION

No. 05-418-CD

Issue No.

NEW MATTER PURSUANT TO RULE 2252(d) AGAINST RICHARD GROUT, M.D., SUNDAR CHANDRASEKHAR, M.D. AND GATEWAY AREA MEDICAL ASSOCIATES

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:

You are hereby notified to file a written response to the enclosed NEW MATTER PURSUANT TO RULE 2252(d) within twenty (20) days of service hereof or a default judgment may be entered against you.

Attorneys for defendant.

FILED NO CC
m/11:25 BV
OCT 04 2006
William A. Shaw
Prothonotary/Clerk of Courts

NEW MATTER PURSUANT TO RULE 2252(d) AGAINST RICHARD GROUT, M.D., SUNDAR CHANDRASEKHAR, M.D. AND GATEWAY AREA MEDICAL ASSOCIATES

NOW COMES DuBois Regional Medical Center, by its attorneys, Thomson, Rhodes & Cowie, P.C., and files the following new matter pursuant to Rule 2252(d) against Richard Grout, M.D., Sundar Chandrasekhar, M.D. and Gateway Area Medical Associates.

1. Defendant incorporates by reference in its entirety defendant's answer and new matter in response to plaintiffs' complaint.

2. Each of the paragraphs of this pleading should be read so as to incorporate by reference each of the other paragraphs of this pleading.

3. If, notwithstanding what is believed to be a complete defense to all claims of the plaintiffs, defendant is deemed liable to the plaintiffs for any reason, defendant seeks to preserve its rights of contribution and indemnity against the joined defendants. For this purpose and for this purpose alone, defendant asserts a claim for contribution against all joined defendants. Further, if and to the extent that defendant is found liable, notwithstanding the defenses that have been pleaded and which should provide a full and complete defense, and the liability is on the basis of a breach of duty which is but secondary to defendant, but primary as to one of the joined defendants, defendant asserts a claim for indemnity against the joined defendants.

4 In asserting this cross claim, defendant believes and avers that any verdict in the case should be in favor of the defendants and against the plaintiffs for the reason that plaintiffs do not have a basis for any claim of liability against defendants; however, in the event that the jury should find to the contrary notwithstanding all of the defenses pleaded, defendant wishes to preserve its rights to contribution and indemnity. In doing so, defendant asserts no allegations against the joined defendants other than those set forth in the complaint to which this defendant and the joined defendants have filed responses. If, therefore, there is any basis for liability on the part of the joined defendants, it would be solely on the basis of the allegations which are being asserted by the plaintiffs to which all defendants have responded by seeking judgment in their favor and against the plaintiffs.

5. Defendant agrees that the foregoing averments require no response from the joined defendants.

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 NEW MATTER PURSUANT TO RULE 2252(d) AGAINST RICHARD GROUT, M.D., SUNDAR CHANDRASEKHAR, M.D. AND GATEWAY AREA MEDICAL ASSOCIATES has been served upon the following counsel of record and same placed in the U.S. Mails on this 2nd day of Oct., 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
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:
RESPONSE TO PLAINTIFFS' MOTION FOR LEAVE TO AMEND THEIR 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

FREDERICK BATTAGLIA
Court I.D. No: 91624

McQUAIDE, BLASKO, FLEMING & FAULKNER, INC.

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

Counsel of Record for Adverse Party:
Shanin Specter, Esquire

Dated: October 10, 2006

FILED
OCT 11 2006
m/1:10/cc
William A. Shaw
Prothonotary/Clerk of Courts
no c/c GK

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.	)	

DEFENDANT, GATEWAY AREA MEDICAL ASSOCIATES, INC.'S RESPONSE TO PLAINTIFFS' MOTION FOR LEAVE TO AMEND THEIR COMPLAINT

1. Admitted.

2. Denied. It is denied that any conduct attributable to Answering Defendant or its agents, servants, or employees resulted in the injury and/or loss of which Plaintiffs have complained. To the extent Plaintiffs' characterization of the allegations made against Answering Defendant are inconsistent with those set forth in Plaintiffs' Complaint, the averments of Paragraph 2 are denied.

3. Admitted in part and denied in part. It is admitted that Minor/Plaintiff was brought to the emergency room of DuBois Regional Medical Center at approximately eighteen (18) days of age and was diagnosed with dehydration secondary to poor intake and some diarrhea which he had had for approximately two (2) days. The remaining averments of Paragraph 3 are

denied in that Answering Defendant is without knowledge or information sufficient to form a belief as to the truth of the averments concerning what Plaintiff/mother "thought" at that time.

4-13. The averments of Paragraphs 4 through 13, inclusive, are denied. It is denied that discovery, including ten (10) depositions, have revealed any facts or circumstances which have "brought to life the egregious of the medical misconduct and reckless disregard for the safety and physical well being" and "total abandonment" of Minor/Plaintiff. Plaintiffs' proposed amendment is factually baseless, unsupported by the record produced during discovery, and is solely an attempt to assert a spurious claim against the Defendants in this matter as a "scare tactic" in the context of recent settlement discussions in this matter.

14-33. Denied. The averments of Paragraphs 14 through 33, 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, it is denied that discovery has revealed that punitive damages are warranted herein. Plaintiffs have failed to plead any such facts and could not possibly plead any such allegations because discovery in this matter has revealed that there is no factual support for same. It is further denied that any acts or admissions on the part of Answering Defendant caused or contributed to the unfortunate injury and/or loss which may have been sustained by Plaintiffs. Plaintiffs' attempt to raise this new allegation against the Defendants is improper as the statute of limitation applicable to this action has long since expired. A party may not amend a pleading to introduce a new cause of action after the statute of limitations has run. Laursen v. General Hospital of Monroe County, 494 Pa. 238, 431 A.2d 237 (1981). Pennsylvania case law clearly indicates that a new cause of action arises if the amendment proposes a different theory or negligence than the one previously raised or if the operative facts in support of the claim are changed. Daley v John Wannamaker, Inc.,

317 Pa. Super. 348, 464 A.2d 355 (1983), citing Junk v. East End Fire Department, 262 Pa. Super. 473, 396 A.2d 1269 (1978). While Plaintiff does purport to rely on Daley, it is denied that Plaintiffs' amendment merely adds to or amplifies the original Complaint. See Willett v. Evergreen Homes, Inc., 407 Pa. Super. 141, 148, 595 A.2d 164, 168 (1991) (holding that a proposed amendment alleging reckless indifference introduced a new cause of action barred by the statute of limitations when the original Complaint did "no more than allege ordinary negligence.") As will be addressed in Answering Defendant's Brief in more detail, the reasoning of Daley is inapplicable to this case in multiple respects. Further, under the MCare Act, punitive damages may only be awarded for conduct attributable to Answering Defendant that not only was "the result of the health care provider's willful or wanton conduct or reckless indifference to the right of others," but also only if Answering Defendant "knew of and allowed the conduct by its agent that resulted in the award of punitive damages." 40 PS §1303.505(a), (c). In addition, a showing of gross negligence is insufficient to support an award of punitive damages. 40 PS §1303.505(b). By attempting to add a claim for punitive damages, Plaintiffs are either requesting damages which are unavailable under MCare or are attempting to improperly add new allegations after the expiration of the statute of limitations. In either case, Plaintiffs' request should be denied under Pennsylvania law.

WHEREFORE, Answering Defendant, Gateway Area Medical Associates, Inc., respectfully requests that this Honorable Court deny Plaintiffs' Motion for Leave to Amend their Complaint to include a claim for punitive damages.

McQUAIDE, BLASKO, FLEMING,
& FAULKNER, INC.

Dated: October 10, 2006

BY _____
JOHN W. BLASKO
FREDERICK BATTAGLIA
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 a true and correct copy of ***DEFENDANT, GATEWAY AREA MEDICAL ASSOCIATES, INC.'S RESPONSE TO PLAINTIFFS' MOTION FOR LEAVE TO AMEND THEIR COMPLAINT***, in the above-referenced matter was mailed by regular mail, first class, at the Post Office, State College, Pennsylvania, postage prepaid, this 10th day of October, 2006 to:

Shanin Specter, Esquire
Kline & Specter, PC
1525 Locust Street, 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,
FLEMING & FAULKNER, INC.

By: _____
JOHN W. BLASKO
FREDERICK BATTAGLIA
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. **2005 – 418 CD** **ISSUE:** **REPLY TO PLAINTIFFS' MOTION FOR LEAVE TO AMEND COMPLAINT TO INCLUDE A CLAIM FOR PUNITIVE DAMAGES**
vs.	**Filed on behalf of Defendant,** RICHARD GROUT, M.D.
RICHARD GROUT, M.D., SUNDAR CHANDRASEKHAR, M.D., DUBOIS REGIONAL MEDICAL CENTER, and GATEWAY AREA MEDICAL ASSOCIATES, INC. Defendants	**Attorney of Record for This Party:** Michael A. Sosnowski, Esquire PA I.D. #67207 McINTYRE, 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 **6th** DAY OF **November, 2006.**

Michael A. Sosnowski
Attorney for Named Defendant

FILED NO CC
10:40 AM
NOV 07 2006

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

REPLY TO PLAINTIFFS' MOTION FOR LEAVE TO AMEND COMPLAINT TO INCLUDE A CLAIM FOR PUNITIVE DAMAGES

Defendant, RICHARD GROUT, M.D. through his counsel, MCINTYRE, HARTYE & SCHMITT, files the following Reply To Plaintiffs' Motion For Leave To Amend Complaint To Include A Claim For Punitive Damages.

1. Paragraph No. 1, including its footnote, is admitted.

2. It is denied that these defendants, including Dr. Grout, were negligent or conducted themselves in an outrageous fashion in the treatment of Ayden Shaffer-Doan. The presentation of this child was not as obvious and apparent as plaintiffs would suggest, and all of these defendants assessed, monitored and treated the child using their best professional judgment during the 36 hours he was admitted to DRMC.

3. Admitted. Additionally, the baby had been presented by his mother to Gateway Area Medical Associates, Inc., in the person of Dr. Siar, on December 4, 2001, having already been ill at that time.

4. It is admitted that episodes of eye twitching, apnea, bradycardia and dehydration were noted in the baby's chart during his DRMC admission of December, 2001. It is denied that the baby was in status epilepticus for 36 hours. Rather, to the extent he was having seizures, these were extremely intermittent, and of short duration. It was also unclear whether or not these episodes represented seizures, or apneic events, which made this a more complicated assessment and treatment than plaintiffs would suggest. He did develop cerebral edema, and his condition did decline markedly; however, this was most likely immediately prior to the arrival of the transport team from Pittsburgh.

5. Plaintiffs' characterizations in this paragraph of "failures to diagnose and treat" and "abandonment of his care" are just that, characterizations. On the contrary, the baby was monitored continuously by the hospital nursing staff, with physicians supervising treatment. (See Exhibit "F", "Chronological Summary of Nursing Reports") While it is acknowledged that the baby has experienced brain damage, it is denied that this is the result of any actions or inactions on the part of these defendants, including Dr. Grout. Rather, it is related to a pre-existing illness that essentially set the baby's course before he even entered the hospital, as reflected in defense expert reports. (See Exhibit "B", Report of Kimberly Gordon, M.D. at 6; Exhibit "C", Report of James P. Scibilia, M.D. at 4; and Exhibit "D", Report of Robert Koppel, M.D. at 5-6).

6. It is admitted only that ten (10) depositions were taken in this case. The remainder of this paragraph is, once again, characterization on the part of the plaintiffs. To the contrary, the baby was monitored continuously by the hospital nursing staff. Additionally, it was by no means obvious that the events being exhibited constituted seizures, and they certainly did not constitute continuous seizure activity. They may very well have consisted of apneic events, at least in part. (Exhibit "A", Deposition of Dr. Grout, at 17). Treatment for apnea and seizures in infants can be contrary, and dangerous if the right treatment is not selected. (Exhibit "A" at 34-35). Hence, the decisions made to further observe the baby were an exercise of reasonable professional judgment.

7. The nursing notes, prepared contemporaneously with the occurrence of events, reflect those events as perceived by the DRMC nursing staff. Certain of these events could have been seizures or apneic events. This was the overriding question. Treatment of apneic events as seizures could have resulted in respiratory arrest. (Exhibit "A" at 34-35).

8. Dr. Grout did testify at his deposition that his recollection of what he was told about the nature of some of the events was different than what was described in the nursing records when he was able to review them after the child was transferred to Children's Hospital of Pittsburgh. (Exhibit "A" at 27-32). It is denied that there was any "difficulty in reaching" Dr. Grout during the time that he was responsible for the child. Additionally, it is once again submitted that it was not abundantly clear whether the child was experiencing seizures throughout his hospitalization, and he certainly was not exhibiting a seizure-disorder continuously.

9. It is true in this case that both doctors testified that they did not have access to the nurses' notes because they were computerized and not readily available by computer or on the chart at the time they were treating the baby. However, it was not the situation that they made no effort to obtain information on the baby; rather, they relied upon what the nursing staff told them orally.

10. It is admitted that plaintiffs have produced liability experts. It is also submitted that expert reports have been submitted by the defense in this case.

11. The expert report of plaintiffs' expert, Dr. Snelling, speaks for itself, as do the quotes set forth in this paragraph. It is admitted that she is critical of all of the defendants. Defense experts, however, are supportive of the defendants. Kimberly Gordon, M.D., notes that:

> There is nothing in the management of the child in the hospital to explain why he took such a sudden turn for the worse just as the transport team from Children's Hospital arrived . . . [t] there is something in the management by the physicians at DuBois Regional Medical Center that would have caused the cerebral edema to occur as the symptoms had started before the infant's admission to the hospital.

(Exhibit "B" at 6). James Scibilia, M.D., opined:

> Ayden's brain injury was the result of an overwhelming infection involving multiple organs, including his brain, gastrointestinal tract and cardio-respiratory system. Enteroviral infection is a likely culprit in this clinical setting. These injuries were already evolving when the child was first brought to the Emergency Room. The progression of the symptoms was a result of the infection and its trauma to the brain, not because of inappropriate treatment by his primary physicians. These events and injuries would have occurred even if the seizures themselves had been detected and treated on December 6th since the etiology of the seizures was brain injury itself. Infants suffering from enteroviral encephalitis or brain damage typically have residual neurologic deficits, regardless of the supportive treatment provided for their care. *This outcome was unavoidable and was in no way caused by deviations in the care rendered by the attending physicians or hospital staff.*

(Exhibit "C" at 4) (emphasis added).

12. The quotations from plaintiffs' expert, Walter J. Molofsky, M.D. are as they appear in his report. However, defense expert, Robert Koppel, M.D., takes issue with his opinions, and notes in response:

> It is unreasonable for him [Dr. Molofsky] to conclude that the brain abnormalities were not present prior to Ayden's admission. I disagree with his assertion that the cerebral edema and cortical infarcts were caused by untreated seizures and hyponatremia because this fails to provide an explanation for the onset of seizure activity at home and the neurological abnormalities that were clearly present while the serum sodium concentration was perfectly normal.

(Exhibit "D" at 5)

13. The quotes attributed to plaintiffs' expert, Dennis Atkinson, Jr., M.D. are as they appear in their report. However, Robert A. Zimmerman, M.D., also reviewed the ultrasound and CT studies of the brain performed 12/07/01, and he noted that, "[t]he findings represent an acute brain injury, one that is 24 hours old or more, one that could be as many as 4 – 5 days at the time of the imaging examinations of 12/07/01." (Exhibit "E" at 1).

14. Paragraph 14 is denied, in that it is a mere characterization on the part of the plaintiffs. On the contrary, discovery has shown that this child was not abandoned, that there was a serious issue as to what may have been causing his symptoms, that he was assessed on an ongoing basis, that when seizures became the more likely diagnosis, action was taken, and that he was transferred to Children's Hospital of Pittsburgh when his situation was declining. Such a scenario does not warrant the imposition of punitive damages.

15. It is admitted that a copy of plaintiffs' proposed Amended Complaint was attached to their motion.

16. The amendment sought may not necessitate additional discovery or delay the scheduled trial in this case. However, that does not make the claim for punitive damages any more appropriate under the circumstances present.

17. Admitted, with the understanding that defense expert reports have been submitted.

18. Denied. On the contrary, the defendants will be prejudiced if plaintiffs' are permitted to amend their Complaint to claim punitive damages in a situation where they are not warranted, as such a claim would leave all of the defendants personally exposed.

19. It is admitted that Pennsylvania Rule of Civil Procedure 1033 is as was quoted.

20. It is admitted that punitive damages may be sought under Pennsylvania law. However, the Supreme Court of Pennsylvania has held that "punitive damages may not be awarded for misconduct which constitutes ordinary negligence such as inadvertent mistakes and errors in judgment." Martin v. Johns-Manville Corp., 494 A.2d 1088, 1097 (Pa. 1985).

21. It is admitted that the provision of the Medical Care Availability and Reduction of Error (M-CARE) Act, 40 P.S. § 1305.505(a) does set out a statutory standard for recovery of punitive damages. However, that statute goes on to note that, "[a] showing of gross negligence is insufficient to support an award of punitive damages." 40 P.S. § 1305.505(b).

22. It is admitted that the decision to grant or deny plaintiffs permission to amend a pleading is within the sound discretion of the trial court. However, with respect to punitive damages, as indicated, neither negligence, nor even gross negligence, shows sufficient culpability to justify a punitive damage award. Takes v. Metropolitan Edison Co., 655 A.2d 138, 144 (Pa. Super. 1995). In this instance, the soundest discretion of the trial court would be to not permit an amendment.

23. Admitted.

24. Admitted.

25. Admitted.

26. Where, as in this case, the conduct alleged against the defendants could constitute no more than negligence, or perhaps as much as gross negligence, a punitive damage claim would be improper as a matter of law.

27. Admitted.

28. Admitted.

29. Admitted.

30. Admitted.

31. Denied. On the contrary, the depositions in this case have made it clear that the defendant physicians, including Dr. Grout, had an appreciation that this was not as simple a matter as a baby clearly having seizures. As has been indicated previously, it is very much disputed that this baby had sustained seizure activity for 36 hours, and certainly that it caused him to deteriorate. It is also unclear that the events the baby was having intermittently constituted seizures, as opposed to infant apnea. Even if it could be determined that Dr. Grout and the other defendants made errors in their professional

assessments and judgment during their treatment of the baby, this in no way gives rise to a claim for punitive damages, as this demonstrates nothing more than negligence, perhaps gross negligence, neither of which can legally sustain a claim for punitive damages.

32. Dr. Grout incorporates his responses in the prior paragraphs as if set forth at length. Accordingly, he opposes plaintiffs' effort to amend their Complaint to claim punitive damages in this case.

33. This incorporation paragraph requires no response.

WHEREFORE, defendant, Richard Grout, M.D., respectfully requests that this Honorable Court enter an Order denying plaintiffs' leave to amend their Complaint to assert a claim for punitive damages against him, as well as the other defendants in this case.

Respectfully submitted.

MCINTYRE, HARTYE & SCHMITT

Michael A. Sosnowski

Attorney for Defendant
Richard A. 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:**
	:	**TABLE OF EXHIBITS**
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 **6th** DAY OF **November, 2006**.

Michael A. Sosnowski

Attorney for Named Defendant

FILED NO CC
10:46 BK
NOV 07 2006 JW

William A. Shaw
Prothonotary/Clerk of Courts

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,	:	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

TABLE OF EXHIBITS

Defendant, Richard Grout, M.D., through his counsel, McIntyre, Hartye & Schmitt, submits the following exhibits to be utilized in conjunction with his Reply to Plaintiffs' Motion for Leave to Amend Their Complaint to Include a Claim for Punitive Damages, as well as his Brief in Opposition to same.

A. Deposition of Richard Grout, M.D.

B. Expert Report of Kimberly Gordon, M.D.

C. Expert Report of James Scibilia, M.D.

D. Expert Report of Robert Koppel, M.D.

E. Expert Report of Robert Zimmerman, M.D.

F. Chronological Summary of Nursing Reports

Respectfully submitted.

MCINTYRE, HARTYE & SCHMITT

Michael A. Sosnowski

Attorney for Defendant
Richard A. Grout, M.D.

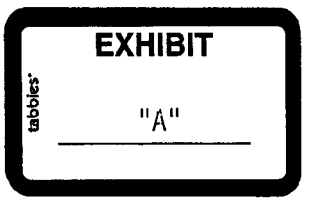
Michael A. Sosnowski, Esquire
PA I.D. #67207
P.O. Box 533
Hollidaysburg, PA 16648
(814) 696-3581

AYDEN SHAFFER-DOAN VS RICHARD GROUT, M.D., DEPOSITION OF RICHARD GROUT, M.D., 10/11/05

Page 1 to Page 234

CONDENSED TRANSCRIPT AND CONCORDANCE
PREPARED BY:

AKF Reporters, Inc.
436 Boulevard of the Allies
Pittsburgh, PA 15219-1314
Phone: 1-888-253-3376
FAX: 1-412-261-2537



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, — 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:
RICHARD GROUT, M.D.
DEPOSITION DATE:
Tuesday, October 11, 2005
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, on Tuesday, October 11, 2005, commencing at 11:14 a.m.

APPEARANCES:

FOR THE PLAINTIFFS:
Matthew A. Casey, Esq.
KLINE & SPECTER
1525 Locust Street
19th Floor
Philadelphia, PA 19102
215-772-1000

FOR THE DEFENDANT, RICHARD GROUT, M.D.:
Michael A. Sosnowski, Esq.
McINTYRE, DUGAS, HARTYE & SCHMITT
1816 Old Route 220 North
Duncansville, PA 16635
814-696-3581

FOR THE DEFENDANT, DUBOIS REGIONAL MEDICAL CENTER:
David Johnson, Esq.
THOMSON RHODES & COWIE
1010 Two Chatham Center
Pittsburgh, PA 15219
412-232-3400

Page 3

APPEARANCES (CONT'D.):

FOR THE DEFENDANT, SUNDAR CHANDRASEKHAR, M.D.:
Terry C. Cavanaugh, Esq.
WHITE & WILLIAMS
1001 Frick Building
Pittsburgh, PA 15219
412-566-3524

FOR THE DEFENDANT, GATEWAY AREA MEDICAL ASSOCIATES:
John Blasko, Esq.
McQUAIDE & BLASKO
811 University Drive
State College, PA 16801
814-238-4926

ALSO PRESENT:
Sundar Chandrasekhar, M.D.
Gregory J. Volpe, risk manager
DuBois Regional Medical Center

* I N D E X *

Examination by Mr. Casey ---------- 4
Certificate of Court Reporter ---------- 232
Errata Sheet ---------- 233
Notice of Non-Waiver of Signature ------- 234

* INDEX OF EXHIBITS *

Deposition Exhibit 1 ---------- 64

* INDEX OF NOTED QUESTIONS *

Question ---------- Page 192, Line 16

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

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

Page 83

Page 84

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 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 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 139

Page 140

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;

81:5; 82:22, 23; 83:6, 19; 84:2, 18; 85:10; 89:16, 25; 90:1; 91:10, 13, 15, 19; 94:17; 95:20, 21; 96:16; 98:21; 101:8, 24; 103:11; 104:9; 105:21; 106:10, 11; 107:13; 115:7; 116:5; 126:6; 129:4, 14; 130:6; 133:18, 19; 135:21; 136:2; 137:13; 153:18; 156:12; 159:3, 4; 166:12; 168:20; 170:4; 191:3, 5, 10, 17, 18, 19; 192:10; 194:20, 21; 198:24; 208:20

****7****

7 [23]
23:6; 39:2; 45:23; 46:2; 56:6, 22; 57:4, 14; 58:1; 68:9, 13; 79:22, 24; 104:21; 107:22; 108:24; 109:7; 152:24, 25; 153:1; 168:17; 218:18
70 [1]
216:14
70s [6]
216:14; 221:8; 222:15, 23; 226:2; 230:13
72001 [1]
79:17
75 [1]
216:14
7:45 [8]
225:25; 226:4, 12; 227:24; 229:4; 230:10, 11
7th [40]
18:23; 21:5, 6; 22:5; 27:15; 33:1, 19; 40:18; 42:16; 46:16; 48:21; 49:6; 51:1; 55:2; 81:5; 91:23; 92:4; 96:1, 5, 11, 17; 101:18, 22; 102:12; 103:13; 104:10; 108:2; 110:1; 113:25; 116:6; 122:18; 129:9; 148:14; 171:9; 174:7, 16; 189:2; 190:20, 22

****8****

8 [35]
35:20; 36:14; 48:9, 13, 17; 71:10, 12; 74:17, 18; 75:9; 77:18; 83:7; 89:17; 94:16; 135:21; 136:1, 17; 152:10; 157:15; 195:7; 205:8; 208:1; 209:17, 24; 210:1, 3, 9; 213:13; 214:17; 226:24; 227:4; 228:15, 16; 230:11, 21
80 [1]
216:14
80s [3]
216:15, 21; 217:2
811 [1]
3:8
814 [1]
234:3
814-238-4926 [1]
3:9
814-696-3581 [1]
2:16
8:29 [6]
150:23; 153:18; 210:11; 211:15, 21; 230:10
8:30 [6]
221:17; 226:24; 227:1, 5; 228:14, 25
8:40 [4]
209:11; 210:23; 211:4, 19
8:49 [1]
150:24
8th [1]
190:15

****9****

9 [10]
71:13, 14; 83:18; 89:17; 91:6, 18; 94:16; 129:4; 206:6; 207:2
90 [5]
215:10, 14, 18; 216:11; 217:2
9:30 [4]
71:14; 91:7; 95:14; 213:24

****A****

a-n-c-y [2]
47:1, 2
a.m. [83]
1:12; 2:5; 33:1, 19; 35:20; 36:14; 40:18; 42:16, 21; 43:6, 9; 45:23; 46:1; 48:9, 13, 18, 20, 25; 52:23; 53:1, 14; 54:3, 8; 55:3; 75:9; 77:18; 83:7; 93:4; 95:25; 96:5, 11; 101:22; 102:12; 103:14; 104:6, 10, 13, 21; 107:22; 109:25; 110:6; 113:25; 124:11; 135:21; 136:1, 18; 150:23, 25; 152:10; 153:18; 174:6, 16; 175:1; 195:7; 202:20; 205:8, 25; 206:6; 207:2; 208:1; 209:11, 17; 210:23; 213:13, 24; 215:10; 221:1, 4, 10, 12; 222:10, 17, 22; 223:13; 225:1, 2, 25; 226:4, 12, 24; 227:24; 228:16
ability [2]
110:15; 191:7
able [7]
74:9; 76:14; 132:8; 135:15; 142:17; 178:14; 185:20
abnormal [11]
24:3, 6, 8, 15; 25:6; 167:4; 192:2; 212:18, 20, 22
abnormalities [5]
25:9, 12, 25; 26:8; 38:9
abrupt [1]
72:24
absolutely [4]
84:9; 139:8; 141:1; 222:18
accelerate [1]
189:11
accept [5]
180:16, 22, 24; 194:2; 198:6
accepted [5]
193:18; 195:19; 197:10, 22; 198:3
access [3]
30:5; 56:14; 62:11
accordance [1]
2:2
according [5]
104:20; 130:16; 151:19; 161:15; 196:14
accurate [2]
144:19; 145:21
accurately [1]
149:12
accustomed [1]
76:24
acid [2]
209:6, 8
acquired [1]
36:1
act [1]
217:5
action [1]
232:20
active [2]
15:3; 75:8
activities [1]
24:17
activity [13]
16:19; 17:13; 31:18, 21; 131:16; 198:13; 199:8, 10, 12; 200:11, 18, 21, 24
actual [10]
42:14; 65:12; 74:13; 142:23; 165:18; 185:16; 187:2; 191:25; 213:21, 22
add [3]
14:18; 152:15; 203:19
addition [5]
4:17; 10:8; 106:5; 150:11; 185:9
additions [1]
233:4
address [4]
58:15, 20, 23; 59:1
addressed [2]
59:25; 60:3
addressing [1]
59:6
adequate [3]
48:7; 50:9; 217:21
adequately [1]
136:23
adjourn [1]
220:22
adjust [1]
215:9
administer [2]
126:25; 215:19
administered [3]
137:10; 215:21, 23
administering [1]
118:12
administration [5]
118:1; 150:17; 215:16; 216:7; 217:9
admission [10]
83:14; 93:21; 95:20; 137:9; 144:16; 146:12, 20, 25; 147:24; 153:1
admissions [1]
144:9
admit [5]
15:22, 25; 16:9, 13, 15
admitted [7]
18:14; 29:13; 41:7; 46:4; 68:23; 166:7; 194:24
admitting [1]
152:15
adult [6]
34:11; 139:1; 189:15, 17, 21, 23
advanced [1]
172:1
advice [2]
156:20, 24
affect [2]
147:1; 190:1
affected [1]
147:25
affecting [1]
162:14
affiliated [7]
49:4; 51:7, 20; 58:23, 25; 88:10, 24
affirmed [3]
147:22; 148:21; 149:21
affix [1]
234:11
affixed [1]
232:22
afternoon [16]
18:21; 19:14; 27:19; 35:24; 36:15; 49:7; 58:1; 63:24; 84:5, 11, 17; 90:20; 91:15; 126:6; 160:9; 194:21
afternoons [1]
91:16
afterwards [4]
35:17; 62:15; 89:5; 154:18
age [9]
40:1; 78:23; 116:15, 20; 117:3, 12, 21; 128:11; 152:22
agent [2]
171:25; 207:13
agree [10]
25:24; 42:25; 44:9, 11; 55:2; 176:9; 179:18; 200:13; 201:3; 213:4
agreeable [1]
220:18
agreed [6]
19:19; 21:10; 92:22; 93:4; 196:1; 220:15
ah-huh [12]
29:3; 30:14; 34:14; 48:14; 53:8; 75:24; 127:10; 135:23; 144:22; 146:3; 163:14; 168:4
akf [3]
1:23; 233:25; 234:1
alarmed [1]
55:23
alert [1]
48:8
alerts [1]
175:7
alfonsis [1]
21:25
alleged [1]
15:16
allegheny [2]
232:2; 233:1
allowed [3]
175:13; 176:13; 179:19
allowing [1]
218:7
alluded [3]
42:6; 61:24; 68:2
alone [4]
95:1, 12, 16; 190:14
amend [1]
184:21
amending [1]

164:21
amendments [1]
233:4
amount [3]
73:23; 80:9; 215:20
ampicillin [1]
203:3
analysis [2]
170:2, 18
anesthetics [1]
155:25
angeles [2]
13:7; 139:17
answer [55]
7:9, 19; 8:3; 10:3, 16; 14:6; 29:7; 32:16; 38:13; 39:14; 40:16; 55:9, 12, 13; 57:7; 60:19, 21; 71:4; 82:9; 83:20; 95:4; 99:6, 20; 105:14; 108:11, 12; 109:9, 10; 124:8; 130:23; 134:1, 23; 135:14; 136:24; 137:1, 10; 142:1; 147:16; 161:2; 163:3; 168:5, 23, 24; 171:4; 172:4, 14; 175:23; 180:20; 181:1, 12; 192:14, 19; 193:3; 201:1, 6
answered [5]
90:5; 122:25; 172:5; 195:23; 196:2
answering [4]
18:6; 44:24; 97:4; 173:6
answers [2]
97:8; 194:22
anti-seizure [4]
35:5; 201:7, 9, 20
antibiotic [1]
203:6
antibiotics [2]
157:7; 159:10
anticipate [1]
29:5
anticonvulsants [9]
36:18, 19, 22, 25; 37:15; 118:5, 12, 23; 140:6
antidiuretic [3]
167:2, 9; 172:20
antigens [2]
215:5, 12
anybody [15]
30:18; 34:7; 53:18; 57:10; 58:23; 59:1; 69:17; 87:24; 88:6, 10; 89:1; 94:1; 121:18; 125:21; 174:11
anywhere [4]
37:13; 132:13; 153:7; 170:6
apnea [25]
40:22; 41:2, 6, 9, 16, 23; 42:22; 43:15; 45:3; 107:6; 115:21, 23; 128:12; 134:10; 148:10; 158:1; 169:23; 200:5; 204:4, 18; 209:5; 213:1, 3, 12; 217:10
apneic [35]
17:19; 25:15; 26:12, 23; 27:11; 32:1; 33:10; 34:25; 35:4; 37:22; 38:16; 39:21; 106:19, 24; 125:21; 133:20; 134:7, 11, 16; 136:19; 146:8; 148:6; 169:21, 25; 199:15, 17, 19, 20; 200:15; 201:1; 216:17; 224:12, 25; 225:9, 23
apologize [1]
107:16
apparently [1]
107:4
appear [3]
48:8; 90:25; 151:2
appearance [1]
230:16
appearances [2]
2:8; 3:1
appeared [9]
24:18; 27:9; 63:16; 73:25; 74:21; 75:3; 80:6; 85:9; 89:19
appears [3]
190:14; 205:17; 209:13
apply [1]
120:5
applying [1]
120:19
appointment [1]
152:23
appointments [1]
219:13
appreciate [4]
21:22; 25:11; 76:1; 180:2
appreciated [5]
26:8; 50:20; 53:22; 54:3; 158:9
appreciation [9]
45:21; 48:20; 76:7; 174:5, 15, 20; 181:25; 222:21, 25
apprised [7]
100:6; 157:13; 161:25; 162:7, 8; 176:25; 177:10
approach [1]
92:22
approximately [6]
23:1; 30:7; 32:25; 43:10; 74:14; 92:5
area [3]
1:11; 3:6; 9:14
arousable [2]
130:13; 155:12
aroused [1]
24:16
arranged [2]
51:17; 88:2
arrangements [2]
52:1; 53:4
arrest [2]
40:21, 24
arrival [4]
85:24; 89:15; 188:4; 211:20
arrive [1]
209:23
arrived [15]
49:16; 50:3; 51:10; 55:4; 56:7, 23; 57:5; 86:13; 120:3; 151:20, 21; 177:6; 178:12, 13; 209:20
articles [2]
11:5, 6
arts [1]
2:3
asking [60]
6:12; 7:3, 4, 5; 11:18, 21; 25:3; 26:3, 17; 29:17, 18; 30:10; 31:22; 37:12; 42:1; 56:21; 67:2; 78:10; 80:13; 85:3; 88:20; 94:24, 25; 97:13; 98:20; 100:10; 102:3; 105:23; 112:12, 13; 114:25; 117:8; 131:23; 134:24; 142:2; 149:1; 150:2, 9, 10, 12; 160:19, 25; 169:1; 171:11; 173:15; 175:24; 181:18, 20; 182:15; 185:12; 193:18; 196:10; 197:22; 200:8, 15; 222:2, 10; 226:8
asleep [1]
48:13
asserting [2]
223:6, 7
assess [3]
131:16; 209:1, 6
assessment [4]
132:3; 197:20; 221:11; 230:14
assigned [1]
110:14
assisted [1]
216:1
associate [1]
65:18
associated [4]
67:5; 106:22; 116:14; 204:18
associates [4]
1:11; 3:7; 9:14; 65:18
assume [18]
7:19; 14:6; 52:17; 54:16, 17, 18, 19; 59:24; 68:18; 92:11; 136:24; 173:7; 180:8; 181:24; 182:3; 199:4; 209:25; 211:3
assumed [4]
20:10; 161:10; 167:6, 8
assumes [1]
129:19
assuming [2]
104:14; 173:9
assumption [5]
135:7; 173:8, 12, 13; 180:11
ativan [1]
140:8
atmosphere [1]
176:11
attachment [1]
234:13
attempt [8]
49:7; 124:20; 132:11, 15; 133:2; 140:4; 198:23; 217:7
attempted [1]
132:19
attempts [1]
54:7
attending [12]
18:12; 78:9, 11; 96:6; 124:3; 144:11; 145:13; 147:19, 22; 174:10, 14; 179:21
attention [3]
79:5, 12; 83:19
attestation [1]
28:21
available [16]
28:4, 18; 39:22; 40:12; 121:24; 139:12, 14, 18; 140:1; 141:17; 148:17; 152:2; 189:12, 13; 198:25; 199:7
avenue [1]
2:4
average [1]
90:24
averments [1]
15:25
awake [1]
48:8
aware [18]
24:21; 25:17, 25; 26:7; 66:23; 69:3; 116:1; 136:5; 159:6, 8, 9; 161:3; 162:2, 8, 12; 184:23; 214:12; 230:17
awfully [1]
16:5
axiomatically [1]
171:12
ayden [29]
1:3; 4:11; 5:11, 13; 6:20; 9:4; 15:17; 16:10; 17:15; 20:23; 22:4; 49:8; 69:4; 89:1, 14; 91:10, 22; 94:19; 96:18, 24; 98:2; 100:8; 103:22; 104:11, 16; 153:3; 210:1; 217:15; 221:5

*** * B * ***

babies [5]
116:15, 20; 117:2, 12; 136:7
baby [199]
37:23; 38:1; 40:1, 20; 41:10, 17, 21, 22, 24; 42:16; 43:13, 25; 44:21, 25; 45:18, 22; 46:4, 6, 14; 48:9, 12, 17, 22; 49:1; 50:17; 51:1; 53:14, 16, 18; 54:8, 20; 55:4; 57:21, 25; 58:10; 63:11, 23; 68:1, 8, 23; 73:21; 74:12, 16; 75:10; 76:4, 15, 20; 77:20; 78:9, 13, 23; 79:4, 16; 80:15; 81:6, 7; 82:25; 83:21, 25; 85:14; 86:12; 87:1, 5, 12, 18, 25; 88:8, 12, 14; 89:22; 95:16; 98:3; 99:14, 23; 100:2, 22, 25; 101:3, 14, 20, 23, 25; 102:10; 103:4; 106:5, 6; 107:12, 15, 23, 25; 108:4, 14, 24; 109:3, 4; 110:6, 12; 112:23; 115:14; 116:1, 4; 118:22; 119:11; 120:13; 121:14, 15, 16, 17; 122:2, 10, 19, 23; 123:1, 4; 124:10, 17, 21, 22; 127:5, 14; 128:10; 129:7; 130:5, 19; 131:4, 24; 134:3; 136:2, 13, 20; 137:4, 17; 138:23; 139:21, 22; 140:15, 20; 141:5, 10, 18; 142:8; 152:10; 155:16; 159:19; 161:22; 163:9; 166:23; 169:9, 12, 20, 22; 170:12, 22; 171:13, 16; 174:17; 180:5, 17, 22; 181:24; 182:14, 20; 185:14; 194:16; 197:8, 11; 200:25; 201:10, 12, 17, 22; 207:7, 16; 208:18; 209:15; 210:8, 14; 211:13; 212:17; 213:3, 13; 216:4; 217:2, 12, 20; 218:7, 8, 9, 12; 221:12; 222:12; 224:16; 229:7, 9, 11; 230:18, 20, 24
baby's [8]
72:23; 84:21; 85:3; 103:6; 106:9; 133:17; 163:8; 206:21
backed [1]
210:23

bacterial [2]
215:5, 11
balance [1]
209:6
base [3]
163:7; 209:6, 8
based [16]
66:11; 71:23; 74:22; 97:25; 110:19; 112:8, 9; 123:25; 124:1; 194:12; 195:18; 199:8; 200:7; 210:6; 221:22; 229:6
basic [3]
102:24; 170:4; 207:5
basically [4]
62:12; 77:14; 90:16; 110:11
basis [10]
44:19, 24; 80:11; 109:23; 161:16; 181:2; 191:6; 193:8; 199:12; 204:4
bear [2]
41:16; 64:10
becomes [1]
115:14
bed [2]
136:9; 140:1
belief [1]
96:18
believe [59]
5:25; 10:3; 16:12; 22:12; 27:17; 36:5; 37:20; 46:13, 15; 50:15; 54:14; 55:25; 63:20, 25; 66:9; 68:20; 70:20; 75:17; 78:10; 80:6; 82:1, 17; 84:1; 85:12; 86:24; 91:13; 97:5, 24; 100:2, 10; 113:21; 116:3, 8, 10; 117:10; 121:7; 132:15, 19, 21, 23; 135:18; 149:12; 154:19; 165:2, 3; 168:11; 171:15; 201:10, 12; 202:14; 212:21; 214:17; 220:15; 221:18, 22, 25; 223:11; 225:12, 15
believed [15]
31:5; 32:4; 89:19; 96:24; 99:13, 22; 104:16; 108:13; 109:20; 110:6; 115:6; 134:3; 171:7; 198:13; 227:4
believes [3]
97:20; 98:3; 100:21
belonged [2]
108:25; 109:3
beneficial [2]
40:5, 7
benefit [2]
170:2, 18
besides [1]
87:19
beta [7]
156:22; 157:2, 5, 19; 158:12; 159:1; 215:7
bicarbonate [1]
207:24
bigger [2]
122:19; 124:14
birth [7]
152:25; 157:4, 11; 158:5, 7, 14, 17
bit [8]
8:13; 71:18; 82:25; 83:24; 127:4, 9, 13; 187:21
blanks [1]
52:15
blasko [3]
3:7, 8; 186:24
blinking [3]
226:25; 228:18; 230:12
blood [11]
47:22; 50:18; 81:15; 133:12, 13; 157:6; 158:22, 24; 203:11; 206:2; 208:25
blowby [1]
229:3
blue [1]
176:10
board [4]
13:11, 15; 14:7, 10
body [1]
217:13
boluses [2]
50:8, 21
book [5]
47:14; 121:9; 219:17
books [1]
10:24
bordering [1]
90:11
born [4]
73:22; 152:20; 156:20; 157:17
bother [1]
57:2
box [1]
150:18
bracket [2]
225:4, 5
bradycardia [33]
33:14; 40:23; 41:2, 7, 9, 17, 23; 42:18, 20, 23, 25; 43:15, 20, 21, 22, 23, 24; 44:7, 14, 16; 45:1, 3; 106:22; 148:9, 10, 11; 200:5; 209:5; 213:1, 3, 12; 217:10
brain [17]
79:1; 126:10; 133:17; 148:14; 175:10, 19; 176:2; 181:17; 182:1, 5, 24; 183:1; 201:17, 24; 217:22; 218:9, 13
break [5]
8:12; 64:7; 94:4, 12; 194:18
breathing [5]
35:6; 225:8; 227:1; 228:22; 229:1
brief [4]
64:7; 94:12; 227:2; 228:25
briefly [2]
12:24; 32:18
brings [2]
4:15; 8:20
broach [1]
68:7
broad [1]
16:5
building [2]
2:4; 3:3
bun [23]
70:21; 71:2, 24; 72:7, 10, 17; 73:3, 8; 75:21; 76:10; 77:9; 82:18; 85:11; 90:8; 114:6; 116:13; 127:3, 13; 152:15; 154:24; 168:1; 207:25; 213:10
burden [2]
102:16
bursts [1]
138:5
business [1]
61:10

*** * C * ***

caffeine [17]
35:1, 2, 12, 14, 18; 36:16; 37:23; 38:23; 41:13; 42:22, 24; 43:14; 107:6; 200:4; 206:1; 208:24; 217:9
calcium [9]
38:11; 203:12, 13, 20, 25; 204:2, 5, 13, 19
calendar [4]
219:2, 11, 16; 220:6
calendars [3]
218:15; 219:3, 24
california [3]
13:5, 7; 139:17
call [40]
19:3, 11, 13, 16; 20:5, 11; 44:7, 13; 45:1; 52:4; 55:15; 61:7; 68:16, 18; 69:6, 16, 22; 70:8; 71:19; 72:21; 77:2; 88:6; 105:10; 116:23, 25; 124:23, 25; 125:11, 21; 126:19, 24; 137:14; 154:12, 13, 18; 189:12; 202:25; 203:18; 220:14
calling [3]
88:4; 162:22; 224:5
calls [4]
19:23; 21:11; 39:11; 51:16
candidly [1]
97:4
cannula [3]
215:9; 216:7, 22
capabilities [1]
188:14
capability [1]
138:22
capable [1]
62:4
capacity [9]
39:4, 8; 66:18, 19; 76:12, 13; 125:10; 140:13; 188:18
capillary [2]
206:2; 208:25
cardiorespiratory [3]
40:21, 23; 212:16
care [20]
16:1, 10; 19:17; 20:10; 22:10; 27:25; 34:4; 54:20; 65:10; 66:6; 89:4; 111:15; 117:16; 119:20; 121:21; 140:11; 146:20; 211:7, 11
cared [1]
140:2
career [1]
14:18
careful [1]
108:19
carefully [1]
194:5
caring [1]
157:18
carry [1]
7:15
case [20]
6:6, 8, 15; 9:22; 10:11, 15; 12:7, 12; 15:14; 19:19; 28:14; 46:5; 49:20; 89:9; 110:24; 124:7; 161:3; 163:22; 165:6; 172:15
cases [3]
6:3; 160:18, 19
casey [162]
1:18; 2:9; 3:16; 4:7, 9; 9:17, 21; 10:7; 11:25; 12:5; 14:22, 25; 16:7, 8; 18:9; 21:24; 22:2; 30:17; 39:13; 40:15; 42:15; 55:8; 56:1; 57:11, 12; 59:23; 63:21; 64:6; 66:12, 25; 67:17; 73:12; 78:4; 88:19; 89:10; 94:3, 6, 11; 98:7, 11, 15; 99:10; 102:3, 6; 103:8; 105:13, 17; 106:1, 4; 108:10, 20; 109:11, 14, 16; 112:7; 113:7, 18; 115:3; 117:8, 9; 118:9, 13, 20; 119:18, 22; 120:24; 121:1; 122:24; 123:16; 124:9; 125:9; 128:4; 129:22; 130:24; 131:22; 134:2, 24; 135:4, 20; 139:6, 9, 10; 142:6, 11, 12; 143:4, 8, 12, 22; 144:7, 8; 147:14; 149:3, 6; 154:11; 158:6, 8; 162:24; 163:5; 165:11; 166:15; 168:25; 171:5; 173:24; 176:1, 21; 177:25; 180:2, 4, 15, 21; 181:2, 9, 13, 23; 182:18, 19; 183:25; 184:4, 15; 185:11, 22; 186:6, 11, 14; 187:1; 189:22; 190:7, 21; 191:2, 14; 192:7, 15, 20, 23; 193:4, 5, 17; 195:25; 196:4; 197:15, 21; 206:3; 220:5, 12, 20; 224:7, 9, 13, 21; 227:18, 21, 25; 228:8, 11, 14, 16, 24; 229:10; 231:3, 9; 234:13
catastrophic [1]
153:13
catch [1]
5:7
category [3]
137:21; 155:18, 21
causally [1]
42:13
causation [1]
172:22
caused [4]
47:19; 77:1; 170:21; 171:8
cavanaugh [1]
3:2
cbc [1]
215:10
cbg [1]
206:2
cc [1]
203:20
ccs [1]
203:21
cell [1]
215:2
center [22]
1:11; 2:19, 21; 3:13; 9:1; 17:17; 49:5; 51:8, 21; 65:9; 66:4; 76:5; 80:16; 93:15; 102:21; 127:21; 143:15; 179:20; 187:14; 197:1; 199:7; 225:14
central [1]

47:19
cerebral [13]
45:22; 46:1, 6, 14, 15, 17; 47:4; 148:5; 158:23; 163:8; 177:18; 178:22; 183:3
certainty [1]
141:6
certificate [2]
3:17; 232:1
certification [3]
13:24; 14:1, 7
certified [5]
13:11, 15, 20, 21; 14:10
certify [5]
144:17; 145:4; 232:5, 13, 17
certifying [1]
145:20
cetera [4]
38:11; 42:11; 65:16; 231:8
cfs [1]
215:6
challenge [2]
105:19; 107:10
challenged [2]
108:14; 109:3
chance [7]
5:7; 8:19, 23; 164:2; 169:10; 173:14; 184:24
chandrasekhar [11]
1:10; 3:2, 12; 4:20; 6:8, 20; 18:19; 19:11, 25; 21:8, 14
change [4]
25:21; 55:19; 230:15; 233:5
change-over [2]
84:3; 103:10
changed [3]
145:20; 187:20, 21
changes [1]
163:17
changing [1]
49:12
chaos [1]
180:9
characterize [2]
62:23; 63:2
characterizes [1]
180:14
characterizing [1]
228:6
charge [2]
96:7; 197:8
chart [55]
9:6, 8, 15, 24; 10:1, 4, 6; 28:17, 20; 29:1, 4; 30:2, 19; 36:2, 24; 37:3, 4, 5, 6, 7, 13, 17; 49:4; 56:3, 10, 11, 20; 57:3, 17, 20, 23; 59:14; 60:12; 62:8, 14, 20; 74:3; 93:10; 132:13; 133:14; 134:25; 152:1; 156:17; 166:20; 185:19, 24; 186:3, 5, 9, 10, 16, 23; 193:20; 200:17; 210:20
charts [2]
56:14; 152:5
chatham [1]
2:21
check [7]
74:3; 80:8; 203:12, 13; 204:23; 207:21; 219:21
checked [6]
77:15; 146:7; 177:3; 204:22; 208:18, 22
chem [3]
205:24; 207:19; 208:2
chemical [1]
38:9
chemistries [1]
207:21
chest [4]
210:24; 211:23, 25; 212:11
chiefly [1]
146:19
children [1]
34:12
children's [20]
18:15; 19:23; 21:9; 22:17; 64:13; 76:22; 85:24; 86:5, 14; 87:25; 88:12; 89:1, 7; 90:2; 105:10; 176:5, 11; 179:8, 24; 191:1
chloride [1]
207:24
choice [1]
212:14
choices [1]
198:6
circle [1]
205:23
circulation [1]
47:22
circumstances [1]
128:21
civil [2]
1:3; 2:2
clarified [1]
173:22
clarify [3]
172:14; 173:21, 23
classic [1]
46:18
classical [1]
138:13
classifications [1]
138:8
classify [1]
137:24
clean [1]
29:8
clear [13]
17:20, 22, 23, 25; 25:15; 31:8, 14; 34:24; 52:14; 67:23; 69:9; 108:17; 110:3
clearfield [1]
1:1
clinical [15]
6:7, 14; 65:7; 66:3, 16; 95:14, 18; 119:16; 120:4; 159:2; 166:3; 168:7; 197:10; 198:7; 207:12
clinically [1]
195:19
closest [1]
76:22
co-defendant [1]
4:19
co2 [1]
152:19
coexist [1]
146:24
coexisted [1]
147:24
colleague [2]
4:19; 97:21
colleagues [10]
6:2; 80:21; 97:20; 114:14; 128:19, 22; 141:13, 14, 16; 142:17
college [1]
3:9
colon [2]
225:5, 6
color [10]
31:18; 33:16; 47:25; 48:1; 217:17; 228:19; 229:3; 230:14, 15
combined [1]
154:5
coming [5]
9:3; 83:7; 145:3; 154:25; 208:10
comma [16]
145:13; 146:18, 19; 152:21; 225:7, 8; 228:18, 19, 21; 229:1, 2; 230:13, 14, 15
commencing [1]
2:4
commiserating [1]
87:11
common [2]
1:1; 204:3
commonly [2]
140:10; 161:8
commonwealth [4]
2:3; 232:1, 4; 233:1
communicate [5]
7:23, 25; 60:24; 109:19; 188:8
communication [1]
60:15
compatible [5]
41:10, 18, 25; 72:22, 23
complaint [10]
8:20; 10:9; 15:15, 20, 21; 16:1, 4, 11; 28:13; 116:2
complete [4]
62:3; 144:19; 145:21, 24
completed [1]
234:16
completely [1]
48:8
completion [1]
234:11
complex [1]
173:17
compressions [1]
50:13
computer [7]
28:3, 7; 218:20; 219:14, 15, 18; 220:4
concern [20]
26:23; 32:21; 57:1; 70:25; 84:22, 24; 85:4, 8; 92:9; 102:25; 111:8; 114:13; 121:23; 153:8; 155:19; 157:16, 24; 158:10, 16; 159:25
concerned [31]
22:20; 23:15, 20, 25; 24:17; 25:18, 19; 26:4, 7, 10; 59:17; 60:6; 62:18; 70:22; 84:12, 16, 19, 20; 85:1, 2; 89:20; 90:21; 103:25; 106:18; 111:23; 114:11; 136:6; 200:3; 203:15; 209:2, 7
concerning [2]
25:14; 82:18
concerns [5]
22:15; 102:19; 157:22; 160:14; 161:6
concert [1]
91:3
concluded [2]
75:9; 89:21
conclusion [2]
145:3; 198:2
conclusively [1]
207:6
condition [14]
24:8; 69:25; 77:8; 101:23; 103:7; 105:24; 106:9; 146:18; 153:3; 155:6; 157:24; 172:19; 223:23; 225:7
conditions [3]
25:23; 146:24; 147:23
conduct [2]
57:10; 130:18
conducted [1]
130:16
conference [1]
7:14
confuse [1]
199:18
confusion [1]
199:14
conjunction [4]
6:23; 27:22; 157:12; 165:24
connect [2]
183:4, 5
consciousness [1]
131:15
consent [2]
155:25; 156:3
consequence [3]
167:23, 24; 168:13
consider [9]
22:17; 36:19, 21; 68:11; 72:3; 90:1; 126:15; 216:22; 224:3
consideration [3]
37:14; 78:16; 89:13
considered [16]
36:25; 38:4; 75:19; 76:25; 94:19; 95:5; 115:21; 116:18, 22; 117:4, 10, 19; 172:23, 25; 191:15; 224:19
considering [6]
23:23; 69:21; 73:5; 76:19; 154:22; 206:20
consistent [1]
74:14
constantly [1]
230:16
constellation [3]
115:25; 116:3, 9
constitute [1]
124:5
constitutes [1]
232:11
consult [5]
12:13; 13:17; 122:6; 126:22; 159:14
consulted [3]
20:12, 16; 97:22
cont'd [1]
3:1
contact [1]
61:6
contacting [2]

22:3, 8
contain [1]
144:4
contemporaneous [1]
56:15
context [11]
32:15; 51:4; 69:20; 85:19; 87:4; 106:3; 123:2; 166:25; 168:16; 169:20; 194:4
continue [10]
64:8; 94:13; 105:5; 106:3; 130:1; 141:8; 184:16; 220:16, 23; 231:10
continued [7]
20:2; 105:7; 107:4; 129:23; 172:1; 201:4; 216:8
continues [2]
141:22; 216:9
continuing [4]
44:8, 17; 108:16; 129:13
continuous [12]
16:18; 17:12, 16, 21, 24; 39:5; 45:7; 138:23; 139:11, 13, 21; 217:4
continuously [3]
15:5; 140:13; 217:5
contrary [1]
135:7
control [7]
38:24; 111:1; 112:25; 140:4; 182:13; 200:4; 217:7
controlled [3]
78:19; 115:22; 140:17
controlling [1]
200:5
conversation [41]
23:13; 33:8; 43:8, 12, 13; 54:14; 59:8; 62:9; 68:5; 75:17; 82:16; 87:11; 91:5, 19; 92:6; 96:21; 97:2; 101:9, 17; 102:16, 17, 25; 103:12, 23; 104:15; 105:6, 7, 12, 18; 106:2, 13; 109:25; 110:8, 10; 113:22, 25; 114:16, 20; 154:20; 170:5; 225:22
conversations [6]
6:25; 7:7; 82:10, 12; 85:19, 20
convey [3]
62:22; 63:1; 73:21
conveyed [9]
32:6; 63:3; 72:2; 221:9, 13, 16, 18; 222:16, 20
copy [15]
12:22; 28:8; 93:11, 13, 18; 142:14; 186:3, 4, 6, 10, 22; 187:2; 220:6; 234:14, 15
cord [1]
163:8
corner [2]
150:22; 202:10
correctable [1]
174:1
corrections [4]
185:7, 8; 233:4; 234:9
correctly [12]
21:25; 23:11; 37:21; 91:12; 95:25; 104:15; 107:8; 128:14; 130:21; 132:24; 149:25; 203:22
correlate [1]
166:22
counsel [6]
1:17; 4:17; 220:15; 232:15, 19; 234:14
count [1]
215:3
county [3]
1:1; 232:2; 233:1
couple [3]
25:21; 151:20; 196:21
course [16]
12:14; 17:9; 20:7, 13; 47:7; 57:21; 61:9; 62:2; 76:2; 87:10; 118:9; 138:11; 143:12; 186:12; 187:13; 218:4
court [10]
1:1; 2:3; 3:17; 4:17; 7:13, 24; 29:7; 46:22; 232:3; 234:19
coverage [1]
20:1
covering [2]
18:19; 111:11
cowie [1]
2:20
cpr [2]
49:17; 50:12
creatinine [3]
152:16; 168:2; 207:25
critical [2]
34:4; 57:9
crossed [2]
98:24; 145:14
csf [1]
215:2
ct [7]
22:21; 23:2, 12; 32:20; 52:18; 148:12; 167:5
culture [7]
158:22, 23, 24; 159:5, 11; 215:4, 11
cultured [1]
159:6
cultures [1]
157:6
curious [1]
179:10
current [4]
13:24; 14:2, 4, 7
custom [3]
151:19; 210:7; 211:17
customarily [3]
160:20, 21; 163:20
customary [2]
160:25; 161:4
cut [1]
215:17
cut-off [1]
215:15
cv [2]
12:22; 13:17

*** * D * ***

d-o-c-t-o-r [1]
225:5
d-r [3]
225:3, 4, 6
dangers [2]
174:2, 3
dash [2]
143:16; 229:2
data [5]
38:7; 70:18; 164:9; 177:5; 188:1
date [5]
1:11; 5:6; 13:17; 205:23; 219:23
david [1]
2:20
day [55]
18:3; 19:18; 20:3, 7, 22, 25; 21:3; 24:12; 25:4, 10; 27:23; 28:1; 36:8; 46:9; 58:18; 61:1; 84:1; 88:7; 101:19; 103:5; 104:2; 105:25; 107:10; 108:24; 109:7, 20; 110:14, 21; 115:18; 125:16; 129:9; 136:22; 137:4, 15; 148:18; 151:17; 166:3; 168:12, 16; 178:1; 182:23; 183:17, 19; 186:13; 190:17; 198:22; 208:5, 20; 213:21; 214:3; 220:16, 22; 225:2; 232:22; 233:23
day's [1]
191:8
days [19]
25:21; 36:3; 40:1; 78:23; 82:2; 128:10; 152:14, 20; 157:4; 159:12; 187:10, 15, 17; 189:10; 190:1, 16; 191:9; 198:22; 234:16
deal [4]
79:6; 117:11, 16; 188:13
dealt [1]
117:17
december [135]
5:14; 14:4, 8; 15:19; 17:17; 18:2, 22, 23; 20:6; 24:20, 23; 25:13; 26:1, 9, 18; 27:4; 28:1, 6; 33:1, 19; 35:12, 14; 36:8; 37:10; 38:20; 39:9, 19; 40:12; 42:16; 45:23; 46:2, 11, 13; 48:9; 49:6; 51:1; 55:2; 56:6, 22; 57:4, 14; 58:1; 63:24; 64:12, 17; 65:1; 66:2, 23; 68:9, 12; 74:11; 79:17, 18, 22, 24; 81:5; 84:17; 89:16, 24; 90:1; 91:10, 19, 23; 94:17; 95:20, 21; 96:15, 17; 101:23; 103:13; 104:21; 107:13, 22, 25; 108:2, 24; 109:5, 7; 110:1; 113:25; 115:7; 116:5, 6; 117:1; 118:6, 24; 119:17, 19; 122:17, 18; 126:6; 128:7; 135:21; 136:1; 137:5; 144:5; 148:14; 159:3, 4; 168:17, 20; 171:9; 174:7, 16; 186:20; 187:8; 188:16; 189:2, 7; 190:10; 193:7, 19; 194:11; 195:20; 196:7, 15, 25; 198:10, 15, 20, 24; 199:6; 200:12, 25; 205:7; 208:19, 20; 213:14, 18, 19; 214:14; 218:18; 219:6
decide [2]
77:1; 128:16
decided [14]
21:8; 22:16; 35:11, 18; 37:1, 21; 52:18; 77:5; 90:25; 91:2; 94:18; 110:11; 155:3; 177:9
decipher [1]
205:21
decision [14]
35:13, 15; 36:16; 91:3; 94:22, 24; 95:1, 6; 110:17; 115:16; 157:12; 177:8; 191:6, 20
decisions [5]
95:15, 19, 21; 96:1, 11
decompensation [1]
183:15
decrease [2]
176:13, 19
decreased [1]
226:1
defendant [4]
2:14, 19; 3:2, 6
defendants [1]
1:13
defense [1]
139:4
define [3]
16:17; 47:18; 48:4
defined [2]
146:24; 149:17
defines [1]
146:17
defining [1]
217:25
definitely [10]
23:25; 78:15; 79:20; 82:1; 84:24; 95:7; 104:23; 113:6; 117:19; 172:10
definition [6]
16:21, 24; 17:1, 4, 8; 78:6
definitively [2]
122:25; 173:10
degree [1]
56:13
dehydrated [13]
24:10; 46:15; 47:8; 70:15; 74:21; 90:24; 116:14, 20; 117:3, 12; 119:11; 120:13, 23
dehydration [22]
46:5; 72:10, 18, 25; 73:4, 10, 18; 74:15, 19, 25; 75:3, 5, 11; 79:6; 117:21; 119:7; 146:8, 13, 22; 148:8; 150:16; 152:12
delay [1]
160:5
deletions [1]
233:4
depend [5]
39:2; 42:3; 160:1; 224:19, 24
depending [2]
15:8; 215:23
depends [5]
44:1; 146:11; 216:18; 217:4; 218:5
deponent [2]
234:9, 11
deposition [16]
1:8, 11, 14; 2:1; 3:21; 7:11; 9:4; 142:16; 220:17; 231:10; 232:7, 9, 14; 233:3; 234:7, 9
depositions [2]
7:23; 214:21
desats [1]
225:8
desatting [4]
228:18, 25; 230:13
desaturation [5]
27:10; 31:10, 17; 41:4; 216:18

desaturations [9]
33:6; 212:7; 216:16, 20, 24; 217:23; 218:3, 8; 223:5
describe [2]
27:7; 73:6
described [7]
70:15, 17; 73:8; 103:6, 10; 221:5; 227:10
describes [3]
155:15; 226:12; 227:13
description [10]
31:19; 69:25; 70:13, 16; 135:16; 138:1; 155:7; 194:6; 221:25; 231:4
descriptions [9]
30:22, 24, 25; 31:5, 8, 10, 16; 144:17; 199:12
despite [2]
107:5; 131:9
detailed [3]
15:15; 69:24; 220:24
details [9]
5:21, 23; 6:7, 14; 7:7; 59:6, 7; 69:20; 79:13
detect [1]
212:19
deteriorated [2]
101:3; 102:18
deteriorating [2]
102:18; 112:10
deterioration [6]
22:15; 23:15, 20; 32:22; 92:9; 166:23
determination [2]
137:16; 166:10
determinations [1]
133:13
determine [5]
80:14; 138:2; 194:7; 207:7, 16
determined [1]
86:13
determining [1]
38:15
develop [1]
146:25
developed [2]
147:24; 168:13
developing [1]
182:6
diagnose [6]
193:6; 196:5, 13; 197:2, 9; 207:11
diagnosed [3]
74:19; 193:20; 194:11
diagnoses [1]
144:18
diagnosis [23]
72:5, 16; 75:4; 146:10, 17, 21, 23; 147:3, 11; 149:17; 150:16; 167:11; 170:11; 193:10, 12, 16; 194:2; 195:18, 20; 197:14, 18, 23; 198:3
diarrhea [3]
73:1; 152:13; 206:17
dictate [1]
211:18
dictated [8]
150:23; 151:12; 156:8; 190:23, 25; 210:10; 221:17; 230:8
dictating [2]
210:15; 211:16
dictation [1]
151:9
differed [2]
31:6; 32:5
difference [1]
155:6
differential [5]
72:5, 16; 73:2; 136:19; 170:10
differentiate [1]
199:21
differentiation [1]
45:9
differentiations [1]
138:14
differing [1]
178:5
difficult [7]
6:3; 32:17; 48:5; 59:7; 100:12; 133:1; 170:1
direct [13]
57:7; 67:21, 22; 80:1; 96:22; 124:7; 134:1, 22; 142:1; 181:1; 192:13, 19; 193:2
directed [1]
192:21
direction [3]
176:22; 204:7; 232:11
disagree [2]
109:18; 231:4
disagreement [12]
96:10, 14; 100:6; 102:9; 107:20; 108:22; 109:6, 12, 13, 17, 21, 23
discern [2]
74:10; 139:1
discharge [9]
21:11; 51:13; 96:12; 147:23; 163:13, 22; 164:16; 165:25; 184:19
discharged [4]
28:24; 30:7; 152:4, 22
discharging [1]
168:12
discordant [1]
135:12
discoverable [1]
135:1
discovery [2]
93:14; 123:11
discrepancies [1]
60:11
discrepancy [2]
62:5; 145:4
discuss [21]
6:2, 7; 25:19; 35:22; 51:5; 68:4, 6; 81:9, 20, 25; 84:7; 87:14, 17; 90:4, 6, 7; 96:4; 121:12; 129:12; 138:1; 141:12
discussed [36]
5:22; 6:19; 7:2, 4, 6; 25:22; 35:8, 15; 36:3, 16; 68:3; 71:7; 80:20, 24; 81:7, 19; 82:3, 18; 83:20, 25; 84:22; 85:6, 12, 25; 86:6; 87:23; 90:18; 91:25; 92:13; 95:13; 109:25; 121:19; 124:10; 177:7; 204:10; 208:24
discussing [8]
6:14; 33:25; 37:9; 82:7; 87:3; 91:17; 92:8; 110:9
discussion [19]
5:19; 9:19; 21:7; 55:17; 59:21; 61:12; 71:1; 78:2; 82:17; 83:16; 86:15; 90:10, 13; 108:8; 144:1; 156:25; 157:8; 220:10; 223:22
discussions [3]
82:6; 86:9; 91:24
disease [1]
212:11
disparity [2]
59:12, 15
displayed [1]
162:4
division [1]
1:3
doan [2]
1:5
doctor [173]
4:8, 20; 6:8, 20; 10:1, 2; 18:19; 19:11, 25; 21:7, 13, 14, 17, 21; 22:3; 23:14; 25:20, 23; 26:6, 25; 32:19; 33:8; 35:9, 16, 22, 24; 36:17; 37:9, 19; 43:1, 8; 50:2; 52:16, 22; 54:22; 59:4, 6, 21, 25; 60:7, 10, 24; 61:13; 62:5; 64:7; 67:24; 69:7, 10, 11, 17; 71:1, 20; 72:1, 6; 73:20; 75:14; 76:18; 78:5; 80:24, 25; 82:12, 13, 16; 83:17, 25; 84:23; 85:3, 6, 13, 14; 86:6, 7, 15, 21; 87:3, 7, 13, 17; 89:4; 90:4, 15; 91:3, 4, 6, 9, 14, 18, 24; 92:1, 8, 11, 15; 93:2, 3, 19; 94:12, 22; 95:2, 10, 13; 96:12, 13, 15; 98:1, 3, 9, 11, 25; 99:21; 100:2, 6, 21; 101:2, 13, 21; 102:8; 103:3, 14; 104:13, 21; 105:6, 18; 107:21, 24; 108:3, 13, 23; 109:22; 110:9, 20; 111:1, 20; 112:21; 113:10, 24; 114:17, 20; 115:5; 116:6; 117:1; 121:15, 19; 124:11; 126:1; 128:25; 129:21; 137:15; 144:10; 152:8; 153:22; 154:12; 156:25; 170:5; 184:16; 189:12, 14; 194:25; 202:4; 220:12, 24; 225:4; 227:16; 228:20, 21; 231:10
doctor's [1]
124:1
doctors [2]
127:23; 158:10
document [1]
53:2
documented [13]
28:13; 33:2, 6, 10, 13, 16; 43:15; 44:8; 57:25; 73:24; 74:13; 130:10; 200:17
documents [2]
29:3; 214:22
doesn't [16]
45:6; 108:8; 109:14; 143:20; 169:9, 13, 23; 170:22; 171:14, 17, 23; 176:23; 192:2, 4; 197:25; 227:16
donatin [1]
140:8
dosage [1]
203:8
dot [3]
221:6
downward [2]
166:17; 175:5
draft [1]
163:15
drag [1]
102:4
drawn [5]
84:11; 179:2, 7, 10, 11
drift [2]
130:12; 155:11
drive [1]
3:8
drop [5]
47:23, 24; 167:8; 168:8
dropped [1]
55:23
dubois [53]
1:10; 2:3, 4, 19; 3:13; 8:25; 17:16; 37:13; 49:4; 50:17; 51:7, 20; 56:12; 64:15; 65:9; 66:4, 18; 67:11; 69:4; 76:4; 80:16; 87:5, 13, 19; 88:11, 25; 89:15; 93:10, 15; 96:19; 98:2; 102:20; 127:20; 139:12, 23; 143:15; 152:21; 176:15, 20; 179:13, 16, 20; 185:17; 187:14; 188:4; 189:23; 190:2; 193:7; 196:25; 198:20; 199:7; 218:16; 225:14
due [2]
72:25; 217:10
dugas [1]
2:15
duly [2]
4:2; 232:6
duncansvile [1]
2:16
duration [6]
44:15, 16; 45:5; 138:12, 17; 216:18
dusky [6]
230:16, 20, 22, 24; 231:5, 6
duties [1]
110:13

*** * E * ***

e-mail [4]
60:22, 25; 61:2, 5
e-mails [1]
60:14
early [12]
18:21; 49:6; 58:1; 68:21; 71:17; 83:6; 89:14, 15; 94:16; 116:6; 117:1; 188:3
easier [1]
105:23
easiest [1]
111:16
easily [1]
142:17
east [2]
52:4; 234:2
easy [2]
138:25; 199:21
eat [1]
94:2
echocardiogram [2]

212:12; 213:2
ecoli [1]
215:8
edema [8]
45:23; 46:1, 7, 14, 15, 18; 47:4; 178:22
edit [1]
163:17
edition [1]
10:4
editions [1]
11:10
education [3]
12:25; 14:15, 20
eeg [32]
38:3; 39:5; 126:17, 20; 138:23; 139:11, 13, 21; 140:13; 185:16; 187:11, 15, 18; 188:5, 16, 20, 23; 189:1, 9, 25; 190:9, 11; 191:3; 192:1; 196:10, 16; 197:1; 198:1, 11, 14, 21, 24
eegs [1]
191:24
effect [5]
35:3; 36:25; 37:4; 102:15; 199:3
effects [1]
169:16
efficient [1]
102:22
eighteen [1]
120:1
eighth [1]
234:2
electrolyte [2]
77:5; 80:12
electrolytes [2]
86:2; 204:24
electronically [1]
188:1
elevated [9]
70:21; 71:24; 72:7, 10, 16; 73:3, 8; 75:21; 76:10
else's [3]
57:10; 180:18; 205:12
emergency [14]
54:1; 57:5; 68:16; 69:7, 11, 17; 78:21; 83:13; 92:25; 93:5; 143:3; 144:5; 160:17; 202:17
emotional [1]
115:10
emphasize [1]
31:17
emphasized [1]
31:10
employee [2]
232:18, 19
employer [2]
60:7; 126:1
enable [1]
56:18
end [22]
4:24; 13:1; 16:23; 20:3; 27:9; 34:18, 19, 22; 38:1, 15; 134:15; 226:11; 227:3, 11; 229:13, 16, 18, 19, 20; 230:5
ensuing [1]
180:9
entered [1]
229:14
entirety [1]
130:20
entities [2]
39:22; 128:17
entitled [5]
123:8, 11, 13; 135:8, 10
environment [1]
141:15
epilepticus [9]
15:19; 16:17, 25; 17:13; 78:7, 11, 12, 20, 25
epinephrine [2]
43:18, 20
episode [28]
27:8, 10, 11, 12; 32:1; 106:20; 115:22; 134:16; 169:25; 193:9; 199:19, 20; 200:15; 216:17; 217:11; 222:6, 20; 224:11, 12, 25; 225:23; 227:3, 5, 11; 229:14, 17, 23
episodes [81]
17:18, 19; 25:14, 16; 26:10, 12, 19, 22, 23; 27:7; 31:1; 33:2, 10, 13; 34:20, 23, 25; 35:4; 37:22; 38:16, 24; 39:21; 40:22; 41:6; 44:2, 16; 45:3; 104:22; 106:21, 24; 107:4; 115:20, 23; 125:22; 129:7, 8, 13, 23; 130:1; 133:21, 23; 134:8; 141:7, 18; 146:8; 148:6; 157:25; 161:24; 169:21; 199:16, 17; 200:11; 201:2; 203:14, 17, 18; 204:9; 209:5; 217:7; 218:2; 225:9; 226:1, 5, 11, 25; 227:2, 7, 9, 10, 14, 23, 24; 228:2, 17, 19, 20, 25; 229:21, 22
episodic [5]
217:5, 6; 218:3, 7
equal [1]
133:8
er [3]
93:15; 143:15, 16
erie [1]
234:2
errata [5]
3:17; 234:10, 11, 13, 16
esq [8]
1:18; 2:9, 14, 20; 3:2, 7; 234:5, 13
essence [1]
222:11
establish [3]
48:22; 51:5; 123:2
established [4]
58:11; 83:18; 144:4; 146:18
et [4]
38:11; 42:11; 65:15; 231:8
etiologic [1]
207:13
etiologies [1]
167:14
etiology [2]
158:20; 167:12
evaluate [1]
100:10
evaluated [5]
33:25; 34:3, 6; 131:13; 168:18
evaluating [1]
57:10
evaluation [1]
78:13
evening [2]
18:22; 166:9
event [7]
45:5; 96:10; 148:20; 151:5; 153:22; 207:14; 221:22
events [9]
30:25; 45:6; 81:2; 82:1; 124:4; 131:7; 135:3; 186:13; 222:1
eventually [2]
38:5; 47:17
everybody [2]
93:9, 25
everybody's [2]
110:19; 142:21
evidence [7]
27:13; 77:22; 127:18; 148:24; 157:10; 229:3; 230:14
evidently [1]
155:4
exact [9]
5:5; 13:17; 23:24; 30:10; 59:9; 72:11; 83:10; 112:20; 222:18
exactly [25]
29:16, 17; 43:3; 54:21; 61:23; 62:9, 15, 16; 68:21; 70:10; 82:4; 83:10; 85:20, 21; 99:5, 6; 150:5; 151:15; 154:16; 174:25; 179:4; 210:4; 221:21; 226:20; 229:19
exam [15]
24:2, 6; 25:5, 10; 130:14, 20; 131:1, 3; 132:7, 11, 20, 25; 150:20; 153:14; 155:8
examination [7]
2:1; 3:16; 4:5; 130:18; 131:12; 164:9; 210:14
examined [6]
4:3; 48:10; 152:9; 156:17; 179:8; 212:19
example [5]
17:8; 121:13; 187:22; 202:22; 204:14
exceed [1]
175:22
except [2]
75:8; 187:24
exclusion [1]
26:21
excuse [12]
26:3, 16; 77:24; 122:24; 123:9; 124:25; 132:18; 146:14; 175:18; 202:20; 223:8; 227:18
exhibit [2]
3:21; 64:3
exhibited [1]
29:12
exhibits [2]
3:20; 142:19
exist [2]
120:7; 220:3
existed [2]
67:21; 188:16
exists [1]
67:20
expect [12]
5:22; 20:12; 30:8; 70:3, 9; 151:12, 22; 163:15; 189:8; 208:9; 219:21, 25
expected [4]
46:4; 156:21; 183:13; 191:4
expeditiously [1]
188:2
experience [5]
17:5, 16; 29:19; 80:2; 115:10
experienced [4]
17:23; 129:7; 141:14; 162:3
experiences [1]
17:9
experiencing [12]
15:17; 38:2, 15, 18; 40:20, 22; 48:23; 128:11, 12, 13; 192:9; 213:13
expert [9]
57:10; 139:4; 142:3; 168:24; 171:4; 175:23; 181:18; 199:22, 24
explain [5]
45:14; 72:7; 73:7; 145:6; 187:22
explained [2]
75:11; 184:8
explanation [8]
182:4, 9, 12, 24; 183:14; 204:8, 16; 207:3
explore [2]
123:7, 11
expose [1]
218:9
exposes [2]
163:9; 218:12
express [4]
59:11; 96:17; 111:8; 188:15
expressed [4]
22:14; 32:21; 101:24; 114:12
extended [1]
14:24
extensive [5]
5:20; 6:10, 12, 13; 10:23
extensively [2]
6:5; 7:5
extent [10]
74:10; 97:3; 128:6; 130:14, 15; 135:15; 157:16; 180:13; 193:15; 197:13
extremely [1]
75:21
extremities [4]
138:11; 221:7; 222:14, 24
eye [4]
225:7; 226:25; 228:18; 230:12
eyes [9]
79:7; 221:6; 222:12; 223:2, 3, 12

*** * F * ***

f-a-x-e-d [1]
205:10
face [1]
93:14
facial [1]
74:25
facility [8]
39:5; 56:17; 65:10; 66:6; 76:11, 23; 140:15; 190:4
fact [37]
10:5; 15:14, 16; 27:5; 40:3;

50:19, 22; 68:2; 71:23; 75:6; 83:23; 85:9; 86:4; 94:15; 96:20; 104:16; 107:5; 112:9; 125:22; 131:9; 132:4; 135:7; 137:17; 142:20; 165:3; 172:10; 182:1; 184:2; 193:22; 194:8; 197:10; 198:7; 199:18; 206:22; 220:14; 222:22; 227:6
facts [2]
48:21; 181:6
failed [3]
15:16, 22; 16:9
failure [2]
73:16; 127:19
failures [1]
16:11
fair [12]
16:23; 57:11; 62:23; 63:2, 7; 89:22; 132:2; 174:20; 180:11; 198:2; 199:25; 217:15
fairest [1]
95:4
falling [1]
48:13
familiar [3]
15:14; 17:7; 56:11
family [1]
4:10
fashion [2]
101:24; 188:6
faxed [3]
205:10, 14
feasible [1]
198:20
features [2]
74:24, 25
feel [5]
8:12; 114:9; 115:11; 155:5; 160:3
feeling [1]
115:10
feels [1]
228:21
fellowship [2]
13:8; 139:16
felt [10]
50:6, 8; 111:14, 15; 128:16; 134:7; 136:23; 199:16; 222:2; 224:24
fields [1]
212:9
figure [8]
5:25; 65:22; 72:11; 82:14; 87:4; 198:8; 212:15; 218:17
file [2]
60:9, 10
filed [7]
5:18, 23; 6:4, 23; 10:13, 19; 11:4
fill [2]
52:15; 146:16
filled [1]
150:13
filling [1]
144:12
film [5]
148:15; 149:2, 4, 11, 13
films [6]
133:15, 24; 134:6, 20; 149:5, 8
final [2]
191:25; 192:5
find [8]
47:13; 56:18, 21, 24; 100:11; 105:8; 119:10; 206:25
finding [7]
38:1; 42:14; 46:7; 56:9; 59:18; 90:13; 154:24
findings [14]
70:1, 4, 7, 11, 12, 19; 71:15; 131:6; 161:15, 18, 22; 162:14; 167:7; 178:16
fine [6]
16:7; 21:19; 94:6; 147:15; 182:18; 183:21
finish [12]
27:12; 29:6; 35:13; 36:21; 40:6; 84:15; 91:21; 100:19; 132:18; 187:13; 223:8, 10
finished [3]
75:23; 105:7; 183:7
finishing [1]
15:6
fio2 [1]
215:9
fired [1]
114:8
first [45]
7:5; 13:4; 18:2; 20:2; 24:10; 25:4; 28:11, 15; 29:10, 20; 30:3; 36:6, 7, 13; 51:14; 58:12; 62:12; 68:16; 69:3, 21; 71:19; 72:20; 74:1; 77:2; 84:1; 98:22; 103:21; 104:4, 7; 112:24; 143:14, 17; 144:9; 148:22; 152:23; 166:11; 177:3; 187:3; 202:3, 5, 6, 14, 23; 210:8; 232:6
fit [1]
163:17
five [4]
74:15; 119:25; 120:2; 229:7
floor [8]
1:19; 2:11; 119:21; 120:5; 121:22; 195:3; 211:18; 214:6
flow [1]
215:24
fluid [7]
50:8, 21; 80:4; 158:23, 24, 25; 163:9
fluids [12]
79:5, 9, 17; 80:9, 17; 81:7, 11, 14, 18, 20; 150:17; 203:21
focal [6]
47:11, 16; 161:15, 18, 22; 162:13
focus [1]
103:12
foggiest [1]
151:4
folks [1]
88:11
follow [3]
93:24; 173:5; 197:25
following [9]
20:7, 22, 25; 148:19; 204:25; 208:5, 12; 209:10; 233:3
follows [5]
4:3; 171:12, 13, 18; 229:6
fontanel [5]
47:6, 8; 74:23; 159:18; 161:8
food [1]
94:5
force [3]
115:13; 226:16, 18
foregoing [2]
232:7; 233:2
forgive [2]
196:21; 200:14
form [39]
16:3; 44:15; 67:2, 15; 73:15; 79:15, 23; 113:4, 17; 123:9, 24; 127:25; 128:3; 129:19; 130:22; 134:1, 22; 144:12; 150:2, 9, 13; 162:21; 163:2; 168:22; 172:5; 176:16, 18; 180:13; 181:1; 182:17; 191:11; 192:13, 18; 193:2, 15; 197:13; 224:4; 228:5; 231:1
formal [2]
14:21, 23
format [1]
222:18
former [1]
4:19
forth [3]
38:11; 65:16; 231:8
fortunately [1]
116:16
forward [2]
166:16; 234:13
found [6]
111:22; 165:5; 174:8; 177:2; 199:2; 224:20
foundation [7]
39:12; 55:7; 123:25; 124:1; 162:22; 191:12; 224:5
four [3]
59:8; 103:23; 156:2
fragments [1]
138:5
frame [7]
64:12; 94:17; 130:3; 154:17; 187:9; 188:17; 189:11
frames [1]
83:10
free [1]
8:12
frequency [2]
116:11; 216:19
frequent [4]
106:21; 129:25; 227:2; 228:25
frequently [2]
104:24; 230:13
frick [1]
3:3
friday [1]
125:7
friends [1]
61:6
front [3]
56:20; 143:19; 213:23
frustration [1]
188:15
full [11]
16:21, 24; 17:1; 18:2; 27:12; 49:3; 72:15; 76:7; 108:21; 130:25; 131:2
fullness [1]
47:6
fully [1]
133:10
function [7]
24:3; 48:6; 84:21, 24; 89:19; 90:9
functions [1]
209:8
funduscopic [4]
132:7, 11, 20, 24
funduscopically [2]
132:8, 10

*** * G * ***

gal [1]
138:14
gas [2]
206:2; 208:25
gastroenteritis [15]
72:9, 25; 73:3, 9, 19; 90:24; 146:8, 13, 22; 148:8; 206:12, 14, 15; 207:4, 7
gateway [11]
1:11; 3:6; 9:14; 10:6; 37:6, 13; 88:25; 186:5; 218:16, 24; 219:6
gather [1]
107:20
gathered [2]
9:22; 152:8
gave [10]
37:23; 50:21; 69:24; 98:16; 147:8; 154:15; 175:20; 177:15; 178:8; 221:19
gentamycin [2]
203:6, 9
gentleman [1]
184:4
gentlemanly [1]
184:6
gestures [1]
8:2
gist [2]
62:4; 86:21
give [18]
16:20, 21; 35:13, 18; 36:16; 37:1; 56:3; 59:9; 68:24; 86:20; 169:22; 187:22, 24; 200:25; 201:5, 6; 204:16; 210:5
given [48]
17:10; 30:23; 31:16; 35:4; 42:17, 20, 22, 24; 43:3, 5, 12, 14, 18, 20, 22; 50:1, 7; 51:4, 21; 57:5; 59:13; 70:14; 79:9; 80:10, 16; 83:1; 111:9, 10; 118:5, 23; 121:8; 137:23; 140:12; 145:17; 147:12; 151:8; 154:22; 164:7; 169:2; 175:2; 178:10; 192:17; 199:13; 202:8; 219:20; 232:12; 233:3
gives [1]
151:9
giving [3]
36:18; 124:6; 135:4
glad [1]
7:18
gluconate [1]
203:20
glucose [3]
133:12, 13; 152:16
gnt [1]
203:9
goes [3]

141:21; 181:15, 16
gotten [2]
106:6; 110:7
govern [1]
118:4
governing [3]
64:22; 118:22; 121:4
gram [1]
215:4
grand [3]
138:3, 10, 14
graphic [2]
58:3; 59:18
great [1]
188:13
greater [1]
66:18
gregory [1]
3:12
griffin [1]
156:4
group [12]
116:15, 20; 117:3, 12, 21; 156:22; 157:2, 19; 158:12; 159:1; 215:7, 8
grout [29]
1:9; 2:1, 14; 4:1, 8; 26:7, 25; 64:7; 93:18, 19; 94:12; 108:3; 112:21; 121:15; 142:13; 143:2; 144:4, 10; 184:16; 202:4; 220:12, 24; 228:20; 231:10; 232:6; 233:2, 21; 234:7
guarantee [3]
171:19; 201:24; 202:1
guardians [1]
1:4
guess [7]
28:22; 29:18; 69:15; 87:12; 99:9; 127:22; 210:6
guys [2]
102:9, 11

*** * H * ***

hadn't [1]
212:3
halfway [1]
229:20
hallway [1]
174:12
hand [2]
145:23; 232:21
handle [2]
76:5, 14
handles [1]
219:1
hands [3]
112:21; 194:16; 195:1
handwriting [2]
145:10; 205:5
happening [1]
203:14
happens [4]
163:6, 21; 173:10; 193:8
hard [4]
28:8; 29:5; 211:17; 219:16
hartye [1]
2:15
hasn't [3]
179:25; 195:25; 196:1
haste [1]
160:3
haven't [1]
61:20
he's [19]
4:22; 10:4; 11:18, 21; 42:1; 57:9; 106:1; 114:25; 124:5; 131:20; 135:4; 175:24; 179:25; 181:4, 6, 7, 12, 20; 195:23
head [7]
7:8; 8:1; 22:21; 52:10; 119:2; 186:17; 189:18
headed [2]
176:22, 23
hear [2]
104:7; 195:15
heard [1]
49:20
hearing [2]
62:21; 180:3
heart [5]
212:8, 10, 18, 20, 23
helicopter [1]
179:16
help [3]
39:25; 105:10; 191:19
hemorrhage [4]
148:5, 25; 177:18; 183:3
hereby [1]
232:5
herein [1]
232:8
hereof [1]
234:16
hereunto [1]
232:21
hey [1]
160:10
high [8]
116:13; 127:3, 6; 168:1; 216:15, 21; 217:2
higher [1]
166:10
highly [2]
200:10, 20
history [6]
72:22; 150:19; 153:14; 207:1; 214:10; 219:22
home [1]
19:7
honest [1]
99:6
honestly [1]
174:11
hopefully [1]
158:22
hoping [1]
115:20
hormone [3]
167:2, 9; 172:21
hospital [59]
2:4; 9:1; 18:3, 15; 19:23; 21:10; 22:10, 11, 17; 29:13; 40:12; 51:19, 20; 58:21, 24, 25; 64:13; 66:18; 68:1; 76:13, 22; 85:15, 24; 86:3, 14; 91:22; 102:11; 105:10; 108:25; 109:4; 116:5; 118:8, 11; 119:24; 121:13, 24; 125:3, 6; 136:18; 143:13; 146:20; 155:1; 156:19; 157:17; 166:7; 170:8; 176:5, 12; 179:9; 186:3, 9; 188:9, 18; 191:1; 193:7; 209:21; 211:6
hospital's [3]
67:7, 10; 76:11
hospitals [2]
188:12, 13
hour [3]
27:21; 203:21; 208:15
hours [42]
27:19; 33:3, 7, 11, 14, 17; 39:2; 41:5; 43:16; 44:9, 11, 18; 68:21; 71:17; 75:15; 83:6, 9; 89:14; 103:15; 104:14; 116:6; 117:1; 122:17, 18; 124:12, 18; 131:25; 152:22; 154:1; 156:22; 158:11; 194:15, 16; 195:17; 197:9; 198:22; 206:1; 208:2; 214:14, 16; 218:4
hr [1]
229:2
hydrated [4]
63:17; 79:20; 80:6; 107:3
hydration [1]
24:12
hyperoxic [1]
218:12
hypocalcemia [2]
203:16; 204:19
hyponatremia [28]
168:9, 10; 169:4; 170:21, 24; 171:7, 20, 22, 25; 172:8, 12, 17, 21, 24; 173:4, 11, 20, 25; 174:6, 17; 175:1, 3, 7, 10, 15; 178:22; 182:6; 183:5

