

State of Ohio,)
County of Cuyahoga.)

Doc. 102

- - -

IN THE COURT OF COMMON PLEAS

- - -

DEWEY GLEN JONES, et al.,)
)
Plaintiffs,)
)
v.)
)
MERIDIA HURON HOSPITAL,)
et al.,)
)
Defendants.)

Case No. 306012
Judge Lillian Greene

- - -

THE DEPOSITION OF ADRIAN A. CARACIONI, M.D.

MONDAY, MARCH 31, 1997

- - -

The deposition of ADRIAN A. CARACIONI, M.D., a Defendant herein, called for examination by the Plaintiffs, under the Ohio Rules of Civil Procedure, taken before me, Lauren I. Zigmont-Miller, Registered Professional Reporter and Notary Public in and for the State of Ohio, pursuant to notice, at Meridia Huron Hospital, 13951 Terrace Road, East Cleveland, Ohio, commencing at 12:05 p.m., the day and date above set forth.

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1 graduating high school in 1981 I started a six-year
2 program in medicine, general medicine. I graduated in
3 1987. I had a three-year residency in Romania rotating
4 with a focus though on internal medicine. I came over
5 at the completion of that residency.

6 Q. Did you have to take an examination when
7 you came to the States to be allowed to practice
8 medicine here?

9 A. Yes.

0 Q. What is that examination called?

1 A. I took NBME, National Boards of Medical
2 Examiners.

13 Q. Did you pass that on the first time?

14 A. Yes.

15 Q. Was there an examination you had to take
16 to establish language proficiency?

17 A. Yes, it was.

18 Q. Is that part of that same exam?

19 A. In one way, yes. You have to -- I had a
20 few possibilities to take my exam at. I chose NBME,
21 that was at my earliest convenience. So I had to take
22 the English language at a different time since they do
23 not administer English with the NBME, which is mainly
24 given to U.S. grads.

25 Q. So you took a separate exam for English

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1 proficiency?

2 A. Right, due to logistical.

3 Q. Did you pass that on the first attempt?

4 A. Sure.

5 Q. Did you tell me the name of the
6 institution where you had your medical studies?

7 A. D-I-M-I-S-O-A-R-A Medical School, Romania.

8 Q. Where in Romania is that located?

9 A. City called D-I-M-I-S-O-A-R-A.

0 Q. How do you pronounce that just for my own
1 edification?

2 A. Dimisoara.

3 Q. When you came to the States where did you
4 start your training here?

5 A. At this institution.

6 Q. Meridia Huron Hospital?

7 A. Right.

8 Q. What year was that?

9 A. It was 1991.

0 Q. Did you come here and then you had to wait
1 to take your exams for a period of time before you
2 could start your practice?

3 A. That's correct.

4 Q. After passing those exams what was the
5 next step in your educational process?

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1 A. A period of externship.

2 Q. How long was that?

3 A. It was around 40 days.

4 Q. And that was done at Meridia Huron
5 Hospital?

6 A. Yes.

7 Q. Under whose supervision?

8 A. Dr. West.

9 Q. Who is Dr. West?

10 A. The chairman of the Department of
11 Medicine.

12 Q. After that 40-day externship what was
13 next?

14 A. A residency in internal medicine.

15 Q. How long was your residency for?

16 A. Three years.

17 Q. And that was begun in 1992?

18 A. Correct.

19 Q. I assume you completed that residency?

20 A. Correct.

21 Q. Wow, as we sit here you are an attending
22 physician at Meridia Huron Hospital?

23 A. Correct.

24 Q. Do you hold any staff positions here at
25 the hospital besides just attending physician?

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1 MR. CASEY: Do you
2 understand?

3 A. I don't understand the question.

4 Q. Are you on any committees here at the
5 hospital? Do you hold -- you know, are you a chairman
6 or anything like that of a department?

7 A. Yes.

8 Q. Tell me what committees you are on.

9 A. I serve on the Quality Assurance
10 Committee, on the Infectious Diseases Committee, on the
11 Emergency Preparedness Committee, and the Institutional
12 Research & Review Committee.