*** * I * ***

i'd [10]
10:21; 13:17; 16:20; 31:3; 32:10; 61:20; 62:2; 76:7; 165:17; 220:5
i've [19]
8:8; 9:22; 11:6, 7, 17; 13:4, 5, 22; 15:21; 51:3; 93:18; 99:7; 119:25; 120:6; 121:19; 139:13, 19; 200:8; 223:8
id [1]
151:7
idea [6]
35:2; 97:13; 145:12; 151:4; 179:9; 189:6
ideas [1]
100:11
identification [1]
64:4
identify [3]
88:20, 24; 207:13
ill [4]
70:2, 8; 90:18, 23
illness [1]
76:9
imagine [2]
61:14; 220:3
imaging [2]
106:8; 116:7
immediate [1]
198:21
immediately [7]
122:8; 139:23; 163:23; 190:11; 192:1; 198:14; 224:18
implication [2]
99:14; 117:6
implications [1]
42:12
implied [2]
68:5; 90:12
import [1]
62:4
important [5]
7:16; 8:2; 121:25; 196:12; 209:9
impression [21]
79:15, 23, 24; 80:3; 86:19; 92:20, 24; 93:3; 96:23; 97:14, 19; 98:24; 100:18; 104:2; 111:23, 25; 112:4, 6; 134:15; 226:17
improper [1]
191:12
improve [2]
24:13; 216:24
improving [1]
90:9
inability [2]
188:5; 189:25
inactive [1]
15:10
inappropriate [5]
167:2, 9, 10; 171:24; 172:20
inc [2]
1:12; 234:1
included [6]
143:3; 146:6; 148:2; 149:18, 19, 20
includes [1]
143:16
incorporate [1]
147:16
incorporating [1]
198:18
incorrect [6]
165:3; 177:12, 14, 16, 17; 230:23
incorrectly [1]
21:20
increase [5]
82:21, 24, 25; 83:4; 215:20
increased [4]
161:10, 13; 215:25; 217:22
increasing [2]
215:24; 216:1
increment [1]
114:8
incumbent [1]
133:22
index [2]
3:20, 23
indicated [26]
64:19, 23, 24; 65:2; 103:3; 122:7; 128:18, 21; 129:16; 133:5, 7; 142:4; 156:2; 159:19, 25; 179:25; 186:9; 190:10; 201:9, 16, 21; 207:15; 212:14, 21; 216:3
indication [1]
179:23
indicative [1]
192:4
indirect [1]
172:22
indirectly [1]
232:20

individuals [1]
35:9
infant [19]
48:5; 63:15; 77:4; 85:23; 90:17; 101:8; 102:17; 117:20; 133:1, 20; 137:8; 156:18; 158:22; 159:10, 13; 161:7; 191:1; 212:25; 226:7
infant's [1]
131:13
infants [4]
121:22; 139:25; 140:2; 204:3
infection [2]
27:14; 90:22
infections [1]
42:11
infer [6]
31:19; 72:13; 89:11; 161:25; 206:23; 224:11
inflammation [2]
206:15; 207:16
influenza [1]
215:7
information [38]
67:20; 100:16, 20; 104:5, 11; 105:9; 115:13, 18; 135:6, 9; 145:23; 152:6, 7; 156:18; 157:14; 160:4; 164:1, 13; 174:19, 21, 22; 177:16, 17, 20; 178:9, 11; 179:5; 183:11; 185:2; 207:1; 210:20; 214:11; 221:9, 24; 222:16, 19; 224:15; 230:17
informed [8]
32:13; 56:8; 85:23; 220:13; 224:14; 225:6, 7, 12
initial [1]
167:25
initially [8]
46:6; 82:20, 24; 83:3; 136:16; 140:3; 152:19; 166:9
initials [2]
151:2, 3
initiate [2]
21:11; 49:8
initiated [3]
104:15; 202:15; 203:18
injury [14]
79:1; 175:10, 19; 176:2; 181:17; 182:1, 5, 24; 183:2; 201:17, 25; 217:22; 218:9, 13
inpatient [2]
37:8; 93:16
inquire [2]
140:14; 141:10
inquired [3]
54:11; 106:9, 13
inspection [1]
232:13
institute [1]
51:8
instituted [2]
45:25; 50:12
institution [5]
65:15; 139:14, 15; 196:18, 20
instruct [2]
51:19; 54:6
instructions [1]
98:16
insult [2]
47:19; 163:10
intake [2]
79:8; 152:13
intended [1]
191:20
intensive [7]
22:9; 117:16; 119:20; 121:21; 140:10; 211:6, 10
intention [1]
38:4
interaction [2]
97:25; 100:5
interested [3]
32:11; 147:21; 232:20
interim [1]
79:19
intermittent [1]
41:6
interpretation [2]
149:13; 187:18
interpretations [1]
188:6
interrupt [5]
26:16; 31:12; 75:23, 25; 146:14
interrupted [1]
84:25
interruption [1]
16:19
interval [1]
81:2
intestinal [2]
206:16; 207:17
intimating [1]
115:5
intracranial [2]
161:11, 14
intravenous [1]
50:8
intubated [2]
50:5; 121:22
intubating [2]
216:23; 218:8
intubation [1]
216:3
investigate [3]
27:4; 198:8, 24
investigated [1]
80:14
involved [14]
20:23; 35:9; 51:12; 55:16; 65:12; 67:5; 111:5, 9; 122:22; 124:2; 138:11; 166:4; 187:5; 207:23
involvement [2]
23:8; 31:20
involves [1]
161:20
involving [3]
13:9; 138:19; 207:23
ip [2]
93:16; 143:16
irritable [2]
24:16; 75:8
ischemic [1]
218:13
isolated [1]
45:6
issue [7]
37:14; 153:16, 20; 204:2, 17, 20; 227:14
items [1]
223:17
iv [3]
81:12; 150:17; 203:20

*** * J * ***

j.m.s. [2]
151:3
january [1]
187:8
jennifer [1]
156:3
job [4]
130:21; 151:6, 8; 192:24
john [2]
3:7; 67:24
johnson [15]
2:20; 39:11; 40:14; 55:6; 94:1, 5; 127:25; 162:21; 176:16; 186:9, 22, 25; 191:11; 224:4, 17
jones [1]
234:1
journal [2]
11:5; 12:3
journals [2]
10:24; 12:2
judgment [9]
65:11, 17; 66:11; 67:4; 80:11; 121:7; 127:23; 128:7; 212:24
juncture [5]
33:19, 23, 24; 85:5; 95:15

*** * K * ***

k1 [1]
215:8
karen [2]
1:5, 6
keep [13]
7:16; 11:16; 29:8; 52:13; 66:13; 67:11; 102:20; 107:16; 121:14, 16; 215:10, 13; 227:23
kept [5]
48:12; 218:15, 20; 219:11, 18
key [1]
217:25
kidney [8]
70:23; 73:11, 13, 16; 76:16; 84:21; 89:19; 90:9
kinds [1]
134:9
kircher [4]
1:22; 2:2; 232:3; 234:19
kk89610 [2]
1:23; 233:25
kline [2]
1:18; 2:10
knowing [6]
32:12; 147:21; 177:24; 191:19, 23; 209:8
knowledge [20]
20:18; 32:7; 43:19; 49:2; 51:9, 11; 53:11; 67:3; 88:9; 95:10; 100:13; 110:24; 120:14, 15; 144:20; 145:22; 153:25; 154:2; 175:25; 181:21
knowledgeable [2]
67:7, 9
kristina [4]
1:22; 2:2; 232:3; 234:19

*** * L * ***

lab [8]
70:6, 11, 19; 154:18, 21; 174:12; 177:4; 205:14
laboratory [8]
38:7; 70:1, 4, 12, 18; 71:15; 81:22; 164:9
labs [1]
164:23
lack [1]
52:19
large [1]
7:14
last [8]
63:15, 18, 22, 23; 109:8; 165:1, 19; 178:24
late [7]
8:13; 18:21; 49:5; 68:8, 12; 157:5; 213:20
lawsuit [6]
4:11; 5:23; 6:23; 10:12, 19; 11:4
lawsuits [1]
6:4
lawyer [1]
97:5
layperson [1]
180:7
lead [3]
54:14; 172:15; 200:19
leading [1]
206:16
leads [2]
77:13; 97:5
learn [4]
86:20; 102:7; 178:1, 3
learned [15]
50:24; 86:4, 12, 21; 100:1; 135:6, 9, 11, 16; 166:2, 19, 21; 168:17; 178:5, 6
learning [2]
101:23; 183:11
leave [2]
8:8; 220:12
leaving [2]
52:16; 157:17
left-hand [1]
150:22
length [3]
140:25; 147:2; 148:1
lengthy [2]
16:4; 138:12
let's [4]
31:14; 44:6; 103:12; 176:9
letter [1]
220:7
letters [1]
60:9
level [10]
80:17; 81:17, 20; 175:12, 14; 176:10, 12; 179:19; 203:13; 204:1
levels [15]
81:10, 11, 12, 13, 15, 21; 83:8; 84:8, 16; 85:5; 175:5; 177:11; 181:8; 203:11, 12
license [2]
15:3, 10
life [4]
41:11, 18, 25; 72:23

lifeflight [7]
49:15; 50:3; 51:6, 10; 55:3; 57:4; 182:14
lifeflighted [1]
18:15
light [1]
185:3
likes [1]
112:11
limited [1]
24:9
linda [1]
13:4
line [5]
3:24; 108:17; 142:22; 229:6; 233:5
lines [1]
108:9
list [7]
47:14; 65:21, 25; 110:3; 147:8, 12; 148:3
listed [3]
72:9; 148:4; 166:20
listen [1]
194:5
listened [1]
90:16
literature [1]
159:23
lives [1]
153:4
local [1]
24:22
localizing [1]
24:19
located [2]
186:4; 211:11
locust [2]
1:19; 2:10
loma [1]
13:4
looks [2]
179:2; 214:17
los [2]
13:7; 139:17
lose [2]
172:6, 11
loses [4]
169:9, 13; 170:23; 171:18
loss [8]
47:22; 73:22, 23, 25; 74:1, 4, 10
lot [7]
19:9; 50:19; 93:23; 116:14, 21; 167:16, 18
low [13]
85:23; 86:5, 13; 87:7, 19; 204:5; 213:6, 12; 216:9, 10, 13, 14; 217:12
lower [6]
50:19; 150:22; 176:7; 183:12; 216:12, 17
lp [1]
195:8
lumbar [24]
27:13; 36:15; 90:25; 149:19; 150:8, 14; 152:3; 156:1, 16; 157:1, 9; 158:19; 159:17, 20; 160:2, 8, 12, 17, 22; 161:1, 11; 162:4; 163:6; 214:18
lunch [3]
27:21; 94:8, 12
lunchtime [1]
214:19
lung [2]
212:9, 10

*** * M * ***

m.d. [12]
1:9, 10; 2:1, 14; 3:2, 12; 4:1; 232:6; 233:2, 21; 234:7
magazines [1]
10:24
major [3]
32:7; 70:25; 144:18
mal [3]
138:3, 10, 15
malpractice [1]
4:11
manager [2]
3:12; 58:20
manner [1]
100:1
margin [1]
205:11
mark [2]
93:10; 192:20
marked [4]
35:3; 55:19; 64:4; 93:18
markedly [1]
24:10
maternity [1]
152:22
matter [8]
4:14; 23:24; 28:8; 35:8; 187:12, 13; 212:24; 217:3
matthew [4]
1:18; 2:9; 4:8; 234:13
mcintyre [1]
2:15
mcquaide [1]
3:8
mean [36]
14:21, 23; 17:21; 18:7; 20:14; 36:10; 44:1; 45:4, 13; 53:19; 60:18; 61:16; 62:19; 63:14; 65:4; 71:10; 75:25; 77:7; 82:7; 112:9; 132:5; 140:18; 146:11, 12, 14; 163:20; 167:10; 171:23; 176:23; 185:3; 204:11; 210:5; 211:9; 217:12; 218:2; 219:3
meaning [2]
141:20; 216:9
means [3]
28:5, 6; 174:23
meant [3]
41:22; 158:2; 178:6
measures [6]
49:8, 17; 51:9, 22; 54:7; 55:5
mechanism [1]
40:8
medical [45]
1:11; 2:3, 19; 3:6, 13; 4:11, 13; 8:23, 25; 9:14; 10:24; 14:24; 15:3; 17:17; 19:9; 30:3; 39:5; 49:5, 21; 51:8, 21; 53:19; 65:9; 66:4; 76:4, 12; 80:16; 93:7, 15; 102:21; 127:21; 143:15; 152:5; 156:20, 24; 179:20; 186:17; 187:14; 196:25; 199:7; 225:13, 14; 228:2
medically [2]
53:25; 76:12
medication [12]
34:17, 19, 22; 35:5; 118:1; 126:25; 141:24; 201:5, 7, 9, 21, 22
meeting [1]
43:1
memory [1]
164:12
meningitis [4]
27:14; 42:7; 157:10; 215:8
mention [3]
103:22; 153:7, 19
mentioned [7]
12:3; 75:7, 18; 103:24; 130:11; 152:12; 223:24
method [1]
200:5
michael [2]
2:14; 234:5
microsoft [1]
218:21
mid-morning [3]
56:5, 22; 57:3
middle [2]
21:24; 230:6
midnight [3]
68:19; 116:5; 166:12
mike [13]
57:11; 102:3; 105:13; 108:10; 109:15; 123:3; 134:24; 181:10; 193:4; 197:16; 227:18, 21; 228:8
miles [6]
52:7, 8, 24; 92:7; 211:8, 12
milligrams [2]
203:20; 206:1
mind [13]
31:8; 76:17, 19; 95:5; 97:14; 98:25; 135:11; 137:24; 160:10; 167:21; 171:7; 207:2, 3
mine [1]
95:12
minerals [1]
38:10
minimum [1]
200:10
minor [1]
1:4
minute [7]
4:9; 56:3; 77:25; 108:7; 171:6; 194:10; 202:4
minutes [14]
43:13; 138:12; 141:3, 4, 9, 20, 23; 150:24; 151:11; 194:19; 210:17, 18; 220:13; 229:7
mistake [3]
114:22; 115:1, 17
mistaken [1]
115:6
mistakes [2]
16:14, 16
misunderstand [1]
172:15
misunderstanding [1]
97:12
misunderstood [2]
6:24; 108:12
modalities [3]
40:11; 198:25; 199:6
modality [5]
140:3; 188:16; 196:10; 200:4; 212:14
modification [1]
18:17
moment [2]
98:9; 184:19
money [1]
61:7
monitor [8]
50:17, 18; 77:5; 137:8; 138:23; 139:11, 21; 140:13
monitoring [4]
39:6, 17; 139:13; 197:5
monitors [1]
50:25
months [4]
89:5; 120:1; 151:20, 21
morning [71]
4:8; 5:7; 8:6, 13, 20; 18:23; 22:5, 25; 23:3, 6; 35:12, 14, 25; 37:10; 39:9, 18; 49:6; 55:20; 57:14, 25; 68:9, 12, 21; 71:3, 10, 12, 17; 74:6, 11, 16; 77:4; 82:16, 22, 23; 83:6, 9, 15, 18; 89:16; 91:25; 92:3, 4, 6; 94:16, 17; 101:17, 22; 103:13; 104:6; 116:6; 117:1; 129:4, 14, 21; 130:6; 131:11; 133:19; 157:15; 168:20; 178:17; 189:1; 192:9; 194:20; 202:21; 203:2; 206:18; 208:13; 209:21; 210:8; 221:20; 225:20
move [2]
16:25; 225:2
movement [1]
138:20
moving [3]
155:23; 163:12; 201:14
mr [285]
3:16; 4:7; 9:17, 21; 10:2, 7; 11:18, 25; 12:5; 14:21, 22, 25; 16:2, 7, 8; 18:4, 9; 21:21, 24; 22:2; 30:15, 17; 39:11, 13; 40:14, 15; 42:1, 15; 55:6, 8, 10; 56:1; 57:6, 11, 12; 59:20, 23; 63:18, 21; 64:1, 6; 66:7, 12, 19, 25; 67:14, 17; 73:11, 12; 77:24; 78:4; 88:16, 19; 89:6, 10; 94:1, 3, 5, 6, 11; 98:5, 7, 8, 11, 15; 99:3, 10; 102:1, 3, 6; 103:2, 8; 105:13, 17, 22; 106:1, 4; 108:7, 10, 20; 109:8, 11, 14, 16; 112:3, 7; 113:4, 7, 16, 18; 114:23; 115:3; 117:6, 8, 9; 118:8, 9, 13, 17, 20; 119:17, 18, 22; 120:22, 24; 121:1; 122:22, 24; 123:14, 16, 18, 23; 124:9; 125:5, 9; 127:25; 128:2, 4; 129:18, 22; 130:22, 24; 131:20, 22; 133:25; 134:2, 21, 24; 135:2, 4, 14, 20; 139:5, 6, 8, 9, 10; 141:25; 142:6, 10, 11, 12; 143:1, 4, 6, 8, 11, 12, 20, 22, 23; 144:3, 7, 8; 147:6, 9, 14; 149:1, 3, 6; 154:7, 11; 158:4, 6, 8; 162:21, 24;

163:1, 5; 164:22; 165:11; 166:13, 15; 168:21, 25; 171:1, 5; 173:21, 24; 175:24; 176:1, 16, 18, 21; 177:23, 25; 179:23; 180:2, 4, 12, 15, 19, 21, 25; 181:2, 4, 9, 11, 13, 20, 23; 182:16, 18, 19; 183:22, 25; 184:4, 5, 10, 15; 185:6, 11, 20, 22; 186:2, 6, 8, 9, 11, 14, 22, 24, 25; 187:1; 189:20, 22; 190:5, 7, 19, 21, 24; 191:2, 11, 14, 18; 192:7, 12, 15, 18, 20, 23; 193:1, 4, 5, 14, 17; 195:22, 25; 196:1, 4; 197:12, 15, 17, 21; 205:22; 206:3; 220:5, 12, 18, 20; 224:4, 7, 9, 13, 17, 21; 227:15, 18, 20, 21, 25; 228:4, 8, 9, 11, 13, 14, 15, 16, 23, 24; 229:10; 230:25; 231:3, 9

mri [2]
133:16; 207:15

myself [2]
26:4; 67:22

*** * N * ***

name [5]
4:8; 21:21, 24; 145:14; 156:4

narrative [1]
144:17

narrowly [1]
10:16

nasal [3]
215:9; 216:6, 22

natural [1]
1:4

naturally [2]
20:15; 115:15

nature [2]
26:19; 27:1

ne [2]
215:4, 9

nearby [1]
52:6

nearest [1]
64:11

needle [1]
163:7

needs [5]
66:11; 169:12; 171:13, 16; 217:21

negative [1]
158:25

neighborhood [3]
30:12; 69:1, 2

nelson's [2]
11:13; 12:2

neonatal [9]
14:13; 64:19, 20, 22, 24; 65:2; 139:15, 16; 190:3

neonate [8]
65:8; 66:5, 17; 115:23; 118:23; 119:7; 138:8; 181:15

neonates [5]
66:22; 67:10, 12; 138:16, 25

neonatologist [7]
13:3; 126:4; 128:8; 130:17; 149:8; 175:4; 198:4

neonatologists [1]
141:16

neonatology [4]
13:9, 14; 14:1, 16

nervous [1]
47:19

neuro-exam [5]
130:5; 131:5, 10; 132:1; 133:9

neurogenic [2]
47:17, 18

neuroimaging [9]
134:9, 20; 135:21; 159:16, 19; 160:11; 161:1; 162:16, 20

neurologic [19]
24:2, 9, 19; 25:10; 26:22; 31:20; 47:11; 48:6; 70:17; 155:10, 21; 160:1; 161:18, 22; 162:14; 163:10; 167:7, 15; 172:19

neurological [20]
24:6, 23; 25:5, 11, 25; 26:8, 11, 13, 19; 27:1, 5; 78:20; 130:14, 18, 20; 131:1, 3; 161:15; 183:15; 221:11

neurologically [2]
18:1; 24:14

neurologist [23]
33:21; 34:1, 11; 64:11; 78:14; 122:2, 3, 11, 20; 123:1, 5; 124:21; 125:1, 12; 126:3, 7, 19, 24; 189:15, 17, 21, 23; 224:23

neurologists [1]
34:10

neurology [5]
12:9, 10, 16; 34:7; 122:6

newborn [2]
214:5, 9

newer [1]
219:10

night [2]
19:16; 107:5

nobody [3]
8:1; 21:25; 125:23

nods [4]
7:8; 8:1; 52:10; 189:18

non-waiver [2]
3:18; 234:8

nonetheless [5]
89:25; 131:11; 132:15, 19; 170:17

normal [8]
20:7; 24:18; 83:1, 2; 85:10; 101:9; 131:7, 8

normally [10]
20:1; 40:25; 46:3; 70:3, 9; 89:9; 91:14; 131:15; 151:14; 210:19

north [1]
2:15

nose [1]
79:7

notarized [1]
234:12

notary [5]
1:23; 2:3; 232:4, 25; 233:24

note [33]
36:24; 37:4, 12, 17; 48:12, 15, 16; 153:11, 12; 154:4, 8; 170:6, 12; 199:3; 203:8; 210:10, 15; 211:16; 214:24; 220:25; 221:4, 17; 225:17; 226:4, 14; 227:15, 21; 228:12, 14, 24; 229:5; 230:10, 11

noted [3]
3:23; 153:13; 234:9

notes [18]
28:2, 12; 29:20; 44:20; 49:3; 56:12, 17; 58:9; 62:11; 134:18; 156:8; 162:10, 16; 221:3; 223:17; 227:6; 230:23

notice [4]
3:18; 46:23; 231:6; 234:8

notified [3]
20:21; 225:5, 6

notify [1]
139:7

number [6]
99:5; 151:8, 10; 187:15, 17; 210:17

numbers [3]
175:20; 213:12, 22

nurse [21]
54:16, 17, 19; 55:15; 156:3; 193:20; 194:8; 195:16; 197:7; 198:14; 206:7; 222:2, 4, 5; 225:3, 14, 25; 226:12; 227:6; 230:23; 231:1

nurse's [4]
193:12; 195:18; 220:25; 221:4

nursery [6]
22:10; 117:16; 119:20; 140:11; 211:7, 11

nurses [34]
28:2, 9, 12; 29:11; 44:20; 49:3, 25; 56:11; 57:24; 60:11; 62:6; 105:5, 8; 134:18; 136:5, 8, 10; 154:13; 162:10, 16; 165:21; 193:10; 194:17; 195:2, 9; 197:8, 9, 14, 17; 199:9; 200:18; 221:12; 223:17

nursing [11]
27:6; 39:2; 53:17; 57:15; 58:15; 77:15; 79:3; 114:13; 138:2; 157:8; 164:14

*** * O * ***

o'clock [36]
19:14; 20:22, 25; 22:24; 68:24; 71:10, 12, 13, 14; 74:17, 18; 83:18; 84:4, 17; 89:17; 91:19; 92:5; 95:14; 103:11; 129:5; 130:3, 4; 135:21; 148:13, 14; 157:15; 160:9; 195:1, 8; 209:24; 210:1; 221:19; 227:5; 228:15; 230:11, 21

o-b-t-u-n-d-e-n-c-y [1]
46:25

o2 [4]
217:2; 221:7; 222:14, 23

oath [2]
8:5; 101:12

object [36]
16:2; 57:6; 67:14; 113:4, 16; 123:8, 23; 127:25; 128:2; 129:18; 130:22; 133:25; 134:21; 141:25; 162:21; 163:1; 168:21; 176:16, 18; 180:12, 19, 25; 182:16; 190:5; 191:11; 192:12, 18; 193:1, 14; 195:22; 197:12; 224:4; 227:19, 20; 228:4; 230:25

objection [6]
39:11; 40:14; 55:6; 123:10; 181:3; 224:17

obligation [3]
18:11; 129:20; 192:11

obligatory [2]
65:3; 66:14

observation [7]
156:22; 194:14; 196:11, 16; 197:2; 200:19; 201:5

observations [4]
131:8; 197:18; 199:9; 231:1

observe [3]
25:9; 38:22, 25

observed [14]
24:25; 25:2, 7; 136:3, 21, 23; 152:9; 193:8; 194:12; 195:2, 6, 9; 196:6; 198:13

observers [1]
31:23

observes [2]
195:16, 19

observing [1]
230:4

obtain [2]
17:3; 160:4

obtained [8]
156:3, 6, 18; 158:24; 164:10, 13; 165:9, 12

obtundency [4]
46:20; 47:5; 48:4, 5

obtundent [5]
24:15; 48:9, 17; 75:7; 155:16

obvious [2]
69:8; 212:11

obviously [1]
220:22

occasion [2]
5:16; 149:8

occasions [3]
24:11; 38:8; 195:7

occur [5]
53:4; 101:10; 116:11; 172:10; 183:6

occurred [16]
43:9; 44:11; 46:16; 53:3; 59:8; 62:10, 16; 81:3; 85:21; 91:6; 103:23; 164:12; 180:17; 229:15

occurring [1]
104:22

occurs [1]
175:16

october [5]
1:12; 2:4; 232:23; 233:3; 234:4

office [34]
9:6, 8, 9, 10, 12, 13, 15, 24; 10:6; 19:15; 36:1; 52:2, 23; 53:5, 13; 54:23, 24; 61:14; 74:2, 3; 92:7, 12; 103:18; 125:11; 156:17; 164:11; 180:10; 182:13; 186:5; 211:4, 5, 8, 11; 232:22

official [1]
188:17

oh [2]
143:11; 211:23

okay [81]
4:17; 5:10; 7:20; 8:3; 9:9;

13:11; 16:17; 18:10; 20:16; 29:8, 9; 31:2; 41:14; 52:8; 59:24; 64:21; 69:15; 70:6, 19; 71:18; 83:3; 85:12; 88:10; 89:11, 20, 24; 91:17; 96:23; 98:18; 100:5; 104:4; 107:7; 110:4; 119:23; 120:2; 130:5; 134:3; 136:7; 137:13; 138:7; 142:21; 144:15; 146:1; 147:18; 151:6; 152:12; 154:22; 156:15; 163:15; 164:15; 165:1; 172:6; 173:25; 179:6; 181:9; 185:23; 186:11; 188:15; 189:1; 191:7; 192:20; 196:13; 203:19; 204:6; 207:2; 208:1, 14, 17; 210:3, 5, 22; 211:25; 214:13; 215:13; 216:3; 220:5; 222:21; 223:10; 225:12; 227:12; 228:11

old [1]
2:15

olpi's [1]
12:10

one-fourth [1]
83:2

ones [10]
6:3; 11:2, 12, 15; 12:1; 22:19; 141:19; 164:6; 219:8, 10

ongoing [2]
11:20; 129:20

onset [2]
72:24; 157:5

open [4]
40:9; 159:18; 161:8; 225:4

operation [1]
155:25

opinion [5]
124:5; 178:5; 199:22, 23, 24

opinions [2]
124:7; 185:5

opportunity [12]
16:20; 164:4; 169:13; 170:24; 171:18, 19; 172:6, 11; 184:21; 201:17, 23, 24

opposed [11]
61:16; 67:11; 72:20; 77:12; 82:13; 121:14; 149:2; 164:15; 202:20; 204:8, 13

oral [3]
31:14, 16; 59:12

orally [5]
32:6; 60:12; 62:6, 19, 21

order [27]
23:2; 35:11; 38:3, 6, 7; 126:18; 133:15, 24; 134:6, 9; 191:24; 201:14; 203:13; 206:11, 22; 208:15, 17, 21; 209:11; 210:7, 23; 211:1, 3, 25; 213:25; 214:2, 13

ordered [25]
22:18, 20, 22; 32:20; 43:2; 45:16, 17; 77:3; 80:18; 105:2; 106:7; 116:7, 8; 126:9; 134:20; 135:18; 154:20; 157:7; 165:6, 8; 203:3; 208:12, 14; 212:3, 12

ordering [1]
23:9

orders [14]
202:2, 8, 11, 12, 14, 19; 204:23; 205:1; 206:6; 209:10, 16; 210:15; 221:16, 19

ordinarily [1]
20:14

ordinary [1]
20:13

organism [1]
157:2

organization [1]
9:25

original [2]
234:13, 14

originally [1]
13:19

ounces [3]
152:25; 153:1

ours [1]
143:20

outcome [5]
87:5, 13, 19; 140:22; 191:25

outlook [1]
218:21

outpatient [1]
37:7

output [1]
77:14

outside [1]
139:14

overcorrect [1]
174:4

overnight [6]
75:15; 122:17, 18; 124:12, 18; 154:1

overt [1]
141:5

oxygen [9]
137:4, 9; 215:15, 19, 20, 24; 216:2; 217:23; 226:2

* * P * *

p.m. [19]
20:5; 21:4; 94:9; 95:20; 104:9; 105:21; 106:11; 107:10, 25; 109:5; 129:14; 137:15; 156:12; 190:25; 205:25; 208:10, 18; 214:15; 231:13

pa [7]
1:20; 2:11, 16, 21; 3:4, 9; 234:2

page [27]
3:24; 32:14; 93:22; 142:10, 18; 144:9, 11; 145:10, 17, 19; 146:15; 148:22; 150:19; 192:21; 196:23; 202:2, 3, 5, 10; 204:25; 205:2, 3; 209:10; 210:22; 214:13; 229:4; 233:5

pages [9]
93:23; 142:22, 23; 143:14; 155:23; 156:2; 163:12; 201:14; 233:3

paginated [1]
142:14

paid [1]
79:12

pale [7]
221:7; 222:13, 24; 230:15, 20, 22, 24

palmer [14]
69:7, 10, 11; 71:20; 72:2, 6; 73:21; 75:14; 76:18; 117:1; 137:15; 152:8; 153:22; 154:12

panel [2]
207:23; 215:5

papers [1]
5:18

paragraph [2]
164:20; 165:1

paralegal [1]
143:17

paraphrasing [1]
89:17

parens [2]
40:9, 10

parent [1]
210:21

parenthetically [1]
14:19

parents [2]
1:4; 156:23

parsing [1]
108:18

part [18]
11:20; 18:11; 28:13; 34:13; 58:13; 70:25; 101:9; 106:2; 108:12; 131:12; 133:9; 170:10; 193:18; 201:4; 221:25; 229:21, 22

partially [1]
191:4

participate [3]
60:15; 94:22; 95:11

particulars [2]
79:7, 8

parties [2]
232:15, 18

party [2]
1:14, 17

passage [1]
23:23

path [2]
77:12, 13

pathogen [1]
215:12

patient [136]
9:8; 10:12, 18, 25; 11:3, 23; 17:8, 11, 15; 19:13, 21; 20:9; 21:9; 23:16, 21; 24:1, 4; 25:3, 12, 20; 26:1; 28:1, 23; 29:12; 31:11, 18; 32:22; 33:1, 20, 24; 36:11, 14; 37:8, 10; 40:2; 46:9; 48:7; 50:1; 51:13; 56:5; 62:7; 64:20; 68:6, 11; 69:3, 22; 70:2, 7, 14, 15, 21; 71:21, 24; 72:8; 90:24; 91:17; 92:9, 17, 21; 95:13; 96:7; 97:24; 98:22, 25; 101:19; 103:15, 25; 104:6, 8, 14; 105:9, 20, 21; 107:13; 110:9; 111:2, 6, 9, 11; 112:10; 113:13; 114:1, 5; 115:7; 117:22; 118:5; 120:19; 121:5; 122:1, 7; 125:4; 134:10; 141:13; 144:13; 150:7; 152:4, 14, 20; 154:23; 155:10; 163:24; 167:21; 168:19; 175:1; 182:4; 189:9; 190:3, 9; 192:5, 8, 25; 193:7, 21, 22, 25; 195:17; 202:15; 204:7; 206:12; 215:21, 25; 216:7, 16, 23; 217:15; 218:6, 17; 219:23; 228:17, 20, 21; 229:8; 230:12

patient's [18]
22:16; 23:25; 24:2; 31:1; 32:24; 55:19; 66:11; 69:25; 105:24; 111:15, 19; 114:11; 155:6; 165:8, 9, 12; 219:22; 223:23

patients [7]
39:20; 54:25; 121:19; 196:7, 8, 15, 24

pay [1]
79:4

peak [1]
203:9

pediatric [34]
11:9; 33:21; 34:1, 3; 64:11; 78:13; 119:9, 15, 21; 120:5, 19; 121:4, 22; 122:3, 6, 11, 20; 123:1, 5; 124:20, 25; 125:11; 126:3, 7, 19, 24; 189:9; 190:3; 193:6; 196:8, 14, 24; 211:18; 224:22

pediatrician [2]
12:20; 13:3

pediatrics [13]
11:6, 13; 12:3, 4, 6; 13:14, 16; 14:7, 13, 16; 69:13, 18

pending [2]
123:15, 17

pennsylvania [7]
1:1; 2:2, 3, 4; 232:1, 5; 233:1

people [5]
7:23; 21:16; 67:5; 109:18; 153:4

percent [1]
74:15

perfectly [1]
135:1

perform [3]
130:5; 159:20; 161:12

performed [2]
131:11; 144:19

period [17]
17:10; 18:18; 83:4; 106:11; 121:9; 152:14, 23; 153:1; 157:3; 187:7; 188:4; 203:9; 209:18; 215:6; 222:17; 223:14, 15

periodic [4]
225:8; 227:1; 228:21; 229:1

peripheral [1]
226:2

permanent [1]
79:1

perseverating [1]
45:11

persist [1]
191:23

person [11]
19:15; 20:10; 67:6, 8, 19; 88:24; 95:2; 129:13; 186:15; 188:17; 219:4

personally [2]
9:16; 95:6

personnel [1]
121:13

persons [2]
188:9; 219:6

petite [1]
138:14

phenobarbital [25]
43:2, 11; 105:2; 106:8; 140:5, 6; 168:20; 169:3, 4, 9, 12, 14, 15, 23; 170:3, 19, 23; 171:14, 17, 21; 172:9, 13, 22; 200:3; 224:3
philadelphia [2]
1:20; 2:11
phone [7]
75:15; 105:4; 125:11; 126:5; 152:8; 177:13; 202:19
phonetic [1]
215:9
phrase [1]
108:11
physical [7]
24:8, 12; 130:11; 131:12; 150:20; 153:14; 155:8
physician [21]
18:12; 32:25; 65:12, 18; 67:4; 69:10, 11; 78:9, 12; 96:6, 7; 121:8; 124:3; 128:9; 144:11; 145:13; 147:19, 22; 174:10, 14; 179:21
physicians [3]
65:19; 101:10; 157:18
physiologic [2]
175:15; 181:14
physiologically [1]
73:6
pick [2]
105:4; 125:10
picked [1]
126:5
piecing [1]
209:14
pin [2]
44:6; 198:4
pittsburgh [10]
2:21; 3:4; 18:16; 86:14; 87:24; 88:11; 89:1; 90:2; 176:6, 12
place [14]
47:14; 64:15, 18, 22; 66:3; 67:1; 112:24; 118:4, 22; 119:6; 139:19; 190:2; 211:20; 232:8
placed [6]
69:6; 83:2; 136:4, 16; 137:8; 155:18
places [1]
211:16
plaintiffs [4]
1:7, 15; 2:1, 9
plans [1]
139:3
pleas [1]
1:1
please [9]
9:7; 123:19; 195:5; 200:25; 201:19; 214:25; 234:9, 13, 16
pled [1]
16:11
po [1]
206:1
point [50]
8:9; 20:12, 16, 21; 33:4; 40:20; 45:16; 50:24; 67:18; 72:3; 73:9; 78:15; 80:2; 82:3; 83:21; 84:7; 85:22; 86:24, 25; 87:21; 89:24, 25; 91:10; 95:8; 103:16; 105:4; 106:18; 114:10, 19; 115:5; 132:12; 133:3; 137:13; 140:19; 154:16; 164:19; 166:16; 167:21; 185:4, 19; 198:11; 206:18; 207:2; 208:10; 209:2, 7; 216:3; 218:19; 221:13; 223:21
pointed [2]
200:11; 204:12
pointing [1]
52:5
policies [36]
64:14, 18, 21, 25; 65:3, 7, 13, 20; 66:3, 15, 16, 21; 67:1; 118:4, 8, 11, 22; 119:9, 12, 14, 15, 16, 19; 120:4, 11, 14, 16, 17, 18, 25; 121:2, 3, 4, 6, 9
policy [15]
34:13; 67:7, 10, 16, 20; 117:20, 22; 119:5, 7; 120:12; 127:20, 22, 24; 128:5; 220:1
poor [11]
33:16; 47:25; 48:1, 2, 3; 87:12, 19; 152:13; 217:17; 218:10
portable [1]
210:24
position [2]
111:21; 113:12
positive [1]
159:1
possession [1]
234:14
possibility [8]
38:19; 71:6; 90:18; 157:1; 174:6; 175:7; 199:15; 203:5
postulate [1]
200:6
potassium [4]
38:10; 152:17, 18; 207:24
potential [1]
26:4
potentially [2]
114:24; 153:13
pounds [3]
152:24, 25; 153:1
practice [19]
12:14; 37:4, 5, 6; 151:19, 22; 190:1; 193:19; 195:20; 196:14, 20, 24; 197:23; 198:9, 12, 15; 210:7; 218:16; 219:20
practice's [1]
37:3
practiced [2]
15:4, 5
practicing [2]
15:9, 10
preceding [1]
234:10
precipitate [1]
169:24
precise [1]
97:8
preface [1]
185:1
preparation [1]
10:11
prepared [3]
16:13, 15; 64:8
prerogative [1]
97:9
presence [3]
61:16, 18; 114:17
present [18]
3:11; 4:18; 46:8, 11, 13; 49:19; 53:15; 64:15; 92:2; 98:22; 114:18; 195:3, 12; 210:21; 219:8; 228:1; 230:7; 231:7
preserve [1]
163:2
pressure [4]
47:22; 50:18; 161:11, 14
pressures [1]
216:2
presume [10]
69:15; 88:14; 101:11; 152:7; 193:22; 199:10, 11; 205:13; 211:15; 223:24
presumes [1]
67:15
presuming [1]
106:10
presumption [1]
193:24
pretty [5]
84:9; 180:7; 182:8, 23; 213:4
prevent [12]
34:20; 169:4, 5, 8, 14; 170:24; 172:11; 173:11; 176:25; 201:17, 24
prevented [2]
169:10; 173:5
preventing [2]
34:18, 23
prevents [1]
173:14
previous [8]
36:2; 46:9; 155:7; 157:8; 172:14; 204:23; 207:1; 225:20
previously [21]
5:18; 25:20; 42:6; 74:23; 84:20; 90:5; 103:6; 106:16; 147:8, 12; 148:4, 7; 152:21; 157:6, 7; 161:9; 201:8; 204:10, 22; 208:23; 223:16
primarily [1]
219:1
primary [1]
206:21
principal [10]
144:18; 146:10, 11, 16, 21; 148:7; 149:15, 16; 150:4, 16
print-out [1]
219:18
printed [3]
30:6; 145:14; 178:11
printing [2]
145:12; 232:10
prior [20]
9:3; 20:22, 25; 33:7; 43:1; 63:11; 68:8, 12; 83:7; 96:19; 101:1, 15; 104:6; 105:20; 107:12, 24; 159:16; 161:1; 165:8; 209:16
privy [2]
101:13; 224:2
probable [1]
6:2
problem [20]
18:6; 50:25; 70:23; 71:2; 72:8, 14; 73:17; 76:9, 15; 112:22; 173:6; 180:18; 183:10; 188:3, 7, 8; 204:13, 14; 209:3; 212:16
problematic [1]
117:18
problems [5]
75:10; 206:21; 216:4; 217:13, 16
procedure [13]
2:2; 149:15, 16, 22, 25; 150:4, 6, 7, 15, 18; 156:13; 161:7, 9
procedures [16]
64:14, 18, 21, 25; 65:8, 13, 15; 66:3, 15, 16; 119:16; 120:4; 144:19; 150:11; 156:1
proceedings [4]
64:3; 94:8; 184:13; 231:13
process [8]
84:3; 95:11; 98:24; 171:24; 175:15, 19; 180:16; 181:15
produce [3]
199:19, 20; 220:16
produced [6]
93:13; 143:5, 7, 8, 9; 144:6
profession [2]
12:24; 13:2
professional [2]
11:20; 14:17
profile [3]
205:25; 207:19; 208:2
profusing [1]
217:13
profusion [7]
48:2, 3; 50:9; 217:18, 21; 218:6, 10
progress [3]
22:22; 110:11; 175:13
prolonged [2]
217:23, 25
promise [1]
8:15
prompt [1]
76:13
prompted [4]
72:2; 77:8; 158:10; 224:2
pronounce [1]
21:19
pronounced [1]
213:4
pronounces [1]
21:25
proper [7]
16:10; 39:12; 55:6; 80:9, 17; 162:22; 224:5
properly [3]
79:16; 80:4; 228:7
prophylaxis [1]
127:1
proposition [3]
42:2, 3; 169:18
protein [1]
215:3
prove [1]
181:6
proves [1]
135:6
provide [5]
16:10; 100:16, 20; 137:3, 5
provided [2]
93:11; 169:13
provider [1]

53:19
providers [1]
4:13
provides [2]
201:16, 23
public [5]
1:23; 2:3; 232:4, 25; 233:24
puncture [24]
27:13; 36:15; 91:1; 149:19; 150:8, 14; 152:3; 156:1, 16; 157:1, 9; 158:19; 159:17, 21; 160:2, 8, 12, 17, 23; 161:2, 11; 162:5; 163:7; 214:18
pupil [2]
122:19; 124:14
pupillary [2]
24:3; 167:4
pupils [2]
132:22; 133:8
purpose [9]
10:14; 40:9; 61:4; 203:3, 24; 207:20; 208:25; 211:25; 214:8
purposes [2]
93:20; 123:11
pursuing [1]
13:1
putting [3]
182:13; 209:16; 216:21
puzzled [2]
99:4; 184:2

*** * Q * ***

qualifiable [1]
142:3
qualified [1]
137:20
qualitatively [1]
29:18
quarterback [2]
52:18; 110:18
question [92]
3:24; 6:19, 24; 7:17; 16:3, 5; 18:6; 25:5; 26:6; 29:6, 7; 32:16; 38:12; 39:14; 41:20; 44:25; 47:3; 53:12; 55:13; 57:7; 58:5; 59:20; 60:18; 67:3; 71:5; 76:8, 14; 87:15; 90:5; 95:4; 97:12, 16; 98:14; 99:5, 17; 100:19, 25; 105:19; 107:11; 113:5, 17; 114:16; 118:10; 120:22, 25; 122:25; 123:15, 16, 19, 24; 124:4; 128:1; 129:19; 130:1, 23; 132:18; 134:22; 135:3; 136:17, 24; 137:11, 19; 140:24; 142:1; 147:10, 16; 153:23; 156:15; 158:4; 160:24; 162:22; 168:22; 169:18; 171:3; 172:4; 173:6; 176:17; 180:13; 182:17; 190:8; 191:12; 192:13, 19; 193:2; 195:5; 196:3; 197:13; 201:19; 223:8, 10; 224:5; 228:5
questioning [1]
101:13
questions [9]
3:23; 8:15; 67:23; 102:8; 114:24; 128:22; 155:24; 185:12; 200:8
quick [1]
155:24
quickly [5]
52:21; 137:10; 142:24; 185:13; 217:6
quote [24]
21:2; 23:20; 25:7; 26:18; 34:23; 83:3; 104:17; 129:7; 152:15; 155:10; 194:12; 196:6; 200:20; 213:10; 221:5; 225:3, 4, 25; 226:5; 227:1, 13; 228:2; 229:8; 230:12
quoting [1]
17:6

*** * R * ***

r-o-t-a [2]
206:9, 10
r.g. [1]
151:3
radiographic [2]
45:18; 207:6
radiographs [3]
126:9; 133:16; 207:14
radiologist [3]
149:7; 177:21; 183:2
raise [1]
162:15
raising [1]
202:24
range [2]
86:23; 175:22
rapidly [1]
49:16
rarely [1]
61:11
rational [4]
182:8, 11, 24; 183:14
re [1]
234:7
reach [1]
198:2
read [42]
10:20, 24; 11:5, 6, 7, 17, 19; 15:20; 29:1, 25; 30:4; 44:20; 116:1, 2; 120:6; 121:9; 122:15; 123:18, 21; 147:4; 148:24; 149:2, 4, 5, 8; 153:2; 155:8, 13; 164:17; 184:24; 188:2; 189:15; 203:21; 205:7, 20; 214:24; 225:18; 226:4; 228:16; 233:2, 5; 234:9
reading [12]
11:21; 29:10, 15, 19; 30:2; 142:16; 149:11; 185:16; 223:16; 228:12; 232:13
real [1]
75:8
realize [2]
7:22; 112:22
realized [2]
50:18; 212:3
reason [23]
39:23; 53:24; 60:3; 114:10; 116:18, 22; 117:4; 124:22; 145:9; 146:12; 160:2; 183:1, 6, 8, 9; 190:13; 198:19; 200:2; 201:15, 20; 212:6; 233:5
reasonable [1]
180:8
reasonably [1]
89:11
reasons [8]
121:25; 128:17; 135:5; 138:21; 167:18; 201:8; 214:21; 217:20
recall [50]
5:20; 6:10, 11; 12:8; 22:3; 30:23; 31:7, 22; 43:2; 55:11; 57:20, 22; 58:7; 61:24; 62:9, 19, 20, 21; 65:12; 70:16; 83:22; 87:21, 23; 91:12, 17, 23; 92:18; 96:21; 97:2; 99:12; 101:5; 102:14; 103:24; 107:14, 17; 108:1; 109:23; 110:8; 113:3; 115:8, 9; 118:15; 119:20; 132:12; 202:23; 221:21; 226:8, 23
receipt [1]
234:16
receive [3]
34:22; 163:15; 168:19
received [10]
34:17, 19; 49:25; 68:18; 72:6; 104:10; 143:13; 147:1; 148:1; 179:4
receives [1]
151:9
recently [1]
187:4
recertified [2]
13:19, 23
recess [3]
64:3; 94:8; 184:13
recessed [1]
231:13
reckoning [3]
67:8; 70:7; 111:20
recognize [5]
15:16, 22; 145:11; 156:4, 9
recognized [1]
70:1
recollection [3]
214:18; 221:23; 225:19
recommended [2]
160:21
record [43]
1:17; 9:17, 19; 11:16, 17; 31:13; 32:5; 52:14; 55:1; 64:1; 78:2; 123:10, 21; 130:2, 20, 25; 131:2, 6, 7, 10, 17, 21; 132:4; 142:15; 143:1, 17, 23; 144:1; 147:5; 151:15; 184:10, 22; 205:20; 214:5, 9, 25; 220:10; 221:14; 225:13; 228:3, 8, 17; 232:11
recorded [14]
8:2; 28:9, 12; 29:11; 59:17; 60:12; 62:7; 132:2, 5, 13; 193:20; 225:11, 25; 232:9
recording [2]
56:16; 130:15
records [47]
8:23, 25; 9:22, 25; 10:9; 18:5; 19:9; 30:4, 9; 32:10, 24; 40:19; 49:21; 53:2, 23; 55:11, 14; 57:13, 15, 18; 59:19; 79:3, 11; 93:7, 12; 116:2; 122:15; 123:4; 124:2; 130:10; 134:17; 143:3; 144:5; 145:2; 146:2; 148:21; 149:21; 152:5; 157:11; 163:16; 179:8; 180:1; 186:16, 17; 220:24; 225:3; 228:6
recurrent [1]
44:3
redictated [1]
163:18
reduced [1]
232:10
refer [8]
9:25; 18:4; 19:8; 21:17; 45:7; 115:16; 142:14, 22
reference [4]
1:23; 93:19; 142:18; 233:25
referring [14]
9:23, 24; 18:8; 21:3; 49:13, 14; 74:7; 119:8, 13; 120:11; 121:2; 142:13; 158:5; 188:5
refers [2]
45:5; 203:8
reflecting [1]
37:14
reflects [1]
227:16
reflex [2]
24:17; 131:16
regarding [19]
22:4; 23:18; 60:10; 62:5; 64:19; 65:1; 66:4, 22; 67:10; 73:2; 92:21; 97:20; 107:22; 108:24; 110:17; 128:5; 140:15; 170:3; 190:2
regards [1]
12:12
regional [21]
1:10; 2:19; 3:13; 8:25; 17:17; 49:5; 51:7, 21; 65:9; 66:4; 76:4; 80:16; 93:15; 102:21; 127:21; 143:15; 179:20; 187:14; 196:25; 199:7; 225:14
regret [2]
114:5; 115:10
regretted [1]
114:1
relate [3]
16:1; 65:8; 66:16
related [9]
11:22; 42:13; 149:16; 157:16, 19; 167:6, 9, 22; 203:16
relates [1]
158:16
relating [2]
5:23; 14:15
relation [7]
9:4; 10:12, 18, 25; 11:3; 12:7; 70:6
relationship [1]
167:3
relative [2]
232:17, 18
relatively [2]
85:10; 168:1
rely [3]
127:23; 128:7; 193:12
remainder [2]
129:9; 136:21
remember [48]
5:5, 15; 6:13; 22:7; 29:10, 15, 16, 18, 19, 24; 38:12; 54:13, 20; 58:5; 61:20, 22,

23; 62:16, 17; 68:20; 72:11; 82:3, 5; 84:12, 15; 85:8, 18; 92:15, 19; 108:8; 109:9, 12, 15, 17; 121:8; 133:4; 145:2, 5, 7, 8; 179:4; 202:18; 210:13; 213:8; 222:2; 223:4, 5; 226:20
remembered [2]
154:10; 178:19
remote [1]
182:13
renal [15]
70:22; 72:13, 18; 73:11, 14, 17; 76:8, 15; 77:3, 10; 84:21, 24; 127:18; 209:8; 214:2
repeat [6]
147:4; 152:17, 18, 19; 177:4; 178:20
repeated [6]
17:9, 11; 71:16; 218:2, 3, 5
repeating [2]
107:9; 196:22
repetitive [1]
138:20
rephrase [3]
87:15; 115:4; 188:24
report [12]
59:12, 13; 72:6; 149:2, 4, 11, 12; 154:15; 177:21; 186:4, 7; 187:11
reported [7]
1:22; 57:1; 58:3; 62:6; 149:12; 199:8; 204:9
reporter [11]
2:3; 3:17; 4:18; 7:13, 24; 29:7; 46:22; 123:21; 192:22; 232:3; 234:19
reporters [1]
234:1
represent [7]
4:10; 43:5; 73:15, 16, 17; 133:23; 221:2
represented [1]
225:13
representing [1]
48:17
represents [2]
49:22; 228:1
request [2]
55:22; 93:12
require [2]
78:12; 168:24
required [9]
13:22; 65:6; 119:6; 130:17, 25; 131:2, 6, 7; 159:22
requirements [3]
66:10, 14
requiring [3]
65:21; 120:12; 171:4
residency [1]
13:8
resolve [1]
141:8
respect [19]
16:9; 23:8; 29:24; 30:21; 31:2; 32:12, 14; 34:6; 44:4, 5; 84:12; 94:23; 97:9; 104:4, 20; 105:19; 107:11; 145:20
respectful [1]
223:9
respectfully [3]
105:13; 112:13; 174:12
respective [1]
232:15
respects [2]
30:21; 233:19
respiratory [3]
137:3; 209:1, 3
respond [1]
200:22
responses [1]
167:4
responsibilities [2]
20:4, 9
responsibility [5]
179:22; 180:16, 22, 24; 192:16
responsible [5]
144:12; 146:19; 181:5; 186:15; 188:10
responsive [1]
105:14
rest [2]
153:2; 202:16
restate [8]
7:18; 16:7; 41:20, 22; 98:13; 128:5; 182:18; 201:19
result [6]
179:24; 189:25; 191:5; 202:25; 208:17; 218:10
results [14]
22:21; 23:13; 52:17; 80:12; 148:13; 154:19, 21; 175:2; 188:21, 24; 189:4, 8; 208:7, 9
resume [1]
20:7
resumed [1]
19:12
resumption [1]
19:16
resuscitate [2]
54:8; 80:18
resuscitated [2]
79:16; 80:4
resuscitation [3]
49:10; 54:11; 55:18
resuscitative [5]
49:8, 16; 51:9, 22; 55:4
retranscribed [1]
163:18
retrieve [1]
151:10
retrospect [1]
57:9
retrospective [2]
124:5, 6
return [1]
234:16
returned [1]
179:3
review [10]
8:19, 23; 32:23; 56:2; 124:1; 145:18; 146:2; 164:2; 210:19
reviewed [15]
9:3; 10:4, 10, 18; 11:3; 12:9; 28:11; 32:5; 37:3; 49:21; 57:15; 79:3; 123:3; 148:21; 157:11
reviewing [3]
30:19; 40:19; 145:2
revise [2]
163:24; 208:11
revised [2]
164:1, 4
rhodes [1]
2:20
richard [9]
1:9; 2:1, 14; 4:1; 232:6; 233:2, 21; 234:7
right [140]
1:6; 4:20, 24; 6:25; 7:7; 8:10, 17, 18, 21; 10:1, 8; 11:25; 18:18, 23; 20:19; 21:6; 23:9; 27:25; 32:9, 15; 33:4; 34:8; 35:18; 36:8; 40:21; 43:7; 45:15; 47:3, 15; 49:24; 52:5; 53:1; 56:2, 16, 19; 58:8; 59:22; 60:22; 70:12; 73:15; 74:17; 75:11; 80:3; 83:8, 12; 84:2, 4; 88:4; 89:13, 24; 90:12, 13, 14; 91:9; 92:13; 97:4, 23; 98:18; 99:20; 100:24; 103:12; 104:13; 110:5; 114:20; 122:12; 124:10; 125:14, 20; 127:16; 128:10, 15; 130:21; 133:11; 136:11; 143:22; 146:2, 15, 21, 23; 147:6, 12; 150:5, 19, 20, 25; 151:20; 155:13, 21, 23; 156:12, 13; 157:20, 23; 158:14; 160:7, 13, 14; 166:12; 170:15; 173:16; 174:23, 25; 178:23; 180:3; 181:10; 184:9; 185:13; 190:18; 194:17; 195:13, 15; 197:7; 198:5, 17, 21; 199:25; 203:11; 205:3, 17; 207:19; 208:6; 209:12, 18, 25; 210:10, 12, 24; 211:10; 214:3, 15, 20; 220:2, 21; 225:1; 226:6; 228:10; 229:22
right-hand [1]
202:9
risk [9]
3:12; 58:20; 159:9; 163:9; 170:2, 17; 217:22; 218:9, 12
road [2]
183:23, 24
rolled [4]
221:6; 222:13; 223:2, 13
rolling [1]
223:3
room [22]
4:18; 7:13, 14; 68:17; 69:7, 11, 17; 83:13; 103:19; 136:4, 7; 143:3; 144:5; 202:17; 227:8, 12, 16; 228:2, 21; 229:12, 15; 231:7
rooms [1]
136:9
rotavirus [2]
205:24; 206:9
rounds [12]
20:2; 22:9, 12, 13, 14; 23:3; 25:22; 36:1; 77:17; 103:10; 125:4; 226:7
route [1]
2:15
routinely [1]
137:9
rule [6]
38:20; 40:3, 7; 192:11, 16, 24
ruled [1]
158:20
rules [1]
2:2
ruling [1]
40:10
run [3]
55:24; 169:25; 203:21

*** * S * ***

safe [4]
160:12, 15; 161:12; 209:25
safely [2]
54:18, 19
safety [1]
161:6
saline [2]
83:1, 2
sat [1]
221:7
satisfied [1]
77:20
sats [5]
216:9; 217:2; 222:14, 23; 226:2
saturation [5]
106:22; 137:8; 215:10, 18; 216:6
saturations [6]
215:13; 216:5, 10, 15; 217:12, 17
saying [17]
46:10; 66:13; 73:20; 112:20; 113:11; 120:16; 131:20; 150:5; 172:9; 173:9, 10; 174:21; 175:14; 185:1; 187:19; 188:22; 208:1
scan [5]
22:21; 23:2; 32:20; 52:18; 167:5
schedule [2]
110:19; 218:17
schmitt [1]
2:15
school [1]
234:1
scope [4]
72:15; 108:21; 130:25; 131:3
screening [1]
133:12
se [1]
90:7
seal [1]
232:22
seated [1]
4:22
second [13]
27:22; 36:6, 7; 53:23; 64:10; 79:21; 80:5; 107:3, 9; 142:8; 143:24; 166:10; 184:11
secondary [6]
73:18; 144:18; 146:23; 147:3, 10; 152:12
seconds [5]
141:20, 22; 147:13; 222:8; 229:25
secretaries [1]
218:25
secretary [1]
218:24
seizure [50]
16:19; 31:20, 24, 25; 32:1; 106:19; 118:12; 125:22; 138:4, 5; 141:2, 5, 20, 23; 158:1; 161:20; 192:1;

193:21, 23; 194:1, 11; 195:18; 197:11; 198:5, 9, 13; 199:8, 10, 11, 19, 20; 200:4, 11, 18, 20, 24; 222:3, 4, 6; 224:12, 25; 225:23; 226:1, 5, 21; 227:10, 13, 17, 23, 24
seizure-like [2]
141:7, 18
seizures [109]
15:18; 16:18; 17:9, 11, 16, 18, 24; 24:1; 25:16; 26:5, 24; 33:3; 34:18, 21; 35:1, 2; 38:2, 16; 40:2, 4, 10; 46:20; 47:4; 102:19; 104:23; 105:1, 2; 106:7, 23; 117:23, 24, 25; 118:2; 124:17; 125:23; 127:1; 128:11; 130:19; 133:23; 134:4, 12; 135:17; 136:19; 137:17, 18, 20, 24; 138:3, 8, 10, 13, 16, 21; 139:22; 140:4, 16, 17, 21, 22, 24; 146:9; 148:6; 153:9, 18, 23; 155:20; 161:18; 167:14, 15, 19, 22; 168:14; 169:5, 7, 8, 10, 14, 22, 24; 170:22; 171:8, 22; 172:8, 16, 20; 173:1, 4, 5, 20; 191:23; 192:9, 11, 17, 24; 193:6, 13; 196:6; 197:9; 200:16; 201:2, 10, 12, 22; 204:4, 17; 213:1; 226:9, 13
sekhar [71]
21:13, 17; 22:3; 23:14; 25:23; 32:19; 33:8; 35:10, 16, 23; 43:1, 8; 50:2; 52:17, 22; 54:22; 80:25; 82:13; 83:25; 84:23; 85:7, 13; 86:7, 16, 21; 87:4, 7, 13, 18; 89:4; 92:1, 8; 93:3; 96:13, 15; 98:1, 3, 5, 7, 8, 12, 25; 99:21; 100:2, 6, 21; 101:2, 14, 21; 102:8; 103:3, 14; 104:13, 21; 105:6, 18; 107:21; 108:3, 14, 23; 109:22; 110:20; 111:1, 20; 113:11, 24; 114:17, 21; 115:5; 116:7; 124:11
sekhar's [2]
107:24; 195:1
send [5]
60:14; 76:20; 185:13; 220:7; 234:14
sense [4]
71:4; 75:3; 90:11; 93:9
sensitivity [1]
215:5
sentence [2]
164:20; 165:1
separate [1]
82:12
separated [1]
143:6
separately [3]
86:1; 143:9; 144:6
sepsis [8]
148:6; 156:23; 157:2, 6; 158:2; 167:16; 203:4; 212:6
series [1]
48:21
serious [2]
42:8, 12
seriously [1]
176:9
serum [23]
81:21; 82:20; 83:20; 84:8, 13, 16, 23; 85:1, 5, 13; 116:13; 164:7; 165:2, 3, 14; 167:25; 174:8; 177:11; 178:9, 16, 24; 184:2; 207:21
served [1]
139:15
sets [1]
10:8
seven [3]
74:15; 198:22; 208:2
severe [1]
42:5
severely [1]
46:14
shaffer [2]
1:5, 6
shaffer-doan [25]
1:3; 4:10; 5:11, 13; 6:20; 9:5; 15:17; 16:10; 17:15; 20:24; 22:4; 49:9; 69:4; 89:2; 91:11, 22; 94:19; 96:18, 25; 98:2; 100:8; 103:22; 104:11, 17; 217:16
shaffer-doan's [2]
89:15; 153:3
shakes [1]
119:2
shaking [1]
162:1
shallow [1]
229:1
she's [1]
46:23
sheet [10]
3:17; 58:3; 59:18; 93:14; 144:16; 201:14; 234:10, 11, 13, 16
shock [7]
47:17, 18, 19; 48:23; 146:9; 148:7
shocked [2]
63:1, 5
shoulders [1]
109:19
show [1]
228:9
shrug [1]
109:18
siar [54]
25:20; 35:9, 16, 25; 36:17; 37:9, 19; 59:4, 6, 21, 25; 60:7, 10, 24; 61:13; 62:5; 67:24; 71:2; 80:24; 82:13, 16; 83:17; 85:6, 14; 86:7; 90:4, 15; 91:3, 4, 6, 9, 14, 18, 24; 92:1, 11, 15; 93:3; 94:22; 95:3, 10, 14; 96:13; 98:6, 9; 110:9, 20; 121:19; 126:2; 128:25; 129:21; 145:13; 156:25; 170:5
siar's [2]
10:1; 114:17
siblings [1]
153:4
sick [1]
115:23
sign [7]
29:3; 57:16; 144:21; 145:18; 147:20; 152:2; 163:19
signature [12]
3:18; 144:10, 14, 25; 145:6, 8; 156:9; 202:9; 204:25; 206:4; 234:8, 11
signed [10]
146:7; 151:13, 16, 23; 152:4; 156:19, 23; 211:1; 234:13
significance [2]
159:2; 166:3
significant [4]
71:16; 131:6; 155:5; 213:5
signing [7]
28:17, 20; 62:13; 146:1; 202:11, 12; 232:14
signs [22]
24:9, 19, 23; 26:7; 27:5, 14; 29:11; 46:17, 18; 47:3, 11, 16; 56:4, 8, 18, 21; 57:3, 24; 59:16; 70:17; 204:12; 212:5
silhouette [1]
212:9
simpler [1]
190:8
single [2]
45:6; 136:9
single-patient [1]
136:9
sir [37]
6:1; 8:19; 10:10, 21; 12:20; 13:11; 15:23; 25:3; 26:6, 17; 31:4; 41:14; 55:2; 65:4; 66:13; 80:13; 99:18; 107:16; 112:2, 12; 117:14; 118:21; 125:10; 127:12; 130:1, 16; 131:23; 146:14; 148:3; 164:18; 174:10; 175:13; 176:9; 180:5; 195:13; 196:15; 198:3
sit [1]
97:25
site [1]
53:15
sitting [1]
182:13
situation [13]
20:5; 36:3; 40:25; 41:10, 18, 24; 44:17; 45:7; 103:1; 111:19; 114:15; 136:6; 188:11
six [2]
13:10; 74:15
skin [1]
75:1
skipping [1]
184:18
slash [6]
151:3, 7; 163:13; 184:19; 229:1; 230:15
sleep [2]
130:12; 155:11
slightly [4]
74:24; 209:24; 210:2, 3
slowly [2]
205:22; 214:25
sodium [51]
38:10; 80:9, 17; 81:9, 11, 13, 15, 17, 20, 21; 82:19; 83:21; 84:8, 13, 16, 23; 85:2, 5, 13; 86:5, 13; 87:8, 20; 152:16, 18; 164:7; 165:2, 3, 14; 168:8, 17; 174:9; 175:5; 176:10, 12; 177:11; 178:9, 17, 24; 179:6; 180:6, 23; 181:8, 16; 183:12; 184:3; 204:14; 207:24; 208:18
sodiums [4]
82:20; 85:23; 86:23; 167:25
software [1]
218:21
somebody [5]
7:3; 50:1; 67:12; 100:15; 180:17
somehow [1]
11:22
someone [4]
88:4, 23; 121:23; 205:12
someplace [2]
178:21; 205:15
somewhat [3]
42:13; 85:11; 187:21
somewhere [5]
30:13; 52:6; 69:22; 91:8; 176:11
son [1]
4:11
sooner [4]
99:3, 4; 190:1; 191:8
sorry [33]
9:11; 11:17; 20:20; 21:20; 26:16; 27:16; 31:12; 40:6; 52:13; 58:8; 63:22; 65:24; 75:23; 84:15; 132:9; 142:9; 143:22; 156:5; 167:8; 178:23; 183:7; 184:18; 187:6, 12; 190:18, 25; 195:15; 202:4; 213:9, 20; 219:16; 225:6; 226:24
sort [1]
138:20
sosnowski [115]
2:14; 10:2; 11:18; 14:21; 16:2; 18:4; 21:21, 22; 30:15; 42:1; 55:10; 57:6; 59:20; 63:18; 64:1; 66:7, 19; 67:14; 73:11; 77:24; 88:16; 89:6; 98:5, 8; 99:3; 102:1; 103:2; 105:22; 108:7; 109:8; 112:3; 113:4, 16; 114:23; 117:6; 118:8, 17; 119:17; 120:22; 122:22; 123:14, 18, 23; 125:5; 128:2; 129:18; 130:22; 131:20; 133:25; 134:21; 135:2, 14; 139:5, 8; 141:25; 142:10; 143:1, 6, 11, 20, 23; 144:3; 147:6, 9; 149:1; 154:7; 158:4; 163:1; 164:22; 166:13; 168:21; 171:1; 173:21; 175:24; 176:18; 177:23; 179:23; 180:12, 19, 25; 181:4, 11, 20; 182:16; 183:22; 184:5, 10; 185:6, 20; 186:2, 8; 189:20; 190:5, 19, 24; 191:18; 192:12, 18; 193:1, 14; 195:22; 196:1; 197:12, 17; 205:22; 220:18; 227:15, 20; 228:4, 9, 13, 15, 23; 230:25; 234:5
sounded [1]
135:16
source [4]
17:3; 45:2; 86:12; 206:21
southern [3]
13:5, 6; 139:17
space [2]
140:1; 148:5

span [1]
72:23
speak [7]
50:4; 88:6; 91:9; 128:19, 22; 154:13; 210:21
speaking [5]
19:17; 32:4; 52:16; 76:12, 18
special [1]
155:25
specialist [3]
34:4; 76:16; 77:10
specialists [1]
121:23
specialized [2]
69:12, 18
specializes [1]
34:7
specialties [1]
14:11
specific [21]
5:15; 9:7; 10:14; 19:8; 23:18, 22; 27:8; 50:22; 65:20; 66:10, 13; 78:6; 85:8; 92:18; 97:2; 101:6; 102:15; 127:8; 142:15; 201:5, 7
specifically [22]
12:7, 11; 22:19; 30:25; 34:21; 38:3, 5; 39:1; 42:14; 55:14; 81:9, 19; 83:22; 87:22, 23; 90:6; 97:7; 99:21; 107:14; 127:6; 142:7; 164:19
specifics [1]
92:19
specter [2]
1:18; 2:10
speculate [2]
88:21, 22
speculation [3]
39:12; 162:23; 224:6
spell [1]
46:22
spells [1]
169:21
spent [1]
61:7
spinal [5]
63:16; 158:24, 25; 163:8
spirit [1]
113:10
spoke [7]
22:14; 88:11, 25; 126:1; 128:25; 129:21
springs [1]
160:10
square [1]
234:1
ss [1]
232:2
stable [5]
18:1, 8; 50:6; 229:2
staff [9]
27:6; 32:6; 39:3; 53:17; 77:15; 114:14; 138:2; 157:9; 164:14
stain [1]
215:4
standard [3]
11:9; 12:16, 18
standards [1]
12:19
start [5]
16:22; 27:12; 46:24; 82:15; 93:20
started [5]
8:13; 35:1; 159:9; 210:22; 220:14
starting [3]
7:22; 95:25; 137:14
stat [1]
160:17
state [10]
3:9; 15:4, 8; 24:12; 48:6; 61:6; 100:13; 123:9; 131:15; 173:22
stated [13]
65:13; 74:23; 84:20; 99:7; 107:14, 17; 131:14; 148:4; 178:17; 199:16; 201:8; 223:16; 232:8
statement [9]
96:22; 97:3; 99:8, 13; 101:6; 102:15; 114:3, 4; 131:14
states [1]
38:9
stating [2]
42:7; 62:17
station [3]
136:5, 8, 10
status [27]
15:18; 16:17, 24; 17:13; 22:16; 54:12; 55:19; 68:6; 69:14; 77:5; 78:7, 11, 12, 19, 20, 25; 86:2; 101:18; 104:1; 105:8; 114:11; 131:13; 160:1; 192:5; 209:1, 4, 9
stay [5]
147:2; 148:1; 156:21; 158:11; 184:18
steadily [1]
166:6
stems [1]
80:5
stenographically [1]
232:10
step [1]
157:2
steps [9]
54:4; 136:1, 13, 17, 20; 137:1, 6, 12; 141:9
stimulated [3]
75:8; 130:13; 155:11
stipulations [2]
162:25; 224:10
stool [3]
205:24; 206:9; 215:11
stop [5]
35:5; 140:18, 19; 141:19; 200:14
stopped [2]
117:25; 171:23
stopping [1]
173:3
story [1]
71:2
street [3]
1:19; 2:10; 234:2
strep [6]
156:22; 157:6, 20; 158:12; 159:1; 215:7
strictly [1]
26:11
strike [1]
197:7
strong [1]
78:16
strongly [3]
193:25; 194:3; 197:19
structurally [2]
212:18, 22
struggle [1]
156:8
studies [6]
38:14; 45:18; 81:23; 106:8; 116:7; 207:6
study [7]
146:18; 148:24; 185:17; 187:2, 15; 188:21; 191:8
stuff [1]
82:14
subarachnoid [1]
148:5
subclinical [2]
138:18, 19
subject [18]
23:24; 58:8; 68:7; 75:13; 76:19; 80:20; 85:13; 86:6, 22; 87:3; 100:7; 103:22; 109:7; 113:22; 129:12; 161:16; 162:15; 181:7
submission [1]
200:23
submit [1]
200:8
subscribed [1]
233:22
subsequent [11]
83:14; 86:15; 124:3; 131:4; 135:2; 151:18; 165:17; 178:3, 20; 186:13; 191:21
subsequently [3]
146:25; 147:25; 164:3
subspecialties [1]
14:11
substance [6]
54:13; 86:8; 102:24; 115:8; 145:25; 170:5
successful [1]
173:3
suffered [4]
116:1; 167:1; 182:1; 206:13
suffering [1]
182:5
sugar [1]
215:3
sugars [1]
38:11
suggest [2]
112:19; 161:13
suggested [2]
76:21; 99:14
suggesting [3]
109:2; 153:16, 20
suggestions [1]
202:24
suggestive [1]
197:19
suggests [2]
159:24; 197:13
summaries [1]
163:22
summary [17]
19:22; 21:11; 28:19; 93:21; 144:9, 16; 152:6; 163:13, 23, 25; 164:10, 17; 165:25; 177:12; 178:11, 18; 184:20
sundar [3]
1:10; 3:2, 12
sunken [2]
47:9; 74:24
supervisor [1]
58:16
support [4]
137:3, 4; 203:25; 214:23
supportable [1]
164:8
supported [2]
75:4; 216:6
surgical [1]
65:15
surprise [2]
90:8; 200:7
surprised [13]
29:24; 30:21; 58:12; 62:22; 63:6, 7, 8, 9, 10; 89:12; 223:18; 225:17; 226:3
surrounding [1]
181:6
suspect [5]
46:25; 69:3; 72:19; 201:21; 204:2
suspected [9]
138:22; 139:22; 140:16; 148:6; 190:9; 192:8, 17; 203:4; 204:19
suspecting [1]
137:23
suspicious [4]
193:25; 194:3; 200:10, 20
switched [1]
50:16
sworn [3]
4:2; 232:6; 233:22
symptoms [13]
29:12; 46:17, 18; 47:4; 70:17; 115:25; 116:3, 9; 162:4; 204:12; 207:4, 12; 212:5
synapse [1]
114:8
synapsis [1]
127:14
system [3]
38:10; 47:20; 197:5

*** * T * ***

t-u-r-g-o-r [1]
75:2
table [1]
4:24
tail [3]
226:10; 227:3, 11
tailored [1]
10:16
takes [1]
187:23
talk [8]
61:15; 87:24; 105:5; 142:24; 153:2; 178:14; 213:22; 224:22
talked [10]
5:10, 13; 22:23; 54:13; 55:15; 71:14; 89:7; 94:15, 25; 177:13
talking [54]
14:23; 19:24; 20:19; 21:5, 16; 28:6; 45:17; 52:8, 22; 56:15, 16; 57:14; 62:1, 17; 64:12; 65:7; 75:14; 79:7;

81:13, 16, 17; 82:22; 83:5; 94:23; 98:9, 11; 101:21; 102:9, 11; 103:14, 19; 105:15; 107:21; 117:14; 158:6, 14; 174:11, 13, 23; 188:21; 189:14; 195:17; 196:19, 20; 200:15; 201:1, 2; 208:19; 213:8, 15, 18; 222:22; 229:5
tap [1]
63:16
tape [1]
151:7
team [11]
49:15; 50:3; 51:6, 10; 55:3; 56:6, 23; 57:5; 177:6, 15; 178:8
technicians [1]
174:13
telephone [10]
54:12; 55:15; 61:17; 68:16; 164:10, 11; 209:11; 210:23; 211:3; 213:25
telling [12]
23:19; 24:22; 44:21; 61:20, 22; 106:5; 107:7, 17; 131:9; 162:13; 170:11; 213:9
tells [2]
76:2; 108:17
temperature [2]
47:23, 24
ten [2]
210:3, 9
tend [1]
7:15
tended [1]
130:11
tends [1]
155:10
tense [1]
64:15
term [4]
40:24; 41:1; 168:7; 193:15
termed [1]
15:18
terminology [1]
196:2
terms [2]
129:8; 187:24
terrible [1]
216:15
terry [1]
3:2
tertiary [3]
65:10; 66:5; 76:23
tested [1]
158:12
testified [2]
4:3; 181:7
testify [4]
139:4; 142:3, 5; 232:7
testimony [6]
21:2; 44:19; 45:2; 95:24; 214:23; 232:12
tests [7]
22:19; 23:9; 116:7; 135:19; 158:19; 194:7; 207:12
textbook [6]
11:13; 12:2, 10, 13, 16; 126:22
textbooks [5]
11:7, 8, 9; 12:9, 18
thank [4]
41:23; 139:9; 192:21; 231:9
therapy [1]
49:12
there's [20]
11:9; 120:12; 123:14; 129:20; 131:10; 134:13; 144:14, 25; 145:6, 8, 24; 149:25; 153:7; 173:13; 175:4; 179:23; 198:5; 207:23; 212:22; 219:5
thereabouts [1]
194:24
they're [9]
28:3, 4; 59:17; 65:5; 67:12; 118:14; 152:1; 199:21; 217:4
thinking [14]
10:14; 31:4; 58:5; 73:7; 76:1, 3; 77:9; 100:11; 131:25; 142:7; 153:17; 160:8; 182:20; 212:2
third [1]
165:1
thirty [1]
234:16
thomson [1]
2:20
thoroughly [3]
32:10; 71:5; 168:19
three [13]
30:11, 13; 44:20; 58:10; 82:11; 83:8; 92:12; 121:25; 156:1; 159:12; 163:12; 215:3; 219:5
thursday [2]
91:13, 15
timely [1]
188:6
times [7]
31:23; 194:23; 195:3, 6; 196:21; 208:23; 231:8
timothy [2]
1:5
title [1]
167:11
titled [1]
143:14
tomorrow [2]
142:21; 205:25
topic [2]
86:10; 87:18
totalled [1]
13:9
totally [3]
16:23; 17:25; 196:9
touched [1]
206:19
town [4]
5:2, 11; 6:17, 21
tract [2]
206:16; 207:17
trained [1]
13:3
training [12]
12:25; 13:5, 6; 14:13, 15, 20, 24; 15:6; 17:5; 69:12, 14, 18
transcribed [4]
150:24; 151:11; 190:15, 23
transcribing [1]
8:1
transcript [4]
1:8; 233:19; 234:9, 14
transcription [3]
29:8; 151:5; 165:7
transcriptionist [2]
7:24; 151:6
transfer [62]
19:21, 22; 21:9; 28:19; 51:13; 52:19; 53:2, 3; 54:4; 63:12; 64:19, 23; 65:2; 66:22; 67:12; 68:3, 4; 71:6; 72:3; 75:13; 76:1, 20, 25; 77:1, 11, 13; 88:2; 89:14, 21; 90:4, 11; 94:18; 95:6, 7; 96:1, 6; 110:15, 18; 111:5, 9, 16; 113:1, 14; 117:20, 22; 119:6, 11; 120:12; 121:17; 122:3; 127:5; 128:6; 139:24; 159:13; 163:12; 165:8, 10, 13; 184:19; 190:10, 12
transferred [66]
24:5; 29:14; 30:8; 44:21; 53:14; 54:9; 57:22; 58:11; 65:10; 66:5, 17; 68:8; 77:21; 79:4; 87:2; 88:15; 89:2; 92:23; 96:19, 20, 25; 98:4; 99:1, 15, 23; 100:3, 8, 22; 101:1, 2, 8, 15, 16, 20, 25; 102:23; 103:4; 105:20; 107:12, 15, 24; 108:5, 15; 109:1; 110:12; 112:25; 113:13; 114:22; 120:20; 121:5; 122:1, 7, 12; 123:6; 124:22; 127:7, 14; 128:13; 139:23; 141:11; 181:25; 182:21; 185:14; 190:4, 13; 224:15
transferring [17]
53:24; 68:11; 69:22; 71:8, 20; 90:1; 114:1, 5; 115:7; 116:19, 23; 117:5, 11; 121:14; 131:25; 154:23; 188:1
transfers [1]
64:24
transient [13]
43:21, 23, 24; 44:1, 4, 7, 13, 15, 22; 45:1, 4, 12
transpire [1]
77:6
transpired [4]
101:4; 107:2; 124:12; 166:22
transport [9]
22:17; 50:7; 56:6, 22; 124:24; 177:6, 15; 178:8; 179:18
treat [14]
37:22; 42:17, 20, 22, 25; 43:20, 22; 127:1; 141:6, 23; 170:1; 177:9; 200:9, 24
treatable [1]
173:25
treated [4]
41:12; 78:25; 140:22; 175:6
treaters [1]
131:4
treatment [11]
38:23; 43:14; 46:1; 107:6; 147:1, 25; 171:21; 172:23, 25; 201:4; 203:4
trending [2]
166:17; 175:5
triggered [1]
127:15
trouble [1]
46:23
troubled [1]
99:19
trough [1]
203:10
true [11]
28:10; 85:17; 112:15, 18; 161:21; 163:22; 171:10; 192:10; 232:11; 233:19
truth [1]
232:7
tuesday [4]
1:12; 2:4; 152:24; 233:3
turgor [1]
75:1
turns [1]
177:17
twenty-four [1]
198:22
twenty-six [1]
178:24
twice [1]
63:14
twitching [7]
221:5; 222:12; 223:1, 3, 12; 225:7, 20
type [10]
20:4; 51:21; 69:10; 72:13; 103:1; 109:5; 110:16; 126:25; 161:14; 218:20
types [2]
51:8; 137:16
typewritten [2]
60:19; 164:16
typical [1]
157:5
typically [3]
117:2; 188:20; 209:23
typified [1]
47:21

*** * U * ***

ultrasound [4]
23:4; 77:4; 133:16; 214:2
uncontrolled [1]
117:24
underlining [1]
202:1
understand [38]
4:14; 7:1, 17; 8:5; 9:23; 18:7; 21:15; 37:21; 41:15; 45:8, 13, 15; 48:15; 53:15; 60:18; 61:9; 65:4; 84:25; 87:16; 95:24; 97:9, 10; 98:20; 99:20; 102:14; 107:20; 108:10; 127:20; 137:19; 143:2; 150:6, 9; 169:17; 171:1; 194:15; 196:9; 208:8; 215:1
understanding [16]
21:1; 23:11; 48:16; 78:6; 97:16; 98:14, 23; 107:8; 120:21; 121:20; 128:14; 132:23; 149:24; 160:24; 188:11, 25
understood [5]
7:20; 128:6; 171:3; 172:25; 225:21
underway [1]
52:20
unfortunately [3]
27:11; 131:17; 214:16

unit [3]
52:4; 152:23; 154:13
university [4]
3:8; 13:4, 6; 139:17
unquote [12]
21:3; 23:21; 26:19; 83:4; 129:8; 155:12; 194:13; 221:8; 225:9; 226:1; 227:2; 230:16
unremittent [1]
17:12
unspecified [1]
129:20
unstable [3]
53:25; 102:20; 216:8
untreated [6]
41:9, 12, 16, 23; 140:21, 24
unusual [17]
70:5, 18, 20; 72:12; 73:9; 75:22; 77:9; 90:13; 115:22; 116:9, 10, 12, 17; 154:24; 175:21; 213:10
upset [3]
111:17, 18, 20
urgent [1]
160:22
urgently [1]
78:18
urine [4]
77:14; 158:23, 25; 159:5
uses [1]
193:15
usual [5]
134:8; 162:24; 211:17; 215:15; 224:9
utilized [1]
139:19

****V****

vacations [1]
219:13
value [1]
175:3
values [1]
164:7
variation [1]
17:7
variety [2]
115:24; 146:9
ventilation [1]
216:1
ventilator [1]
216:2
verbal [10]
31:7, 9, 13, 15; 59:12; 202:8, 11, 12; 221:19
verbalize [1]
8:3
verbally [3]
7:9; 30:23; 168:5
verbatim [2]
62:1; 222:11
verification [1]
147:20
versus [11]
31:14; 36:18; 72:18; 73:3; 125:22; 136:19; 138:14; 158:17; 161:20; 200:4; 225:23
via [1]
218:20
view [2]
106:7; 122:10
vindictive [1]
103:1
viral [1]
42:10
visit [8]
36:2, 6, 7, 10; 79:21; 80:5; 107:3
visited [1]
157:14
visits [2]
27:23; 79:19
visual [1]
39:16
vital [8]
40:2; 56:4, 8, 18, 21; 57:2, 24; 59:16
voice [1]
7:16
voices [1]
7:15
volpe [1]
3:12
volume [3]
1:2; 79:9, 16
vomiting [4]
72:25; 73:1; 206:16, 17
vs [1]
1:8

****W****

w.j. [1]
145:13
wait [2]
108:7; 202:4
waived [1]
232:14
walking [1]
213:17
wanted [12]
21:15; 32:14; 60:6; 67:18; 104:1; 111:14; 127:10; 157:9, 19; 208:2, 15; 224:22
warranted [1]
171:16
washing [1]
112:21
watch [1]
180:5
ways [2]
187:25; 196:13
we'll [7]
13:18; 43:11; 53:23; 106:2; 203:19; 227:22; 231:10
we're [16]
7:14; 19:9; 31:25; 32:9; 33:25; 58:3; 69:9; 105:15; 110:3; 141:15; 195:17; 196:23; 213:17; 220:6; 225:1; 226:7
we've [9]
42:5; 58:11; 68:2; 94:15; 142:4; 144:3; 148:7; 206:19; 208:24
week [8]
30:11, 13; 44:20; 58:10; 79:3; 148:19; 198:22
weeks [6]
30:11, 13; 44:21; 58:10; 89:5
weighed [1]
152:24
weight [7]
73:22, 23, 25; 74:1, 4, 10, 13
weren't [16]
21:16; 26:11; 28:18; 79:25; 89:21; 129:24; 153:17; 159:6; 162:2, 7, 10, 17; 170:8; 204:21; 214:12; 230:4
what's [2]
103:21; 145:25
whatsoever [9]
49:7; 54:7; 100:1, 17, 20; 109:12, 17; 120:18; 200:24
whereof [1]
232:21
white [1]
3:3
who's [1]
140:16
whoever [2]
141:17; 142:15
wife [1]
61:2
williams [1]
3:3
wish [4]
115:15; 168:18; 169:2; 233:3
wished [1]
135:18
withdraw [7]
44:23; 53:12; 64:16; 131:1; 159:14; 163:8; 191:16
witness [24]
2:1; 7:8; 30:16; 52:10; 59:22; 63:20; 66:9, 24; 88:17; 89:8; 108:18; 112:5; 118:19; 119:2; 125:7; 154:9; 164:24; 184:9; 185:8; 189:18; 232:5, 12, 16, 21
witnessed [3]
156:5, 6, 12
won't [3]
153:2; 155:8; 185:20
wonderful [2]
39:16, 17
wondering [2]
57:23; 101:7
word [20]
18:7; 31:14; 44:1; 45:11, 12; 46:25; 52:19; 63:5; 66:20; 149:24; 150:6; 193:24; 202:1; 205:10, 13; 217:25; 218:2; 226:21, 22; 227:17
wording [1]
23:24
words [10]
45:8; 59:9; 99:8, 22; 107:18; 108:18; 109:15; 112:21; 160:4; 226:19
work [4]
9:12; 31:17; 59:25; 92:23
worked [1]
189:23
working [3]
141:14; 188:12; 219:6
worse [10]
70:13; 103:25; 104:17, 20; 106:6; 110:7; 112:10; 115:14; 166:4; 172:2
worsening [2]
228:19; 229:3
wouldn't [7]
35:3; 171:25; 172:1; 179:3; 183:3; 191:4, 19
wrap [1]
220:7
write [3]
60:9; 215:1; 219:17
writing [6]
202:7; 205:12, 16, 17; 210:14; 226:12
written [15]
31:5, 19; 32:4, 13; 59:13; 60:15, 18; 64:14, 18, 25; 66:2, 15; 118:14, 18; 145:25
wrong [11]
76:3; 89:18; 122:13; 125:24; 145:24; 177:22; 178:1, 4, 7, 8, 10
wrote [1]
205:13

****X****

x-ray [4]
210:24; 211:23; 212:1, 11
x-rays [1]
207:14

****Y****

yeah [9]
73:13; 99:2; 143:13; 149:3; 158:6; 186:25; 209:13; 216:10; 229:19
year [1]
190:24
years [8]
13:8, 10; 59:9; 103:24; 119:25; 120:2; 139:16; 219:24
yesterday [2]
108:5; 112:25
you'd [2]
130:2; 185:7
you've [13]
8:19, 23; 10:17; 11:19; 83:17, 24; 99:22; 120:2; 122:15; 164:2; 184:24; 223:9; 227:6
yours [6]
4:19; 95:1, 16, 21; 96:2
yourself [20]
4:12; 19:25; 26:3; 27:3, 23; 38:25; 45:17; 51:12, 15; 80:14; 113:1; 134:18; 140:9; 152:9; 155:1; 169:2; 182:3; 183:13; 198:1, 8

****Z****

zero [7]
174:5, 15, 17, 20, 21, 22; 200:9

Kimberly Gordon, M.D.
618 West Waldheim Road
Pittsburgh, Pennsylvania 15215

RE: 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., Sundar Chandrasekhar, M.D., Dubois Regional Medical Center, and Gateway Area Medical Associates, Inc.

Dear Mr. Cavanaugh,

At your request I reviewed the following materials:

1. The labor and delivery and birth records of Ms. Shaffer and Ayden Shaffer-Doan.

2. The records of his admission to Dubois Regional Medical Center that are central to this case.

3. The records generated at Childrens' Hospital of Pittsburgh when the baby was transferred from Dubois Regional Medical Center to Childrens'.

4. A copy of the plaintiffs' Complaint

5. A copy of the deposition of Dr. Grout

6. A copy of the deposition of Dr. Chandrasekhar

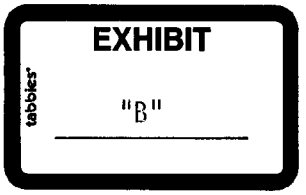
7. A copy of the deposition of Dr. William John Siar

8. A copy of the deposition of Patricia C. Peoples, R.N.

9. A copy of the deposition of Rita Gutowski, R.N.

10. A copy of the deposition of Barbara A. Davis, R.N.

11. A copy of the deposition of Jennifer Giuffre, R.N.



Ayden Shaffer Doan

Birth History:

This was a 7lb. 7 oz. product of a full-term (40 weeks) pregnancy to a 33 yr. old G4 P3 – 4 A negative mother via a spontaneous vaginal delivery. Apgars were 9 at one minute of life and 10 at five minutes. The pregnancy was complicated by the mother being positive for Group B Strep. She received only one dose of antibiotics (Ampicillin intravenously) less than 4 hours prior to delivery.

The stay in the nursery was uneventful. The baby breast fed without problems and was discharged at 24 hours of age despite recommendations from the physicians that the baby be monitored for 48 hours secondary to insufficient treatment of the mother's Group B strep. Surface cultures were obtained on the baby (ear and gastric) and they were negative for Group B Strep. Discharge weight was 7 lb. 5 ounces.

History of Illness and Hospital Course:

The baby did well, nursing well and without fever until 2 days prior to admission when he developed fussiness and diarrhea. (8 yellow, wet stools). He was taken to see his pediatrician, Dr. Siar, who noted a faint rash on his abdomen and diagnosed him with a viral illness. At that time, Ayden had a 2 year old sibling who was ill with a cold. Ayden's weight at that visit was 7 lb. 11 oz. He remained fussy and unconsolable until the next day (the day of admission) when he was noted to be quiet, listless and refusing to nurse. His mother was only able to feed him by syringe. She reported no vomiting and "no diarrhea" and stated he looked pale throughout the day. On the evening of admission (12/05/ 01), the parents witnessed an episode described as the "baby's head went back, his arms tensed up". Suspecting this might be a seizure, they called the pediatrician who told them to take the baby to the E.R.

In the E.R., the chief complaint of the parents was that their baby was not looking right, had decreased activity, and had had a possible seizure. The infant's exam was remarkable for a lethargic infant with signs of dehydration: sunken eyes, dry mucous membranes, decreased capillary refill, and poor skin turgor. Weight was 7 lb. 4.8 ounces. Pulse oxygenation was 95% in Room Air. He was afebrile and his vital signs were normal. No seizure activity was observed in the E.R.

Lab results were significant for WBC = 12.82 (22 segs, 21 bands, 42 lymphs) Hemoglobin = 13.7, Platelets = 531. **Bun = 62,** Creatinine = 0.8, Na = 138, K = 6.7, Cl = 108, **CO2 = 17.** Blood and urine cultures were obtained.

He was diagnosed with dehydration secondary to diarrhea and poor p.o. intake, given a bolus of Normal saline, 60 cc, then started on an IV of D5 ¼ normal saline at a rate of 20 cc per hour (1 and ½ times maintenance fluids).

The baby was admitted for further observation and treatment at 0300 on 12/06/01. When the infant arrived on the floor, he was started on Ampicillin and Gentamicin. When the calcium level was noted to be 7.8 (low) at 5 AM, calcium gluconate was added to the IV fluids (2 meq per 100 cc)

The baby was first seen by Dr. Grout at 0800 on 12/06/01. During his exam of the infant, he noted the baby to have an episode of apnea with some posturing and eye movements that he described as periodic breathing. His diagnoses were dehydration secondary to diarrhea and poor intake, r/o sepsis, and apnea. In addition to treating the patient with antibiotics, IV fluids, and oxygen as needed, he placed the baby on caffeine to treat the apnea. Repeat electrolytes obtained that morning at 0700 revealed Na 141, K 5.4, Cl 104, CO2 19.1

Additional tests ordered by Dr. Grout included stool for Rotavirus (negative) Renal ultrasound (normal) and CXR (normal).

At 1300, an LP was performed by Dr. Grout to rule out meningitis. Results: clear, colorless. CSF protein = 82 (normal for a 17 day old infant) glucose = 67 WBC = 0 RBC= 20.

Throughout the day, (as documented in the nurses' notes), the baby was noted to have episodes of oxygen desaturations (70's) with associated eye twitching or eyes rolling back. These occurred approximately once an hour, lasted 15 to 30 seconds, and responded to blow-by oxygen. There was no cyanosis or bradycardia associated with the episodes. These were the episodes witnessed by Dr. Grout prompting him to start caffeine. Two hours after the caffeine was administered, there was a decrease in the frequency of the episodes, and by the evening, the baby was described as being more alert, sucking well and he had improved color. The nurses did continue to describe brief episodes of oxygen desaturation but no abnormal movements throughout the evening.

On 12/07/01 at 0415, Dr. Chandrasekhar was notified that the baby's left pupil was slightly more dilated that the right and sluggish when checked with a light. He was also informed that the baby "continues to have focal seizure activity and tremors of the extremities," but no oxygen desaturations..
An EEG and cranial sonogram were ordered for the morning.