13 Q. Anything else?

14 A. No other committee.

15 Q. Do you hold any formal positions on any of
16 those committees?

17 A. No.

18 Q. Any other positions held, formal
19 administrative positions, at the hospital?

20 A. Yes.

21 Q. What are those?

22 A. I'm medical director of the Outpatient
23 Department.

24 Q. What does that entail; what do you do as
25 medical director of that department?

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1 A. Give medical input to administration and
2 take care of different medical issues that arise in the
3 Outpatient Department.

4 Q. How long have you held that position?

5 A. Since January -- since spring '95.

6 Q. Are you presently board certified --

7 A. Yes.

8 Q. -- in any area of medicine? What area of
9 medicine are you board certified in?

10 A. Internal medicine, general internal
11 medicine.

12 Q. When did you become board certified?

13 A. 1995.

14 Q. Did you have to sit for board
15 examinations?

16 A. Yes.

17 Q. What qualifications make you board
18 eligible in your area of expertise?

19 A. Completion of a residency program in
20 internal medicine.

21 Q. And you completed that in what year?

22 A. In 1994.

23 Q. Then did you sit for, I assume, your
24 written exam first. Is there two parts -- how many
25 parts to your board certification examinations are

Page 11

1 there?

2 A. Basically one part, two days.

3 Q. Is that divided into a written and an oral
4 part?

5 A. No.

6 Q. Is it just a written exam?

7 A. Correct.

8 Q. Did you pass that on the first sitting?

9 A. Yes.

10 Q. That was in 1995?

11 A. Yes.

12 Q. In internal medicine is there any area
13 that you specialize in?

14 A. No.

15 Q. I understand that pulmonary is a division
16 of internal medicine. Is that an area that you hold
17 yourself out as a specialist in?

18 A. No.

19 Q. Just general internal medicine is your
20 area of expertise?

21 A. Yes.

22 Q. As part of your education and your
23 residency did you have to do rounds in pulmonary
24 medicine?

25 A. Yes.

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1 Q. who was your supervisor through your
2 residency program?

3 MR. CASEY. I think he told
4 you that.

5 BY MR. LANDSKRONER:

6 Q. That was through the externship program.

7 Is that the same?

8 A. The same, Dr. West.

9 Q. Doctor, have you published any articles,
10 treaties, anything of the sort, research already?

11 A. A poster, an abstract poster, yes.

12 Q. What was the subject matter of that?

13 A. It was extramedullary hematopoiesis.

14 Q. What is --

15 MR. CASEY: YOU may have to
16 help her with that one. Say that slower
17 so that she can write it down.

18 A. Extramedullary hematopoiesis.

19 MR. CASEY: Spell it.

20 A. H-E-M-A-T-O-P-O-I-E-S-I-S.

21 Q. What is that in laymen's terms?

22 A. Patients with sickle need to
23 build a lot of blood, so the bone marrow isn't
24 sufficient to do that job, therefore other sites in the
25 body sort of kick in.

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1 Q. Have you published anything else?

2 A. No.

3 Q. Have you ever been a plaintiff or a
4 defendant in a lawsuit?

5 A. Yes.

6 Q. Tell me on what occasion that was.

7 A. As a resident I gave Bactrim to a patient
8 who proved later to be allergic to Sulfa drugs and
9 developed a skin reaction self-limited.

10 Q. Were you deposed in that instance?

11 A. Yes.

12 Q. Did that go to trial?

13 A. No.

14 Q. Was that something that resolved out of
15 court?

16 A. Yes.

17 Q. Was there a settlement involved in that?

18 MR. CASEY: objection.

19 You can answer, if you know.

20 A. I don't know.

21 Q. What year was your deposition taken?

22 A. I think it was '96.

23 Q. Was that in Cuyahoga County here?

24 A. Yes.

25 Q. Any other cases that you've been involved

Page 14

1 in?