The baby was examined by Dr. Chandrasekhar at 0810 (12/07/01) at which time the only abnormality on exam was a slightly enlarged but reactive pupil. He did witness an episode of abnormal mouth movement, arm flexing and blinking. Craniosonogram had just been completed and was reported as normal.
Of note, cultures were remarkable for the urine growing Group B strep (as well as mixed flora).
Na had decreased to 129. It had been 136 at 1530 12/06.
BUN was 26. Repeat Ca 9.4

Based on reports of the nurses of abnormal activity and what he had witnessed, Dr. Chandrasekhar ordered that the baby be started on Phenobarital and he ordered a CT scan. Urine for organic acids and blood for aminoacids were also ordered, and the dose of Ampicillin was increased to cover possible meningitis.

The CT scan (performed at 1210) was read as showing extensive subarachnoid hemorrhage, and transfer was arranged to Children's Hospital.

The infant's condition remained unchanged and stable until the Children's transport team arrived. Upon their arrival, the baby became apneic and bradycardic (to 54). CPR was required with subsequent intubation, treatment with epinephrine drip to control the hypotension, and mannitol.
Significant laboratory value was Na = 126.

At Children's Hospital, CT scan and MRI revealed cerebral edema with occipital infarcts.

Discussion

This is a child who presented to the Emergency Room of Dubois Regional Medical Center on 12/05/01 because of parental concern that they might have witnessed a seizure. Additional history provided by the parents was that two days prior to admission he had been irritable, then the day leading up to admission he was lethargic and feeding poorly. He was admitted with a diagnosis of dehydration secondary to gastroenteritis.

The baby was rehydrated, evaluated and treated for possible sepsis, and when it became apparent that the baby was experiencing seizures, tests including EEG, head ultrasound and CT scan were obtained. Phenobarbital was ordered by Dr. Chandrasakhar after he witnessed a seizure. As soon as the results of the CT scan were known, arrangements were made to transfer the patient to Children's Hospital of Pittsburgh. There, he was found to have diffuse cerebral edema with occipital infarcts and was admitted to the Pediatric Intensive Care Unit for further treatment.

The cause of the baby's cerebral edema is not known, but most likely it is related to an event that occurred prior to the hospitalization because the chief complaint of the parents was of lethargy, poor feeding, and possible seizure. These symptoms are also signs of other illnesses such as sepsis, metabolic disorders, and gastroesophagael reflux disease, and they were all considered by the doctors during the baby's hospitalization.

The birth history is significant in that the mother was Group B Strep positive at the time of delivery. She only received one dose of IV Ampicillin less than four hours prior to delivery because she gave birth to Ayden shortly after arriving at the hospital. The recommendation for adequate prophylactic treatment of Group B Strep are two doses of antibiotics spaced four hours apart prior to delivery. The inadequate treatment did put the baby at risk for infection. It was at two weeks of age that Ayden became ill, and his symptoms were all consistent with sepsis in a child of that age, even without fever. In the Emergency Room, a sepsis work-up was performed on the infant. Blood and urine cultures were obtained and the infant was started on I.V. antibiotics (Ampicillin and Gentamicin). The initial work-up was negative for a source of infection as the CBC, urinalysis and chest x-ray were all normal, but the urine culture subsequently was positive for Group B strep in combination with "mixed flora" and the rectal culture was also positive for Group B strep. These results suggest that the baby was colonized with Group B strep. The negative blood culture does not rule-out a bacterial infection and the culture of the spinal fluid would be negative because the baby had already received antibiotics. Because a viral illness was suspected, viral cultures of the blood and spinal fluid were obtained, but they were negative.

Metabolic disorder is part of the differential diagnosis as this baby presented with irritability, then lethargy and refusal to eat. No vomiting was noted by the parents, and no diarrhea. (Breast fed babies typically have up to eight loose stools per day.) Urine for organic acids as well as serum for amino acids were obtained and they were normal as was the newborn metabolic screen.

A renal abnormality was considered in the differential diagnosis as the cause of the baby's symptoms as the BUN was elevated. That is why an ultrasound of the kidneys was performed which was normal. The elevated BUN was subsequently determined to be a result of the child's dehydration, and it did return to normal with adequate rehydration.

After the infant was stabilized with treatment of antibiotics and IV fluids, he was placed on a monitor and observed for abnormal activity. Even though the parents reported a possible seizure at home, none was witnessed in the emergency department. The episode seen by Dr. Grout was characterized as an apneic episode therefore he started the baby on caffeine. The baby continued to have brief episodes of apnea during the day with some oxygen desaturations, but there was no description of any prolonged seizure activity. In fact, the baby seemed to improve during the day on the caffeine. It was not until 24 hours after admission that the nurses noted abnormal eye movements. An actual seizure was not noted by a physician until 28 hours after admission, and he ordered an EEG and CT scan of the head. Phenobarbital was ordered at 8:00 A.M. to be given to the infant even without waiting for the results of the EEG which were not available until hours after the infant was transferred.

Seizures are a symptom of cerebral edema, not the cause. The episodes noted in the hospital were brief, and the child was never in status epilepticus. He never suffered from prolonged hypoxia which could cause cerebral edema. The most significant aspect of the child's illness is that the first seizure was noted at home suggesting that the cause of the cerebral edema was already present at that time. As the cerebral edema worsened over the next 24 hours, the baby began to show abnormalities on exam and apparent seizures. His sodium levels dropped despite adequate electrolyte replacement in his IV fluids secondary to inappropriate antidiuretic hormone release caused by the cerebral edema. Even if the child had been started on anticonvulsants earlier, it probably would not have made any difference to the outcome of the child as they would not have corrected the underlying problem, the cerebral edema.

Management Decisions

I believe that Dr. Chandrasekhar met the appropriate standard of care in the management of Ayden. When he took call the night of 12/06/01, he was told that the baby was being treated for periodic breathing. He was the physician who recognized that the baby was having seizures when he saw him the morning of 12/07 and he ordered both the appropriate tests and medication. Transfer was arranged to Children's Hospital of Pittsburgh as soon as the results of the CT scan were known. If the bedside craniosonogram had been abnormal, transfer most likely would have been arranged earlier.

The fact that Dr. Chandrasekhar did not go in to see the baby when he received a call from a nurse at 4:15 A.M. on 12/07/01 played no part in the outcome of the patient. When he was told that there was a change in the baby's exam, he did order an adjustment in the IV fluids and rate of infusion, and he did order tests to be done as soon as feasible in the morning (bedside craniosonogram and EEG). He also gave the nurse his home phone number so that he could be called directly if the child seemed to worsen. If he had gone in to see the patient at 4:15, there is the possibility he might have seen a child with a normal exam (similar to the exam at 8:00 A.M.) and he might not have witnessed a seizure as they occurred infrequently, so that no further workup would have been ordered and the child would continue to be treated for periodic breathing. If he had seen a seizure, he would not have been able to obtain any further tests until the morning. Even if Phenobarbital had been started earlier, it would not have changed the outcome of the patient as the medication treats seizures and not the cerebral edema.

There is nothing in the management of the child in the hospital to explain why he took such a sudden turn for the worse just as the transport team from Children's Hospital arrived. Probably the cerebral edema was worsening, and the child may have developed the same symptoms at the same time even if he had been transferred earlier in the morning.

The cause of the infant's cerebral edema is unknown, but infection (possibly Group B strep and possibly a virus) may have been the reason. The apnea and subsequent abnormal activity were a result of the neurological insult. The cerebral edema was not caused by prolonged hypoxia as the child was never in status epilepticus. Another possibility is trauma, but no history for this was obtained. The child was appropriately treated with antibiotics and IV fluids and monitored. When it became apparent that there was a significant neurological problem, tests were ordered and obtained as soon as feasibly possible. This all occurred in less than 28 hours, and the child was transferred less than 36 hours after admission. There is nothing in the management by the physicians at Dubois Regional Medical Center that would have caused the cerebral edema to occur as the symptoms had started before the infant's admission to the hospital.

I hold all of these opinions based on a reasonable degree of medical certainty.

Sincerely,

Kimberly Gordon, MD

Kimberly Gordon, M.D.

James P. Scibilia, M.D., F.A.A.P.
David J. Cahill, M.D., F.A.A.P.
Janet D. Liljestrand, M.D., F.A.A.P.
George R. Haddad, M.D.
Hilary S. Jones, M.D., F.A.A.P.
Andrew C. Wisler, M.D., F.A.A.P.
Robert E. Deacon, M.D., F.A.A.P.
Kiran S. Mishra, M.D., F.A.A.P.
Barbara J. Negrini, M.D., F.A.A.P.
Paul F. Dubner, M.D., F.A.A.P.
Verda Sue Graf, PA-C
Dana R. Mueller, PA-C
Holly L. Martyn, PA-C
Kathleen M. Sweeney, CRNP

Uniquely connected. For life.℠
HERITAGE VALLEY
Health System

Tri-State Pediatric Associates, Inc.
250 College Avenue
Beaver, PA 15009
(724) 774-4070
Fax: (724) 774-2872

RECEIVED
OCT 02 2006
By

David R. Johnson
Thompson, Rhodes and Cowie, P.C.
Tow Chatham, Tenth Floor
Pittsburgh, Pa. 15219-3499

September 27, 2006

RE: Ayden Shaffer-Doan
File #: 14168

Dear Attorney Johnson:

I have reviewed the following documents in preparation of this report:

1. Complaint
2. Answer and New Matter to Complaint by DuBois
3. Medical Records from DuBois for hospital stay Dec 5-7, 2001
4. Childrens's Hospital of Pittsburgh records beginning December 7, 2001
5. Deposition transcripts of the following individuals-
   - Karen Shaffer
   - Timothy Doan
   - George Palmer, D.O.
   - Sundar Chandrasehaar, M.D.
   - Richard Grout, M.D.
   - John Siar, M.D.
   - Patricia Peoples, R.N.
   - Rita Gutowski, R.N.
   - Barbara Davis, R.N.
6. Report from Walter Molofsky, M.D.
7. Report from Linda Snelling, M.D.
8. Report from Robert A. Nahouraii, M.D.

Clinical Summary of DuBois Hospital Stay

Ayden Shaffer-Doan was seen at DuBois Regional Medical Center on December 5, 2006 at 23:40 hrs. He was brought there as a 17 day old infant with a history of poor intake of food and fluids, sluggish activity and diarrhea with approximately 8 diapers through the day. Of note was an episode described at home by the mother of about 3 seconds of 'seizure' when the child's head went back and he tensed up. He had been assessed at his pediatrician's office the day prior and felt to have a 'stomach virus'. There

EXHIBIT
tabbies
"C"

was exposure to a 2 year old sibling at home who had been ill with upper respiratory symptoms since the day before. His initial exam showed a weak cry with lethargy, sunken eyes and a decreased capillary refill. Laboratory testing showed WBC 12.8 with 21% band forms, Hgb 13.7, plt 531, Glu 69, BUN 62, Creatinine 0.8, Na 138 and CO2 17.2. A pulse oximetry reading was 95%. The child was appropriately treated with a 20cc/kg (60cc) bolus of volume expanding fluid and placed on a 20cc/hr IV infusion. According to Dr Palmer, the emergency room physician, he showed improvement in his clinical condition and was admitted for further treatment of his dehydration. The suspicious seizure activity was not repeated in the emergency room and the appropriate intervention, treatment of the poor perfusion and dehydration, was initiated with hospitalization initiated.

On the medical floor following admission at approximately 0330 hrs on Dec 6 he was noted to have some eye twitching with transient desaturation along with some "gulp 'like refluxing' ". Ampicillin and gentamicin were begun to treat possible bacterial infection at 0600. Episodes of brief desaturation with eye blinking were noted at 0510, 0600, 0745, 0800, 0900 and 0930. Isolated brief desaturations occurred at 0830, 1115, and 1125 and 1240. There was note of "left arm tremoring X 5 sec." at 1245. A lumbar puncture was performed at 1350 by Dr Grout with clear fluid obtained, 0 WBC, 20 RBC, pro 85.5, glu 67. The infant was begun on caffeine for apnea. Between 1540 and 1930 there were several more episodes of brief desaturation but no further description of eye blinking or other unusual motor movements. At 2000 the nursing notes state he 'looks around when spoken to, acting like he is recognizing mother better', 'looks much better, eyes no longer sunken', 'color much improved than from admission', 'mother speaking with baby and baby calms quickly', and 'pt is alert and looking around more'. At 2200 the nursing notes stated 'Alert, looking around tonight, no eye twitching observed this evening, acting more appropriate and seems to recognize mother...no apneic episodes this shift. No true desats since 8pm'.

At 2300 a note of "tremors at this time ? cold since diaper just changed" and at 2330 a brief desaturation, with some eye twitching described at 0010 on December 7th. At 0247 an episode of eye twitching was noted in conjunction with a slightly more dilated left pupil with further episodes of eye twitch and sluggish, dilated pupil at 0340, 0400, 0600 and 0810. Between 0810 and transfer to Children's hospital at 1600 there are several nursing comments about transient bradycardia, 'skipped beats', and desaturations without concomitant motor movements. Phenobarbital was given at 1122 followed by CT evaluation at 1210. Although there are no vital signs on the chart for the period from approximately 0500 until transfer, at 1315 the nurse comments state "Pt rested and appeared to sleep for most of last 2 hrs with out any significant bradycardias or Desats."

Transfer to Children's was arranged after CT scan suggested cerebral bleeding. On arrival by the Children's transport team the baby was found to be obtunded, requiring intubation, cardiac compressions, mannitol and pressor support for transport to the ICU at Children's Hospital. Cerebral scans delineated large areas of cortical infarct.

Clinical course comments

Ayden presented to the emergency department with a clear history and physical findings suggestive of dehydration. The report of his clinical condition included sluggish capillary refill, decreased activity, sunken eyes and a CO2 of 17. His mom reported a brief "seizure" episode which was not repeated in the ER. The management in the ER appropriately focused on the dehydration and evidence of significant volume deficit which was treated appropriately with improved clinical appearance. Hospitalization and discussion with the attending physician was likewise appropriately initiated.

After arrival on the medical unit, Ayden had several, brief episodes of abnormal activity suspicious for seizures with eye blinking and transient desaturations. These episodes were all short duration, lasting a few seconds to a minute and were documented in the nursing notes. He also had several episodes of desaturation without a motor event from 0930 to 1245, when he was noted to have 5 seconds of arm tremor. There is no documentation of prolonged or continuous clinical seizures during this period and Dr Grout testified in his deposition that his conversations with nursing staff did not clearly indicate these episodes were seizures early in the morning of December 6th. The use of caffeine by Dr Grout on December 6th represents his belief that these episodes more closely represented apneic spells and, though a neurologic event was certainly considered, the respiratory depression caused by anticonvulsants could seriously worsen central apnea. It was certainly not apparent from the clinical information available to Dr Grout, nor suspected from the clinical examination of the infant at that time, that these episodes were neurologic in origin. His evaluation and treatment at that time was appropriate and conforms to the acceptable standards of care.

Over the next 7-10 hours the infant had several brief, isolated desaturations without motor movement, and appeared clinically improved by 2000 on December 7th. At 2300-2330 there were 2 suspicious motor events, followed by another period of brief desaturations with eye blinking between 0240 and 0810 on December 7th. There was also evidence of a new neurologic finding with a slightly dilated and sluggish left pupil. The assessment on the morning of December 7th more clearly suggested a neurologic component to the desaturation and motor movement episodes and an EEG, CT and loading dose of Phenobarbital was administered. Transfer to Children's Hospital was arranged after receiving the CT report suggesting intracranial bleeding. Ayden was found on arrival of the transport team to be in respiratory and circulatory failure, was vigorously resuscitated and transported to the intensive care unit at Children's Hospital where further stabilization, evaluation and treatment for presumptive sepsis was instituted. Cultures obtained there showed no definitive organism as the causative agent for this illness.

What is the causative event in Ayden's case, and could the attending physicians have intervened to avoid cerebral injury? Ayden had a gastroenteritis illness with dehydration and concomitant seizure activity starting approximately 36 hours after the

onset of enteritis. The combination of enteritis and seizure suggests viral illness, particularly enteroviral disease as an etiologic agent. These viruses are known to be neurotoxic with severe sepsis occurring in neonates. Cerebral inflammation and encephalitis are common and cardiovascular collapse can occur rapidly. Given the history of a 'seizure' at home and the subsequent episodes overnight on December 6th, significant brain inflammation or infarct was already evolving in this infant on arrival to the emergency department. Episodic seizures and central apnea were the consequence of brain parenchymal damage, not the cause of them. The dasaturations without coexisting motor movement were most likely apnea secondary to cranial damage in evolution, not due to seizures.

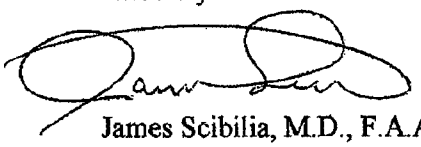
It was not possible, given the symptomatology occurring on the morning of December 6th, to have concluded that these spells were anything other than apnea. The subsequent medication trial resulted in some apparent improvement by that evening and the physicians involved would reasonably believe that their treatment was effective. Early morning episodes and further information available to the physicians on December 7th led to more aggressive diagnostic testing and treatment for seizures. On discovering a cerebral bleed the physicians appropriately arranged for transfer of the infant. This falls within acceptable medical practice standards.

Although it is difficult with any certainty to determine when Ayden developed the severe cardiorespiratory compromise evident on the arrival of the transport team, it was likely a rapidly developing event given the descriptions of the infant by nursing and the extreme nature of the compromise. Had that state been occurring for more than a short time, the infant would have died prior to resuscitation being instituted.

Ayden's brain injury was the result of an overwhelming infection involving multiple organs including his brain, gastrointestinal tract and cardiorespiratory system. Enteroviral infection is a likely culprit in this clinical setting. These injuries were already evolving when the child was first brought to the emergency room. The progression of the symptoms was a result of the infection and its trauma to the brain, not because of inappropriate treatment by his primary physicians. These events and injuries would have occurred even if the seizures themselves had been detected and treated on December 6th since the etiology of the seizures was brain injury itself. Infants suffering from enteroviral encephalitis or brain damage typically have residual neurologic deficits, regardless of the supportive treatment provided for their care. This outcome was unavoidable and was in no way caused by deviations in the care rendered by the attending physicians or hospital staff.

I hold these opinions to a reasonable degree of medical certainty.

Sincerely



James Scibilia, M.D., F.A.A.P

Robert Koppel, M.D., F.A.A.P.
607 Colonade Road
West Hempstead, NY 11552

September 26, 2006

David R. Johnson
Thomson, Rhodes & Cowie, P.C.
Two Chatham Center, Tenth Floor
Pittsburgh, PA 15219-3499

Dear Mr. Johnson:

RE: Ayden Shaffer-Doan
File # 14186

I have completed my review of the records relevant to this case including; DRMC birth records of 11/18/01, records of DRMC for 12/6/01 admission, Children's Hospital records for admission of 12/7/01 – 12/20/01, Deposition transcripts of Karen Shaffer, Timothy Doan, John Siar, MD, Richard Grout, MD, Sundar Chandrasekhar, MD, George Palmer, MD, Patricia Peoples, RN, Rita Gutkowski, RN, Jennifer Giuffre, RN, Barbara Davis, RN., and the expert reports from Walter Molofsky, MD, Linda Snelling, MD, and Robert Nahouraii, MD.

Outline of case:

Ayden Shaffer-Doan was born at Dubois Regional Medical Center (DRMC) on November 18, 2001 at 39 completed weeks of gestation. His mother was a 33-year-old G_4P_{2103} with a prenatal history significant for Group B Strep colonization and prior cesarean delivery. On 10/23/01, the mother was not colonized with GBS but the final bacteriology reported GBS growing in the broth. A clean catch urine specimen obtained half an hour prior to delivery had 2+ bacteriuria on urinalysis but no culture report is available. She was treated with ampicillin at 15:06 on 11/18/01. Ayden was delivered by Vaginal Birth after Cesarean (VBAC) at 17:06. Therefore, the intrapartum antibiotic prophylaxis was less than four hours prior to delivery. His birthweight was 3200 grams and the Apgar scores were assigned as $9^1 10^5$. The newborn nursery orders specified that in the event that the mother is GBS positive, testing would include a complete blood count with manual differential at birth, gastric and surface (ear) cultures, If mom has antibiotics X 2 during labor, then no culture or CBC are needed. If one dose or no antibiotic, then send culture and CBC. The orders also included cord blood type

EXHIBIT
tabbies
"D"

and Coombs as well as a metabolic screen with a provision that the infant return for a repeat specimen if discharged before 24 hours. The discharge examination sheet simply states – "left AMA - not seen". Discharge instructions were written on 11/19/01 as the mother insisted on leaving the hospital AMA. The instructions stated that the pediatric follow-up would take place on 12/4, 2 weeks after discharge. The Pennsylvania newborn screening results were all reported to be with normal limits. Ayden passed his hearing-screening test. His oxygen saturation was 100%. Ayden's blood type is A positive, DAT negative. The initial CBC revealed a WBC count of 19.56, hematocrit 51.1% and platelet count of 401K. The differential had 40 neutrophils and 1 band. The blood culture ultimately showed no growth at 48 hours. He was readmitted to DRMC on December 6, 2001 at eighteen days of age. Subsequently, Ayden was transferred to Children's Hospital in Pittsburgh for further treatment.

According to the documentation in the medical record at DRMC, Ayden arrived in the ER at 23:34 with problems including decreased activity, not looking right, and possible seizures. Dr. Siar had followed him as an outpatient since December 4th for gastroenteritis. On examination, he was noted to have dry mucous membranes and prolonged capillary refill at greater than two seconds. Laboratory investigations included a complete blood count that showed a white blood cell count of 12.8 and a hematocrit of 39%. The differential was significant for 22% neutrophils and 21% bands. The serum chemistry was normal apart from a CO2 of 17 and a BUN of 62. The Serum sodium concentration was initially 138 and rose to 141 on a repeat specimen. The admitting diagnosis was acute gastroenteritis and dehydration. Dr. Grout, the admitting pediatrician indicated his admitting plans in the medical record including 1) Continuing IV fluids, 2) pH study, and 3) caffeine/home monitor. His transfer note of December 7 at 13:39 states that urine culture grew beta strep as did the stool culture. However, blood and CSF cultures did not grow any organisms. Treatment for infection included ampicillin and gentamicin. Periodic breathing/apnea were treated with caffeine and then later with phenobarbital. A lumbar puncture was performed on December 6th. The CSF was clear and colorless. The protein was elevated at 85.5 but the glucose was 67. WBC 0-2, RBC 20-47. An EEG was described as "probably abnormal". A head CT was reported as showing extensive subarachnoid hemorrhage prompting neurosurgical consultation at Children's Hospital of Pittsburgh. The IV fluid consisted of D5 ¼ NS. The BUN deceased from 62 to 26. Mild hypocalcemia of 7.8 corrected to 9.4 with IV calcium. The sodium concentration drifted slightly to 136. By December 7, the sodium concentration drifted further to 129. The EEG was eventually reported as consistent with a prolonged seizure disorder and generalized encephalopathy. The final bacteriology report on the urine culture indicated the presence of mixed flora (3 organisms) including 25,000 CFU/ml of GBS. The stool culture also grew GBS. Nasopharyngeal and rectal swabs for virology were negative. Review of the nursery records finds that the management of the maternal GBS colonization conformed to the standard of care for an infant receiving less than 4 hours of intrapartum antibiotic prophylaxis.

Oct 16 06 07:36p Robert Koppel 516-564-8221 p.4

The medical records from CHP reveal a prompt response to the initial referral and a rapid turn-around time of less than 2.5 hours. The CHP transport team arrived at 14:50 on December 7th and found Ayden unstable with bradycardia requiring resuscitation including intubation and chest compressions. They described abnormal findings including a sluggish right pupil and a fixed left pupil. Ayden became very hypothermic. On arrival at CHP, he was noted to have a generalized tonic-clonic seizure lasting 40 minutes until controlled with phenobarbital and Dilantin. Treatments at CHP included lidocaine, fentanyl, vecuronium, mannitol, normal saline, vitamin K, epinephrine, hydrocortisone, Reglan, Zantac, phenobarbital, Dilantin, ampicillin, cefotaxime, Lasix, and acyclovir. Neurology was consulted on December 8th. The consultation report indicated that Ayden has a viral illness with a history of a sick contact at home. The impression was that Ayden had an acute encephalopathy/coma with seizures. The most likely cause was hyponatremia or else HIE or viral sepsis. On December 9th, Ayden's neurologists discussed the possibility that the initial seizures began at home 48 hours before the hyponatremia. The neurologist that saw Ayden on December 10th indicated in his/her note the consideration of the fact that with the history of seizure-like events at home, Ayden already had a neurological problem before being admitted and that the drop in his sodium concentration seemed to correlate with the worsening of his clinical course. An MRI performed on December 11th revealed large areas of probable infarct in posterior regions of brain involving basal ganglia and thalamus with diffuse cerebral edema. After admission to CHP, Ayden's serum sodium concentration fell further to 123 and then to 119. A nephrologist was consulted and offered the impression that Ayden had resolved pre-renal acute renal failure secondary to reduced oral intake. With respect to the hyponatremia, the nephrologist indicated that the child had some significant neurologic findings that preceded the development of the hyponatremia. He attributed the hyponatremia to a combination of volume depletion and hypotonic fluids.

Acyclovir treatment was given from 12/7 to 12/12. The CSF PCR for HSV was negative. Evaluation by the child advocacy center for the possibility of child abuse did not find supportive evidence such as retinal hemorrhages. Between 12/12 and 12/20, Ayden's condition gradually improved and he was discharged home.

An electrocardiogram showed a QTc of 500 milliseconds. Audiologic testing on 12/24 demonstrated normal findings. An EEG on 12/8 revealed a markedly abnormal record with diffuse voltage attenuation, excessive discontinuity, asynchrony, multifocal sharp waves consistent with diffuse encephalopathy.

Ayden's mother, Karen Diane Shaffer, stated in her deposition testimony that on the advice of her pediatrician, she bought a thermometer and checked Ayden's temperature for 10 days. Her 2-year-old child was sick with an upper respiratory

Oct 16 06 07:36p Robert Koppel 516-564-8221 p.5

infection. She returned to Dr. Siar at Gateway for a routine 2-week visit when coincidentally, Ayden became cranky and fussy. She took Ayden to the ER complaining of increased sleeping, decreased feeding, but wetting diapers. Ayden was diagnosed with dehydration and treated with IV fluid. *She recalls that the nurses tried to get a doctor all night.*

Timothy Douglas Doan, Ayden's father, stated in his deposition testimony that *the nurses could not get hold of the doctor.*

Dr. W. John Siar described the history of fussiness and decreased oral intake, and the sick contact at home. He recounted the discussion amongst the pediatricians at the office regarding suspected enterovirus and the need for a lumbar puncture.

Dr. Grout chose treatment with caffeine because if Ayden's problem were apnea, an anticonvulsant would make the apnea worse. When asked why he did the lumbar puncture, Dr. Grout stated that it was in order to rule-out GBS sepsis/meningitis because the mother had signed out AMA after delivery.

Dr. Chandrasekhar's deposition included many questions comparing his impressions with those of Dr. Grout regarding Ayden's management.

Dr. Palmer, the ER physician, indicated in his deposition testimony that the ER triage nurse suspected seizures based on the mother's chief complaint. He stated that he informed Dr. Grout by phone about the history of a possible seizure at home.

The nurses involved in Ayden's care were deposed beginning with Patricia Peoples, RN. Her testimony impressed me as reflecting an intelligent, eloquent, and organized analysis. She anticipated the details that the pediatricians would need to know in order to provide effective care to Ayden. Ms. Peoples provided this information to the pediatricians and asked questions of them. For example, she informed Dr. Grout about the mother's GBS colonization status as reported in the delivery records. She put Ayden on a cardiorespiratory monitor, pulse oximeter, and on neurochecks, all without a specific physican's order. She had asked whether the CT should be obtained immediately but was told to wait until morning. She recalled that she used the word "seizure" in conversing with Dr. Grout. Rita Gutkowski, RN described how intermittently, Ayden looked better and that his condition improved after the phenobarbital. Jennifer Giuffre, RN described how she worried about Ayden and called from home to check on his condition. Barbara Davis, RN, stated that she attributed Ayden's abnormal movements to hypocalcemia.

Oct 16 06 07:36p Robert Koppel 516-564-8221 p.6

In summary, Ayden's history of contact with his sick sibling at home and his own signs and symptoms are compatible with a viral sepsis and possible encephalitis. Herpes would be reasonable explanation but testing for herpes at CHP was negative. Shaken baby syndrome was an important consideration but rejected by the staff at CHP.

Ayden's problems cannot be attributed to his hyponatremia. It is very clear from reading the medical record that Ayden was already encephalopathic while his serum sodium was in the normal range and before any treatment with intravenous fluid began. The choice of ¼ normal saline at 20 ml/hour was appropriate for Ayden.

The plaintiff's experts include Dr. Snelling, Chief of Pediatric Critical Care at Hasbro Children's Hospital. Her report ignores the fact that the child had abnormal neurological signs including seizures that prompted the ER visit and his admission to DRMC in the first place. Dr. Snelling's report criticizes the pediatricians for the many instances in which they failed to respond to communications from the nursing staff regarding seizure activity. Later in the report she criticizes the nurses for their failure to respond to the seizures even though she already described the proper nursing response to these events, i.e., communicating with the pediatricians. Dr. Snelling states that the nurses did not monitor vital signs on the day of Ayden's transfer to CHP. However, the lack of documentation of vital signs does not prove that vital signs were not monitored. She further states that the nurses failed to activate the resuscitation team. This statement indicates a lack of awareness of the scope of pediatric practice outside of an academic children's hospital.

I disagree with Dr. Snelling's assertion that Ayden was a normal baby. He was under the care of his physician for several days for a viral syndrome likely related to his sibling's viral upper respiratory tact infection. It is my opinion that Dr. Snelling makes comments about nursing standards of care that are outside of her professional domain, and which are incorrect and unjustified.

Dr. Molofsky, Chief of Pediatric Neurology at Beth Israel Hospital in New York, stated that Ayden experienced cerebral edema and cortical infarcts at DRMC. It is unreasonable for him to conclude that the brain abnormalities were not present prior to Ayden's admission. I disagree with his assertion that the cerebral edema and cortical infarcts were caused by untreated seizures and hyponatremia because this fails to provide an explanation for the onset of seizure activity at home and the neurological abnormalities that were clearly present while the serum sodium concentration was perfectly normal. As with Dr. Snelling, Dr. Molofsky makes comments regarding nursing standards of care that are outside of his professional domain, and not supported by records or testimony.

Dr. Nahouraii of Mecklenburg Neurological Associates theorizes that the gastroenteritis caused dehydration that led to an unvisualized sinus thrombosis

that increased intracranial pressure that led to a venous infarction in the posterior fossa with an early herniation syndrome and infarction of the occipital and parietal regions of the brain. This is interesting but quite speculative as uncal herniation is an extremely rare event in newborns because of the open fontanelles and sutures. Moreover, there was no evidence of herniation on imaging.

On the basis of the information available from the medical record, I cannot within a reasonable degree of medical certainty determine the specific cause or the specific time of onset of Ayden's neurologic abnormalities. The majority of the evidence from the history, physical examination, and laboratory findings point toward viral sepsis/encephalitis as the underlying cause but the virologic studies and analysis of the CSF failed to provide a clear-cut viral diagnosis. Ayden was neurologically abnormal upon his presentation to DRMC. Ayden was neurologically abnormal at a time when his serum sodium concentration was clearly normal. Therefore, it is not possible to state with a reasonable degree of medical certainty that Ayden's brain abnormalities can be attributed to the subsequent hyponatremia.

The documentation in the medical record reflects a high level of nursing skill and professionalism. The nurses involved in Ayden's care did the best that they could with a critically ill infant and did their part appropriately in informing and communicating with the doctors, and in providing nursing care. In fact, the nurses exceeded my expectations as a physician in terms of the thoroughness of clinical assessments, the communication of important clinical information, and their ability to function independently under stressful circumstances. As a physician, I would appreciate working with nurses who are so attentive to the patients.

Sincerely,

Robert Koppel, M.D.

Oct 16 06 07:37p Robert Koppel 516-564-8221 p.8

The Children's Hospital *of* Philadelphia

34th Street & Civic Center Boulevard
Philadelphia, Pennsylvania 19104-4399

Department of Radiology

DIEGO JARAMILLO, M.D.
Radiologist-in-Chief

JAMES S. MEYER, M.D.
Associate Radiologist-in-Chief

TIMOTHY P.L. ROBERTS, PH.D.
Vice Chair, Research

SECTION CHIEFS

ROBERT A. ZIMMERMAN, M.D.
Chief, Neuroradiology

STAFF RADIOLOGISTS

RICHARD D. BELLAH, M.D.
ANNE MARIE CAHILL, M.D.
ANN M. JOHNSON, M.D.
SOROOSH MAHBOUBI, M.D
AVRUM N. POLLOCK, M.D.
SABAH SERVAES, M.D
DEBORAH ZARNOW, M.D.
LARISSA T. BILANIUK, M.D.
TAMARA FEVOIN, M.D.
SANDRA S. KRAMER, M.D.
ANDREW MONG, M.D.
ERIN S. SCHWARTZ, M.D.
JENNIFER SMITH, M.D.

SCIENTISTS

ROBERTO ACCORSI, PH..D.
KEVIN BASKIN, M.D.
HEIKO MEYER, PH..D.
MIGUEL PAMPALONI, PH.D.
D. J. WANG, PH..D.
XIAOWEI ZHU, PH..D.

ADMINISTRATION

BRIAN MCKEE
Practice Administrator
MAUREEN SACCHETTI, R.T.

October 12, 2006

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

Re: Ayden Shaffer Doan

Dear Mr. Blasko:

At your request I have reviewed the two neuroimaging studies forwarded to me. They are the ultrasound of the brain performed 12/7/01 and the CT of the brain performed 12/7/01. My findings are as follows:

1. Ultrasound of the brain, 12/7/01 at 7:39 a.m. This study shows very small lateral and third ventricles, as well as a small interhemispheric fissure for an infant of this age. In addition, there is diffuse bilateral increased echogenicity seen in the white matter extending out from the ventricular region in both the right and left cerebral hemispheres. The appearance is that of a diffuse cerebral edema.

2. Computed tomographic examination of the brain dated 12/7/01 at 11:54 a.m. This study shows abnormally small lateral and third ventricles and diffuse decreased density throughout the supratentorial brain, consistent with diffuse brain edema. The cisterns of the base of the brain are compressed.

Summary

Both studies show the same findings, that is diffuse brain swelling involving the right and left cerebral hemispheres. The findings represent an acute brain injury, one that is 24 hours old or more, one that could be as many as 4-5 days at the time of the imaging examinations on 12/7/01. Clinical correlation to events occurring within that time range is indicated.

Sincerely,

Robert A. Zimmerman, M.D.

Radiologist-in-Chief – 215-590-0365
Chief, Neuroradiology 215-590-2569

590-4901

Administrative Director – 215-590-2509
Practice Administrator 215-590-1109

EXHIBIT

tabbies

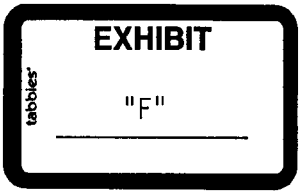
"E"

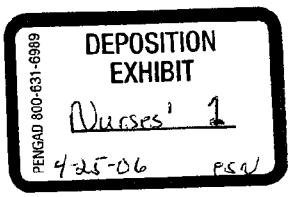
File no.: 14186/DRJ

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 assessmer

			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 worsenin 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 nurse if any problem observed with IV such as redness, swelling

			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 time
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 family before discharge.

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, GATEWAY AREA MEDICAL ASSOCIATES, INC.	Civil Division Civil Action - Medical Professional Liability Action No. 05-418 CD JURY TRIAL DEMANDED TYPE OF PLEADING: DEFENDANT SUNDAR CHANDRASEKHAR, M.D.'S RESPONSE TO PLAINTIFFS' MOTION FOR LEAVE TO AMEND THEIR COMPLAINT COUNSEL OF RECORD FOR DEFENDANT: SUNDAR CHANDRASEKHAR, M.D. TERRY C. CAVANAUGH, ESQUIRE I.D. No. 16702 STEVEN J. FORRY, ESQUIRE I.D. No. 73961 WHITE AND WILLIAMS LLP 437 Grant Street Suite 1001 Pittsburgh, PA 15219 412-566-3520

FILED NoCC.
M/12:15cm
NOV 13 2006 GR
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
	:	Civil Action - Medical Professional Liability Action
Plaintiffs,	:	No. 05-418 CD
vs.	:	
RICHARD GROUT, M.D., SUNDAR CHANDRASEKHAR, M.D., DUBOIS REGIONAL MEDICAL CENTER, GATEWAY AREA MEDICAL ASSOCIATES, INC.	:	JURY TRIAL DEMANDED

DEFENDANT SUNDAR CHANDRASEKHAR, M.D.'S RESPONSE TO PLAINTIFFS' MOTION FOR LEAVE TO AMEND THEIR COMPLAINT

And now comes one of the Defendants, Sundar Chandrasekhar, M.D. by and through his counsel, Terry C. Cavanaugh, Esquire and White and Williams, LLP, and files the following response to the Plaintiffs' Motion for Leave to Amend Their Complaint to Include a Claim for Punitive Damages:

1. The allegations of paragraph 1 of the Motion are admitted.

2. The allegations of paragraph 2 of the Motion are denied as stated. Allegations of negligence are denied; allegations of "outrageous conduct" are completely unfounded. As the experts' reports produced on behalf of the various Defendants make clear, Ayden Shaffer-Doan has experienced a brain injury due to events occurring before he entered Dubois Regional Medical Center and was seen by the individual Defendants. Moreover, there were no "opportunities to intervene" to treat the child's medical condition that could have in any way altered the outcome.

3. The allegations of paragraph 3 are generally admitted. Ayden Shaffer-Doan was admitted to Dubois Regional Medical Center because he had undergone seizure activity at home and was dehydrated and developed diarrhea.

4. The allegations of paragraph 4 are denied. Ayden Shaffer-Doan manifested sporadic episodes of bradycardia, apnea and eye twitching as well as signs and symptoms of dehydration. It is absolutely denied that the Defendant doctors "did not act to help their patient Ayden". On the contrary, significant efforts were made by Dr. Grout and by Dr. Chandrasekhar to assess the child over the period of his one and one-half day admission, to formulate a diagnosis and to offer treatment. It is denied that Ayden was in status epilepticus which went unrecognized for 36 hours; on the contrary, the child was never in status epilepticus while an in-patient at Dubois Regional Medical Center. The child did not develop severe cerebral edema and cortical infarcts due to dehydration; the etiology of the child's condition relates to events occurring before and not after his admission to the hospital. The child's condition at the time of the arrival of the transport team from Children's Hospital of Pittsburgh was noted many hours after he was last seen by the individual doctor Defendants.

5 – 9. Paragraphs 5 through 9 of the Plaintiffs' Motion selectively take portions of discovery in an attempt to persuade this Court that the conduct of the Defendants was in some fashion intentional, wanton and gross, designed to inflict harm on this child. On the contrary, during Ayden Shaffer-Doan's very short admission to Dubois Regional Medical Center he received careful attention by the doctors and nurses who were caring for him. More importantly, the outcome in this case is not related to the care and treatment that he received at Dubois Regional Medical Center for one and one-half days but instead relates to the underlying nature of

his condition which began at home and which could not be treated nor cured while he was an inpatient at Dubois Regional Medical Center.

10-13. In paragraphs 10 through 13, Plaintiffs selectively excerpt portions of their own experts' reports; in response, Dr. Chandrasekhar calls to the Court's attention the many experts' reports produced on his behalf and on behalf of the other Defendants attached as Exhibits A, B, C, D, E, F, G and H. It is denied that discovery has suggested that punitive damages are warranted here; on the contrary, the facts as plead by the Plaintiffs and as documented through discovery confirm that there is no factual support for a punitive damage claim.

14-32. In paragraphs 14 through 32 the Plaintiffs attempt to argue the law, distorting the case law in Pennsylvania and attempting to make it "fit" the facts in this case. As will be more fully detailed in Dr. Chandrasekhar's Brief in Response to the Plaintiffs' Motion, suffice it to say that there are no facts in this case that would suggest more than, at best, ordinary professional negligence. At most, the Defendants failed to make the appropriate diagnosis of Ayden Shaffer-Doan's condition; interestingly, the physicians at Children's Hospital of Pittsburgh where Ayden was referred following his admission to Dubois Regional Medical Center disagreed on the etiology of the child's problem.

Punitive damages may be awarded only for conduct that is "willful or wanton" or exhibits "reckless indifference to the rights of others". As the discovery in this case demonstrates and as the experts' reports produced on behalf of the defense prove, the health care providers who are Defendants in this case were not negligent at all and certainly never demonstrated willful, intentional conduct designed to harm the child in question. Permitting the amendment of the Plaintiffs' Complaint to seek punitive damages is a maneuver designed to compel settlement and to avoid an adjudication of this case on its merits.

his condition which began at home and which could not be treated nor cured while he was an inpatient at Dubois Regional Medical Center.

10-13. In paragraphs 10 through 13, Plaintiffs selectively excerpt portions of their own experts' reports; in response, Dr. Chandrasekhar calls to the Court's attention the many experts' reports produced on his behalf and on behalf of the other Defendants attached as Exhibits A, B, C, D, E, F and G. It is denied that discovery has suggested that punitive damages are warranted here; on the contrary, the facts as plead by the Plaintiffs and as documented through discovery confirm that there is no factual support for a punitive damage claim.

14-32. In paragraphs 14 through 32 the Plaintiffs attempt to argue the law, distorting the case law in Pennsylvania and attempting to make it "fit" the facts in this case. As will be more fully detailed in Dr. Chandrasekhar's Brief in Response to the Plaintiffs' Motion, suffice it to say that there are no facts in this case that would suggest more than, at best, ordinary professional negligence. At most, the Defendants failed to make the appropriate diagnosis of Ayden Shaffer-Doan's condition; interestingly, the physicians at Children's Hospital of Pittsburgh where Ayden was referred following his admission to Dubois Regional Medical Center disagreed on the etiology of the child's problem.

Punitive damages may be awarded only for conduct that is "willful or wanton" or exhibits "reckless indifference to the rights of others". As the discovery in this case demonstrates and as the experts' reports produced on behalf of the defense prove, the health care providers who are Defendants in this case were not negligent at all and certainly never demonstrated willful, intentional conduct designed to harm the child in question. Permitting the amendment of the Plaintiffs' Complaint to seek punitive damages is a maneuver designed to compel settlement and to avoid an adjudication of this case on its merits.

Consequently, Defendant Sundar Chandrasekhar, M.D. respectfully requests that this Honorable Court deny the Plaintiff's Motion for Leave to Amend Their Complaint and assert a spurious claim for punitive damages.

Respectfully submitted,

WHITE AND WILLIAMS LLP

Terry C. Cavanaugh, Esquire
Attorneys for Sundar Chandrasekhar, M.D.

Kimberly Gordon, M.D.
618 West Waldheim Road
Pittsburgh, Pennsylvania 15215

RE: 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., Sundar Chandrasekhar, M.D., Dubois Regional Medical Center, and Gateway Area Medical Associates, Inc.

Dear Mr. Cavanaugh,

At your request I reviewed the following materials:

1. The labor and delivery and birth records of Ms. Shaffer and Ayden Shaffer-Doan.

2. The records of his admission to Dubois Regional Medical Center that are central to this case.

3. The records generated at Childrens' Hospital of Pittsburgh when the baby was transferred from Dubois Regional Medical Center to Childrens'.

4. A copy of the plaintiffs' Complaint

5. A copy of the deposition of Dr. Grout

6. A copy of the deposition of Dr. Chandrasekhar

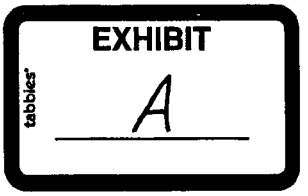
7. A copy of the deposition of Dr. William John Siar

8. A copy of the deposition of Patricia C. Peoples, R.N.

9. A copy of the deposition of Rita Gutowski, R.N.

10. A copy of the deposition of Barbara A. Davis, R.N.

11. A copy of the deposition of Jennifer Giuffre, R.N.



Ayden Shaffer Doan

Birth History:

This was a 7lb. 7 oz. product of a full-term (40 weeks) pregnancy to a 33 yr. old G4 P3 – 4 A negative mother via a spontaneous vaginal delivery. Apgars were 9 at one minute of life and 10 at five minutes. The pregnancy was complicated by the mother being positive for Group B Strep. She received only one dose of antibiotics (Ampicillin intravenously) less than 4 hours prior to delivery.

The stay in the nursery was uneventful. The baby breast fed without problems and was discharged at 24 hours of age despite recommendations from the physicians that the baby be monitored for 48 hours secondary to insufficient treatment of the mother's Group B strep. Surface cultures were obtained on the baby (ear and gastric) and they were negative for Group B Strep. Discharge weight was 7 lb. 5 ounces.

History of Illness and Hospital Course:

The baby did well, nursing well and without fever until 2 days prior to admission when he developed fussiness and diarrhea. (8 yellow, wet stools). He was taken to see his pediatrician, Dr. Siar, who noted a faint rash on his abdomen and diagnosed him with a viral illness. At that time, Ayden had a 2 year old sibling who was ill with a cold. Ayden's weight at that visit was 7 lb. 11 oz. He remained fussy and unconsolable until the next day (the day of admission) when he was noted to be quiet, listless and refusing to nurse. His mother was only able to feed him by syringe. She reported no vomiting and "no diarrhea" and stated he looked pale throughout the day. On the evening of admission (12/05/ 01), the parents witnessed an episode described as the "baby's head went back, his arms tensed up". Suspecting this might be a seizure, they called the pediatrician who told them to take the baby to the E.R.

In the E.R., the chief complaint of the parents was that their baby was not looking right, had decreased activity, and had had a possible seizure. The infant's exam was remarkable for a lethargic infant with signs of dehydration: sunken eyes, dry mucous membranes, decreased capillary refill, and poor skin turgor. Weight was 7 lb. 4.8 ounces. Pulse oxygenation was 95% in Room Air. He was afebrile and his vital signs were normal. No seizure activity was observed in the E.R.

Lab results were significant for WBC = 12.82 (22 segs, 21 bands, 42 lymphs) Hemoglobin = 13.7, Platelets = 531. **Bun = 62,** Creatinine = 0.8, Na = 138, K = 6.7, Cl = 108, **CO2 = 17.** Blood and urine cultures were obtained.

He was diagnosed with dehydration secondary to diarrhea and poor p.o. intake, given a bolus of Normal saline, 60 cc, then started on an IV of D5 ¼ normal saline at a rate of 20 cc per hour (1 and ½ times maintenance fluids).

The baby was admitted for further observation and treatment at 0300 on 12/06/01. When the infant arrived on the floor, he was started on Ampicillin and Gentamicin. When the calcium level was noted to be 7.8 (low) at 5 AM, calcium gluconate was added to the IV fluids (2 meq per 100 cc)

The baby was first seen by Dr. Grout at 0800 on 12/06/01. During his exam of the infant, he noted the baby to have an episode of apnea with some posturing and eye movements that he described as periodic breathing. His diagnoses were dehydration secondary to diarrhea and poor intake, r/o sepsis, and apnea. In addition to treating the patient with antibiotics, IV fluids, and oxygen as needed, he placed the baby on caffeine to treat the apnea. Repeat electrolytes obtained that morning at 0700 revealed Na 141, K 5.4, Cl 104, CO2 19.1

Additional tests ordered by Dr. Grout included stool for Rotavirus (negative) Renal ultrasound (normal) and CXR (normal).

At 1300, an LP was performed by Dr. Grout to rule out meningitis. Results: clear, colorless. CSF protein = 82 (normal for a 17 day old infant) glucose = 67 WBC = 0 RBC= 20.

Throughout the day, (as documented in the nurses' notes), the baby was noted to have episodes of oxygen desaturations (70's) with associated eye twitching or eyes rolling back. These occurred approximately once an hour, lasted 15 to 30 seconds, and responded to blow-by oxygen. There was no cyanosis or bradycardia associated with the episodes. These were the episodes witnessed by Dr. Grout prompting him to start caffeine. Two hours after the caffeine was administered, there was a decrease in the frequency of the episodes, and by the evening, the baby was described as being more alert, sucking well and he had improved color. The nurses did continue to describe brief episodes of oxygen desaturation but no abnormal movements throughout the evening.

On 12/07/01 at 0415, Dr. Chandrasekhar was notified that the baby's left pupil was slightly more dilated that the right and sluggish when checked with a light. He was also informed that the baby "continues to have focal seizure activity and tremors of the extremities," but no oxygen desaturations..
An EEG and cranial sonogram were ordered for the morning.

The baby was examined by Dr. Chandrasekhar at 0810 (12/07/01) at which time the only abnormality on exam was a slightly enlarged but reactive pupil. He did witness an episode of abnormal mouth movement, arm flexing and blinking. Craniosonogram had just been completed and was reported as normal.
Of note, cultures were remarkable for the urine growing Group B strep (as well as mixed flora).
Na had decreased to 129. It had been 136 at 1530 12/06.
BUN was 26. Repeat Ca 9.4

Based on reports of the nurses of abnormal activity and what he had witnessed, Dr. Chandrasekhar ordered that the baby be started on Phenobarital and he ordered a CT scan. Urine for organic acids and blood for aminoacids were also ordered, and the dose of Ampicillin was increased to cover possible meningitis.

The CT scan (performed at 1210) was read as showing extensive subarachnoid hemorrhage, and transfer was arranged to Children's Hospital.

The infant's condition remained unchanged and stable until the Children's transport team arrived. Upon their arrival, the baby became apneic and bradycardic (to 54). CPR was required with subsequent intubation, treatment with epinephrine drip to control the hypotension, and mannitol.
Significant laboratory value was Na = 126.

At Children's Hospital, CT scan and MRI revealed cerebral edema with occipital infarcts.

Discussion

This is a child who presented to the Emergency Room of Dubois Regional Medical Center on 12/05/01 because of parental concern that they might have witnessed a seizure. Additional history provided by the parents was that two days prior to admission he had been irritable, then the day leading up to admission he was lethargic and feeding poorly. He was admitted with a diagnosis of dehydration secondary to gastroenteritis.

The baby was rehydrated, evaluated and treated for possible sepsis, and when it became apparent that the baby was experiencing seizures, tests including EEG, head ultrasound and CT scan were obtained. Phenobarbital was ordered by Dr. Chandrasakhar after he witnessed a seizure. As soon as the results of the CT scan were known, arrangements were made to transfer the patient to Children's Hospital of Pittsburgh. There, he was found to have diffuse cerebral edema with occipital infarcts and was admitted to the Pediatric Intensive Care Unit for further treatment.

The cause of the baby's cerebral edema is not known, but most likely it is related to an event that occurred prior to the hospitalization because the chief complaint of the parents was of lethargy, poor feeding, and possible seizure. These symptoms are also signs of other illnesses such as sepsis, metabolic disorders, and gastroesophagael reflux disease, and they were all considered by the doctors during the baby's hospitalization.

The birth history is significant in that the mother was Group B Strep positive at the time of delivery. She only received one dose of IV Ampicillin less than four hours prior to delivery because she gave birth to Ayden shortly after arriving at the hospital. The recommendation for adequate prophylactic treatment of Group B Strep are two doses of antibiotics spaced four hours apart prior to delivery. The inadequate treatment did put the baby at risk for infection. It was at two weeks of age that Ayden became ill, and his symptoms were all consistent with sepsis in a child of that age, even without fever. In the Emergency Room, a sepsis work-up was performed on the infant. Blood and urine cultures were obtained and the infant was started on I.V. antibiotics (Ampicillin and Gentamicin). The initial work-up was negative for a source of infection as the CBC, urinalysis and chest x-ray were all normal, but the urine culture subsequently was positive for Group B strep in combination with "mixed flora" and the rectal culture was also positive for Group B strep. These results suggest that the baby was colonized with Group B strep. The negative blood culture does not rule-out a bacterial infection and the culture of the spinal fluid would be negative because the baby had already received antibiotics. Because a viral illness was suspected, viral cultures of the blood and spinal fluid were obtained, but they were negative.

Metabolic disorder is part of the differential diagnosis as this baby presented with irritability, then lethargy and refusal to eat. No vomiting was noted by the parents, and no diarrhea. (Breast fed babies typically have up to eight loose stools per day.) Urine for organic acids as well as serum for amino acids were obtained and they were normal as was the newborn metabolic screen.

A renal abnormality was considered in the differential diagnosis as the cause of the baby's symptoms as the BUN was elevated. That is why an ultrasound of the kidneys was performed which was normal. The elevated BUN was subsequently determined to be a result of the child's dehydration, and it did return to normal with adequate rehydration.

After the infant was stabilized with treatment of antibiotics and IV fluids, he was placed on a monitor and observed for abnormal activity. Even though the parents reported a possible seizure at home, none was witnessed in the emergency department. The episode seen by Dr. Grout was characterized as an apneic episode therefore he started the baby on caffeine. The baby continued to have brief episodes of apnea during the day with some oxygen desaturations, but there was no description of any prolonged seizure activity. In fact, the baby seemed to improve during the day on the caffeine. It was not until 24 hours after admission that the nurses noted abnormal eye movements. An actual seizure was not noted by a physician until 28 hours after admission, and he ordered an EEG and CT scan of the head. Phenobarbital was ordered at 8:00 A.M. to be given to the infant even without waiting for the results of the EEG which were not available until hours after the infant was transferred.

Seizures are a symptom of cerebral edema, not the cause. The episodes noted in the hospital were brief, and the child was never in status epilepticus. He never suffered from prolonged hypoxia which could cause cerebral edema. The most significant aspect of the child's illness is that the first seizure was noted at home suggesting that the cause of the cerebral edema was already present at that time. As the cerebral edema worsened over the next 24 hours, the baby began to show abnormalities on exam and apparent seizures. His sodium levels dropped despite adequate electrolyte replacement in his IV fluids secondary to inappropriate antidiuretic hormone release caused by the cerebral edema. Even if the child had been started on anticonvulsants earlier, it probably would not have made any difference to the outcome of the child as they would not have corrected the underlying problem, the cerebral edema.

Management Decisions

I believe that Dr. Chandrasekhar met the appropriate standard of care in the management of Ayden. When he took call the night of 12/06/01, he was told that the baby was being treated for periodic breathing. He was the physician who recognized that the baby was having seizures when he saw him the morning of 12/07 and he ordered both the appropriate tests and medication. Transfer was arranged to Children's Hospital of Pittsburgh as soon as the results of the CT scan were known. If the bedside craniosonogram had been abnormal, transfer most likely would have been arranged earlier.

The fact that Dr. Chandrasekhar did not go in to see the baby when he received a call from a nurse at 4:15 A.M. on 12/07/01 played no part in the outcome of the patient. When he was told that there was a change in the baby's exam, he did order an adjustment in the IV fluids and rate of infusion, and he did order tests to be done as soon as feasible in the morning (bedside craniosonogram and EEG). He also gave the nurse his home phone number so that he could be called directly if the child seemed to worsen. If he had gone in to see the patient at 4:15, there is the possibility he might have seen a child with a normal exam (similar to the exam at 8:00 A.M.) and he might not have witnessed a seizure as they occurred infrequently, so that no further workup would have been ordered and the child would continue to be treated for periodic breathing. If he had seen a seizure, he would not have been able to obtain any further tests until the morning. Even if Phenobarbital had been started earlier, it would not have changed the outcome of the patient as the medication treats seizures and not the cerebral edema.

There is nothing in the management of the child in the hospital to explain why he took such a sudden turn for the worse just as the transport team from Children's Hospital arrived. Probably the cerebral edema was worsening, and the child may have developed the same symptoms at the same time even if he had been transferred earlier in the morning.

The cause of the infant's cerebral edema is unknown, but infection (possibly Group B strep and possibly a virus) may have been the reason. The apnea and subsequent abnormal activity were a result of the neurological insult. The cerebral edema was not caused by prolonged hypoxia as the child was never in status epilepticus. Another possibility is trauma, but no history for this was obtained. The child was appropriately treated with antibiotics and IV fluids and monitored. When it became apparent that there was a significant neurological problem, tests were ordered and obtained as soon as feasibly possible. This all occurred in less than 28 hours, and the child was transferred less than 36 hours after admission. There is nothing in the management by the physicians at Dubois Regional Medical Center that would have caused the cerebral edema to occur as the symptoms had started before the infant's admission to the hospital.

I hold all of these opinions based on a reasonable degree of medical certainty.

Sincerely,

Kimberly Gordon, MD

Kimberly Gordon, M.D.

PEDIATRIC AND NEONATAL ASSOCIATES

August 27. 2006

Mr. Terry C. Cavanaugh
White and Williams, LLP
The Frick Building
437 Grant Street, Suite 1001
Pittsburgh, PA 15219-6003

RE: Shaffer-Doan v. Dubois Medical Center, etal.

Dear Mr. Cavanaugh:

I am writing concerning the above named case that you had asked me to review. In forming my opinions on this case, I have reviewed the following documents.

1. **Complaint**
2. **Records for Ayden Shaffer-Doan from Dubois Medical Center from 12/5/01 to 12/7/01.**
3. **Records for Ayden Shaffer-Doan from Children's Hospital of Pittsburgh from 12/7/01 to 12/20/01.**
4. **Deposition of George Palmer, DO.**
5. **Deposition of Sundar Chandrasekhar, MD.**
6. **Deposition of Richard Grout, MD.**
7. **Deposition of Timothy Doan.**
8. **Deposition of Karen Diane Shaffer.**
9. **Deposition of Patricia Peoples, RN.**
10. **Deposition of John Siar, MD.**
11. **Deposition of Rita Gutowski, RN.**
12. **Deposition of Barbara Davis, RN.**
13. **Deposition of Jennifer Giuffre, RN.**
14. **Expert report of Walter Molofsky, MD.**
15. **Expert reports of Denis Atkinson Jr, MD.**
16. **Expert report of Linda Snelling, MD.**
17. **Expert report of Robert Nahouraii, MD.**
18. **Expert reports of Richard Bonfiglio, MD.**

The details of this case are as follows:

Ayden Shaffer-Doan was born at term via a vaginal vertex delivery. He had a birthweight of 7'7" and a normal Apgar score. The only complication during the course of pregnancy was a positive GBS culture in the mother. She received a single dose of antibiotics during the course of labor. He was discharged at 24 hours of age without developing any newborn problems. He appeared to be doing well at home until 15 days of age when he developed irritability and poor breast feeding. He was taken to his pediatrician on the afternoon of December 4th, 2001 and felt to have a possible viral illness. Over the next 30 hours, he continued to feed poorly and become more lethargic. On the night of December 5th, his parents became concerned that he was "not looking himself" and had an episode where his arms flailed up and his eyes rolled back. The parents called the pediatrician and were advised to take him to the hospital. In the

THE WESTERN PENNSYLVANIA HOSPITAL
DEPARTMENT OF PEDIATRICS, WEST TOWER, 3RD FLOOR
4800 FRIENDSHIP AVENUE
PITTSBURGH, PA 15224
(412) 578-5858 FAX: (412) 578-1529

EXHIBIT
tabbies
B

NILIMA T. KARAMCHANDANI, M.D.
ALAN LANTZY, M.D.
ROBERT CICCO, M.D.
SHARON GALLI, M.D.
GIOVANNI LANERI, M.D.
JESSICA HENRY, M.D.
RUBY VARUGHESE, D.O.

deposition, the Karen Shaffer (mother) states that there was no vomiting or diarrhea at that time. In the ER records, however, it is stated that there was diarrhea with approximately 8 stools/day. He was described in the ER records as pale, lethargic and with a weak cry. In addition, he had dry mucus membranes, sunken eyes and decreased skin turger. Laboratory studies revealed a serum glucose of 69, a BUN of 62, a creatinine of 0.8, a Na of 138, K of 6.7, Cl 103, a CO2 of 17.8 and an elevated anion gap of 17.7. He had a normal white blood cell count but an elevated band count of 21%. A blood gas was normal but was done only after the child had received 7 hours of IV fluids. No seizure activity was noted in the ER and he was admitted with a diagnosis of dehydration. Of note is that on admission the child was just at his birthweight. Upon admission, cultures were obtained and antibiotics started. A lumbar puncture done 10 hours after admission did not reveal any evidence of meningitis.

Over the first 8 hours after admission and the provision of IV fluids and antibiotics, Ayden experienced a number of episodes of apnea and desaturation that were treated with stimulation and intermittent oxygen. He as also felt to have periodic breathing. Because of these episodes, he was started on caffeine therapy 5 hours after admission. The episodes lasted 15-30 seconds and responded well to oxygen and stimulation. During some of the episodes, eye twitching was noted. The episodes appeared to have decreased somewhat following caffeine therapy, but continued to persist despite ongoing fluid and antibiotic therapy. In addition, he was described as becoming more active and alert from 12 to 24 hours after admission. However, 24 hours after admission, his left pupil was discovered to be more dilated than the right and sluggish to light response. Shortly thereafter, he began having episodes of posturing and increased eye twitching. His pediatrician evaluated him again 30 hours after admission at which point a CT scan and EEG was ordered (a brain ultrasound had already been done and was normal) and phenobarbitol was begun. As part of the diagnostic workup for seizures, a urine for CMV was also obtained in addition to a urine for amino acids. Of note is that Ayden's sodium was 138 on admission, 136 after 13 hours of IV fluids and 129 after 26 hours of fluids. His CT scan was read as a subarachnoid hemorrhage and arrangements were made to transfer him to Children's Hospital of Pittsburgh. The transport team arrived at Dubois approximately 36 hours after his initial admission.

By the time the transport team arrived from CHP, Ayden's condition was deteriorating despite having been loaded with phenobarbitol. He had more frequent episodes of apnea and these were now being associated with bradycardia. He required full resuscitation with intubation, multiple doses of epinephrine fluid boluses and mannitol. Despite this degree of resuscitation, he maintained normal oxygenation with good saturations and a blood gas did not reveal any acidosis. Following stabilization, he was transported without complication.

Shortly after arrival at CHP, Ayden experienced a prolonged seizure that required Dilantin to be added to his anticonvulsants. A repeat CT scan was done which showed severe cerebral edema and areas of ischemia. In addition, his sodium over the next 24 hours dropped to 119. He became significantly more unresponsive during this time and after the prolonged seizure. Over the next two weeks at CHP, Ayden had a slow recovery with improvement in his cardiorespiratory status and control of the seizures. However, it was felt that his long-term neurologic prognosis was guarded. He was ultimately discharged from CHP on 12/20/01 and followed in the Neurology Clinic. He has gone on

to develop significant cystic encephalomalacia and cerebral atrophy. This is associated with signs and symptoms of static encephalopathy with associated developmental delay and the need for ongoing anticonvulsant therapy.

Based on the information that I have reviewed in this case, I would offer the following opinions regarding the cause of his current neurologic condition and the care provided at Dubois Medical Center:

- Ayden clearly suffers today from a static encephalopathy that is almost assuredly as a result of the illness that began on 12/4/01. In question, however, is the underlying etiology of that illness and the etiology of the seizures which began before he was admitted to Dubois in the early morning of 12/5/01. Every indication points to the fact that Ayden most likely had a seizure the evening prior to his admission and that the apneic episodes experienced in the hospital over the first 30 hours were also short seizures. Nowhere in the records is a determination made about the etiology of those seizures. However, the fact that they did occur indicates that an underlying neurologic process was occurring prior to his admission. At issue here is whether the lack of treatment of these short seizures or any other part of his care at Dubois worsened the already existing CNS injury. Given that the seizures that occurred from the time of hospitalization at Dubois until noon of 12/7/01 were short apneic episodes that were not associated with cyanosis or bradycardia, it is highly unlikely that the lack of treatment of these episodes resulted in the development of the severe cerebral edema noted at CHP. Rather, it is much more likely that the underlying process that triggered the seizures in the first place is the cause of the cerebral edema. The time course for this is also consistent, since it usually will take 24 hours for that edema to develop following an acute insult. The evidence strongly points to an insult that occurred prior to his admission to Dubois resulting in CNS irritability and seizures. These seizures were initially mild but then worsened and he developed progressive edema.

- The above discussion begs the question as to the type of initial injury that triggered this neurologic chain of events. No metabolic derangements were identified and , although CHP considered the possibility of trauma, there was no other evidence to point to this. Other etiologies, though not proven, could not be ruled out. Viral encephalitis may not present with any CSF changes and the cultures would be negative. In addition, underperfusion of the brain due to his dehydration or some type of vascular obstruction could not be ruled out.

- The uncertainty related to the underlying etiology of the child cerebral edema and encephalopathy was obvious in the notes from the neurologists at CHP during his hospitalization. Their final conclusion was that the encephalopathy was primarily related to hyponatremia but the simple fact is that the child presented with neurologic symptoms more than 24 hours before hyponatremia developed. While hyponatremia may contribute to a worsening encephalopathy, it could not be the root cause of Ayden's initial seizures or of the cerebral edema that was already present at a time when the hyponatremia was mild (Na=129). This reality was discussed in at least two of the neurology notes but never resolved.

- Concerning the hyponatremia, it is impossible for me to determine the exact etiology. Given that there was an underlying CNS insult, Ayden could have been suffering from inappropriate ADH syndrome that would have been quite difficult to determine given that fact that he had significant dehydration. Another possible cause was excessive salt loss due to his dehydration. If the cause were the latter, this potentially could have been avoided by administering more sodium in his fluids. However, as noted above, the timing of the hyponatremia points away from it being the underlying cause of his cerebral edema.

In summary, Ayden Shaffer-Doan today suffers from a static encephalopathy the etiology of which is still unknown. He presented with seizures associated with an apparent viral infection. Although the seizures were not treated for 30 hours, they were mild during that time and did not contribute to his subsequent permanent brain injury. Unfortunately, with progressive cerebral edema, Ayden suffered prolonged seizures even after treatment and significant alterations in cerebral blood flow. His hyponatremia may have worsened his cerebral blood flow regulation at this point but clearly was not the primary cause of his initial presentation. Even if his seizures had been treated immediately at Dubois, he would have gone on to develop cerebral edema and suffered the static brain injury from which he suffers today.

The above I can state with a reasonable degree of medical certainty. If there are any further questions regarding this case, please do not hesitate to call. I would reserve the right to supplement this report should any additional studies or information become available.

Sincerely,



Robert C. Cicco, MD

Michael Radetsky MD CM
PEDIATRICS • INFECTIOUS DISEASE

PO Box 22040 • Albuquerque, NM 87154 • Tel 505.292.3035 • E-Fax 866.851.2537

Terry C. Cavanaugh Esq.
White and Williams LLP
The Frick Building
437 Grant Street
Suite 1001
Pittsburgh PA 15219-6003

November 4, 2006

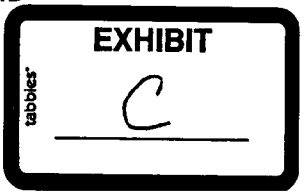
Re: Shaffer-Doan v Grout (Clearfield County PA Docket #05-418 CD)

Dear Mr. Cavanaugh:

I am a licensed physician in the States of New Mexico, California, and Colorado. I am board certified in Pediatrics, Pediatric Critical Care, and Pediatric Infectious Disease. I have practiced those specialties for over 25 years. I am currently a Consultant in Pediatric Infectious Disease in Albuquerque, New Mexico and a Clinical Professor of Pediatrics at the University of New Mexico School of Medicine. I am also Medical Director of the Hospice de la Luz. I am familiar with the standards of care in all of these disciplines as well as with the subject matter of this lawsuit, and I am qualified to render opinions in this area.

At your request, I send to you this opinion letter based on my review of the following documents in connection with the care and treatment of Ayden Shaffer-Doan:

- Medical records of Karen Shaffer
  - DuBois Regional Medical Center
    - 11/18/01 Admission
- Medical records of Ayden Shaffer-Doan
  - DuBois Regional Medical Center
    - 11/18/01 Admission
    - 12/5/01 ED visit
    - 12/6/01 Admission
  - Children's Hospital of Pittsburgh
    - 12/7/01 Transport
    - 12/7/01 Admission
    - Follow-up records
  - Clearfield-Jefferson MH/MR Program, including Early Intervention
- Civil Action Complaint
- Expert reports
  - Denis Alkinson Jr. MD
  - Richard Bonfiglio MD
  - Kimberly Gordon MD
  - David Hopkins ASA
  - BAML Consultants
  - Walter Molofsky MD
  - Robert Nahouraii MD
  - Linda Snelling MD
  - Robert Cicco MD



- Robert Koppel MD
- Betty June Scira
- James Scibilia MD
- Kimberly Comport RN
- Ann Pakalnis MD

- Depositions
  - Timothy Doan
  - Karen Shaffer
  - Patricia Peoples RN
  - Richard Grout MD
  - Sundar Chandrasekhar MD
  - Jennifer Giuffre RN
  - Rita Gutowski RN
  - Barbara Davis RN

The facts of the case are as follows:

Ayden Shaffer-Doan was born on 11/18/01 at DuBois Regional Medical Center

- His mother was a Gravida 4, Para 3, Living 3, 33 year-old woman.
- EDC was 11/17/01 by ultrasound.
- She was group B streptococcus culture positive.
- She was admitted to DuBois Regional Medical Center on the afternoon of 11/18/01, her contractions having started at 08:00 that morning.
- She received one dose of ampicillin 2 grams IV at 15:06.
- VBAC.
- The baby was delivered by SSVD at 17:06 and weighed 3380 grams.
- Apgar scores were 9 at one minute and ten at five minutes.
- Ms. Shaffer was discharged on 11/19/01 having had no fever during her hospitalization or complications of delivery.
- Hearing screen was normal in both ears.
- State genetic and metabolic screening was normal.
- At CBC drawn at 18:22 showed a WBC of 19,560 (40 segs, 1 band) and platelet count of 401,000.
- Gastric and ears culture at birth for group B streptococcus were negative.
- Ayden was discharged on 11/18/01 having had no fever or neonatal problems.
- The baby was to be breast-fed.

At 22:54 on Wednesday, 12/5/01, Ayden was evaluated in the Emergency Department of DuBois Regional Medical Center

- Triage
  - Chief complaint: Decrease in activity. Reports not "looking right." Reports possible seizure: head went back; arm tensed up for 3 sec. Pale.
  - Vital signs: T 98.7, P 141, R 52 and shallow, Sat 94%, Wt. 3.2 kg.
  - Current medication: Tylenol.
- Nursing evaluation
  - Report symptoms began on Monday. Neonate was seen in Dr. Siar's office yesterday.
  - Airway clear.
  - Respirations shallow.
  - Lungs clear.
  - Circulation: pale, warm, dry.
  - Capillary refill is slightly delayed.
- Ayden was seen by Dr. Palmer at 23:40.

- HPI
  - Diarrhea.
  - Runny nose.
  - Possible seizure at home.
  - Decreased activity.
  - Drinking less.
  - No fever.
- Physical Examination
  - Lethargy, weak cry.
  - Did not cry during procedures, i.e. needle sticks.
  - Cranial nerves normal.
  - PERRL.
  - Sunken eyes.
  - Dry mucous membranes.
  - Nose normal.
  - Ears normal.
  - Neck supple.
  - Decreased cap refill > 2 sec.
  - No respiratory distress.
  - Breath sounds normal.
  - No organomegaly.
  - Poor skin turgor.
  - No rash.
- Laboratory results
  - WBC 12,820.
  - H/H = 13.7/39
  - Platelet count 531,000
  - Na 138, K 6.7, Cl 103, CO2 17
  - BUN 62, Creat 0.8.
  - UA had 1+ bacteria.
- Clinical Impression
  - Dehydration

- Course in ED
  - After multiple failed attempts, IV access was established in a scalp vein at 01:50.
  - 60 cc of normal saline were given at 02:05
  - D5 ½ NS was continued.
  - Oxygen was given.
  - The child improved with heart rate down to 119 and respiratory rate down to 50.
  - 03:15: At the time of admission to hospital, the child appeared "improved."

Ayden was admitted to DuBois Regional Medical Center at 03:30 on 12/6/01.

- 03:30: Admitting nursing notes
  - 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 80s to high 90s. Heart rate also dropped to 90s. Patient seen 12/4 at Dr. Siar's and thought to have gastro. 2 year-old sibling with cold symptoms for 2 days. No previous illness other than the diarrhea which started 2 days ago. Awakens for feedings then back to sleep. Today was awake but seemed to be dazed. Breast-fed. Only had about ½ 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.

- 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.
- T 97 ax, P 140, R 36. Attempted x 3 to obtain BP; unable at this time. On room air at this time; O2 Sat 100%.
- Awake on arrival to department. Undressed for weight and patient startled and cried appropriately, then comforted easily and returned to sleep. Patient had episodes during assessment of possible seizure activity. Each episode lasted only 15-30 sec. at the most. Had twitching of eyes at times, sometimes together and on occasion 1 eye would twitch then the other. Patient had also on occasion rolled eyes back then turned pale to extremities then O2 sat down to 70s. O2 Sats increased with oxygen and episodes lasted only briefly. When patient cried was easily consoled. Blow-by utilized with episodes when Sat decreased below 90s. Sats would also improve on own at times without supplemental oxygen. At times patient had episodes where extremities and face became very pale, nail beds dusky at times with these episodes. Periodic breathing observed. Patient did have one apneic episode with nurse at bedside.
- Normally breast-fed but not nippling or showing interest in eating. Not even attempting to such at this time; not interested.
- Diaper changed on admission for squirt of yellow stool. Does not appear to have any urine in diaper.
- Extremities slightly cool. Patient bundled at this time. Diaper area slightly reddened. Centrally pink. Extremities and face pale. Nail beds pale to dusky at times.
- Did have startle reflex and cried when undressed and weighed on scale.
- Currently laying in crib, occasionally grimacing but also eyes twitching (?seizure activity).
- Neurological examination: Awake, drowsy; Pupils reaction brisk. Motor strength extremities normal. Opens eyes to pain. Withdraws to pain. Cry strong and lusty.

- 05:10
  - Dr. notified. Informed of patient condition. Eye twitching? Desats as well as periodic breathing and apneic episodes. Orders received.
  - Orders (telephone order by Dr. Grout)
    - Ampicillin and gentamicin.
    - Add calcium gluconate to IV fluids.
  - 06:00
    - Patient admitted with dehydration. Afebrile. NPO. Diaper changed x 1 for squirt yellow BM. Lips dry and cracked. Mucous membranes sticky. Skin turgor delayed, cap refill approx 3 sec to nail beds. 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 blow-by used during desats.
- 07:45
  - Patient has eye blinking with desating, desating to 70s frequently during assessment, no evidence of color change. Color very pale/dusky in appearance constantly.

- Applied blow-by.
- Neurological examination: Awake, lethargic, listless. Pupil reaction brisk. Motor strength extremities normal. Opens eyes to pain. Withdraws to pain. Cry strong, lusty.

- 08:00
  - Patient having episodes of desating, eye blinking, nor worsening in color during episodes. Patient had 2 episodes while Dr. Grout in room. Dr. feels patient has periodic breathing.
  - Loose BM with liquid stool soaked into diaper.
  - Orders (Dr. Grout)
    - Stool for rotavirus.
    - Caffeine 15 mg PO q 24 hours.
    - CBG.
- 08:29: Admission dictation by Dr. Richard Grout.
  - HPI
    - The patient was admitted through the Emergency Room last night for dehydration secondary to poor intake and some diarrhea, which the patient has had for about two days.
    - 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, was discharged 24 hours of age from the maternity Unit. He had his first appointment on Tuesday, at which time he weight 7—11; was 7—7 at birth, and on admission here was 7—4.8. There is a two year-old in the family who has had congestion, is otherwise unremarkable. Everyone else in the family is otherwise well. There are three other siblings, two boys and a girl, at home. The patient lives with his sibling and his parents.
    - The patient has had no urine or stool output since admission.
  - Physical Examination
    - Examination of eyes, ears, nose and throat is unremarkable.
    - Chest clear to auscultation.
    - Heart regular rhythm with no murmur.
    - Normal bowel sounds.
    - Extremities normal range of motion.
    - Neurologic: The patient tends to drift off to sleep unless stimulated, but is arousable.
    - Skin turgor is good. There are no skin lesions present.
  - Impression
    - Dehydration secondary to poor intake and diarrhea.
  - Plan
    - Monitor for sepsis.
    - Continue IV fluids today.
    - Suggest possibility of doing a pH study and placing the patient on caffeine with a home monitor.
- 08:30
  - Frequent brief episodes of desating, shallow/periodic breathing. Heart rate stable 130-140s. No evidence of worsening of color. O2 blow-by on.
- 09:00

- Continues to have episode of desating to 70s, eye blinking, HR stable 140s, resp shallow/periodic breathing. Color remains pale.

- 09:30
  - Desating to 70s x 40-50 sec. Color remains pale. No change with episodes. Eye blinking less. HR 140s. Resp shallow. Patient stimulates self to take deep breath, then Sat returns to 100%.
- 11:00
  - Neurological examination: Lethargic, listless. Motor strength normal. Opens eyes spontaneous. Withdraws to pain. Cry lusty. Muscle tone normal.
  - Skin very dry, warm. Turgor normal. Mucous membranes pink, sticky. Skin color pale. Lips dry.
- 11:15
  - Sat 76, HR 150, Resp 32. Shallow breathing. Patient took deep breath, Sat returned to 100. O2 via blow-by on. No color change. Episode lasted approx 30 sec.
- 11:25
  - Sat 74, HR 128, Resp 28. Shallow resp. No color change. O2 on. Patient returned to normal breathing pattern. Sat returned to 100. Episode lasted approx 20 sec.
- 11:45
  - Sat 82, HR 136, Resp 28. Resp shallow. Periodic breathing. No color change. O2 on. Episode lasted 45 sec.
- 11:55
  - Sat 69, HR 142, Resp 24. Shallow. No color changed. Patient remains pale. Episode lasted 40 sec.
- 12:00
  - Sat 72, HR 150s, Resp 28. Shallow. No color change. Episode lasted 50 sec.
  - Dr. Grout notified of episode, patient status, renal ultrasound results, CXR results. Dr. will come in. Caffeine received from pharmacy and administered.
- 12:20
  - Sat 40-60, HR 120, Resp 26. Resp shallow. No color change. Episode lasted 40 sec.
- 12:25
  - Sat 71, HR 140s, Resp 20. Shallow. Episode lasted 45 sec.
- 12:40
  - St 68, HR 136, Resp 24. No color change. O2 on. Episode lasted 20 sec. Patient appears to be refluxing. Cries as if in pain occasionally.
- 12:45
  - Sat low 80s, HR 130s, Resp 20s. Left arm tremoring x 5 sec.
- 13:15
  - Dr. Grout in. Lumbar puncture performed. Patient whimpered with procedure. Lethargic. Dr. notified of episodes/arm tremoring.
- 13:30
  - Moderate, loose, yellow dark green stool.
- 14:00
  - Patient in mom's arms. Color pale pink. Improved. Lips pinker. O2 sats 100 on O2 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 BMs.
- 15:30

- Neurological examination: Lethargic, listless. Motor strength normal. Opens eyes spontaneous. Withdraws to pain. Cry strong.
- Skin warm, very dry. Turgor normal. Mucous membranes pink, sticky. Lips dry.

- 15:40
  - Sat 82, HR 140, Resp shallow, episode lasted 20 sec.
- 16:00
  - Sat 68, HR 148, resp shallow, approx 10 sec.
- 16:10
  - Sat 82, HR 146, no color change, approx 5 sec.
- 18;05
  - Sat 74, HR 150, Resp 28, no color change noted, approx 15 sec.
- 19:10
  - Brief desat to 86 with recover to 100, no color change.
- 19:30
  - Sats 70s, lips slightly less pink, resp shallow, HR 150s, approx 50
- 20:00
  - Neurological examination: Awake, alert. Pupils brisk. Motor strength normal. Opens eyes spontaneous. Withdraws to pain. Cry shrill. Recognizes parent.
  - Looks around when spoken to, acting like he is recognizing mother better.
  - Good reflexes, good startle reflex.
  - Only occasional cry. Seems associated to ? abd pain/cramping. Patient did cry with most recent BM and pulled legs up to abd, grimaced prior to cry.
  - Cap refill < 2 sec.
  - Has squirt BM.
  - Patient had episode during nursing assessment of grimacing, drawing legs to abd and then cried out with a shrill cry.
  - Patient is starting to suck. Did not do this on admission earlier this am when I last saw patient. Offered binky. Patient is now sucking well on pacifier. Patient has not been rooting yet, though.
  - Strong suck and swallow.
  - Skin very dry, warm. Turgor normal. Mucous membranes pink, moist. Lips dry.
  - Currently resting in mother's arms against her chest. Patient quiet, looking around. Mother speaking with baby and baby calms quickly.
- 22:00
  - 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.
- 23:00
  - Neurological examination: Awake, alert. Pupils brisk. Motor strength normal. Opens eyes spontaneous. Withdraws to pain. Cry shrill. Recognizes parent.
  - Cap refill < 2 sec.
  - Skin very dry, warm. Turgor normal. Mucous membranes pink and moist. Lips dry.
  - Looking around more. Seems to recognize mother.
  - Patient having slight tremors at this time ? cold since diaper just changed. No color change or desat at this time.

- 23:30
  - O2 desat to 86% at this time. No color change. No seizure activity.
- 12/7/06; 00:10
  - Facial: had brief episode of eye twitching, no color change, observed at this time.
- 01:00
  - Had brief episode of eye twitching. No color change observed.
- 02:30
  - Patient alert, awake and rooting. Small amount Pedialyte PO given.
- 2:47
  - Brief episode of left eye twitching, preceded with upper arm tremors. After episode left pupil slightly more dilated. No color change.
- 03:40
  - Nurse holding baby and observed that left pupil is slightly more dilated than right pupil. When assessed with light, left pupil "sluggish." Patient cried out after pupils checked and proceeded to have twitching of left eyelid. No color change or desat. Episode lasted approx 15 sec.
- 04:00
  - Patient held by nurse. Both eyes twitching. Had tremors of arms and legs. Left pupil slightly larger in size and sluggish when checked with light. Had apneic episode over 20 sec.
- 04:15: Orders (Dr. Chandrasekhar)
  - EEG in am.
  - Cranial sono in am.
- 05:00
  - Heart rate down to 76 . Sat reading 92%.
- 06:00
  - Has occasional episodes of grimacing, then pulling legs to abd and crying a shrill cry. Held and comforted by nursing staff. Improves quickly. Easily consoled when comforted.
  - Awake through 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 sec. No color changes or desats associated with these episodes.
  - Continues to have episodes of periodic breathing, shallow respirations and with occasional apneic episodes observed. O2 desat x 1 this shift to 86%. Had brief bradycardic episode with Hr down to 76 x 1 this am.
  - Patient did take 45 cc Pedialyte PO and retained. Voided 160 cc this shift with no BMs. Left pupil observed to be slightly more dilated that right this shift and at 1 point was slightly sluggish when checked with light.
- 06:40
  - Patient being held by nurse. Had brief bradycardia heart rate down to 80.
- 08:10
  - Neurological examination: Awake, alert. Pupil reaction brisk. Intermittent chewing movement. Opens eyes spontaneous. Motor strength normal. Cry shrill. Muscle tone tremors.
  - Patient had a 1-2 minute episode of mouth movement, flexing of arms, and occasional blinking. Dr. Chandrasekhar here at the time. Color pale. O2 sat remained 100%. HR 120s.
  - Mild nasal congestion.
  - Cap refill < 2 sec.

- Movements appear normal except when having periods of posturing and flexing of arms that resemble seizures.
- Skin dry, turgor delayed, mucous membranes moist, lips moist.
- Had an episode of bradycardia 60s and HR in 70s with shallow breathing and pale color.

- 08:50: Physician Note (Dr. Chandrasekhar)
  - Nurses have noted trembling and twitching of eyes and involuntary movement of body. Occasional mouthy movements. Cry is shrill. No fever. Occasional drop HR and Sats with movements.
  - Urinating well. Stooled x 2.
  - Examination
    - Afebrile.
    - Pupils slightly enlarged but reacting.
    - Tone[decreased] all limbs.
  - Skin: fading exanthem.
  - Orders
    - CT scan head.
    - Urine for organic acids and blood for amino acids.
    - IV Phenobarbital 60 mg and then 15 mg per day.
    - Increase ampicillin to 175 mg q 6 hours.
- 09:30
  - Bradycardia in 70s. Sat in 70s.
- 09:35
  - Had another brief episode of bradycardia in 70s and sat in 70s.
- 10:20
  - Had a brief episode of bradycardia in 80s and sats 80s.
- 11:50: Orders (Dr. Grout)
  - Viral rectal culture.
  - Viral nasopharyngeal culture.
- 12:10
  - Tolerated CT well.
- 13:15
  - Patient rested and appeared to sleep for most of last 2 hours without any significant bradycardia or desats. Patient is now having brief periods of desats and bradys. Dr. Grout called.
  - Arrangements are being made to transfer patient to CHP.
- 12/7/06: EEG
  - There are trains of triphasic waves at varying frequencies, and there are also some epileptogenic activity appearing mostly over the right hemisphere. It is not wholly consistent.
  - There was relative electrographic inactivity as the child was described as breathing deeply and slowly.
  - There is some chin trembling during the episode of faster spike wave activity.
  - Diagnosis: Abnormal EEG indicating prolonged seizure disorder and generalized encephalopathy, possibly more marked on the right than the left.
- Imaging Studies
  - 12/6/01: CXR
    - Normal.
  - 12/6/01: Retroperitoneal Ultrasound
    - Negative.
  - 12/7/01: Cranial Ultrasound

        - Negative.
    - 12/7/01: Head CT
        - Extensive subarachnoid hemorrhage on the falx tentorium, the anterior intercerebral fissure, and the sulci of the frontal lobes.
        - There may be hemorrhage within the bodies of the lateral ventricles and the occipital horns.
- Laboratory Data
    - Rectal and nasopharyngeal viral cultures: no virus isolated.
    - Blood for amino acids: normal.
    - 12/6/01 @ 09:40: CBG: BE (-) 5.3.
    - 12/7/01 @ 09:30: ABG: BE (-) 5.
    - Serum Na 138 @ 02:09 on 12/6/01 and fell to 129 @ 06:21 on 12/7/01.
    - BUN is 62 @ 02:09 on 12/6/01 and fell to 26 by 06:21 on 12/7/01.
    - Creatinine was always normal.
    - AST and ALT both 6-11 times upper limit of normal. Bilirubin normal.
    - CBC on admission: WBC 12,820 (22 segs, 21 bands, 42 lymphs); H/H 13.7/39.5; PC 531,000.
    - CBC @ 15:01 on 12/7/01: WBC 15,640 (36 segs, 10 bands, 44 lymphs), H/H 14.1/39.9, PC 425,000.
    - CSF
        - WBC 0.
        - RBC 20.
        - Protein 85.5
        - Glucose 67.
        - NOS.
        - No bacterial growth.
        - Antigen panel negative.
        - [Viral cultures or PCR not sent.]
    - Urine culture 25,000 cfu/ml of GBS.
    - Urine Clinitest negative.
    - Blood culture no growth.
    - Stool culture large normal flora and moderate GBS.
- Transfer/Discharge Summary (Dr. Grout)
    - The patient was placed on ampicillin and gentamicin on admission and was noted to have what appeared to be periodic breathing and apnea with some posturing and some eye movements.
    - The patient has an EEG, which the reading is still pending, but probably has some abnormalities noted.
    - Crania ultrasound was done, which was within normal limits.
    - CT scan showed extensive subarachnoid hemorrhage.
    - On the evaluation of the spinal fluid yesterday, tube 3 contained 0 WBC and 20 RBC.
    - The infant's fontanelle has remained normotensive, and aside from the abnormal posturing, lip smacking, and eye blinking activity, the patient has had only decreased neuromuscular tone.
    - Because of the extensive subarachnoid hemorrhage, the patient was discussed with Neurosurgery at Children's Hospital. It was felt to be best to transfer him.

On 12/7/01, Ayden was admitted to Children's Hospital of Pittsburgh.

- At 13:30 on 12/7/01, the baby had an apneic event with bradycardia. CPR was performed with five doses of epinephrine. Oxygen saturations were always in the 90s and he never lost his heart rate. He was intubated by the transport

team. At that time the right pupil was sluggish and the left pupil was fixed. Mannitol was given.

- Admission note by Margaret Satchell MD
  - Ayden is an 18 day-old infant who was in his usual state of good health until four days prior to admission, when the 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, the parents noted some abnormal activities suggestive of seizures with the baby arching his back and extending his right arm. That night and early the following morning, the baby was in the emergency Room at DuBois Hospital, where he was noted to be listless and dehydrated. He was admitted to the hospital for rehydration. Over the following day and a half, he continued to have what the parents thought were seizure-like activities with downward gaze, back arching, and arm extension. However, he was appearing improved in terms of his listlessness and was taking PO feeds better.
  - Earlier on the morning of transfer, he was seen by his physician and noted to have a change in mental status, so that the pediatrician agreed was suggestive of seizures. At that time a CT scan and EEG were obtained. The CT scan was grossly abnormal with suggestions of infarct and/or subarachnoid bleed by their reading. At that time the transport team from Children's was summoned. On their arrival they noted him to be obtunded with significant decreased respiration, and therefore he was intubated prior to transport. He was also found to be hypotensive with poor perfusion and an epinephrine drip was initiated.
  - Examination
    - Pupils equal and reactive.
    - Blanching maculopapular rash over the trunk.
  - Lab
    - [Serum Na said in note to be 123 on arrival.]
    - Serum Na 119 @ 18:35 on 12/7/01.
    - CSF HSV PCR negative.
  - Placed on ampicillin, cefotaxime, and acyclovir.
- Imaging Studies
  - 12/8/01 Head CT
    - Diffuse edema of cerebral parenchyma with partial sparing of anterior cerebral artery circulation and patchy cerebellar and brainstem edema. There is associated compression of basal cisterns. A hypodense area within the pons is identified.
  - 12/11/01 Brain MRI
    - Generalized edema with relative sparing of frontal cortex, portions of the basal ganglia and thalami, and dorsal brainstem.
    - Cortical necrosis in occipital lobes.
- EEG
  - 12/8/01
    - Diffuse voltage attenuation, excessive discontinuity and asynchrony with multifocal sharp waves. The findings are consistent with a diffuse encephalopathy and are consistent with the history provided of cerebral edema and multifocal infarcts.
- Physician Observations
  - 12/8/01: Ira Berman MD, Child Neurology
    - PERL. No doll's eye movement. No cornea reflex. Gag present.