2 A. No.

3 Q. Have you ever been deposed besides that
4 case and this case?

5 A. No.

6 Q. Have you ever testified as an expert in
7 any medical-legal proceedings?

8 A. No.

9 Q. Did you ever testify in court?

10 A. No.

11 Q. Presently who is your employer?

12 A. Meridia Huron Hospital.

13 Q. You're an employee of the hospital?

14 A. Yes.

15 Q. Do you have a private practice outside the
16 hospital?

17 A. No.

18 Q. Doctor, have you ever had your hospital
19 privileges diminished, revoked or suspended?

20 A. No.

21 Q. Have you ever had your medical license
22 revoked, suspended or diminished in any way?

23 A. No.

24 Q. Have you ever been treated for any
25 substance abuse or alcohol abuse?

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1 A. No.

2 Q. Prior to your deposition today did you
3 have a chance to review the medical chart of Mr. Jones?

4 A. My consult, the consult I wrote.

5 Q. Outside of back when you were involved in
6 the treatment of Mi. Jones, did you have a chance to
7 review the chart before you came in for the deposition
8 today?9 A. I'm sorry, I didn't understand the
10 question.11 Q. I know you saw the chart when you were
12 involved in the care of the patient. Did you have a
13 chance to see it and review the chart before your
14 deposition today?

15 A. A part of it.

16 Q. Okay, Just the part relating to your
17 care?

18 A. Correct.

19 Q. Did you review any other documents?

20 A. Dr. O'Neill's deposition.

21 Q. Anybody else's deposition?

22 A. No.

23 Q. Did you review any medical expert reports?

24 A. No.

25 Q. In reviewing the chart was there anything

Page 16

1 that was inaccurately reported to the best of your
2 recollection?

3 A. I'm sorry, I did not understand.

4 Q. Is there anything that was inaccurate in
5 the chart that you saw based on your recollection of
6 the treatment of Mr. Jones?

7 A. No.

8 Q. Was there anything missing from the chart
9 that you would liked to have reviewed that you didn't
10 have a chance to review?

11 A. No.

12 Q. Have you had a chance to talk to any of
13 the other care providers that have been involved in the
14 care of Mr. Jones?

15 A. No.

16 Q. Back in 1994 in October you were in your
17 third year of your residency?

18 A. That's correct.

19 Q. How many other residents were there at the
20 time in your area of internal medicine?

21 A. I don't know.

22 Q. More than ten?

23 A. Probably.

24 Q. How many physicians were on staff at that
25 time?

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1 A. I don't know.

2 Q. More than five attendings?

3 A. On staff where?

4 Q. At Meridia Huron, when you were a
5 resident.

6 A. Yes.

7 Q. How many who specialize in the area of
8 pulmonary?

9 MR. CASEY: If you know.

10 A. I do not know.

11 Q. We know Dr. O'Neill specialized in the
12 area of pulmonary. Anybody else that you can *think* of
13 that specialized in that area back in 1994?

14 A. Yes.

15 Q. Who else?

16 A. Dr. Edward Sivak, Dr. Glenn Madden,
17 Dr. Donald Epstein.18 Q. And in the course of your residency did
19 you have the opportunity to work with each of those
20 doctors?

21 A. I did.

22 Q. Do you recall anything about Mi. Dewey
23 Jones aside from what you charted in your records?24 MR. CASEY: Do you
25 understand?

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1 THE WITNESS: I do.
 2 **A. Extremely limited recollection.**
 3 Q. I guess what I'm asking is, besides what
 4 you put in your paperwork here, what else do you recall
 5 about Mr. Jones?
 6 **A. I recall vaguely seeing him and I learned**
 7 **that he had an arrest in the operating room.**
 8 Q. Is everything that you recall from seeing
 9 Mr. Jones and involve in his care reflected in
 10 your record, in your chart, or is there additional
 11 information besides that that you recall about him?
 12 **A. No, nothing additional.**
 13 Q. Did you ever meet with Mr. Jones' family?
 14 **A. No.**
 15 Q. Do you know how it is -- how is it that
 16 you became involved in Mr. Jones' care?
 17 **A. I was the pulmonary resident at the time**
 18 **of the consult.**
 19 Q. Did someone call you in or were you
 20 assigned to the case? How is it that you became
 21 involved?
 22 **A. I do not recall the exact logistics, exact**
 23 **steps.**
 24 Q. How long had you been the resident in the
 25 pulmonary area at that time, in October of 1994?

Page 19

1 **A. Probably from the beginning of the month**
 2 **up to that date.**
 3 Q. How long were your, I guess, shifts in
 4 each division of internal medicine?
 5 **A. The block rotations are one month per**
 6 **specialty. It starts either on the 1st or the 3rd. I**
 7 **think it was the 3rd that it started.**
 8 Q. Do you know when the first time is that
 9 you saw Mr. Dewey Jones?
 10 **A. I'm sorry?**
 11 Q. Do you know when the first time is that
 12 you saw Mr. Dewey Jones? Please, utilize the records
 13 if you need to.
 14 **A. I did see him only one time.**
 15 Q. I have two exhibits marked here. This one
 16 reflects, I think, a consultation. That's been marked
 17 Exhibit 1. Can you identify that for me?
 18 **A. It seems to be a Xerox copy of the**
 19 **consultation I wrote for Dewey Jones.**
 20 Q. That's dated 10-19-94?
 21 **A. That is correct.**
 22 Q. That's the only time that you saw
 23 Mr. Jones?
 24 **A. That is correct.**
 25 Q. And that's both before his surgery and

Page 20

1 after, your only involvement with him was on the 19th;
 2 is that correct?
 3 **A. To the best of my recollection and**
 4 **documents I've been provided with.**
 5 Q. What was the purpose of your consultation
 6 with Mr. Jones?
 7 **A. Sleep apnea.**
 8 Q. Who requested that consultation?
 9 **A. Per this exhibit, Dr. Badri.**
 10 Q. Do you have a recollection other than this
 11 exhibit of anybody else who requested that
 12 consultation?
 13 **A. No.**
 14 Q. Can you explain to me what sleep apnea is?
 15 MR. WALTERS: Doctor, I think
 16 you just got paged.
 17 MR. LANDSKRONER: Let's go off
 18 the record.
 19 (Thereupon, there was a brief recess.)
 20 BY MR. LANDSKRONER
 21 Q. Doctor, can you please explain to me what
 22 sleep apnea is?
 23 **A. A condition when the patient has periods**
 24 **of decreased frequency and/or episodes of breathing**
 25 **during the night during sleep.**

Page 21

1 Q. How do you go about diagnosing sleep
 2 apnea?
 3 **A. After suspecting it you have to confirm it**
 4 **with polysomnography.**
 5 Q. What is polysomnography?
 6 **A. It's a multi-channel study done during the**
 7 **patient's sleep that tracks a few parameters, among**
 8 **which are mentioned respiratory rate, the chest wall**
 9 **movements, the air flow, the pulse oximetry, the heart**
 10 **rate, EEG, et cetera.**
 11 Q. Is that the only way to confirm sleep
 12 apnea?
 13 MR. CASEY: Do you
 14 understand the question?
 15 THE WITNESS: I understand
 16 the question.
 17 **A. I don't know exactly. Probably, yes. I**
 18 **do not know exactly.**
 19 MR. CASEY: Don't guess.
 20 I've told you don't guess at this stuff.
 21 I know you're not a pulmonologist.
 22 **A. I'm not a pulmonologist. I don't know.**
 23 Q. What are the signs of sleep apnea; what
 24 are the symptoms of sleep apnea?
 25 **A. Morning headaches, sleepiness during the**