        - This child presents with an acute encephalopathy with coma at present, clonus, easy startles, a history of seizures, and an abnormal CT scan. Cerebral edema is prominent. The most likely cause is hyponatremia. Other possible explanation include a hypoxic ischemic injury or viral sepsis.
    - 12/10/01: Dr. Moritz (Renal Service)
        - Complicated situation. To the best of my assessment, this child had some significant neurologic findings which preceded the development of hyponatremia. His neurologic status deteriorated significantly following the development of hyponatremia, Na 129. I believe his hyponatremia was secondary to a combination of volume depletion and hypotonic fluids. It is very likely that the combination of hypoxia and hyponatremia significantly aggravated this patient's pre-existing CNS pathology, though I do not believe it is the sole factor. On arrival to CHP his Na was 119, but no glucose or osmolality was measured. Therefore, I cannot say for certain that this was true hyponatremia, i.e. hyposomolar.
    - 12/12/01: Margaret Satchell (PICU Attending)
        - He has now 7 days of ampicillin and cefotaxime. We will discontinue these. In addition, a CSF sample for herpes is negative, and we will therefore discontinue his acyclovir.
    - 12/24/01: Audiology
        - Normal BAER.
- 12/20/01: Discharge
    - Cerebral infarcts.
    - Seizures.
    - Apnea.
    - Hyponatremia.

Follow-up records indicate the following:

- 1/2/02: Head CT
    - Advance in encephalomalacia throughout most of the cerebral cortex with some sparing of frontal lobe, basal ganglia, brainstem, and cerebellum.
- 7/1/02: Neurology Evaluation (Ira Bergman MD)
    - This child has hyponatremic encephalopathy with cortical visual impairment, global developmental dysfunction, and a severely abnormal EEG.
    - On Phenobarbital.
- 2/10/03: Neurology Evaluation (Michael Painter MD)
    - At the age of 16 days had an episode of dehydration and suffered a hyponatremic cerebral necrosis with result in spastic quadriplegia and visual impairment.
    - He is on Tegretol and is seizure free.
    - EEG: Almost continuous epileptiform abnormalities in the left hemisphere.

To a reasonable degree of medical certainty, my opinions in this case are as follows:

1. The care given to Ayden Shaffer-Doan by the treating physicians and nurses at DuBois Regional Medical Center me the applicable standard of care.
    a. The child was properly admitted to hospital .

b. A period of hospital observation to define the nature of the child's illness was appropriately selected.
c. The speed of the evaluation and management matched the speed of the illness.
d. When the nature of the illness changed, medical intervention was performed in a timely manner.
e. The doctors and nurses were attentive to the condition of the baby.
f. Medical priorities were correctly formulated, which led to intervention regarding fluids and hydration and treatment for possible bacterial infection.
g. Communication between the nurses and the treating physicians was as frequent as the circumstances warranted.
h. When the pattern of the child's condition suggested a reasonable possibility of seizures, appropriate investigative studies were ordered and anti-seizure medication was prescribed.
i. The management of fluid therapy was reasonable.
j. The frequency of laboratory testing was appropriate in the context of the illness and the child's condition.
k. At no time was the patient denied any necessary therapy.

2. Ayden Shaffer-Doan sustained enduring brain injury due to an encephalopathy without a proven etiology.
3. At no time was this baby in *status epilepticus.*
    a. The motor manifestations of the seizures were episodic, periodic, intermittent.
    b. The baby had prolonged times of normality in between the seizures and was able to feed well and interact with his environment.
    c. Overall, the patient was improving up to the time immediately preceding the transfer to Children's Hospital.
    d. There is no evidence to suggest the presence of "electrical *status epilepticus.*"
4. Neither the pattern of seizure activity nor the timing of medical therapy was the cause of this baby's brain damage.
    a. There is no evidence to suggest that intermittent seizures lead to brain damage or intellectual deterioration.
    b. Seizures in the first year of life often are markers for a serious underlying medical condition that may lead to brain damage. Convulsive seizures, whether intermittent or prolonged, which occur in the first year of life are associated with lasting brain injury in a high proportion of cases.
    c. Even in *status epilepticus,* which was not present here, the risk of residual brain damage is primarily dependent on the cause and nature of the underlying condition which provoked the seizure and not the duration of the static seizure activity.
    d. In those studies of *status epilepticus* which show some link between duration of unremitting seizure activity and outcome, the threshold for residual injury is only a few hours of seizure activity and approximately 60% of children with static seizures of short duration have residual brain damage.
5. Hyponatremia had no role in the pattern of brain damage seen in this child.
    a. The encephalopathy predated the occurrence of hyponatremia.
    b. Although symptomatic hyponatremia can partially account for the deterioration on the afternoon of 12/7/01, the presence of hyponatremia, which was quickly and successfully reversed, cannot

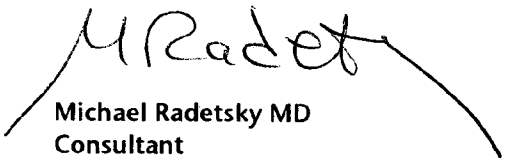
explain the extensive brain edema nor the parenchymal infarcts seen at Children's Hospital..

c. I am aware of no medical investigations or published studies that document a mechanism by which hyponatremia causes strokes of the brain.

6. Due to the limitations of available diagnostic testing, most cases of encephalopathy have no definitive etiology. However, since other causes of neonatal encephalopathy for which there is available proof were absent, it is most likely that this child's encephalopathy was due to an infectious agent.
   a. The illness occurred in the context of a non-bacterial gastroenteritis.
   b. The encephalopathy was accompanied by a maculopapular rash, which was noted both at DuBois Regional Medical Center and at Children's Hospital of Pittsburgh.
   c. The baby had a reactive white blood cell count measured on a number of occasions at Children's Hospital of Pittsburgh.
   d. There was diffuse cerebral edema for which there is no other reasonable explanation.
   e. Parenchymal infarcts occurred for which there is no other reasonable explanation.

In summary, Ayden Shaffer-Doan acquired an acute encephalopathy at age 18 days. This encephalopathy occurred in the context of a non-bacterial gastrointestinal illness and was accompanied by a maculopapular rash. The manifestations of his encephalopathy included intermittent focal motor seizures and an alteration in alertness. The illness progressed and led to diffuse brain edema and multifocal parenchymal infarcts. Although the exact cause of the acute encephalopathy cannot be known with certainty, more likely than not it was due to an infectious agent. The level of skill in caring of the baby while at DuBois Regional Medical Center was appropriate and met the applicable standard of care. Nothing the treating doctors did or did not do would have led to any different outcome.

Sincerely,



Michael Radetsky MD
Consultant
Pediatric Infectious Disease

Clinical Professor of Pediatrics and Infectious Disease
University of New Mexico School of Medicine

Robert Koppel, M.D., F.A.A.P.
607 Colonade Road
West Hempstead, NY 11552

September 26, 2006

David R. Johnson
Thomson, Rhodes & Cowie, P.C.
Two Chatham Center, Tenth Floor
Pittsburgh, PA 15219-3499

Dear Mr. Johnson:

RE: Ayden Shaffer-Doan
File # 14186

I have completed my review of the records relevant to this case including; DRMC birth records of 11/18/01, records of DRMC for 12/6/01 admission, Children's Hospital records for admission of 12/7/01 – 12/20/01, Deposition transcripts of Karen Shaffer, Timothy Doan, John Siar, MD, Richard Grout, MD, Sundar Chandrasekhar, MD, George Palmer, MD, Patricia Peoples, RN, Rita Gutkowski, RN, Jennifer Giuffre, RN, Barbara Davis, RN., and the expert reports from Walter Molofsky, MD, Linda Snelling, MD, and Robert Nahouraii, MD.

Outline of case:

Ayden Shaffer-Doan was born at Dubois Regional Medical Center (DRMC) on November 18, 2001 at 39 completed weeks of gestation. His mother was a 33-year-old G_4P_{2103} with a prenatal history significant for Group B Strep colonization and prior cesarean delivery. On 10/23/01, the mother was not colonized with GBS but the final bacteriology reported GBS growing in the broth. A clean catch urine specimen obtained half an hour prior to delivery had 2+ bacteriuria on urinalysis but no culture report is available. She was treated with ampicillin at 15:06 on 11/18/01. Ayden was delivered by Vaginal Birth after Cesarean (VBAC) at 17:06. Therefore, the intrapartum antibiotic prophylaxis was less than four hours prior to delivery. His birthweight was 3200 grams and the Apgar scores were assigned as $9^1 10^5$. The newborn nursery orders specified that in the event that the mother is GBS positive, testing would include a complete blood count with manual differential at birth, gastric and surface (ear) cultures, If mom has antibiotics X 2 during labor, then no culture or CBC are needed. If one dose or no antibiotic, then send culture and CBC. The orders also included cord blood type

EXHIBIT
tabbies
D

and Coombs as well as a metabolic screen with a provision that the infant return for a repeat specimen if discharged before 24 hours. The discharge examination sheet simply states – "left AMA - not seen". Discharge instructions were written on 11/19/01 as the mother insisted on leaving the hospital AMA. The instructions stated that the pediatric follow-up would take place on 12/4, 2 weeks after discharge. The Pennsylvania newborn screening results were all reported to be with normal limits. Ayden passed his hearing-screening test. His oxygen saturation was 100%. Ayden's blood type is A positive, DAT negative. The initial CBC revealed a WBC count of 19.56, hematocrit 51.1% and platelet count of 401K. The differential had 40 neutrophils and 1 band. The blood culture ultimately showed no growth at 48 hours. He was readmitted to DRMC on December 6, 2001 at eighteen days of age. Subsequently, Ayden was transferred to Children's Hospital in Pittsburgh for further treatment.

According to the documentation in the medical record at DRMC, Ayden arrived in the ER at 23:34 with problems including decreased activity, not looking right, and possible seizures. Dr. Siar had followed him as an outpatient since December 4th for gastroenteritis. On examination, he was noted to have dry mucous membranes and prolonged capillary refill at greater than two seconds. Laboratory investigations included a complete blood count that showed a white blood cell count of 12.8 and a hematocrit of 39%. The differential was significant for 22% neutrophils and 21% bands. The serum chemistry was normal apart from a CO2 of 17 and a BUN of 62. The Serum sodium concentration was initially 138 and rose to 141 on a repeat specimen. The admitting diagnosis was acute gastroenteritis and dehydration. Dr. Grout, the admitting pediatrician indicated his admitting plans in the medical record including 1) Continuing IV fluids, 2) pH study, and 3) caffeine/home monitor. His transfer note of December 7 at 13:39 states that urine culture grew beta strep as did the stool culture. However, blood and CSF cultures did not grow any organisms. Treatment for infection included ampicillin and gentamicin. Periodic breathing/apnea were treated with caffeine and then later with phenobarbital. A lumbar puncture was performed on December 6th. The CSF was clear and colorless. The protein was elevated at 85.5 but the glucose was 67. WBC 0-2, RBC 20-47. An EEG was described as "probably abnormal". A head CT was reported as showing extensive subarachnoid hemorrhage prompting neurosurgical consultation at Children's Hospital of Pittsburgh. The IV fluid consisted of D5 ¼ NS. The BUN deceased from 62 to 26. Mild hypocalcemia of 7.8 corrected to 9.4 with IV calcium. The sodium concentration drifted slightly to 136. By December 7, the sodium concentration drifted further to 129. The EEG was eventually reported as consistent with a prolonged seizure disorder and generalized encephalopathy. The final bacteriology report on the urine culture indicated the presence of mixed flora (3 organisms) including 25,000 CFU/ml of GBS. The stool culture also grew GBS. Nasopharyngeal and rectal swabs for virology were negative. Review of the nursery records finds that the management of the maternal GBS colonization conformed to the standard of care for an infant receiving less than 4 hours of intrapartum antibiotic prophylaxis.

The medical records from CHP reveal a prompt response to the initial referral and a rapid turn-around time of less than 2.5 hours. The CHP transport team arrived at 14:50 on December 7th and found Ayden unstable with bradycardia requiring resuscitation including intubation and chest compressions. They described abnormal findings including a sluggish right pupil and a fixed left pupil. Ayden became very hypothermic. On arrival at CHP, he was noted to have a generalized tonic-clonic seizure lasting 40 minutes until controlled with phenobarbital and Dilantin. Treatments at CHP included lidocaine, fentanyl, vecuronium, mannitol, normal saline, vitamin K, epinephrine, hydrocortisone, Reglan, Zantac, phenobarbital, Dilantin, ampicillin, cefotaxime, Lasix, and acyclovir. Neurology was consulted on December 8th. The consultation report indicated that Ayden has a viral illness with a history of a sick contact at home. The impression was that Ayden had an acute encephalopathy/coma with seizures. The most likely cause was hyponatremia or else HIE or viral sepsis. On December 9th, Ayden's neurologists discussed the possibility that the initial seizures began at home 48 hours before the hyponatremia. The neurologist that saw Ayden on December 10th indicated in his/her note the consideration of the fact that with the history of seizure-like events at home, Ayden already had a neurological problem before being admitted and that the drop in his sodium concentration seemed to correlate with the worsening of his clinical course. An MRI performed on December 11th revealed large areas of probable infarct in posterior regions of brain involving basal ganglia and thalamus with diffuse cerebral edema. After admission to CHP, Ayden's serum sodium concentration fell further to 123 and then to 119. A nephrologist was consulted and offered the impression that Ayden had resolved pre-renal acute renal failure secondary to reduced oral intake. With respect to the hyponatremia, the nephrologist indicated that the child had some significant neurologic findings that preceded the development of the hyponatremia. He attributed the hyponatremia to a combination of volume depletion and hypotonic fluids.

Acyclovir treatment was given from 12/7 to 12/12. The CSF PCR for HSV was negative. Evaluation by the child advocacy center for the possibility of child abuse did not find supportive evidence such as retinal hemorrhages. Between 12/12 and 12/20, Ayden's condition gradually improved and he was discharged home.

An electrocardiogram showed a QTc of 500 milliseconds. Audiologic testing on 12/24 demonstrated normal findings. An EEG on 12/8 revealed a markedly abnormal record with diffuse voltage attenuation, excessive discontinuity, asynchrony, multifocal sharp waves consistent with diffuse encephalopathy.

Ayden's mother, Karen Diane Shaffer, stated in her deposition testimony that on the advice of her pediatrician, she bought a thermometer and checked Ayden's temperature for 10 days. Her 2-year-old child was sick with an upper respiratory

infection. She returned to Dr. Siar at Gateway for a routine 2-week visit when coincidentally, Ayden became cranky and fussy. She took Ayden to the ER complaining of increased sleeping, decreased feeding, but wetting diapers. Ayden was diagnosed with dehydration and treated with IV fluid. *She recalls that the nurses tried to get a doctor all night.*

Timothy Douglas Doan, Ayden's father, stated in his deposition testimony that *the nurses could not get hold of the doctor.*

Dr. W. John Siar described the history of fussiness and decreased oral intake, and the sick contact at home. He recounted the discussion amongst the pediatricians at the office regarding suspected enterovirus and the need for a lumbar puncture.

Dr. Grout chose treatment with caffeine because if Ayden's problem were apnea, an anticonvulsant would make the apnea worse. When asked why he did the lumbar puncture, Dr. Grout stated that it was in order to rule-out GBS sepsis/meningitis because the mother had signed out AMA after delivery.

Dr. Chandrasekhar's deposition included many questions comparing his impressions with those of Dr. Grout regarding Ayden's management.

Dr. Palmer, the ER physician, indicated in his deposition testimony that the ER triage nurse suspected seizures based on the mother's chief complaint. He stated that he informed Dr. Grout by phone about the history of a possible seizure at home.

The nurses involved in Ayden's care were deposed beginning with Patricia Peoples, RN. Her testimony impressed me as reflecting an intelligent, eloquent, and organized analysis. She anticipated the details that the pediatricians would need to know in order to provide effective care to Ayden. Ms. Peoples provided this information to the pediatricians and asked questions of them. For example, she informed Dr. Grout about the mother's GBS colonization status as reported in the delivery records. She put Ayden on a cardiorespiratory monitor, pulse oximeter, and on neurochecks, all without a specific physican's order. She had asked whether the CT should be obtained immediately but was told to wait until morning. She recalled that she used the word "seizure" in conversing with Dr. Grout. Rita Gutkowski, RN described how intermittently, Ayden looked better and that his condition improved after the phenobarbital. Jennifer Giuffre, RN described how she worried about Ayden and called from home to check on his condition. Barbara Davis, RN, stated that she attributed Ayden's abnormal movements to hypocalcemia.

In summary, Ayden's history of contact with his sick sibling at home and his own signs and symptoms are compatible with a viral sepsis and possible encephalitis. Herpes would be reasonable explanation but testing for herpes at CHP was negative. Shaken baby syndrome was an important consideration but rejected by the staff at CHP.

Ayden's problems cannot be attributed to his hyponatremia. It is very clear from reading the medical record that Ayden was already encephalopathic while his serum sodium was in the normal range and before any treatment with intravenous fluid began. The choice of ¼ normal saline at 20 ml/hour was appropriate for Ayden.

The plaintiff's experts include Dr. Snelling, Chief of Pediatric Critical Care at Hasbro Children's Hospital. Her report ignores the fact that the child had abnormal neurological signs including seizures that prompted the ER visit and his admission to DRMC in the first place. Dr. Snelling's report criticizes the pediatricians for the many instances in which they failed to respond to communications from the nursing staff regarding seizure activity. Later in the report she criticizes the nurses for their failure to respond to the seizures even though she already described the proper nursing response to these events, i.e., communicating with the pediatricians. Dr. Snelling states that the nurses did not monitor vital signs on the day of Ayden's transfer to CHP. However, the lack of documentation of vital signs does not prove that vital signs were not monitored. She further states that the nurses failed to activate the resuscitation team. This statement indicates a lack of awareness of the scope of pediatric practice outside of an academic children's hospital.

I disagree with Dr. Snelling's assertion that Ayden was a normal baby. He was under the care of his physician for several days for a viral syndrome likely related to his sibling's viral upper respiratory tact infection. It is my opinion that Dr. Snelling makes comments about nursing standards of care that are outside of her professional domain, and which are incorrect and unjustified.

Dr. Molofsky, Chief of Pediatric Neurology at Beth Israel Hospital in New York, stated that Ayden experienced cerebral edema and cortical infarcts at DRMC. It is unreasonable for him to conclude that the brain abnormalities were not present prior to Ayden's admission. I disagree with his assertion that the cerebral edema and cortical infarcts were caused by untreated seizures and hyponatremia because this fails to provide an explanation for the onset of seizure activity at home and the neurological abnormalities that were clearly present while the serum sodium concentration was perfectly normal. As with Dr. Snelling, Dr. Molofsky makes comments regarding nursing standards of care that are outside of his professional domain, and not supported by records or testimony.

Dr. Nahouraii of Mecklenburg Neurological Associates theorizes that the gastroenteritis caused dehydration that led to an unvisualized sinus thrombosis

that increased intracranial pressure that led to a venous infarction in the posterior fossa with an early herniation syndrome and infarction of the occipital and parietal regions of the brain. This is interesting but quite speculative as uncal herniation is an extremely rare event in newborns because of the open fontanelles and sutures. Moreover, there was no evidence of herniation on imaging.

On the basis of the information available from the medical record, I cannot within a reasonable degree of medical certainty determine the specific cause or the specific time of onset of Ayden's neurologic abnormalities. The majority of the evidence from the history, physical examination, and laboratory findings point toward viral sepsis/encephalitis as the underlying cause but the virologic studies and analysis of the CSF failed to provide a clear-cut viral diagnosis. Ayden was neurologically abnormal upon his presentation to DRMC. Ayden was neurologically abnormal at a time when his serum sodium concentration was clearly normal. Therefore, it is not possible to state with a reasonable degree of medical certainty that Ayden's brain abnormalities can be attributed to the subsequent hyponatremia.

The documentation in the medical record reflects a high level of nursing skill and professionalism. The nurses involved in Ayden's care did the best that they could with a critically ill infant and did their part appropriately in informing and communicating with the doctors, and in providing nursing care. In fact, the nurses exceeded my expectations as a physician in terms of the thoroughness of clinical assessments, the communication of important clinical information, and their ability to function independently under stressful circumstances. As a physician, I would appreciate working with nurses who are so attentive to the patients.

Sincerely,

Robert Koppel, M.D.

Kimberly A. Comport, RN, MSN, CNS
119 Davidson Road
Mars, PA 16046

December 21, 2005

Debbie Durkin, Paralegal
Thomson, Rhodes & Cowie, P.C.
Attorneys At Law
Two Chatham Center, Tenth floor
Pittsburgh, Pennsylvania 15219-3499

Re: Ayden Shaffer-Doan, a minor, by his parents and natural guardians, Timothy Doan and Karen Shaffer, in their own right vs. Richard Grout, M.D., Sundar Chandrasekhar, M.D., DuBois Regional Medical Center and Gateway Area Medical Associates, Inc. In the Court of Common Pleas of Clearfield County, Pennsylvania. Civil Division No. 05-418-CD. Our File No. 14186.

Dear Ms. Durkin,

At your request I have reviewed the following documents in order to render my opinion regarding the nursing care provided to Ayden Shaffer-Doan:

1. Complaint
2. Answer to Complaint
3. Records of DRMC for 12/6/01 admission
4. Children's Hospital records for admit of 12/7/01-12/20/01

In summation, the patient was an 18 day-old infant who was brought to DuBois Regional Medical Center on 12/05/01 at 11:34 p.m. with profuse diarrhea, weight loss and possible seizure activity per the mother's report. The infant was admitted to the hospital via the emergency room on 12/06/01 for evaluation at approximately 3:15 a.m. The nurse in the emergency room noted the patient to have poor skin turgor, a slightly increased capillary refill of >2 seconds and a pale complexion. The mother reported the symptoms starting on 12/04, and she took the infant to be seen in the office by Dr. Siar. He was diagnosed with a viral syndrome and was taken home by his mother. When his condition changed and he became pale and less alert, his mother took him to the hospital. Of note, the infant's two-year-old sibling had cold symptoms for two days prior to this event. The

EXHIBIT
tabbies
E

initial plan was to monitor the infant for sepsis and continue I.V. fluids. The infant was placed on Ampicillin and Gentamycin for the possibility of infection.

The nursing documentation during the admission and throughout the hospital stay was thorough and presented a picture of an infant with multiple apneic episodes and seizure activity. The patient was started on a caffeine drip initially at 5mg/kg and later Phenobarbital for the seizure activity. On 12/06/01 Dr. Grout performed a lumbar puncture at 12:25 p.m. Blood cultures and cerebral spinal fluid cultures remained negative. The urine and stool cultures grew Group A Streptococcus, an organism covered by the antibiotics the infant was receiving via the I.V. At approximately 8:00 p.m. on 12/06/01 the infant showed some improvement as documented by the nursing staff. He was alert and recognized his mother. He had better motor and startle reflexes and was looking around his surroundings. No eye twitching, apneic episodes or true desaturations occurred from 8:00 p.m. until approximately 11:30 p.m. the same day when a desaturation episode occurred to 86% oxygenation but no seizure activity. The nursing staff continued to diligently assess and report their findings to the physicians. On 12/07/01 the apneic episodes and seizure activity began again. The nursing staff was attentive to the infant throughout the night.

On 12/07/01 at approximately 9:30 a.m. a cranial ultrasound was obtained which was negative. A CT scan was obtained also and revealed an extensive subarachnoid hemorrhage. Dr. Grout was immediately notified and arrangements were made to transport the infant to Children's Hospital. The infant was transferred at 2:50 p.m. At Children's Hospital he was in the pediatric intensive care unit until 12/14/01 at which time he was extubated and weaned off medications for blood pressure support. As all cultures were negative IV antibiotics were discontinued and he was placed on Phenobarbital for seizure activity. The infant was released to home on 12/20/01 with a final diagnosis of seizures.

Although this case has an unfortunate outcome it is not due to the negligence of the nursing staff as alleged. Complaints have been made that the nurses did not convey their findings to the physicians. In my opinion this is not the case. Numerous notifications were made. The initial contact occurred in the emergency room with notification of Dr. Palmer regarding the infant's condition including bradycardia and decreased respirations with the IV attempts. Dr. Palmer responded by coming in to exam the infant. The decision was made to admit the infant at 3:15 a.m. 12/06/05. At 5:10 a.m. the physician was notified of the infant's status and calcium gluconate was ordered intravenously. At 9:30 a.m. Dr. Siar phoned in to check the infant's status. At noon Dr. Grout was notified of desaturation episodes and came to the hospital at 12:25 p.m. At 1:15 p.m. Dr. Grout preformed a lumber puncture. At 2:30 p.m. and 4:30 p.m. Dr. Grout phoned in to check on the infant's status and was given a full report. Another notification this time to Dr. Chandrasekhar occurred at 5:45 p.m. as he took over "call" at 5:00 p.m. At 11:00 p.m.he was notified of the difficulty in obtaining a blood pressure on the infant. The infant continued to be closely monitored throughout the night by the nursing staff. At 4:20

a.m. the nurse obtained an IV fluid change order from the physician. At 8:10 a.m. Dr. Chandrasekhar was present with the infant as documented by the nurse. At 9:30 a.m. a cranial ultrasound was done. At 11:22 a.m. 60 mg of Phenobarbital was given over 13 minutes per the physician's order, therefore he was obviously aware of the infant's condition. At 12:10 p.m. Dr. Grout was notified of the CT report. An additional note was written at 2:00 p.m. stating, "Doctor aware of patient status". The transport to Children's Hospital was completed at 2:50 p.m.

As delineated above the nursing staff continually assessed and attended this infant and family. Their assessments were thorough and frequent thus meeting the standards of care. The nurses had several communications with the physicians in this case who were continuously notified of the infant's condition. It is my opinion that the actions of the nursing staff in this case did not cause or compound the outcome of this infant. I hold these opinions to a reasonable degree of medical certainty and reserve the right to amend my opinion if new information becomes available.

Sincerely,

Kimberly Comport

Kimberly A. Comport, RN, MSN
Clinical Nurse Specialist
Maternal-Child Nursing

James P. Scibilia, M.D., F.A.A.P.
David J. Cahill, M.D., F.A.A.P.
Janet D. Liljestrand, M.D., F.A.A.P.
George R. Haddad, M.D.
Hilary S. Jones, M.D., F.A.A.P.
Andrew C. Wisler, M.D., F.A.A.P.
Robert E. Deacon, M.D., F.A.A.P.
Kiran S. Mishra, M.D., F.A.A.P.
Barbara J. Negrini, M.D., F.A.A.P.
Paul F. Dubner, M.D., F.A.A.P.
Verda Sue Graf, PA-C
Dana R. Mueller, PA-C
Holly L. Martyn, PA-C
Kathleen M. Sweeney, CRNP

Uniquely connected. For life.℠
HERITAGE VALLEY
Health System

Tri-State Pediatric Associates, Inc.
250 College Avenue
Beaver, PA 15009
(724) 774-4070
Fax: (724) 774-2872

RECEIVED
OCT 02 2006
By

David R. Johnson
Thompson, Rhodes and Cowie, P.C.
Tow Chatham, Tenth Floor
Pittsburgh, Pa. 15219-3499

September 27, 2006

RE: Ayden Shaffer-Doan
File #: 14168

Dear Attorney Johnson:

I have reviewed the following documents in preparation of this report:

1. Complaint
2. Answer and New Matter to Complaint by DuBois
3. Medical Records from DuBois for hospital stay Dec 5-7, 2001
4. Childrens's Hospital of Pittsburgh records beginning December 7, 2001
5. Deposition transcripts of the following individuals-
   - Karen Shaffer
   - Timothy Doan
   - George Palmer, D.O.
   - Sundar Chandrasehaar, M.D.
   - Richard Grout, M.D.
   - John Siar, M.D.
   - Patricia Peoples, R.N.
   - Rita Gutowski, R.N.
   - Barbara Davis, R.N.
6. Report from Walter Molofsky, M.D.
7. Report from Linda Snelling, M.D.
8. Report from Robert A. Nahouraii, M.D.

Clinical Summary of DuBois Hospital Stay

Ayden Shaffer-Doan was seen at DuBois Regional Medical Center on December 5, 2006 at 23:40 hrs. He was brought there as a 17 day old infant with a history of poor intake of food and fluids, sluggish activity and diarrhea with approximately 8 diapers through the day. Of note was an episode described at home by the mother of about 3 seconds of 'seizure' when the child's head went back and he tensed up. He had been assessed at his pediatrician's office the day prior and felt to have a 'stomach virus'. There

EXHIBIT
tabbies
F

was exposure to a 2 year old sibling at home who had been ill with upper respiratory symptoms since the day before. His initial exam showed a weak cry with lethargy, sunken eyes and a decreased capillary refill. Laboratory testing showed WBC 12.8 with 21% band forms, Hgb 13.7, plt 531, Glu 69, BUN 62, Creatinine 0.8, Na 138 and CO2 17.2. A pulse oximetry reading was 95%. The child was appropriately treated with a 20cc/kg (60cc) bolus of volume expanding fluid and placed on a 20cc/hr IV infusion. According to Dr Palmer, the emergency room physician, he showed improvement in his clinical condition and was admitted for further treatment of his dehydration. The suspicious seizure activity was not repeated in the emergency room and the appropriate intervention, treatment of the poor perfusion and dehydration, was initiated with hospitalization initiated.

On the medical floor following admission at approximately 0330 hrs on Dec 6 he was noted to have some eye twitching with transient desaturation along with some "gulp 'like refluxing' ". Ampicillin and gentamicin were begun to treat possible bacterial infection at 0600. Episodes of brief desaturation with eye blinking were noted at 0510, 0600, 0745, 0800, 0900 and 0930. Isolated brief desaturations occurred at 0830, 1115, and 1125 and 1240. There was note of "left arm tremoring X 5 sec." at 1245. A lumbar puncture was performed at 1350 by Dr Grout with clear fluid obtained, 0 WBC, 20 RBC, pro 85.5, glu 67. The infant was begun on caffeine for apnea. Between 1540 and 1930 there were several more episodes of brief desaturation but no further description of eye blinking or other unusual motor movements. At 2000 the nursing notes state he 'looks around when spoken to, acting like he is recognizing mother better', 'looks much better, eyes no longer sunken', 'color much improved than from admission', 'mother speaking with baby and baby calms quickly', and 'pt is alert and looking around more'. At 2200 the nursing notes stated 'Alert, looking around tonight, no eye twitching observed this evening, acting more appropriate and seems to recognize mother...no apneic episodes this shift. No true desats since 8pm'.

At 2300 a note of "tremors at this time ? cold since diaper just changed" and at 2330 a brief desaturation, with some eye twitching described at 0010 on December 7th. At 0247 an episode of eye twitching was noted in conjunction with a slightly more dilated left pupil with further episodes of eye twitch and sluggish, dilated pupil at 0340, 0400, 0600 and 0810. Between 0810 and transfer to Children's hospital at 1600 there are several nursing comments about transient bradycardia, 'skipped beats', and desaturations without concomitant motor movements. Phenobarbital was given at 1122 followed by CT evaluation at 1210. Although there are no vital signs on the chart for the period from approximately 0500 until transfer, at 1315 the nurse comments state "Pt rested and appeared to sleep for most of last 2 hrs with out any significant bradycardias or Desats."

Transfer to Children's was arranged after CT scan suggested cerebral bleeding. On arrival by the Children's transport team the baby was found to be obtunded, requiring intubation, cardiac compressions, mannitol and pressor support for transport to the ICU at Children's Hospital. Cerebral scans delineated large areas of cortical infarct.

Clinical course comments

Ayden presented to the emergency department with a clear history and physical findings suggestive of dehydration. The report of his clinical condition included sluggish capillary refill, decreased activity, sunken eyes and a CO2 of 17. His mom reported a brief "seizure" episode which was not repeated in the ER. The management in the ER appropriately focused on the dehydration and evidence of significant volume deficit which was treated appropriately with improved clinical appearance. Hospitalization and discussion with the attending physician was likewise appropriately initiated.

After arrival on the medical unit, Ayden had several, brief episodes of abnormal activity suspicious for seizures with eye blinking and transient desaturations. These episodes were all short duration, lasting a few seconds to a minute and were documented in the nursing notes. He also had several episodes of desaturation without a motor event from 0930 to 1245, when he was noted to have 5 seconds of arm tremor. There is no documentation of prolonged or continuous clinical seizures during this period and Dr Grout testified in his deposition that his conversations with nursing staff did not clearly indicate these episodes were seizures early in the morning of December 6th. The use of caffeine by Dr Grout on December 6th represents his belief that these episodes more closely represented apneic spells and, though a neurologic event was certainly considered, the respiratory depression caused by anticonvulsants could seriously worsen central apnea. It was certainly not apparent from the clinical information available to Dr Grout, nor suspected from the clinical examination of the infant at that time, that these episodes were neurologic in origin. His evaluation and treatment at that time was appropriate and conforms to the acceptable standards of care.

Over the next 7-10 hours the infant had several brief, isolated desaturations without motor movement, and appeared clinically improved by 2000 on December 7th. At 2300-2330 there were 2 suspicious motor events, followed by another period of brief desaturations with eye blinking between 0240 and 0810 on December 7th. There was also evidence of a new neurologic finding with a slightly dilated and sluggish left pupil. The assessment on the morning of December 7th more clearly suggested a neurologic component to the desaturation and motor movement episodes and an EEG, CT and loading dose of Phenobarbital was administered. Transfer to Children's Hospital was arranged after receiving the CT report suggesting intracranial bleeding. Ayden was found on arrival of the transport team to be in respiratory and circulatory failure, was vigorously resuscitated and transported to the intensive care unit at Children's Hospital where further stabilization, evaluation and treatment for presumptive sepsis was instituted. Cultures obtained there showed no definitive organism as the causative agent for this illness.

What is the causative event in Ayden's case, and could the attending physicians have intervened to avoid cerebral injury? Ayden had a gastroenteritis illness with dehydration and concomitant seizure activity starting approximately 36 hours after the

onset of enteritis. The combination of enteritis and seizure suggests viral illness, particularly enteroviral disease as an etiologic agent. These viruses are known to be neurotoxic with severe sepsis occurring in neonates. Cerebral inflammation and encephalitis are common and cardiovascular collapse can occur rapidly. Given the history of a 'seizure' at home and the subsequent episodes overnight on December 6th, significant brain inflammation or infarct was already evolving in this infant on arrival to the emergency department. Episodic seizures and central apnea were the consequence of brain parenchymal damage, not the cause of them. The dasaturations without coexisting motor movement were most likely apnea secondary to cranial damage in evolution, not due to seizures.

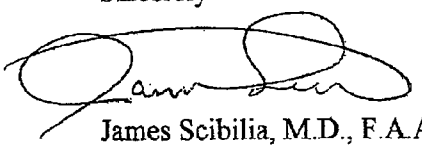
It was not possible, given the symptomatology occurring on the morning of December 6th, to have concluded that these spells were anything other than apnea. The subsequent medication trial resulted in some apparent improvement by that evening and the physicians involved would reasonably believe that their treatment was effective. Early morning episodes and further information available to the physicians on December 7th led to more aggressive diagnostic testing and treatment for seizures. On discovering a cerebral bleed the physicians appropriately arranged for transfer of the infant. This falls within acceptable medical practice standards.

Although it is difficult with any certainty to determine when Ayden developed the severe cardiorespiratory compromise evident on the arrival of the transport team, it was likely a rapidly developing event given the descriptions of the infant by nursing and the extreme nature of the compromise. Had that state been occurring for more than a short time, the infant would have died prior to resuscitation being instituted.

Ayden's brain injury was the result of an overwhelming infection involving multiple organs including his brain, gastrointestinal tract and cardiorespiratory system. Enteroviral infection is a likely culprit in this clinical setting. These injuries were already evolving when the child was first brought to the emergency room. The progression of the symptoms was a result of the infection and its trauma to the brain, not because of inappropriate treatment by his primary physicians. These events and injuries would have occurred even if the seizures themselves had been detected and treated on December 6th since the etiology of the seizures was brain injury itself. Infants suffering from enteroviral encephalitis or brain damage typically have residual neurologic deficits, regardless of the supportive treatment provided for their care. This outcome was unavoidable and was in no way caused by deviations in the care rendered by the attending physicians or hospital staff.

I hold these opinions to a reasonable degree of medical certainty.

Sincerely



James Scibilia, M.D., F.A.A.P

Children's HOSPITAL

Section of Pediatric Neurology

700 Children's Drive
Columbus, OH 43205-2696
Phone:614-722-4625
Fax:614-722-4633

September 15, 2006

David R. Johnson, Esquire
Thomson, Rhodes, and Cowie, P. C. Attorneys at Law
2 Chatham Center, 10th Floor
Pittsburgh, PA 15219-3499

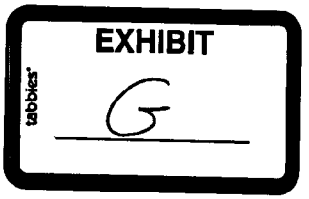
RE: Ayden Shaffer-Doan
File#: 14186

Dear Mr. Johnson,

I reviewed the medical records which you provided regarding the above referenced file on Ayden Shaffer-Doan.

The records which you provided included those from a 12/05/01 admission to Dubois Regional Medical Center and an admission on 12/07/01 to Children's Hospital of Pittsburgh. In addition, records from Children's Institute PA Elks Project, Clearfield Jefferson MR Center, Cen-Clear Child Services and Gateway Medical Associates were available. Also, I reviewed depositions of Timothy Doan, Karen Shaffer, Dr. John Siar, Dr. Richard Grout, Dr. Sundar Chandrasekhan, Dr. George Palmer, Patricia Peoples, RN, Jennifer Gioffre, RN, and Barbara Davis, RN. I also reviewed reports from Dr. Walter Molofsky and Dr. Robert Nahovrail.

Ayden Shaffer-Doan, according to history from records, was an 18 day old boy who was a product of a full term, uncomplicated pregnancy who presented to the Emergency Department at Dubois Regional Medical Center on 12/06/01 with his mother (who is his informant) complaining of diarrhea in the infant and decreased oral intake for the past two days. His mother also noted eye rolling and arm flailing. The evening of admission he had become pale and less alert. The patient was reportedly seen by a Dr. Siar and thought to have gastroenteritis on 12/04/01. The staff note on 12/06/01 from the emergency room progress reports, also made note of trembling and twitching of the eyes, and involuntary movements of the body. He was not noted to have a fever. The chief complaint on admission was a possible seizure with twitching and arms tensed up with decreased activity.



On admission, abnormal laboratories included BUN: 62, creatnine: .8, glucose: 69, sodium: 138, potassium: 6.2, Co2: 17 and repeat values were sodium: 141, potassium: 5.4, Co2: 19. The skin turgor was noted to be good and there were no skin lesions present. The admitting diagnosis was dehydration and plans were to continue IV fluids and monitor for sepsis. The patient was placed on caffeine treatment for some episodes of periodic breathing, apnea, posturing and eye movements which became more notable after admission. Episodes of desaturation to the seventies with pulse oximetry were noted and the physicians were informed by nursing staff repeatedly of the eye twitching and the apneic events. These occurred multiply after admission and at 0800 the attending physician, Dr. Grout, evaluated the patient, renal ultrasound was ordered, and later that day on 12/6/01, a lumbar puncture was preformed and EEG and CT scan of the head were ordered. Also, a metabolic screen was done for urine organic acids and blood for serum amino acids. Phenobarbital was started on 12/07/01 at 0354 hours, as were antibiotics including ampicillin and gentamycin.

The cerebrospinal fluid cultures were negative. The urine was positive for Group B Strep. After being called for patient's serious multiple issues, the EEG was done on 12/07/01 and a head CT study was done which revealed multiple areas of infarcts. On 12/07/01 the Children's Hospital of Pittsburgh transport team arrived at 2:50pm after being called by Dr. Grout for the patient's determined status and the infant was noted to be apneic and bradacardic and he was bagged and intubated at Dubois Regional Medical Center. He was hypotensive with blood pressure of 67/39 and was transported to Children's Hospital of Pittsburgh. On admission there, he had a generalized seizure that lasted for 40 minutes and was treated with continued phenobarbitol and phenytoin. On arrival to Children's Hospital of Pittsburgh the sodium was 123 and shortly there after 119. The glucose level was 129 and BUN 26. The CT scan revealed numerous low density areas involving infarcts in the cerebrum and pons and diffuse cerebral edema.

After maximizing seizure control and evaluating neurologic status, patient's condition improved. The patient was discharged on 12/20/01. He was discharged on Phenobarbital and his neurological examination was noted to be abnormal with decrease tone throughout. However, he was moving all of his extremities and was feeding well. As of the last records I have reviewed, he continues on a seizure medicine as of 03/24/04 taking Depakote and his EEG was abnormal at that time. He is noted to be micro cephalic with seizures and hypertonia and receives augmentive speech, occupational, and physical therapies. He continues to suffer from a diffuse static encephalopathy with notable developmental delays and a history of seizures.

In reviewing these records, my opinion with a reasonable degree of medical certainty is that on the admission to the Emergency Room at Dubois Regional Medical Center that dehydration was a reasonable diagnosis based on the history, physical examination, and the laboratories obtained. By history, the child's events were consistent with seizures according to the chief complaint on admission to the emergency room, so some type of pre-existing neurologic problem was occurring on presentation to the emergency room. The underlying cause of this neurologic illness was never determined. Seizures were pre-existing prior to fluid resuscitation and hyponatremia occurred significantly after onset of

seizures. My opinion is that the nursing staff appropriately informed attending physicians (Dr. Grout and Dr. Chandrasekhar) of patient's conditions and possible seizures throughout the hospital stay. These included on 12/6/01 at admission, 0530, and 0800 Dr. Grout saw 2 seizure-like events. Dr. Siar was called at 0930, Dr. Grout called and spoke with the nurses at 1200, 1225, 1315, and 1630. Dr. Chandrasekhar was notified 12/6/01 at 1745, 2300, and on 12/7/01 at 0415 and 0810. With a reasonable degree of medical certainty, it is not possible to ascertain that his eventual outcome with his static encephalopathy and seizure disorder would have been significantly different had definitive treatment been instituted in a more timely manner at Dubois Regional Medical Center.

Yours truly,



Ann Pakalnis, M.S., M.D.
Associate Professor
Director, Clinical Neurophysiology Lab
Director, Headache Clinic
Clinical Pediatrics & Neurology

CHARLES B. BRILL, M.D.
CHILD NEUROLOGY & DEVELOPMENT
830 SOUTH BOWMAN AVENUE
MERION, PA 19005-1421
TEL: (610) 667-5865
FAX: (610) 660-9292
TEL: (302) 651-5859 (W)
E-MAIL: cbrill@nemours.org

MEMO September 17, 2006

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

Re: **Ayden Nicholas Shaffer-Doan vs. Gateway Area Medical Associates**
DoB: 11/18/01, 17:06
DoER: 12/5/01, (1140 PM, 23:40)

Dear Mr. Blasko:

I have reviewed the medical records and expert reports that you sent in the **Ayden Nicholas Shaffer-Doan vs. Gateway Area Medical Associates** case. Included were:

Ayden Nicholas Shaffer	DuBois Regional Medical Center	New Born Nursery
	Children's Hospital of Pittsburgh	Inpatient
		Outpatient
	Gateway Area Medical Associates	Pediatric Records
Expert reports	Denis S. Atkinson, Jr, MD	Radiologist
	Robert A. Nahouraii, MD	Child Neurology
	Walter J. Molofsky, MD	Child Neurology
	Linda K. Snelling, MD	Ped. Critical Care

Ayden Nicholas Shaffer
DuBois Regional Medical Center **New Born Nursery**
11/18/01, 17:06 Ayden was a term male born following an uneventful pregnancy, complicated by GBS+ status to a 33 year old, Gr 4, P 3 mom. Mom's LMP = 2/20/01, EDC = 11/17/01, DoB = 11/18/01. Mom had pre-natal care. Fetal Assessment – normal. Drug, alcohol and tobacco use were denied.

He was an augmented vaginal delivery, with Apgar scores = 9/1 and 10/5.

BW = 3380 gm (7#, 7 oz.), L = 53.5 cm (21"), HC = 35.5 cm (14"), CC = 33 cm (13"). He was AGA; all growth parameters are normal and concordant. He had spontaneous respirations, a lusty cry and pink color, all normal. His fontanelle was flat; Neuro status was normal. He was breast-fed. He was circumcised on 11/19/01. Neo Gen Screen was normal. He passed his hearing screen.

EXHIBIT
tabbies
H

On 11/19/01, there is an order "Keep till tomorrow". He was discharged from the nursery, AMA, on 11/19/01, 17:30 with a weight = 7#, 5 oz. Cultures, negative for GBS were reported on 11/20/01. He seemed to be feeding adequately.

12/4/01, 16 days old Ayden went for his routine 2-week check-up. He hadn't slept well, did not nurse well and had a clear runny nose with sneezing. A sib was getting over a virus. He was nursing q 2 hours. There was no complaint of diarrhea or seizures.

Weight = 7", 11 oz. (3487 gm), L = 21", HC = 38 cm, (possibly an overestimate). This is a 100 gm increase/16 days, and shows that his weight gain rate was slow, and his weight was falling further below the 50 %ile curve, indicating insufficient nutrition. His length had not increased in 16 days, again showing insufficient nutrition.

He had a fine rash, and was thought to have a ? viral illness. He had good turgor (was not dehydrated.) He was to have a weight check in 1 week. At that time, he had slow weight gain but not dehydrated.

DuBois Regional Medical Center **ER**

12/5/01, 2334, 17 D ER Diarrhea x 2 days, (12/3/01). Seizure. Decreased activity. Tense up. Possible seizure at home x 3 seconds. He would not nurse. Not acting normal. Not looking right.

Pale, warm, dry. Weight = 7#, 4.8 oz, (3312 gm) a loss of 6 oz, in 1 day. (He was approximately 5% dehydrated on the basis of 6 oz loss/7#, 11 oz.) HC = 36 3/4 cm, probably correct. Lethargic, weak cry, CNS normal - ??? Sunken eyes, dry mucous membranes. Strong peripheral pulses. Decreased capillary refill, > 2 secs. Poor turgor. Did not cry during needle sticks.

12/6/01 **Pediatric Ward**

0130 Decreased pulse, Resp with IV sticks.
0205 IV successful. Normal saline bolus.
0209 Na = 138, (Normal 136 – 145). BUN = 62, Creatinine = 0.8, Glucose = 69,
UA - +1 bacteria. USG = 1.020. Protein – normal.
0300 IV – D5 1/4 NSS, 20 cc/Hr. (150 cc/Kg/D).
0330 He was admitted to Pediatrics with the diagnosis of dehydration.
Unable to obtain BP x 3. Cap refill = 3 secs.
Awake, drowsy. Awakens for feeds → back to sleep.
Awake, but seemed dazed. Had startle reflex.
Opens eyes to pain. Withdraws to pain.
Fontanel – soft, flat. Cry – strong, lusty. Muscle tone – normal.
Color – pale. Eyes slightly sunken.
Episodes of possible seizure activity, each lasted 15 - 30 seconds. Had twitching of eyes, at times, sometimes together, sometimes alternately. On occasion eyes rolled back, turned pale, O2 sat in 70s.

Appears thin, very dry. Skin dusky, pale. Mucosa sticky. No urine in diaper. Lips dry, cracked. Extremities slightly cool. Temperature – bundled.

0510 Eye Twitching.

0630 IV antibiotics – Gentamycin, Ampicillin.

0703 Na = 141. (normal). BUN = 58.

0745 BP = 79/54 (MAP = 62.) (Normal – 78 +/-10 / 50 +/-9. Awake, lethargic, listless. Eyes sunken. Eyes blinking, with desating. Color constantly pale/dusky.

0800 End of night shift – 0 Urine output.

0900 Eye blinking, desats to 70's.

0930 Eye blinking less.

0940 pH = 7.35.

1100 BP = 92/77. Lethargic, listless. Motor strength – normal. Eyes open spontaneously. Withdraws to pain. Cry – lusty. Fontanelle – soft, flat. Muscle tone – normal. Pale, pink. Capillary refill < 2 secs. Skin – very dry. Mucosa – sticky. Lips – dry.

1115 Slow, shallow respiration.

1125 Slow, shallow respiration.

1145 Slow, shallow respiration.

1155 Slow, shallow respiration.

1200 Slow, shallow respiration.

1220 Slow, shallow respiration.

1225 Slow, shallow respirations.

1245 L arm tremoring.

1300 LP – CSF - clear, colorless fluid. WBC = 0 - 2, RBC = 20 – 47. Protein = 85, (ULN = 100). Glucose = 67 (BS, 1502 = 131.)

1400 – 1530 IV = 33 cc/Hr.

1530 BP = 79/55. Lethargic, listless. Tone, movements – normal. Eye opening – spontaneous. Fontanelle – soft, flat. Lips – dry. Cry – strong. Turgor – normal. Mucosa – sticky.

1532 Na = 136, (normal). BUN = 47.

1540 Shallow respiration.

1600 Shallow respiration.

1895 Slow respiration.

1930 Shallow respirations.

2000 BP = 116/76 (High.) Awake, alert, looks around when spoken to. Pupils 3 mm, reactive. Eyes open spontaneously. Tone – normal. Cry – shrill, occasional. Withdraws to pain. Fontanelle – soft, flat. Startle reflex – normal. Periodic breathing. Sucking, not rooting. Mucosa – moist. Lips dry. Color – much improved. Looking around, seems to recognize M.

1530 – 2200 200 cc IV fluid/6 1/2 Hr = 31 cc/Hr., plus 2nd IV for antibiotics.

2200 Voiding well. Shrill cry.
2300 Occasional shrill cry. Awake, alert. Pupils 3 mm, reactive. Tone, strength – normal. Periodic breathing. ? recognizes M. Slight tremors.

He had no urine or stool output by approximately 0800. He drifted off to sleep if not stimulated. Anterior fontanelle – normal. Continued to have seizures, eye blinking, lip smacking. Decreased tone.
Blood culture – sterile. CSF culture – sterile. Amino acids – normal.

12/7/01

0100 Episode of eye twitching.
0247 Eye twitching, upper arm tremors, L pupil dilated.
0340 Twitching of left eyelid. L pupil more dilated, sluggish.
0400 Both eyes twitching. Tremors of both arms and legs. Apnea.
0415 Pupil slightly dilated, sluggish.
Continues to have focal seizures and tremors of extremities.
0420 IV – decreased to 15 cc/Hr.
0600 ? Focal seizures, twitching eyelids. Took fluids po.
Periodic breathing, bradycardia.
0621 Na = 129 (low, but not enough to cause seizures.) BUN = 26. The BUN fell by half in 24 hours. This rehydration probably accounts for the fall in Na.
AF normotensive. Abnormal posturing, eye blinking, lip smacking. Good urine output.
0640 Bradycardia.
0722 Cranial ultrasound – normal.
0800 Total Intake for night shift = 212 cc/8 Hrs = 26.5 cc/Hr.
Urine Output = 312 cc/24 Hr = 4 cc./Kg./Hr.
0810 Awake, alert. Pupils - 3 mm, brisk. Fontanelle – full,
Lips, mucosa – moist.
Cry – shrill. Eye open – spontaneous. Strength – normal.
Tone – tremors. Intermittent tonic extremity movements,
Chewing movements. Bradycardia, decreased O2 sat.
0850 Nurses noted trembling, twitching of eyes, involuntary movements of body. Occasional mouthing movements. Mild frothing of mouth. Pupils slightly enlarged, reactive.
Cry is shrill. Occasional drops in heart rate.
0930 Bradycardia.
0935 Bradycardia.
1020 Bradycardia
1122 Phenobarbital for seizures.
1157 CT Head – Extensive subarachnoid hemorrhage. (This is a misreading, and was corrected at CHP later that day.)
1210 Total Protein = 5, Albumin = 2.6, further evidence of malnutrition.
Liver enzymes slightly elevated.

1215 Na = 126
EEG – Abnormal – Prolonged seizure, and generalized encephalopathy.
Electrographic inactivity as child was breathing deeply and slowly, central neurogenic hyperventilation.
Spike wave activity accompanied lip trembling.
1319 Arrange transfer to Children's Hospital of Pittsburgh.
1321 Apneic, bradycardic → CPR.
1450 CHP Medivac crew arrives – apneic, bradycardia → CPR, Compressions.
BP = 67/39 (slightly low).
AF – soft, full. Rx – Mannitol, hyperventilation.
Showing evidence of seizure activity. No eye opening.
Pupils = 4 mm, R non-reactive, L sluggish.
Skin = cold, mottled. Cap refill = 4-5 secs.
Stabilized, sedated, paralyzed, intubated, ventilated patient.
Fluid boluses, Mannitol. He got IV D10W.
1510 – 1650 Hypotensive (MAP = 20s – 30's). Hypothermic (T = 30).
1555 Depart beside at DuBois.
1620 – 1720 He got 5 doses of Epinephrine. Perfusion sl. improved.
1645 BP = 70/40's. Epinephrine dose = 0.2 mg/Kg/min.
1655 BP = 67/44.
Amino acids, NH3 – normal.

Children's Hospital of Pittsburgh 1730 Arrive CHP
12/7/01

Adm. Hx: 4 D PTA Diarrhea and decreased activity.
3 D PTA Saw. MD. Had seizure at home.
2 D PTA Admitted.
Per parents - Seizures continued for 1 1/2 D in Hosp.

Head CT Reinterpreted – Diffuse edema, absence of cisterns, large infarct.
Head CT CHP Cortical infarct, diffuse cerebral edema, absent LV, cisterns
Involvement of cerebellum and pons.
No evidence of trauma, infection.

Admitted to PICU NE Pupils reactive. Sedated, symmetric, reflex posturing to pain.
Neuro consult - Treat seizures with Dilantin, phenobarbital.

1800, 1900 Hypotensive.
1800 – 2100 Pupils 2 – 3 mm, sluggish – slightly reactive.

12/7/01	1835	Hb =	14.3,	Hct =	41.7	Na =	119	Alb	
	2134		10.4		31.1				
12/8/01	0415		10.2		29.4		133		2.0

2/8/01 Weight = 2.8 Kg. (20 % weight loss since 12/4/01.)
Neurology Consult – Ira Bergman, MD, PhD
DuBois - Had Seizures for a few seconds q 40 minutes.
CHP – 40 minute generalized Sx.
AF – flat. Minimal response to sound, touch in V2.
Eyes closed. No response to light. EOM – absent.
VII – poor movement. + Gag.
Cause = Hyponatremia,

1800 Head CT Diffuse, generalized edema of cerebral parenchyma with partial sparing of anterior cerebral artery circulation and patchy cerebellar and brainstem edema. There is associated compression of the basal cisterns. A hypodense area within the pons is identified.

EEG Markedly abnormal because of diffuse voltage attenuation, excessive discontinuity, asynchrony and lack of reactivity, with multifocal sharp waves.

12/10/01 Renal Consult - "To the best of my assessment, this child had some significant neurologic findings which preceded the development of hyponatremia. On 12/6/01, with a serum Na of 136, he was having seizure like activity and desats. His neurologic status deteriorated significantly following the development of hyponatremia, Na = 129. I believe his hyponatremia was 2o or a complication of volume repletion and hypotonic fluids. It is very likely that the combination of hypoxia and hyponatremia significantly aggravated this patient pre-existing CNS pathology, though I do not believe it is the sole factor. "

Neuro Fellow Note Discussed CT with Neuroradiologist. Low density fits best with etiology of hyponatremia. Venous thrombosis not seen. Discussed case with Renal who is further investigating role of hyponatremia and prior events.

Neuro Attending Note I wonder, wit history of seizure like events at home, if he already had neurological problem before being admitted. Drop in Na+ seems to correlate with worsening clinical course.

12/11/01 No spontaneous eye opening, but moves all 4 extremities with stimulation.
MRI Brain Matches the CT. .
T2 Abnormal signal throughout the cerebral hemispheres, with some sparing of the frontal cortex. Ventricles are small. Sulci and cisterns are better seen than on the CT, suggesting early signs of resolution of the edema.
Diffusion abnormal throughout the posterior half of both hemispheres, the white matter of the frontal lobes, and the caudate, posterior thalami, internal capsules and ventral brain stem.
T1 foci of abnormal signal in the occipital cortex and subcortical white matter 2o to cortical necrosis.
Gradient Very small hemorrhage in the left lateral ventricle.

Cerebellum partially affected, , cerebrum.
No anomalies.
Intracerebral vessels Smaller than usual, presumably 2o to To. decreased perfusion.

12/12/01 Spontaneous eye opening.

12/24/01, 5 weeks His HC = 38 cm, showing evolving microcephaly.
Auditory Brainstem Responses = Normal.

1/2/02 CT Head Interval advance in encephalomalacia throughout most of the cerebral cortex with some sparing of the frontal lobe, particularly in its superior portion. Basal ganglia, brain stem and cerebellum are also spared. (The MRI is more sensitive than the CT; I doubt that the basal ganglia, brain stem and cerebellum are spared.)

EEG Technically limited due to movement artifact.
Focal epileptiform discharges. Improved since study of 12/8/01.

1/14/02 Pediatric Neurologic Evaluation
At CHP, cerebral edema thought to be due to hyponatremia. Seizures treated with phenobarbital. Return of brain stem function; fed po. EEG – improved but still abnormal. Moving all 4 extremities, has sleep-wake cycles. HC = 38,5 cm., 50% for age. Neuro exam normal.

4/15/02 Ped Neuro Eval.
HC = 39.8 cm, < 5th %ile. Coos, laughs, smiles. Reaches for objects, fixates, follows. (? – Found to be cortically blind in future.) Increased tone, reflexes, clonus. Weak shoulders.

7/1/02 Ped Neuro Eval.
Does not fix or follow consistently. Pupils equal, reactive.
Not rolling over. Does not reach well.
EEG – Multifocal sharp waves, L>R frontal areas.
Focal slowing L frontal.
Modified hypsarrhythmia.
Electrodecremental response – maximum L – no clinical correlate.
CT - Severe atrophy, most prominent in occipital and temporal regions, bilaterally.
Minimal tissue loss in frontal lobes.
Ex-vacuo dilation of lateral ventricles and large subarachnoid space.
Cause – hyponatremic encephalopathy.

8/19/02, 9 M Decreased visual tracking. Developmental delay. HC = 40.5 cm, < 5 %ile. Increased tone.

11/18/02, 1 Y Seizures, Tegretol better than phenobarb. Not rolling. Visual problems. HC = No growth.

1/3/03 EEG Mildly improved. Almost continuous sharp and slow wave discharges.

2/10/03 Ped Neuro Eval. Spastic quadriplegia and visual impairment. Seizure free. Gets OT, PT, ST and vision therapy. Markedly microcephalic. Hyponatremic cerebral necrosis.

2/20/03, 15 M PA school for the Blind. Development = 3 M, 20 %. HC = 40.5, No change. Not rolling.

6/30/03 Ped Neuro Eval. Exam same. Dehydration, was hyponatremic.

Expert reports

Denis S. Atkinson, Jr., MD, Radiologist, states that the misreading of the CT at DuBois adversely affected his management. This is not true. The management would have been the same regardless of the reading.

He states that Ayden's brain damage is due to status epilepticus. Ayden was not in status on 12/5/01 – 12/7/01, before his admission to CHP. He had seizures lasting for seconds every 40 minutes. The 40 minute seizure at CHP meets the definition of status, but there was evidence of neurologic abnormality for 2 days prior.

He did not time the onset of the radiographic abnormalities.

The cause of the brain damage is whatever caused the first seizure on 12/5/01.

Robert A. Nahouraii, MD, Child Neurology, does not mention that Ayden had at least 1 seizure before he came to the ER at DuBois Hospital. He states that seizures were first seen on 12/6/01 at 5:10 AM. Seizures are first recorded at 0330. Abnormal neurologic symptoms were recorded in the ER records as occurring before and after Ayden came to the ER. His first low Na occurred on 12/7/01 at 0621. All seizures that occurred before then happened while his Na was normal. The first low Na is not low enough to cause seizures.

He states that Ayden's dehydration let to an unvisualized sinus thrombosis. The radiologist at CHP specifically denied this, as evidenced by the Neurology note of 12/10/01. Neither the CT scan of 12/8/01, nor the MRI of 12/11/01 mention a sinus thrombosis or intraparenchymal hemorrhage. Both would be expected to be present if a sinus thrombosis caused the severity of neurologic impairment that Ayden suffered.

He does not address the timing of the abnormal radiologic changes.

Walter J. Molofsky, MD, Child Neurology, states that Ayden's static encephalopathy is 2o to cerebral edema and cortical infarcts that he sustained during his admission to DuBois. Since seizures occurred at home and since he had abnormal neurologic signs in the ER, before admission, Dr. Molofsky's contention is wrong.

He states that the cerebral edema and cortical infarcts are due to seizures, rather than that a neurologic insult caused infarcts, edams and seizures.

He does not address the timing of the infarcts.

Linda K. Snelling, MD, Ped. Critical Care, (p 1 + 2) stated that on 12/6/01, Ayden had seizures at 3:30 AM and between 5:10 and 8:30 AM. She then defined status epilepticus (SE) as episodes of seizures lasting more than 30 minutes or repeated intermittent seizures over a period of 30 minutes without full recovery. That is the accepted definition of the ILAE (International League Against Epilepsy).

Ayden does not fulfill either arm of the definition. He did not have 30 minutes of continuing seizure. He did recover fully between seizures. His seizures only lasted seconds. On 12/6/01, 03:30 and at 07:45, the nurses note he had normal motor strength of all extremities, opened his eyes to pain, withdrew to pain, had a strong, lusty cry, had cries that were consolable and had normal muscle tone.

On 12/6/01, 11:00 AM, he was not having seizures. He was lethargic and listless. With normal motor strength of all extremities, spontaneous eye opening, withdrawl to pain, a lusty cry, a consolable cry and normal muscle tone.

Dr. Snelling (p 4) states that when the PCH transport team arrived at approximately 2:50 PM, they found a nearly dead baby on whom they had to start CPR. She states that the reason for his moribund state was SE. The reason for his moribund state was his increased intracranial pressure from the infarcts and cerebral edema. The first recording of full AF was on 12/7/01, 0810. At 12:15, his EEG showed slow, deep respirations, characteristic of central neurogenic hyperventilation. This is a sign of increased ICP with incipient herniation. The CHP team treated Ayden's increased ICP with hyperventilation and mannitol.

Dr. Snelling is wrong about the cause of Ayden's deterioration while at DuBois. She does not address the timing of the radiologic abnormalities.

Regarding life expectancy, I would surmise from the most recent data that I have seen, since he is not rolling over, is microcephalic, has a spastic quadriplegia and almost continuous seizure activity on his EEG, that his life expectancy will be severely shortened.

Conclusions

In summary, within a reasonable degree of medical certainty, Mom signed Ayden out of the Newborn Nursery AMA. Ayden did not get sufficient nutrition for the first 2 weeks of his life, as shown by his insufficient weight gain and lack of length increase recorded at his pediatric appointment on 12/4/01. On 12/7, his albumin was low; further evidence of his poor nutrition.

He did not nurse well. He was thought to have a viral infection. Assuming that mom had successfully breast fed prior children, the lack of growth probably shows that there was something neurologically abnormal with Ayden before 12/4/01.

He was seen in the ER of DuBois Hospital on 12/5/01, just before midnight. He was said to have diarrhea x 2 days and had a seizure. He was 5% dehydrated by weight. He would not nurse, and was not acting or looking right. He was lethargic, had a weak cry and did not cry during needle sticks.

He was admitted to hospital. His Na was normal. BUN was elevated. There was no urine output through 08:00. He was rehydrated with D5 1/4 NS. He was awake, but was drowsy and dazed. He took feeds, but went back to sleep. He reacted to pain. He had a lusty cry. He had seizures. He appeared dehydrated and had to be bundled to maintain his temperature. Brief seizures were documented at 3;30. 5;10, 7:45, 9:00 and 9:30. At 11:00 and at 15:30, he was better; he opened his eyes spontaneously.

Between 11:15 and 19:30, he had episodes of slow, shallow breathing, showing abnormal control of respiration. At 20:00 he was better, in that he looked around when spoken to and seemed to recognize his mother.

Between 14:00 and 20:00, he may have been overhydrated, contributing to his drop in serum Na.

At 22:00 and 23:00, he had a shrill cry, indicating neurologic dysfunction, a cerebral cry

On 12/7/01, his brief seizures continued. His L pupil was slightly dilated and sluggish, probably indicating increased intracranial pressure. His Na was now 129, slightly low, but not low enough to cause or contribute to seizures. His BUN had fallen by 50% in 24 hours. This shows that he was not in shock prior to this time.

At 06:21, the AF was said to be normotensive. At 06:40 he had bradycardia, probably due to increased ICP. At 07:22, a cranial ultrasound was read as normal. A neuroradiologist should review this study. I doubt that it is truly normal. At 08:00. his urine output for the preceding 8 hours was 26.5 cc/hr, probably too high, and indicating overhydration. At 08:10, his fontanelle was full, confirming increased ICP. Bradycardic episodes continued. At 11"22, he was given phenobarbital for seizures. At 11:57, his Head CT revealed extensive cerebral infarcts, with cerebral edema and increased intracranial pressure. At 12:15, an EEG showed prolonged seizure plus central neurogenic hyperventilation.

At 13:19, arrangements were made to transfer him to CHP. When the Medivac team arrived at 14:50, he was moribund and needed CPR. He later became hypotensive.

Ayden seizures started before he came to the hospital. Therefore, the cause of the seizures occurred before he came to the hospital. He was not in status until noon, 12/7/01. He had seizures while his serum Na was normal. The plaintiff's theory of the case in incorrect.

What I believe happened, is that he was malnourished and had superimposed mild dehydration. He suffered an extensive brain infarction, causing his seizure, for which he was seen in the ER.

In the hospital, his seizures were not treated for 1 1/2 days, but this did not cause further damage. His low Na did not cause his seizures; it is the result of overhydration.

Drs Bergman and Painter, his treating Pediatric Neurologists at CHP, are wrong to ascribe the neurologic injuries to hyponatremia. The nephrologist got it right.

His increased intracranial pressure came from his infarction plus overhydration, and led to cerebral edema and pressure on vital brain stem centers, causing pupillary dysfunction, central neurogenic hyperventilation, shallow and slow breathing, bradycardia and ultimate shock.

The most important step is to have the head ultrasound and CTs from 12/7/01 reviewed by a pediatric neuroradiologist, to time the infarctions.

Brain infarctions in infants are frequently caused by, or are contributed to by, thrombophilias, conditions that cause excessive blood clotting. These should be sought by appropriate blood tests by his treating physicians.

He is severely impaired and probably has a significantly shortened life expectancy.

Very truly yours,

Charles B. Brill, MD
Clinical Professor
Pediatrics and Neurology

CONVERSION FORMULAS

Weight

Grams	Pounds
454	1.0
1000	2.2

To change pounds to grams, multiply by 454.

To change kilograms to pounds, multiply by 2.2.

Length

To convert inches to cms, multiply by 2.54.

Temperature

To convert centigrade to Fahrenheit:
(9/5 x temperature) + 32

To convert Fahrenheit to centigrade:
(Temperature - 32) x 5/9

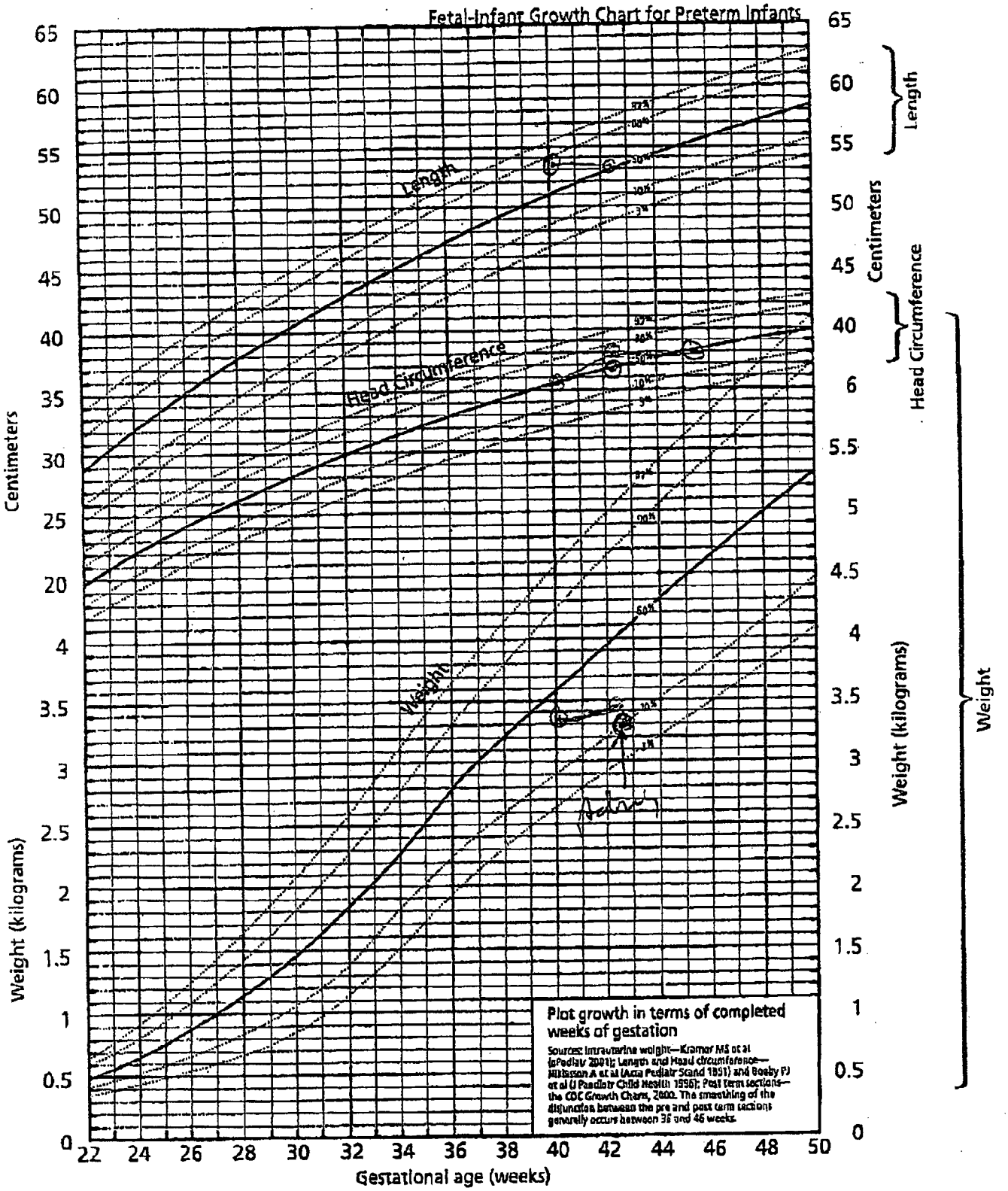
TEMPERATURE EQUIVALENTS

Centigrade	Fahrenheit	Centigrade	Fahrenheit
34.0	93.2	38.6	101.4
34.2	93.6	38.8	101.8
34.4	93.9	39.0	102.2
34.6	94.3	39.2	102.5
34.8	94.6	39.4	102.9
35.0	95.0	39.6	103.2
35.2	95.4	39.8	103.6
35.4	95.7	40.0	104.0
35.6	96.1	40.2	104.3
35.8	96.4	40.4	104.7
36.0	96.8	40.6	105.1
36.2	97.1	40.8	105.4
36.4	97.5	41.0	105.8
36.6	97.8	41.2	106.1
36.8	98.2	41.4	106.5
37.0	98.6	41.6	106.8
37.2	98.9	41.8	107.2
37.4	99.1	42.0	107.6
37.6	99.6	42.2	108.0
37.8	100.0	42.4	108.3
38.2	100.4	42.6	108.7
38.4	100.7	42.8	109.0
38.4	101.1	43.0	109.4

CONVERSION OF POUNDS AND OUNCES TO GRAMS

Ounces	1 lb.	2 lb.	3 lb.	4 lb.	5 lb.	6 lb.	7 lb.	8 lb.
	GRAMS							
0	454	907	1,361	1,814	2,268	2,722	3,175	3,629
1	482	936	1,389	1,843	2,296	2,750	3,204	3,657
2	510	964	1,418	1,871	2,325	2,778	3,232	3,686
3	539	992	1,446	1,899	2,353	2,807	3,260	3,714
4	567	1,021	1,474	1,928	2,381	2,835	3,289	3,742
5	595	1,049	1,503	1,956	2,410	2,863	3,317	3,771
6	624	1,077	1,531	1,985	2,438	2,892	3,345	3,799
7	652	1,106	1,559	2,013	2,466	2,920	3,374	3,827
8	680	1,134	1,588	2,041	2,495	2,948	3,402	3,856
9	709	1,162	1,616	2,070	2,523	2,977	3,430	3,884
10	737	1,191	1,644	2,098	2,552	3,005	3,459	3,912
11	766	1,219	1,673	2,126	2,580	3,033	3,487	3,941
12	794	1,247	1,701	2,155	2,608	3,062	3,515	3,969
13	822	1,276	1,729	2,183	2,637	3,090	3,544	3,997
14	851	1,304	1,758	2,211	2,665	3,119	3,572	4,026
15	870	1,332	1,786	2,240	2,693	3,147	3,600	4,054

46 1521
K&E 10 X 10 TO THE CENTIMETER 18 X 25 CM.
KEUFFEL & ESSER CO. MADE IN U.S.A.



©2003 Fenton TR; licensee BioMed Central Ltd. This is an Open Access article: verbatim copying and redistribution of this article are permitted in all media for any purpose, provided this notice is preserved along with the article's original URL. http://www.biomedcentral.com/1471-2431/3/13

Name _____ Date of Birth _____ Record # _____

Date																			
Age in Weeks																			
Length																			

Size for Gestational Age
SGA _____
AGA _____

leading to long-term changes in behavior and learning and epileptogenicity [Villeneuve et al., 2000].

DEFINITION

Status epilepticus is best considered as a state produced by continuous or repetitive seizures that has the potential to produce significant systemic or neuronal injury if not aborted. This definition, however, does not provide a clinically useful treatment guideline.

Descriptions of status epilepticus were recorded as early as the first millennium BC on Babylonian cuneiform tablets [Wilson and Reynolds, 1990]. The first modern description is attributed to the French physician Calmeil in his observations of an "état de mal" in the early 19th century [Calmeil, 1824]. Clark and Prout [1904] described status epilepticus as "the maximum development of epilepsy, in which one paroxysm so closely follows another that the coma and exhaustion are continuous between seizures."

Status epilepticus is internationally classified as a seizure lasting for more than 30 minutes or recurrent seizures lasting for more than 30 minutes from which the patient does not regain consciousness [ILAE, 1981]. The World Health Organization previously defined status epilepticus as "a condition characterized by epileptic seizures that is so frequently repeated or so prolonged as to create a fixed and lasting condition" [Gastaut, 1982]. Lack of recovery for a fixed period, possible frequent repetition, prolongation, and possible propagation of further seizures are inherent in this definition. In the past, the definition of status epilepticus required 1 hour of continuous seizures, but more recent studies have used a 30-minute duration of continuous or recurrent seizures without full recovery as the standard clinical and electrographic definition of status epilepticus. The more recent clinical trend has been to define status epilepticus with shorter times. Lowenstein and associates proposed an "operational" definition of 5 minutes or more of continuous seizures or "two discrete seizures between which there is incomplete recovery of consciousness" in adults and children older than 5 years of age [Lowenstein et al., 1999]. This definition applies primarily to generalized convulsive status epilepticus and may be used to direct treatment to avoid refractory status epilepticus, as well as any sequelae. Aggressive early treatment is justified by recent work demonstrating a 10-fold decrease in mortality for seizures of 10 to 29 minutes in duration versus those lasting longer than 30 minutes [DeLorenzo et al., 1999].

Because of the difficulty in diagnosing and quantifying seizures in the neonate, no broadly accepted definition of status epilepticus in the neonate exists. A proposed definition is either 30 minutes of continuous electroencephalographic seizures or presence of seizure activity for 50% of the electroencephalographic recording time, with or without the expression of coincident clinical signs (Scher et al., 1993b).

CLASSIFICATION

Any type of seizure may become prolonged and thus develop into status epilepticus (Box 48-1). Classification of status epilepticus should be performed by observing the clinical events and combining electrographic information when possible. The fundamental distinction between seizures is that some are generalized from onset, whereas others are partial in onset. The latter type may or may not then secondarily generalize. Partial-onset seizures are thought to originate from a single cortical focus and spread from that area, whereas seizures that are generalized from the onset seem to involve the entire cortex simultaneously. Status epilepticus characterized by seizures generalized from onset occurs more frequently in children. Partial seizures that evolve to status epilepticus are clinically noted to be secondarily generalized convulsive seizures and may occur at any age but probably account for an overwhelming majority of adult cases.

Classification of patients in whom status epilepticus is characterized by only partial or subtle clinical signs (i.e., nonconvulsive status epilepticus), even though the seizures are associated with marked impairment of consciousness and bilateral ictal discharges on the electroencephalogram (EEG), is controversial [Pellock and DeLorenzo, 1997]. Treiman uses the term *subtle generalized convulsive status epilepticus* to describe this condition [Treiman, 1990, 1993; Treiman et al., 1990]. These patients have severe encephalopathies stemming from a variety of intracranial processes or prolonged uncontrolled convulsive seizures. This type of status epilepticus is manifested clinically by the occurrence of mild motor movements, such as nystagmus, or by clonic twitches, which may be unilateral and are intermittent, brief, and without a true sequential pattern. These subtle movements are associated with marked impairment of conscious-

Box 48-1 Proposed Classification of Status Epilepticus

Partial

Convulsive
Tonic Hemiclonic status epilepticus, hemiconvulsion-hemiplegia-epilepsy
Clonic Hemi–grand mal, status epilepticus, grand mal

Nonconvulsive
Simple Focal motor status, focal sensory, epilepsia partialis continuans, adversive status epilepticus
Complex partial Epileptic fugue state, prolonged epileptic stupor, prolonged epileptic confusional state, temporal lobe status epilepticus, psychomotor status epilepticus, continuous epileptic twilight state

Generalized

Convulsive
Tonic-clonic Grand mal, epilepticus convulsivus
Tonic
Clonic
Myoclonic Myoclonic status epilepticus

Nonconvulsive
Absence Spike-and-wave stupor, spike-and-slow-wave or 3/second spike-and-wave status epilepticus, petit mal, epileptic fugue, epilepsia minora continua, epileptic twilight state, minor status epilepticus

Undetermined
Subtle Epileptic coma
Neonatal Erratic status epilepticus

mptoms. In the classic phenotype, seizures begin within e first 4 months of life in previously healthy and normal fants. Other paroxysmal events may be observed over me, including apneic episodes, opsoclonus, ataxia, conion, lethargy, alternating hemiparesis, total body paralyis, abnormal movements or postures, sleep disturbances, d headaches. Deceleration of head growth, with acquired icrocephaly in most patients, and cognitive impairment nging from learning disabilities to severe mental retardaon have also been described. The paroxysmal events may exacerbated by fasting and fatigue and may respond orly to conventional antiepileptic drugs. In vitro tests have vealed aggravation of the SLC2A1 transport defect by barbiturates and methylxanthines, suggesting that phenobarbital and caffeinated foods be avoided. The ketogenic diet is ighly effective in controlling seizures but does not appear improve the neurobehavioral outcome of this condition. Nonclassic phenotypes include patients without clinical eizures who have predominant symptoms of mental etardation, ataxia, spasticity, choreoathetosis, or dystonia. A low CSF glucose level (<40 mg/dL) and a low-normal or ow CSF lactate concentration (<1.4 nM) in the absence of ystemic hypoglycemia are virtually diagnostic. Positron mission tomography (PET) scans have demonstrated very haracteristic patterns of global reductions in glucose uptake, with more severe hypometabolism found in the medial emporal lobes and thalamic nuclei. Measurement of the lucose uptake into erythrocytes, which depends on the ame SLC2A1 transporter, provides further confirmatory esting. Genetic testing with fluorescence in situ hybridization for microdeletions has a low sensitivity and must be ollowed by full genomic analysis [Pascual et al., 2004].

Protein

The total protein content of the CSF normally varies with ge. It is highest at birth and falls over the first year of life efore gradually climbing toward its adult value [Widell, 958]. The protein concentrations obtained by lumbar uncture in healthy subjects are displayed in Table 10-3 and igure 10-7. Protein levels also vary by the anatomic area rom which the CSF is sampled. In normal infants and dults, the CSF protein concentration is 6 to 15 mg/dL in the entricles, 15 to 25 mg/dL in the cisterna magna, and 20 to

ABLE 10-3

otal Protein Content in the Cerebrospinal Fluid of ealthy Children

	N	PROTEIN*
days	11	80.9 ± 20.8
days	7	70.4 ± 23.6
27 days	13	53.9 ± 17.8
51 days	10	46.5 ± 15.4
99 days	11	45.6 ± 14.2
months	9	34.8 ± 12
months	7	20.4 ± 2.4
months	5	16.6 ± 2.6
23 months	8	16.8 ± 2.7
years	21	17.7 ± 3.1
years	19	20.8 ± 4.1

tein concentrations (mg/dL) are reported as means ± standard deviations.

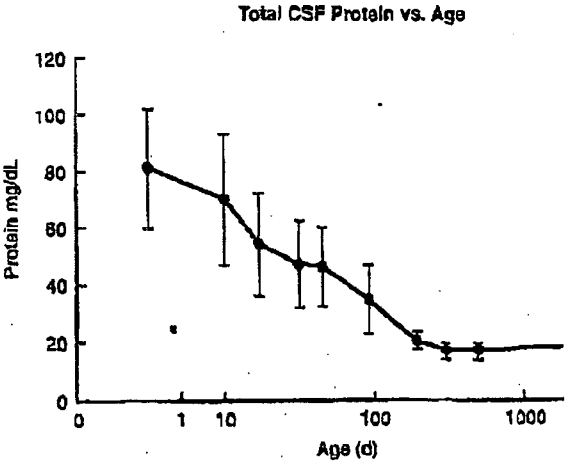


FIGURE 10-7. Age-related concentrations of cerebrospinal fluid (CSF) protein. Total CSF protein levels (mg/dL) in healthy children are plotted as means ± standard deviation versus logarithmic age (days).

50 mg/dL in the lumbar sac [Merritt and Fremont-Smith, 1938]. This concentration gradient results from regional differences in the permeability of the blood-CSF barrier.

A slight increase in lumbar CSF protein content, between 45 mg/dL and 75 mg/dL in older infants and adults, occurs with multiple neurologic conditions associated with blood-brain barrier breakdown, a process often visualized on neuroimaging as contrast enhancement and vasogenic cerebral edema. Higher CSF protein concentrations (>500 mg/dL) occur in patients with meningitis and subarachnoid hemorrhage, and these levels may decrease the rate of protein absorption from the CSF, leading to further elevation of protein levels [Prockop and Fishman, 1968]. With a spinal cord tumor, arachnoiditis, and other reasons for complete spinal CSF obstruction, very high CSF protein levels are caused by poor CSF outflow and local breakdown of the blood-brain barrier. A loculated CSF collection with sufficient fibrinogen content to allow clot formation, frequently seen when the total protein concentration rises above 1 gram/dL, is known as *Froin's syndrome*. Table 10-4 shows the elevations in CSF protein content found in adults with various neurologic disorders [Merritt and Fremont-Smith, 1938].

Electrophoresis separates plasma and CSF proteins into groups of similar molecular weight and electrical charge, classically defined as the prealbumin, albumin, and globulin (alpha$_1$, alpha$_2$, beta$_1$, beta$_2$, tau, and gamma) fractions. Such testing demonstrates that, compared with plasma, normal CSF has relatively higher prealbumin (transthyretin) and tau globulin fractions and a lower gamma globulin fraction [Werner, 1969]. This CSF-specific electrophoresis pattern has been exploited for the identification of CSF otorrhea and rhinorrhea [Porter et al., 1992]. Transthyretin is made by the choroid plexus, which accounts for its increased concentration in the CSF [Herbert et al., 1986].

Changes in the CSF concentrations of a number of specific proteins can accompany brain injury from inflammatory, traumatic, cerebrovascular, epileptic, and neurodegenerative disorders. Several such markers of brain injury have been investigated, including the 72-kDa heat shock

leading to long-term changes in behavior and learning and epileptogenicity [Villeneuve et al., 2000].

DEFINITION

Status epilepticus is best considered as a state produced by continuous or repetitive seizures that has the potential to produce significant systemic or neuronal injury if not aborted. This definition, however, does not provide a clinically useful treatment guideline.

Descriptions of status epilepticus were recorded as early as the first millennium BC on Babylonian cuneiform tablets [Wilson and Reynolds, 1990]. The first modern description is attributed to the French physician Calmeil in his observations of an "état de mal" in the early 19th century [Calmeil, 1824]. Clark and Prout [1904] described status epilepticus as "the maximum development of epilepsy, in which one paroxysm so closely follows another that the coma and exhaustion are continuous between seizures."

Status epilepticus is internationally classified as a seizure lasting for more than 30 minutes or recurrent seizures lasting for more than 30 minutes from which the patient does not regain consciousness [ILAE, 1981]. The World Health Organization previously defined status epilepticus as "a condition characterized by epileptic seizures that is so frequently repeated or so prolonged as to create a fixed and lasting condition" [Gastaut, 1982]. Lack of recovery for a fixed period, possible frequent repetition, prolongation, and possible propagation of further seizures are inherent in this definition. In the past, the definition of status epilepticus required 1 hour of continuous seizures, but more recent studies have used a 30-minute duration of continuous or recurrent seizures without full recovery as the standard clinical and electrographic definition of status epilepticus. The more recent clinical trend has been to define status epilepticus with shorter times. Lowenstein and associates proposed an "operational" definition of 5 minutes or more of continuous seizures or "two discrete seizures between which there is incomplete recovery of consciousness" in adults and children older than 5 years of age [Lowenstein et al., 1999]. This definition applies primarily to generalized convulsive status epilepticus and may be used to direct treatment to avoid refractory status epilepticus, as well as any sequelae. Aggressive early treatment is justified by recent work demonstrating a 10-fold decrease in mortality for seizures of 10 to 29 minutes in duration versus those lasting longer than 30 minutes [DeLorenzo et al., 1999].

Because of the difficulty in diagnosing and quantifying seizures in the neonate, no broadly accepted definition of status epilepticus in the neonate exists. A proposed definition is either 30 minutes of continuous electroencephalographic seizures or presence of seizure activity for 50% of the electroencephalographic recording time, with or without the expression of coincident clinical signs (Scher et al., 1993b).

CLASSIFICATION

Any type of seizure may become prolonged and thus develop into status epilepticus (Box 48-1). Classification of status epilepticus should be performed by observing the clinical events and combining electrographic information when possible. The fundamental distinction between seizures is that some are generalized from onset, whereas others are partial in onset. The latter type may or may not then secondarily generalize. Partial-onset seizures are thought to originate from a single cortical focus and spread from that area, whereas seizures that are generalized from the onset seem to involve the entire cortex simultaneously. Status epilepticus characterized by seizures generalized from onset occurs more frequently in children. Partial seizures that evolve to status epilepticus are clinically noted to be secondarily generalized convulsive seizures and may occur at any age but probably account for an overwhelming majority of adult cases.

Classification of patients in whom status epilepticus is characterized by only partial or subtle clinical signs (i.e., nonconvulsive status epilepticus), even though the seizures are associated with marked impairment of consciousness and bilateral ictal discharges on the electroencephalogram (EEG), is controversial [Pellock and DeLorenzo, 1997]. Treiman uses the term *subtle generalized convulsive status epilepticus* to describe this condition [Treiman, 1990, 1993; Treiman et al., 1990]. These patients have severe encephalopathies stemming from a variety of intracranial processes or prolonged uncontrolled convulsive seizures. This type of status epilepticus is manifested clinically by the occurrence of mild motor movements, such as nystagmus, or by clonic twitches, which may be unilateral and are intermittent, brief, and without a true sequential pattern. These subtle movements are associated with marked impairment of conscious-

Box 48-1 Proposed Classification of Status Epilepticus

Partial

Convulsive
Tonic Hemiclonic status epilepticus, hemiconvulsion-hemiplegia-epilepsy
Clonic Hemi–grand mal, status epilepticus, grand mal

Nonconvulsive
Simple Focal motor status, focal sensory, epilepsia partialis continuans, adversive status epilepticus
Complex partial Epileptic fugue state, prolonged epileptic stupor, prolonged epileptic confusional state, temporal lobe status epilepticus, psychomotor status epilepticus, continuous epileptic twilight state

Generalized

Convulsive
Tonic-clonic Grand mal, epilepticus convulsivus
Tonic
Clonic
Myoclonic Myoclonic status epilepticus

Nonconvulsive
Absence Spike-and-wave stupor, spike-and-slow-wave or 3/second spike-and-wave status epilepticus, petit mal, epileptic fugue, epilepsia minora continua, epileptic twilight state, minor status epilepticus
Undetermined
Subtle Epileptic coma
Neonatal Erratic status epilepticus

CERTIFICATE OF SERVICE

I, Terry C. Cavanaugh, Esquire hereby certify that true and correct copies of the foregoing *Response to Request for Production of Documents* have been served this 7th day of November, 2006, 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.

White and Williams LLP

The Frick Building
437 Grant Street, Suite 1001
Pittsburgh, PA 15219-6003
Phone: 412.566.3520
Fax: 412.566.3521

Terry C. Cavanaugh
Managing Partner
Direct Dial: 412.566.3524
Direct Fax: 412.566.3546
cavanaught@whiteandwilliams.com

November 7, 2006

Mr. William A. Shaw
Clearfield County Prothonotary
Clearfield County Court House
230 East Market Street
Clearfield, PA 16830

RE: 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., Sundar Chandrasekhar, M.D., DuBois Regional Medical Center, and Gateway Area Medical Associates, Inc.
Clearfield County Docket # 05-418 CD
Our File No.: 1069001.I0029

Dear Mr. Shaw:

Enclosed are:

1. A Reply on behalf of Defendant Sundar Chandrasekhar, M.D. to the Plaintiffs' Motion for Leave to Amend Complaint to Include a Claim for Punitive Damages;

2. Dr. Chandrasekhar's Brief in Opposition to the Plaintiffs' Motion.

Copies of the within pleadings are being served simultaneously upon all adverse counsel.

Would you kindly date and time-stamp the enclosed cover sheet and return the same to me in the self-addressed, stamped envelope I have enclosed for your convenience.