Page 22

1
2 Q. Anything else?
3 A. The bedroom partner noticing a bit of
4 seizing of breaths.
5 Q. Are there predisposing factors for sleep
6 pne ?
7 A. There are.
8 Q. What are those?
9 MR. CASEY YOU understand
10 he's not asking you about this patient, in
11 general.
12 THE WITNESS: Right.
13 A. It's a multitude of factors, so it depends
14 on the patient really.
15 Q. Is obesity a predisposing factor?
16 A. Yes.
17 Q. Is a patient with sleep apnea syndrome at
18 risk of postoperative acute airway obstruction?
19 MR. CASEY: I missed that
20 question.
21 BY MR. LANDSKRONER:
22 Q. Is a patient with sleep apnea syndrome at
23 risk for postoperative acute airway obstruction?
24 A. I don't know.
25 Q. Fair enough. Do you know if Mi. Jones

Page 23

1 ever had the polysomnography?
2 A. He stated he had sleep studies done at
3 Bedford.
4 Q. Did you ever review those studies?
5 A. No.
6 Q. Doctor, do you know what obesity
7 hypoventilation syndrome is?
8 A. Yes.
9 Q. Can you tell me what it is?
10 A. It's a syndrome by which patients who are
11 obese have hypoventilation mainly at night.
12 Q. How do you go about confirming whether or
13 not they have this condition?
14 A. I don't know.
15 Q. Do you know if any testing was done for
16 Mr. Jones to confirm or rule out whether he had OHS?
17 A. I don't know.
18 Q. Let's look at your note. Tell me in terms
19 of your involvement what you did for Mr. Jones.
20 MR. CASEY: Do you want him
21 to read the note, is that what you're
22 asking him to do?
23 BY MR. LANDSKRONER:
24 Q. I'm asking what your involvement was. You
25 saw him for sleep apnea. Based on your note, can you

Page 24

1 tell me what you did for Mi. Jones?
2 A. I did a history and physical exam.
3 Q. Your history and exam revealed
4 hypertension since 1987. Tell me if I'm correct. I'll
5 just run through this.
6 A. Certainly.
7 Q. Congestive heart failure since 1987?
8 A. Correct.
9 Q. OSA, what's that?
10 A. Obstructive sleep apnea.
11 Q. That's a question mark?
12 A. Yes.
13 Q. Why do you have a question mark there?
14 A. The patient wasn't clear about the
15 information he gave me.
16 Q. It says times two years and then you note
17 that sleep studies are done at Bedford Hospital,
18 correct?
19 A. Correct.
20 Q. Did you ever find out what studies were
21 performed at Bedford Hospital?
22 A. No.
23 Q. What's underneath that?
24 A. Gunshot wound, GSW.
25 Q. That's two years ago?

Page 25

1 A. Yes.
2 Q. Obesity is noted. Was Mr. Jones a
3 morbidly obese man?
4 MR. CASEY. He weighed
5 about 310 pounds. I figured that's what
6 you were going to go look for.
7 A. Yes, he was.
8 Q. On the right you note the medications that
9 he was on?
10 A. I'm sorry?
11 Q. On the right side you note there what
12 medications he was taking?
13 A. Yes.
14 Q. The majority of those medications are for
15 cardiac difficulties, correct?
16 A. Yes.
17 Q. On the right, further right you note 3H.
18 What's that?
19 A. SH.
20 Q. I'm sorry.
21 A. Social history.
22 Q. And that was what?
23 A. Nonsmoker, no alcohol.
24 Q. If you'll read for me the next line just
25 so I have it correctly where it says accepts.

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1 A. Accepts having an interrupted sleep. No
2 morning headaches. No shortness of breath. Snore.

3 Q. What is the significance of shortness of
4 breath?

5 MR. WALTERS: Didn't he say no
6 shortness of breath?

7 MR. LANDSKRONER: Yes.

8 BY MR. LANDSKRONER:

9 Q. I'm just wondering what the significance
10 is of shortness of breath or no shortness of breath.
11 What does that indicate to you?