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 & KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right	:	
-vs-	:	No. 05-418-CD
RICHARD GROUT, M.D., CHANDRASEKHAR SUNDAR, M.D., DUBOIS REGIONAL MEDICAL CENTER, GATEWAY AREA MEDICAL ASSOCIATION	:	

O R D E R

NOW, this 22nd day of November, 2006, the Plaintiff hereby 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,

President Judge

FILED
10:32 cm
NOV 28 2006
William A. Shaw
Prothonotary/Clerk of Courts

1CC Attys:
S. Specter
M. Casey
M. Sosnowski
T. Cavanaugh
D. Johnson
J. Blasko

FILED

NOV 28 2006

William A. Shaw
Prothonotary/Clerk of Courts

DATE: 11/28/06

____ You are responsible for serving all appropriate parties.

__X__ The Prothonotary's office has provided service to the following parties:

____ Plaintiff(s) __X__ Plaintiff(s) Attorney ____ Other

____ Defendant(s) __X__ Defendant(s) Attorney

____ Special Instructions:

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,

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 FOR PARTIAL SUMMARY JUDGMENT AS TO THE VICARIOUS LIABILITY OF DUBOIS REGIONAL MEDICAL CENTER FOR ALLEGED NEGLIGENCE OF DEFENDANT DOCTORS GROUT AND CHANDRASEKHAR

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

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 NO CC
m/12:26/BL
DEC 06 2006

William A. Shaw
Prothonotary/Clerk of Courts

MOTION FOR PARTIAL SUMMARY JUDGMENT
AS TO THE VICARIOUS LIABILITY OF DUBOIS REGIONAL MEDICAL CENTER FOR ALLEGED NEGLIGENCE OF DEFENDANT DOCTORS GROUT AND CHANDRASEKHAR

NOW, comes DuBois Regional Medical Center, one of the defendants, by its attorneys, Thomson, Rhodes & Cowie, P.C., and files the following Motion for Partial Summary Judgment as to the Vicarious Liability of DuBois Regional Medical Center for Alleged Negligence of Doctors Grout and Chandrasekhar, and, in support thereof, avers as follows.

1. This is a medical malpractice action arising out of alleged negligence in connection with care provided to minor-plaintiff, then 18-days of age, at DuBois Regional Medical Center on December 6 and 7, 2001.

2. Minor-plaintiff was taken to the emergency room of DRMC shortly after midnight on December 6, 2001, at the direction of defendant Dr. Grout after parent-plaintiffs had placed an urgent telephone call to their family pediatrics group (Gateway Area Medical Associates, Inc.) upon observing what they believed to be unusual behaviors exhibited by minor-plaintiff. At DRMC, minor-plaintiff received treatment from a variety of healthcare providers, including, from the perspective of pediatric care, Dr. Grout and Dr. Chandrasekhar.

3. Over the course of his two-day hospital stay, minor-plaintiff's condition deteriorated for reasons unrelated to the negligence of any healthcare providers, thus necessitating his transfer from DRMC to Children's Hospital of Pittsburgh, where he remained for many weeks in intensive care. Today, minor-plaintiff demonstrates developmental delays and physical limitations, all of which are the subject of plaintiffs' damage claims.

4. Plaintiffs contend that minor-plaintiff's healthcare providers at DRMC negligently failed to apprehend, diagnose or treat what they alleged to have been minor-plaintiff's apparent symptoms of seizure activity and neurological impairment, thereby purportedly resulting in a delay of

necessary treatment, which, it is claimed, could have prevented or lessened the injuries sustained by minor-plaintiff.

5. As to the cause of action advanced against DRMC, plaintiff has plead theories of professional liability variously sounding in negligence, corporate negligence and *respondeat superior.* In addition, plaintiff seeks recovery against this defendant on the theory that DRMC is vicariously liable for the conduct of Dr. Grout and Dr. Chandrasekhar, since, at the time of the incident, they acted as "actual and/or ostensible agents of DuBois Regional Medical Center." (*See*, complaint ¶ 7, attached hereto as Exhibit "A.").

6. Importantly, plaintiffs' complaint does not plead or allege that DRMC ever, implicitly or explicitly, held out these physicians as its agents, that plaintiffs relied upon any representations of DRMC regarding their agency, or that plaintiffs acted under the reasonable belief that these physicians were conducting themselves as employees/agents of the hospital.

7. Despite having engaged in extensive discovery since the filing of the complaint no facts have been developed to support such allegations even if contained within the complaint.

8. To the contrary, at the time of the alleged incident, Dr. Grout and Dr. Chandrasekhar stood, not as agents of DRMC, but as employees of Gateway Area Medical Associates, Inc. ("GAMA"). (*See* Dr. Chandrasekhar's Answer and New Matter, ¶ 7; and Dr. Grout's Answer and New Matter, ¶ 7, both of which are attached hereto as Exhibits "B" and "C", respectively). In turn, these physicians possessed staff privileges at DRMC to treat their pediatric patients, but never entered into any agreement or contract to create an agency relationship with DRMC.

9. There is no evidence that Dr. Grout acted as an employee or agent of DRMC in regards to the professional services that he rendered to minor-plaintiff.

10. There is no evidence that Dr. Chandrasekhar acted as an employee or agent of DRMC in regards to the professional services that he rendered to minor-plaintiff.

11. Accordingly, to make DRMC liable for the conduct of these physicians, plaintiffs have the burden to prove that Dr. Grout and Dr. Chandrasekhar acted as the ostensible agents of DRMC on December 6th and 7th, 2001.

12. Under Pennsylvania law, the judicially created doctrine of ostensible agency is only present in extremely limited factual circumstances. Two prongs must be established before, in the medical malpractice context, a hospital or healthcare facility can be charged with responsibility for the negligence of its independent contractors or non-employees. First, the hospital must either hold the physician out as its employee or omit to act in some way to lead the patient to a reasonable belief that the treatment is being rendered by the hospital, as an institution, or one of its employees. Second, the plaintiff must present affirmative evidence that the patient looked toward the hospital, rather than the individual physician, for the care and treatment that the physician provided. Capan v. Divine Providence Hospital, 430 A.2d 647 (Pa. Super. 1980); Parker v. Freilich. 803 A.2d 738 (Pa. Super. 2002).

13. The parent-plaintiffs (Karen Shaffer and Timothy Doan) have now been deposed. Neither of them testified, in any way, that they looked to DRMC as the employer of Dr. Grout or Dr. Chandrasekhar. Indeed, in testimony that completely vitiates any allegation of ostensible agency, Ms. Shaffer testified that minor-plaintiff arrived at DRMC pursuant to the express direction of Dr. Grout, after a telephone call that Ms. Shaffer initiated to the GAMA office, the family's pediatric group. (*See* Shaffer Deposition, pp. 30-31, attached hereto as Exhibit "D"). Further, Ms. Shaffer acknowledged that she previously knew of Dr. Grout; that GAMA had acted as Ayden's pediatrics group since his birth; and that she took Ayden (and all of her children) to the GAMA group as a whole, rather than any

individual physician. (*See* Exhibit "D", pp. 40, 22 and 21, respectively). Further, Timothy Doan has testified that he met Dr. Chandrasekhar (as a private physician outside of the hospital) prior to the incident. (*See* Exhibit "E", p. 17, attached hereto as Exhibit "E").

14. Plaintiffs have not produced any affirmative evidence that parent-plaintiffs looked toward DRMC as the employer of either Dr. Grout or Dr. Chandrasekhar or that they looked to DRMC to provide them with pediatrics care.

15. Without any affirmative evidence (or, indeed, even any allegation) that parent-plaintiffs believed and/or relied that DRMC was the employer of the pediatric physicians, it cannot be deemed, as a matter of law, for purposes of this litigation, that Dr. Grout and/or Dr. Chandrasekhar acted as the ostensible agents of DRMC when they provided medical care to minor-plaintiff. As such, plaintiffs are unable to make a *prima facie* case that DRMC is vicariously liable for the conduct of these physicians. Accordingly, DRMC is entitled to partial summary judgment as a matter of law.

WHEREFORE, DuBois Regional Medical Center, one of the defendants, respectfully requests that this Honorable Court grant its Motion for Partial Summary Judgment, and enter judgment in its favor as a matter of law for all of plaintiffs' claims of vicarious liability for the conduct of Dr. Grout and Dr. Chandrasekhar.

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

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 OPEN
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.

EXHIBIT
tabbies
A

KLINE & SPECTER
A PROFESSIONAL CORPORATION

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 [260511]

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

KLINE & SPECTER
A PROFESSIONAL CORPORATION

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.

KLINE & SPECTER
A PROFESSIONAL CORPORATION

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..

KLINE & SPECTER
A PROFESSIONAL CORPORATION

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.

KLINE & SPECTER
A PROFESSIONAL CORPORATION

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.

KLINE & SPECTER
A PROFESSIONAL CORPORATION

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

KLINE & SPECTER
A PROFESSIONAL CORPORATION

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;

KLINE & SPECTER
A PROFESSIONAL CORPORATION

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.

KLINE & SPECTER
A PROFESSIONAL CORPORATION

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.

KLINE & SPECTER
A PROFESSIONAL CORPORATION

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

KLINE & SPECTER
A PROFESSIONAL CORPORATION

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;

KLINE & SPECTER
A PROFESSIONAL CORPORATION

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, 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	
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

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
	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 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

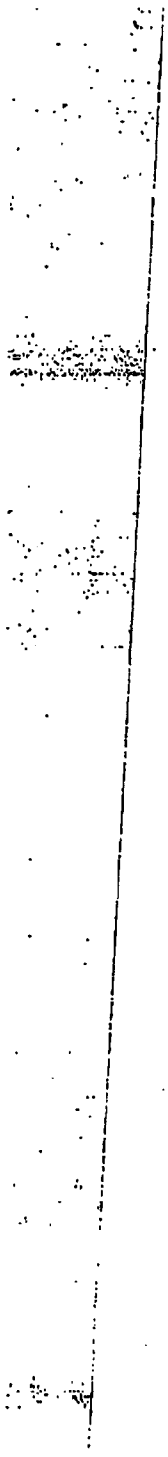
KLINE & SPECTER
A PROFESSIONAL CORPORATION

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 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

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

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,

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

Received DRJ

JUN 2 2 2005

Place ( ) Deference ( )
Diary/ Note ( )
Copy to DRJ ( ) Copy Key Doc.( )

EXHIBIT
tabbies
B

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)

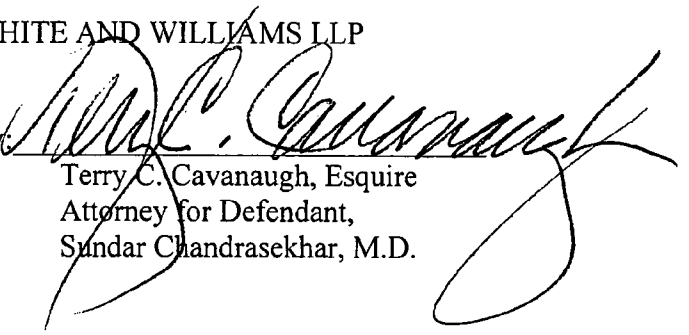
John W. Blasko, Esquire
McQuaide, Blasko, Schwartz, Fleming & Faulkner, Inc.
811 University Drive
State College, PA 16801-6699
(Counsel for Co-Defendant Gateway Area Medical Associates, Inc.)

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
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

RECEIVED
JUN 03 2005
By

EXHIBIT
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

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	*	CIVIL DIVISION
vs.	*	
RICHARD GROUT, M.D., SUNDAR CHANDRASEKHAR, M.D., DUBOIS REGIONAL MEDICAL CENTER and GATEWAY AREA MEDICAL ASSOCIATES, INC., Defendants	*	NO. 2005-418 CD

COPY

Deposition of : **KAREN DIANE SHAFFER**

Date : Friday, April 7, 2006
11:05 a.m.

Place : Residence of Timothy Doan
and Karen Shaffer
6677 Route 310
Reynoldsville, PA 15851

Reported by : Elizabeth Schreiber Nissel
RPR and Notary Public

SCHREIBER REPORTING SERVICE
P.O. Box 997
St. Marys, PA 15857
(814) 834-5337

EXHIBIT
tabbies
D

Q. Now, I remember an R.D. box number. Has there been the 911 conversion?

A. Yes. It's been very interesting.

Q. Who all lives here?

A. Name them?

Q. Yes.

A. Okay. Well, obviously myself, Tim; I have five children that live here, Alec --

Q. And when you name your children, would you give their ages too, please?

A. Alec, ten; Arianna, eight; Austin, six; Ayden, four; and Andrew, nineteen months. And yes, I'm a little weird. They're all As.

Q. But it's easier to buy monogrammed clothing. You can just keep --

A. Yes. I just found a hat that said A Shaffer-Doan because it could go to anybody.

Q. Now, did you give birth to all of these children yourself?

A. Yes.

Q. And is Mr. Doan the father of all of them?

A. Yes.

Q. I understand that you are an accountant.

A. Yes.

Q. Could you tell me just a little bit about what you

do professionally?

A. Well, I actually have my CPA license, and after about a year -- after Ayden it went inactive. I don't know how relevant that is. And so I did auditing. I worked for a CPA firm. Do you want to know now or what I did before Ayden because I quit that aspect of my job when Ayden was born -- after I realized Ayden was going to need as much care as he needs, but I still do some things.

Q. Well, why don't you begin -- you went to school for accounting?

A. I went to school for accounting, Penn State, four years. Then I got my CPA license, worked at an accounting firm in DuBois and did auditing, taxes, bookkeeping. There's three of us, so I did everything that we needed -- you know what I mean because it wasn't like a -- and basically worked for him up until about seven months after Ayden was born.

Q. And what was the firm that you worked for?

A. Catalano, Case, Catalano & Fannin. Would you like me to spell that?

Q. No. That's okay.

A. Try answering the phone saying that.

Q. They didn't make you do that, did they?

A. Well, only if Molly wasn't there.

Q. Did you do the general run of the mill up until

A. No. This was -- this was when we went to the doctor's -- maybe I'm on a different time period. This was the ten -- the Tuesday he went to the pediatrician for his two-week visit.

Q. Okay.

A. That's the first time Ayden was sick, was that day from when he was born. So he was what, 14 -- 16 days old? Yes. I'm sorry.

Q. That's all right. I -- I guess, just so that we're clear, was one of your children ill while Ayden was still in the hospital?

A. No. No.

Q. So you're at the time two-year-old caught the cold or at least showed signs of having a cold after you had brought Ayden home.

A. Yes, like two weeks later, yes.

Q. By the way, we know that the Gateway group was Ayden's pediatrician at birth.

A. Yes.

Q. How did you decide that?

A. Well, at the time we had two pediatricians locally, Dr. Siar, Gateway, and Dr. Fatula. And I did work for Dr. Fatula's office out of my office, and so that was part of my decision-making. And I heard nothing bad about either at that point, so I didn't want to have to go to the

office with my son and have to talk business, so -- and Dr. Siar, a lot of my friends went to him, so -- and were happy.

Q. Had your three older children been seeing Dr. Siar?

A. Yes. I made that decision with my older son Alec, and they just all went to the same pediatrician, yes.

Q. And was it your understanding, when you would take them to the office, your children -- would you go see Dr. Siar, or would you just take them to the practice and whoever was in that day, be it Dr. Siar or one of the other doctors, would take care of --

A. I only -- exactly. I took them to the practice. Whoever I got is who saw you, whoever was there, yes.

Q. Now, I think I remember seeing that you basically switched pediatricians somewhere in the February-March of 2003 period.

A. Yes. I believe that's -- I mean, the year is off, but yeah. It was February-March -- I mean, the year may be right, but I can't recall. But it was in February or March. I do recall that part. Was it -- I don't know if he remembers. Okay.

Q. I think Ayden's last appointment was on February 20 of 2003, and then you requested records the following month for transfer.

A. Yes. I'm sure that's accurate. I can't in my

Q. Do you remember if that had any effect on him at all as far as --

A. No. I don't remember that. I'm sorry.

Q. Now, when you did take him in to the doctor's office, who did you see that day?

A. I believe I saw Dr. Chan -- I call him Dr. Shaker. But after I said that now, I don't think it was him. I think it was Dr. Siar because it -- it was Dr. Siar and I'm sure of that.

Q. Do you remember Dr. Siar examining him?

A. Yes, basically. I don't remember every little thing, but yes, I remember talking to him.

Q. Do you remember Dr. Siar saying anything or what he said about his examination?

A. Well, the reason I'm sure it's him is I recall him saying to me, "Did all your babies not nurse well?" My babies were huge because they ate so well. That's -- but that was one statement. One statement was -- they looked at his stomach -- he looked at his stomach and said it looked like he might have had that -- which I never heard of before -- some type of rash that could have been a viral infection. And I do recall of course discussing my two-year-old briefly who, if I remember correctly, was probably with me. And he told me to take him home and bring him back the next Monday to have him weighed by a

or -- anything other than the color difference?

A. No. He didn't seem to be -- and we did -- to be honest, we did try to check him because we knew he wasn't eating enough, being that he was resting all the time it seemed like. But he didn't seem dehydrated to us, you know. He didn't seem -- that was -- I'm saying -- we're saying right before we took him to the ER, this was occurring to -- you know, he didn't seem to be dry to us, no. He was peeing, wet diapers.

Q. Did he have wet diapers up until the time you took him to the emergency room?

A. As far as I can recall, yes.

Q. Had he vomited or been vomiting?

A. No.

Q. Did he continue to move his bowels -- again, still between the pediatrician's office and the ER?

A. I don't recall that, but I do recall being asked if he had diarrhea, and I remember he did not have diarrhea. I don't remember any of that being different.

Q. What made you take him to the emergency room?

A. We believed we saw -- I know I have to watch what I say -- a seizure-like activity. His arms kind of flailed up. His eyes rolled back, and we immediately called Dr. Grout at that point.

Q. Do you remember what time it was you saw this?

A. It would have had to be like 10:00, 10:30, because I mean we basically got dressed, got him in the car and I drove up there. And it's about a 20-minute drive after getting off the telephone with Dr. Grout, so --

Q. So you called into the office right after you witnessed this.

A. Right.

Q. Since the time you had left the office the day before, had you called back in?

A. No.

Q. At any time prior to that?

A. No.

Q. Was this one of those situations where you called in to the answering service, and then the doctor called you back?

A. I believe so. I can't remember that exactly, but I -- I just remember talking to Dr. Grout when I called the answering so -- unless he answers the on-call and I can't recall that exactly, but -- it was, you know -- that's all I can remember. I don't know if he --

MS. ROSENBAUM: Just what you remember is fine.

BY MR. SOSNOWSKI:

Q. That's right. Do you remember what he said to you?

A. I remember him saying, "I think you should take him to the ER."

A. Once. Well, twice, one visit and a follow-up for an ear infection with my other son. That's it.

Q. Do you remember if things started to change -- and we'll use his appearance as a benchmark -- before he came in or after he came in relative to what we've been talking about?

A. I believe it was around -- I recall it being around the same time, throughout the day then.

Q. Why don't you describe, as well as you can, what the changes were at around that time.

A. Okay. He was basically the same as far as not eating. I was allowed to try to nurse him. But he would get these -- when we would hold him, he would -- when he was in his crib, he would clench his fists. He did not cry that I can recall ever during the hospital stay. He'd clench his fists. They would turn so bright red and his face would turn red that he looked like he was in some sort of pain. And he did that -- I can't tell you -- probably say five times between 7:00 and say 5:00 that evening. (Indicating.)

Q. How many times?

A. I'm going to say about five different times.

Q. And I know the times are approximate. Are we using basically breakfast and dinner as kind of time benchmarks here more or less?

overnight period between 6:00 or 7:00 in the evening and breakfast the next morning that they had been in touch with the doctor?

A. They told me they tried to get in touch with the doctor. I don't know if they ever spoke to a doctor. And my -- I've been told was more than one time. And I'm going to say that was more like 11:00 to 6:00 in the evening. This was like a -- do you understand what I mean? They started this -- after 11:00 this all started.

Q. 11:00 p.m. to 6:00 a.m. thereabouts, the overnight hours?

A. Yes. Is when they're saying he got worse.

Q. Let's go to breakfast time the next morning which I guess is Thursday now, December 7. No.

A. Friday.

Q. Friday. Do you remember if a doctor came in that morning?

A. Dr. Chandrasekhar came in around 9:00 o'clock.

Q. And had you known Dr. Chandrasekhar -- we call him Dr. Shaker.

A. I call him Dr. Shaker also, so that's fine.

Q. Before he came in that day --

A. Yes.

Q. -- did you have a discussion with him?

A. Briefly. He very -- he did a very thorough

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	*	CIVIL DIVISION
vs.	*	
RICHARD GROUT, M.D., SUNDAR CHANDRASEKHAR, M.D., DUBOIS REGIONAL MEDICAL CENTER and GATEWAY AREA MEDICAL ASSOCIATES, INC., Defendants	*	NO. 2005-418 CD

* * *

COPY

Deposition of : **TIMOTHY DOUGLAS DOAN**

Date : Friday, April 7, 2006
2:19 p.m.

Place : Residence of Timothy Doan
and Karen Shaffer
6677 Route 310
Reynoldsville, PA 15851

Reported by : Elizabeth Schreiber Nissel
RPR and Notary Public

SCHREIBER REPORTING SERVICE
P.O. Box 997
St. Marys, PA 15857
(814) 834-5337

EXHIBIT
tabbies
E

A. It lasted about 20 seconds.

Q. Did you call anyone, a nurse, to come see --

A. A nurse was present, and then Dr. Grout came into the room right after that.

Q. Had you known or met Dr. Grout before then?

A. No.

Q. How did you know it was Dr. Grout?

A. Because the nurse come in and said "The doctor is just down the hall and will be right here." And then she said, "He's coming in right now."

Q. Did she say which doctor?

A. No. She said, "Dr. Grout's here right now." She said, "Here he is."

Q. Had you ever met any of the pediatricians in that group before that?

A. I met Chandrasekhar and Dr. Siar before that.

Q. And this was shortly after you got back to the hospital.

A. Yes.

Q. Did Dr. Grout talk with you at all when he came in?

A. He just came in the door, and the nurse said something to him, and he asked me how he's doing. And I said, "I think he's doing worse." I said, "I think he just had a seizure."

And he said -- his comment was, "I think it's --"

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 4th day of Nov, 2006:

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

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
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,	)	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 on this _____ day of _____, 2005, it is hereby ORDERED, ADJUGED and DECREED 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 _____ day of _____, 2006, at _____ a.m./p.m. before Judge _____ in Courtroom No. _____ of the Clearfield County Courthouse.

BY THE COURT:

_____ J.

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,

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 FOR PARTIAL SUMMARY JUDGMENT AS TO ALL CLAIMS BROUGHT ON BEHALF OF PARENT-PLAINTIFFS, KAREN SHAFFER AND TIMOTHY DOAN

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

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 NO CC
m/11:24/BK
DEC 06 2006
William A. Shaw
Prothonotary/Clerk of Courts

MOTION FOR PARTIAL SUMMARY JUDGMENT
AS TO ALL CLAIMS BROUGHT ON BEHALF OF PARENT-PLAINTIFFS,
KAREN SHAFFER AND TIMOTHY DOAN

NOW, comes DuBois Regional Medical Center, one of the defendants, by its attorneys, Thomson, Rhodes & Cowie, P.C., and files the following Motion for Partial Summary Judgment as to All Claims Brought on Behalf of Parent-Plaintiffs, Karen Shaffer and Timothy Doan, and, in support thereof, avers as follows.

1. Each of the four counts of the complaint filed by plaintiffs in this litigation contain claims for relief brought on behalf of parent-plaintiffs for the alleged tortuous injuries caused to their son, Ayden Shaffer-Doan. The cause of action advanced by parent-plaintiffs is separate and distinct from that of their child. Such cause of action stands subject to the 2-year statute of limitations applicable to personal injury claims, 42 Pa. C.S. § 5524. There exists no genuine issue of material fact that parent-plaintiffs have filed their claims after the statute of limitations has expired. Thus, all and any claims for recovery of parent-plaintiffs must be dismissed via summary judgment, as a matter of law.

2. Plaintiffs commenced this professional negligence lawsuit by complaint on March 24, 2005. It arises from emergency healthcare treatment rendered to minor-plaintiff (then 18-days old) on December 6-7, 2001 at DuBois Regional Medical Center. Plaintiffs alleged that the healthcare provided to minor-plaintiff resulted in his suffering severe injuries, many of which are claimed to be permanent in nature.

3. Concomitant with the claims of minor-plaintiff, parent-plaintiffs joined this litigation in their own right, seeking remuneration and recovery for "substantial medical and medically related expenses ...", which they have incurred in the past and will likely incur in the future as a consequence

of minor-plaintiff's injuries, and arising out of their non-delegable legal duty to care for minor. (*See* complaint, ¶ 61 - attached hereto as Exhibit "A").

4. The claims filed by parent-plaintiffs were instituted more than 3-years and 5-months after the alleged acts of negligence committed by the defendants in this litigation.

5. Before the institution of the present lawsuit, plaintiffs had filed a medical malpractice complaint under an identical theory of liability with this Court at No. 03-475-CD on **April 3, 2003**, to which this defendant filed a non-pros owing to plaintiffs failure to file a certificate of merit under Pa. R.C.P. 1042.1, et seq.

6. On January 30, 2004, plaintiffs voluntary discontinued their lawsuit at No. 03-475-CD through the filing of a praecipe with this Court pursuant to Pa. R.C.P. 229. (*See* Exhibit "B.").

7. Approximately a year later, plaintiffs then instituted this instant action - at a different docket number, with a different complaint and through a different attorney than their previously filed, and discontinued, lawsuit.

8. The effect of a discontinuance under Pa. R.C.P. 229 is to permit the plaintiffs to re-file a lawsuit as if the first lawsuit had never been brought. However, the prior lawsuit will not act to toll the statute of limitations applicable to the plaintiffs claims. Williams Studio Div of Photography, et al. v. Nationwide Mut. Fire Ins. Co., 550 A.2d 1333 (Pa. Super. 1988).

9. Pennsylvania case law holds that the claims of a minor's parents are separate and distinct to them, and are thus not subject to the tolling provisions that act to keep alive a minor's cause of action beyond the usual two-year period. Hathi v. Krewstown Park Apartments, 561 A.2d 1261 (Pa. Super. 1989).

10. The law of Pennsylvania also provides that, during the age of minority, a child's parents have the legal duty to support the child by paying for his medical bills and other necessary expenses.

For this reason, only the parents of a minor-plaintiff may, up to that child's attainment of the age of 18, may brings claims for costs, medical bills and/or other monetary expenses occurring or arising from the underlying tort claim.

11. In its answer and new matter to plaintiffs' complaint (attached hereto as Exhibit "B") this defendant raised the affirmative defense of the statute of limitations to parent-plaintiffs' cause of action, averring that, since this lawsuit was filed more than two years after the alleged claims of the parent-plaintiffs arose, the Pennsylvania statute of limitations of 2-years regarding such claims bars any causes of action, injuries or damages sustained by or on behalf of the parent-plaintiffs. (*See* Exhibit "B," ¶¶ 20-23).

12. Plaintiffs' reply to this defendants' new matter asserting the statute of limitations failed to raise or cite to any facts that would otherwise defeat this defendant's statute of limitations defense. Indeed, despite extensive discovery having occurred in this litigation, no facts have been adduced from which it can be disputed that the statute of limitations on the claims of parent-plaintiffs expired on **December 7, 2004** - two years after the medical care provided to their son and prior to the date on which they commenced this litigation.

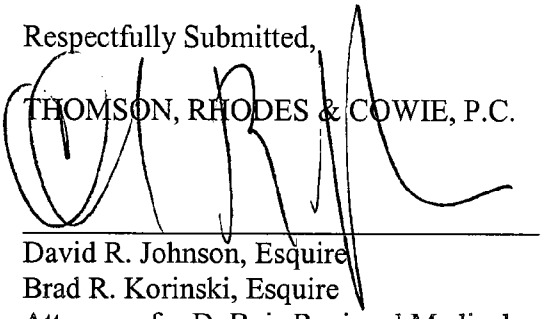
13. With no genuine issue of material fact existing as to this defendants' affirmative defense that the claims of parent-plaintiffs are defeated by the 2-year statute of limitations, this partial motion for summary judgment should be granted as a matter of law.

14. The statute of limitations not only bars the claims brought personally on behalf of parent-plaintiffs, it also acts to preclude and prohibit the recovery of any monetary damages accruing or expected to accrue during the first 18-years of minor-plaintiff's life, since such damages are peculiarly recoverable by parent-plaintiffs.

WHEREFORE, DuBois Regional Medical Center, one of the defendants, files the foregoing Motion for Partial Summary Judgment as to All Claims Brought on Behalf of Parent-Plaintiffs, Karen Shaffer and Timothy Doan, and requests that this Honorable Court grant this Motion by dismissing any and all claims brought by parent-plaintiffs as set forth in Counts III and IV of the complaint, as well as dismissing all claims pertaining to any recovery of monetary damages, past and future, pertaining to the period up to minor-plaintiff's attainment of the age of majority.

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

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 OPEN
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

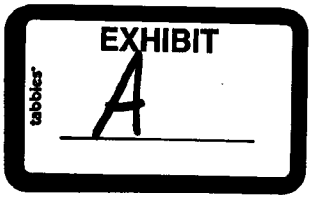
TYPE OF PLEADING:
COMPLAINT

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.



KLINE & SPECTER
A PROFESSIONAL CORPORATION

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.

KLINE & SPECTER
A PROFESSIONAL CORPORATION

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".

KLINE & SPECTER
A PROFESSIONAL CORPORATION

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;

KLINE & SPECTER
A PROFESSIONAL CORPORATION

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

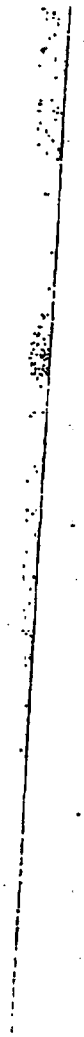
VERIFICATION

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, 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

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

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:

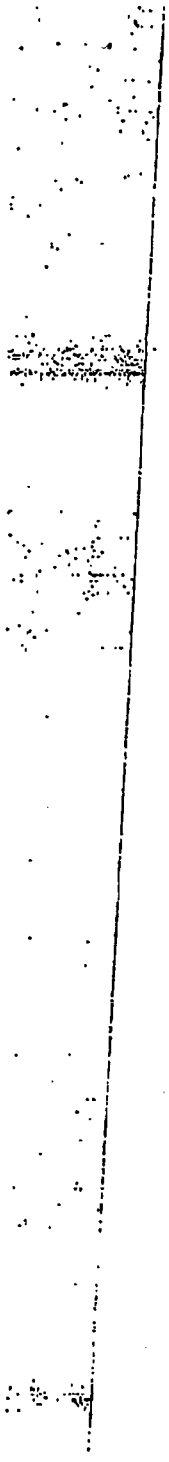
The claim that this defendant deviated from an acceptable professional standard is based solely on allegations that other licensed professionals for whom this defendant is responsible deviated from an acceptable professional standard and an appropriate licensed professional has supplied a written statement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

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

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

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

MATTHEW A. CASEY, ESQUIRE

Received DRJ

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

Placo (✓) Dictated on (✓)
Diary/ Note ( )
Copy to CSA ( ) Copy Key Doc ( )

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.

DUBOIS REGIONAL MEDICAL CENTER, GEORGE PALMER, JR., D.O., RICHARD GROUT, M.D., and GATEWAY AREA MEDICAL ASSOCIATES,

Defendants.

CIVIL DIVISION

No. 2003-00475-CD

PRAECIPE FOR VOLUNTARY DISCONTINUANCE

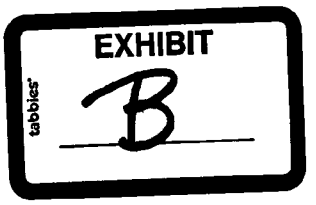
Filed on behalf of AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER, and TIMOTHY DOAN and KAREN SHAFFER, in their own right,
PLAINTIFFS

Counsel of Record for this Party:

WILLIAM S. SCHWEERS, JR., ESQUIRE
PA I.D. #27625

HARRINGTON SCHWEERS DATTILO & McCLELLAND, P.C.
Firm #949
100 Ross Street
Pittsburgh, PA 15219

Telephone: (412) 391-3477
Facsimile: (412) 391-7397



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. 2003-00475-CD
Plaintiffs,	)	
vs.	)	
DUBOIS REGIONAL MEDICAL CENTER, GEORGE PALMER, JR., D.O., RICHARD GROUT, M.D., and GATEWAY AREA MEDICAL ASSOCIATES,	)	
Defendants.	)	

PRAECIPE FOR VOLUNTARY DISCONTINUANCE

TO: WILLIAM SHAW, PROTHONOTARY

Dear Sir:

Please discontinue the Plaintiffs' claims against Defendants, DuBois Regional Medical Center, George Palmer, Jr., D.O., Richard Grout, M.D., and Gateway Area Medical Associates.

Respectfully submitted,

HARRINGTON SCHWEERS DATTILO & McCLELLAND, P.C.
Firm #949
100 Ross Street
Pittsburgh, PA 15219
(412) 391-3477

BY: _____

William S. Schweers, Jr., Esquire
PA I.D. #27625

Attorney for Plaintiffs.

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the within **PRAECIPE FOR VOLUNTARY DISCONTINUANCE,** was served **via first-class U.S. Mail, postage prepaid,** this 26th day of January, 2004, on the following:

David R. Johnson, Esquire
THOMSON, RHODES & COWIE, P.C.
Two Chatham Center, Tenth Floor
Pittsburgh, PA 15219-3499

Michael A. Sosnowski, Esquire
McINTYRE, DUGAS, HARTYE & SCHMITT
P. O. Box 533
Hollidaysburg, PA 16648-0533

John W. Blasko, Esquire
McQUAIDE, BLASKO, SCHWARTZ, FLEMING & FAULKNER, INC.
811 University Drive
State College, PA 16801

HARRINGTON SCHWEERS DATTILO & McCLELLAND, P.C.

BY: _____
William S. Schweers, Jr., Esquire
Attorney for Plaintiffs

Filed & Served
By Mail
6-29-05
P

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.

EXHIBIT
tabbies
C

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.

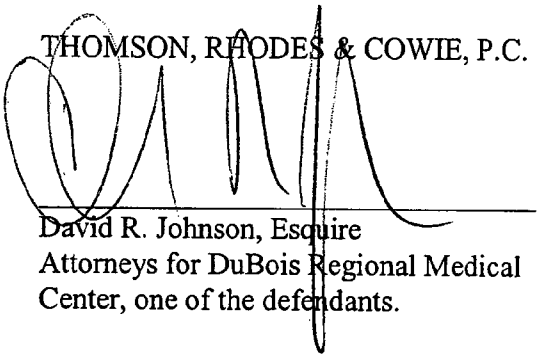
35. If and to the extent that plaintiffs' claims were not filed within the time limitations imposed by law, said lawsuit is barred by the applicable statutes of limitations.

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.

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 4th day of Dec, 2006:

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

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
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,	)	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 on this _____ day of _____, 2005, it is hereby ORDERED, ADJUGED and DECREED 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 _____ day of _____, 2006, at _____ a.m./p.m. before Judge _____ in Courtroom No. _____ of the Clearfield County Courthouse.

BY THE COURT:

_____ J.

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

FILED 5cc
0/3:26 Atty
DEC 07 2006 Johnson
William A. Shaw
Prothonotary/Clerk of Courts

ORDER OF COURT

AND NOW on this 7th day of December, 2006, it is hereby ORDERED, ADJUGED and DECREED ~~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 January, 2007, at 1:30 a.m./p.m. before Judge Reilly in Courtroom No. # 3 of the Clearfield County Courthouse.

BY THE COURT:

Fredric J. Ammerman J.

DATE: 12/7/06

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:

FILED

DEC 07 2006

William A. Shaw
Prothonotary/Clerk of Courts

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

FILED 5cc Atty
01:24 Hetz
DEC 07 2006 Johnson
(GK)
William A. Shaw
Prothonotary/Clerk of Courts

ORDER OF COURT

AND NOW on this 7th day of December, 2006, it is hereby ORDERED, ADJUGED and DECREED 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 January, 2007, at 1:30 a.m./(p.m.) before Judge Reilly in Courtroom No. 3 of the Clearfield County Courthouse.

BY THE COURT:

Fredric J Ammerman
_____ J.

DATE: 12/7/06

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:

FILED

DEC 07 2006

William A. Shaw
Prothonotary/Clerk of Courts

UA

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: JOINDER IN MOTION FOR PARTIAL SUMMARY JUDGMENT Filed on Behalf of Defendant GATEWAY AREA MEDICAL ASSOCIATES, INC. Counsel of Record for this Party: JOHN W. BLASKO Court I.D. No.: 06787 ALLEN P. NEELY Court I.D. No: 65302 McQUAIDE, BLASKO, FLEMING & FAULKNER, INC. 811 University Drive State College, PA 16801 (814) 238-4926 Counsel of Record for Adverse Party: Shanin Specter, Esquire

Dated: 12/12/06

FILED
DEC 13 2006
m/1:25/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,	)	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.	)	

DEFENDANT, GATEWAY AREA MEDICAL ASSOCIATES, INC.'S JOINDER IN MOTION FOR PARTIAL SUMMARY JUDGMENT

Gateway Area Medical Associates, Inc. by and through its attorney, McQuaide, Blasko joins the Defendant DuBois Regional Medical Center's Motion for Partial Summary Judgment as to all claims brought on behalf of the Parent-Plaintiffs, Karen Shaffer and Timothy Doan, the same issue having been raised by Gateway Area Medical Associates, Inc. in its New Matter to Plaintiffs' Complaint.

WHEREFORE, it is requested that this Honorable Court grant the Motion by dismissing any and all claims brought by Plaintiffs/Parents as set forth in Counts III and IV of the Complaint, as well as dismissing all claims pertaining to any recovery of monetary damages, past and future, pertaining to the period up to minor-plaintiff's attainment of age of majority.

McQUAIDE, BLASKO,
FLEMING & FAULKNER, INC.

By: _____

JOHN W. BLASKO
ALLEN P. NEELY
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.; 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 JOINDER IN MOTION FOR PARTIAL SUMMARY JUDGMENT***, in the above-referenced matter was mailed by regular mail, first class, at the Post Office, State College, Pennsylvania, postage prepaid, this 12th day of December, 2006 to:

Shanin Specter, Esquire
Kline & Specter, PC
1525 Locust Street, 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,
FLEMING & FAULKNER, INC.

By: _____
JOHN W. BLASKO
ALLEN P. NEELY
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 vs. RICHARD GROUT, M.D., SUNDAR CHANDRASEKHAR, M.D., DUBOIS REGIONAL MEDICAL CENTER, and GATEWAY AREA MEDICAL ASSOCIATES, INC. Defendants	No. **2005 – 418 CD** **ISSUE:** **MOTION FOR PARTIAL SUMMARY JUDGMENT** **Filed on behalf of Defendant,** RICHARD GROUT, M.D. **Attorney of Record for This Party:** Michael A. Sosnowski, Esquire PA I.D. #67207 McINTYRE, 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 **12TH** DAY OF **December**, **2006**.

Michael A. Sosnowski

Attorney for Named Defendant

FILED

DEC 13 2006

11:45 m

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 18th day of December, 2006, it is hereby 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 January, 2007 at 1:30 o'clock, A.M./(P.M.), before Judge Reilly, in Courtroom No. 3 at the Clearfield County Courthouse, Clearfield, PA.

BY THE COURT:

J.

FILED 1cc
01:00 BSA Atty Sosnowski
DEC 18 2006
(GK)

William A. Shaw
Prothonotary/Clerk of Courts

DATE: 12/18/06

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:

FILED

DEC 18 2006

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

ORDER OF COURT

AND NOW, this _____ day of _____, 200__, the court having considered the Motion For Partial Summary Judgment As To All Claims Brought On Behalf Of Parents-Plaintiffs, IT IS HEREBY ORDERED that said Motion is granted. Accordingly, all claims brought by the parents-plaintiffs as set forth in Counts III and IV of the Complaint are dismissed, along with all claims pertaining to any recovery of monetary damages, past and future, pertaining to the period up to minor-plaintiff's attainment of the age of majority.

BY THE COURT:

_____
J.

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 FOR PARTIAL SUMMARY JUDGMENT
AS TO ALL CLAIMS BROUGHT ON BEHALF OF PARENT-PLAINTIFFS

DEFENDANT, Richard Grout, M.D., ("Dr. Grout") through his counsel, McIntyre, Hartye & Schmitt, submits the following Motion for Partial Summary Judgment As To All Claims Brought On Behalf Of Parent-Plaintiffs.

1. Dr. Grout incorporates by reference the Motion For Partial Summary Judgment As To All Claims Brought on Behalf of Parent-Plaintiffs, Karen Shaffer and Timothy Doan, filed on behalf of co-defendant, DuBois Regional Medical Center, as if the same were set forth at length herein. This incorporation by reference includes all attached exhibits.

WHEREFORE, defendant, Richard Grout, M.D., requests that this Honorable Court grant partial summary judgment in his favor and dismiss all claims brought by the

parent-plaintiffs as set forth in Counts III and IV of the Complaint, as well as dismissing all claims pertaining to recovery of monetary damages, past and future, pertaining to the period up to minor-plaintiff's attainment of the age of majority.

MCINTYRE, HARTYE & SCHMITT

Michael A. Sosnowski

Attorney for Defendant
Richard A. Grout, M.D.

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

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 13th day of December, 2006, it is the ORDER of this Court that the dates of the jury trial in the above-captioned case are **February 20, 21, 22, 23, 26, 27, 28 and March 1, 2, 2007.** The trial shall commence each day at 9:00 a.m. in Courtroom No. 1 of the Clearfield County Courthouse, Clearfield, Pennsylvania.

The parties are not required to appear for Civil Call of the List scheduled for January 2, 2007.

The Pre-Trial Conference will be held on January 30, 2007 at 1:30 p.m. in Hearing Room No. 3 before Senior Judge John K. Reilly, Jr.

In addition, it is the ORDER of this Court that the Plaintiffs' Motion for Leave to Amend Their Complaint to Include a Claim for Punitive Damages be and is hereby DENIED.

FILED
DEC 14 2006
0/10:30/wk
William A. Shaw
Prothonotary/Clerk of Courts

CERT. TO ATTY'S
S. SPEMER
M. SOSNOWSKI
T. CAVANAUGH
D. JOHNSON
J. BLASKO

BY THE COURT,

FREDRIC J. AMMERMAN
President Judge

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.

CERTIFICATE OF SERVICE OF ORDERS DATED DECEMBER 7, 2006

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

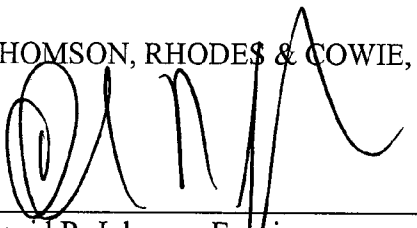
FILED NO CC
m/11:44 6m
DEC 18 2006
William A. Shaw
Clerk of Courts

CERTIFICATE OF SERVICE OF ORDERS DATED DECEMBER 7, 2006

The orders attached hereto as Exhibits A and B have been served on all counsel of record by U.S. Mail this _____ day of _____, 2006.

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

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.	)	

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

DEC 07 2006

Attest. William L. Shaw Prothonotary/ Clerk of Courts

ORDER OF COURT

AND NOW on this 7th day of December, 2006, it is hereby ORDERED, ADJUGED and DECREED ~~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 January, 2007, at 1:30 a.m./p.m. before Judge Reilly in Courtroom No. # 3 of the Clearfield County Courthouse.

BY THE COURT:

Fredric J. Ammerman J.

EXHIBIT A

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.	)	

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

DEC 07 2006

Attest. William L. Prothonotary/ Clerk of Courts

ORDER OF COURT

AND NOW on this 7th day of December, 2006, it is hereby ORDERED, ADJUGED and DECREED 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 January, 2007, at 1:30 a.m./(p.m.) before Judge Reilly in Courtroom No. # 3 of the Clearfield County Courthouse.

BY THE COURT:

Fredric J. Ammerman J.

EXHIBIT

tabbies

B

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

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 FILED ON BEHALF OF PLAINTIFFS
	:	**KLINE & SPECTER,** A Professional Corporation 19th Floor 1525 Locust Street Philadelphia, PA 19102 (215) 772-1000

ORDER

AND NOW, this day of , 2007, upon consideration of Plaintiffs' Motion *in Limine* to Preclude Defendant DuBois Regional Medical Center from Introducing Testimony or Evidence Relating to Discounting Minor-Plaintiff's Future Damages to Present Value, and any response thereto, it is hereby **ORDERED AND DECREED** that Plaintiffs' Motion is **GRANTED**, and Defendant DuBois Regional Medical Center is precluded from introducing testimony or evidence at trial discounting Ayden Shaffer-Doan's future damages to present value.

BY THE COURT

_____
J.

CA

FILED
DEC 21 2006
m/11:35/cm
William A. Shaw
Prothonotary/Clerk of Courts
1 cert to Atty

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

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 FILED ON BEHALF OF PLAINTIFFS
	:	**KLINE & SPECTER,** A Professional Corporation 19th Floor 1525 Locust Street Philadelphia, PA 19102 (215) 772-1000

PLAINTIFFS' MOTION *IN LIMINE* TO PRECLUDE DEFENDANT DUBOIS REGIONAL MEDICAL CENTER FROM INTRODUCING TESTIMONY OF EVIDENCE AT TRIAL RELATING TO DISCOUNTING MINOR-PLAINTIFF'S FUTURE DAMAGES TO PRESENT VALUE

Plaintiff Ayden Shaffer-Doan, a minor, by his parents and natural guardians, Timothy Doan and Karen Shaffer-Doan in their own right, by and through their counsel, Kline & Specter, P.C., respectfully requests this Honorable Court to enter the attached Order granting plaintiffs' Motion *in Limine* to Preclude Defendant DuBois Regional Medical Center from Introducing Testimony of Evidence at Trial Relating to Discounting Minor-Plaintiff's Future Damages to Present Value. In support of their Motion, plaintiffs incorporate by reference the attached supporting Memorandum of Law as if fully set forth herein, and aver as follows:

1. This medical malpractice action filed March 24, 2005[1], arises out of the improper medical care and treatment provided to the minor plaintiff, Ayden Shaffer-Doan, that occurred in December of 2001, by defendants Richard Grout, M.D., Sundar Chandrasekhar, M.D., DuBois Regional Medical Center and Gateway Area Medical Associates, Inc., the physicians' medical group.

2. As a direct result of the defendants' combined negligence and outrageous conduct in failing to detect and/or treat ongoing seizure activity for 36 hours leading to a cardiopulmonary arrest, Ayden developed, *inter alia*, extensive and permanent brain injury, which was totally preventable.

3. Plaintiffs and defendants have each produced life care plans and economic reports, which detail the economic damages claimed in this case.

4. Plaintiffs recently received a defense expert report that was produced by defendant DuBois Regional Medical Center ("DRMC") in the form of a Life Care Plan Evaluation expert report by John E. Buehler, Ph.D., dated November 30, 2006, a copy of which is attached as Exhibit "A."

5. Dr. Buehler's expert report comprises a discussion of discounting minor-plaintiff's future life care costs and lost earnings to present value. See Exhibit "A" at pp. 1, 8, 13, 14, 19, 20 and 21.

6. The anticipated testimony that defendant DRMC seeks to offer, as set forth in Dr. Buehler's report, purporting to reduce to present value Ayden Shaffer-Doan's future medical expenses, is in direct and complete contradiction to well-established and long-standing Pennsylvania law prohibiting reduction to present value of these damages. Kaczkowski v. Bolubasz,, 421 A.2d 1027 (Pa. 1980); Yost v. West Penn Railways Co., 9 A.2d 368 (Pa. 1939); permitting such testimony would be reversible error.

7. The Pennsylvania Supreme Court has unequivocally stated that future damages may not be reduced to present value because any benefit gained by plaintiffs in receiving damages in one lump sum are offset by the effects of inflation. Kaczkowski v. Bolubasz, 421 A.2d 1027 (Pa. 1980); Yost v. West Penn Railways Co., 410, 9 A.2d 368 (Pa. 1939).

8. Moreover, the MCARE Act, 40 P.S. § 1303.510 is not applicable to the instant case because

[1]Prior to retention of current counsel to represent their interests, Plaintiffs filed an initial Complaint on April 3, 2003, which was subsequently discontinued on January 28, 2004.

the instant cause of action arose in December of 2001.

9. As specified in the Historical and Statutory Notes applicable to section 1303.510: "Section 5105(b) of 2002, March 20, P.L. 154, No. 13, imd. effective, provides that 40 P.S. §§ 1303.504(d)(2), 1303.505(e), 1303.508, 1303.509, **1303.510**, 1303.513 and 1303.516 **shall apply to causes of action which arise on or after the effective date of this section.**" (emphasis added).

10. Consequently, the MCARE Act's provision concerning the reduction to present value of future economic damages, found at 40 P.S. § 1303.510, is not applicable to the instant case, which cause of action in December of 2001, prior to the effective date of the MCARE Act in March of 2002; therefore, the law of Kaczkowski v. Bolubasz,, 421 A.2d 1027 (Pa. 1980), and Yost v. West Penn Railways Co., 9 A.2d 368 (Pa. 1939), remains applicable to the instant case.

11. For the reasons stated above and in plaintiffs' Memorandum of Law, which is incorporated herein by reference, defendants should be precluded from offering the testimony of Dr. Buehler and any evidence or argument relating to discounting minor-plaintiff's future damages to present value.

WHEREFORE, plaintiffs respectfully request the entry of an Order in the form attached hereto.

Respectfully submitted,

KLINE & SPECTER
A Professional Corporation

By: _____
Shanin Specter, Esquire
Leon Aussprung, Esquire
Marcia Rosenbaum, Esquire
Attorneys for Plaintiffs

Dated: December 20, 2006

Exhibit A

LIFE CARE PLAN
EVALUATION
FOR
AYDEN SHAFFER-DOAN

Evaluation of
Neuro Rehab Specialists, Inc. Life Care Plan

Prepared by:

John E. Buehler, Ph.D.

November 30, 2006

LIFE CARE PLAN EVALUATION FOR AYDEN SHAFFER-DOAN

In this report, the October 6, 2006, preliminary life care plan prepared for Ayden Shaffer-Doan by Ms. Betty Scira of Neuro Rehab Specialists, Inc. is evaluated in terms of its projected future inflated dollar cost and present value.

The preliminary life care plan includes one-time and ongoing annual expenditures during Ayden's 38-year projected future life expectancy as indicated in the September 29, 2006, report of Steven Day, Ph.D. The costs reported in the Neuro Rehab Specialists, Inc. life care plan are assumed to be in Year 2006 dollars. This evaluation will adjust future expenditures to reflect inflation in health care costs during Ayden's expected future lifetime. In addition, the discounted value of these expenditures is presented. The discount rate used in this evaluation, 4.50 percent per year, is based on current interest rates for long-term, high-grade municipal bonds.

LIFE CARE PLAN COSTS

The one-time and ongoing annual expenditures associated with the Neuro Rehab Specialists, Inc. life care plan are summarized in Table 1. All costs shown in Table 1 are assumed to be in Year 2006 dollars. Future costs will increase because of inflation in life care requirement expenditures. Commodities-related costs are assumed to increase in the future 3.0 percent per year, while human services-related costs are assumed to increase by 4.5 percent per year. Table 1 also shows how life care plan requirements were allocated to commodities-related and human services-related costs.

Table 2 shows the inflation factors used for the evaluation of life care plan expenditures. Table 3 presents the discount rate factors used to convert these expenditures to their respective present values.

EVALUATION OF THE LIFE CARE PLAN

The Neuro Rehab Specialists, Inc. life care plan shows the future need for certain potential care requirements as being unknown at this time. These include potential requirements such as *Vision Therapy* (listed under the **Projected Therapeutic Modalities** category), $6,000 to $8,000 for installation of a *Roll-in Shower* (listed under **Architectural Renovations**) and $30,000 to $35,000 for possible *Left Hip Surgery* (**Surgical Intervention**) should surgery be needed. Because the need, timing, frequency or costs associated with such care requirements are unknown, the evaluation presented in this report considers only the known costs associated with the Neuro Rehab Specialists, Inc. life care plan. Unknown potential care needs listed in the Neuro Rehab Specialists, Inc. plan have not been included in the evaluation. Should the need, timing, frequency or costs for any of the above items or services become known, the costs related to that item or service must be added to the plan's known costs as presented in this report.

The life care plan shows expenditures in 2010 and 2019 for the purchase of an *Accessible Van* for $45,000 each. Typical vehicle-related consumption is approximately $20,000, with replacement every ten years (i.e., an average vehicle lifetime of 10 years). This would indicate the incremental, or marginal, cost for the *Accessible Van* is $25,000 more than typical vehicle-related consumption. When annualized over a typical 10-year replacement period, the incremental cost would be $2,500 per year. It is this $2,500 per year incremental cost for the van that is used in the life care evaluation for **Transportation** expenditures from 2007 to Age 22 (i.e., November 18, 2023), when Ayden will transition into *Facility Placement*.

A footnote related to the *Accessible Van* suggests the family may use such a van after Age 21 to take Ayden out of the residential facility for socialization (see page 22 of the life care plan). The Appendix to this report shows $35,392 (in discounted dollars) as the additional cost associated with use of a van after *Facility Placement* at Age 22. If Ms. Scira intends to provide for the use of an *Accessible Van* throughout all of Ayden's lifetime, then the additional dollar amount shown in the Appendix (i.e., $35,392 in discounted dollars for the period after facility placement) must be added to the **Transportation** needs as presented in the main body of this report.

The Neuro Rehab Specialists, Inc. life care plan presents a range of costs for many care requirements. Separate evaluations are presented in this report showing the low range and high range costs for the life care plan. Each evaluation begins on January 1, 2007, and continues during Ayden's 38-year lifetime through December 31, 2044, as opined in the September 29, 2006, report by Steven Day, Ph.D.

The evaluations of the plan's known low and high range costs are presented in Tables 4 and 5, respectively. Tables 4 and 5 are presented in three parts, with Tables 4a and 5a showing the life care plan's low and high range costs in Year 2006 dollars as reported in the Neuro Rehab Specialists, Inc. preliminary life care plan. Tables 4b and 5b show low and high range care costs in inflated dollars, while Tables 4c and 5c present these costs in discounted dollars. The cost for each respective life care category is presented each year in the evaluation tables. In addition, the

evaluation tables present the preliminary life care plan's total known costs each year and the cumulative total annual costs during Ayden's expected lifetime. A summary total for the known lifetime costs associated with each care category is presented at the bottom of these tables.

CONCLUSION

The evaluations presented in Tables 4 and 5 indicate the known costs associated with the Neuro Rehab Specialists, Inc. preliminary life care plan have a discounted dollar cost between $3,359,618 and $3,446,752. Should the need, timing, frequency or costs associated with unknown potential care items or services become known in the future, the costs for these items or services should be added to the above discounted dollar cost for the life care plan. If costs associated with the *Accessible Van* are projected to continue after Ayden is placed in a care facility, an additional $35,392 would be included in the overall cost of the life care plan, which would then be between $3,395,010 and $3,482,144.

Table 1

Summary of Neuro Rehab Specialists, Inc. Life Care Plan

Item/Service	Beginning Date	Through Ending Date	Annual Cost	Inflation Category
A. Projected Evaluations				
Augmentative Communication Evaluation	2007	2044	$50.00 - $75.00	Human Services
Developmental Psychology Evaluation	2007	2044	118.42 - 197.37	Human Services
Occupational Therapy Evaluation	2007	2044	120.00	Human Services
Physical Therapy Evaluation	2007	2044	120.00	Human Services
Speech Therapy Evaluation	2007	2044	120.00	Human Services
B. Projected Therapeutic Modalities				
Case Management	2007	11/17/2023	$1,440.00	Human Services
	11/18/2023	2044	720.00	Human Services
Counseling for Family	2007	2044	164.21	Human Services
Occupational Therapy	2007	11/17/2023	2,880.00	Human Services
	11/18/2023	2044	480.00	Human Services
Physical Therapy	2007	11/17/2023	2,880.00	Human Services
	11/18/2023	2044	480.00	Human Services
Speech Therapy	2007	11/17/2023	2,880.00	Human Services
	11/18/2023	2044	480.00	Human Services
Vision Therapy	2007	2021	Unknown	Human Services
C. Diagnostic Testing				
Diagnostic Testing	2007	2044	$1,000.00	Commodities
D. Wheelchair(s)/Mobility/Maintenance/Accessories				
Manual Wheelchair	2007	2044	$1,000.00 - $1,200.00	Commodities
Wheelchair Maintenance	2007	2044	100.00 - 150.00	Human Services
Jay Cushion	2007	2044	49.00 - 98.00	Commodities
Jay Cushion Cover	2007	2044	49.00	Commodities
Portable Wheelchair Ramp	2007	2007	215.00	Commodities
E. Orthotics/Prosthetics				
Orthotic Devices	2007	2044	$800.00	Mixed 1/

Table 1 (continued)

Summary of Neuro Rehab Specialists, Inc. Life Care Plan

Item/Service	Beginning Date	Through Ending Date	Annual Cost	Inflation Category
F. Supplies				
Enteral Nutrition (Pediasure)	2007	11/17/2016	$1,124.20	Commodities
Enteral Nutrition (Ensure)	11/18/2016	2044	941.70	Commodities
Anti-Pressure Mattress	2007	2044	32.90	Commodities
Disposable Diapers	2007	2044	1,368.75 - 1,825.00	Commodities
Duralift Shower Chair	2007	11/17/2023	220.00	Commodities
Easy Stand 5000 Standing Frame	11/18/2019	2044	380.70	Commodities
Exercise Mat	2011	2011	329.00	Commodities
Giraffe Prone Stander	2007	2007	4,839.00	Commodities
Handheld Shower	2007	11/17/2023	8.00	Commodities
Electric Hospital Bed	2007	2007	970.00	Commodities
Hoyer Lift	2011	2011	855.00	Commodities
Hoyer Lift Maintenance	2012	11/17/2023	40.00	Commodities
Hoyer Lift Slings With Head Support	2011	11/17/2023	59.67	Commodities
Miscellaneous Medical Supplies	2007	2044	547.50	Commodities
Overhead Table	2007	2007	150.00	Commodities
Pony Walker	2008	2008	2,048.75	Commodities
	2017	2017	2,048.75	Commodities
Positioning Wedge	2007	2044	70.00	Commodities
Tomato Feeding and Positioning Chair	2007	2007	402.95	Commodities
	2009	2009	395.00	Commodities
	2013	2013	529.00	Commodities
G. Medications				
Levocarnitine	2007	2044	$412.45	Commodities
Valproic Acid	2007	2044	148.20	Commodities
H. Home and Facility Care				
Certified Nursing Assistant	2007	11/17/2023	$13,200.00	Human Services
Certified Nursing Assistant	2007	11/17/2023	5,940.00 - 8,910.00	Human Services
Facility Placement	11/18/2023	2044	109,500.00	Human Services
Hospitalizations or ER Visits	2007	2044	4,736.84	Human Services

Table 1 (continued)

Summary of Neuro Rehab Specialists, Inc. Life Care Plan

Item/Service	Beginning Date	Through Ending Date	Annual Cost	Inflation Category
I. Future Medical Care Routine				
Dental Care	2007	2044	$120.00	Human Services
Neurologist	2007	11/17/2023	270.00	Human Services
	11/18/2023	2044	135.00	Human Services
Ophthalmologist	2007	11/17/2023	160.00	Human Services
Orthopedist	2007	11/17/2019	270.00	Human Services
	11/18/2019	2044	27.00	Human Services
Pediatrician	2007	11/17/2023	130.00	Human Services
Internist (Adult)	11/18/2023	2044	130.00	Human Services
Physical Medicine & Rehab (Pediatric)	2007	11/17/2023	340.00 - 680.00	Human Services
Physical Medicine & Rehab (Adult)	11/18/2023	2044	170.00	Human Services
Urologist	2007	2044	240.00	Human Services
J. Transportation				
Accessible Van 2/	2007	11/17/2023	$2,500.00	Commodities
K. Architectural Renovation(s)				
Home Modifications	2007	2007	Unknown	Commodities
L. Assistive Technology				
Red Switch, Light Box	2007	2044	$170.28 - $340.56	Commodities
M. Surgical Intervention				
Left Hip Surgery	2007	2007	Unknown	Human Services

1/ Orthotics generally involve both commodities- and human services-related costs. The evaluation assumes commodities-related costs comprise 67% of overall Orthotics costs, while the remaining 33% is human services-related.

2/ The life care plan indicates an Accessible Van and its replacement should be purchased during 2010 and 2019 for a cost of $45,000 each. Typical vehicle-related consumption is approximately $20,000. Therefore, the incremental, or marginal, cost associated with the Accessible Van would be $25,000 each, or $2,500 per year when annualized during the 10-year lifetime of the typical vehicle.

Table 2

Inflation Factors Used in the Evaluation

Year	Inflation Factors for Commodities-related Expenditures (3.0% per year)	Inflation Factors for Human Services-related Expenditures (4.5% per year)
2006	1.00000000	1.00000000
2007	1.03000000	1.04500000
2008	1.06090000	1.09202500
2009	1.09272700	1.14116613
2010	1.12550881	1.19251860
2011	1.15927407	1.24618194
2012	1.19405230	1.30226012
2013	1.22987387	1.36086183
2014	1.26677008	1.42210061
2015	1.30477318	1.48609514
2016	1.34391638	1.55296942
2017	1.38423387	1.62285305
2018	1.42576089	1.69588143
2019	1.46853371	1.77219610
2020	1.51258972	1.85194492
2021	1.55796742	1.93528244
2022	1.60470644	2.02237015
2023	1.65284763	2.11337681
2024	1.70243306	2.20847877
2025	1.75350605	2.30786031
2026	1.80611123	2.41171402
2027	1.86029457	2.52024116
2028	1.91610341	2.63365201
2029	1.97358651	2.75216635
2030	2.03279411	2.87601383
2031	2.09377793	3.00543446
2032	2.15659127	3.14067901
2033	2.22128901	3.28200956
2034	2.28792768	3.42969999
2035	2.35656551	3.58403649
2036	2.42726247	3.74531813
2037	2.50008035	3.91385745
2038	2.57508276	4.08998104
2039	2.65233524	4.27403018
2040	2.73190530	4.46636154
2041	2.81386245	4.66734781
2042	2.89827833	4.87737846
2043	2.98522668	5.09686049
2044	3.07478348	5.32621921

Table 3

Discount Rate Factors Used in the Evaluation

Year	Discount Rate Factors (4.5% per year)
2006	1.00000000
2007	0.95693780
2008	0.91572995
2009	0.87629660
2010	0.83856134
2011	0.80245105
2012	0.76789574
2013	0.73482846
2014	0.70318513
2015	0.67290443
2016	0.64392768
2017	0.61619874
2018	0.58966386
2019	0.56427164
2020	0.53997286
2021	0.51672044
2022	0.49446932
2023	0.47317639
2024	0.45280037
2025	0.43330179
2026	0.41464286
2027	0.39678743
2028	0.37970089
2029	0.36335013
2030	0.34770347
2031	0.33273060
2032	0.31840248
2033	0.30469137
2034	0.29157069
2035	0.27901502
2036	0.26700002
2037	0.25550241
2038	0.24449991
2039	0.23397121
2040	0.22389589
2041	0.21425444
2042	0.20502817
2043	0.19619921
2044	0.18775044

Table 4a

EVALUATION OF LIFE CARE PLAN EXPENDITURES FOR AYDEN SHAFFER-DOAN

Neuro Rehab Specialists, Inc. Life Care Plan - Low Range Costs
(Amounts in Year 2006 Dollars)

Year	Projected Evaluations	Projected Therapeutic Modalities	Diagnostic Testing	Wheelchair/Mobility/Maintenance		Orthotics/ Prosthetics	Supplies	Medications
				Wheelchair	Wheelchair Maintenance			
2006								
2007	$528.42	$10,244.21	$1,000.00	$1,313.00	$100.00	$800.00	$9,733.30	$560.65
2008	528.42	10,244.21	1,000.00	1,098.00	100.00	800.00	5,420.10	560.65
2009	528.42	10,244.21	1,000.00	1,098.00	100.00	800.00	3,766.35	560.65
2010	528.42	10,244.21	1,000.00	1,098.00	100.00	800.00	3,371.35	560.65
2011	528.42	10,244.21	1,000.00	1,098.00	100.00	800.00	4,615.02	560.65
2012	528.42	10,244.21	1,000.00	1,098.00	100.00	800.00	3,471.02	560.65
2013	528.42	10,244.21	1,000.00	1,098.00	100.00	800.00	4,000.02	560.65
2014	528.42	10,244.21	1,000.00	1,098.00	100.00	800.00	3,471.02	560.65
2015	528.42	10,244.21	1,000.00	1,098.00	100.00	800.00	3,471.02	560.65
2016	528.42	10,244.21	1,000.00	1,098.00	100.00	800.00	3,449.02	560.65
2017	528.42	10,244.21	1,000.00	1,098.00	100.00	800.00	5,337.27	560.65
2018	528.42	10,244.21	1,000.00	1,098.00	100.00	800.00	3,288.52	560.65
2019	528.42	10,244.21	1,000.00	1,098.00	100.00	800.00	3,334.41	560.65
2020	528.42	10,244.21	1,000.00	1,098.00	100.00	800.00	3,669.22	560.65
2021	528.42	10,244.21	1,000.00	1,098.00	100.00	800.00	3,669.22	560.65
2022	528.42	10,244.21	1,000.00	1,098.00	100.00	800.00	3,669.22	560.65
2023	528.42	9,289.47	1,000.00	1,098.00	100.00	800.00	3,629.72	560.65
2024	528.42	2,324.21	1,000.00	1,098.00	100.00	800.00	3,341.55	560.65
2025	528.42	2,324.21	1,000.00	1,098.00	100.00	800.00	3,341.55	560.65
2026	528.42	2,324.21	1,000.00	1,098.00	100.00	800.00	3,341.55	560.65
2027	528.42	2,324.21	1,000.00	1,098.00	100.00	800.00	3,341.55	560.65
2028	528.42	2,324.21	1,000.00	1,098.00	100.00	800.00	3,341.55	560.65
2029	528.42	2,324.21	1,000.00	1,098.00	100.00	800.00	3,341.55	560.65
2030	528.42	2,324.21	1,000.00	1,098.00	100.00	800.00	3,341.55	560.65
2031	528.42	2,324.21	1,000.00	1,098.00	100.00	800.00	3,341.55	560.65
2032	528.42	2,324.21	1,000.00	1,098.00	100.00	800.00	3,341.55	560.65
2033	528.42	2,324.21	1,000.00	1,098.00	100.00	800.00	3,341.55	560.65
2034	528.42	2,324.21	1,000.00	1,098.00	100.00	800.00	3,341.55	560.65
2035	528.42	2,324.21	1,000.00	1,098.00	100.00	800.00	3,341.55	560.65
2036	528.42	2,324.21	1,000.00	1,098.00	100.00	800.00	3,341.55	560.65
2037	528.42	2,324.21	1,000.00	1,098.00	100.00	800.00	3,341.55	560.65
2038	528.42	2,324.21	1,000.00	1,098.00	100.00	800.00	3,341.55	560.65
2039	528.42	2,324.21	1,000.00	1,098.00	100.00	800.00	3,341.55	560.65
2040	528.42	2,324.21	1,000.00	1,098.00	100.00	800.00	3,341.55	560.65
2041	528.42	2,324.21	1,000.00	1,098.00	100.00	800.00	3,341.55	560.65
2042	528.42	2,324.21	1,000.00	1,098.00	100.00	800.00	3,341.55	560.65
2043	528.42	2,324.21	1,000.00	1,098.00	100.00	800.00	3,341.55	560.65
2044	528.42	2,324.21	1,000.00	1,098.00	100.00	800.00	3,341.55	560.65
Sum	$20,079.96	$222,005.24	$38,000.00	$41,939.00	$3,800.00	$30,400.00	$141,538.35	$21,304.70

Note: Evaluation begins January 1, 2007, and continues through December 31, 2044.

Table 4a (continued)

EVALUATION OF LIFE CARE PLAN EXPENDITURES FOR AYDEN SHAFFER-DOAN

Neuro Rehab Specialists, Inc. Life Care Plan - Low Range Costs
(Amounts in Year 2006 Dollars)

Year	Home & Facility Care	Future Medical Care Routine	Transportation	Architectural Renovation(s)	Assistive Technology	Surgical Intervention	Total Annual Life Care Plan Expenditures	Cumulative Total Life Care Plan Expenditures
2006							$0.00	$0.00
2007	$23,876.84	$1,530.00	$2,500.00	Unknown	$170.28	Unknown	52,356.70	52,356.70
2008	23,876.84	1,530.00	2,500.00		170.28		47,828.50	100,185.20
2009	23,876.84	1,530.00	2,500.00		170.28		46,174.75	146,359.95
2010	23,876.84	1,530.00	2,500.00		170.28		45,779.75	192,139.70
2011	23,876.84	1,530.00	2,500.00		170.28		47,023.42	239,163.12
2012	23,876.84	1,530.00	2,500.00		170.28		45,879.42	285,042.54
2013	23,876.84	1,530.00	2,500.00		170.28		46,408.42	331,450.96
2014	23,876.84	1,530.00	2,500.00		170.28		45,879.42	377,330.38
2015	23,876.84	1,530.00	2,500.00		170.28		45,879.42	423,209.80
2016	23,876.84	1,530.00	2,500.00		170.28		45,857.42	469,067.22
2017	23,876.84	1,530.00	2,500.00		170.28		47,745.67	516,812.89
2018	23,876.84	1,530.00	2,500.00		170.28		45,696.92	562,509.81
2019	23,876.84	1,500.71	2,500.00		170.28		45,713.52	608,223.33
2020	23,876.84	1,287.00	2,500.00		170.28		45,834.62	654,057.95
2021	23,876.84	1,287.00	2,500.00		170.28		45,834.62	699,892.57
2022	23,876.84	1,287.00	2,500.00		170.28		45,834.62	745,727.19
2023	34,769.55	1,230.95	2,198.63		170.28		55,375.66	801,102.85
2024	114,236.84	822.00			170.28		124,981.95	926,084.80
2025	114,236.84	822.00			170.28		124,981.95	1,051,066.75
2026	114,236.84	822.00			170.28		124,981.95	1,176,048.70
2027	114,236.84	822.00			170.28		124,981.95	1,301,030.65
2028	114,236.84	822.00			170.28		124,981.95	1,426,012.60
2029	114,236.84	822.00			170.28		124,981.95	1,550,994.55
2030	114,236.84	822.00			170.28		124,981.95	1,675,976.50
2031	114,236.84	822.00			170.28		124,981.95	1,800,958.45
2032	114,236.84	822.00			170.28		124,981.95	1,925,940.40
2033	114,236.84	822.00			170.28		124,981.95	2,050,922.35
2034	114,236.84	822.00			170.28		124,981.95	2,175,904.30
2035	114,236.84	822.00			170.28		124,981.95	2,300,886.25
2036	114,236.84	822.00			170.28		124,981.95	2,425,868.20
2037	114,236.84	822.00			170.28		124,981.95	2,550,850.15
2038	114,236.84	822.00			170.28		124,981.95	2,675,832.10
2039	114,236.84	822.00			170.28		124,981.95	2,800,814.05
2040	114,236.84	822.00			170.28		124,981.95	2,925,796.00
2041	114,236.84	822.00			170.28		124,981.95	3,050,777.95
2042	114,236.84	822.00			170.28		124,981.95	3,175,759.90
2043	114,236.84	822.00			170.28		124,981.95	3,300,741.85
2044	114,236.84	822.00			170.28		124,981.95	3,425,723.80
	$2,815,772.63	$42,214.65	$42,198.63	Unknown	$6,470.64	Unknown	$3,425,723.80	

Note: Evaluation begins January 1, 2007, and continues through December 31, 2044.

Table 4b

EVALUATION OF LIFE CARE PLAN EXPENDITURES FOR AYDEN SHAFFER-DOAN

Neuro Rehab Specialists, Inc. Life Care Plan - Low Range Costs
(Amounts in Inflated Dollars)

Year	Projected Evaluations	Projected Therapeutic Modalities	Diagnostic Testing	Wheelchair/Mobility/Maintenance: Wheelchair	Wheelchair Maintenance	Orthotics/ Prosthetics	Supplies	Medications
2006								
2007	$552.20	$10,705.20	$1,030.00	$1,352.39	$104.50	$828.00	$10,025.30	$577.47
2008	577.05	11,186.93	1,060.90	1,164.87	109.20	857.02	5,750.18	594.79
2009	603.02	11,690.35	1,092.73	1,199.81	114.12	887.10	4,115.59	612.64
2010	630.15	12,216.41	1,125.51	1,235.81	119.25	918.28	3,794.48	631.02
2011	658.51	12,766.15	1,159.27	1,272.88	124.62	950.59	5,350.07	649.95
2012	688.14	13,340.63	1,194.05	1,311.07	130.23	984.10	4,144.58	669.45
2013	719.11	13,940.95	1,229.87	1,350.40	136.09	1,018.83	4,919.52	689.53
2014	751.47	14,568.30	1,266.77	1,390.91	142.21	1,054.84	4,396.98	710.21
2015	785.28	15,223.87	1,304.77	1,432.64	148.61	1,092.17	4,528.89	731.52
2016	820.62	15,908.94	1,343.92	1,475.62	155.30	1,130.88	4,635.19	753.47
2017	857.55	16,624.85	1,384.23	1,519.89	162.29	1,171.02	7,388.03	776.07
2018	896.14	17,372.97	1,425.76	1,565.49	169.59	1,212.64	4,688.64	799.35
2019	936.46	18,154.75	1,468.53	1,612.45	177.22	1,255.80	4,896.70	823.33
2020	978.60	18,971.71	1,512.59	1,660.82	185.19	1,300.57	5,550.02	848.03
2021	1,022.64	19,825.44	1,557.97	1,710.65	193.53	1,346.99	5,716.53	873.47
2022	1,068.66	20,717.58	1,604.71	1,761.97	202.24	1,395.14	5,888.02	899.68
2023	1,116.75	19,632.15	1,652.85	1,814.83	211.34	1,445.09	5,999.37	926.67
2024	1,167.00	5,132.97	1,702.43	1,869.27	220.85	1,496.89	5,688.77	954.47
2025	1,219.52	5,363.95	1,753.51	1,925.35	230.79	1,550.63	5,859.43	983.10
2026	1,274.40	5,605.33	1,806.11	1,983.11	241.17	1,606.38	6,035.21	1,012.60
2027	1,331.75	5,857.57	1,860.29	2,042.60	252.02	1,664.22	6,216.27	1,042.97
2028	1,391.67	6,121.16	1,916.10	2,103.88	263.37	1,724.23	6,402.76	1,074.26
2029	1,454.30	6,396.61	1,973.59	2,167.00	275.22	1,786.49	6,594.84	1,106.49
2030	1,519.74	6,684.46	2,032.79	2,232.01	287.60	1,851.09	6,792.68	1,139.69
2031	1,588.13	6,985.26	2,093.78	2,298.97	300.54	1,918.13	6,996.46	1,173.88
2032	1,659.60	7,299.60	2,156.59	2,367.94	314.07	1,987.70	7,206.36	1,209.09
2033	1,734.28	7,628.08	2,221.29	2,438.98	328.20	2,059.89	7,422.55	1,245.37
2034	1,812.32	7,971.34	2,287.93	2,512.14	342.97	2,134.81	7,645.22	1,282.73
2035	1,893.88	8,330.05	2,356.57	2,587.51	358.40	2,212.58	7,874.58	1,321.21
2036	1,979.10	8,704.91	2,427.26	2,665.13	374.53	2,293.29	8,110.82	1,360.84
2037	2,068.16	9,096.63	2,500.08	2,745.09	391.39	2,377.07	8,354.14	1,401.67
2038	2,161.23	9,505.97	2,575.08	2,827.44	409.00	2,464.04	8,604.77	1,443.72
2039	2,258.48	9,933.74	2,652.34	2,912.26	427.40	2,554.32	8,862.91	1,487.03
2040	2,360.11	10,380.76	2,731.91	2,999.63	446.64	2,648.05	9,128.80	1,531.64
2041	2,466.32	10,847.90	2,813.86	3,089.62	466.73	2,745.35	9,402.66	1,577.59
2042	2,577.30	11,336.05	2,898.28	3,182.31	487.74	2,846.38	9,684.74	1,624.92
2043	2,693.28	11,846.17	2,985.23	3,277.78	509.69	2,951.28	9,975.28	1,673.67
2044	2,814.48	12,379.25	3,074.78	3,376.11	532.62	3,060.21	10,274.54	1,723.88
Sum	$53,087.41	$436,254.96	$71,234.23	$78,436.64	$10,046.44	$64,782.10	$254,921.91	$39,937.47

Note: Evaluation begins January 1, 2007, and continues through December 31, 2044.

Table 4b (continued)

EVALUATION OF LIFE CARE PLAN EXPENDITURES FOR AYDEN SHAFFER-DOAN

Neuro Rehab Specialists, Inc. Life Care Plan - Low Range Costs
(Amounts in Inflated Dollars)

Year	Home & Facility Care	Future Medical Care Routine	Transportation	Architectural Renovation(s)	Assistive Technology	Surgical Intervention	Total Annual Life Care Plan Expenditures	Cumulative Total Life Care Plan Expenditures
2006							$0.00	$0.00
2007	$24,951.30	$1,598.85	$2,575.00	Unknown	$175.39	Unknown	54,475.59	54,475.59
2008	26,074.11	1,670.80	2,652.25		180.65		51,878.75	106,354.35
2009	27,247.44	1,745.98	2,731.82		186.07		52,226.66	158,581.01
2010	28,473.58	1,824.55	2,813.77		191.65		53,974.46	212,555.47
2011	29,754.89	1,906.66	2,898.19		197.40		57,689.18	270,244.65
2012	31,093.86	1,992.46	2,985.13		203.32		58,737.00	328,981.65
2013	32,493.08	2,082.12	3,074.68		209.42		61,863.61	390,845.26
2014	33,955.27	2,175.81	3,166.93		215.71		63,795.41	454,640.66
2015	35,483.26	2,273.73	3,261.93		222.18		66,488.85	521,129.52
2016	37,080.00	2,376.04	3,359.79		228.84		69,268.62	590,398.14
2017	38,748.60	2,482.97	3,460.58		235.71		74,811.78	665,209.92
2018	40,492.29	2,594.70	3,564.40		242.78		75,024.74	740,234.66
2019	42,314.44	2,659.55	3,671.33		250.06		78,220.64	818,455.30
2020	44,218.59	2,383.45	3,781.47		257.56		81,648.63	900,103.93
2021	46,208.43	2,490.71	3,894.92		265.29		85,106.56	985,210.50
2022	48,287.81	2,602.79	4,011.77		273.25		88,713.61	1,073,924.11
2023	73,481.16	2,601.45	3,634.00		281.45		112,797.10	1,186,721.21
2024	252,289.64	1,815.37	0.00		289.89		272,627.55	1,459,348.76
2025	263,642.67	1,897.06	0.00		298.59		284,724.59	1,744,073.35
2026	275,506.59	1,982.43	0.00		307.54		297,360.87	2,041,434.22
2027	287,904.39	2,071.64	0.00		316.77		310,560.50	2,351,994.72
2028	300,860.08	2,164.86	0.00		326.27		324,348.65	2,676,343.37
2029	314,398.79	2,262.28	0.00		336.06		338,751.66	3,015,095.03
2030	328,546.73	2,364.08	0.00		346.14		353,797.03	3,368,892.06
2031	343,331.34	2,470.47	0.00		356.53		369,513.48	3,738,405.55
2032	358,781.25	2,581.64	0.00		367.22		385,931.05	4,124,336.59
2033	374,926.40	2,697.81	0.00		378.24		403,081.08	4,527,417.68
2034	391,798.09	2,819.21	0.00		389.59		420,996.36	4,948,414.04
2035	409,429.00	2,946.08	0.00		401.28		439,711.13	5,388,125.17
2036	427,853.31	3,078.65	0.00		413.31		459,261.16	5,847,386.34
2037	447,106.71	3,217.19	0.00		425.71		479,683.84	6,327,070.18
2038	467,226.51	3,361.96	0.00		438.49		501,018.21	6,828,088.39
2039	488,251.70	3,513.25	0.00		451.64		523,305.09	7,351,393.47
2040	510,223.03	3,671.35	0.00		465.19		546,587.10	7,897,980.58
2041	533,183.06	3,836.56	0.00		479.14		570,908.81	8,468,889.39
2042	557,176.30	4,009.21	0.00		493.52		596,316.75	9,065,206.14
2043	582,249.24	4,189.62	0.00		508.32		622,859.56	9,688,065.71
2044	608,450.45	4,378.15	0.00		523.57		650,588.06	10,338,653.76
	$9,163,493.36	$98,791.49	$55,537.97	Unknown	$12,129.77	Unknown	$10,338,653.76	

Note: Evaluation begins January 1, 2007, and continues through December 31, 2044.

Table 4c

EVALUATION OF LIFE CARE PLAN EXPENDITURES FOR AYDEN SHAFFER-DOAN

Neuro Rehab Specialists, Inc. Life Care Plan - Low Range Costs
(Amounts in Discounted Dollars)

				Wheelchair/Mobility/Maintenance				
Year	Projected Evaluations	Projected Therapeutic Modalities	Diagnostic Testing	Wheelchair	Wheelchair Maintenance	Orthotics/ Prosthetics	Supplies	Medications
2006								
2007	$528.42	$10,244.21	$985.65	$1,294.15	$100.00	$792.34	$9,593.59	$552.60
2008	528.42	10,244.21	971.50	1,066.70	100.00	784.80	5,265.62	544.67
2009	528.42	10,244.21	957.55	1,051.39	100.00	777.36	3,606.48	536.85
2010	528.42	10,244.21	943.81	1,036.30	100.00	770.03	3,181.91	529.15
2011	528.42	10,244.21	930.26	1,021.43	100.00	762.81	4,293.17	521.55
2012	528.42	10,244.21	916.91	1,006.76	100.00	755.68	3,182.60	514.06
2013	528.42	10,244.21	903.75	992.31	100.00	748.66	3,615.00	506.69
2014	528.42	10,244.21	890.77	978.07	100.00	741.75	3,091.89	499.41
2015	528.42	10,244.21	877.99	964.03	100.00	734.93	3,047.51	492.24
2016	528.42	10,244.21	865.38	950.19	100.00	728.21	2,984.73	485.18
2017	528.42	10,244.21	852.96	936.55	100.00	721.58	4,552.49	478.21
2018	528.42	10,244.21	840.72	923.11	100.00	715.05	2,764.72	471.35
2019	528.42	10,244.21	828.65	909.86	100.00	708.61	2,763.07	464.58
2020	528.42	10,244.21	816.76	896.80	100.00	702.27	2,996.86	457.92
2021	528.42	10,244.21	805.03	883.93	100.00	696.02	2,953.85	451.34
2022	528.42	10,244.21	793.48	871.24	100.00	689.85	2,911.45	444.86
2023	528.42	9,289.47	782.09	858.73	100.00	683.78	2,838.76	438.48
2024	528.42	2,324.21	770.86	846.41	100.00	677.79	2,575.87	432.18
2025	528.42	2,324.21	759.80	834.26	100.00	671.89	2,538.90	425.98
2026	528.42	2,324.21	748.89	822.28	100.00	666.08	2,502.46	419.87
2027	528.42	2,324.21	738.14	810.48	100.00	660.34	2,466.54	413.84
2028	528.42	2,324.21	727.55	798.85	100.00	654.69	2,431.13	407.90
2029	528.42	2,324.21	717.10	787.38	100.00	649.12	2,396.24	402.04
2030	528.42	2,324.21	706.81	776.08	100.00	643.63	2,361.84	396.27
2031	528.42	2,324.21	696.66	764.94	100.00	638.22	2,327.94	390.58
2032	528.42	2,324.21	686.66	753.96	100.00	632.89	2,294.52	384.98
2033	528.42	2,324.21	676.81	743.13	100.00	627.63	2,261.59	379.45
2034	528.42	2,324.21	667.09	732.47	100.00	622.45	2,229.12	374.01
2035	528.42	2,324.21	657.52	721.95	100.00	617.34	2,197.13	368.64
2036	528.42	2,324.21	648.08	711.59	100.00	612.31	2,165.59	363.35
2037	528.42	2,324.21	638.78	701.38	100.00	607.35	2,134.50	358.13
2038	528.42	2,324.21	629.61	691.31	100.00	602.46	2,103.86	352.99
2039	528.42	2,324.21	620.57	681.39	100.00	597.64	2,073.67	347.92
2040	528.42	2,324.21	611.66	671.61	100.00	592.89	2,043.90	342.93
2041	528.42	2,324.21	602.88	661.97	100.00	588.20	2,014.56	338.01
2042	528.42	2,324.21	594.23	652.46	100.00	583.59	1,985.64	333.15
2043	528.42	2,324.21	585.70	643.10	100.00	579.04	1,957.14	328.37
2044	528.42	2,324.21	577.29	633.87	100.00	574.56	1,929.05	323.66
Sum	$20,079.96	$222,005.24	$29,025.95	$32,082.41	$3,800.00	$25,613.84	$110,634.90	$16,273.40

Note: Evaluation begins January 1, 2007, and continues through December 31, 2044.

Table 4c (continued)

EVALUATION OF LIFE CARE PLAN EXPENDITURES FOR AYDEN SHAFFER-DOAN

Neuro Rehab Specialists, Inc. Life Care Plan - Low Range Costs
(Amounts in Discounted Dollars)

Year	Home & Facility Care	Future Medical Care Routine	Transportation	Architectural Renovation(s)	Assistive Technology	Surgical Intervention	Total Annual Life Care Plan Expenditures	Cumulative Total Life Care Plan Expenditures
2006							$0.00	$0.00
2007	$23,876.84	$1,530.00	$2,464.11	Unknown	$167.84	Unknown	52,129.75	52,129.75
2008	23,876.84	1,530.00	2,428.74		165.43		47,506.93	99,636.68
2009	23,876.84	1,530.00	2,393.88		163.05		45,766.04	145,402.73
2010	23,876.84	1,530.00	2,359.52		160.71		45,260.90	190,663.62
2011	23,876.84	1,530.00	2,325.65		158.40		46,292.74	236,956.36
2012	23,876.84	1,530.00	2,292.27		156.13		45,103.90	282,060.26
2013	23,876.84	1,530.00	2,259.37		153.89		45,459.14	327,519.40
2014	23,876.84	1,530.00	2,226.93		151.68		44,859.98	372,379.38
2015	23,876.84	1,530.00	2,194.97		149.50		44,740.64	417,120.03
2016	23,876.84	1,530.00	2,163.46		147.36		44,603.98	461,724.01
2017	23,876.84	1,530.00	2,132.41		145.24		46,098.93	507,822.93
2018	23,876.84	1,530.00	2,101.80		143.16		44,239.38	552,062.31
2019	23,876.84	1,500.71	2,071.63		141.10		44,137.69	596,200.00
2020	23,876.84	1,287.00	2,041.89		139.08		44,088.05	640,288.05
2021	23,876.84	1,287.00	2,012.58		137.08		43,976.30	684,264.35
2022	23,876.84	1,287.00	1,983.70		135.11		43,866.16	728,130.51
2023	34,769.55	1,230.95	1,719.52		133.17		53,372.92	781,503.43
2024	114,236.84	822.00	0.00		131.26		123,445.85	904,949.28
2025	114,236.84	822.00	0.00		129.38		123,371.68	1,028,320.96
2026	114,236.84	822.00	0.00		127.52		123,298.56	1,151,619.52
2027	114,236.84	822.00	0.00		125.69		123,226.50	1,274,846.02
2028	114,236.84	822.00	0.00		123.89		123,155.47	1,398,001.49
2029	114,236.84	822.00	0.00		122.11		123,085.46	1,521,086.95
2030	114,236.84	822.00	0.00		120.36		123,016.46	1,644,103.41
2031	114,236.84	822.00	0.00		118.63		122,948.44	1,767,051.85
2032	114,236.84	822.00	0.00		116.93		122,881.40	1,889,933.26
2033	114,236.84	822.00	0.00		115.25		122,815.33	2,012,748.58
2034	114,236.84	822.00	0.00		113.59		122,750.20	2,135,498.79
2035	114,236.84	822.00	0.00		111.96		122,686.01	2,258,184.80
2036	114,236.84	822.00	0.00		110.35		122,622.74	2,380,807.53
2037	114,236.84	822.00	0.00		108.77		122,560.38	2,503,367.91
2038	114,236.84	822.00	0.00		107.21		122,498.91	2,625,866.82
2039	114,236.84	822.00	0.00		105.67		122,438.32	2,748,305.14
2040	114,236.84	822.00	0.00		104.15		122,378.61	2,870,683.75
2041	114,236.84	822.00	0.00		102.66		122,319.75	2,993,003.49
2042	114,236.84	822.00	0.00		101.19		122,261.74	3,115,265.23
2043	114,236.84	822.00	0.00		99.73		122,204.55	3,237,469.78
2044	114,236.84	822.00	0.00		98.30		122,148.19	3,359,617.98
	$2,815,772.63	$42,214.65	$37,172.45	Unknown	$4,942.54	Unknown	$3,359,617.98	

Note: Evaluation begins January 1, 2007, and continues through December 31, 2044.

Table 5a

EVALUATION OF LIFE CARE PLAN EXPENDITURES FOR AYDEN SHAFFER-DOAN

Neuro Rehab Specialists, Inc. Life Care Plan - High Range Costs
(Amounts in Year 2006 Dollars)

Year	Projected Evaluations	Projected Therapeutic Modalities	Diagnostic Testing	Wheelchair/Mobility/Maintenance		Orthotics/ Prosthetics	Supplies	Medications
				Wheelchair	Wheelchair Maintenance			
2006								
2007	$632.37	$10,244.21	$1,000.00	$1,562.00	$150.00	$800.00	$10,189.55	$560.65
2008	632.37	10,244.21	1,000.00	1,347.00	150.00	800.00	5,876.35	560.65
2009	632.37	10,244.21	1,000.00	1,347.00	150.00	800.00	4,222.60	560.65
2010	632.37	10,244.21	1,000.00	1,347.00	150.00	800.00	3,827.60	560.65
2011	632.37	10,244.21	1,000.00	1,347.00	150.00	800.00	5,071.27	560.65
2012	632.37	10,244.21	1,000.00	1,347.00	150.00	800.00	3,927.27	560.65
2013	632.37	10,244.21	1,000.00	1,347.00	150.00	800.00	4,456.27	560.65
2014	632.37	10,244.21	1,000.00	1,347.00	150.00	800.00	3,927.27	560.65
2015	632.37	10,244.21	1,000.00	1,347.00	150.00	800.00	3,927.27	560.65
2016	632.37	10,244.21	1,000.00	1,347.00	150.00	800.00	3,905.27	560.65
2017	632.37	10,244.21	1,000.00	1,347.00	150.00	800.00	5,793.52	560.65
2018	632.37	10,244.21	1,000.00	1,347.00	150.00	800.00	3,744.77	560.65
2019	632.37	10,244.21	1,000.00	1,347.00	150.00	800.00	3,790.66	560.65
2020	632.37	10,244.21	1,000.00	1,347.00	150.00	800.00	4,125.47	560.65
2021	632.37	10,244.21	1,000.00	1,347.00	150.00	800.00	4,125.47	560.65
2022	632.37	10,244.21	1,000.00	1,347.00	150.00	800.00	4,125.47	560.65
2023	632.37	9,289.47	1,000.00	1,347.00	150.00	800.00	4,085.97	560.65
2024	632.37	2,324.21	1,000.00	1,347.00	150.00	800.00	3,797.80	560.65
2025	632.37	2,324.21	1,000.00	1,347.00	150.00	800.00	3,797.80	560.65
2026	632.37	2,324.21	1,000.00	1,347.00	150.00	800.00	3,797.80	560.65
2027	632.37	2,324.21	1,000.00	1,347.00	150.00	800.00	3,797.80	560.65
2028	632.37	2,324.21	1,000.00	1,347.00	150.00	800.00	3,797.80	560.65
2029	632.37	2,324.21	1,000.00	1,347.00	150.00	800.00	3,797.80	560.65
2030	632.37	2,324.21	1,000.00	1,347.00	150.00	800.00	3,797.80	560.65
2031	632.37	2,324.21	1,000.00	1,347.00	150.00	800.00	3,797.80	560.65
2032	632.37	2,324.21	1,000.00	1,347.00	150.00	800.00	3,797.80	560.65
2033	632.37	2,324.21	1,000.00	1,347.00	150.00	800.00	3,797.80	560.65
2034	632.37	2,324.21	1,000.00	1,347.00	150.00	800.00	3,797.80	560.65
2035	632.37	2,324.21	1,000.00	1,347.00	150.00	800.00	3,797.80	560.65
2036	632.37	2,324.21	1,000.00	1,347.00	150.00	800.00	3,797.80	560.65
2037	632.37	2,324.21	1,000.00	1,347.00	150.00	800.00	3,797.80	560.65
2038	632.37	2,324.21	1,000.00	1,347.00	150.00	800.00	3,797.80	560.65
2039	632.37	2,324.21	1,000.00	1,347.00	150.00	800.00	3,797.80	560.65
2040	632.37	2,324.21	1,000.00	1,347.00	150.00	800.00	3,797.80	560.65
2041	632.37	2,324.21	1,000.00	1,347.00	150.00	800.00	3,797.80	560.65
2042	632.37	2,324.21	1,000.00	1,347.00	150.00	800.00	3,797.80	560.65
2043	632.37	2,324.21	1,000.00	1,347.00	150.00	800.00	3,797.80	560.65
2044	632.37	2,324.21	1,000.00	1,347.00	150.00	800.00	3,797.80	560.65
Sum	$24,030.06	$222,005.24	$38,000.00	$51,401.00	$5,700.00	$30,400.00	$158,875.85	$21,304.70

Note: Evaluation begins January 1, 2007, and continues through December 31, 2044.

Table 5a (continued)

EVALUATION OF LIFE CARE PLAN EXPENDITURES FOR AYDEN SHAFFER-DOAN

Neuro Rehab Specialists, Inc. Life Care Plan - High Range Costs
(Amounts in Year 2006 Dollars)

Year	Home & Facility Care	Future Medical Care Routine	Transportation	Architectural Renovation(s)	Assistive Technology	Surgical Intervention	Total Annual Life Care Plan Expenditures	Cumulative Total Life Care Plan Expenditures
2006							$0.00	$0.00
2007	$26,846.84	$1,870.00	$2,500.00	Unknown	$340.56	Unknown	56,696.18	56,696.18
2008	26,846.84	1,870.00	2,500.00		340.56		52,167.98	108,864.16
2009	26,846.84	1,870.00	2,500.00		340.56		50,514.23	159,378.39
2010	26,846.84	1,870.00	2,500.00		340.56		50,119.23	209,497.62
2011	26,846.84	1,870.00	2,500.00		340.56		51,362.90	260,860.52
2012	26,846.84	1,870.00	2,500.00		340.56		50,218.90	311,079.42
2013	26,846.84	1,870.00	2,500.00		340.56		50,747.90	361,827.32
2014	26,846.84	1,870.00	2,500.00		340.56		50,218.90	412,046.22
2015	26,846.84	1,870.00	2,500.00		340.56		50,218.90	462,265.12
2016	26,846.84	1,870.00	2,500.00		340.56		50,196.90	512,462.02
2017	26,846.84	1,870.00	2,500.00		340.56		52,085.15	564,547.17
2018	26,846.84	1,870.00	2,500.00		340.56		50,036.40	614,583.57
2019	26,846.84	1,840.71	2,500.00		340.56		50,053.00	664,636.57
2020	26,846.84	1,627.00	2,500.00		340.56		50,174.10	714,810.67
2021	26,846.84	1,627.00	2,500.00		340.56		50,174.10	764,984.77
2022	26,846.84	1,627.00	2,500.00		340.56		50,174.10	815,158.87
2023	37,381.52	1,529.96	2,198.63		340.56		59,316.13	874,475.00
2024	114,236.84	822.00			340.56		126,011.43	1,000,486.43
2025	114,236.84	822.00			340.56		126,011.43	1,126,497.86
2026	114,236.84	822.00			340.56		126,011.43	1,252,509.29
2027	114,236.84	822.00			340.56		126,011.43	1,378,520.72
2028	114,236.84	822.00			340.56		126,011.43	1,504,532.15
2029	114,236.84	822.00			340.56		126,011.43	1,630,543.58
2030	114,236.84	822.00			340.56		126,011.43	1,756,555.01
2031	114,236.84	822.00			340.56		126,011.43	1,882,566.44
2032	114,236.84	822.00			340.56		126,011.43	2,008,577.87
2033	114,236.84	822.00			340.56		126,011.43	2,134,589.30
2034	114,236.84	822.00			340.56		126,011.43	2,260,600.73
2035	114,236.84	822.00			340.56		126,011.43	2,386,612.16
2036	114,236.84	822.00			340.56		126,011.43	2,512,623.59
2037	114,236.84	822.00			340.56		126,011.43	2,638,635.02
2038	114,236.84	822.00			340.56		126,011.43	2,764,646.45
2039	114,236.84	822.00			340.56		126,011.43	2,890,657.88
2040	114,236.84	822.00			340.56		126,011.43	3,016,669.31
2041	114,236.84	822.00			340.56		126,011.43	3,142,680.74
2042	114,236.84	822.00			340.56		126,011.43	3,268,692.17
2043	114,236.84	822.00			340.56		126,011.43	3,394,703.60
2044	114,236.84	822.00			340.56		126,011.43	3,520,715.03
	$2,865,904.60	$47,953.67	$42,198.63	Unknown	$12,941.28	Unknown	$3,520,715.03	

Note: Evaluation begins January 1, 2007, and continues through December 31, 2044.

Table 5b

EVALUATION OF LIFE CARE PLAN EXPENDITURES FOR AYDEN SHAFFER-DOAN

Neuro Rehab Specialists, Inc. Life Care Plan - High Range Costs
(Amounts in Inflated Dollars)

Year	Projected Evaluations	Projected Therapeutic Modalities	Diagnostic Testing	Wheelchair/Mobility/Maintenance: Wheelchair	Wheelchair Maintenance	Orthotics/ Prosthetics	Supplies	Medications
2006								
2007	$660.83	$10,705.20	$1,030.00	$1,608.86	$156.75	$828.00	$10,495.24	$577.47
2008	690.56	11,186.93	1,060.90	1,429.03	163.80	857.02	6,234.22	594.79
2009	721.64	11,690.35	1,092.73	1,471.90	171.17	887.10	4,614.15	612.64
2010	754.11	12,216.41	1,125.51	1,516.06	178.88	918.28	4,308.00	631.02
2011	788.05	12,766.15	1,159.27	1,561.54	186.93	950.59	5,878.99	649.95
2012	823.51	13,340.63	1,194.05	1,608.39	195.34	984.10	4,689.37	669.45
2013	860.57	13,940.95	1,229.87	1,656.64	204.13	1,018.83	5,480.65	689.53
2014	899.29	14,568.30	1,266.77	1,706.34	213.32	1,054.84	4,974.95	710.21
2015	939.76	15,223.87	1,304.77	1,757.53	222.91	1,092.17	5,124.20	731.52
2016	982.05	15,908.94	1,343.92	1,810.26	232.95	1,130.88	5,248.36	753.47
2017	1,026.24	16,624.85	1,384.23	1,864.56	243.43	1,171.02	8,019.59	776.07
2018	1,072.42	17,372.97	1,425.76	1,920.50	254.38	1,212.64	5,339.15	799.35
2019	1,120.68	18,154.75	1,468.53	1,978.11	265.83	1,255.80	5,566.72	823.33
2020	1,171.11	18,971.71	1,512.59	2,037.46	277.79	1,300.57	6,240.14	848.03
2021	1,223.81	19,825.44	1,557.97	2,098.58	290.29	1,346.99	6,427.35	873.47
2022	1,278.89	20,717.58	1,604.71	2,161.54	303.36	1,395.14	6,620.17	899.68
2023	1,336.44	19,632.15	1,652.85	2,226.39	317.01	1,445.09	6,753.49	926.67
2024	1,396.58	5,132.97	1,702.43	2,293.18	331.27	1,496.89	6,465.50	954.47
2025	1,459.42	5,363.95	1,753.51	2,361.97	346.18	1,550.63	6,659.47	983.10
2026	1,525.10	5,605.33	1,806.11	2,432.83	361.76	1,606.38	6,859.25	1,012.60
2027	1,593.72	5,857.57	1,860.29	2,505.82	378.04	1,664.22	7,065.03	1,042.97
2028	1,665.44	6,121.16	1,916.10	2,580.99	395.05	1,724.23	7,276.98	1,074.26
2029	1,740.39	6,396.61	1,973.59	2,658.42	412.82	1,786.49	7,495.29	1,106.49
2030	1,818.70	6,684.46	2,032.79	2,738.17	431.40	1,851.09	7,720.15	1,139.69
2031	1,900.55	6,985.26	2,093.78	2,820.32	450.82	1,918.13	7,951.75	1,173.88
2032	1,986.07	7,299.60	2,156.59	2,904.93	471.10	1,987.70	8,190.30	1,209.09
2033	2,075.44	7,628.08	2,221.29	2,992.08	492.30	2,059.89	8,436.01	1,245.37
2034	2,168.84	7,971.34	2,287.93	3,081.84	514.45	2,134.81	8,689.09	1,282.73
2035	2,266.44	8,330.05	2,356.57	3,174.29	537.61	2,212.58	8,949.76	1,321.21
2036	2,368.43	8,704.91	2,427.26	3,269.52	561.80	2,293.29	9,218.26	1,360.84
2037	2,475.01	9,096.63	2,500.08	3,367.61	587.08	2,377.07	9,494.81	1,401.67
2038	2,586.38	9,505.97	2,575.08	3,468.64	613.50	2,464.04	9,779.65	1,443.72
2039	2,702.77	9,933.74	2,652.34	3,572.70	641.10	2,554.32	10,073.04	1,487.03
2040	2,824.39	10,380.76	2,731.91	3,679.88	669.95	2,648.05	10,375.23	1,531.64
2041	2,951.49	10,847.90	2,813.86	3,790.27	700.10	2,745.35	10,686.49	1,577.59
2042	3,084.31	11,336.05	2,898.28	3,903.98	731.61	2,846.38	11,007.08	1,624.92
2043	3,223.10	11,846.17	2,985.23	4,021.10	764.53	2,951.28	11,337.29	1,673.67
2044	3,368.14	12,379.25	3,074.78	4,141.73	798.93	3,060.21	11,677.41	1,723.88
Sum	$63,530.69	$436,254.96	$71,234.23	$96,173.96	$15,069.66	$64,782.10	$287,422.53	$39,937.47

Note: Evaluation begins January 1, 2007, and continues through December 31, 2044.

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

FILED
DEC 27 2006
William A. Shaw
Prothonotary/Clerk of Courts

ICC Attys:
S. Specter
M. Casey
M. Sosnowski
T. Cavanaugh
D. Johnson
J. Blasko
GW

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. 05-418-CD
Plaintiffs,	)	
vs.	)	JURY TRIAL DEMANDED
RICHARD GROUT, M.D.; SUNDAR CHANDRASEKHAR, M.D.; DUBOIS REGIONAL MEDICAL CENTER and GATEWAY AREA MEDICAL ASSOCIATES, INC.	)	
Defendants.	)	

ORDER

AND NOW, this 22 day of December, 2006, it is Ordered that a Settlement Conference in the above-captioned case is scheduled for the 18th day of January, 2007, at 10:00 o'clock, in Courtroom No. 1.

It is further Ordered that the following shall be present:

[a] Plaintiffs' counsel, and, the Plaintiffs;

[b] Counsel for all the Defendants and their respective Insurance Representatives;

[c] A Representative of the Commonwealth of Pennsylvania M-CARE Fund, Leslie Thomas, Case Manager or her Designee.

All parties shall have full authority for settlement of the case.

BY THE COURT,

::ODMA\PCDOCS\DOCS\LIB2\252479\3

FILED

DEC 27 2006

William A. Shaw
Prothonotary/Clerk of Courts

DATE: 12/27/06

____You are responsible for serving all appropriate parties.

__X__The Prothonotary's office has provided service to the following parties:

____Plaintiff(s) __X__ Plaintiff(s) Attorney ____ Other

____ Defendant(s) __X__ Defendant(s) Attorney

____Special Instructions:

CA

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

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 FILED ON BEHALF OF PLAINTIFFS
	:	**KLINE & SPECTER,** A Professional Corporation 19th Floor 1525 Locust Street Philadelphia, PA 19102 (215) 772-1000

ORDER

AND NOW, this 3RD day of Jan, 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 rescheduled for January 16, 2007 @ 1:30 P.M.

BY THE COURT

J.

FILED 1CC Atty Aussprung
019:37/611
JAN 04 2007

William A. Shaw
Prothonotary/Clerk of Courts

FILED

JAN 04 2007

William A. Shaw
Prothonotary/Clerk of Courts

DATE: 1/4/07

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:

CA

FILED
JAN 02 2007
m/ 11:45/ w
William A. Shaw
Prothonotary/Clerk of Courts
1 cert to Atty

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

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 FILED ON BEHALF OF PLAINTIFFS
	:	**KLINE & SPECTER,** A Professional Corporation 19th Floor 1525 Locust Street Philadelphia, PA 19102 (215) 772-1000

PLAINTIFFS' MOTION FOR CONTINUANCE
OF THE JANUARY 18, 2007 SETTLEMENT CONFERENCE

Plaintiff Ayden Shaffer-Doan, a minor, by his parents and natural guardians, Timothy Doan and Karen Shaffer-Doan, and Timothy Doan and Karen Shaffer-Doan, in their own right, by and through their counsel, Kline & Specter, P.C., respectfully request this Honorable Court to enter the attached Order granting Plaintiffs' Motion for Continuance of the January 18, 2007 Settlement Conference. In support of the instant Motion, plaintiffs aver as follows:

1. This medical malpractice case is currently scheduled to begin trial on February 20, 2007.

2. Plaintiffs were recently advised by counsel for the Pennsylvania Medical Society Liability Insurance Company ("PMSLIC") (the principal insurer for all defendants) that pursuant to a letter request

from counsel for defendant Gateway, the Court scheduled a settlement conference to occur on January 18, 2007.

3. Shanin Specter, Esq. is principal trial counsel for the plaintiffs in this case and was personally hired by plaintiffs to represent them in this case; his personal appearance is necessary at any settlement conference.

4. Mr. Specter has been previously scheduled to appear before the Honorable Marurino J. Rossanese, Jr. on January 18, 2007, in the case of Fiorelli v. Lankenau Hospital, et al, C.C.P., Montgomery County, No. 03-10281.

5. All counsel in the instant case are to appear before the Honorable John K. Riley, Jr. for a pre-trial conference on January 30, 2007 and a jury in this case will be selected two days later, on February 1, 2007.

6. Respectfully, plaintiffs hereby request that the January 18, 2007 Settlement Conference be continued and be held on January 30, January 31 or February 1, 2007, when this Honorable Court will already be convening to address this case by way of pre-trial conference, argument on motions, and, on February 1, jury selection.

7. This request for continuance was originally made by letter dated December 28, 2006[1], a copy of which is attached hereto as Exhibit "A," to which counsel for Gateway responded by letter dated December 29, 2006, a copy of which is attached hereto as Exhibit "B."

8. In his reply letter, counsel for Gateway advises that he is not opposed to continuance of the conference from January 18, but opposes plaintiffs' scheduling suggestion in paragraph 6, *supra*.

9. Plaintiffs' counsel and counsel for PMSLIC are scheduled to have a private settlement conference on January 9 in this case and have mutually pledged to work toward settlement at that time and thereafter.

---

[1]The Court requested this matter be raised by way of motion.

10. It is respectfully suggested that, if the case is not settled privately between counsel on January 9 or thereafter, that, in the interest of judicial economy, the Court not be troubled to intercede on the issue of settlement until January 30 - February 1, when the Court's attention will be otherwise focused on this matter.

11. The undersigned has read the motion and to the best of his knowledge, information and belief, there are good grounds to support such motion and it is not interposed merely for delay.

WHEREFORE, plaintiffs respectfully request that this Honorable Court enter the attached Order rescheduling the January 18, 2007 Settlement Conference.

Respectfully submitted,

KLINE & SPECTER,
A Professional Corporation

SHANIN SPECTER, ESQUIRE
MARCIA F. ROSENBAUM, ESQUIRE
LEON AUSSPRUNG, ESQUIRE
Attorney for Plaintiffs

Dated: December 29, 2006

CERTIFICATE OF SERVICE

I, LEON AUSSPRUNG, ESQUIRE, certify that on December 29, 2006, a true and correct copy of Plaintiffs' Motion for Continuance of the January 18, 2007 Settlement Conference was served via United Parcel Service - Overnight upon the following counsel:

Terry C. Cavanaugh, Esquire
White & Williams, LLP
The Frick Building
437 Grant Street, Suite 1001
Pittsburgh, PA 15219
(Counsel for Defendant Sundar Chandrasekhar, M.D.)

David R. Johnson, Esquire
Thomson, Rhodes & Cowie, P.C.
Firm #720
1010 Two Chatham Center
Pittsburgh, PA 15219
(Counsel for Defendant DuBois Regional Medical Center)

John W. Blasko, Esquire
McQuaide Blasko
811 University Drive
State College, PA 16801
(Counsel for Defendant Gateway Area Medical Associates, Inc.)

Michael A. Sosnowski, Esquire
McIntyre, Dugas, Hartye & Schmitt
P.O. Box 533
Hollidaysburg, PA 16648
(Counsel for Richard Grout, M.D.)

Fredric Goldfein, Esquire
Goldfein & Joseph
1600 Market Street
33rd Floor
Philadelphia, Pennsylvania 19103-7288
(Counsel for Pennsylvania Medical Society Liability Insurance Company)

LEON AUSSPRUNG, ESQUIRE

Exhibit A

KLINE & SPECTER
A PROFESSIONAL CORPORATION
ATTORNEYS AT LAW
THE NINETEENTH FLOOR
1525 LOCUST STREET
PHILADELPHIA, PENNSYLVANIA 19102

SHANIN SPECTER

215-772-1000
FAX: 215-772-1359

FILE COPY

December 28, 2006

VIA Facsimile & U.S. First Class Mail
The Honorable Fredric J. Ammerman
Clearfield County Courthouse
P.O. Box 549
230 East Market Street
Clearfield, PA 16830

Re: Ayden Shaffer-Doan, a minor, by his parents and natural guardians, Timothy Doan and Karen Shaffer vs. Richard Grout, M.D., Sundar Chandrasekhar, M.D., Dubois Regional Medical Ctr., and Gateway Area Medical Associates
No. 2005-418CD

Dear Judge Ammerman:

I am advised by counsel for the Pennsylvania Medical Society Liability Insurance Company (an insurer for all defendants) that Your Honor has scheduled a settlement conference to occur on January 18.

Unfortunately, I am previously scheduled to appear before the Honorable Marurino J. Rossanese, Jr. on January 18 in the case of Fiorelli v. Lankenau Hospital, et al., C.C.P., Montgomery County, No. 03-10281. Therefore, I respectfully request that the settlement conference be continued.

We are to appear before Judge Riley for the pre-trial conference on January 30 and we pick a jury two days later, on February 1. I respectfully request that perhaps the settlement conference could be held on one of those two days, or on January 31.

Thank you for your consideration of this request.

Respectfully,

SHANIN SPECTER

This letter is prepared by me but is being slash signed in my absence so as to avoid a delay in transmission.
SS/dg
cc: Terry C. Cavanaugh, Esquire
David R. Johnson, Esquire
John W. Blasko, Esquire
Michael A. Sosnowski, Esquire
Fredric Goldfein, Esquire

Exhibit B

McQUAIDE BLASKO ATTORNEYS AT LAW

811 University Drive, State College, Pennsylvania 16801-6699 (814) 238-4926 FAX (814) 234-5620
Additional offices in Hershey and Hollidaysburg www.mqblaw.com

December 29, 2006

Via Facsimile: (814) 765-7649 and Regular Mail
Honorable Judge Fredric Ammerman
President Judge
Judge's Chambers
Clearfield County Courthouse
230 East Market Street
Clearfield, PA 16830

In re: Shaffer-Doan vs. Grout, et al.
Docket No: 05-418

Dear Judge Ammerman:

I have Mr. Specter's letter of December 28, 2006, requesting a continuation of the Settlement Conference scheduled for January 18th. I appreciate his scheduling conflict and have no objection to a continuance except as to his request for a delay until the eve of jury selection.

I would respectfully request that the conference be rescheduled as soon as the Court's schedule permits, but not delayed until January 30th or 31st. If there is any opportunity to amicably conclude the case, the conference should be sooner rather than later. I suggest the week of January 15th, except the 18th, or the week of January 22nd. I note that on the "face" sheet of the pleading, Plaintiffs' counsel of record are identified as being Shanin Specter, Marcia F. Rosenbaum, and Leon Aussprung. We can accommodate any days set by the Court.

Thank you.

Very truly yours,

McQUAIDE, BLASKO,
FLEMING & FAULKNER, INC.

By: JOHN W. BLASKO

JWB/nls
cc: Shanin Spector, Esquire (Via Facsimile: (215) 772-1005 and Regular Mail)
Michael Sosnowski, Esquire (Via Facsimile: (814) 696-9399 and Regular Mail)
David Johnson, Esquire (Via Facsimile: (412) 232-3498 and Regular Mail)
Terry Cavanaugh, Esquire (Via Facsimile: (412) 566-3546 and Regular Mail)

McQUAIDE, BLASKO, FLEMING & FAULKNER, INC.

State College Office John W. Blasko | Mark Faulkner | David M. Wenzel | Steven S. Hurwitz | James M. Horne | Wendell V. Courtney | Darryl R. Slimak | Mark Righter | Daniel G. Wright | Paul J. Tomczuk | Jaime C. Gismondi | John A. Snyder | April C. Simpson | Allen P. Neely | Pamela A. Ruest | Katherine V. Oliver | Katherine M. Allen | Wayne L. Mowery, II | Cheryl L. Glenn-Hunt | Lorna N. Jones | Cristin R. Long | Matthew T. Rogers | Frederick R. Battaglia | Anthony A. Simon | Dominick J. Marasco

Hershey Office Orrin H. Fleming | Maureen A. Gallagher | Michael J. Mohr | Jennifer R. Stepanian

Hollidaysburg Office Thomas M. Rosso | J. Benjamin Yenger | Sean M. Burke | Michael P. Rauch

John G. Love (1903-1966) | Roy Wilkinson, Jr. (1915-1995) | Dalton J. McQuaide (1936-1997)

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 TO PLAINTIFFS' MOTION FOR CONTINUANCE OF THE JANUARY 18, 2007 SETTLEMENT CONFERENCE 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

Dated: January 3, 2007

FILED No cc.
5/11:00 cm
JAN - 3 2007
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,	)	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.	)	

ANSWER OF DEFENDANT, GATEWAY AREA MEDICAL ASSOCIATES, INC. TO PLAINTIFFS' MOTION FOR CONTINUANCE OF THE JANUARY 18, 2007 SETTLEMENT CONFERENCE

1. Paragraph 1 of Plaintiffs' Motion is admitted.

2. Paragraph 2 is denied as stated. The Pennsylvania Medical Society Liability Insurance Company is not the principal insurer for all Defendants. Through discovery over a year and a half ago, counsel for Richard Grout, M.D. notified Plaintiffs' counsel that he was insured by MIXX. The Settlement Conference was scheduled pursuant to a Court Order served by the Prothonotary on the Plaintiffs' counsel on December 27, 2006.

3. The Defendant Gateway Area Medical Associates, Inc. is without knowledge as to the averments of Paragraph 3. The face sheet of the Plaintiffs' pleadings designates three counsel of record for Plaintiffs.

4. Defendant Gateway Area Medical Associates Inc. is without knowledge as to the averments of Paragraph 4, or, whether other counsel of Plaintiffs' firm are available.

5. Paragraph 5 is admitted.

6. The request set forth in Paragraph 6 and the proposed schedule by Plaintiffs for a conference is not in the best interest of the parties or judicial expediency in that:

(a) The Pre-Trial Conference scheduled for January 30, 2007 at 1:30 p.m. will not provide sufficient time for the Court to participate towards settlement of the case. The Pre-Trial Conference will take approximately an hour to an hour and forty-five minutes, and, thereafter there are five Motions scheduled for argument before the Court. It is believed that the scheduled Pre-Trial Conference and arguments on the Motions will consume most of the afternoon of January 30, 2007, leaving little time for any meaningful settlement discussions;

(b) The scheduling of the settlement conference on an earlier date, January 10, 11, 12, 15, 16, 17, or 19 or the week of January 22, 2007 would facilitate settlement possibilities, in that, it would establish earlier deadlines for the parties to pursue good faith settlement negotiations. Since Plaintiffs' counsel alleges a private conference on January 9th, an earlier conference date for judicial supervision of settlement may facilitate settlement and, as a result, the Pre-Trial Conference scheduled for January 30th would be cancelled, as well as jury selection of February 1, 2007, freeing the Court's schedule to accommodate other litigation.

(c) As pointed out in the letter dated December 21, 2006 addressed to this Honorable Court, Defendant Gateway Area Medical Associates, Inc. requested a settlement conference on November 22, 2006, which, thereafter, was postponed by an alleged agreement of counsel, except Gateway's counsel, attached Exhibit "A";

(d) Plaintiffs' counsel never responded to Gateway's counsel's letter of December 21, 2006 requesting an Order for a conference;

(e) On December 22, 2006, the Court entered an Order scheduling the Conference for January 18, 2007. The Order was served by the Prothonotary on December 27, 2006;.

(f) It is averred and believed that in view of the Court's docket and the number of cases scheduled for jury selection on February 1, 2007, it would not be in the best interest of the parties or in the interest of judicial expediency to schedule the Settlement Conference on January 30 or 31, 2007 or on the date of jury selection of February 1, 2007.

7. Paragraph 7 is admitted.

8. Paragraph 8 is admitted for the reason that the scheduling suggested by Plaintiffs is unreasonable and not in the interest of judicial expediency.

9. Based on information, Paragraph 9 is admitted in part. Further, an early date scheduled for settlement would have the effect of establishing deadlines which may hasten the conclusion of settlement.

10. Paragraph 10 is denied for the reasons stated in Paragraph 6 of this Answer. It is believed and averred that the Court will have many cases other than the present case which will need the Court's attention.

11. Defendant Gateway Area Medical Associates, Inc. is without knowledge as to the averments of Paragraph 11, except that the thrust of Plaintiffs' Motion is for a delay to the end of January rather than to an earlier date.

WHEREFORE, Defendant Gateway Area Medical Associates, Inc. respectfully request the Honorable Court to reschedule the Settlement Conference for January 10, 11, 12, 15, 16, 17, 19 or the week of January 22, 2007.

McQUAIDE, BLASKO,
FLEMING & FAULKNER, INC.

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

Dated: January 3, 2007

McQUAIDE BLASKO ATTORNEYS AT LAW

811 University Drive, State College, Pennsylvania 16801-6699 (814) 238-4926 FAX (814) 234-5620
Additional offices in Hershey and Hollidaysburg www.mqblaw.com

December 21, 2006

Via Facsimile: (814) 765-7649 and Regular Mail
The Honorable Fredric J. Ammerman
Clearfield County Courthouse
230 East Market Street
Clearfield, PA 16830

In Re: Shaffer-Doan vs. Grout, et al.
Docket No: 05-418

Dear Judge Ammerman:

On November 22, 2206, the Court held argument on the Plaintiffs' Motion to Amend the Complaint. I spoke first at the argument because there was an agreement to drop my client, Gateway, from the request. At the same time, I requested the Court enter an Order scheduling a settlement conference. I thought at that time everyone was agreeable to a conference. I then received a copy of a letter dated November 28, 2006 from Mr. Specter directed to you with a copy to me stating counsel ("except for Mr. Blasko") met briefly to discuss settlement, and, agreed to mediate. As a result, the Plaintiffs' counsel requested you not schedule a conference.

I would request that the Court consider this an application to schedule a settlement conference within the next 15 days. I enclose a copy of the proposed Order similar to what the Court has previously entered in other cases.

Very truly yours,

McQUAIDE, BLASKO

By: JOHN W. BLASKO

JWB/nls
Enclosure
cc: Shanin Specter, Esquire (w/enc.) (Via Facsimile and Regular Mail)
cc: David R. Johnson, Esquire (w/enc.) (Via Facsimile and Regular Mail)
cc: Michael Sosnowski, Esquire (w/enc.) (Via Facsimile and Regular Mail)
cc: Terry C. Cavanaugh, Esquire (w/enc.) (Via Facsimile and Regular Mail)

McQUAIDE, BLASKO, FLEMING & FAULKNER, INC.

State College Office: John W. Blasko R. Mark Faulkner David M. Weixel Steven S. Hurvitz James M. Horne Wendell V. Courtney Darryl R. Slimak Mark Righter Daniel E. Bright Paul J. Tomczuk Janine C. Gismondi John A. Snyder April C. Simpson Allen P. Neely Pamela A. Ruest Katherine V. Oliver Katherine M. Allen Wayne L. Mowery, Jr. Chena L. Glenn-Hart Livinia N. Jones Cristin R. Long Matthew T. Rogers Frederick R. Battaglia Anthony A. Simon Dominick J. Muracco

Hershey Office: Grant H. Fleming Maureen A. Gallagher Michael J. Mohr

Hollidaysburg Office: Thomas M. Reese J. Benjamin Yeager Sean M. Burke Michael P. Routch

John G. Love (1893-1966) Roy Wilkinson, Jr. (1915-1995) Delbert J. McQuaide (1936-1997)

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 a true and correct copy of ANSWER OF ***DEFENDANT, GATEWAY AREA MEDICAL ASSOCIATES, INC. TO PLAINTIFFS' MOTION FOR CONTINUANCE OF THE JANUARY 18, 2007 SETTLEMENT CONFERENCE***, in the above-referenced matter was mailed by regular mail, first class, at the Post Office, State College, Pennsylvania, postage prepaid, this 3rd day of January, 2007 to:

Shanin Specter, Esquire
Kline & Specter, PC
1525 Locust Street, 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,
FLEMING & FAULKNER, INC.

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

EXHIBIT A

McQUAIDE BLASKO ATTORNEYS AT LAW

811 University Drive, State College, Pennsylvania 16801-6699
Additional offices in Hershey and Hollidaysburg

(814) 238-4926 FAX (814) 234-5620
www.mqblaw.com

January 3, 2007

Hand Delivered
William Shaw, Prothonotary
Clearfield County Courthouse
230 East Market Street
Clearfield, PA 16830

In Re: Shaffer-Doan vs. Grout, et al.
Docket No: 05-418

Dear Mr. Shaw:

Enclosed please find Defendant Gateway Area Medical Associates, Inc.'s Answer to Plaintiffs' Motion for Continuance of the January 18, 2007 Settlement Conference, along with a Certificate of Service, in the above-referenced matter. Would you please forward to Judge Ammerman?

Thank you for your attention to this matter.

Very truly yours,

McQUAIDE, BLASKO

By: JOHN W. BLASKO

JWB/nls
Enclosure
cc: Shanin Specter, Esquire (w/enc.)
cc: David R. Johnson, Esquire (w/enc.)
cc: Michael Sosnowski, Esquire (w/enc.)
cc: Terry C. Cavanaugh, Esquire (w/enc.)

McQUAIDE, BLASKO, FLEMING & FAULKNER, INC.

State College Office: John W. Blasko R. Mark Faulkner David M. Weixel Steven S. Hurvitz James M. Horne Wendell V. Courtney Darryl R. Slimak Mark Righter Daniel E. Bright Paul J. Tomczuk Janine C. Gismondi John A. Snyder April C. Simpson Allen P. Neely Pamela A. Ruest Katherine V. Oliver Katherine M. Allen Wayne L. Mowery, Jr. Chena L. Glenn-Hart Livinia N. Jones Cristin R. Long Matthew T. Rogers Frederick R. Battaglia Anthony A. Simon Dominick J. Muracco

Hershey Office: Grant H. Fleming Maureen A. Gallagher Michael J. Mohr Jonathan B. Stepanian

Hollidaysburg Office: Thomas M. Reese J. Benjamin Yeager Sean M. Burke Michael P. Routch

John G. Love (1893-1966) Roy Wilkinson, Jr (1915-1995) Delbert J. McQuaide (1936-1997)

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. **2005 – 418 CD** **ISSUE:** **CERTIFICATE OF SERVICE OF ORDERS DATED DECEMBER 7, 2006** **Filed on behalf of Defendant,** RICHARD GROUT, M.D. **Attorney of Record for This Party:** Michael A. Sosnowski, Esquire PA I.D. #67207 McINTYRE, 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 **28TH** DAY OF **December, 2006**.

Michael A. Sosnowski

Attorney for Named Defendant

FILED

JAN 03 2007

m/ 12:30/c

William A. Shaw
Prothonotary/Clerk of Courts

no c/c

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.	)	

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

DEC 07 2006

Attest. William L. Shaw Prothonotary/ Clerk of Courts

ORDER OF COURT

AND NOW on this 7th day of December, 2006, it is hereby ORDERED, ADJUGED and DECREED ~~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 January, 2007, at 1:30 a.m./p.m. before Judge Reilly in Courtroom No. # 3 of the Clearfield County Courthouse.

BY THE COURT:

Fredric J. Ammerman J.

EXHIBIT A

C

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.	)	

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

DEC 07 2006

Attest. William L. Prothonotary/ Clerk of Courts

ORDER OF COURT

AND NOW on this 7th day of December, 2006, it is hereby ORDERED, ADJUGED and DECREED 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 January, 2007, at 1:30 a.m. (p.m.) before Judge Reilly in Courtroom No. 3 of the Clearfield County Courthouse.

BY THE COURT:

Fredric J. Ammerman J.

EXHIBIT B

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

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

ORDER

AND NOW this day of , 2007, upon consideration of Plaintiffs' Response to Motion for Partial Summary Judgment as to the Vicarious Liability of Defendant DuBois Medical Center for Alleged Negligence of Defendant Doctors Grout and Chandrasekhar, it is hereby **ORDERED** and **DECREED** that Defendants' Motion is **DENIED**.

BY THE COURT:

_____
J.

FILED
JAN 05 2007
m/11:60/cc
William A. Shaw
Prothonotary/Clerk of Courts
1 CERT. TO ATTY

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

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, ESQ. ID. NO.: 40928 MARCIA F. ROSENBAUM, ESQ. ID. NO.: 46832 LEON AUSSPRUNG, ESQ. ID. NO.: 80183 FILED ON BEHALF OF PLAINTIFFS
	:	**KLINE & SPECTER,** A Professional Corporation 19th Floor 1525 Locust Street Philadelphia, PA 19102 (215) 772-1000

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

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 counsel, Kline & Specter, P.C., file the following Response in Opposition to Defendant's Partial Summary Judgment Motion as to the Vicarious Liability of DuBois Regional Medical Center for Alleged Negligence of Defendant Doctors Grout and Chandrasekhar. In support of the instant Response, plaintiffs incorporate herein by reference the attached supporting Memorandum of Law and aver as follows:

1. Admitted. A true and correct copy of plaintiffs' Complaint is attached hereto as Exhibit "A".

2. Denied as set forth. Minor-plaintiff presented to the emergency room at DuBois Regional Medical Center ("DRMC") at approximately 11:30 PM on December 5, 2001 because he demonstrated concerns of seizure activity and required hospital care and treatment. In the emergency room, Ayden was cared for by Dr. Palmer. Ayden was then admitted as an in-patient at DRMC at approximately 3:30 AM on December 6, 2001 and his care was assigned to Richard Grout, M.D. During the course of the hospitalization, it is admitted that minor-plaintiff Ayden Shaffer-Doan received negligent care and treatment from various employees and agents of DRMC, including doctors Grout and Chandrasekhar, as discussed in detail in the attached supporting Memorandum of Law.

3. Denied. As a result of the defendants combined negligence and outrageous conduct in failing to detect and/or treat ongoing seizure activity for 36 hours following his admission, Ayden developed an extensive and permanent brain injury, which was preventable had any of the defendants properly used their knowledge and experience to treat this child. Despite many opportunities to intervene to treat Ayden's medical condition, the defendants allowed Ayden to reach the brink of death before he was transferred to Children's Hospital of Pittsburgh, where he finally received the necessary treatment. During the course of his hospitalization from December 6, to December 7, 2001 at defendant DuBois Regional Medical Center ("DRMC"), and while under the care of defendants Dr. Grout, Dr. Chandrasekhar, DRMC and its nurses, Ayden had recurrent episodes of eye twitching, apnea, bradycardia, and abnormal movements and was dehydrated. Defendant doctors did not properly act, as required by the standard of care, to diagnose and treat their patient, Ayden, who was having seizures. Defendant physicians failed to properly act despite having the signs and symptoms of seizures repeatedly called to their attention by the nursing staff. Ayden was in status epilepticus unrecognized for 36 hours. He developed severe cerebral edema and cortical infarcts and was hypotensive and hyponatremic. Ayden was in cardiac arrest, experiencing additional seizures and in critical condition, when the transport team arrived at defendant DuBois from Children's Hospital of

Pittsburgh. ("CHP"). Ayden required resuscitation and treatment by this outside team of medical providers before being air lifted to CHP, as discussed in detail in the attached supporting Memorandum of Law.

As a result of the aforesaid conduct, Ayden developed an extensive and permanent brain injury. He has spastic quadriparesis, impaired cognitive/mental retardation, visual impairment, global aphasia, seizures, incontinence of bowel and bladder and will remain dependent on others for all activities of daily living and mobility for his entire life. The aforesaid allegations and resulting injuries are the subject matter of the instant lawsuit, as discussed in detail in the attached supporting Memorandum of Law.

4. Denied. The egregiousness of the medical misconduct and reckless disregard for the safety and physical well-being of Ayden Shaffer-Doan was revealed in discovery. Extensive deposition testimony demonstrated failure of defendant Doctors Grout and Chandrasekhar to treat Ayden, despite admittedly understanding the harm that could accrue from continuous untreated seizure activity. Moreover, there was a total abandonment of Ayden by the physicians and nurses during the last portion of his hospitalization, as discussed in detail in the attached supporting Memorandum of Law.

Dr. Palmer, the emergency room doctor testified that when he admitted Ayden at 3:15 a.m., he expected Dr. Grout to see the patient as soon as possible. He expected Dr. Grout to have come in within the hour and Dr. Grout failed to do so. See Deposition of George Palmer, M.D., at pp. 48-50, a copy of which is attached hereto as Exhibit "B." Moreover, deposition testimony from the nurses reveals that they observed seizure-like or seizure activity, which was reported both to Dr. Grout and to Dr. Chandrasekhar. See Deposition of Patricia Peoples, R.N., attached hereto as Exhibit "C," at pp.18-22, 36-42. The nursing supervisor had to be advised when the night nurse tried to reach Dr. Chandrasekhar on several occasions to report continued eye twitching, tremors in the arms and legs, differences in pupil dilation and what is described as **"focal seizures and tremors of extremities."** Id; see also Chronological Summary of Nursing Notes provided by defendant hospital marked as deposition exhibit Nurses 1, a copy of which is attached hereto as Exhibit "D." Specifically, reference is made therein to the notes of Patricia Peoples, R.N. of 12/06/01 at 3:30 AM, 5:10 AM; at 6:00 AM; see also id; see also notes by Jennifer Guiffre, R.N. on 12/06/01

at 8:00 AM, 9:30 AM, 12 Noon, 1350 (3:50 PM), 17:45 (7:45 PM) and notes by Patricia Peoples, R.N. 12/06/01 at 20:00 (8:00 PM), 23:00 (1:00 AM) and 12/07/01 at 3:40 AM, 5:00 AM.

Despite this overwhelming documentation made by the nurses who cared for Ayden from the early morning hours of December 6 through 7, 2001, reporting signs and symptoms of seizures and/or seizure-like activity, the defendant doctors Grout and Chandrasekhar failed to come in from their homes on successive evenings, and failed to timely treat and transfer this child. The nurses clearly testified to verbally conveying all the information in their notes to Drs. Grout and Chandrasekhar, yet the doctors stretch the bounds of credulity by claiming ignorance of this information and citing defendant DRMC's policy and procedures of the unavailability of computerized notes as the cause of their ignorance, as discussed in detail in the attached supporting Memorandum of Law.

5. Admitted insofar as stated. Plaintiffs' Complaint is in writing and speaks for itself and is attached hereto as Exhibit "A". By way of further response, in addition to paragraph 7 averring that defendants Grout and Chandrasekhar were actual and/or ostensible agents, servants and/or employees of defendant hospital and/or of defendant Gateway Area Medical Associates ("G.A.M.A."), Count Two of Plaintiffs' Complaint, paragraphs 70 through 74, sets forth a list of acts and omissions that plaintiffs aver defendant DRMC - - acting through their authorized agents, servants, workmen and employees - - constitutes negligence causing injury to plaintiffs. In paragraph 73 of the Complaint, it is specifically noted that "plaintiffs relied on the knowledge, treatment and advice of defendant Hospital [DRMC] and defendant G.A.M.A." See Exhibit "A".

6. Denied. By way of further response, not only do plaintiffs specifically allege in paragraph 7 of their Complaint that defendants Grout and Chandrasekhar were actual and/or ostensible agents, servants and/or employees of defendant Hospital DRMC, they further plead the allegation in paragraphs 72 and 73: that defendant DRMC undertook and/or assumed a duty to render reasonable and appropriate care; that the duty was breached; and that plaintiffs relied on the knowledge, treatment and advise of defendant Hospital. See Exhibit "A".

7. Denied. See paragraphs 3 and 4 supra. By way of further answer, see Affidavits of plaintiff-parents, which state that defendant DRMC was the hospital to which they went when hospital care was necessary, that they expected and relied upon the hospital (DRMC) to provide the care Ayden needed and that they believed an employment relationship existed between the hospital and Doctors Grout and Chandrasekhar, as discussed in the attached supporting Memorandum of Law. See the Affidavits of Karen Shaffer and Timothy Doan, attached hereto as Exhibits "E" and "F," respectively.

8. Denied. While it is admitted that Dr. Grout and Dr. Chandrasekhar state they are employees of Gateway Area Medical Associates, Inc., they are nonetheless ostensible agents of defendant Dubois Regional Medical Center, which had the responsibility of ensuring that these ostensible agents provided appropriate care to minor-plaintiff, Ayden, and that these ostensible agents were properly trained and experienced in the care required by Ayden and would make such care available to him. In his Answer to New Matter, Dr. Chandrasekhar does not deny the averments of ostensible agency. See Dr. Chandrasekhar's Answer and New Matter, at paragraph 7, attached hereto as Exhibit "G." In holding out Doctors Grout and Chandrasekhar as physicians capable of diagnosing, caring and treating an infant exhibiting seizure and seizure like episodes, defendant DRMC created the necessary agency relationship to support vicarious liability through the doctrine of ostensible agency, as discussed in the attached supporting Memorandum of Law.

Moreover, Parent-plaintiff, Karen Shaffer, testified at her deposition that it was customary to go to moving defendant DRMC for hospital care and that she did not go to other nearby hospitals. See Deposition of Karen Shaffer, at p. 32-33, attached hereto as Exhibit "H." Parent-plaintiffs took their son Ayden to their hospital, Dubois Regional Medical Center because he needed hospital care. That care was rendered by doctors Palmer, Grout and Chandrasekhar, whom plaintiffs believed had an employment relationship with their hospital DRMC. Ayden's parents had every right to believe and did believe that the doctors caring for

Ayden after he arrived in the Emergency Room and once admitted to the hospital were agents of and represented the hospital, as discussed in detail in the attached supporting Memorandum of Law.

9.-10. Denied. These averments are conclusions of law to which no response is required. By way of further response, Dr. Grout and Dr. Chandrasekhar provided care to Ayden Shaffer-Doan at Dubois Regional Medical Center and, in their role as hospital agents, controlled the delivery and withholding of hospital services and care to the minor-plaintiff.

By way of further answer, defendants Grout and Chandrasekhar, along with their employer defendant Gateway Area Medical Associates, Inc., practiced pediatric medicine at defendant Dubois Regional Medical Center's campus both in their inpatient and outpatient facilities. Defendant doctors Grout and Chandrasekhar and their group, Gateway Area Medical Services, Inc., have offices in defendant DRMC's East Hospital Building and had moved to the DRMC hospital building prior to minor-plaintiff Ayden's birth and admission to DRMC in December, 2001. Plaintiff-father Timothy Doan viewed offices on DRMC property as indicia of an employment relationship. See Exhibit "F," Affidavit of Timothy Doan, at ¶ 8-11. Plaintiff-mother, Karen Shaffer, based upon the change in office location to a DRMC Hospital Building, assumed that there was some type of employment relationship between moving Defendant DRMC and defendant Gateway and their physicians Dr. Grout and Chandrasekhar. See Exhibit "E," Affidavit of Karen Shaffer, at ¶ 10-15. These issues are further discussed in the attached supporting Memorandum of Law. Defendant DRMC's assertion that when minor-plaintiff was seen prior to hospitalization at Gateway he was seen outside of the hospital is factually incorrect. See, moving defendants' Brief, at p. 3.

Moreover, at their depositions, parent-plaintiffs (Karen Shaffer and Timothy Doan) both testified that when they realized that something was "done wrong at DuBois," they sought legal advice. Inadvertently they went to an attorney who sat on the board of defendant DRMC, who while advising that he could not handle the case, stated that "[DRMC] Risk Management probably had his [Ayden's] file on his desk." See Exhibit

"H," Deposition of Karen Shaffer, at pp. 102 and 103; see also Deposition of Timothy Doan, at pp. 38 and 39, a copy of which is attached hereto as Exhibit "I."

11. Denied. By way of further response, the moving parties for Summary Judgment have the burden of proof to establish ***both*** the absence of an issue of material fact and their entitlement to judgment as a matter of law. Holmes v. Lado, 412 Pa. Super. 218, 602 A2d 1989 (1992) (emphasis added); Ducaji v. Denni, 540 Pa. 103, 656 A.2d 102, 107 (1995). In deciding upon a motion for summary judgment, the Court must view the record in a light most favorable to the non-moving party and all doubts as to the existence of genuine issues of material facts must be resolved against the moving party. Swords v. Harleysville Ins. Co., 584 Pa. 382, 390; 883 A.2d 562, 567 (2005); Donegal Mut. Ins. Co., 899 A.2d at 358 (citing Atcovitz v. Gulph Mills Tennis Club, Inc., 571 Pa. 580, 585; 812 A.2d 1218, 1221 (2002)). See Donegal Mut. Ins. Co., 899 A.2d at 358; Dunkle v. Middleburg Mun. Auth., 842 A.2d 477, 480 n. 6 (Pa.Cmwlth. 2004). Furthermore, the court must give the non-moving party the benefit of all reasonable inferences which can be drawn from the facts of record. Id. Summary judgment may only be granted in the cases where the moving party's right to judgment is clear and free from doubt. Swords, 584 Pa. at 390; 883 A.2d at 567. Finally, all doubt with respect to the moving party's right to judgment must be resolved against the entry of summary judgment. RegScan, Inc. v. ConWay Transp. Serv., Inc., 875 A.2d 332, 336 (Pa. Super. 2005). "Only when the facts are so clear that reasonable minds cannot differ, may a trial court properly enter summary judgment." Id. The moving defendant has not met the requisite burden to request summary judgment, as discussed in detail in the attached supporting Memorandum of Law.

12. Admitted. By way of further response, it is well-established Pennsylvania law that a hospital may be held ostensibly liable for the negligent acts/omissions of a physician. The courts have consistently held that there are two considerations in determining if hospital ostensible liability exists, "(1) whether the patient looks to the institution, rather than the individual physician for care and (2) whether the hospital

'holds out' the physician as its employee." Goldberg v. Isdaner, 780 A.2d 654, 660 (Pa. Super. 2001) (citing McClellan v. HMO, 604 A.2d 1053, 1057 (Pa. Super. 1992)). The Affidavits of Karen Shaffer and Timothy Doan, as well as the deposition testimonies of Karen Shaffer and Timothy Doan, the deposition testimony of both Defendant Doctors Grout and Chandrasekhar, *inter alia*, establish that there is a genuine dispute of material fact as to whether Karen Shaffer and Timothy Doan reasonably believed Defendant Doctors Grout and Chandrasekhar were employees or agents of Moving Defendant DRMC, as discussed in detail in the attached supporting Memorandum of Law See Affidavits of Karen Shaffer and Timothy Doan, copies of which are attached hereto as Exhibits "E" and "F," respectively; see also, e.g., Deposition of Karen Shaffer, a copy of which is attached hereto as Exhibit "H," and Deposition of Sundar Chandrasekhar, M D., a copy of which is attached hereto as Exhibit "J." Further, Plaintiffs have produced substantial evidence demonstrating that moving defendant's agents failed to meet the applicable standards of care during their treatment of Ayden Shaffer-Doan; therefore, summary judgment is inappropriate and Moving Defendant's motion should be denied, as discussed in detail in the attached supporting Memorandum of Law.

13. Denied as stated. Parent-Plaintiffs were never asked in deposition if they looked to DRMC as the employer of Dr. Grout or Dr. Chandrasekhar or more importantly if they believed that Dr. Grout and Dr. Chandrasekhar were working for or were agents of the hospital. Defendant doctors had their offices in the DuBois Regional Medical Center where they saw the minor-plaintiff as an out-patient, and they provided care - - on behalf of DRMC - - to Ayden when he was an inpatient. These doctors made available hospital services and withheld hospital services to Ayden during his hospitalization and the doctors were clearly being held out by defendant DRMC as agents of the hospital, as discussed in detail in the attached supporting Memorandum of Law. See Affidavits of parent-plaintiffs, attached hereto as Exhibits "E" and "F."

14-15. Denied. See response to paragraph 13, supra. By way of further response, defendant addressed itself only to the issue of holding out as it applied to the Parent-Plaintiffs whose claims they wish

to dismiss in the companion Partial Motion for Summary Judgment filed simultaneously with the instant Motion. Moving defendant failed to note that minor-plaintiff Ayden Shaffer-Doan was also relying on the hospital to provide proper care to him and to not cause him harm. Thus, the mental state of the Parent-Plaintiffs are not determinative of whether or not the minor-plaintiff Ayden has a direct claim against DRMC for ostensible agency for the negligent acts defendant Doctors Grout and Chandrasekhar committed upon him, as discussed in te attached supporting Memorandum of Law. Plaintiffs well-pled Complaint for ostensible agency against the moving defendant is further supported by plaintiffs' liability expert testimony which establishes the necessary elements of their medical malpractice claims against defendant DRMC, as discussed in the attached supporting Memorandum of Law.

16. Denied. The relief requested by the moving defendant is inappropriate and grossly over-broad, as discussed in the attached supporting Memorandum of Law.

WHEREFORE, plaintiffs respectfully request that this Honorable Court enter an Order **denying** defendant DRMC's Motion for Partial Summary Judgment with respect to plaintiffs' claim for vicarious liability for the negligent acts of Doctors Grout and Chandrasekhar.

Respectfully submitted,

KLINE & SPECTER,
A Professional Corporation

SHANIN SPECTER, ESQUIRE
MARCIA F. ROSENBAUM, ESQUIRE
LEON AUSSPRUNG, ESQUIRE
Attorneys for Plaintiffs

FILED
JAN 05 2007
William A. Shaw
Prothonotary/Clerk of Courts

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

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

ORDER

AND NOW this day of , 2007, upon consideration of Plaintiffs' Response to Defendant's Motion for Partial Summary Judgment as to all Claims Brought on Behalf of Parent-Plaintiffs Karen Shaffer and Timothy Doan by Defendant DuBois Regional Medical Center, and any Response thereto, it is hereby **ORDERED** and **DECREED** that Defendant's' Motion is **DENIED.**.

BY THE COURT:

_____
J.

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

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

ORDER

AND NOW this _____ day of _____, 2007 upon consideration of Plaintiffs' Response in Opposition to Motion for Partial Summary Judgment as to all Claims Brought on Behalf of Parent-Plaintiffs Karen Shaffer and Timothy Doan by Defendant DuBois Regional Medical Center, and any Response thereto, it is hereby ORDERED and DECREED that any monetary damages, past and future, pertaining to the period of time prior to the minor-plaintiff's attainment of the age of majority, will remain an item of damages to be presented a time of trial in this case.

BY THE COURT:

_____ J.

FILED
JAN 05 2007
William A. Shaw
Prothonotary/Clerk of Courts

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

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, ESQ. ID. NO.: 40928 MARCIA F. ROSENBAUM, ESQ. ID. NO.: 46832 LEON AUSSPRUNG, ESQ. ID. NO.: 80183 **KLINE & SPECTER,** A Professional Corporation 19th Floor 1525 Locust Street Philadelphia, PA 19102 (215) 772-1000

PLAINTIFFS' RESPONSE IN OPPOSITION TO MOTIONS FOR PARTIAL SUMMARY JUDGMENT AS TO ALL CLAIMS BROUGHT ON BEHALF OF PARENT-PLAINTIFFS, KAREN SHAFFER AND TIMOTHY DOAN BY 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 counsel, Kline & Specter, P.C., file the following Response in Opposition to Defendant DuBois Regional Medical Center's Partial Summary Judgment Motion as to All Claims Brought on behalf of Parent-Plaintiffs, Karen Shaffer and Timothy Doan. In support of the instant Response, plaintiffs incorporate herein by reference the attached supporting Memorandum of Law and aver as follows:

1. Admitted insofar as stated. A true and correct copy of plaintiffs' Complaint is attached hereto as Exhibit "A." By way of further Answer, the Complaint filed by plaintiffs in this litigation contains claims for relief sounding in negligence, vicarious liability, ostensible agency, and hospital corporate liability. Plaintiff-parents filed the instant Complaint on behalf of their minor son, Ayden Shaffer-Doan, and on their own behalf, on March 25, 2005. The events which are the subject matter of this litigation arise from the negligent healthcare and treatment rendered to 18 days old Ayden while he was a patient at DuBois Regional Medical Center on December 6-7, 2001. Pursuant to the interpretation of current Pennsylvania law parent-plaintiffs' claims for medical expenses and loss of services are viewed as non-derivative and, therefore, the minor's tolling of the Statute of Limitations does not apply. That current interpretation is wrong, as discussed in the attached supporting Memorandum of Law.

2. Admitted in part, denied in part. As a result of the defendants' combined negligence and outrageous conduct in failing to detect and/or treat ongoing seizure activity for 36 hours following Ayden's admission to DuBois Regional Medical Center on December 6-7, 2001, Ayden has experienced extensive and permanent brain injury which was preventable had any of the defendants properly used their knowledge and experience to treat the child. Despite many opportunities to intervene to treat Ayden's medical condition, the defendants allowed Ayden to reach the brink of death before he was transferred to Children's Hospital of Pittsburgh, where he finally received the necessary treatment, as discussed in the attached supporting Memorandum of Law. As a result of the aforesaid negligence and abandonment of his care, Ayden experienced extensive, permanent brain injury. He has spastic quadriparesis, impaired cognitive/mental retardation, blindness, global aphasia, seizures, incontinence of bowel and bladder, and will remain dependent on others for all activities of daily living and mobility for his entire life. The aforesaid allegations and resultant injuries are the subject matter of the instant lawsuit.

3. Admitted insofar as stated. It is admitted that as a direct result of the negligence and carelessness of the defendants as set forth in plaintiffs' Complaint at ¶61 and 62, that parent-plaintiffs Karen

Shaffer and Timothy Doan and minor-plaintiff are seeking, *inter alia*, recovery for past, present and future substantial medical and medically-related expenses. Indeed, plaintiffs' counsel have received from the Commonwealth's Department of Public Welfare ("DPW") an itemization of medical expenses to date, which have not been covered by parent-plaintiffs' insurance, for which DPW is asserting a lien.

4. Admitted.

5. Admitted in part; denied in part. The complaint filed by prior counsel did not name all the same parties nor plead all the same theories of liability as the instant complaint.

6. Admitted. It is admitted that a Praecipe for Voluntary Discontinuance was filed by then counsel of record.

7. Admitted. It is admitted that Plaintiffs' present counsel, Kline & Specter, P.C., filed a Complaint on behalf of the minor-plaintiff and parent-plaintiffs on March 24, 2005, a copy of which is attached hereto as Exhibit "A."

8. Admitted insofar as set forth. By way of further Answer, it is admitted only that the Superior Court case of Williams Studio DIV of Photography, et al. v. Nationwide Mut. Fire Ins. Co., 550 A.2d 1333 (Pa.Super. 1988) is in writing and speaks for itself. By way of response, the issues in this case were not reviewed by the Pennsylvania Supreme Court.

9. Admitted. The case of Hathi v. Krewstown Park Apartments, 561 A.2d 1261 (Pa. Super. 1989), is in writing and speaks for itself. It is admitted that under current Pennsylvania law personal injury claims involving minors can be split into two separate and distinct causes of action. The first cause of action is by the parents for, *inter alia*, medical expenses paid by the parents and loss the minor-plaintiff's services during minority. The second cause of action involves the minor's damages, including, *inter alia*, pain and suffering and for losses after minority, as further discussed in the attached supporting Memorandum of Law. Should the court rule in Defendant's favor, Plaintiffs intend to challenge in the appellate courts the two (2) year limitation to parent-plaintiffs' cause of action due to its non-derivative status because the cause of action

arises from the same set of operative facts and forced repayment of Pennsylvania's lien is unjust and inequitable, as discussed in the attached supporting Memorandum of Law.

Because payments have been and will continue to be made by the Department of Welfare for medical care to the minor-plaintiff Ayden, these payments may be the responsibility of the minor-beneficiary. Consequently, minor-plaintiff's cause of action necessarily must include reimbursement for medical assistance payments made by the Pennsylvania Department of Public Welfare made on his behalf prior to age 18, as discussed in the attached supporting Memorandum of Law.

Accordingly, at time of trial, the verdict sheet should contain two separate line items delineating medical costs prior to age 18 (during minority) from medical costs after Ayden Shaffer-Doan reaches his majority of 18 in order to avoid the potential need for a second trial following a potentially successful ruling by the appellate courts in this matter.

10. Denied. See paragraph 9, above. By way of further response, should the Court foreclose the parent-plaintiffs from recovery for medical expenses of their son, Ayden, until attainment of age 18, then those medical bills and necessary expenses may be the responsibility of the minor, Ayden Shaffer-Doan. Certain past costs and medical expenses have been covered by the Pennsylvania Department of Public Welfare and a lien has been asserted to recover these costs. Consequently, all these past costs should be put into evidence with respect to damages in this case and the verdict sheet should delineate medical cost prior to and after age 18, as discussed in the attached supporting Memorandum of Law.

11. Admitted. It is admitted that an Answer and New Matter to plaintiffs' Complaint was filed. By way of further Answer, said Answer and New Matter is in writing and speaks for itself.

12. Admitted. It is admitted that plaintiffs responded to defendant's New Matter. By way of further answer, plaintiffs' Response to New Matter is in writing and speaks for itself and is attached hereto as Exhibit "B."

13. Paragraph 13 sets forth a conclusion of law to which no response is required.

14. Admitted in part, denied in part. It is admitted that pursuant to current Pennsylvania law, the statute of limitations bars the claims brought on behalf of the parent-plaintiffs. All claims for monetary damages accruing during the first 18 years of the minor-plaintiff's life that are not covered by plaintiff-parents' health insurance and are paid for by the Department of Public Welfare for Ayden may be the responsibility of the minor-plaintiff. These costs should be permitted to be recovered in this case, as discussed in the attached supporting Memorandum of Law.

WHEREFORE, for all of the reasons set forth above and in the attached Memorandum of Law, plaintiffs respectfully request that this Honorable Court enter an Order denying Defendant DuBois Regional Medical Center's Motion for Partial Summary Judgement as to All Claims Brought on Behalf of Parent-Plaintiffs, Karen Shaffer and Timothy Doan.

In the alternative, should the Court grant defendant's Motion and dismiss any and all claims of parent-plaintiffs, as set forth in Counts III and IV of the Complaint, any monetary damages - past and future, which are not covered by parent-plaintiffs' healthcare insurance, but are paid for by the Pennsylvania Department of Public Welfare and pertain to the period of time until minor-plaintiff attains the age of majority, will remain an item of damages in the case.

Respectfully submitted,
KLINE & SPECTER,
A Professional Corporation

SHANIN SPECTER, ESQUIRE
MARCIA F. ROSENBAUM, ESQUIRE
LEON AUSSPRUNG, ESQUIRE
Attorneys for Plaintiffs

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

ORDER

AND NOW this day of , 2006, upon consideration of Plaintiffs' Response to Defendant's Joinder in Motion for Partial Summary Judgment as to all Claims Brought on Behalf of Parent-Plaintiffs Karen Shaffer and Timothy Doan by Defendant Gateway Area Medical Associates, Inc., it is hereby **ORDERED** and **DECREED** that Defendant's' Motion is **DENIED**.

_____
J.

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

ORDER

AND NOW this day of , 2006, upon consideration of Plaintiffs' Response to Defendant's Motion for Partial Summary Judgment as to all Claims Brought on Behalf of Parent-Plaintiffs Karen Shaffer and Timothy Doan by Defendant Gateway Area Medical Associates, Inc, it is hereby **ORDERED** and **DECREED** that any monetary damages - past and future, which pertain to the period of time until minor plaintiff attains the age of majority, remain an item of damages in this case.

_____
J.

CA

FILED
JAN 12 2007
m/12:30
William A. Shaw
Prothonotary/Clerk of Courts
2 cert to Atty

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

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.	:	
	:	COUNSEL OF RECORD FOR PLAINTIFFS:
RICHARD GROUT, M.D., SUNDAR CHANDRASEKHAR, M.D., DUBOIS REGIONAL MEDICAL CENTER and GATEWAY AREA MEDICAL ASSOCIATES, INC.	:	SHANIN SPECTER, ESQ. ID. NO.: 40928 MARCIA F. ROSENBAUM, ESQ. ID. NO.: 46832 LEON AUSSPRUNG, ESQ. ID. NO.: 80183
	:	**KLINE & SPECTER,** A Professional Corporation 19th Floor 1525 Locust Street Philadelphia, PA 19102 (215) 772-1000

PLAINTIFFS' RESPONSE IN OPPOSITION TO THE JOINDER MOTION FOR PARTIALSUMMARY JUDGMENT AS TO ALL CLAIMS BROUGHT ON BEHALF OF PARENT-PLAINTIFFS AS TO GATEWAY AREA MEDICAL ASSOCIATES, INC.

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 counsel, Kline & Specter, P.C., file the following Response in Opposition to Defendant Gateway Area Medical Associates, Inc.'s Joinder Motion for Partial Summary Judgment as to all Claims Brought on Behalf of Parent-plaintiffs as to Gateway Area Medical Associates, Inc.

In support of the instant response, plaintiffs incorporate herein by reference the attached supporting Memorandum of Law and Plaintiffs' Response and Memorandum of Law in Opposition

to the Partial Summary Judgment Motion as to all Claims Brought on Behalf of Parent-plaintiffs filed by DuBois Regional Medical Center and all exhibits attached thereto. Plaintiffs aver as follows:

1. Plaintiffs incorporate by reference their Response in Opposition to the Motion for Partial Summary Judgment as to all Claims Brought on Behalf of Parent-plaintiffs, Karen Shaffer and Timothy Doan, of DuBois Regional Medical Center, already filed, as if the same were set forth at length herein in response to the Motion of Gateway Area Medical Associates, Inc. This incorporation by reference includes all attached exhibits.

WHEREFORE, plaintiffs, request that this Honorable Court enter an Order **denying** Defendant Gateway Area Medical Associates, Inc.'s Motion for Partial Summary Judgment as to all Claims Brought by the Parent-plaintiffs as set froth in Counts Three and Four of the Complaint, and that the Court deny the request for dismissal of all claims pertaining to recovery of monetary damages, past and future, pertaining to the period up to minor-plaintiff's attainment of age of majority.

In the alternative, should the Court grant Defendant's Motion and dismiss any and all claims of parent-plaintiffs, as set forth in Counts Three and Four of the Complaint, Plaintiffs request that any monetary damages - past and future, which pertain to the period of time until minor plaintiff attains the age of majority, remain an item of damages in this case.

Respectfully submitted,
KLINE & SPECTER,
A Professional Corporation

SHANIN SPECTER, ESQUIRE
MARCIA F. ROSENBAUM, ESQUIRE
LEON AUSSPRUNG, ESQUIRE
Attorneys for Plaintiffs

FILED

JAN 12 2007

William A. Shaw
Prothonotary/Clerk of Courts

CERTIFICATE OF SERVICE

I, Maureen Erne, legal assistant to Marcia F. Rosenbaum, Esquire, hereby say that a true and correct copy of Plaintiffs' Responses in Opposition to the Joinder Motion for Partial Summary Judgment as to all Claims Brought on Behalf of Parent-Plaintiffs of Gateway Area Medical Associates, Inc. was mailed on 1-11-07 by UPS over night mail on the following counsel of record:

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

Michael A. Sosnowski, Esquire
McIntyre, Dugas, Hartye & Schmitt
1816 Old Route 220 North Business
Duncansville, PA 16635

David R. Johnson, Esquire
Thomson, Rhodes & Cowie, P.C.
Firm #720
1010 Two Chatham Center
Pittsburgh, PA 15219

Terry C. Cavanaugh, Esquire
White & Williams, LLP
The Frick Building
437 Grant Street
Suite 1001
Pittsburgh, PA 15219

Frederic L. Goldfein, Esquire
Goldfein & Joseph
1600 Market Street - 33rd Floor
Philadelphia, PA 19103

Maureen Erne

Maureen Erne, Legal Assistant to
MARCIA F. ROSENBAUM, ESQUIRE

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

ORDER

AND NOW this day of , 2006, upon consideration of Plaintiffs' Response to Defendant's Motion for Partial Summary Judgment as to all Claims Brought on Behalf of Parent-Plaintiffs Karen Shaffer and Timothy Doan by Defendant Richard Grout, M.D., it is hereby **ORDERED** and **DECREED** that Defendant's Motion is **DENIED**.

_____
J.

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.	:	
	:	COUNSEL OF RECORD FOR
RICHARD GROUT, M.D., SUNDAR CHANDRASEKHAR, M.D., DUBOIS REGIONAL MEDICAL CENTER and GATEWAY AREA MEDICAL ASSOCIATES, INC.	:	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

ORDER

AND NOW this day of , 2006, upon consideration of Plaintiffs' Response to Defendant's Motion for Partial Summary Judgment as to all Claims Brought on Behalf of Parent-Plaintiffs Karen Shaffer and Timothy Doan by Defendant Richard Grout, M.D., it is hereby **ORDERED** and **DECREED** that any monetary damages - past and future, which pertain to the period of time until minor plaintiff attains the age of majority, remain an item of damages in this case.

_____
J.

FILED
JAN 12 2007
William A. Shaw
Prothonotary/Clerk of Courts
2 Cert to Atty

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

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.	:	
	:	COUNSEL OF RECORD FOR PLAINTIFFS:
RICHARD GROUT, M.D., SUNDAR CHANDRASEKHAR, M.D., DUBOIS REGIONAL MEDICAL CENTER and GATEWAY AREA MEDICAL ASSOCIATES, INC.	:	SHANIN SPECTER, ESQ. ID. NO.: 40928 MARCIA F. ROSENBAUM, ESQ. ID. NO.: 46832 LEON AUSSPRUNG, ESQ. ID. NO.: 80183
	:	**KLINE & SPECTER,** A Professional Corporation 19th Floor 1525 Locust Street Philadelphia, PA 19102 (215) 772-1000

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.

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 counsel, Kline & Specter, P.C., file the following Response in Opposition to Defendant Dr. Grout's Partial Summary Judgment Motion as to all Claims Brought on Behalf of Parent-plaintiffs.

In support of the instant response, plaintiffs incorporate herein by reference the attached supporting Memorandum of Law and plaintiffs' Response and Brief in Opposition to the Partial Summary Judgment Motion as to all Claims Brought on Behalf of Parent-plaintiffs filed by DuBois

Regional Medical Center. Plaintiffs aver as follows:

1. Plaintiffs incorporate by reference their Response in Opposition to the Motion for Partial Summary Judgment as to all Claims Brought on Behalf of Parent-plaintiffs, Karen Shaffer and Timothy Doan, of DuBois Regional Medical Center, already filed, as if the same were set forth at length herein in response to the Motion of Richard Grout, M.D. This incorporation by reference includes all attached exhibits.

WHEREFORE, plaintiffs, request that this Honorable Court enter an Order **denying** Defendant Richard Grout, M.D.'s Motion for Partial Summary Judgment as to all Claims Brought by the Parent-plaintiffs as set forth in Counts Three and Four of the Complaint, and that the Court deny the request for dismissal of all claims pertaining to recovery of monetary damages, past and future, pertaining to the period up to minor-plaintiff's attainment of age of majority.

In the alternative, should the Court grant Defendant's Motion and dismiss any and all claims of parent-plaintiffs, as set forth in Counts Three and Four of the Complaint, plaintiffs request that any monetary damages - past and future, which pertain to the period of time until minor plaintiff attains the age of majority, remain an item of damages in this case.

Respectfully submitted,
KLINE & SPECTER,
A Professional Corporation

SHANIN SPECTER, ESQUIRE
MARCIA F. ROSENBAUM, ESQUIRE
LEON AUSSPRUNG, ESQUIRE
Attorneys for Plaintiffs

CERTIFICATE OF SERVICE

I, Maureen Erne, legal assistant to Marcia F. Rosenbaum, Esquire, hereby say that a true and correct copy of 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. was mailed on 1-11-07 by UPS over-night mail on the following counsel of record:

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

Michael A. Sosnowski, Esquire
McIntyre, Dugas, Hartye & Schmitt
1816 Old Route 220 North Business
Duncansville, PA 16635

David R. Johnson, Esquire
Thomson, Rhodes & Cowie, P.C.
Firm #720
1010 Two Chatham Center
Pittsburgh, PA 15219

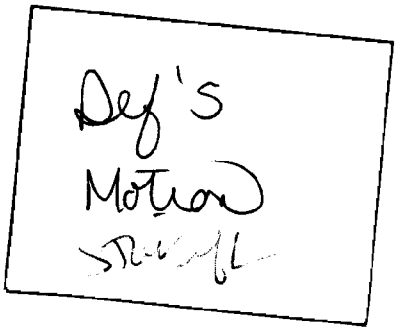
Terry C. Cavanaugh, Esquire
White & Williams, LLP
The Frick Building
437 Grant Street
Suite 1001
Pittsburgh, PA 15219

Frederic L. Goldfein, Esquire
Goldfein & Joseph
1600 Market Street - 33rd Floor
Philadelphia, PA 19103

Maureen Erne

Maureen Erne, Legal Assistant to
MARCIA F. ROSENBAUM, ESQUIRE

FILED
JAN 12 2007
William A. Shaw
Prothonotary/Clerk of Courts


Def's
Motion

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
	Civil Action - Medical Professional Liability Action
Plaintiffs,	No. 05-418 CD
vs.	
RICHARD GROUT, M.D., SUNDAR CHANDRASEKHAR, M.D., DUBOIS REGIONAL MEDICAL CENTER, GATEWAY AREA MEDICAL ASSOCIATES, INC.	JURY TRIAL DEMANDED
	TYPE OF PLEADING: **DEFENDANT, SUNDAR CHANDRASEKHAR, M.D.'S, JOINDER IN MOTION FOR PARTIAL SUMMARY JUDGMENT**
	COUNSEL OF RECORD FOR DEFENDANT: SUNDAR CHANDRASEKHAR, M.D.
	TERRY C. CAVANAUGH, ESQ. I.D. No. 16702
	WHITE AND WILLIAMS LLP 437 Grant Street Suite 1001 Pittsburgh, PA 15219 412-566-3520

FILED NO CC
m/10:30/61
JAN 22 2007 GK
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
	Civil Action - Medical Professional Liability Action
Plaintiffs,	No. 05-418 CD
vs.	
RICHARD GROUT, M.D., SUNDAR CHANDRASEKHAR, M.D., DUBOIS REGIONAL MEDICAL CENTER, GATEWAY AREA MEDICAL ASSOCIATES, INC.	JURY TRIAL DEMANDED

DEFENDANT, SUNDAR CHANDRASEKHAR, M.D.'S, JOINDER IN MOTION FOR PARTIAL SUMMARY JUDGMENT

AND NOW comes one of the Defendants, Sundar Chandrasekhar, M.D., by and through his counsel, White and Williams, LLP and Terry C. Cavanaugh, Esquire, respectfully files this Joinder in Motion for Partial Summary Judgment filed by Defendant DuBois Regional Medical Center as to all claims brought on behalf of the parent-plaintiffs, Karen Shaffer and Timothy Doan. This issue has been preserved by the Answer and New Matter previously filed on behalf of Dr. Chandrasekhar.

WHEREFORE, it is respectfully requested that this Honorable Court grant the Motion by dismissing any and all claims brought by the plaintiff-parents as set forth in Counts III and IV of the Complaint, specifically dismissing all claims pertinent to any recovery of monetary damages, past and future, during the period of time prior to Ayden Shaffer-Doan's attainment of the age of majority.

Respectfully submitted,

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 *Defendant, Sundar Chandrasekhar, M.D.'s, Joinder in Motion for Partial Summary Judgment* have been served this 19th day of January, 2007, 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.

FILED
JAN 22 2007
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,	)	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 a true and correct copy of Defendant's Notice of Taking Video Deposition of Dr. Charles Brill, in the above-referenced matter was mailed by regular mail, first class, at the Post Office, State College, Pennsylvania, postage prepaid, this 19th of January, 2007 to:

Shanin Specter, Esquire
Kline & Specter, PC
1525 Locust Street, 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,
FLEMING & FAULKNER, INC.

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

FILED NO CC
m/ 1:50 BY
JAN 22 2007

William A. Shaw
Prothonotary/Clerk of Courts

::ODMA\PCDOCS\DOCSLIB2\262968\4

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 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 by regular mail, first class, at the Post Office, State College, Pennsylvania, postage prepaid, this 24th of January, 2007 to:

Shanin Specter, Esquire
Kline & Specter, PC
1525 Locust Street, 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,
FLEMING & FAULKNER, INC.

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

FILED
JAN 25 2007
m/1:10/cm
William A. Shaw
Prothonotary/Clerk of Courts
no c/c

::ODMA\PCDOCS\DOCSLIB2\262968\5

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

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 FILED ON BEHALF OF PLAINTIFFS
	:	**KLINE & SPECTER,** A Professional Corporation 19th Floor 1525 Locust Street Philadelphia, PA 19102 (215) 772-1000

ORDER

AND NOW, this day of , 2007, upon consideration of Plaintiffs' Emergency Motion for Severance, it is hereby ORDERED and DECREED that the claims against and by Richard Grout, M.D. are hereby severed and stayed from the within action.

BY THE COURT

Ammerman, J.

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

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 FILED ON BEHALF OF PLAINTIFFS
	:	**KLINE & SPECTER,** A Professional Corporation 19th Floor 1525 Locust Street Philadelphia, PA 19102 (215) 772-1000

PLAINTIFFS' EMERGENCY MOTION TO SEVER AND STAY
CLAIMS CONCERNING RICHARD GROUT, M.D.

1. This is a medical malpractice action concerning allegations of improper medical care delivered to Ayden Shaffer-Doan, aged eighteen (18) days, in December, 2001, resulting in Ayden's blindness and catastrophic brain injury.

2. This matter is scheduled for a final pretrial conference and argument on motions for January 30, 2007, jury selection for February 1, 2007 and trial for February 20, 2007.

3. On Friday, January 26, 2007, Dr. Grout filed for bankruptcy in the Western District of

FILED
m/ 11:01 cc Atty
JAN 29 2007
GK
William A. Shaw
Prothonotary/Clerk of Courts

Pennsylvania.[1]

4. Until a relief for bankruptcy is obtained in this matter, it is appropriate for the claims concerning Dr, Grout to be severed and stayed so that this matter may continue.

5. This circumstance has been faced by the Pennsylvania courts and severence has been ordered. See Ottavio v. Fibreboard Corp., 617 A.2d 1296 (Pa. Super. Ct. 1992)(unanimous en banc). Ottavio is an asbestos action in which the trial court severed the bankrupt defendants and allowed the case to proceed against solvent codefendants.

WHEREFORE, plaintiffs respectfully request that this Honorable Court enter the attached Order granting Plaintiffs' Emergency Motion for Severance.

Respectfully submitted,

KLINE & SPECTER,
A Professional Corporation

SHANIN SPECTER, ESQUIRE
MARCIA F. ROSENBAUM, ESQUIRE
LEON AUSSPRUNG, ESQUIRE
Attorneys for Plaintiffs

Dated: January 26, 2007

[1] The prospect of Dr. Grout's filing for bankruptcy was raised at the January 16, 2007 settlement conference. This Honorable Court expressed severe displeasure at the prospect that such a filing could interfere with this trial. So as to obviate these issues, plaintiffs' counsel repeatedly telephoned bankruptcy counsel for Dr. Grout, Mr. Lees, to coordinate the bankruptcy filing with a motion for relief from stay. Mr. Lees did not return these calls. The timing of the bankruptcy filing and lack of cooperation is an unveiled attempt to obstruct the administration of justice in this case.

CERTIFICATE OF SERVICE

I, LEON AUSSPRUNG, ESQUIRE, certify that on January 26, 2007, a true and correct copy of Plaintiffs' Emergency Motion for Severance was served via facsimile upon the following counsel:

Terry C. Cavanaugh, Esquire
White & Williams, LLP
The Frick Building
437 Grant Street, Suite 1001
Pittsburgh, PA 15219
(Counsel for Defendant Sundar Chandrasekhar, M.D.)

David R. Johnson, Esquire
Thomson, Rhodes & Cowie, P.C.
Firm #720
1010 Two Chatham Center
Pittsburgh, PA 15219
(Counsel for Defendant DuBois Regional Medical Center)

John W. Blasko, Esquire
McQuaide Blasko
811 University Drive
State College, PA 16801
(Counsel for Defendant Gateway Area Medical Associates, Inc.)

Michael A. Scsnowski, Esquire
McIntyre, Dugas, Hartye & Schmitt
P.O. Box 533
Hollidaysburg, PA 16648
(Counsel for Richard Grout, M.D.)

Fredric Goldfein, Esquire
Goldfein & Joseph
1600 Market Street
33rd Floor
Philadelphia, Pennsylvania 19103-7288
(Counsel for Pennsylvania Medical Society Liability Insurance Company)

Earle D. Lees, Jr., Esquire
Bankruptcy Clinic
109 N. Brady Street
DuBois, PA 15801
(Counsel for Debtor, Richard Grout)

LEON AUSSPRUNG, ESQUIRE

FILED
JAN 29 2007
William A. Shaw
Prothonutary/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., SUNDAR CHANDRASEKHAR, M.D., DUBOIS REGIONAL MEDICAL CENTER, and GATEWAY AREA MEDICAL ASSOCIATES, INC. Defendants	:	No. **2005 – 418 CD** **ISSUE: SUGGESTION OF BANKRUPTCY** **Filed on behalf of Defendant,** RICHARD GROUT, M.D. **Attorney of Record for This Party:** Michael A. Sosnowski, Esquire PA I.D. #57207 McINTYRE, 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 SENT TO ALL COUNSEL OF RECORD VIA FACSIMILE AND REGULAR MAIL THIS **26th** DAY OF **JANUARY, 2007**.

Michael A. Sosnowski
Attorney for Named Defendant

FILED
JAN 26 2007
m/ 1:35 pm
William A. Shaw
Prothonotary/Clerk of Courts
no cc

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

SUGGESTION OF BANKRUPTCY

TAKE NOTICE THAT on January 26, 2007, Defendant, Richard Grout, M.D. by and through his private attorney, filed a Voluntary Petition for Relief under Chapter 13 of Title 11 of the United States Code, which petition is pending in the United States Bankruptcy Court for the Western District of Pennsylvania under case No. 07-70082.

The above-captioned proceeding is stayed by operation of 11 U.S.C. § 362(a).

Michael A. Sosnowski

Attorneys for Defendant,
Richard Grout, M.D.

McINTYRE, HARTYE & SCHMITT
Michael A. Sosnowski, Esquire
PA I.D. #67207
P.O. Box 533
Hollidaysburg, PA 16648-0533
PH: (814) 696-3581
FAX: (814) 696-9399

FILED
JAN 26 2007
William A. Shaw
Prothonotary/Clerk of Courts

FILED
JAN 26 2007
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,

Plaintiff

vs.

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

Defendants

* No. 05-418-CD

* TYPE OF CASE: Civil Action -

MEDICAL PROFESSIONAL MALPRACTICE LIABILITY ACTION

* TYPE OF PLEADING: PRAECIPE FOR ENTRY OF APPEARANCE

* FILED ON BEHALF OF: Plaintiff

* Co-Counsel for Plaintiff:

David C. Mason, Esquire
ID #39180
MASON LAW OFFICE
P.O. Box 28
Philipsburg, PA 16866
(814) 342-2240

FILED 2cc Atty Mason
01:09:20 pm
JAN 31 2007
Copy to C/A
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,	*	
	*	No. 05-418-CD
Plaintiff	*	
	*	TYPE OF CASE: Civil Action -
vs.	*	
	*	MEDICAL PROFESSIONAL MALPRACTICE LIABILITY ACTION
RICHARD GROUT, M.D., SUNDAR CHANDRASEKHAR, M.D., DUBOIS REGIONAL MEDICAL CENTER and GATEWAY AREA MEDICAL ASSOCIATES, INC.	*	
Defendants	*	

PRAECIPE FOR ENTRY OF APPEARANCE

TO THE PROTHONOTARY OF SAID COURT:

Kindly enter my appearance as co-counsel for Plaintiff, along with Shanin Specter, Esquire, of Kline & Specter.

MASON LAW OFFICE

DATED: 1-31-07

By: _____
David C. Mason, Esquire,
Co-counsel for Plaintiff

FILED

JAN 31 2007

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,

Plaintiff

vs.

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

Defendants

* No. 05-418-CD

* TYPE OF CASE: Civil Action - MEDICAL PROFESSIONAL MALPRACTICE LIABILITY ACTION

* TYPE OF PLEADING: CERTIFICATE OF SERVICE

* FILED ON BEHALF OF: Plaintiff

* Co-Counsel for Plaintiff:

David C. Mason, Esquire
ID #39180
MASON LAW OFFICE
P.O. Box 28
Philipsburg, PA 16866
(814) 342-2240

FILED 2cc
01:04:30 Atty Mason
JAN 31 2007
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,	*	
	*	No. 05-418-CD
Plaintiff	*	
vs.	*	
RICHARD GROUT, M.D., SUNDAR CHANDRASEKHAR, M.D., DUBOIS REGIONAL MEDICAL CENTER and GATEWAY AREA MEDICAL ASSOCIATES, INC.	*	TYPE OF CASE: Civil Action - MEDICAL PROFESSIONAL MALPRACTICE LIABILITY ACTION
Defendants	*	

CERTIFICATE OF SERVICE

I, DAVID C. MASON, Esquire, do hereby certify that I served a true and correct copy of a PRAECIPE FOR ENTRY OF APPEARANCE as Co-Counsel, filed in the above captioned matter, by depositing the same in the United States Mail, first class, postage prepaid, and addressed as follows:

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

David R. Johnson, Esquire
Thompson, Rhodes & Cowie, P.C.
Firm #720
1010 Two Chatham Center
Pittsburgh, PA 15219

Fredric Goldfein, Esquire
Goldfein & Joseph
1600 Market Street
33rd. Floor
Philadelphia, PA 19103-7288

Michael A. Sosnowski, Esquire
McIntyre, Dugas, Hartye & Schmitt
1816 Old Route 220 North Business
Duncansville, PA 16635

Terry C. Cavanaugh, Esquire
White & Williams, LLP
The Frick Building
437 Grant Street, Suite 1001
Pittsburgh, PA 15219

DATED: 1/31/2007

MASON LAW OFFICE

By: _____
David C. Mason, Esquire
Co-counsel for Plaintiff

FILED

JAN 31 2007

William A. Shaw
Prothonotary/Clerk of Courts

FILED
09:31 BL
FEB 02 2007
William A. Shaw
Prothonotary/Clerk of Courts

6P
cc Attys: Speaker, Casey, Aussprung, Rosenbaum
D. Mason
Sosnowski
T. Cavanaugh
D. Johnson
J. Biasko
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	:	
VS.	:	NO. 05-418-CD
RICHARD GROUT, M.D., CHANDRASEKHAR SUNDAR, M.D., DUBOIS REGIONAL MEDICAL CENTER, GATEWAY AREA MEDICAL ASSOC.	:	

O R D E R

AND NOW, this 30th day of January, 2007, upon consideration of Motion for Summary Judgment as to all claims brought on behalf of Parent/Plaintiff above-named; following argument and briefs thereon, it is the ORDER of this Court that said Motions be and are hereby granted and all claims filed on behalf of Timothy Doan and Karen Shaffer in their own right shall be and are hereby stricken.

BY THE COURT,

John K. Reilly, Jr.
Senior Judge
Specially Presiding

FILED

FEB 02 2007

William A. Shaw
Prothonotary/Clerk of Courts

DATE: 2/2/07

____ You are responsible for serving all appropriate parties.

_X_ The Prothonotary's office has provided service to the following parties:

____ Plaintiff(s) _X_ Plaintiff(s) Attorney ____ Other

____ Defendant(s) _X_ 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.

CIVIL DIVISION

No. 05-418-CD

SUPPLEMENTAL MOTION FOR PARTIAL SUMMARY JUDGMENT WITH RESPECT TO THE CLAIMED OSTENSIBLE AGENCY OF DR. GROUT AND DR. CHANDRASEKHAR

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

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 NO CC
FEB 07 2007
12:15/3cv
William A. Shaw
Prothonotary/Clerk of Courts

SUPPLEMENTAL MOTION FOR PARTIAL SUMMARY JUDGMENT WITH RESPECT TO THE CLAIMED OSTENSIBLE AGENCY OF DR. GROUT AND DR. CHANDRASEKHAR

NOW, comes DuBois Regional Medical Center, by its attorneys, Thomson, Rhodes & Cowie, P.C., and supplements its previously filed Motion for Partial Summary Judgment, requesting an Order of Court that Drs. Grout and Chandrasekhar may not be deemed to be the ostensible agents of DuBois Regional Medical Center.

1. Defendant DuBois Regional Medical Center has filed a Motion for Partial Summary Judgment seeking an Order of Court to the effect that Drs. Grout and Chandrasekhar were not ostensible agents of DuBois Regional Medical Center. It has been established by the evidence unequivocally that Dr. Grout and Dr. Chandrasekhar were employed by one of the other defendants, Gateway Area Medical Associates. This matter was previously briefed and argued before Judge Reilly on January 30, 2007. At the time of argument, Judge Reilly entered an Order that he would make a determination as a matter of law that Dr. Grout and Dr. Chandrasekhar were not the ostensible agents of DuBois Regional Medical Center if the reason Dr. Grout was called by Dr. Palmer, the emergency room physician, was because Dr. Grout was the family's pediatrician. If, conversely, the reason he was called was simply because he was the "on-call" doctor, the court said that it would not make a ruling as a matter of law.

2. Review of Dr. Palmer's testimony establishes as a matter of law that Dr. Grout was called because Dr. Grout was the **on-call doctor for the group**. Dr. Palmer knew that the baby had been seen by Dr. Siar the day before. He asked the unit secretary who was on call for the group. She identified Dr. Grout, and Dr. Grout was called.

3. During the deposition, Dr. Palmer was questioned extensively on this issue. Repeatedly, plaintiffs' attorney tried to put words into Dr. Palmer's mouth which would change

the essence of his testimony. It is respectfully submitted, however, that a fair reading of Dr. Palmer's testimony establishes as a matter of law that the reason he called Dr. Grout was because Dr. Siar's group was the group providing pediatric services for the family, because Dr. Siar had seen the baby the previous day, and because he learned that Dr. Grout was the on-call physician for that group.

4. A condensed version of Dr. Palmer's entire deposition is attached hereto and incorporated by reference. The entire transcript is being provided to the court so that the court will have all of Dr. Palmer's testimony available to it.

5. Dr. Palmer explained exactly why he called Dr. Grout at page 54 of his deposition:

> "Q: I mean, what would you ask the unit secretary? I need a pediatrician?
>
> A: **Who is covering – I'm sorry I would ask the unit secretary – first of all, I would look at who's the attending who's the attending doctor Dr. Siar. I would ask: Who is covering for Dr. Siar tonight.** The unit secretary would respond and say Dr. Siar is on tonight, or she would say whoever would be covering. And in this situation it would be Dr. Grout."

This was explained further later in Dr. Palmer's deposition.

6. At page 74, Dr. Palmer testified as follows:

> "Q: When you have an emergency room patient, how does that patient go about being admitted?
>
> Mr. Casey: Objection, asked and answered.
>
> A: I call the attending who is, in this case, Dr. Grout and I tell Dr. Grout or whoever the physician that this patient is going to be put in the hospital or admitted to the hospital. And then we would go over the orders, and then I go ahead and write the orders. And the patient is admitted to the hospital.

Q: With regard to this particular patient, was any physician identified as being the physician for Ayden Shaffer-Doan?

Mr. Casey: Objection to the form.

A: Yes.

Q: Tell us what you mean.

Mr. Casey: Same objection.

A: The physician identified would be Dr. Grout who would be the attending physician on call who is within Dr. Siar's practice and he was the physician on call.

Q: Looking at the block up at the top of the exhibit, the last line of that block under your name says Siar, WJ. What does that signify:

Mr. Casey: Objection to the form.