12 MR. CASEY: That finding in
13 and of itself is what he wants to know. I
14 think that's why you're having trouble.

15 A. It tells me that his lungs were doing
16 okay, his heart was functioning compensated. That's
17 what it tells me.

18 Q. In a patient -- in Dewey Jones, if he
19 presented with shortness of breath, would that indicate
20 to you that there might be a problem with his heart?

21 MR. CASEY: That in and of
22 itself?

23 Q. In his condition?

24 A. No.

25 Q. What types of things would that indicate

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1 for you if he did have shortness of breath?

2 A. Again, I cannot take this isolated sign.
3 I have to corroborate it with all the other facts.

4 Q. I want you to. I mean, for the purpose of
5 the question I want you to take Dewey Jones as he was
6 here. And if he presented to you with shortness of
7 breath, what would that indicate to you?

8 MR. WALTERS: while resting
9 or on exertion?

10 BY MR. LANDSKRONER:

11 Q. The circumstances where you observed no
12 shortness of breath. If he did present to you with
13 shortness of breath, what would that indicate to you?

14 A. I need to go further in history and
15 examine him, so I cannot give you a specific answer.

16 Q. Okay. So based on the history that you
17 took of the patient, if he did have shortness of breath
18 you would need to do further examination?

19 A. Correct.

20 Q. And would one of the things that you'd be
21 attempting to examine to rule out would be cardiac
22 problems?

23 A. On my
24 findings. There's a lot that me examining the patient,
25 a lot of information that I can get from that.

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1 Q. I mean, at least in his case would that be
2 something you'd be concerned with based on the history
3 that you had?

4 MR. WALTERS: I'm going to
5 object to a hypothetical.

6 MR. MEADOWS: I'm going to
7 object. Is this in the context of a sleep
8 apnea consult?

9 Q. You saw the condition --

10 MR. CASEY: Do you
11 understand his question? Do you
12 understand? He's asking you to assume
13 that everything on there was the same but
14 that he said, I have shortness of breath.

15 I don't know if that means shortness
16 of breath would change anything else. I
17 mean, your note says he didn't have
18 shortness of breath. I don't know if you
19 can answer that question or not. I don't
20 know if one thing leads to another leads
21 to another.

22 A. I already said I cannot answer it.

23 Q. I just said, under the circumstances and
24 given the condition you said that you would do further
25 examination if he presented with shortness of breath?

Page 29

1 A. Correct.

2 Q. I want to know, further examination, would
3 that require a cardiac workup?

4 MR. MEADOWS: show an
5 objection to form.

6 MR. CASEY: Same.

7 A. Again, I would start directing my history
8 and physical.

9 Q. And in doing that would one of the things
10 you'd be looking for would be concerns of cardiac
11 problems?

12 A. Among others.

13 Q. That's fair. The next line reads, no
14 daytime sleepiness, little cough, yellow sputum?

15 A. Correct.

16 Q. No chills/fever. What's that indicate to
17 you, no chills/fever; what's the significance of that?

18 A. I'm sorry, I don't understand the
19 question.

20 Q. What's the significance of you indicating
21 that he didn't have any chills and he didn't have any
22 fever as far as your exam goes?

23 A. There is no bronchitis, not a severe
24 bronchitis at least.

25 Q. Anything else?

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1 A. No. In the context of my examination, no.
 2 Q. Okay, The next line, physical exam. If
 3 you can, read that through for me.
 4 A. Obese male, no apparent distress, alert,
 5 oriented in three spheres. The vital signs are next.
 6 Q. No apparent distress meaning that he was,
 7 he was not complaining of any problems at the time that
 8 you saw him; is that a fair statement?
 9 A. Yes.
 10 Q. Let me jump back up to the top of the
 11 page, Doctor. Is it your understanding that Mi. Jones
 12 was scheduled for a laparoscopic procedure to be done
 13 on the 20th of October 1994?
 14 A. Correct.
 15 Q. Where did you get that information from?
 16 A. I don't recall.
 17 Q. Dr. Badri sent you the referral. Would
 18 that have come from Dr. Badri?
 19 A. The exact channels of how the information
 20 got to me I do not recall.
 21 Q. Could have been the patient, could have
 22 been Dr. Badri?
 23 A. Could have, correct.
 24 Q. The next line, head, read that for me.
 25 A. Atraumatic normal cephal, normal cephal.