A: **That is – Dr. Siar is the physician, the little infant's is the physician who is of that little baby.**

Q: And so how did it happen that with Dr. Siar being identified on the chart as the physician you happened to call Dr. Grout that evening?

Mr. Casey: Objection, asked and answered.

A: **I asked the unit secretary who is on for Dr. Siar's group tonight or this morning and the unit secretary said Dr. Grout is on. He is the attending on call tonight for Dr. Siar.** Dr. Siar was off and so I said: Will you please get a hold of Dr. Grout. I want to talk with him regarding this patient for admission to the hospital."

(Dr. Palmer's deposition testimony, pages 74-76.)

7. Based on the foregoing, it is established as a matter of law that Dr. Palmer called Dr. Grout because the baby's attending pediatricians were the Siar group and because Dr. Grout was the physician answering for the group on the night of the admission. Under these circumstances,

there is absolutely no basis for ostensible agency under the law of Pennsylvania and the court is respectfully requested to enter the attached Order.

8. It is further requested that this ruling be made prior to trial so that the parties will have an understanding of the court's position on this issue.

Respectfully submitted,

THOMSON, RHODES & COWIE, P.C.

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

AYDEN SHAFFER-DOAN VS RICHARD GROUT, M.D., DEPOSITION OF GEORGE PALMER, D.O., 10/13/05

Page 1 to Page 81

CONDENSED TRANSCRIPT AND CONCORDANCE
PREPARED BY:

AKF Reporters, Inc.
436 Boulevard of the Allies
Pittsburgh, PA 15219-1314
Phone: 1-888-253-3376
FAX: 1-412-261-2537

This page left intentionally blank

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:
GEORGE PALMER, D.O.

DEPOSITION DATE:
October 13, 2005
Thursday, 9:00 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. KK89856

Page 2

DEPOSITION OF GEORGE PALMER, D.O., 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, on Thursday, October 13, 2005, commencing at 9:00 a.m.

APPEARANCES:

FOR THE PLAINTIFFS:
Matthew A. Casey, Esq.
KLINE & SPECTER
1525 Locust Street
19th Floor
Philadelphia, PA 19102
215-772-1000

FOR THE DEFENDANT, RICHARD GROUT, M.D.:
Michael A. Sosnowski, Esq.
McINTYRE, DUGAS, HARTYE & SCHMITT
1816 Old Route 220 North
Duncansvile, PA 16635
814-696-3581

FOR THE DEFENDANT, DUBOIS REGIONAL MEDICAL CENTER:
David Johnson, Esq.
THOMSON RHODES & COWIE
1010 Two Chatham Center
Pittsburgh, PA 15219
412-232-3400

Page 3

APPEARANCES (CONT'D.):

FOR THE DEFENDANT, SUNDAR CHANDRASEKHAR, M.D.:
Terry C. Cavanaugh, Esq.
WHITE & WILLIAMS
1001 Frick Building
Pittsburgh, PA 15219
412-566-3524

FOR THE DEFENDANT, GATEWAY AREA MEDICAL ASSOCIATES:
Frederick Rarity Battaglia, Esq.
McQUAIDE & BLASKO
811 University Drive
State College, PA 16801
814-238-4926

ALSO PRESENT:
Gregory J. Volpe, risk manager
DuBois Regional Medical Center

* I N D E X *

Examination by Mr. Casey ---------- 4
Examination by Mr. Johnson ---------- 73
Re-Examination by Mr. Casey ---------- 77
Certificate of Court Reporter ---------- 79
Errata Sheet ---------- 80
Notice of Non-Waiver of Signature ------- 81

* INDEX OF EXHIBITS *

Deposition Exhibit 1 ---------- 56
Deposition Exhibit 2 ---------- 68

Page 4

GEORGE PALMER, D.O.,
having been duly sworn,
was examined and testified as follows:

EXAMINATION

BY MR. CASEY:

Q. Good morning, Doctor Palmer.
A. Good morning.
Q. My name is Matthew Casey. We just met. I represent a boy named Ayden Shaffer-Doan and his parents in a medical malpractice lawsuit that has been brought against DuBois Regional Medical Center as well as other medical providers in relation to the December 2001 time period and care that this boy received.
You understand that's the matter for which you're being deposed today?
A. I do.
Q. In December of 2001, were you employed by DuBois Regional Medical Center?
A. Yes, I was.
Q. Are you employed by that entity today, sir?
A. Yes, I am.
Q. Have you ever had your deposition taken before?

Page 5

A. Yes, I have.
Q. You're already following instructions that I'm going to, I guess, give you anyway. It's important so the court reporter can keep as accurate and clean a transcription of what we say today that you try and let me finish my question before you answer it, and I will try to do the same for you so that my questions don't overlap with your answers, all right?
A. Yes.
Q. If you don't understand a question, you can ask me to restate it or tell me you just don't understand the question, and I will try and rephrase it in a way that is more understandable, okay?
A. Okay.
Q. Sir, where did you attend medical school?
A. I attended medical school Kansas City College of Osteopathic Medicine in Kansas City, Missouri.
Q. And did you receive your degree from there?
A. Yes, I did.
Q. What degree did you receive?
A. Doctor of Osteopath.
Q. Otherwise known as a D.O. degree?

Page 6

A. That is correct.
Q. And what year was that?
A. The year was 1977.
Q. Tell me about your medical training after that time after you leave -- after you received your D.O. degree. What next?
A. After I finished four years at Kansas City College of Osteopathic Medicine, I went to Doctors Osteopathic Hospital in Erie, Pennsylvania, and did a one-year rotating internship there. That was from 1977 to 1978.
Q. Yes.
A. From 1978 to 1979, I was aboard the aircraft -- excuse me, I was aboard an amphibious ship, the United States Navy USS Austin, an LPD 4, and was a general medical officer for a year.
Q. What next?
A. From 1979 to 1983, I pursued a general surgery residency in Kansas City, Missouri, and I finished four years of general surgery at Lakeside Hospital, Kansas City, Missouri.
Q. Please continue.
A. In 1983 to 1984, I was aboard the USS Independence CV62 as a ship's surgeon, and I finished one year of deployment. There from

Page 7

1984 to 1985, I spent time at the naval hospital in Charleston, South Carolina. And during that time, I was aboard another aircraft carrier, USS Eisenhower CV69, and I did another deployment.
Q. That takes us to what year?
A. That takes us to 1986.
Q. Tell me what next for you.
A. I went to Lancaster, Pennsylvania, in a job in the emergency department there at Community Hospital of Lancaster, and I worked in the emergency room there for ten years from 1986 to 1996.
Q. Let me stop you there for a second. When you say you worked in the emergency room there, tell me what you were doing.
A. Practicing emergency medicine.
Q. All right, and then in 1996, you leave Lancaster to go where?
A. I left Lancaster in 1996, and I came -- I was an independent contractor, and I worked at hospitals here in this area, DuBois Regional Medical Center, Clearfield Hospital, St. Mary's Hospital.
Q. When you tell me you were an independent

Page 8

contractor, am I to understand that you had your own professional corporation or that you just contracted your services to these medical facilities individually?
A. I contracted my services individually to these hospitals.
Q. All right, and what medical services were you providing to these facilities during those years?
A. Emergency medicine.
Q. Between '86 and '96, did you receive any additional medical training? I know that you were practicing at Lancaster, the Community Hospital of Lancaster, but did you receive any additional training during that time, formal medical training?
A. No, I did not.
Q. At this point, my understanding is that you -- after you're receiving your D.O. degree in Kansas City in 1977, your only other formal medical training was the general surgery residency in Kansas City from 1979 to 1983. Am I correct?
A. You're correct.
Q. And tell me again. After leaving Lancaster in

Page 9

1996, you worked as an independent contractor for the hospitals that you told me about, DuBois, Clearfield, and St. Mary's, for how many years in that capacity?
A. Approximately one year.
Q. Did you apply for any position at any of those medical facilities before leaving Lancaster?
A. No, I did not.
Q. So you made no attempt before leaving Lancaster to get a job at either DuBois, Clearfield, or St. Mary's? And what I mean by getting a job is actually becoming an employee at one of those places.
A. That's correct.
Q. In 1997, I assume that you did something else. You were an independent contractor for one year from 1996 to '97. What next?
A. Then I applied as an independent contractor to DuBois Regional Medical Center. I accepted the job at DuBois Regional Medical Center.
Q. That's interesting to me. Is there any reason why you waited a year do it? Is there some contractual reason that you couldn't apply upon leaving Lancaster?
A. I made more money as an independent contractor.

Page 10

Q. I just wanted to understand that how you came to apply to be an employee. And since 1997, you've been employed by DRMC?
A. That is correct.
Q. And I assume that, since 1997, you've been practicing emergency medicine?
A. That's correct.
Q. Have you done anything else at DRMC since 1997 other than the practice of emergency medicine?
A. No, I have not.
Q. Have you had any other medical practices outside of DRMC since 1997? In other words, do you have an office where you see patients?
A. No, I do not.
Q. Where in physically in DRMC -- obviously, I know it's the emergency room, but where do you spend your time at the hospital when you're not seeing patients?
A. Nowhere else.
Q. Do you have an office there?
A. No, I do not.
Q. Do you have a recollection of Ayden Shaffer-Doan coming into the ER on the night of December 6th?
A. Yes, I do.

Page 11

Q. And I gather that you looked at the ER medical records for that evening; am I correct?
A. You're correct.
Q. What other medical records have you seen other than the ER records?
A. No other records.
Q. Have you discussed Ayden Shaffer-Doan with any other medical providers at all since December 7th, 2001?
A. No, I have not.
Q. So you understand who the physicians are who are the Defendants in this case? You know who they are, Doctors Grout and Chandrasekhar?
A. Yes, I do.
Q. And you know them personally, I assume, or at one time did?
A. Yes, I do.
Q. And I just want to be sure I understand. You have not spoken to either one of those gentlemen since December 7, 2001, in any way at all about Ayden Shaffer-Doan?
A. That is correct.
Q. Have you discussed Ayden Shaffer-Doan with anyone affiliated with DRMC, not a medical provider but anybody who is in any way

Page 12

affiliated with DRMC, besides your attorney?
A. No, I have not.
Q. Have you received any correspondence or e-mails or any written communication of any kind from any person affiliated with DRMC about Ayden Shaffer-Doan?
A. No, I have not.
Q. Did you participate in any way in a peer review of what happened while Ayden Shaffer-Doan was at DRMC in December of 2001?
A. Can I talk to my --
Q. Sure.

(There was a discussion off the record.)

BY MR. CASEY:
Q. Would you like to hear the question again, sir?
A. Yes, sir.

(The record was read back by the Reporter.)

A. No, I have not participated in any peer review regarding this patient. However, I have talked briefly with Mr. Volpe.
BY MR. CASEY:

Page 13

Q. Mr. Volpe who is the risk manager of the hospital who is present today in the room for this deposition?
A. That is correct.
Q. When did you speak to him?
A. I can't recall.
Q. Can you give me some approximation of when it was? Was it days ago? Was it weeks ago? Was it years ago? Was it months ago? I skipped months.
A. I'll say months ago after this case.
Q. After this lawsuit was filed?
A. That is correct.
Q. And did Mr. Volpe call you and ask to speak to you?
A. Yes, he did.
Q. Where were you when you got the call from him? Do you remember?
A. No, I do not.
Q. Do you remember where -- well, first let me ask, did you speak with him about the circumstances of the case during this initial phone call that he placed to you?
A. No, I did not.
Q. Did he ask you to meet with him at some point

Page 14

to discuss the case?
A. Yes, he did.
Q. And did you then meet with him?
A. Yes, I did.
Q. Who was present in the room when you met with Mr. Volpe to discuss the Ayden Shaffer-Doan matter?
A. Just Mr. Volpe and myself.
Q. And where did the meeting take place?
A. At DRMC at his office.
Q. Tell me what you remember Mr. Volpe saying to you during this meeting.
A. The best that I can recall on our conversation was that he introduced this case to me, and then we discussed this case briefly. And at that time, I looked at the chart.
Q. I understand, and I expect that you discussed the case. What I'd like to know is, my question was what he told you. What did he say to you during the meeting?
A. That there is a lawsuit on this case.
Q. Right. Well, he knew that, I assume, before he called you, sir, so I'm trying to figure out what he was talking to you about.
MR. JOHNSON: I think he just told

Page 15

you. I think he answered the question.
MR. CASEY: I think he told me the subject which was discussed which I already know.
BY MR. CASEY:
Q. I'd like to know what he said to you about the case.
A. I can't recall the exact conversation with Mr. Volpe at that time.
Q. Why did he want to speak to you?
A. Because I was named.
Q. In an earlier filed lawsuit?
A. That is correct.
Q. And it is in relation to that lawsuit that he called you to speak?
A. That is correct.
Q. Did he do so again at any time after that meeting?
A. No, he did not.
Q. Did he convey to you in any way during that meeting his impression of the lawsuit, in other words, whether he thought the lawsuit had merit?
A. I can't recall that conversation.
Q. How long did the meeting take place?

Page 16

A. I don't know the exact amount of time.
Q. Can you give me an approximation?
A. Approximately 15 minutes.
Q. Did you take any notes during the meeting?
A. No, I did not.
Q. Was Mr. Volpe writing anything down when you were talking to him?
A. No, he was not.
Q. You remember that?
A. That is correct.
Q. Do you remember how the meeting adjourned? What was the result of the meeting, if anything?
A. I -- no, I can't remember exactly.
Q. Let me interrupt you right there. When I ask you a question, I'm not asking whether you remember verbatim, so if you have any recall of substance of what was discussed or even generally what was said, I'd like you to tell me that, okay?
A. Yes, sir.
Q. All right.
A. Mr. Volpe said he'll keep me informed.
Q. Did he discuss with you whether you would be represented by counsel?

Page 17

A. No, he did not.
Q. Did he discuss with you whether any person affiliated with the DRMC board of directors knew about the lawsuit?
A. No, he did not.
Q. Do you know anybody on the board of directors of this medical institution?
A. No, I do not.
Q. Can you remember anything, sir, about what Mr. Volpe said to you other than the fact that you discussed in general what the lawsuit was about? That's basically what I understand that you've told me.
A. That is correct.
Q. So did you review the Complaint together and say, this is what the case is about? Is that it?
A. That is correct.
Q. And then you looked at the medical records?
A. That is correct.
Q. What were you looking for when you looked at the medical records?
A. Of how this case became a lawsuit.
Q. Can you tell me clinically speaking what you were looking for in the medical records when

Page 18

you reviewed them with Mr. Volpe in his office?
A. I was basically looking for what the outcome was.
Q. Did you after that meeting discuss this patient with any other person affiliated with either DRMC or the Gateway Pediatrics practice?
A. No, I did not.
Q. Did you discuss the meeting that you had with Mr. Volpe with any person after it was over?
A. No, I did not.
Q. Did Mr. Volpe keep you informed as he said he would in any way after that meeting?
A. I can't recall.
Q. When do you next recall hearing about this lawsuit that you had been named as a defendant in?
A. I don't recall the exact time when I was -- the next time about this case.
Q. But at some point, you learned that you weren't a defendant in a lawsuit anymore, correct?
A. That is correct.
Q. The lawsuit went away, correct?
A. That is correct.
Q. How did you learn that fact?
A. I believe I called Mr. Volpe.

Page 19

Q. To see what was happening?
A. Yes.
Q. And what did he say?
A. No, back up. I asked for a list of my cases that were filed, and I found out that this case was dropped. And then I called Mr. Volpe and asked him about how this case was dropped.
Q. And what did he say?
A. He said that -- he said it was dropped.
Q. That's all you remember?
A. That's correct.
Q. When you were in Mr. Volpe's meeting at his office discussing the case, did he tell you that a member of the board of directors, an attorney, had talked to the family about the case?
A. Not at all.
Q. That's the first. You've heard nothing about any such subject?
A. That is correct.
Q. When did you after reviewing the medical records in Mr. Volpe's office next review the records, sir?
A. The best I can recall would be this case here, this time period.

Page 20

Q. Okay, recently within the last few days or even for perhaps this morning, is that the next time you reviewed them?
A. That is correct.
Q. All right, I asked you earlier if you have a recollection of the patient, this patient, coming into the ER, and I want to make sure you understand that I'm not talking about the words and the information that appears in the records.
I'd like to know if you have an independent recollection of it beyond what's actually written or typewritten on these documents. Do you, sir?
A. No, I don't.
Q. I mean, I know you see a lot of patients and that's why I'm asking you. So beyond what's in these records and written on these patients, you can't tell me anything, if I'm understanding you correctly, about what transpired that night; am I right?
A. That's correct.
Q. You don't remember details of any conversations with either the nurses or Ayden Shaffer-Doan's parents; am I right?

Page 21

A. That is correct.
Q. Can you put the ER record in front of you, please? And you can follow along with me.
MR. CASEY: Off the record a second.
- - - -
(There was a discussion off the record.)
- - - -
BY MR. CASEY:
Q. All right, Doctor Palmer, I'm going to mark as Palmer 1 the first page -- well, it's actually marked as Page 2 of 7 of the emergency department record. Do you have that in front of you, sir? No, you don't.
MR. CASEY: Do you mind if I look at that copy, David? I know you have something highlighted. All right, that's it. Got it, okay. I think I have it right now.
BY MR. CASEY:
Q. All right, Page 1 of 7 of the emergency department record, Doctor Palmer, are you with me?
A. Yes, I am.
Q. At the top, the time is indicated as 22:54 or 34; am I right?
A. I'm not sure.

Page 22

Q. Do we have an original chart here?
MR. VOLPE: I don't have it here.
MR. CASEY: Is anybody's copy any clearer so we can -- just on this one issue pin this down whether that's 22:34 or 22:54? It looks to me like 22:34.
MR. JOHNSON: It is what it is, and it looks as good as any number to me.
A. The next page --
BY MR. CASEY:
Q. Yes?
A. -- where it has the emergency physician record, pediatric illness, it has 23:40 on the top.
Q. That is 23:34. Yes, that is 23:40.
A. So I would think this was 23:34.
MR. JOHNSON: It looks like 23:34.
MR. CASEY: Well, I want to make sure we get the original records before we say one way or the other what it is, because I can't read it, and I don't think this witness can read it. And there is information cut off at the bottom of these pages as well.
BY MR. CASEY:
Q. It says time seen, sir, on the emergency physician's record, pediatric illness, 23:40,

Page 23

in Exam Room 4; am I right?
A. That is correct.
Q. On the first page, emergency department record, Page 1 of 7, is that your handwriting?
A. No, it is not.
Q. Do you recognize the handwriting?
A. No, I do not of who was writing this.
Q. What is the significance on this emergency department record of the three boxes up next to the time, one being emergent, the next urgent, and the third nonurgent? What is the significance of those categories?
A. I believe the emergent is life threatening. Urgent is see the patient as soon as possible, and nonurgent, there could be a delay in seeing the patient.
Q. And the urgent, the box for urgent is checked, correct?
A. That is correct.
Q. Nothing is checked to indicate the patient's condition on arrival; am I right?
A. That is correct.
Q. Can you read what is written under chief complaint?
A. It has an arrow going down meaning decrease in

Page 24

activity, reporting not looking right, reporting possible seizure; head went back, arm tensed up. I don't know what the next letters are, 3, I believe, second, s-e-c, seconds, and then pale.
Q. And this form, I believe it's filled out by the ER nurse, correct?
A. That is correct.
Q. And do you expect that you actually looked at this record before seeing the patient?
A. Yes, I did.
Q. And that's what your custom and practice would be?
A. That is correct.
Q. All right, it indicates that this baby's temperature on arrival was 98.7. His pulse was 141. Under respirations, it's indicated that they were scored at a 52 and shallow, correct?
A. That is correct.
Q. The pain scale is zero out of 10. The O2 saturation is 94, and the weight, 7.11 kilograms, correct?
I'm sorry, that's not right, is it?
A. No.
Q. Tell me what it is.

Page 25

A. It's 7 point -- 7 pounds, 11 ounces.
Q. Right, 32 kilograms?
A. And 3.2 kilograms.
Q. 3.2 kilograms, okay.
MR. CAVANAUGH: Big baby.
- - - -
(There was a discussion off the record.)
- - - -
BY MR. CASEY:
Q. 7.11 pounds and 3.2 kilograms, correct?
A. That is correct.
Q. Do you recognize any of the signatures on this page?
A. Yes, I do.
Q. Please tell me which ones.
A. My signature at the bottom of this page.
Q. And that indicates, I assume, that you've reviewed this and in some fashion participated in ordering certain studies to be done for the patient?
A. That is correct.
Q. Do you recognize the signature of the triage nurse?
A. No, I do not.
Q. The writing under physician report, I assume,

Page 26

sir, is your own; is that right?
A. That is correct.
Q. You have for your exam time 23:35, correct?
A. That is correct.
Q. Can you read your note, please, on this first page?
A. Accucheck, 8 zero. NS, which is normal saline .9 percent, 1,000 CC, dash, 60 CC bolus, dash, D5, one-fourth normal saline, 20 CC, slash, HR which is hour. Dehydration, lethargy secondary above. Bottom, discussed case with Doctor Grout.
Q. Do you believe that you discussed the case with Doctor Grout prior to writing your physician report or after writing your physician report?
A. After the report.
Q. Okay, so you ordered things to be done for this patient and then discussed it with Doctor Grout?
A. That is correct.
Q. Up in the upper right-hand corner, you have -- there are studies that were ordered for this patient, correct?
A. That is correct.
Q. What studies were done?

Page 27

A. CBC, basic metabolic profile, urinalysis, urine culture, blood culture and sensitivity times one, total bilirubin.
Q. Did Doctor Grout participate at all in the decision to order the studies that you ordered at this time?
A. No, he did not.
Q. How long do you believe you were with the patient?
A. I cannot recall.
Q. Should I expect that these pages that we've tried to get in the correct order here were filled out by either yourself or the triage nurse or an ER nurse, one of those three persons?
A. That is correct.
Q. And this first page that we've discussed has information recorded by a triage nurse and yourself, right?
A. That is correct.
Q. Why, sir, did you order the studies that you ordered as indicated in the upper right-hand corner?
A. I ordered the studies based on what I saw of the infant.

Page 28

Q. And what did you see that prompted these particular studies?
A. This little infant was dehydrated.
Q. That's it?
A. That's it.
Q. And you know that only by looking at these records because you don't remember anything, correct?
A. That is correct.
Q. The fluids that you ordered for the patient, they, I assume, were ordered because you believed the patient was dehydrated, correct?
A. That is correct.
Q. How did you arrive at the volume of an infusion rate for the fluids?
A. In a state of dehydration, you use an isotonic solution, and the number would be 20 CCs per kilogram.
Q. And you get that where, sir? Where did you learn to do that?
A. In Advanced Pediatric Life Support.
Q. Is that a class that you took?
A. That is correct.
Q. When did you take that class?
A. That's required every year. I take it every

Page 29

year, every two years.
Q. You're certified in pediatric life support?
A. That is correct.
Q. Do you keep a curriculum vitae? Do you have a CV, a resume?
A. Yes, I do.
MR. CASEY: Dave, you don't happen to have one here, do you?
MR. JOHNSON: Yes.
A. You had asked me for one, and I actually forgot it.
MR. CASEY: Thank you.
MR. JOHNSON: Yep.
BY MR. CASEY:
Q. Let's move to the next page. My copy on this page -- off the record.
- - - -
(There was a discussion off the record.)
- - - -
BY MR. CASEY:
Q. All right, let's talk about the emergency physician record. This indicates a time seen of 23:40. Do you see that?
A. Yes, I do.
Q. Who is filling out this form?

Page 30

A. That's myself.
Q. Okay, and this is, I assume, the documentation that you make prior to writing the physician report that we just discussed on the previous page?
A. That is correct.
Q. Right. You go through this step-by-step process of examining the patient and assessing what you believe the patient needs, and you record that on these pages, correct?
A. That is correct.
Q. All right, in the upper left-hand corner, it indicates that the historian for you, the person from whom you received information about the patient, was the patient's mother, correct?
A. That is correct.
Q. Can you tell me what's indicated just below that? There's HX, slash, and then exam limited by. Can you read that and tell me what it means?
A. HX is history. Exam limited by the infant, 17 -- I have written 17 day.
Q. And that means you can't get information from the baby because he's only 17 days old?
A. That is correct.

Page 31

Q. Does it mean anything else other than that?
A. No.
Q. Under history of presence illness and chief complaint, you've circled diarrhea, correct?
A. That is correct.
Q. You have a slash through fever and cough; am I right?
A. That is correct.
Q. And does that mean that there was no fever and there was no cough?
A. That is correct.
Q. And I assume that because you didn't circle anything else besides diarrhea that you concluded that none of others applied?
A. That is correct.
Q. And then can you read your handwriting just underneath where I've been reading from?
A. Seventeen days, slash, seizure, slash, tense up, period. Decreased activity, possible seizure at home, slash, head went back, slash, seizure times three sec, seconds.
Q. All right, and that information is what you obtained from his mother?
A. That is correct.
Q. Tell me what you've recorded under current and

Page 32

associated symptoms as being applicable for this patient.
A. Runny nose, diarrhea, decreased activity, drinking less, abdomen under skin rash/diaper rash. Where it says sick contacts, two-year sick at home since yesterday.
Q. Does that mean they have a two-year-old that's been sick at home since the day before?
A. That is correct.
Q. Just up above, I know it may be more relevant to the right side of the page, but so I understand all the writing, in proximity to the drinking less, you have will not nurse; is that correct?
A. That is correct.
Q. And let's start now the upper right-hand corner, recently seen, slash, treated by doctor. Can you read to me what you've written there?
A. Yes, I can. Saw Doctor Siar yesterday, slash, in office, slash, quote, stomach virus, unquote.
Q. And under past history, you assess whether there is any past history that you believe to be relevant here, and you have concluded that

Page 33

none is significant, correct?
A. That's correct.
Q. And you've crossed out, among other things, seizure disorder, correct?
A. That is correct.
Q. So you concluded that there was no past history of a seizure disorder that was relevant to what this baby was experiencing when he got to the emergency room, correct?
A. Could you repeat that, please?
Q. Sure. You concluded that there was no past history of a seizure disorder that was relevant to what was happening for this baby when he was in the emergency room that evening, correct?
A. Can I have a minute?
Q. There's a question pending.
MR. JOHNSON: If you don't understand the question, just tell him you don't understand the question, and he can rephrase the question.
A. I don't understand the question.
BY MR. CASEY:
Q. Okay, let me ask you this. Based on your putting a line through seizure disorder, I want to know whether this form indicates that you

Page 34

considered whether a past seizure disorder existing before he got to the emergency room was relevant to what was happening in the emergency room?
MR. JOHNSON: I'm going to object to the form of that question. It's lacking the proper foundation.
BY MR. CASEY:
Q. You can answer it.
A. I'm sorry, sir, I can't answer that.
Q. Sir, why don't you tell me what it means that you have a line through seizure disorder under past history.
A. The line through this means that the little child did not have a history of any seizure disorder.
Q. Correct. And that's under past history, and you have it crossed out; is that correct?
A. That is correct.
Q. So before he got to your emergency room, he had no history of seizure disorder, correct?
A. That is correct.
Q. Tell me what you've written under other problems.
A. Did not cry during procedure, i.e., needle

Page 35

attempts.
Q. I missed something. Up above, it's something that I wanted to make sure I point out. You concluded that there were no problems in utero. There was no premature birth, and there were no complications at birth, correct?
A. That is correct.
Q. Why do you believe that it was significant enough for you to record it that the baby did not cry when you used the needle?
A. The baby was dehydrated and lethargic.
Q. Okay, but why would that go under other problems?
A. I believe I wrote this on the chart, not -- somewhere on the chart for my own recall.
Q. I understand. And then the rest of this page, I believe you've written, if I can decipher it, one half -- I can't. Why don't you tell me what it says.
A. Ounce.
Q. One-half ounce a day?
A. Yes.
Q. And to what is that referring?
A. That is the amount of fluid this child took.
Q. I see. And that is in conjunction with your

Page 36

note drinking less, won't nurse, and he's been drinking about one-half ounce of fluid a day?
A. That is correct.
Q. Immunizations up to date, no known allergies, and nothing significant under social history or family history, correct?
A. That is correct.
Q. All right, the next page, we have your physical exam, correct?
A. That is correct.
Q. Why don't you take me through it, sir, and tell me what you found in your physical exam. And please go through each of the recordings on the page on the left-hand side.
Let me suggest -- let me try and do it for you, and maybe we can get through it faster. You've checked no acute distress, correct?
A. That is correct.
Q. Under attentiveness, there's a box that you could have checked indicating that his attentiveness was normal for his age, and you did not check that; am I correct?
A. That is correct.
Q. There's also a box for good eye contact, and

Page 37

you did not check; is that correct?
A. That is correct.
Q. And there's a box that says sleeping, slash, easily aroused, and you did not check that; am I right?
A. That is correct.
Q. You have circled lethargic and weak cry, correct?
A. That is correct.
Q. And these are findings that you made upon examining the baby, correct?
A. That's correct.
Q. Under neuro, the only category that you've checked is capital CN apostrophe S normal as tested; am I right?
A. That is correct.
Q. What do you believe you did as part of your physical exam to reach that conclusion?
A. I checked the reactivity of the pupils with a light. That checks the cranial nerves which is CN.
Q. Anything else?
A. I checked the deep tendon reflexes.
Q. You would have done a full neurological exam, correct?

Page 38

A. Yes, sir.
Q. A full neurological exam would be specified in any medical textbook under how to do a neurological exam, correct?
A. That's correct.
Q. And you did a full neurological exam on this baby and found that he was neurologically stable, correct?
A. That is correct.
Q. How long does it take to do a full neurological exam?
A. I don't know the exact amount of time.
Q. It takes at least a few minutes, correct?
A. That is correct.
Q. And because you're an ER doctor, it's not your custom and practice to actually list all of the steps in a neuro-exam because you're in the emergency room, and you have other patients, correct?
A. That is correct.
Q. But you're familiar with the fact that when a neurological exam is done, each of those steps is typically recorded in the medical records for the patient upon whom the exam is being done, correct?

Page 39

A. That's correct.
Q. Under HEENT, tell me what you found there.
A. I checked PERRL, pupils equal reactive to light. I circled sunken eyes, sunken eyes. I circled dry mucous membranes. I circled decrease capillary refill greater than two seconds.
Q. And then you've written something there. What is that?
A. 140, slash, a minute. That's the heart, the pulse. Up on the top, I circled skin turgor, poor skin turgor.
Q. Excuse me, sir, what does poor skin turgor mean?
A. The skin is dry. It loses the elasticity and because of dehydration.
Q. You moved away from where I was near decreases capillary refill, and I want to go back to that. What is the clinical significance for you at this point for this baby finding a decreased capillary refill?
A. When you have a prolonged capillary refill, that means you don't have good profusion to the child or patient, and profusion means fluid.
So the capillary refill would be delayed.

Page 40

Normal is less than two. This was greater than two.
Q. And what about the pulse finding of 140 that you've written in?
A. That's what I -- that's what the child, the infant, had at the time I examined him.
Q. What was your conclusion regarding that finding as to its clinical significance?
A. It was rapid.
Q. And what was its clinical significance to you?
A. It means that there is -- knowing the child and my examination, the child was dehydrated.
Q. You've also checked under cardiovascular systems heart sounds, normal, strong peripheral pulses, correct?
A. That is correct.
Q. All right, under respiratory, you found no respiratory distress and breath sounds normal, correct?
A. That is correct.
Q. No organomegaly under abdomen, correct?
A. That is correct.
Q. And nothing else on this left-hand side of the page that you found to be significant, right?
A. That is correct.

Page 41

Q. All right, over, now, on the right-hand side under labs, X-rays, and progress notes, please read, first, your findings under the complete blood count that was done.
A. WBC, 12.82; Hgb, 13.7; Hct, 39.5; platelets, 531; segs, 22; bands, 21; lymphs, 42.
Q. Under chemistries, can you also read your findings, please?
A. Glucose, 69; BUN, 62; creatinine, .8; sodium, 138; potassium, 6.7; chloride, 103; CO2, 17 point -- I'm not sure of that last number.
Q. All right, again, we'll need to look at the original records to see if we can better decipher that. Under UA, what have you written in the number in the right-hand side of this box?
A. Bacteria plus 1; slightly cloudy.
Q. Under dip, what have you written?
A. Slightly.
Q. That's where you've written that, I'm sorry, slightly cloudy?
A. Slightly cloudy.
Q. Pulse ox, 95 percent at the bottom, correct?
A. That is correct.
Q. What is the significance of a 95 percent pulse

Page 42

ox for this baby to you in the ER?
A. That this 95 percent pulse oximetry on room air is acceptable at 95 percent of room air.
Q. What is not acceptable? When does 95 -- 95 is acceptable. When does it get into the unacceptable range?
A. My cut off is 90 percent.
Q. What do you worry about for a pediatric patient if their pulse ox goes below 90?
A. They're having -- if the pulse oximetry is less than 90, then they may be presenting with some respiratory distress.
Q. And it indicates poor profusion, correct?
A. No, sir.
Q. Okay, it is a predictor of poor profusion; is that fair?
A. No, sir.
Q. All right, at 3:15 a.m., which is the next note you have, you have that the baby has improved, correct?
A. That is correct.
Q. On what basis did you conclude that he had improved?
A. After the child was given a bolus of fluid, I felt clinically the child improved.

Page 43

Q. In what respect?
A. More active.
Q. Where do you record that?
A. I did not record it.
Q. What do you write under this 3:15 note?
A. Accucheck, 80.
Q. Is that a check for -- is that a glucose monitor?
A. That's correct. That's bedside glucose monitor.
Q. And what else? I'm sorry.
A. Admit, discussed case with Doctor Grout.
Q. And then you continue below. There's a box where you fill in what doctor you discussed it with. You fill in Doctor Grout. It's indicated he will see the patient not in his office, not in the emergency department, but in the hospital, correct?
A. That is correct.
Q. You've counseled the family regarding the lab results and your diagnosis, and you wrote your admit orders, correct?
A. That is correct.
Q. Under critical care to the right, what have you written in under the number of minutes?

Page 44

A. Thirty.
Q. What does that mean?
A. The time that I went, see the patient while he was in the emergency room, the times I went back to assess the child. I gave this time period, the time period here, 30 minutes.
Q. So you saw the patient between the time that he arrived and your writing this note at 3:15, about 30 minutes? Am I stating this correctly?
A. That is correct.
Q. All right, okay. Does that mean that you, yourself, saw him for 30 minutes during that time, or would it also include the nurses seeing him during that time?
A. That was just myself.
Q. And then you've circled the box for dehydration as your clinical impression, and you have home checked at the bottom under disposition as well as admitted. Can you explain that?
A. That was a mischeck. That was a mischeck on that.
Q. Did you consider sending the patient home?
A. Absolutely not.
Q. And you signed it, correct?
A. That is correct.

Page 45

Q. At what time did you call Doctor Grout?
A. I cannot recall the exact time.
Q. Based on your custom and practice, at what time do you expect that you called Doctor Grout?
A. Shortly after I examined the child, treated the child, and wrote my admitting orders.
Q. All right, so does that mean that it would have been sometime around 3:15 a.m., or would it have been earlier?
A. Around 3:15.
Q. Do you remember the conversation at all?
A. I can't -- I can't recall exactly verbatim the words I spoke to Doctor Grout.
Q. Right. My question was, do you remember the conversation at all?
A. Yes, I do.
Q. Please tell me what you remember. And I'm not talking about verbatim, sir. I'm talking about anything you remember about information exchanged between you and Doctor Grout.
A. I told Doctor Grout that I had a 17-day-old infant here that had poor intake for 2 days and has had some diarrhea stools. And to me clinically, the child appeared dehydrated, and I based that on the fact of talking to Doctor

Page 46

Grout that the child had sunken eyes, he was lethargic, and he had poor skin turgor.
And I went on to -- I went on to tell Doctor Grout what bloodwork I ordered and what I did in treating this dehydrated child, the infant. I told Doctor Grout that I gave him -- I told him some of the lab -- excuse me, the physical examination also I explained to him.
I told him about the capillary nailbed filling, and I did tell Doctor Grout that I did not find any other findings like any neurological deficits. I told Doctor Grout that I gave the child some fluids at 20 CCs per kilogram. The child weighed 3.2 kilograms, and I gave a bolus of 60 CCs of fluid.
And after my evaluation and the treatment with fluids, I told Doctor Grout I felt the child was -- appeared a little bit better in activity. Also I discussed with Doctor Grout the bloodwork, the results, and how I based my findings, those findings, on the conclusion of dehydration which was the BUN which was elevated and the CO2 of the electrolytes which were a little low, that which is indicative of dehydration. And then I

Page 47

said I wrote some orders, and I'd like to put this child in the hospital.
Q. And that's everything you can -- well, let me ask you this. Do you expect that you told Doctor Grout that there was the suspicion based on the history of a possible seizure at home?
A. Yes, I did.
Q. So you would have relayed to Doctor Grout, the neonatologist, the fact that there was a reported possible seizure at home?
A. That is correct.
Q. And you used that word seizure, correct?
A. That is correct.
Q. What do you remember Doctor Grout saying to you?
A. I can't recall.
Q. Okay, can you recall whether -- well, let me ask you this. If Doctor Grout had made any suggestions for you by way of additional things to order for this patient, they would be recorded in the ER records, correct?
A. No, sir.
Q. Okay, if he suggested things for you to include in your orders, they would not be included in the ER records?

Page 48

A. My order sheet.
Q. I see. And we have that in the hospital chart?
A. That is correct.
Q. And I want to make sure we read that. You've looked at that record. That order from the 3 o'clock time frame during the overnight hours is in your handwriting in the chart? I'll get to it in a second, but you've looked at that?
A. Yes.
Q. And that's your handwriting?
A. That is correct.
Q. Did Doctor Grout even discuss, to your recollection, anticonvulsants for this baby?
A. No, he did not.
Q. Did he discuss getting any neuroimaging for this baby?
A. No, he did not.
Q. Did he discuss an EEG and whether one of those tests was necessary?
A. No, he did not.
Q. When did you expect that the baby would next be seen by a physician after 3:15 a.m. and you admitted him?
A. I would hope as soon as possible.
Q. And did you convey that to Doctor Grout?

Page 49

A. I can't recall.
Q. Do you expect that you did?
A. Yes.
Q. And by as soon as possible, you mean like what everybody thinks as soon as possible means, like right as soon as possible, correct?
A. That's correct.
Q. Not as soon as possible like whenever you can get to it. As soon as possible, as soon as you can get yourself into the hospital to see this baby, correct?
MR. JOHNSON: Object to the form of the question.
MR. SOSNOWSKI: Object to the form.
BY MR. CASEY:
Q. Correct?
A. That's correct.
Q. Am I correct?
A. Yes.
Q. Did you suggest to him that he come into the hospital?
A. I can't recall.
Q. Do you expect that you did, sir?
A. I cannot recall.
Q. When did you want in terms of minutes or hours

Page 50

the neonatologist, Doctor Grout, to see this baby?
A. I would like to have the attending come in within an hour.
Q. The rest of the record, you have what page next? That's what I have next. We're making progress. Whose handwriting is that? A nurse?
A. That is correct.
Q. Do you recognize the initials on the right-hand side of the page?
A. No, I do not.
Q. Do you recognize the signature at the bottom?
A. No, I do not.
Q. The next page, what do you have? Is that right? Yes. This is emergency department record, Page 2 of 7 which we have next. Is this handwriting your own on this page?
A. No, it is not.
Q. It's a triage nurse, correct?
A. That is correct.
Q. The triage nurse under past medical history has the box checked for noncorrect?
A. That is correct.
Q. I believe I can read the rest of the information on this page. Look at the bottom

Page 51

of this major under monitors, slash, equipment.
Do you know what that means when they have oxygen 2 circled, the number 2?
A. Yes, sir.
Q. What does it mean?
A. Two liters a minute.
Q. And what does NC mean, the box that's checked?
A. Nasal cannula.
Q. And the hope is, when you put the baby on a nasal cannula, his oxygen saturations will get better, correct?
A. That is correct.
Q. Why in your estimation as the ER physician was he put on a nasal cannula in the ER?
A. That's supplement oxygen. That's more routinely given to a patient that comes in.
Q. Do you think it's related to the fact that he was found to have shallow respirations?
A. No.
Q. It's just something you would routinely do for a baby like this who came into the ER?
A. That's correct.
Q. Under circulation on this page, there are seven choices, normal, mottled, ashen, sallow, pale, cyanotic, and jaundice, correct?

Page 52

A. That is correct.
Q. And the box for pale is checked; am I right?
A. That is correct.
Q. What does the word mottled mean?
A. Mottled is a bluish discoloration of the extremities due to poor profusion.
Q. A serious finding in an 18-day-old baby if it had existed when you saw him, correct?
A. Yes.
Q. What do you have on the next page, Doctor Palmer? Okay, again, we're doing well. Can you read what's in that box under miscellaneous?
A. Yes, I can.
Q. Let me see if I can read it. Yes, I can read it. What do you have as the next page? Okay, that's a note at 2:43 a.m. in the ER?
A. Oh, I'm sorry, yeah. Yes, sir.
Q. Pulse, 119; respirations, 50; pulse oximeter, 100 percent; is that right?
A. That's correct.
Q. What do you make of respirations of 50 at this point?
A. That is acceptable.
Q. That's acceptable?

Page 53

A. Yes.
Q. Is it low?
A. It's high.
Q. I'm sorry, what is the normal range?
A. I don't know the exact number.
Q. How is it that you know that it's high?
A. Well, 50 is a high number for respirations. I don't know the exact respirations for this infant, this aged infant.
Q. What do you have as the next page? All right, and next? Nothing on this page at which we're looking now is your handwriting; am I right?
A. That is correct.
Q. Okay, that's the end of your set of ER records; am I right?
A. That is correct.
Q. And we've marked that collection of records as Exhibit 1.
How is it that you knew to contact Doctor Grout as opposed to somebody else?
A. I asked the unit secretary: Who is the physician on call tonight?
Q. The neonatologist on call or the pediatrician on call?
A. Yes.

Page 54

Q. Which one?
A. It was Doctor Grout.
Q. I mean, what would you ask the unit secretary? I need a pediatrician?
A. Who is covering -- I'm sorry, I would ask the unit secretary -- first of all, I would look at who's the attending, who's the attending doctor, Doctor Siar. I would ask: Who is covering for Doctor Siar tonight.
The unit secretary would respond and say Doctor Siar is on tonight, or she would say whoever would be covering. And in this situation, it would be Doctor Grout.
Q. Okay, and then you have admitting privileges. You can admit the baby into the hospital, you, yourself?
A. That is correct.
Q. So you Doctor Palmer admitted this baby into the hospital, correct?
A. That is correct.
Q. And did you then tell the family that a physician on call would be in to see their baby?
A. That is correct. Can I back up on that?
Q. Sure.

Page 55

A. Once I sign -- once I called the attending physician, the attending physician, which would have been Doctor Grout, takes over the care of this case.
Q. I understand that. But you didn't -- you knew to contact Doctor Grout by speaking to the unit secretary and said: I need a doctor who's on call to see babies. Correct?
A. That is correct.
Q. And then she looked at her list, and she saw that Doctor Grout was on call. And you called Doctor Grout; is that correct?
A. That is correct.
Q. And once you make that call telling him you're admitting the patient, it's Doctor Grout's baby; is that correct?
A. That is correct.
Q. The family didn't come to you and say, we want Doctor Grout or Doctor Siar? That was your job, and you went to the hospital people to get Doctor Grout or whoever was on call that night to see babies, correct?
MR. JOHNSON: Object to the form of the question.
BY MR. CASEY:

Page 56

Q. Am I right?
A. That is correct.
Q. That's not something you would discuss with the family. You would get the doctor who was on call, right?
A. That is correct.
MR. SOSNOWSKI: Matt, can we take a short break?
- - - -
(There was a recess in the proceedings, and Exhibit 1 marked for identification.)
- - - -
MR. JOHNSON: Matt, before you resume your questioning of Doctor Palmer, I wanted to let you know that I think there were a couple of things at the end of Doctor Palmer's testimony that you may want to ask him about, because potentially the answers were misleading in response to the questions.
The one is that he does not have admitting privileges, so the patient actually is only admitted after he contacts some physician for that purpose, and that physician then is the one who actually admits the patient to that physician's service.

Page 57

And secondly, with regard to Doctor Siar, the reason that the inquiry was made regarding Doctor Siar was because that group would identify as the pediatrician for the child.

MR. CASEY: Well, I don't have any additional questions. His answers will stand on their own.

BY MR. CASEY:

Q. Sir, you've been working at DRMC now for how many years?

A. Approximately seven years.

Q. And I gather that it's a daily part of your practice to have to go through the steps necessary to admit a patient, correct?

A. That is correct.

Q. So when I asked you those questions a minute ago before the break, I was asking you about something that you're intimately familiar with because you do it on a daily basis, correct?

A. That's correct.

Q. And these records tell me, as does your testimony, that you admitted the patient?

MR. JOHNSON: Object to the form of the question.

Page 58

BY MR. CASEY:

Q. Okay, is there anything in these records that says that anybody but yourself admitted this patient?

A. I'm sorry, would you repeat that?

Q. Sure. There's nothing in these records which you have reviewed both yourself prior to this deposition and with me today as well as months ago with Mr. Volpe, there's nothing in the records to indicate that anybody but yourself admitted this patient, correct?

MR. JOHNSON: Object to the form of the question. What records are you referring to?

MR. CASEY: Referring to any records.

MR. JOHNSON: Well, he's only said that he's reviewed the emergency room records and not the entire chart, so there's no foundation to ask him about any other records.

BY MR. CASEY:

Q. Limit your answer, sir, to the records you have reviewed. Is there anything in those records that indicates that anybody but yourself admitted this patient?

A. It would be Doctor Grout who admitted the patient.

Page 59

Q. Sir, did you tell me a few minutes ago before the break – did you discuss this with your lawyer at the break? Did you discuss this with your lawyer at the break?

A. Discussed what, sir?

Q. The issue of admitting and the like. That line of questioning, did you discuss it with your lawyer at the break?

A. Yes, I did.

Q. Did you discuss it with Mr. Volpe?

A. Yes, I did.

Q. Okay, what did Mr. Volpe say to you during the break after you answered questions under oath to me about the admitting of this patient? What did Mr. Volpe say to you?

A. Mr. Volpe said that I don't believe I have admitting privileges.

Q. Okay, but you did tell me under oath that you said to Doctor Grout on the phone: Doctor Grout, I, meaning Doctor Palmer, am going to admit this patient, correct? You told me that?

A. That is correct.

Q. And you told me that under oath, and you were telling the truth, correct?

Page 60

A. I said that, that I was going to admit the patient.

Q. Sir –

MR. JOHNSON: Let him finish his answer.

Continue, Doctor.

MR. CASEY: To this question, he can explain it, and you can ask him a question, David..

MR. JOHNSON: Now stop.

MR. CASEY: No, you stop.

MR. JOHNSON: You stopped him in the middle of his answer. He gets to complete his answer.

MR. CASEY: Wait a minute. Just a second. He can answer that questions later when you ask it.

BY MR. JOHNSON:

Q. My question is, you told me, sir, under oath that you said to Doctor Grout: Doctor Grout, I meaning yourself, Doctor Palmer, am going to admit this patient, and you were telling the truth, correct?

MR. JOHNSON: Stop. Strike that question. Go back to the next question. Let

Page 61

the doctor answer his question or ask a different question.
MR. CASEY: Wait. Pardon me? You're not going to tell the court reporter to strike that question.
MR. JOHNSON: Wait. Let me speak. Let me speak. It's a two-way street here.
MR. CASEY: No, it's not. It's not a two-way street.
MR. JOHNSON: You are not going to stop this physician in the middle of an answer and then interpose another question and try and reiterate the previous answer.
MR. CASEY: He is not answer the question. You know it is a yes-or-no question.
MR. JOHNSON: It is not.
MR. CASEY: Do you want to instruct him not to answer that question? It's a yes-or-no question.
MR. JOHNSON: And I want the record to reflect that Doctor Palmer was in the middle of an answer, his last answer to the question. He obviously was still speaking when counsel interrupted his answer. If counsel doesn't want to hear the rest of his answer, fine, but

Page 62

ask a different question.
MR. CASEY: Will you instruct the witness to respond to my question?
MR. JOHNSON: He was responding to the question.
MR. CASEY: You didn't hear the answer. How do you know?
MR. JOHNSON: If you want to hear the end of the answer, that's fine. If you don't want to hear the answer to that question, that's fine. Ask a different question.
BY MR. CASEY:
Q. Sir, before the break when you talked to the risk manager of the hospital, did you testify truthfully?
A. Are you asking -- I'm sorry, are you asking me a question?
Q. Yeah, this is a question now, Doctor Palmer.
A. Okay.
Q. My question is, you understand, first, before the break you were under oath? Do you understand that?
A. Oh, yes, sir.
Q. And you answered all of my questions truthfully, correct?

Page 63

A. That is correct.
Q. And you answered truthfully when you told me that you said to Doctor Grout that you, Doctor Palmer, were going to admit the patient, correct? That was a truthful answer?
A. That is correct. Sir --
Q. There's no question pending.
MR. JOHNSON: Go ahead.
MR. CASEY: There is no question pending. You can ask him a question when I'm done. You know that's the proper way to do that. Let him answer your questions when I'm done.
MR. JOHNSON: Do you have something else responsive to that question, Doctor?
A. Well, I was just going to say that --
MR. CASEY: This is wrong.
A. I said, when I said I'm going to admit this patient, it's the same way of saying I'm going to put this patient in the hospital.
BY MR. CASEY:
Q. That's what you wanted to add?
A. Yeah, I was going to put this patient in the hospital.
Q. And you already told me that that's not

Page 64

something you discussed at all with the family, correct? Correct?
A. I told the family that the child was going to be put in the hospital.
Q. And that the baby would be seen by the physician on call. You already told me that, and you answered truthfully; is that correct?
A. That is correct.
Q. And that is the full extent of what you communicated to the family about who would be seeing their baby, correct?
A. That is correct.
Q. Were you concerned during the overnight hours of December 6th when you had this baby in the ER that, even though you believed you had diagnosed dehydration and you had made orders for him, that he was really a baby who needed to be seen by a neonatologist to figure out exactly what was going on?
Was that something you were thinking about that night?
A. No, I was not.
Q. You believe that your training equipped you to competently assess fully what was going on with this baby at that time?

Page 65

A. That is correct.
Q. Given your understanding of your custom and practice, after you admit the baby at 3:15 a.m., did you see the baby again at any time after that point?
MR. JOHNSON: Object to the form of the question.
BY MR. CASEY:
Q. Did you see the baby again?
A. No, I did not.
Q. Did you inquire at any point after 3:15 a.m. regarding whether a physician, specifically Doctor Grout, had seen the patient? Did you make any inquiry?
A. I can't recall.
Q. Given that your admitting note is at 3:15, do you expect that you would have been aware of the symptoms that the baby exhibited at 3:30 a.m. after he was admitted?
MR. JOHNSON: Object to the form of the question. I don't understand it.
BY MR. CASEY:
Q. Okay, for how long after 3:15 do you expect you had any knowledge whatsoever regarding what the symptoms -- what the baby's symptoms were?

Page 66

3:20? 3:25? 3:30? When?
MR. JOHNSON: I don't understand the question. I object to its form.
MR. CASEY: What don't you understand about it?
MR. JOHNSON: It's incomprehensible. It appears to me you're asking him, you last saw the patient at 3:15, and how far into the future do you predict that you saw -- I mean, I just --
MR. CASEY: I never said anything like that.
MR. JOHNSON: I just don't understand the question.
Do you understand the question, Doctor?
THE WITNESS: No.
MR. CASEY: Of course not.
BY MR. CASEY:
Q. Do you believe, sir, that you were privy to what the baby's symptoms were at 3:30 in the morning?
A. Again, I don't understand your question.
Q. Do you know what this baby's symptoms were at 3:30 a.m. on December 6th, 2001?

Page 67

A. I knew what the symptoms were of this child, this infant, when the child was in the emergency room. From the time that child left the emergency room, I do not know what the symptoms were.
Q. That's all I'm asking. And did you instruct any nurse to keep you apprised of what the baby's symptoms were after he left the emergency room?
A. No, I did not.
Q. Did you call on to the floor where he was admitted to find out what the baby's symptoms were?
A. No, I did not.
Q. Okay, did you take any steps whatsoever after the baby left the emergency room in terms of following up with this patient?
A. No, I did not.
Q. Other than your Pediatrics Life Support course, do you have any training whatsoever in either pediatrics -- well, I'll leave it there, just pediatrics.
A. No, I do not.
Q. There is a subspecialty of emergency medicine called pediatric emergency medicine, correct?

Page 68

A. That is correct.
Q. Are there any such physicians in this area?
A. No, there's not.
Q. Where is the nearest pediatric ER physician?
A. I don't know.
Q. Have you ever had to call such a physician to consult with him or her regarding a patient that you had in your ER?
A. I can't recall.
Q. Have you ever had to locate a pediatric neurologist for a patient in the emergency room?
A. I can't recall.
MR. CASEY: I want to mark as the next exhibit -- I guess it would be Exhibit 2 -- Doctor Palmer's curriculum vitae.
- - - -
(Exhibit 2 marked for identification.)
- - - -
BY MR. CASEY:
Q. Doctor, is this CV accurate and up to date as of today's date?
A. No, it is not.
Q. Can you just tell me what else should be included on it, please, sir?

Page 69

A. I am presently working at Brookville Hospital -- I'm sorry, it's here, Brookville Hospital. I am not working at St. Mary's Hospital nor Williamsport Hospital, nor Clearfield Hospital, but I am working at Phelpsburg Hospital.
Q. Have you ever had any break in your medical licensure since you first started practicing?
A. No, I have not.
Q. You alluded earlier to other lawsuits. Are you a defendant presently in any medical malpractice lawsuits?
A. Yes, I am.
Q. Do any of those lawsuits relate to care provided to a child?
A. No.
Q. Have you ever been sued in a medical malpractice case involving a pediatric patient?
A. No.
Q. Have you ever given a deposition prior to this one in a medical malpractice lawsuit where the care involved a pediatric patient?
A. Yes.
Q. Please identify that case for me, please, sir.
Please identify that case for me, sir.
A. I can't remember the exact name of the case.

Page 70

Q. How long ago was it?
A. Five years ago.
Q. Is it one case we're talking about?
A. Yes.
Q. Was it in court here in Clearfield County?
A. It has not been in court.
Q. Is it still in existence?
A. That's correct.
Q. If I'm correct from your earlier testimony, you're not a defendant in that case; is that right?
A. Yes, I am.
Q. You are a defendant in that case?
A. Yes.
Q. I thought you said you weren't a defendant in any pediatrics cases.
A. I'm sorry, I misunderstood.
Q. All right, who are your co-defendants in that case, persons, if you can tell me, if you know?
A. Defendants?
Q. Yes. Let me ask you this. Is Doctor Grout a defendant in that case?
A. No, he's not.
Q. Is anyone who was affiliated in the Gateway practice a defendant in that lawsuit?

Page 71

A. No, sir.
Q. And you gave a deposition in that case?
A. That is correct.
Q. Who is your attorney?
A. Robert McIntyre.
MR. CASEY: Off the record.
- - - -
(There was a discussion off the record.)
- - - -
A. Mr. McIntyre of Altoona.
BY MR. CASEY:
Q. Right, I think that's the one. And you believe you gave the deposition before five years ago?
A. I can't recall.
Q. A couple of years ago?
A. Yes, sir.
Q. Do you remember who the plaintiff's lawyer was?
A. No, I do not.
Q. What was the subject matter or is the subject matter in the case?
A. A child had a urinary tract infection, had a pyelonephritis, had a fever. And she had a complication from that, and that's basically it.
Q. And the child came into the ER?

Page 72

A. That's correct.
Q. What happened to the child?
A. It went into septic shock and then was LifeFlighted to Pittsburgh.
Q. From the ER?
A. That is correct.
Q. Did you arrange for the transfer?
A. No. I was not there.
Q. Have you ever had your privileges terminated at any medical facility?
A. No, I have not.
Q. Why did you leave Lancaster to come out here?
A. Three reasons, I left Lancaster to come here because of I made more money in this area, this geographical area.
Q. And that's the only reason, it was a better job opportunity?
A. That is correct.
Q. There was no professional disagreement at all with the people in Lancaster, with the people with whom you worked?
A. That is correct.
Q. And do you have a professional corporation outside -- today, I'm talking about outside -- that's a bad question.

Page 73

Other than DRMC, are you affiliated with -- I'll withdraw that question too.
Do you know what a professional corporation is in medical practice?
A. Yes.
Q. Like the Gateway practice?
A. Yes.
Q. Are you affiliated with any such entity?
A. No, I'm not.
Q. Because I know you have privileges at other hospitals, but you're not affiliated with any medical practice per se?
A. That is correct.
MR. CASEY: Those are all the questions I have for you. Thank you.
MR. SOSNOWSKI: No questions.
MR. BATTAGLIA: No questions.
MR. CAVANAUGH: I have nothing, Doctor. Thank you.
MR. JOHNSON: Doctor, I just have a couple of questions.

- - - -

EXAMINATION

- - - -

BY MR. JOHNSON:

Page 74

Q. When Mr. Casey was asking you certain questions regarding the admission of this child to the hospital, were you confused with regard to certain of the questions regarding the admission?
MR. CASEY: Objection to the form, leading.
A. Yes, I was.
BY MR. JOHNSON:
Q. Do you have admitting privileges at the hospital?
A. No, I do not.
Q. When you have an emergency room patient, how does that patient go about being admitted?
MR. CASEY: Objection, asked and answered.
A. I call the attending who is, in this case, Doctor Grout, and I tell Doctor Grout or whoever the physician that this patient is going to be put in the hospital or admitted to the hospital.
And then we go over the orders, and then I go ahead and write the orders. And the patient is admitted to the hospital.
BY MR. JOHNSON:

Page 75

Q. With regard to this particular patient, was any physician identified as being the physician for Ayden Shaffer-Doan?
MR. CASEY: Objection to the form.
A. Yes.
BY MR. JOHNSON:
Q. Tell us what you mean.
MR. CASEY: Same objection.
A. The physician identified would be Doctor Grout who would be the attending physician on call who is within Doctor Siar's practice, and he was the physician on call.
BY MR. JOHNSON:
Q. Looking at the block up at the top of the exhibit, the last line of that block under your name says Siar, W.J. What does that signify?
MR. CASEY: Objection to the form.
A. That is -- Doctor Siar is the physician, the little infant's -- is the physician who is of that little baby.
BY MR. CASEY:
Q. And so how did it happen that with Doctor Siar being identified on the chart as the physician you happened to call Doctor Grout that evening?
MR. CASEY: Objection, asked and

Page 76

answered.
A. I asked the unit secretary who is on for Doctor Siar's group tonight or this morning, and the unit secretary said Doctor Grout is on. He is the attending on call to night for Doctor Siar.
Doctor Siar was off, and so I said: Will you please get ahold of Doctor Grout? I want to talk with him regarding this patient for admission to the hospital.
BY MR. CASEY:
Q. And then what happened after that?
A. Well, I talked with Doctor Grout, and I presented this case to him and over the phone.
And I told him -- I told what I felt --
Q. You don't need to tell us all the details.
A. I told him what I found and what I did and how I treated this patient, and I said I would like to put this patient in the hospital. And I said: This is what I'm putting down for my orders and what I did and I went over the fluids and the vital signs and things and then I said why.
MR. JOHNSON: Thank you. Those are all the questions I have.
MR. CASEY: I have a few more.

Page 77

- - - -

RE-EXAMINATION

- - - -

BY MR. CASEY:

Q. Have you cleared up any confusion now so all your answers, I can assume, have been provided in a way that eliminated any confusion on your part, sir?

A. Yes.

Q. Everything is straight now, correct?

A. Yes.

Q. Are you confused about anything else right now? I mean, anything about your testimony, is there any confusion on your part?

A. No.

Q. Did Mr. Volpe in the hallway appear concerned about the answers that you provided before the break? Did he appear concerned to you?

A. No, he did not.

Q. Did he explain to you in any fashion why he was talking to you during the break in your deposition, why the risk manager at the hospital decided to speak to you during a break in a deposition?

A. Sir, Mr. Volpe, we were talking about -- we

Page 78

were just hanging out out there just kind of taking a break. There was no concern or --

Q. What did he say to you, Mr. Volpe?

A. I told Mr. Johnson --

Q. Don't tell me what you told him, what you told Mr. Johnson.

A. Well, this is our conversation. Mr. Volpe was--

Q. Mr. Volpe was there?

A. Yes, he was there. And I told him about regarding admissions that I don't believe I have admitting privileges.

Q. You said that to him?

A. I said that to Mr. Johnson, yes, sir.

Q. And what did Mr. Volpe say?

A. And then in our discussions, we discussed that, and Mr. Volpe shared what I just mentioned about admitting privileges and Mr. Johnson.

MR. CASEY: Thank you. That's all I have.

MR. SOSNOWSKI: Nothing.

MR. JOHNSON: We will read it, please.

- - - -

(The proceedings were concluded at 11:20 a.m.)

Page 79

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, GEORGE PALMER, D.O., 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 30th day of October, 2005.

_____

Notary Public

Page 80

COMMONWEALTH OF PENNSYLVANIA) ERRATA
COUNTY OF ALLEGHENY) SHEET

I, GEORGE PALMER, D.O., have read the foregoing pages of my deposition given on Thursday, October 13, 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.

_____

GEORGE PALMER, D.O.

Subscribed and sworn to before me this _____ day of _____, 2005.

_____

Notary Public

AKF Reference No. KK89856

AKF REPORTERS, INC.
Jones School Square
150 East Eighth Street
Erie, PA 16501
(814) 453-5700

October 30, 2005

TO: David Johnson, Esq.

RE: DEPOSITION OF GEORGE PALMER, D.O.
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: **1,207**
Total Occurrences: **4,313**
Noise Words: **384**
Total Words In File: **12,564**
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**

* * 0 * *

05-418-cd [1]
1:6

* * 1 * *

1 [7]
3:22; 21:10, 19; 23:4; 41:17; 53:18; 56:11
1,000 [1]
26:8
10 [1]
24:20
100 [2]
2:4; 52:20
1001 [1]
3:3
1010 [1]
2:21
103 [1]
41:10
11 [1]
25:1
119 [1]
52:19
11:20 [1]
78:25
12.82 [1]
41:5
13 [3]
1:12; 2:4; 80:3
13.7 [1]
41:5
138 [1]
41:10
140 [2]
39:10; 40:3
141 [1]
24:17
15 [1]
16:3
150 [1]
81:2
15219 [2]
2:21; 3:4
1525 [2]
1:19; 2:10
16501 [1]
81:2
16635 [1]
2:16
16801 [1]
3:9
17 [4]
30:21, 22, 24; 41:10
17-day-old [1]
45:21
18-day-old [1]
52:7
1816 [1]
2:15
19102 [2]
1:20; 2:11
1977 [3]
6:3, 11; 8:20
1978 [2]
6:11, 13
1979 [3]
6:13, 18; 8:22
1983 [3]
6:18, 23; 8:22
1984 [2]
6:23; 7:1
1985 [1]
7:1
1986 [2]
7:7, 12
1996 [5]
7:13, 18, 20; 9:1, 17
1997 [5]
9:15; 10:2, 5, 8, 12
19th [2]
1:19; 2:11

* * 2 * *

2 [8]
3:22; 21:11; 45:22; 50:16; 51:3; 68:15, 18
20 [3]
26:9; 28:17; 46:13
2001 [6]
4:15, 20; 11:9, 20; 12:10; 66:25
2005 [6]
1:12; 2:4; 79:23; 80:3, 23; 81:4
21 [1]
41:6
215-772-1000 [1]
2:12
22 [1]
41:6
220 [1]
2:15
22:34 [2]
22:5, 6
22:54 [2]
21:23; 22:5
23:34 [3]
22:14, 15, 16
23:35 [1]
26:3
23:40 [4]
22:13, 14, 25; 29:23
2:43 [1]
52:17

* * 3 * *

3 [2]
24:4; 48:5
3.2 [4]
25:3, 4, 10; 46:14
30 [5]
44:6, 9, 12; 81:4, 16
30th [1]
79:22
32 [1]
25:2
34 [1]
21:24
39.5 [1]
41:5
3:15 [11]
42:18; 43:5; 44:8; 45:8, 10; 48:22; 65:3, 11, 16, 23; 66:8
3:20 [1]
66:1
3:25 [1]
66:1
3:30 [4]
65:18; 66:1, 21, 25

* * 4 * *

4 [3]
3:15; 6:15; 23:1
412-232-3400 [1]
2:22
412-566-3524 [1]
3:4
42 [1]
41:6
453-5700 [1]
81:3

* * 5 * *

50 [3]
52:19, 22; 53:7
52 [1]
24:18
531 [1]
41:6
56 [1]
3:22

* * 6 * *

6.7 [1]
41:10
60 [2]
26:8; 46:15
62 [1]
41:9
68 [1]
3:22
69 [1]
41:9
6th [3]
10:24; 64:14; 66:25

* * 7 * *

7 [7]
11:20; 21:11, 19; 23:4; 25:1; 50:16
7.11 [2]
24:21; 25:10
73 [1]
3:16
77 [1]
3:16
79 [1]
3:17
7th [1]
11:9

* * 8 * *

8 [2]
26:7; 41:9
80 [2]
3:18; 43:6
81 [1]
3:18
811 [1]
3:8
814 [1]
81:3
814-238-4926 [1]
3:9
814-696-3581 [1]
2:16
86 [1]
8:11

* * 9 * *

9 [1]
26:8
90 [3]
42:7, 9, 11
94 [1]
24:21
95 [6]
41:23, 25; 42:2, 3, 4
96 [1]
8:11
97 [1]
9:17
98.7 [1]
24:16
9:00 [2]
1:12; 2:4

* * A * *

a.m. [11]
1:12; 2:5; 42:18; 45:8; 48:22; 52:17; 65:4, 11, 19; 66:25; 78:25
abdomen [2]
32:4; 40:21
aboard [4]
6:13, 14, 23; 7:3
absolutely [1]
44:23
acceptable [5]
42:3, 4, 5; 52:24, 25
accepted [1]
9:19
accordance [1]
2:2
accucheck [2]
26:7; 43:6
accurate [2]
5:5; 68:21
action [1]
79:20
active [1]
43:2
activity [4]
24:1; 31:19; 32:3; 46:19
acute [1]
36:17
add [1]
63:22
additional [4]
8:12, 15; 47:19; 57:7
additions [1]
80:4
adjourned [1]

16:11
admission [3]
74:2, 5; 76:9
admissions [1]
78:11
admit [10]
43:12, 22; 54:15; 57:15; 59:22; 60:1, 22; 63:4, 18; 65:3
admits [1]
56:24
admitted [14]
44:19; 48:23; 54:18; 56:22; 57:23; 58:3, 11, 24, 25; 65:19; 67:12; 74:14, 20, 24
admitting [11]
45:6; 54:14; 55:15; 56:21; 59:7, 15, 18; 65:16; 74:10; 78:12, 18
advanced [1]
28:21
affiliated [9]
11:24; 12:1, 5; 17:3; 18:5; 70:24; 73:1, 8, 11
affix [1]
81:11
affixed [1]
79:22
age [1]
36:22
aged [1]
53:9
ahold [1]
76:7
air [2]
42:2, 3
aircraft [2]
6:13; 7:3
akf [3]
1:23; 80:25; 81:1
allegheny [2]
79:2; 80:1
allergies [1]
36:4
alluded [1]
69:9
altoona [1]
71:10
amendments [1]
80:4
amount [3]
16:1; 35:24; 38:12
amphibious [1]
6:14
answer [22]
5:7; 34:9, 10; 58:21; 60:5, 13, 14, 16; 61:1, 11, 13, 14, 18, 22, 24, 25; 62:7, 9, 10; 63:5, 12
answered [7]
15:1; 59:14; 62:24; 63:2; 64:7; 74:16; 76:1
answers [5]
5:9; 56:18; 57:7; 77:6, 17
anticonvulsants [1]
48:13
anybody [5]
11:25; 17:6; 58:3, 10, 23
anybody's [1]
22:3
anymore [1]
18:20
anyway [1]
5:3
apostrophe [1]
37:14
appear [2]
77:16, 18
appearances [2]
2:8; 3:1
appeared [2]
45:24; 46:18
appears [2]
20:9; 66:7
applicable [1]
32:1
applied [2]
9:18; 31:14
apply [3]
9:6, 23; 10:2
apprised [1]
67:7
approximately [3]
9:5; 16:3; 57:12
approximation [2]
13:7; 16:2
area [6]
1:11; 3:6; 7:22; 68:2; 72:14, 15
arm [1]
24:2
aroused [1]
37:4
arrange [1]
72:7
arrival [2]
23:21; 24:16
arrive [1]
28:14
arrived [1]
44:8
arrow [1]
23:25
arts [1]
2:3
ashen [1]
51:24
asking [8]
16:16; 20:17; 57:18; 62:16; 66:7; 67:6; 74:1
assess [3]
32:23; 44:5; 64:24
assessing [1]
30:8
associated [1]
32:1
associates [2]
1:11; 3:7
assume [10]
9:15; 10:5; 11:15; 14:22; 25:17, 25; 28:11; 30:2; 31:12; 77:6
attachment [1]
81:14
attempt [1]
9:9
attempts [1]
35:1
attend [1]
5:17
attended [1]
5:18
attending [8]
50:3; 54:7; 55:1, 2; 74:17; 75:10; 76:5
attentiveness [2]
36:20, 22
attorney [3]
12:1; 19:15; 71:4
austin [1]
6:15
avenue [1]
2:4
aware [1]
65:17
ayden [11]
1:3; 4:11; 10:22; 11:7, 21, 23; 12:5, 9; 14:6; 20:24; 75:3

*** * B * ***

babies [2]
55:8, 22
baby [34]
25:5; 30:24; 33:8, 13; 35:9, 11; 37:11; 38:7; 39:20; 42:1, 19; 48:13, 16, 21; 49:11; 50:2; 51:9, 21; 52:7; 54:15, 18, 23; 55:16; 64:5, 11, 14, 17, 25; 65:3, 4, 9, 18; 67:16; 75:20
baby's [6]
24:15; 65:25; 66:21, 24; 67:8, 12
bacteria [1]
41:17
bands [1]
41:6
based [6]
27:24; 33:23; 45:3, 25; 46:21; 47:5
basic [1]
27:1
basically [3]
17:12; 18:2; 71:23
basis [2]
42:22; 57:20
battaglia [2]
3:7; 73:17
becoming [1]
9:12
bedside [1]
43:9
believe [18]
18:25; 23:13; 24:4, 6; 26:13; 27:8; 30:9; 32:24; 35:8, 14, 17; 37:17; 50:24; 59:17; 64:23; 66:20; 71:12; 78:11
believed [2]
28:12; 64:15
besides [2]
12:1; 31:13
bilirubin [1]
27:3
birth [2]
35:5, 6
bit [1]
46:18
blasko [1]
3:8
block [2]
75:14, 15
blood [2]
27:2; 41:4
bloodwork [2]
46:4, 20
bluish [1]
52:5
board [3]
17:3, 6; 19:14
bolus [3]
26:8; 42:24; 46:15
box [11]
23:17; 36:20, 25; 37:3; 41:16; 43:13; 44:16; 50:22; 51:7; 52:2, 12
boxes [1]
23:9
boy [2]
4:11, 16
break [14]
56:8; 57:18; 59:3, 4, 5, 9, 14; 62:13, 21; 69:6; 77:18, 21, 23; 78:2
breath [1]
40:18
briefly [2]
12:24; 14:15
brookville [2]
69:1, 2
building [2]
2:4; 3:3
bun [2]
41:9; 46:22

*** * C * ***

call [21]
13:14, 17, 23; 45:1; 53:22, 23, 24; 54:22; 55:8, 11, 14, 21; 56:5; 64:6; 67:11; 68:6; 74:17; 75:10, 12, 24; 76:5
cannula [3]
51:8, 10, 14
capacity [1]
9:4
capillary [6]
39:6, 18, 21, 22, 25; 46:9
capital [1]
37:14
cardiovascular [1]
40:13
care [5]
4:16; 43:24; 55:3; 69:13, 21
carolina [1]
7:2
carrier [1]
7:4
case [34]
11:12; 13:11, 22; 14:1, 14, 15, 18, 21; 15:7; 17:16, 23; 18:18; 19:5, 7, 13, 16, 24; 26:11, 13; 43:12; 55:4; 69:17, 23, 24, 25; 70:3, 10, 13, 19, 22; 71:2, 20; 74:17; 76:13
cases [2]
19:4; 70:16
casey [69]
1:18; 2:9; 3:15, 16; 4:7, 10; 12:16, 25; 15:2, 5; 21:4, 8, 14, 18; 22:3, 10, 17, 23; 25:9; 29:7, 12, 14, 20; 33:22; 34:8; 49:15; 55:25; 57:6, 9; 58:1, 15, 20; 60:7, 11, 15; 61:3, 8, 14, 17; 62:2, 6, 12; 63:9, 17, 21; 65:8, 22; 66:4, 11, 18, 19; 68:14, 20; 71:6, 11; 73:14; 74:1, 6, 15; 75:4, 8, 17, 21, 25; 76:10, 25;

77:4; 78:19; 81:13
categories [1] 23:12
category [1]
37:13
cavanaugh [3]
3:2; 25:5; 73:18
cbc [1]
27:1
cc [3]
26:8, 9
ccs [3]
28:17; 46:13, 15
center [9]
1:11; 2:19, 21; 3:12; 4:14, 21; 7:23; 9:19, 20
certificate [2]
3:17; 79:1
certified [1]
29:2
certify [3]
79:5, 13, 17
chandrasekhar [3]
1:10; 3:2; 11:13
change [1]
80:5
charleston [1]
7:2
chart [8]
14:16; 22:1; 35:14, 15; 48:2, 7; 58:18; 75:23
chatham [1]
2:21
check [4]
36:23; 37:1, 4; 43:7
checked [13]
23:17, 20; 36:17, 21; 37:14, 19, 23; 39:3; 40:13; 44:18; 50:22; 51:7; 52:2
checks [1]
37:20
chemistries [1]
41:7
chief [2]
23:23; 31:3
child [28]
34:15; 35:24; 39:24; 40:5, 11, 12; 42:24, 25; 44:5; 45:5, 6, 24; 46:1, 5, 13, 14, 18; 47:2; 57:5; 64:3; 67:1, 2, 3; 69:14; 71:21, 25; 72:2; 74:2
chloride [1]
41:10
choices [1]
51:24
circle [1]
31:12
circled [8]
31:4; 37:7; 39:4, 5, 11; 44:16; 51:3
circulation [1]
51:23
circumstances [1]
13:22
city [7]
5:18, 19; 6:7, 19, 21; 8:20, 22
civil [2]
1:3; 2:2
class [2]
28:22, 24
clean [1]
5:5
cleared [1]
77:5
clearer [1]
22:4
clearfield [6]
1:1; 7:23; 9:3, 10; 69:4; 70:5
clinical [4]
39:19; 40:8, 10; 44:17
clinically [3]
17:24; 42:25; 45:24
cloudy [3]
41:17, 21, 22
cn [2]
37:14, 21
co-defendants [1]
70:18
co2 [2]
41:10; 46:23
collection [1]
53:17
college [3]
3:9; 5:18; 6:8
coming [2]
10:23; 20:7
commencing [1]
2:4
common [1]
1:1
commonwealth [4]
2:3; 79:1, 4; 80:1
communicated [1]
64:10
communication [1]
12:4
community [2]
7:10; 8:13
competently [1]
64:24
complaint [3]
17:15; 23:24; 31:4
complete [2]
41:3; 60:13
completed [1]
81:16
completion [1]
81:11
complication [1]
71:23
complications [1]
35:6
concern [1]
78:2
concerned [3]
64:13; 77:16, 18
conclude [1]
42:22
concluded [6]
31:14; 32:25; 33:6, 11; 35:4; 78:25
conclusion [3]
37:18; 40:7; 46:22
condition [1]
23:21
confused [2]
74:3; 77:12
confusion [3]
77:5, 7, 14
conjunction [1]
35:25
consider [1]
44:22
considered [1]
34:1
constitutes [1]
79:11
consult [1]
68:7
cont'd [1]
3:1
contact [3]
36:25; 53:19; 55:6
contacts [2]
32:5; 56:22
continue [3]
6:22; 43:13; 60:6
contracted [2]
8:3, 5
contractor [6]
7:21; 8:1; 9:1, 16, 18, 25
contractual [1]
9:23
conversation [6]
14:13; 15:8, 24; 45:11, 15; 78:7
conversations [1]
20:23
convey [2]
15:20; 48:25
copy [5]
21:15; 22:3; 29:15; 81:14, 15
corner [4]
26:21; 27:23; 30:12; 32:17
corporation [3]
8:2; 72:23; 73:4
corrections [2]
80:4; 81:9
correctly [2]
20:20; 44:9
correspondence [1]
12:3
cough [2]
31:6, 10
counsel [7]
1:17; 16:25; 61:23, 24; 79:15, 19; 81:14
counseled [1]
43:20
count [1]
41:4
county [4]
1:1; 70:5; 79:2; 80:1
couple [3]
56:15; 71:15; 73:21
course [2]
66:18; 67:19
court [9]
1:1; 2:3; 3:17; 5:4; 61:4; 70:5, 6; 79:3; 81:19
covering [3]
54:5, 9, 12
cowie [1]
2:20
cranial [1]
37:20
creatinine [1]
41:9
critical [1]
43:24
crossed [2]
33:3; 34:18
cry [3]
34:25; 35:10; 37:7
culture [2]
27:2
current [1]
31:25
curriculum [2]
29:4; 68:16
custom [4]
24:12; 38:16; 45:3; 65:2
cut [2]
22:21; 42:7
cv [2]
29:5; 68:21
cv62 [1]
6:24
cv69 [1]
7:4
cyanotic [1]
51:25

*** * D * ***

d.o. [10]
1:9; 2:1; 4:1; 5:25; 6:6; 8:19; 79:6; 80:2, 21; 81:7
d5 [1]
26:9
daily [2]
57:13, 20
dash [2]
26:8
date [4]
1:11; 36:4; 68:21, 22
dave [1]
29:7
david [4]
2:20; 21:15; 60:9; 81:5
day [6]
30:22; 32:8; 35:21; 36:2; 79:22; 80:23
days [6]
13:8; 20:1; 30:24; 31:18; 45:22; 81:16
december [8]
4:15, 20; 10:24; 11:8, 20; 12:10; 64:14; 66:25
decided [1]
77:23
decipher [2]
35:17; 41:14
decision [1]
27:5
decrease [2]
23:25; 39:6
decreased [3]
31:19; 32:3; 39:21
decreases [1]
39:17
deep [1]
37:23
defendant [12]
2:14, 19; 3:2, 6; 18:15, 20; 69:10; 70:10, 13, 15, 22, 25
defendants [3]
1:13; 11:12; 70:20
deficits [1]
46:12
degree [5]
5:21, 23, 25; 6:6; 8:19
dehydrated [6]
28:3, 12; 35:11; 40:12; 45:24; 46:5
dehydration [7]
26:10; 28:16; 39:16; 44:16; 46:22, 25; 64:16
delay [1]
23:15

delayed [1]
39:25
deletions [1]
80:4
department [7]
7:10; 21:12, 20; 23:3, 9; 43:17; 50:15
deployment [2]
6:25; 7:5
deponent [2]
81:9, 11
deposed [1]
4:18
deposition [20]
1:8, 11, 14; 2:1; 3:22; 4:25; 13:3; 58:8; 69:19; 71:2, 13; 77:22, 24; 79:7, 9, 14; 80:3; 81:7, 9
details [2]
20:23; 76:15
diagnosed [1]
64:16
diagnosis [1]
43:21
diaper [1]
32:4
diarrhea [4]
31:4, 13; 32:3; 45:23
dip [1]
41:18
direction [1]
79:11
directors [3]
17:3, 6; 19:14
disagreement [1]
72:19
discoloration [1]
52:5
discuss [14]
14:1, 6; 16:24; 17:2; 18:4, 8; 48:12, 15, 18; 56:3; 59:3, 4, 8, 11
discussed [18]
11:7, 23; 14:15, 17; 15:3; 16:18; 17:11; 26:11, 13, 18; 27:17; 30:4; 43:12, 14; 46:19; 59:6; 64:1; 78:16
discussing [1]
19:13
discussion [5]
12:14; 21:6; 25:7; 29:18; 71:8
discussions [1]
78:16
disorder [8]
33:4, 7, 12, 24; 34:1, 12, 16, 21
disposition [1]
44:18
distress [3]
36:17; 40:18; 42:12
division [1]
1:3
doan [2]
1:5
doctor [90]
4:8; 5:24; 21:9, 20; 26:11, 14, 18; 27:4; 32:18, 20; 38:15; 43:12, 14, 15; 45:1, 4, 13, 20, 21, 25; 46:4, 6, 10, 12, 17, 20; 47:5, 8, 14, 18; 48:12, 25; 50:1; 52:10; 53:20; 54:2, 8, 9, 11, 13, 18; 55:3, 6, 7, 11, 12, 15, 19, 21; 56:4, 14, 16; 57:1, 3; 58:25; 59:20, 21; 60:6, 20, 21; 61:1, 21; 62:18; 63:3, 15; 65:13; 66:16; 68:16, 21; 70:21; 73:19, 20; 74:18; 75:9, 11, 18, 22, 24; 76:2, 4, 5, 6, 7, 12
doctors [2]
6:9; 11:13
documentation [1]
30:2
documents [1]
20:14
doesn't [1]
61:24
drinking [4]
32:4, 13; 36:1, 2
drive [1]
3:8
drmc [13]
10:3, 8, 12, 15; 11:24; 12:1, 5, 10; 14:10; 17:3; 18:6; 57:10; 73:1
dropped [3]
19:6, 7, 9
dry [2]
39:5, 15
dubois [12]
1:10; 2:3, 4, 19; 3:12; 4:13, 21; 7:22; 9:3, 10, 19, 20
due [1]
52:6
dugas [1]
2:15
duly [2]
4:2; 79:6
duncansville [1]
2:16

*** * E * ***

e-mails [1]
12:3
easily [1]
37:4
east [1]
81:2
eeg [1]
48:18
eighth [1]
81:2
eisenhower [1]
7:4
elasticity [1]
39:15
electrolytes [1]
46:24
elevated [1]
46:23
eliminated [1]
77:7
emergency [33]
7:10, 12, 15, 17; 8:10; 10:6, 9, 16; 21:11, 19; 22:12, 24; 23:3, 8; 29:21; 33:9, 14; 34:2, 4, 20; 38:18; 43:17; 44:4; 50:15; 58:17; 67:3, 4, 9, 16, 24, 25; 68:11; 74:13
emergent [2]
23:10, 13
employed [3]
4:20, 23; 10:3
employee [4]
9:12; 10:2; 79:18, 19
end [3]
53:14; 56:16; 62:9
entity [2]
4:23; 73:8
equal [1]
39:3
equipment [1]
51:1
equipped [1]
64:23
er [21]
10:23; 11:1, 5; 20:7; 21:2; 24:7; 27:14; 38:15; 42:1; 47:21, 25; 51:13, 14, 21; 52:17; 53:14; 64:15; 68:4, 8; 71:25; 72:5
erie [2]
6:9; 81:2
errata [5]
3:18; 81:10, 11, 13, 16
esq [8]
1:18; 2:9, 14, 20; 3:2, 7; 81:5, 13
estimation [1]
51:13
evaluation [1]
46:16
evening [3]
11:2; 33:14; 75:24
everybody [1]
49:5
exact [8]
15:8; 16:1; 18:17; 38:12; 45:2; 53:5, 8; 69:25
exactly [3]
16:14; 45:12; 64:19
exam [14]
23:1; 26:3; 30:18, 21; 36:9, 12; 37:18, 24; 38:2, 4, 6, 11, 22, 24
examination [7]
2:1; 3:15, 16; 4:5; 40:12; 46:8; 73:23
examined [3]
4:3; 40:6; 45:5
examining [2]
30:8; 37:11
exchanged [1]
45:20
excuse [3]
6:14; 39:13; 46:7
exhibit [8]
3:22; 53:18; 56:11; 68:15, 18; 75:15
exhibited [1]
65:18
exhibits [1]
3:21
existed [1]
52:8
existence [1]
70:7
existing [1]
34:2
expect [10]
14:17; 24:9; 27:11; 45:4; 47:4; 48:21; 49:2, 23; 65:17, 23
experiencing [1]
33:8
explain [3]
44:19; 60:8; 77:20
explained [1]
46:8
extent [1]
64:9
extremities [1]
52:6
eye [1]
36:25
eyes [3]
39:4; 46:1

*** * F * ***

facilities [3]
8:4, 8; 9:7
facility [1]
72:10
fact [6]
17:10; 18:24; 38:21; 45:25; 47:9; 51:17
fair [1]
42:16
familiar [2]
38:21; 57:19
family [9]
19:15; 36:6; 43:20; 54:21; 55:18; 56:4; 64:1, 3, 10
fashion [2]
25:18; 77:20
faster [1]
36:17
felt [3]
42:25; 46:18; 76:14
fever [3]
31:6, 9; 71:22
figure [2]
14:23; 64:18
filed [3]
13:12; 15:12; 19:5
fill [2]
43:14, 15
filled [2]
24:6; 27:13
filling [2]
29:25; 46:10
find [2]
46:11; 67:12
finding [4]
39:20; 40:3, 7; 52:7
findings [6]
37:10; 41:3, 8; 46:11, 21
fine [3]
61:25; 62:9, 11
finish [2]
5:6; 60:4
finished [3]
6:7, 20, 25
first [11]
13:20; 19:18; 21:10; 23:3; 26:5; 27:17; 41:3; 54:6; 62:20; 69:7; 79:6
five [2]
70:2; 71:13
floor [3]
1:19; 2:11; 67:11
fluid [5]
35:24; 36:2; 39:24; 42:24; 46:15

fluids [5]
28:10, 15; 46:13, 17; 76:21
follow [1]
21:3
following [3]
5:2; 67:17; 80:3
follows [1]
4:3
foregoing [2]
79:7; 80:2
forgot [1]
29:10
form [15]
24:6; 29:25; 33:25; 34:6; 49:12, 14; 55:23; 57:24; 58:12; 65:6, 20; 66:3; 74:6; 75:4, 17
formal [2]
8:15, 20
forward [1]
81:13
found [8]
19:5; 36:12; 38:7; 39:2; 40:17, 24; 51:18; 76:16
foundation [2]
34:7; 58:19
four [2]
6:7, 20
frame [1]
48:6
frederick [1]
3:7
frick [1]
3:3
front [2]
21:2, 12
full [5]
37:24; 38:2, 6, 10; 64:9
fully [1]
64:24
future [1]
66:9

*** * G * ***

gateway [5]
1:11; 3:6; 18:6; 70:24; 73:6
gather [2]
11:1; 57:13
gave [6]
44:5; 46:6, 13, 15; 71:2, 13
gentlemen [1]
11:20
geographical [1]
72:15
george [7]
1:9; 2:1; 4:1; 79:6; 80:2, 21; 81:7
gets [1]
60:13
give [3]
5:3; 13:7; 16:2
given [7]
42:24; 51:16; 65:2, 16; 69:19; 79:12; 80:3
glucose [3]
41:9; 43:7, 9
goes [1]
42:9
greater [2]
39:6; 40:1
gregory [1]
3:12
group [2]
57:3; 76:3
grout [52]
1:9; 2:14; 11:13; 26:12, 14, 19; 27:4; 43:12, 15; 45:1, 4, 13, 20, 21; 46:1, 4, 6, 10, 12, 17, 20; 47:5, 8, 14, 18; 48:12, 25; 50:1; 53:20; 54:2, 13; 55:3, 6, 11, 12, 19, 21; 58:25; 59:20, 21; 60:20; 63:3; 65:13; 70:21; 74:18; 75:9, 24; 76:4, 7, 12
grout's [1]
55:15
guardians [1]
1:4
guess [2]
5:3; 68:15

*** * H * ***

half [1]
35:18
hallway [1]
77:16
hand [1]
79:21
handwriting [8]
23:4, 6; 31:16; 48:7, 10; 50:7, 17; 53:12
hanging [1]
78:1
happening [3]
19:1; 33:13; 34:3
hartye [1]
2:15
hct [1]
41:5
he'll [1]
16:23
he's [5]
30:24; 36:1; 58:16, 17; 70:23
head [2]
24:2; 31:20
hear [5]
12:17; 61:25; 62:6, 8, 10
heard [1]
19:18
hearing [1]
18:14
heart [2]
39:10; 40:14
heent [1]
39:2
hereby [1]
79:5
herein [1]
79:8
hereof [1]
81:16
hereunto [1]
79:21
hgb [1]
41:5
high [3]
53:3, 6, 7
highlighted [1]
21:16
historian [1]
30:13
history [14]
30:21; 31:3; 32:23, 24; 33:6, 12; 34:13, 15, 17, 21; 36:5, 6; 47:6; 50:21
home [7]
31:20; 32:6, 8; 44:17, 22; 47:6, 10
hope [2]
48:24; 51:9
hospital [36]
2:4; 6:9, 21; 7:2, 11, 23, 24; 8:14; 10:17; 13:2; 43:18; 47:2; 48:2; 49:10, 21; 54:15, 19; 55:20; 62:14; 63:20, 24; 64:4; 69:1, 2, 3, 4, 5; 74:3, 11, 20, 21, 24; 76:9, 18; 77:23
hospitals [4]
7:22; 8:6; 9:2; 73:11
hour [2]
26:10; 50:4
hours [3]
48:6; 49:25; 64:13
hr [1]
26:9
hx [2]
30:18, 21

*** * I * ***

i'd [5]
14:18; 15:6; 16:19; 20:11; 47:1
i've [1]
31:17
i.e. [1]
34:25
identification [2]
56:11; 68:18
identified [3]
75:2, 9, 23
identify [3]
57:4; 69:23, 24
illness [3]
22:13, 25; 31:3
immunizations [1]
36:4
important [1]
5:4
impression [2]
15:21; 44:17
improved [3]
42:19, 23, 25
inc [2]
1:12; 81:1
include [2]
44:13; 47:23
included [2]
47:24; 68:25
incomprehensible [1]
66:6
independence [1]
6:24
independent [7]
7:21, 25; 9:1, 16, 18, 25; 20:12
index [1]
3:21
indicate [2]
23:20; 58:10
indicated [5]
21:23; 24:17; 27:22; 30:17; 43:16
indicates [7]
24:15; 25:17; 29:22; 30:13; 33:25; 42:13; 58:23
indicating [1]
36:21
indicative [1]
46:25
indirectly [1]
79:20
individually [2]
8:4, 5
infant [9]
27:25; 28:3; 30:21; 40:6; 45:22; 46:6; 53:9; 67:2
infant's [1]
75:19
infection [1]
71:21
information [8]
20:9; 22:21; 27:18; 30:14, 23; 31:22; 45:19; 50:25
informed [2]
16:23; 18:11
infusion [1]
28:14
initial [1]
13:22
initials [1]
50:9
inquire [1]
65:11
inquiry [2]
57:2; 65:14
inspection [1]
79:13
institution [1]
17:7
instruct [3]
61:17; 62:2; 67:6
instructions [1]
5:2
intake [1]
45:22
interested [1]
79:20
interesting [1]
9:21
internship [1]
6:11
interpose [1]
61:12
interrupt [1]
16:15
interrupted [1]
61:24
intimately [1]
57:19
introduced [1]
14:14
involved [1]
69:21
involving [1]
69:17
isotonic [1]
28:16
issue [2]
22:4; 59:7

*** * J * ***

jaundice [1]
51:25
job [6]
7:9; 9:10, 11, 20; 55:20;

72:16
johnson [46] 2:20; 3:16; 14:25; 22:7, 16; 29:9, 13; 33:17; 34:5; 49:12; 55:23; 56:13; 57:24; 58:12, 16; 60:4, 10, 12, 18, 24; 61:6, 10, 16, 20; 62:4, 8; 63:8, 14; 65:6, 20; 66:2, 6, 13; 73:20, 25; 74:9, 25; 75:6, 13; 76:23; 78:4, 6, 14, 18, 22; 81:5
jones [1]
81:1

****K****

kansas [7]
5:18, 19; 6:7, 19, 21; 8:20, 22
karen [2]
1:5, 6
keep [5]
5:4; 16:23; 18:11; 29:4; 67:7
kilogram [2]
28:18; 46:14
kilograms [6]
24:22; 25:2, 3, 4, 10; 46:14
kircher [4]
1:22; 2:2; 79:3; 81:19
kk89856 [2]
1:23; 80:25
kline [2]
1:18; 2:10
knowing [1]
40:11
knowledge [1]
65:24
kristina [4]
1:22; 2:2; 79:3; 81:19

****L****

lab [2]
43:20; 46:7
labs [1]
41:2
lacking [1]
34:6
lakeside [1]
6:21
lancaster [13]
7:9, 11, 19, 20; 8:13, 14, 25; 9:7, 9, 24; 72:12, 13, 20
last [5]
20:1; 41:11; 61:22; 66:7; 75:15
lawsuit [15]
4:12; 13:12; 14:21; 15:12, 14, 21, 22; 17:4, 11, 23; 18:15, 20, 22; 69:20; 70:25
lawsuits [3]
69:9, 11, 13
lawyer [4]
59:4, 5, 9; 71:17
leading [1]
74:7
learn [2]
18:24; 28:20
learned [1]
18:19
leave [4]
6:5; 7:18; 67:21; 72:12
leaving [4]
8:25; 9:7, 9, 24
left-hand [3]
30:12; 36:14; 40:23
let's [3]
29:15, 21; 32:16
lethargic [3]
35:11; 37:7; 46:2
lethargy [1]
26:10
letters [1]
24:3
licensure [1]
69:7
life [4]
23:13; 28:21; 29:2; 67:19
lifeflighted [1]
72:4
light [2]
37:20; 39:4
limit [1]
58:21
limited [2]
30:18, 21
line [6]
33:24; 34:12, 14; 59:7; 75:15; 80:5
list [3]
19:4; 38:16; 55:10
liters [1]
51:6
locate [1]
68:10
locust [2]
1:19; 2:10
looks [3]
22:6, 8, 16
loses [1]
39:15
lot [1]
20:16
low [2]
46:24; 53:2
lpd [1]
6:15
lymphs [1]
41:6

****M****

m.d. [4]
1:9, 10; 2:14; 3:2
major [1]
51:1
malpractice [4]
4:12; 69:11, 17, 20
manager [4]
3:12; 13:1; 62:14; 77:22
mark [2]
21:9; 68:14
marked [4]
21:11; 53:17; 56:11; 68:18
mary's [4]
7:23; 9:3, 11; 69:3
matt [2]
56:7, 13
matter [4]
4:17; 14:7; 71:19, 20
matthew [4]
1:18; 2:9; 4:10; 81:13
mcintyre [3]
2:15; 71:5, 10
mcquaide [1]
3:8
mean [17]
9:11; 20:16; 31:1, 9; 32:7; 39:14; 44:2, 11; 45:7; 49:4; 51:5, 7; 52:4; 54:3; 66:9; 75:7; 77:13
meaning [3]
23:25; 59:21; 60:21
means [9]
30:20, 23; 34:11, 14; 39:23, 24; 40:11; 49:5; 51:2
medical [43]
1:11; 2:3, 19; 3:6, 12; 4:12, 14, 21; 5:17, 18; 6:4, 16; 7:23; 8:3, 7, 12, 16, 21; 9:7, 19, 20; 10:11; 11:1, 4, 8, 24; 17:7, 19, 22, 25; 19:21; 38:3, 23; 50:21; 69:6, 10, 16, 20; 72:10; 73:4, 12
medicine [8]
5:19; 6:8; 7:17; 8:10; 10:6, 9; 67:24, 25
meet [2]
13:25; 14:3
meeting [13]
14:9, 12, 20; 15:18, 21, 25; 16:4, 11, 12; 18:4, 8, 12; 19:12
member [1]
19:14
membranes [1]
39:5
mentioned [1]
78:17
merit [1]
15:23
metabolic [1]
27:1
michael [1]
2:14
middle [3]
60:13; 61:11, 21
mind [1]
21:14
minor [1]
1:4
minute [5]
33:15; 39:10; 51:6; 57:17; 60:15
minutes [8]
16:3; 38:13; 43:25; 44:6, 9, 12; 49:25; 59:2
miscellaneous [1]
52:13
mischeck [2]
44:20
misleading [1]
56:18
missed [1]
35:2
missouri [3]
5:20; 6:19, 21
misunderstood [1]
70:17
money [2]
9:25; 72:14
monitor [2]
43:8, 10
monitors [1]
51:1
months [4]
13:9, 10, 11; 58:8
morning [5]
4:8, 9; 20:2; 66:22; 76:3
mother [2]
30:15; 31:23
mottled [3]
51:24; 52:4, 5
move [1]
29:15
moved [1]
39:17
mr [147]
3:15, 16; 4:7; 12:16, 24, 25; 13:1, 14; 14:6, 8, 11, 25; 15:2, 5, 9; 16:6, 23; 17:10; 18:1, 9, 11, 25; 19:6, 12, 22; 21:4, 8, 14, 18; 22:2, 3, 7, 10, 16, 17, 23; 25:5, 9; 29:7, 9, 12, 13, 14, 20; 33:17, 22; 34:5, 8; 49:12, 14, 15; 55:23, 25; 56:7, 13; 57:6, 9, 24; 58:1, 9, 12, 15, 16, 20; 59:11, 13, 16, 17; 60:4, 7, 10, 11, 12, 15, 18, 24; 61:3, 6, 8, 10, 14, 16, 17, 20; 62:2, 4, 6, 8, 12; 63:8, 9, 14, 17, 21; 65:6, 8, 20, 22; 66:2, 4, 6, 11, 13, 18, 19; 68:14, 20; 71:6, 10, 11; 73:14, 16, 17, 18, 20, 25; 74:1, 6, 9, 15, 25; 75:4, 6, 8, 13, 17, 21, 25; 76:10, 23, 25; 77:4, 16, 25; 78:3, 4, 6, 7, 9, 14, 15, 17, 18, 19, 21, 22
mucous [1]
39:5
myself [3]
14:8; 30:1; 44:15

****N****

nailbed [1]
46:10
name [3]
4:10; 69:25; 75:16
named [3]
4:11; 15:11; 18:15
nasal [3]
51:8, 10, 14
natural [1]
1:4
naval [1]
7:1
navy [1]
6:15
nc [1]
51:7
nearest [1]
68:4
needle [2]
34:25; 35:10
needs [1]
30:9
neonatologist [4]
47:9; 50:1; 53:23; 64:18
nerves [1]
37:20
neuro [1]
37:13
neuro-exam [1]
38:17
neuroimaging [1]
48:15
neurological [7]
37:24; 38:2, 4, 6, 10, 22; 46:12

neurologically [1]
38:7
neurologist [1]
68:11
night [5]
10:23; 20:21; 55:21; 64:21; 76:5
non-waiver [2]
3:18; 81:8
noncorrect [1]
50:22
nonurgent [2]
23:11, 15
normal [9]
26:7, 9; 36:22; 37:14; 40:1, 14, 18; 51:24; 53:4
north [1]
2:15
nose [1]
32:3
notarized [1]
81:12
notary [5]
1:23; 2:3; 79:4, 25; 80:24
note [7]
26:5; 36:1; 42:18; 43:5; 44:8; 52:17; 65:16
noted [1]
81:9
notes [2]
16:4; 41:2
notice [2]
3:18; 81:8
nowhere [1]
10:19
ns [1]
26:7
number [8]
22:8; 28:17; 41:11, 15; 43:25; 51:3; 53:5, 7
nurse [11]
24:7; 25:23; 27:14, 18; 32:13; 36:1; 50:7, 19, 21; 67:7
nurses [2]
20:24; 44:13

* * O * *

o'clock [1]
48:6
o2 [1]
24:20
oath [5]
59:14, 19, 24; 60:19; 62:21
object [9]
34:5; 49:12, 14; 55:23; 57:24; 58:12; 65:6, 20; 66:3
objection [6]
74:6, 15; 75:4, 8, 17, 25
obtained [1]
31:23
obviously [2]
10:15; 61:23
october [5]
1:12; 2:4; 79:23; 80:3; 81:4
office [9]
10:13, 20; 14:10; 18:1; 19:13, 22; 32:21; 43:17; 79:22
officer [1]
6:16
oh [2]
52:18; 62:23
okay [24]
5:15, 16; 16:20; 20:1; 21:17; 25:4; 26:17; 30:2; 33:23; 35:12; 42:15; 44:11; 47:17, 23; 52:11, 16; 53:14; 54:14; 58:2; 59:13, 19; 62:19; 65:23; 67:15
old [2]
2:15; 30:24
one-fourth [1]
26:9
one-half [2]
35:21; 36:2
one-year [1]
6:10
ones [1]
25:15
opportunity [1]
72:17
opposed [1]
53:20
order [6]
27:5, 12, 21; 47:20; 48:1, 5
ordered [8]
26:17, 22; 27:5, 22, 24; 28:10, 11; 46:4
ordering [1]
25:19
orders [8]
43:22; 45:6; 47:1, 24; 64:16; 74:22, 23; 76:20
organomegaly [1]
40:21
original [5]
22:1, 18; 41:13; 81:13, 14
osteopath [1]
5:24
osteopathic [3]
5:19; 6:8, 9
ounce [3]
35:20, 21; 36:2
ounces [1]
25:1
outcome [1]
18:2
outside [3]
10:12; 72:24
overlap [1]
5:9
overnight [2]
48:6; 64:13
ox [3]
41:23; 42:1, 9
oximeter [1]
52:19
oximetry [2]
42:2, 10
oxygen [3]
51:3, 10, 15

* * P * *

pa [7]
1:20; 2:11, 16, 21; 3:4, 9; 81:2
page [30]
21:10, 11, 19; 22:9; 23:3, 4; 25:13, 16; 26:6; 27:17; 29:15, 16; 30:5; 32:11; 35:16; 36:8, 14; 40:24; 50:5, 10, 14, 16, 17, 25; 51:23; 52:10, 16; 53:10, 11; 80:5
pages [4]
22:22; 27:11; 30:10; 80:3
pain [1]
24:20
pale [3]
24:5; 51:24; 52:2
palmer [19]
1:9; 2:1; 4:1, 8; 21:9, 10, 20; 52:11; 54:18; 56:14; 59:21; 60:21; 61:21; 62:18; 63:4; 79:6; 80:2, 21; 81:7
palmer's [2]
56:16; 68:16
pardon [1]
61:3
parents [3]
1:4; 4:12; 20:25
part [4]
37:17; 57:13; 77:8, 14
participate [2]
12:8; 27:4
participated [2]
12:22; 25:18
parties [2]
79:15, 18
party [2]
1:14, 17
patient [58]
12:23; 18:4; 20:6; 23:14, 16; 24:10; 25:20; 26:18, 23; 27:9; 28:10, 12; 30:8, 9, 15; 32:2; 38:24; 39:24; 42:8; 43:16; 44:3, 7, 22; 47:20; 51:16; 55:15; 56:21, 24; 57:15, 23; 58:4, 11, 24; 59:1, 15, 22; 60:2, 22; 63:4, 19, 20, 23; 65:13; 66:8; 67:17; 68:7, 11; 69:17, 21; 74:13, 14, 19, 24; 75:1; 76:8, 17, 18
patient's [2]
23:20; 30:15
patients [5]
10:13, 18; 20:16, 18; 38:18
pediatric [10]
22:13, 25; 28:21; 29:2; 42:8; 67:25; 68:4, 10; 69:17, 21
pediatrician [3]
53:23; 54:4; 57:4
pediatrics [5]
18:6; 67:19, 21, 22; 70:16
peer [2]
12:8, 22
pending [3]
33:16; 63:7, 10
pennsylvania [9]
1:1; 2:2, 3, 4; 6:10; 7:9; 79:1, 5; 80:1
people [3]
55:20; 72:20
percent [7]
26:8; 41:23, 25; 42:2, 3, 7; 52:20
period [5]
4:16; 19:25; 31:19; 44:6
peripheral [1]
40:14
perrl [1]
39:3
person [5]
12:5; 17:2; 18:5, 9; 30:14
personally [1]
11:15
persons [2]
27:15; 70:19
phelpsburg [1]
69:5
philadelphia [2]
1:20; 2:11
phone [3]
13:23; 59:20; 76:13
physical [4]
36:8, 12; 37:18; 46:8
physically [1]
10:15
physician [28]
22:12; 25:25; 26:14, 15; 29:22; 30:3; 48:22; 51:13; 53:22; 54:22; 55:2; 56:23; 61:11; 64:6; 65:12; 68:4, 6; 74:19; 75:2, 9, 10, 12, 18, 19, 23
physician's [2]
22:25; 56:25
physicians [2]
11:11; 68:2
pin [1]
22:4
pittsburgh [3]
2:21; 3:4; 72:4
place [3]
14:9; 15:25; 79:8
placed [1]
13:23
places [1]
9:13
plaintiff's [1]
71:17
plaintiffs [4]
1:7, 15; 2:1, 9
platelets [1]
41:5
pleas [1]
1:1
please [18]
6:22; 21:3; 25:15; 26:5; 33:10; 36:13; 41:2, 8; 45:17; 68:25; 69:23, 24; 76:7; 78:23; 81:9, 13, 16
plus [1]
41:17
point [10]
8:18; 13:25; 18:19; 25:1; 35:3; 39:20; 41:11; 52:23; 65:5, 11
poor [7]
39:12, 13; 42:13, 15; 45:22; 46:2; 52:6
position [1]
9:6
possession [1]
81:14
potassium [1]
41:10
potentially [1]
56:18
pounds [2]
25:1, 10
practice [12]
10:9; 18:6; 24:12; 38:16; 45:3; 57:14; 65:3; 70:25; 73:4, 6, 12; 75:11
practices [1]
10:11
practicing [4]

7:17; 8:13; 10:6; 69:7
preceding [1]
81:10
predict [1]
66:9
predictor [1]
42:15
premature [1]
35:5
presence [1]
31:3
present [3]
3:11; 13:2; 14:5
presented [1]
76:13
presenting [1]
42:11
presently [2]
69:1, 10
previous [2]
30:4; 61:13
printing [1]
79:10
prior [4]
26:14; 30:3; 58:7; 69:19
privileges [8]
54:14; 56:21; 59:18; 72:9; 73:10; 74:10; 78:12, 18
privy [1]
66:20
problems [3]
34:24; 35:4, 13
procedure [2]
2:2; 34:25
proceedings [2]
56:10; 78:25
process [1]
30:8
professional [4]
8:2; 72:19, 23; 73:3
profile [1]
27:1
profusion [5]
39:23, 24; 42:13, 15; 52:6
progress [2]
41:2; 50:7
prolonged [1]
39:22
prompted [1]
28:1
proper [2]
34:7; 63:11
provided [3]
69:14; 77:6, 17
provider [1]
11:25
providers [2]
4:15; 11:8
providing [1]
8:8
proximity [1]
32:12
public [5]
1:23; 2:3; 79:4, 25; 80:24
pulse [10]
24:16; 39:11; 40:3; 41:23, 25; 42:2, 9, 10; 52:19
pulses [1]
40:15
pupils [2]
37:19; 39:3
purpose [1]
56:23
pursued [1]
6:18
putting [2]
33:24; 76:19
pyelonephritis [1]
71:22

*** * Q * ***

question [52]
5:7, 11, 13; 12:17; 14:19; 15:1; 16:16; 33:16, 18, 19, 20, 21; 34:6; 45:14; 49:13; 55:24; 57:25; 58:13; 60:7, 8, 19, 25; 61:1, 2, 5, 12, 15, 18, 19, 22; 62:1, 3, 5, 10, 11, 17, 18, 20; 63:7, 9, 10, 15; 65:7, 21; 66:3, 14, 15, 23; 72:25; 73:2
questioning [2]
56:14; 59:8
questions [15]
5:8; 56:19; 57:7, 17; 59:14; 60:16; 62:24; 63:12; 73:15, 16, 17, 21; 74:1, 4; 76:24
quote [1]
32:21

*** * R * ***

range [2]
42:6; 53:4
rapid [1]
40:9
rarity [1]
3:7
rash [2]
32:4, 5
rate [1]
28:15
re [1]
81:7
re-examination [2]
3:16; 77:2
reach [1]
37:18
reactive [1]
39:3
reactivity [1]
37:19
read [19]
12:20; 22:20, 21; 23:23; 26:5; 30:19; 31:16; 32:18; 41:3, 7; 48:4; 50:24; 52:12, 15; 78:22; 80:2, 5; 81:9
reading [2]
31:17; 79:13
reason [5]
9:21, 23; 57:2; 72:16; 80:5
reasons [1]
72:13
recall [22]
13:6; 14:13; 15:8, 24; 16:17; 18:13, 14, 17; 19:24; 27:10; 35:15; 45:2, 12; 47:16, 17; 49:1, 22, 24; 65:15; 68:9, 13; 71:14
receipt [1]
81:16
receive [4]
5:21, 23; 8:11, 14
received [4]
4:16; 6:5; 12:3; 30:14
receiving [1]
8:19
recently [2]
20:1; 32:17
recess [1]
56:10
recognize [5]
23:6; 25:12, 22; 50:9, 12
recollection [4]
10:22; 20:6, 12; 48:13
record [28]
1:17; 12:14, 20; 21:2, 4, 6, 12, 20; 22:12, 25; 23:3, 9; 24:10; 25:7; 29:16, 18, 22; 30:10; 35:9; 43:3, 4; 48:5; 50:5, 16; 61:20; 71:6, 8; 79:11
recorded [5]
27:18; 31:25; 38:23; 47:21; 79:9
recordings [1]
36:13
records [29]
11:2, 4, 5, 6; 17:19, 22, 25; 19:22, 23; 20:10, 18; 22:18; 28:7; 38:23; 41:13; 47:21, 25; 53:14, 17; 57:22; 58:2, 6, 10, 13, 15, 17, 19, 21, 22
reduced [1]
79:10
reference [2]
1:23; 80:25
referring [3]
35:23; 58:13, 15
refill [5]
39:6, 18, 21, 22, 25
reflect [1]
61:21
reflexes [1]
37:23
regard [3]
57:1; 74:3; 75:1
regarding [11]
12:23; 40:7; 43:20; 57:3; 65:12, 24; 68:7; 74:2, 4; 76:8; 78:11
regional [8]
1:10; 2:19; 3:12; 4:13, 21; 7:22; 9:19, 20
reiterate [1]
61:13
relate [1]
69:13
related [1]
51:17
relation [2]
4:15; 15:14
relative [2]
79:17, 18
relayed [1]
47:8
relevant [5]
32:10, 25; 33:7, 12; 34:3
remember [18]
13:18, 20; 14:11; 16:9, 11, 14, 17; 17:9; 19:10; 20:23; 28:7; 45:11, 14, 17, 19; 47:14; 69:25; 71:17
repeat [2]
33:10; 58:5
rephrase [2]
5:14; 33:19
report [5]
25:25; 26:15, 16; 30:4
reported [2]
1:22; 47:10
reporter [7]
2:3; 3:17; 5:4; 12:20; 61:4; 79:3; 81:19
reporters [1]
81:1
reporting [2]
24:1, 2
represent [1]
4:11
represented [1]
16:25
required [1]
28:25
residency [2]
6:19; 8:22
respect [1]
43:1
respective [1]
79:15
respects [1]
80:19
respirations [6]
24:17; 51:18; 52:19, 22; 53:7, 8
respiratory [3]
40:17, 18; 42:12
respond [2]
54:10; 62:3
responding [1]
62:4
response [1]
56:19
responsive [1]
63:15
rest [4]
35:16; 50:5, 24; 61:25
restate [1]
5:12
result [1]
16:12
results [2]
43:21; 46:20
resume [2]
29:5; 56:13
return [1]
81:16
review [4]
12:8, 22; 17:15; 19:22
reviewed [6]
18:1; 20:3; 25:18; 58:7, 17, 22
reviewing [1]
19:21
rhodes [1]
2:20
richard [2]
1:9; 2:14
right [54]
1:6; 5:9; 7:18; 8:7; 14:22; 16:15, 22; 20:5, 21, 25; 21:9, 16, 17, 19, 24; 23:1, 21; 24:1, 15, 23; 25:2; 26:1; 27:19; 29:21; 30:7, 12; 31:7, 22; 32:11; 36:8; 37:5, 15; 40:17, 24; 41:1, 12; 42:18; 43:24; 44:11; 45:7, 14; 49:6; 50:15; 52:2, 20; 53:10, 12, 15; 56:1, 5; 70:11, 18; 71:12; 77:12

right-hand [6]
26:21; 27:22; 32:16; 41:1, 15; 50:9
risk [4]
3:12; 13:1; 62:14; 77:22
robert [1]
71:5
room [22]
7:12, 15; 10:16; 13:2; 14:5; 23:1; 33:9, 14; 34:2, 4, 20; 38:18; 42:2, 3; 44:4; 58:17; 67:3, 4, 9, 16; 68:12; 74:13
rotating [1]
6:10
route [1]
2:15
routinely [2]
51:16, 20
rules [1]
2:2
runny [1]
32:3

*** * S * ***

s-e-c [1]
24:4
saline [2]
26:7, 9
sallow [1]
51:24
saturation [1]
24:21
saturations [1]
51:10
saying [3]
14:11; 47:14; 63:19
scale [1]
24:20
schmitt [1]
2:15
school [3]
5:17, 18; 81:1
scored [1]
24:18
se [1]
73:12
seal [1]
79:22
sec [1]
31:21
second [5]
7:14; 21:4, 24:4; 48:8; 60:16
secondary [1]
26:10
secondly [1]
57:1
seconds [3]
24:4; 31:21; 39:7
secretary [7]
53:21; 54:3, 6, 10; 55:7; 76:2, 4
segs [1]
41:6
seizure [15]
24:2; 31:18, 20, 21; 33:4, 7, 12, 24; 34:1, 12, 15, 21; 47:6, 10, 12
send [1]
81:14
sending [1]
44:22
sensitivity [1]
27:2
septic [1]
72:3
serious [1]
52:7
service [1]
56:25
services [3]
8:3, 5, 7
seven [2]
51:23; 57:12
seventeen [1]
31:18
shaffer [2]
1:5, 6
shaffer-doan [10]
1:3; 4:11; 10:23; 11:7, 21, 23; 12:6, 9; 14:6; 75:3
shaffer-doan's [1]
20:24
shallow [2]
24:18; 51:18
shared [1]
78:17
sheet [6]
3:18; 48:1; 81:10, 11, 13, 16
ship [1]
6:14
ship's [1]
6:24
shock [1]
72:3
siar [12]
32:20; 54:8, 9, 11; 55:19; 57:2, 3; 75:16, 18, 22; 76:5, 6
siar's [2]
75:11; 76:3
sick [3]
32:5, 6, 8
sign [1]
55:1
signature [6]
3:18; 25:16, 22; 50:12; 81:8, 11
signatures [1]
25:12
signed [2]
44:24; 81:13
significance [6]
23:8, 12; 39:19; 40:8, 10; 41:25
significant [4]
33:1; 35:8; 36:5; 40:24
signify [1]
75:16
signing [1]
79:14
signs [1]
76:21
sir [44]
4:23; 5:17; 12:17, 18; 14:23; 16:21; 17:9; 19:23; 20:14; 21:13; 22:24; 26:1; 27:21; 28:19; 34:10, 11; 36:11; 38:1; 39:13; 42:14, 17; 45:18; 47:22; 49:23; 51:4; 52:18; 57:10; 58:21; 59:2, 6; 60:3, 19; 62:13, 23; 63:6; 66:20; 68:25; 69:23, 24; 71:1, 16; 77:8, 25; 78:14
situation [1]
54:13
skin [6]
32:4; 39:11, 12, 13, 15; 46:2
skipped [1]
13:9
slash [13]
26:9; 30:18; 31:6, 18, 20; 32:17, 20, 21; 37:3; 39:10; 51:1
sleeping [1]
37:3
slightly [4]
41:17, 19, 21, 22
social [1]
36:5
sodium [1]
41:9
solution [1]
28:17
somebody [1]
53:20
somewhere [1]
35:15
sorry [11]
24:23; 34:10; 41:20; 43:11; 52:18; 53:4; 54:5; 58:5; 62:16; 69:2; 70:17
sosnowski [5]
2:14; 49:14; 56:7; 73:16; 78:21
sounds [2]
40:14, 18
south [1]
7:2
speak [8]
13:5, 14, 21; 15:10, 15; 61:6, 7; 77:23
speaking [3]
17:24; 55:6; 61:23
specifically [1]
65:12
specified [1]
38:2
specter [2]
1:18; 2:10
spend [1]
10:17
spent [1]
7:1
spoke [1]
45:13
spoken [1]
11:19
square [1]
81:1
ss [1]
79:2
st [4]
7:23; 9:3, 11; 69:3
stable [1]
38:8
stand [1]
57:7
start [1]
32:16
started [1]
69:7
state [2]
3:9; 28:16
stated [1]
79:8
states [1]
6:15
stating [1]
44:9
stenographically [1]
79:10
step-by-step [1]
30:7
steps [4]
38:17, 22; 57:14; 67:15
stomach [1]
32:21
stools [1]
45:23
stop [5]
7:14; 60:10, 11, 24; 61:11
stopped [1]
60:12
straight [1]
77:10
street [5]
1:19; 2:10; 61:7, 9; 81:2
strike [2]
60:24; 61:4
strong [1]
40:14
studies [7]
25:19; 26:22, 25; 27:5, 21, 24; 28:2
subject [4]
15:3; 19:19; 71:19
subscribed [1]
80:22
subspecialty [1]
67:24
substance [1]
16:18
sued [1]
69:16
suggest [2]
36:15; 49:20
suggested [1]
47:23
suggestions [1]
47:19
sundar [2]
1:10; 3:2
sunken [3]
39:4; 46:1
supplement [1]
51:15
support [3]
28:21; 29:2; 67:19
surgeon [1]
6:24
surgery [3]
6:18, 20; 8:21
suspicion [1]
47:5
sworn [3]
4:2; 79:6; 80:22
symptoms [10]
32:1; 65:18, 25; 66:21, 24; 67:1, 5, 8, 12
systems [1]
40:14

*** * T * ***

takes [4]
7:6, 7; 38:13; 55:3
talk [3]
12:11; 29:21; 76:8
talked [4]

12:23; 19:15; 62:13; 76:12
talking [10]
14:24; 16:7; 20:8; 45:18, 25; 70:3; 72:24; 77:21, 25
telling [3]
55:14; 59:25; 60:22
temperature [1]
24:16
ten [1]
7:12
tendon [1]
37:23
tense [1]
31:18
tensed [1]
24:3
terminated [1]
72:9
terms [2]
49:25; 67:16
terry [1]
3:2
tested [1]
37:15
testified [1]
4:3
testify [2]
62:14; 79:7
testimony [5]
56:17; 57:23; 70:9; 77:13; 79:12
tests [1]
48:19
textbook [1]
38:3
thank [5]
29:12; 73:15, 19; 76:23; 78:19
there's [11]
30:18; 33:16; 36:20, 25; 37:3; 43:13; 58:6, 9, 18; 63:7; 68:3
they're [1]
42:10
thinking [1]
64:20
third [1]
23:11
thirty [2]
44:1; 81:16
thomson [1]
2:20
threatening [1]
23:13
three [4]
23:9; 27:14; 31:21; 72:13
thursday [3]
1:12; 2:4; 80:3
times [3]
27:2; 31:21; 44:4
timothy [2]
1:5
today's [1]
68:22
tonight [4]
53:22; 54:9, 11; 76:3
total [1]
27:3
tract [1]
71:21
training [7]
6:4; 8:12, 15, 16, 21; 64:23; 67:20
transcript [4]
1:8; 80:19; 81:9, 14
transcription [1]
5:5
transfer [1]
72:7
transpired [1]
20:21
treated [3]
32:17; 45:5; 76:17
treating [1]
46:5
treatment [1]
46:17
triage [5]
25:22; 27:13, 18; 50:19, 21
true [2]
79:11; 80:19
truth [3]
59:25; 60:23; 79:7
truthful [1]
63:5
truthfully [4]
62:15, 25; 63:2; 64:7
turgor [4]
39:11, 12, 13; 46:2
two-way [2]
61:7, 9
two-year [1]
32:5
two-year-old [1]
32:7
typewritten [1]
20:13
typically [1]
38:23

*** * U * ***

ua [1]
41:14
unacceptable [1]
42:6
underneath [1]
31:17
understand [24]
4:17; 5:11, 13; 8:1; 10:1; 11:11, 18; 14:17; 17:12; 20:8; 32:12; 33:17, 19, 21; 35:16; 55:5; 62:20, 22; 65:21; 66:2, 4, 13, 15, 23
understandable [1]
5:15
understanding [3]
8:18; 20:20; 65:2
unit [7]
53:21; 54:3, 6, 10; 55:6; 76:2, 4
united [1]
6:15
university [1]
3:8
unquote [1]
32:22
upper [4]
26:21; 27:22; 30:12; 32:16
urgent [4]
23:10, 14, 17
urinalysis [1]
27:1
urinary [1]
71:21
urine [1]
27:1
uss [3]
6:15, 23; 7:4
utero [1]
35:4

*** * V * ***

verbatim [3]
16:17; 45:12, 18
virus [1]
32:21
vitae [2]
29:4; 68:16
vital [1]
76:21
volpe [29]
3:12; 12:24; 13:1, 14; 14:6, 8, 11; 15:9; 16:6, 23; 17:10; 18:1, 9, 11, 25; 19:6; 22:2; 58:9; 59:11, 13, 16, 17; 77:16, 25; 78:3, 7, 9, 15, 17
volpe's [2]
19:12, 22
volume [1]
28:14
vs [1]
1:8

*** * W * ***

w.j. [1]
75:16
wait [3]
60:15; 61:3, 6
waited [1]
9:22
waived [1]
79:14
wanted [4]
10:1; 35:3; 56:14; 63:22
wbc [1]
41:5
we'll [1]
41:12
we're [4]
50:6; 52:11; 53:11; 70:3
we've [3]
27:11, 17; 53:17
weak [1]
37:7
weeks [1]
13:8
weighed [1]
46:14
weight [1]
24:21
weren't [2]
18:19; 70:15
what's [4]
20:12, 17; 30:17; 52:12
whatsoever [3]
65:24; 67:15, 20
whenever [1]
49:8
whereof [1]
79:21
white [1]
3:3
who's [3]
54:7; 55:7
whoever [3]
54:12; 55:21; 74:19
williams [1]
3:3
williamsport [1]
69:4
wish [1]
80:3
withdraw [1]
73:2
witness [8]
2:1; 22:20; 62:3; 66:17; 79:5, 12, 16, 21
won't [1]
36:1
word [2]
47:12; 52:4
words [4]
10:12; 15:22; 20:8; 45:13
worked [5]
7:11, 15, 21; 9:1; 72:21
working [4]
57:10; 69:1, 3, 5
worry [1]
42:8
write [2]
43:5; 74:23
writing [8]
16:6; 23:7; 25:25; 26:14, 15; 30:3; 32:12; 44:8
written [14]
12:4; 20:13, 18; 23:23; 30:22; 32:18; 34:23; 35:17; 39:8; 40:4; 41:14, 18, 20; 43:25
wrong [1]
63:17
wrote [4]
35:14; 43:21; 45:6; 47:1

*** * X * ***

x-rays [1]
41:2

*** * Y * ***

yeah [3]
52:18; 62:18; 63:23
year [10]
6:2, 3, 16, 25; 7:6; 9:5, 16, 22; 28:25; 29:1
years [12]
6:7, 20; 7:12; 8:9; 9:4; 13:9; 29:1; 57:11, 12; 70:2; 71:13, 15
yep [1]
29:13
yes-or-no [2]
61:15, 19
yesterday [2]
32:6, 20
you've [22]
10:3, 5; 17:13; 19:18; 25:17; 31:4, 25; 32:18; 33:3; 34:23; 35:17; 36:17; 37:13; 39:8; 40:4, 13; 41:20; 43:20; 44:16; 48:4, 8; 57:10
yourself [10]
27:13, 19; 44:12; 49:10; 54:16; 58:3, 7, 10, 23; 60:21

Z

zero [2]
24:20; 26:7

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the within SUPPLEMENTAL MOTION FOR PARTIAL SUMMARY JUDGMENT WITH RESPECT TO THE CLAIMED OSTENSIBLE AGENCY OF DR. GROUT AND DR. CHANDRASEKHAR was served upon all counsel of record by United States, first class, postage pre-paid mail this 5th day of February, 2007:

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

Terry Cavanaugh, Esquire
White & Williams
437 Grant Street, Suite 1001
Pittsburgh, PA 15219

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

THOMSON, RHODES & COWIE, P.C.

By _____
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 _____, 2007, it is hereby ORDERED that the Motion for Partial Summary Judgment of DuBois Regional Medical Center with respect to the issue of the ostensible agency of Dr. Grout and Dr. Chandrasekhar is granted. It is determined by the court as a matter of law that Dr. Grout and Dr. Chandrasekhar were not the ostensible agents of the hospital.

BY THE COURT

_____ J.

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

AYDEN SHAFFER-DOAN, a minor by his parents and natural guardian, TIMOTHY DOAN and KAREN SHAFFER	:	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 FILED ON BEHALF OF PLAINTIFFS
	:	**KLINE & SPECTER,** A Professional Corporation 19th Floor 1525 Locust Street Philadelphia, PA 19102 (215) 772-1000

PRAECIPE TO AMEND CAPTION

TO THE PROTHONOTARY:

Pursuant to the oral motion of the plaintiff and oral order of The Honorable John K. Reilly, Jr., the caption should be amended as is shown in Exhibit "A" which is attached hereto.

KLINE & SPECTER
A Professional Corporation

By: _____
Shanin Specter, Esquire
Marcia Rosenbaum, Esquire
Leon Aussprung, Esquire
Attorneys for Plaintiffs

Date: February 5, 2007

FILED NO CC
02:17 BY
FEB 07 2007 GK

William A. Shaw
Prothonotary/Clerk of Courts

Exhibit "A"

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

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardian, TIMOTHY DOAN and KAREN SHAFFER Plaintiffs, vs. RICHARD GROUT, M.D., SUNDAR CHANDRASEKHAR, M.D., DUBOIS REGIONAL MEDICAL CENTER and GATEWAY AREA MEDICAL ASSOCIATES, INC.	:	NO.: 05-418-CD JURY TRIAL DEMANDED COUNSEL OF RECORD FOR PLAINTIFFS: SHANIN SPECTER, ESQUIRE ID. NO.: 40928 MARCIA F. ROSENBAUM, ESQUIRE ID. NO.: 46832 LEON AUSSPRUNG, ESQUIRE ID. NO.: 80183 FILED ON BEHALF OF PLAINTIFFS **KLINE & SPECTER,** A Professional Corporation 19th Floor 1525 Locust Street Philadelphia, PA 19102 (215) 772-1000

CERTIFICATE OF SERVICE

I, Diane Grimmie, Legal Assistant, certify that on February 5, 2007, a true and correct copy of Plaintiffs' Praecipe to Amend Caption was served via First Class Mail upon the following counsel:

Terry C. Cavanaugh, Esquire
White & Williams, LLP
The Frick Building
437 Grant Street, Suite 1001
Pittsburgh, PA 15219
(Counsel for Defendant Sundar Chandrasekhar, M.D.)

David R. Johnson, Esquire
Thomson, Rhodes & Cowie, P.C.
Firm #720
1010 Two Chatham Center
Pittsburgh, PA 15219
(Counsel for Defendant DuBois Regional Medical Center)

John W. Blasko, Esquire
McQuaide Blasko
811 University Drive
State College, PA 16801
(Counsel for Defendant Gateway Area Medical Associates, Inc.)

Michael A. Sosnowski, Esquire
McIntyre, Dugas, Hartye & Schmitt
P.O. Box 533
Hollidaysburg, PA 16648
(Counsel for Richard Grout, M.D.)

Diane Grimmie

UA

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 8th day of February, 2007, the Court being in receipt and having reviewed the Supplemental Motion for Partial Summary Judgment with Respect to the Claimed Ostensible Agency of Dr. Grout and Dr. Chandrasekhar, it is the ORDER of this Court that argument on said Motion shall be heard by Judge John K. Reilly, Jr. at 9:00 a.m. on February 20, 2007 prior to the commencement of civil trial in above-captioned case.

BY THE COURT,

Fredric J. Ammerman

FREDRIC J. AMMERMAN
President Judge

FILED

FEB 09 2007
01:30(w)
William A. Shaw
Prothonotary/Clerk of Courts

CERT TO JOHNSON
SPECTER
BLASKO
CAVANAUGH
SOSNOWSKI
MASON

GR

DATE: 2-9-07

____ You are responsible for serving all appropriate parties.

X The Prothonotary's office has provided service to the following parties:

____ Plaintiff(s) X Plaintiff(s) Attorney ____ Other

____ Defendant(s) X Defendant(s) Attorney S

____ Special Instructions:

FILED

FEB 09 2007

William A. Shaw
Prothonotary/Clerk of Courts

UA

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, et al, Plaintiffs	*	NO. 05-418-CD
vs.	*	
RICHARD GROUT, M.D., et al, Defendants	*	

ORDER

NOW, this 13th day of June, 2007, it is hereby ORDERED that the Prothonotary shall file the Department of Public Welfare's Motion to Vacate and Intervene.

BY THE COURT,

FREDRIC J. AMMERMAN
President Judge

FILED
0/8:45cm
JUN 14 2007
William A. Shaw
Prothonotary/Clerk of Courts

(6x) ICC Attys:
S. Specter
M. Casey
L. Aussprung
M. Rosenbaum
D. Mason
M. Sosnowski
T. Cavanaugh
B. Johnson
J. Blasko

DATE: 6-14-07

FILED

JUN 14 2007

William A. Shaw
Prothonotary/Clerk of Courts

____You are responsible for serving all appropriate parties.

X The Prothonotay's office has provided service to the following parties:

____Plaintiff(s) X Plaintiff(s) Attorney ____ Other

____ Defendant(s) X Defendant(s) Attorney

Special Instructions:

FILED no cc
m 9:11 a.m.
JUN 11 2007
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 et. al.	:	CIVIL DIVISION
Plaintiffs	:	No. 05-418CD
vs.	:	
RICHARD GROUT, M.D.et. al.	:	
Defendants	:	

DEPARTMENT OF PUBLIC WELFARE'S MOTION TO
VACATE SETTLEMENT AND INTERVENE

The COMMONWEALTH OF PENNSYLVANIA, DEPARTMENT OF PUBLIC WELFARE (DPW) hereby moves this Honorable Court to VACATE its Order dated April 23, 2007 approving a minor's settlement in this matter and approving a special needs trust for the minor. DPW also moves to INTERVENE in this matter. In support of this motion, DPW avers as follows:

1. On February 8, 2007, the parties settled the above referenced minor's action subject to court approval. Such approval was granted on April 23, 2007.

2. DPW was not given an opportunity to participate in the settlement negotiations.

3. The Court order approving the settlement directed the escrow of the sum of $47,392.01 pending resolution of all claims with DPW.

4. DPW has endeavored to resolve its dispute with the Plaintiffs regarding its claim. However, Plaintiffs refuse to reimburse DPW.

5. Plaintiffs contend that the settlement cannot be used to satisfy DPW's claims because this Court allegedly struck all claims for medical expenses up to age 18 from this case. However, this Court did not strike such claims from this case, but only ruled that the parents' could not assert them. Plaintiffs expressly argued that the minor could assert such claims and the Court made no ruling on that argument.

6. Plaintiffs also explicitly represented to this Court that a valid MA lien existed against the minor's claim. Plaintiffs wrote in their brief to the Court that "[e]ven in the circumstances when the Department of Public Welfare does not pursue its independent right to recover monies from the responsible third party, when the beneficiary (i.e. the minor) prosecutes such a claim, the Pennsylvania Department of Public Welfare retains the right of a primary lien against any judgment or award." Plaintiff's Memorandum of Law, p. 12.

7. Plaintiffs also indemnified Defendants against DPW's claims as part of the settlement. Defendants therefore paid to include DPW's claims in the settlement.

8. Plaintiffs have filed suit in Commonwealth Court to determine the validity of DPW's lien.

9. Should Plaintiffs prevail in their assertion that DPW has no lien against the settlement, then DPW will assert its right under 62 P.S. §1409(b)(5) and intervene in this matter to pursue its claims for past and future medical expenses against the Defendants directly.

10. DPW can exercise this right of intervention after settlement where the parties did not afford DPW an opportunity to protect its claim prior to the settlement. See

Miller v. Lankenau Hospital, 618 A.2d 1197 (Pa.Cmwlth. 1992); Chiesa v. Fetchko, 464 A.2d 1293 (Pa.Super. 1983).

11. If permitted to intervene, DPW will file the attached Complaint of Intervenor.

12. DPW suggests that the instant motion be filed with the Prothonotary but proceedings before the Court on this motion be stayed pending adjudication of DPW's right to a lien.

WHEREFORE, the COMMONWEALTH OF PENNSYLVANIA, DEPARTMENT OF PUBLIC WELFARE prays that this Honorable Court vacate its Order of April 23, 2007 and allow DPW to intervene.

Respectfully submitted

Jason W. Manne
Senior Assistant Counsel

Date: Jan 7, 2007
Office of General Counsel
Department of Public Welfare
303 State Office Bldg.
300 Liberty Ave
Pittsburgh, PA 15222
(412) 565-5220

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 et. al.	:	CIVIL DIVISION
Plaintiffs	:	No. 05-418CD
vs.	:	
RICHARD GROUT, M.D.et. al.	:	
Defendants	:	

COMPLAINT OF INTERVENOR

1. Intervenor is the COMMONWEALTH OF PENNSYLVANIA, DEPARTMENT OF PUBLIC WELFARE (DPW).

2. Intervenor incorporates by references paragraphs 1 through 84 of Plaintiffs' complaint.

3. DPW paid some or all of the medical expenses associated with the minor's injuries.

4. DPW will continue to pay some or all of the medical expenses associated with the minor's injuries.

5. DPW is entitled to recover from Defendants pursuant to 62 P.S. §1409(b).

WHEREFORE, DPW demands judgment against Defendants in an amount in excess of $50,000, exclusive of interest and costs.

Respectfully submitted

Jason W. Manne
Senior Assistant Counsel

Date:
Office of General Counsel
Department of Public Welfare
303 State Office Bldg.
300 Liberty Ave
Pittsburgh, PA 15222
(412) 565-5220

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 et. al.	:	CIVIL DIVISION
Plaintiffs	:	No. 05-418CD
vs.	:	
RICHARD GROUT, M.D.et. al.	:	
Defendants	:	

CERTIFICATE OF SERVICE

I certify that I am serving the foregoing document upon the person and in the manner described below:

Service by first class mail
addressed as follows:

Terry C. Cavanaugh
White and Williams
The Frick Building
437 Grant Street
Pittsburgh, PA 15219

David R. Johnson
Thomson, Rhodes and Cowie
1010 Two Chatham Center
Pittsburgh, PA 15219

John W. Blasko
McQuaid Blasko
811 University Drive
State College, PA 16801

Michael A. Sosnowski
McIntyre, Dugas, Harye and Schmitt
P.O. Box 533
Hollidaysburg, PA 16648

Fredric Goldfein
Goldfein and Joseph
1600 Market Street, 33rd Floor
Philadelphia, PA 19103-7288

Marcia Rosenbaum
Kline and Specter
1525 Locust Street
Philadelphia, PA 19102

Respectfully submitted

Jason W. Manne
Senior Assistant Counsel

Date: June 7, 2007
Office of General Counsel
Department of Public Welfare
303 State Office Bldg.
300 Liberty Ave
Pittsburgh, PA 15222
(412) 565-5220

FILED 2cc Atty Rosenbaum
m/ 11:23 BY
JUL 02 2007
William A. Shaw
Prothonotary/Clerk of Courts

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

AYDEN SHAFFER-DOAN, a minor by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER	:	NO.: 05-418-CD
Plaintiff,	:	JURY TRIAL DEMANDED
vs.	:	
	:	COUNSEL OF RECORD FOR
RICHARD GROUT, M.D., SUNDAR CHANDRASEKHAR, M.D., DUBOIS REGIONAL MEDICAL CENTER and GATEWAY AREA MEDICAL ASSOCIATES, INC.,	:	PLAINTIFFS:
	:	SHANIN SPECTER, ESQUIRE
	:	ID. NO.: 40928
	:	MARCIA F. ROSENBAUM, ESQUIRE
	:	ID. NO.: 46832
	:	CHARLES L. BECKER, ESQUIRE
	:	I.D. NO.: 81910
Defendants.	:	
	:	FILED ON BEHALF OF PLAINTIFFS

PLAINTIFF'S RESPONSE IN OPPOSITION TO THE COMMONWEALTH OF PENNSYLVANIA, DEPARTMENT OF PUBLIC WELFARE'S MOTION TO VACATE SETTLEMENT AND INTERVENE

Plaintiff, Ayden Shaffer-Doan, a minor, by his parents and natural guardians, Timothy Doan and Karen Shaffer, by and through his counsel, Kline & Specter, P. C., files the following Response in Opposition to the Department of Public Welfare's ("DPW") Motion to Vacate Settlement and Intervene and in support thereof avers as follows:

1. Admitted in so far as set forth. On February 8, 2007, a proposed settlement was reached in Ayden Shaffer Doan, et al. v. Grout, et al. The Honorable Fredric A. Ammerman approved the settlement on April 23, 2007, ending the litigation. Contemporaneously, releases were signed, a Special Needs Trust was established for the disabled minor, Ayden Shaffer Doan, disputed lien monies for medical assistance expenses were placed in escrow, and settlement proceeds were distributed to the Trust. All parties interests have been protected and rights preserved.

2. Denied. Defendant had ample notice of the settlement in this matter. On March 7, 2007, one week prior to the filing of the Petition for Leave to Approve Settlement of the Minor's Action, plaintiff's counsel had a lengthy discussion with DPW legal counsel advising him of the proposed settlement of the case and of the particulars to be proposed to the Court. Discussed at length were:

a) plaintiff's view that DPW was not entitled to repayment of the asserted lien because a January 7, 2007 Court Order dismissed all parental claims, including claims for past medical bills; that there was no recovery for past medical expenses; and therefore that DPW enjoyed no entitlement for repayment;

b) DPW's disagreement with the aforesaid position regarding the alleged lien;

c) that DPW's interests would be protected by placing the disputed funds in escrow;

d) that DPW's legal counsel agreed to permit plaintiff to escrow the full amount of the alleged lien pending resolution of the dispute; and

e) that DPW counsel agreed not to object to the establishment of a Special Needs Trust on behalf of the minor plaintiff, Ayden Shaffer-Doan, from the settlement proceeds of the case.

Attached hereto as Exhibit "A" is plaintiff's counsel's March 7, 2007 letter to DPW's counsel, Andrew Coates, Esquire memorializing that conversation.

3. Admitted in so far as stated. It is admitted that this Honorable Court signed plaintiff's proposed Order approving the settlement and escrowing the sum of $47,392.01 pending resolution of all claims with the Commonwealth of Pennsylvania, Department of Public Welfare. The Order is attached hereto as Exhibit "B."

4. Denied. It is specifically denied that DPW has made any appropriate effort to resolve its dispute with the plaintiff regarding the alleged lien. On May 2, 2007, plaintiffs filed a Petition

for Review in the Nature of a Complaint for Declaratory Judgment in the Commonwealth Court seeking a judicial ruling with respect to the disputed claim. Rather than proceed with a responsive pleading, DPW counsel immediately engaged in improper threats and retaliatory actions in an attempt to "strong-arm" the plaintiff to pay the disputed lien rather than adjudicate the matter. This culminated in threats to terminate medical assistance to a severely disabled child. The escalation of the communications from DPW counsel has been shocking.

The following describes the events:

a) On June 4, 2007, DPW counsel requested copies of Court Orders striking parental claims and approving the minor's settlement, along with the moving and responsive papers to the Partial Summary Judgment As To All Claims Brought On Behalf Of The Parent Plaintiffs. As a courtesy, Plaintiff's counsel promptly provided the requested documents. The letter of June 4, 2007 is attached hereto as Exhibit "C."

b) On June 5, 2007, DPW counsel sent a letter via e-mail erroneously asserting that certain arguments made by plaintiffs in their Response to the Summary Judgment Motion acknowledged the responsibility of the minor to pay the lien and further that the Court did not rule on this argument in dismissing the parental claim. That communication is attached hereto as Exhibit "D."

c) Plaintiff's counsel responded by letter of June 5, 2007, once again pointing out that the DPW counsel had received proper notice and had in fact agreed to the escrowing of funds and the establishment of a Special Needs Trust prior to the Court holding a hearing on the Petition to Approve Minor's Settlement. Further noted was that the case law cited in the earlier e-mail was distinguishable on its facts. That letter is attached hereto as Exhibit "E."

d) Immediately thereafter on June 6, 2007, DPW counsel wrote to counsel for all of the defendants to put them on notice that their clients were not released from the medical assistance claims for medical expenses. In so doing, DPW counsel selectively chose to ignore that the standard MCARE release signed by plaintiffs indemnified the defendants and that the disputed amount had been escrowed pending resolution of the matter with the Commonwealth Court. DPW is totally protected by the monies being escrowed and available upon resolution of the Declaratory Judgment before the Commonwealth Court. This letter of June 6, 2007 is attached hereto as Exhibit "F."

e) On June 6, 2007, plaintiff's counsel wrote defendant's counsel in response to the earlier letter sent by DPW's counsel advising that an action for Declaratory Relief in the Commonwealth Court had been instituted, that plaintiff had indemnified the defendants for such claims, that plaintiff would defend against the claim, and that if there were direct legal action against them, a suggestion that their defense be tendered to plaintiff's counsel. That letter of June 6, 2007 is attached hereto as Exhibit "G."

f) On June 6, 2007, DPW counsel spuriously asserted that plaintiff was violating their mandate to cooperate with DPW by supporting the indemnification provisions of the release, and threatened to **"instruct the County Assistance Office to terminate Ayden's medical benefits due to breach of an eligibility condition."** This conduct is inexcusable. That letter is attached hereto as Exhibit "H."

g) On June 8, 2007, DPW's counsel advised that he would take no action to terminate the minor plaintiff's medical assistance unless he perceived that an action is actually taken to obstruct DPW's pursuit of liable third parties, when, in fact, no such action has ever been taken or proposed. That letter of June 8, 2007 is attached hereto as Exhibit "I."

h) On June 11, 2007, the instant Motion to Vacate the Settlement and Intervene was filed by the Court and served on counsel.

Plaintiff has always appropriately cooperated with the Department of Public Welfare. Plaintiff disputes the alleged lien. Department of Public Welfare was on notice of the proposed settlement and the Special Needs Trust and had the opportunity to raise any objections but chose not do so. Plaintiff has escrowed disputed funds in order to protect DPW pending the resolution of this matter before the Commonwealth Court.

5 - 6. Denied as set forth. The Court's Order of January 30, 2007, dismissing all parental claims, including claims for past medical bills, supports plaintiff's contention that there should be no repayment to DPW for past medical expenses as there was no recovery in this case for any past medical care. Because DPW disagrees with plaintiff's contention, the medical assistance lien of

$47,393.01 was placed into escrow and a Declaratory Judgment action has been filed in the Commonwealth Court to decide the matter. See Exhibit "J" attached hereto.

7. Denied as stated. Plaintiff signed the standard MCARE Release indemnifying the defendants against the DPW claims with respect to the disputed monies and escrowed the disputed funds. Therefore, the instant motion to Vacate the Settlement and Intervene is grossly inappropriate and without foundation.

8. Admitted. It is admitted that plaintiffs have filed a suit for Declaratory Judgment in the Commonwealth Court to determine the validity of the DPW lien for medical expenses which have been escrowed by the plaintiff.

9. Plaintiff can neither admit nor deny defendant's future intentions should plaintiff prevail in his action before the Commonwealth Court. However, by way of further response, such a finding in favor of plaintiff by the Commonwealth Court will not support a right by DPW pursuant to 62 P.S.§1409(b)(5) to intervene in this matter to pursue a direct claim against the defendants. The Full and Final Release signed in this case indemnifies the defendants against any medical assistance lien or legal action that DPW threatens to file should the Commonwealth Court hold the existing lien to be null and void. The Full and Final Release provides in relevant part:

> The undersigned hereby agrees on their behalf and on behalf of their heirs, executors, successors and/or assigns to satisfy any and all valid liens that have been asserted and/or which could be or may be asserted for reimbursement of any medical benefits or other benefits provided to the undersigned by a third party as a result of the injuries claimed in the Legal Action referenced herein. Additionally, the undersigned hereby agrees, on their behalf and on behalf of their heirs, executors, successors and/or assigns, to indemnify and save forever harmless the Releases named in this document from and against any and all claims, demands or actions, known and unknown, made against the Releases by any person or entity on account of, or

in any manner related to or arising from the Legal Action noted above.

Full and Final MCARE Release, ¶3, signed by parent plaintiffs on February 16, 2007.

By way of further response, DPW improperly avers that a denial by Commonwealth Court of their perceived right to enforce the alleged lien against the plaintiff will allow them to intervene to pursue claims for medical expenses against the defendants directly under 62 P.S.§1409(b)(5). This is a flawed conclusion, as it suggests that DPW has a greater right against the defendants than against the plaintiff.

10. Denied. It is specifically denied that DPW has a right to file a Complaint of Intervenor in this matter. Defendant, Richard Grout, M.D. is currently in bankruptcy. Further litigation in this matter is prohibited and stayed by operation of 11 U.S.C. § 362(a). DPW may even be subject to sanctions under 11 U.S.C. §362(k) if it seeks to litigate against Dr. Grout notwithstanding the automatic stay. Settlement in this matter was permitted to go forward pursuant to Fed. R. Bankr. P. 9019 only because Dr. Grout's contribution to the settlement was limited to the proceeds of his insurance, which are now exhausted. 62 P.S. §1409(b)(5) offers DPW no support for the position it may intervene in this matter.

By way of further response, as set forth in paragraph 2 above, DPW had ample opportunity to object to the settlement in this matter. Moreover, DPW's claim is protected as the funds in question are currently escrowed. The case law cited by DPW is inapplicable and distinguishable with respect to the facts at hand. *Miller v. Lankenau Hospital*, 618 A 2d. 1197 (Pa. Cmwlth. 1992), is a case in which DPW was not notified about a settlement until a year thereafter. With respect to *Chiesa v. Setchko*, 464 A 2d. 1293 (Pa. Super. 1983), the Court therein considered the applicability of a provision of the now repealed Health Care Services Malpractice Act, P.S.

§1304.101, *et seq*, regarding a medical malpractice action transferred to the Court of Common Pleas, and does not consider the essence of the instant case, that there was no cause of action and therefore no recovery against which DPW may assert a lien.

11. Denied. DPW may not file a Complaint of Intervenor for the reasons set forth in the preceding paragraph with respect to the Stay under the Bankruptcy Code of defendant Richard Grout, M.D. Further, DPW also is time-barred from commencing any action to recover medical assistance benefits more than five (5) years from the date a cause of action arose. 62 P.S. 1409 (b)(4). *See Dept. of Public Welfare v. Maryland Casualty Co.* 643 A.2d 139 (Pa. Cmwlth. 1994) (DPW was time-barred from proceeding with a § 1409(b) action by the five year statute of limitations expressly placed on the Commonwealth under 62 P.S. 1409(b)). In this case, DPW threatens to assert an action pursuant to 62 P.S. §1409(b), yet it identifies the incident date as November 18, 2001 and began making medical assistance payments for services beginning on or about April 24, 2002, well beyond the permitted five (5) years as allowed to initiate a legal action for recovery of benefits. *See* letter OF November 29, 2006 from DPW providing information with respect to medical expenses paid for minor plaintiff's medical services, attached hereto as Exhibit "K."

12. Movant's averment is not capable of being admitted or denied. By way of further answer, as of the time of this response the Court has issued an Order of June 13, 2007 that the Prothonotary file the Department of Public Welfare's Motion to Vacate and Intervene.

WHEREFORE, the plaintiff, Ayden Shaffer-Doan, a Minor by his Parents and Natural Guardians, Timothy Doan and Karen Shaffer, respectfully requests that this Honorable Court enter an Order to DENY the Department of Public Welfare's request to Vacate the Settlement Order of April 23, 2007 and DENY the Department of Public Welfare the right to intervene.

Respectfully submitted,

KLINE & SPECTER

A Professional Corporation

BY: Marcia F. Rosenbaum/CLB

SHANIN SPECTER, ESQUIRE
MARCIA F. ROSENBAUM, ESQUIRE
CHARLES L. BECKER, ESQUIRE
1525 Locust Street
The Nineteenth Floor
Philadelphia, PA 19102
(215) 772-1000
Attorneys for Plaintiff

Dated: June 29, 2007

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

AYDEN SHAFFER-DOAN, a minor by his parents and natural guardians, TIMOTHY DOAN and KAREN SHAFFER	:	NO.: 05-418-CD
Plaintiff,	:	JURY TRIAL DEMANDED
vs.	:	
	:	COUNSEL OF RECORD FOR PLAINTIFFS:
RICHARD GROUT, M.D., SUNDAR CHANDRASEKHAR, M.D., DUBOIS REGIONAL MEDICAL CENTER and GATEWAY AREA MEDICAL ASSOCIATES, INC.,	:	SHANIN SPECTER, ESQUIRE ID. NO.: 40928 MARCIA F. ROSENBAUM, ESQUIRE ID. NO.: 46832 CHARLES L. BECKER, ESQUIRE I.D. NO.: 81910
Defendants.	:	
	:	FILED ON BEHALF OF PLAINTIFFS
	:	**KLINE & SPECTER,** A Professional Corporation 19th Floor 1525 Locust Street Philadelphia, PA 19102 (215) 772-1000

I, Charles L. Becker, Esquire, certify that I am serving the following counsel this date of June 29, 2007 with the foregoing Response in Opposition to the Commonwealth of Pennsylvania, Department of Public Welfare's Motion to Vacate Settlement and Intervene by UPS Overnight Mail and First Class Mail. I further certify that I have filed the original Response with the Court via Overnight UPS Mail this date.

Via UPS Overnight
Jason W. Manne, Esquire
Senior Assistant Counsel
Office of General Counsel
Department of Public Welfare
303 State Office Building
300 Liberty Avenue
Pittsburgh, PA 15222

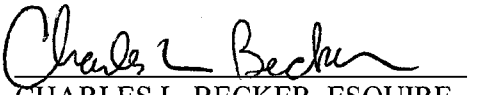
Via U.S. First Class Mail
John W. Blasko, Esquire
McQuaide Blasko
811 University Drive
State College, PA 16801

Via U.S. First Class Mail
Terry C. Cavanaugh, Esquire
White & Williams
The Frick Building
437 Grant Street
Pittsburgh, PA 15219

Via U.S. First Class Mail
Frederic Goldfein, Esquire
Goldfein & Joseph
1600 Market Street, 33rd Flr.
Philadelphia, PA 19103-7288

Via U.S. First Class Mail
David R. Johnson, Esquire
Thomason Rhodes & Cowie, P.C.
Firm # 720
1010 Two Chatham Center
Pittsburgh, PA 15219

Via U.S. First Class Mail
Michael Sosnowski, Esquire
McIntyre, Dugas, Harye & Schmitt
P O Box 533
Hollidaysburg, PA 16648



CHARLES L. BECKER, ESQUIRE

Exhibit A

KLINE & SPECTER
A PROFESSIONAL CORPORATION
ATTORNEYS AT LAW
THE NINETEENTH FLOOR
1525 LOCUST STREET
PHILADELPHIA, PENNSYLVANIA 19102
WWW.KLINESPECTER.COM

EON AUSSPRUNG, M.D., J.D.

215-772-1000
FAX: 215-772-1359

LEON.AUSSPRUNG@KLINESPECTER.COM

March 7, 2007

VIA FACSIMILE AND U.S. MAIL
Andrew Coates, Esquire
P.A. Department of Public Welfare
Office of Legal Affairs
1400 Spring Garden Street
Philadelphia, PA 19130

Re: ***Ayden Shaffer-Doan***
CIS #: 430155708
Ayden Shaffer-Doan, a minor, by his parents and natural guardians, Timothy Doan and Karen Shaffer vs. Richard Grout, M.D., Sundar Chandrasekhar, M.D., Dubois Regional Medical Ctr., and Gateway Area Medical Associates
No. 2005-418CD

Dear Mr. Coates:

This letter is to confirm our telephone conversation of this morning. As we discussed, a settlement has been reached in the above-referenced case.

The Commonwealth of Pennsylvania Department of Public Welfare has asserted a lien in the above-referenced case in the total amount of $47,392.01, as of January 20, 2007. On January 30, 2007, upon the Motion of defendants, the Clearfield County Court of Common Pleas issued an Order dismissing all parental claims, including claims for past medical bills, in this case.

Because there was no recovery in this case for any past medical care, there should be no re-payment to the Department of Public Welfare for past medical expenses. The Department of Public Welfare disagrees with this contention.

You have agreed to not object to the establishment of a Special Needs Trust on behalf of minor-plaintiff, Ayden Shaffer-Doan, from the settlement proceeds of this case. You have also agreed to permit plaintiffs to escrow the full amount of the Department of Public Welfare's alleged lien, which totals $47,392.01, pending resolution of our dispute concerning repayment of this lien.

Very truly yours,

LEON AUSSPRUNG

LA/tt

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

AYDEN SHAFFER-DOAN, a minor, by his parents and natural guardian, TIMOTHY DOAN and KAREN SHAFFER	:	NO.: 05-418-CD
Plaintiffs,	:	JURY TRIAL DEMANDED
vs.	:	
	:	COUNSEL OF RECORD FOR
RICHARD GROUT, M.D., SUNDAR CHANDRASEKHAR, M.D., DUBOIS REGIONAL MEDICAL CENTER and GATEWAY AREA MEDICAL ASSOCIATES, INC.	:	PLAINTIFFS:
	:	SHANIN SPECTER, ESQUIRE
	:	ID. NO.: 40928
	:	MARCIA F. ROSENBAUM, ESQUIRE
	:	ID. NO.: 46832
	:	LEON AUSSPRUNG, ESQUIRE
	:	ID. NO.: 80183
	:	FILED ON BEHALF OF PLAINTIFFS
	:	
	:	**KLINE & SPECTER,**
	:	A Professional Corporation
	:	19th Floor
	:	1525 Locust Street
	:	Philadelphia, PA 19102
	:	(215) 772-1000

ORDER APPROVING
SETTLEMENT AND ORDER FOR DISTRIBUTION

AND NOW this 23rd day of April, 2007, upon consideration of the Petition for Leave to Approve Settlement of a Minor's Action, it is hereby ORDERED and DECREED that settlement of this action is approved.

IT IS FURTHER ORDERED and DECREED that the settlement proceeds be distributed as follows:

The above monies will be distributed in two installments. The first portion of the settlement proceeds is $12,000,000, payable immediately, and shall be distributed as follows:

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

APR 23 2007

Attest.

William L. Shaw
Prothonotary/
Clerk of Courts

i.	To Kline & Specter, P.C. for reimbursement of litigation costs:	$ 118,733.94
ii.	To Kline & Specter, P.C. as counsel fee:	$4,000,000.00
iii.	To Kline & Specter, P.C.'s escrow account pending resolution of all claims with The Commonwealth of Pennsylvania Department of Public Welfare	$ 47,392.01
NET AMOUNT TO TRUSTEE ON BEHALF OF AYDEN SHAFFER-DOAN		**$7,833,874.05**

The second portion of the settlement proceeds is $2,800,000.00 from the Medical Care Availability and Reduction of Error Fund, which is payable on December 31, 2007 and shall be distributed as follows:

i.	To Kline & Specter, P.C., as counsel fee:	$ 933,333.33
NET AMOUNT TO TRUSTEE ON BEHALF OF AYDEN SHAFFER-DOAN		**$1,866,666.67**

IT IS FURTHER ORDERED the Special Needs Trust on behalf of Ayden Shaffer-Doan, a minor, attached to the Petition as Exhibit "E" is approved.

IT IS FURTHER ORDERED that this Petition and Order are hereby sealed.

BY THE COURT:

/S/ Fredric J Ammerman

Fredric J. Ammerman, J.

Exhibit C

KLINE & SPECTER
A PROFESSIONAL CORPORATION
ATTORNEYS AT LAW
THE NINETEENTH FLOOR
1525 LOCUST STREET
PHILADELPHIA, PENNSYLVANIA 19102

215-772-1000
FAX: 215-772-1359

June 4, 2007

VIA FACSIMILE ONLY
Jason W. Manne, Esquire
Senior Assistant Counsel
Office of General Counsel
303 State Office Building
300 Liberty Avenue
Pittsburgh, PA 15222

Re: Ayden Shaffer-Doan v. Commonwealth of Pennsylvania Department of Public Welfare - Docket No: 231 MD 2007

Dear Mr. Manne:

In response to your request for same, please find the following:

1. January 30, 2007, Order striking all parental claims;

2. April 23, 2007, Order Approving Settlement of Minor's Action;

3. Motion of Defendant DuBois Regional Medical Center for Partial Summary Judgment as to All Claims Brought on Behalf of Parent-Plaintiffs, Karen Shaffer and Timothy Doan and supporting Brief without exhibits; and

4. Plaintiffs' Response in Opposition to Motion for Partial Summary Judgment as to All Claims Brought on Behalf of Parent-Plaintiffs Karen Shaffer and Timothy Doan by Defendant DuBois Regional Medical Center and supporting Memorandum of Law without exhibits.

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

Very truly yours,

MARCIA F. ROSENBAUM

MFR/tt
Enclosures

Rosenbaum, Marcia

From: Manne, Jason [jmanne@state.pa.us]

Sent: Tuesday, June 05, 2007 10:43 AM

To: Rosenbaum, Marcia

Subject: RE: Shaffer-Doan v. DPW

Dear Ms. Rosenbaum:

Thank you for your courtesy in forwarding the documents.

Frankly, I cannot believe we are fighting over $47,000 in a $12 million settlement. The case should be settled.

The reason that the case should be settled is that Mr. Assprung's letter to Mr. Coates dated March 7, 2007 represented that the Court of Common Pleas "issued an Order dismissing all parental claims, **including claims for past medical bills,** in this case" and **"[b]ecause there was no recovery for any past medical expenses**, there should be no repayment to the Department of Public Welfare for past medical expenses." However, in your firm's response to the motion for summary judgment, plaintiffs wrote: "Because payments have been and will continue to be made by the Department of Welfare for medical care to the minor-plaintiff Ayden, these payments may be the responsibility of the minor-beneficiary. **Consequently, minor-plaintiff's cause of action necessarily must include reimbursement for medical assistance payments made by the Pennsylvania Department of Public Welfare made on his behalf prior to age 18, as discussed in the supporting Memorandum of Law."** In other words, you specifically argued to the Court that the minor, not just the parents, could recover medical expenses paid by MA. The court did not rule on this argument in its order but merely struck the parents' claim. The argument that the minor could himself recover the DPW expenses was still in play.

Having argued that the minor's case included DPW's medical expenses, the minor is now arguably estopped from contending that it did not. Moreover, since Plaintiffs did not give DPW advance notice of the settlement and an opportunity to protect its claim, DPW arguable has a right to have it set aside. See Miller v. Lankenau Hospital, 618 A.2d 1197 (Pa.Cmwlth. 1992). Frankly, given that we just learned that you preserved the argument that the minor's claim included the DPW claim and you did not give us an opportunity to oppose the settlement, I think this is my best tactical remedy as opposed to litigating a declaratory action in Commonwealth Court.

We propose to settle this case for $25,000. Please let me know your position by close of business on Wednesday, June 9th. After that date, we will notify the Defendants that we are moving to vacate the settlement and intervene.

Sincerely

Jason W. Manne
Senior Assistant Counsel
Office of General Counsel
303 State Office Bldg.
300 Liberty Avenue
Pittsburgh, PA 15222
(412) 565-5220

-----Original Message-----
From: Rosenbaum, Marcia [mailto:Marcia.Rosenbaum@KlineSpecter.com]
Sent: Monday, June 04, 2007 12:10 PM
To: Manne, Jason
Cc: Tolliver, Toni
Subject: RE: Shaffer-Doan v. DPW

Dear Mr Manne,
I will have the documents requested gathered for you asap. I note however that with exhibits attached this may prove too cumbersome to fax; without exhibiits it may be practicable. Please advise if you would like to see the complete motion packages as filed with exhibits or if the motion and response *sans* exhibits will serve your purpose along with the orders. --Marcia Rosenbaum

---

From: Manne, Jason [mailto:jmanne@state.pa.us]
Sent: Monday, June 04, 2007 11:20 AM
To: Rosenbaum, Marcia
Subject: Shaffer-Doan v. DPW

Dear Ms. Rosenbaum:

I am reviewing your petition for review in this matter with an eye towards resolving it. Would you, as a courtesy, fax me a copy of Defendants motion for partial summary judgment relative to the parents, plaintiffs' response, and the January 30, 2007 and April 23, 2007 orders of the court. My fax number of 412 565-2489. Thank you.

Jason W. Manne
Senior Assistant Counsel
Office of General Counsel
303 State Office Bldg.
300 Liberty Avenue
Pittsburgh, PA 15222
(412) 565-5220

KLINE & SPECTER
A PROFESSIONAL CORPORATION
ATTORNEYS AT LAW
THE NINETEENTH FLOOR
1525 LOCUST STREET
PHILADELPHIA, PENNSYLVANIA 19102

215-772-1000
800-597-9585
FAX: 215-735-0960

Marcia F. Rosenbaum, Esquire
Direct Dial (215) 772-0435
Marcia.Rosenbaum@klinespecter.com

June 5, 2007

Via Facsimile 412-565-2489
Jason W. Manne, Esquire
Senior Assistant Counsel
Office of General Counsel
303 State Office Building
300 Liberty Avenue
Pittsburgh, PA 15222

RE: Ayden Shaffer-Doan, a minor, by his parents and natural guardians, Timothy Doan and Karen Shaffer v. Commonwealth of Pennsylvania Department of Public Welfare, Docket No. 231 MD 2007

Dear Mr. Manne:

This letter is in response to your e-mail of June 5, 2007 regarding your proposal to settle the above-captioned matter for $25,000.00. Please be advised that petitioners decline your offer.

In so doing, I should like to point out that petitioners' arguments made in response to a pre-trial Motion for Partial Summary Judgment as to parent-plaintiffs' cause of action argues that payments "made by the Department of Public Welfare for medical care to the minor-plaintiff Ayden,... **may** be the responsibility of the minor-beneficiary." The use of such language in no way supports any argument in support of estoppel.

Further, I remind you that petitioner's counsel had a lengthy telephone conversation with Department of Welfare legal counsel, Andrew Coates, Esquire advising him of the settlement of the case and of the particulars to be proposed to the Court, one(1) week prior to the filing of the Petition for Leave to Approve Settlement of Minor's Action. Discussed at length were:

a. the disagreement between the parties regarding the alleged lien;
b. that DPW's interests would be protected by placing the disputed funds in escrow;

c. that DPW legal counsel agreed to permit plaintiff to escrow the full amount of the alleged lien; and

d. that DPW counsel agreed not to object to the establishment of a Special Needs Trust on behalf of the minor plaintiff, Ayden Shaffer-Doan, from the settlement proceeds of the case.

Lastly, as DPW had timely and appropriate advance notice of the settlement, and as its interests are properly protected pursuant to 62 P.S. §1409 (b)(9), the holding in *Miller v. Lankenau Hospital, 618 A.2d 1197 (Pa. Cmwlth. 1992),* offers no support to the arguments set forth in your letter.

We, of course, remain available to discuss this matter with you further.

Very truly yours,

MARCIA F. ROSENBAUM

MFR:jmm

Exhibit F

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
OFFICE OF LEGAL COUNSEL
303 State Office Building
300 Liberty Avenue
Pittsburgh, PA 15222

Jason Manne
Senior Assistant Counsel

Telephone: 412-565-5220
Facsimile: 412-565-2489

June 6, 2007

Terry C. Cavanaugh
White and Williams
The Frick Building
437 Grant Street
Pittsburgh, PA 15219

David R. Johnson
Thomson, Rhodes and Cowie
1010 Two Chatham Center
Pittsburgh, PA 15219

John W. Blasko
McQuaid Blasko
811 University Drive
State College, PA 16801

Michael A. Saosnowski
McIntyre, Dugas, Harye and Schmitt
P.O. Box 533
Hollidaysburg, PA 16648

Fredric Goldfein
Goldfein and Joseph
1600 Market Street, 33rd Floor
Philadelphia, PA 19103-7288

Re: Ayden Schaffer-Doan v. Grout et. al.
No. 05-418D (Clearfield County)

Gentlemen:

Please be advised that I represent the Pennsylvania Medical Assistance (MA) program in the above referenced matter. The MA program paid the medical expenses of the minor plaintiff related to this injury and is expected to do so in the future. Under state and Federal law, the Department of Public Welfare is assigned Plaintiffs' right to recover for medical care and has an independent right to recover from the Defendants. See 42 U.S.C. §1396k, 62 P.S. §§1404 and 1409.

As you know, during the proceedings relative to the parents' claims in this matter, Plaintiff represented to the Court that "[e]ven in the circumstances when the Department of Public Welfare does not pursue its independent right to recover monies from the responsible third party, when the beneficiary (i.e. the minor) prosecutes such a claim, the Pennsylvania Department of Public Welfare retains the right of a primary lien against any

judgment or award." Plaintiff's Memorandum of Law, p. 12. Towards this end, the sum of $47,392.01 was escrowed to pay the MA lien in this matter. Unfortunately, the Plaintiff has now refused to pay the MA lien and has, instead, commenced a declaratory judgment action in Commonwealth Court to avoid paying the lien.

This letter provides you with notice that your respective clients are not released from the MA program claim against them for past and future medical expenses related to the malpractice claim in this case. Should Plaintiff secure a ruling that the settlement in this matter is not responsible for paying the existing MA lien; the Department of Public Welfare will pursue your clients independently for these monies. Towards this end, we will be filing a motion to vacate the settlement and intervene in the Court of Common Pleas of Clearfield County in order to preserve our rights against your clients. We will forward that motion to you under separate cover in the near future.

I regret that it has become necessary to take these steps. Given the respective sizes of the settlement and the MA lien, and his past representations to the Court, Plaintiff's refusal to pay the lien does not appear reasonable. However, given that position, the Department has no choice but to protect its claims against your clients.

Sincerely,

Jason W. Manne
Senior Assistant Counsel

Cc – Marcia Rosenbaum, Esquire

KLINE & SPECTER
A PROFESSIONAL CORPORATION
ATTORNEYS AT LAW
THE NINETEENTH FLOOR
1525 LOCUST STREET
PHILADELPHIA, PENNSYLVANIA 19102

215-772-1000
800-597-9585
FAX: 215-735-0960

Marcia F. Rosenbaum, Esquire
Direct Dial (215) 772-0435
Marcia.Rosenbaum@klinespecter.com

June 6, 2007

Via Facsimile 814-234-5620
John W. Blasko, Esquire
McQuaide Blasko
811 University Drive
State College, PA 16801

Via Facsimile 814-696-9399
Michael A. Sosnowski, Esquire
McIntyre, Dugas, Harye and Schmitt
P O Box 533
Hollidaysburg, PA 16648

Via Facsimile 412-566-3546
Terry C. Cavanaugh, Esquire
White & Williams
The Frick Building
437 Grant Street
Pittsburgh, PA 15219

Via Facsimile 412-232-3498
David R. Johnson, Esquire
Thomson, Rhodes & Cowie, P.C.
Firm #720
1010 Two Chatham Center
Pittsburgh, PA 15219

Via Facsimile 215-979-8201
Frederic Goldfein, Esquire
Goldfein & Joseph
1600 Market Street, 33rd Floor
Philadelphia, PA 19103-7288

Re: Ayden Schaffer-Doan v. Grout et al.
No. 05-418D (Clearfield County)

Gentlemen:

We have Mr. Manne's letter to you dated June 6, 2007. As Mr. Manne well knows, the Commonwealth was notified of the proposed settlement and agreed to litigate the issue of its entitlement to a lien interest. See letter of March 7, 2007 attached hereto.

Pursuant to this agreement, we instituted an action for declaratory relief in the Commonwealth Court. Rather than defend this action, the Commonwealth first attempted to extract a settlement from the minor in the amount of about half of their claim. When this was rebuffed, they sent this recent threatening letter to you.

As you will recall, we have indemnified your clients for such claims. You may count on us to defend against this claim, without expense to your clients or insurers. If you are sued, we suggest you tender the defense of this matter to us.

We look forward to hearing from you.

Sincerely,

MARCIA F. ROSENBAUM

MFR:jmm
Attachment
cc: Jason W. Manne, Esquire (Via Facsimile 412-565-2489)

Exhibit H

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
OFFICE OF LEGAL COUNSEL
303 State Office Building
300 Liberty Avenue
Pittsburgh, PA 15222

Jason Manne
Senior Assistant Counsel

Telephone: 412-565-5220
Facsimile: 412-565-2489

June 6, 2007

Marcia F. Rosenbaum
Kline and Specter
1525 Locust Street
Philadelphia, PA 19102

Re: Ayden Schaffer-Doan v. Grout et. al.
No. 05-418D (Clearfield County)

Dear Ms. Rosenbaum:

I am in receipt of your letter dated today's date to Defendants' counsel in this matter. In that letter you advise that Plaintiff has indemnified the Defendants against the Department of Public Welfare's claims against them and suggest they "tender the defense of this matter to us."

Please be advised that Plaintiff has an obligation under Federal and State law to cooperate with the Department in the pursuit of third parties. 42 U.S.C. §1396k(a)(1)(C); 55 Pa.Code §140.21. Since you have announced that Plaintiff will defend the third parties against the Department's claims, the Plaintiff is now in violation of that condition of eligibility for Medical Assistance.

Based on your letter, it is my inclination to instruct the County Assistance Office to terminate Ayden's medical benefits due to breach of an eligibility condition. If you would like to discuss a resolution of this matter before I decide whether to do so, please call me at (412) 565-5220.

Sincerely,

Jason W. Manne
Senior Assistant Counsel

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
OFFICE OF LEGAL COUNSEL
303 State Office Building
300 Liberty Avenue
Pittsburgh, PA 15222

Jason Manne
Senior Assistant Counsel

Telephone: 412-565-5220
Facsimile: 412-565-2489

June 8, 2007

Marcia F. Rosenbaum
Kline and Specter
1525 Locust Street
Philadelphia, PA 19102

Re: Ayden Shaffer-Doan v. Grout et. al.
No. 05-418D (Clearfield County)

Dear Ms. Rosenbaum:

Attorney David Margolis called me to discuss Ayden's Medical Assistance eligibility status in light of your letter advising that Ayden will defend liable third parties against the Department's claim for MA reimbursement should our lien on Ayden's settlement be denied.

As noted in my letter of June 6th, MA recipients have an obligation under Federal law to cooperate with the Department in the pursuit of third parties. 42 U.S.C. §1396k.. However, after discussing this matter with Mr. Margolis, I have assured him that no action will be taken to terminate Ayden's MA on this basis unless action is actually taken on Ayden's behalf to obstruct the Department in its pursuit of liable third parties. Should a decision be made to terminate Ayden's MA, the County Assistance Office will issue an advance notice from which he can appeal. MA will continue during the pendency of any administrative appeal.

I hope this adequately responds to your concerns.

Sincerely,

Jason W. Manne
Senior Assistant Counsel

Cc – David Margolis, Esquire

Mason

FEB 05 2006

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., CHANDRASEKHAR SUNDAR, M.D., DUBOIS REGIONAL MEDICAL CENTER, GATEWAY AREA MEDICAL ASSOC.	:	

O R D E R

AND NOW, this 30th day of January, 2007, upon consideration of Motion for Summary Judgment as to all claims brought on behalf of Parent/Plaintiff above-named; following argument and briefs thereon, it is the ORDER of this Court that said Motions be and are hereby granted and all claims filed on behalf of Timothy Doan and Karen Shaffer in their own right shall be and are hereby stricken.

BY THE COURT,

/s/ JOHN K. REILLY, JR.

John K. Reilly, Jr.
Senior Judge
Specially Presiding

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

FEB 02 2007

Attest.

Prothonotary/
Clerk of Courts

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF FINANCIAL OPERATIONS
DIVISION OF THIRD PARTY LIABILITY
CASUALTY UNIT
P.O.BOX 8486
HARRISBURG, PA 17105-8486

November 29, 2006

KLINE & SPECTER
LEON AUSSPRUNG ESQUIRE
THE 19TH FL
1525 LOCUST ST
PHILADELPHIA PA 19102

Re: AYDEN SHAFFER-DOAN (minor)
CIS #: 430155708
Incident Date: 11/18/2001

Dear Attorney Aussprung:

Pursuant to our previous correspondence, please be advised that our lien against your client's personal injury award is detailed on the attached statement of claim. Social Security Act §1902(a)(7) requires that this recipient information be safeguarded, used by you solely to recover funds that we provided. Disclosure for other purposes is subject to criminal and monetary penalties.

Please contact this office well in advance of settlement so that we can provide you with an updated statement of claim.

In the event that the Department continues to provide your client with medical and/or cash assistance, the amount of our claim will increase accordingly. This statement does not include any other claims which may exist.

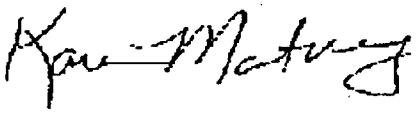
If copies of bills are needed, please contact the providers directly. Refer them to the Medical Assistance Bulletin, No. 99-98-01 (Effective Date 02/01/97).

Checks should be made payable to the Department of Public Welfare and sent to my attention at the above address. **We request that with all transmittal of funds, you provide the Department with a copy of the final distribution sheet.**

Please advise us of your position regarding payment of the Department's claim in this matter, as well as the present status of this case.

If you have any further questions, please contact me. Thank you for your cooperation in this matter.

Sincerely,



Karen P. Matvey
Claims Investigation Agent
717-214-1283
717-772-6553 FAX

Enclosure



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF FINANCIAL OPERATIONS
TPL SECTION - CASUALTY UNIT
PO BOX - 8486
HARRISBURG PA 17105-8486

November 29, 2006

STATEMENT OF CLAIM SUMMARY

NAME	SHAFFER-DOAN, AYDEN
ID	430 155 708

MEDICAL	USUAL CHARGES	AMT APPROVED
CLAIMS	58,546.25	46,866.52

CASH	PERIOD COVERED	DOLLAR AMOUNT
CURRENT SOC	–	.00

REIMBURSEMENT TO DPW	46,866.52

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
EIN - 23-6003113

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

November 29, 2006

STATEMENT OF CLAIM

NAME	SHAFFER-DOAN, AYDEN
ID	430 155 708

CLEARFIELD/JEFFERSON MH/MR
128 WEST LONG AVE

DUBOIS PA 15801

DATE OF SERVICE	PAYMENT DATE	ORIGINAL CRN	ADJUSTED CRN	USUAL CHARGES	AMOUNT APPROVED
04/26/02 - 04/26/02	06/03/02	40021486323210001		234.24	234.24
DIAGNOSIS 1 : 7999	UNKN CAUSE MORB/MORT NEC				
PROC CODE : Z9812	SERVICE COORDINATION				
09/24/02 - 09/24/02	10/28/02	40022956468690001		161.04	161.04
DIAGNOSIS 1 : 7999	UNKN CAUSE MORB/MORT NEC				
PROC CODE : Z9812	SERVICE COORDINATION				
10/30/02 - 10/30/02	12/02/02	40023296784780001		43.92	43.92
DIAGNOSIS 1 : 7999	UNKN CAUSE MORB/MORT NEC				
PROC CODE : Z9812	SERVICE COORDINATION				
11/22/02 - 11/22/02	12/30/02	40023586457250001		14.64	14.64
DIAGNOSIS 1 : 7999	UNKN CAUSE MORB/MORT NEC				
PROC CODE : Z9812	SERVICE COORDINATION				
12/17/02 - 12/17/02	01/27/03	40030227194220001		117.12	117.12
DIAGNOSIS 1 : 7999	UNKN CAUSE MORB/MORT NEC				
PROC CODE : Z9812	SERVICE COORDINATION				
01/27/03 - 01/27/03	03/03/03	40030556283010001		351.36	351.36
DIAGNOSIS 1 : 7999	UNKN CAUSE MORB/MORT NEC				
PROC CODE : Z9812	SERVICE COORDINATION				
02/21/03 - 02/21/03	03/24/03	40030796464800001		234.24	234.24
DIAGNOSIS 1 : 7999	UNKN CAUSE MORB/MORT NEC				
PROC CODE : Z9812	SERVICE COORDINATION				
03/31/03 - 03/31/03	04/28/03	40031146476860001		14.64	14.64
DIAGNOSIS 1 : 7999	UNKN CAUSE MORB/MORT NEC				
PROC CODE : Z9812	SERVICE COORDINATION				

FILED
JUL 02 2007
William A. Shaw
Prothonotary/Clerk of Courts

FILED NO CC
m/12:40/61
AUG 08 2007
William A. Shaw
Prothonotary/Clerk of Courts

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

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, ESQ. ID. NO.: 40928 MARCIA F. ROSENBAUM, ESQ. ID. NO.: 46832 CHARLES L. BECKER, ESQ. ID. NO.: 81910 **KLINE & SPECTER,** A Professional Corporation 19th Floor 1525 Locust Street Philadelphia, PA 19102 (215) 772-1000

PLAINTIFFS' SUPPLEMENT TO THEIR RESPONSE TO DPW'S MOTION TO VACATE SETTLEMENT AND INTERVENE

Plaintiff Ayden Shaffer-Doan, a minor by his parents and natural guardians, Timothy Doan and Karen Shaffer, by and through his counsel, Kline & Specter, P.C., files the following Supplement his Response to DPW's Motion to Vacate Settlement and Intervene.

In May 2007, Plaintiff filed a declaratory judgment action in the Commonwealth Court seeking a declaration as to DPW's rights under 62 P.S. §§ 1404 and 1409 to recover medical

assistance payments made in connection with Plaintiff's care. The action squarely presented the controversy that DPW raised in this Court through its Motion to Vacate Settlement and Intervene, wherein DPW asserted a right to be reimbursed approximately $47,392.01 from the Special Needs Trust created by the settlement of the instant action.

Following the commencement of the declaratory judgment action, DPW filed preliminary objections asserting that the Commonwealth Court did not exercise original jurisdiction over the matter, and that the question raised by the declaratory judgment action should be decided in the first instance in DPW's Board of Hearing and Appeals.

In July 2007, the Commonwealth Court heard oral argument on DPW's preliminary objections. On July 25, 2007, the Commonwealth Court (Jubelirer, J.) entered an opinion overruling the preliminary objections and explaining that (a) the Commonwealth Court possessed and would exercise original jurisdiction over the action, and (b) the action raised a question of statutory interpretation that clearly fell within the ambit of the Declaratory Judgment Act. See Order, entered July 25, 2007, attached as Exhibit A. The Commonwealth Court thus has seized jurisdiction over the declaratory judgment action and committed itself to deciding the issues raised therein.

Because the Commonwealth Court will decide DPW's rights under 62 P.S. §§ 1404 and 1409, there in no need for this Court to duplicate that effort. The matter need not and should not be litigated in both places, In sum, the Commonwealth Court's exercise of jurisdiction over the declaratory judgment action provides this Court with still further reason to deny DPW's Motion to Vacate the Settlement and Intervene. The Motion should be denied, the instant case brought to a close, and the parties left to litigate their dispute in the Commonwealth Court alone.

Respectfully submitted,

KLINE & SPECTER,
A Professional Corporation

SHANIN SPECTER, ESQUIRE
MARCIA F. ROSENBAUM, ESQUIRE
CHARLES L. BECKER, ESQUIRE
Attorneys for Plaintiffs

Dated: August 7, 2007

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a copy of the foregoing was served via first class U.S. mail upon the counsel listed below. I further certify that I have filed the original with the Court via Overnight UPS Mail.

John W. Blasko, Esq.
McQuaide Blasko
811 University Drive
State College, PA 16801

David R. Johnson, Esq.
Thomson, Rhodes & Cowie, P.C.
Firm #720
1010 Two Chatham Center
Pittsburgh, PA 15219

Jason W. Manne, Esq. (via UPS Overnight)
Senior Assistant Counsel
Office of General Counsel
Department of Public Welfare
303 State Office Building
300 Liberty Avenue
Pittsburgh, PA 15222

Michael A. Sosnowski, Esq.
McIntyre, Dugas, Hartye & Schmitt
1816 Old Route 220 North Business
Duncansville, PA 16635

Terry C. Cavanaugh, Esq.
White & Williams, LLP
The Frick Building
437 Grant Street, Suite 1001
Pittsburgh, PA 15219

Frederic Goldfein, Esq.
Goldfein & Joseph
1600 Market Street, 33rd Floor
Philadelphia, PA 19103-7288

KLINE & SPECTER
A Professional Corporation

By: Charles L Becker
CHARLES L. BECKER, ESQUIRE
Attorney for Plaintiffs

Dated: August 7, 2007

FILED
AUG 08 2007
William A. Shaw
Prothonotary/Clerk of Courts