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1 Throat-enlarged tonsils.
 2 Q. Next line?
 3 A. Chest is clear. Heart is regular.
 4 Q. What are those notations there?
 5 A. Those are the arterial blood gases.
 6 Q. What do those indicate?
 7 A. Nothing particularly. They are normal.
 8 Q. What do arterial blood gases indicate,
 9 what do they show?
 10 A. A multitude of things.
 11 Q. What do you learn when you read, when you
 12 find out the readings from the arterial blood gas
 13 study?
 14 A. Again, there's a lot of information that
 15 you can learn from looking at them, but these are
 16 normal.
 17 Q. Those were taken at the same time that you
 18 did your examination?
 19 A. I don't know.
 20 Q. Did you take the ABG's?
 21 A. No.
 22 Q. Did you order them?
 23 A. I would say no since they are present at
 24 the time of me examining him. Shall confirm it in the
 25 order sheet.

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1 MR. CASEY confirmed that
 2 you didn't order the ABG's?
 3 THE WITNESS: Yes, that was
 4 the question, whether I ordered them. I
 5 said no.
 6 BY MR. LANDSKRONER:
 7 Q. Doctor, what date were you relying on for
 8 the readings for the ABG's?
 9 A. What date?
 10 Q. What date were the ABG readings done that
 11 you relied on?
 12 A. Let's look in the labs.
 13 MR. MEADOWS: can we go off
 14 the record for a minute?
 15 (Thereupon, there was a brief recess.)
 16 MR. MEADOWS: I've got to
 17 leave to go to another deposition. I
 18 didn't realize this deposition was going
 19 to go as late as it has. It was scheduled
 20 to start at 10:00 to 11:00. I just
 21 reserve my right to question the witness
 22 if necessary at a later date.
 23 (Thereupon, there was a 1
 24 Q. Doctor, I think the question was, the ABG
 25 results that you relied on were taken when?

33

1 A. 10-18.
 2 Q. Did you request any other ABG's be done
 3 after that?
 4 A. No.
 5 Q. Doctor, at the top of the page it notes,
 6 to Dr. O'Neill, correct?
 7 A. Yes.
 8 Q. That was the referral from Dr. Badri to
 9 Dr. O'Neill?
 10 A. Yes.
 11 Q. How is it -- were you covering for
 12 Dr. O'Neill in this situation?
 13 A. I was seeing the patients for the
 14 pulmonologist.
 15 Q. So you were covering for her at least in
 16 the treatment of Mr. Jones?
 17 MR. CASEY Jack, you're
 18 asking him if he was covering like he was
 19 the attending. He's not the attending.
 20 Just a sloppily worded.
 21 BY MR. LANDSKRONER
 22 Q. You made the consultation for Dr. O'Neill
 23 A. That's correct.
 24 Q. Did Dr. O'Neill ever see the patient
 25 the 1.

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1 MR. CASEY: If you recall.
 2 A. I don't know.
 3 Q. Doctor, did Dr. O'Neill sign off on your
 4 note here?
 5 A. It's cosigned.
 6 Q. Is that her signature or your signature?
 7 A. Both.
 8 Q. Do you know when she reviewed your note?
 9 A. No.
 10 Q. The second line down says, referring
 11 physician requests, checked off it says, consultant
 12 follow patient with attending physician. Underneath
 13 that it says, consultant assumed management of this
 14 condition, that's also checked off.
 15 Was it your understanding that you were
 16 taking over the care of this patient at that time or
 17 that the pulmonary service was?
 18 A. No.
 19 Q. What does it mean "consultant assume
 20 management of this condition"?
 21 A. In Dewey Jones it meant assume management
 22 of his sleep apnea after the acute events are over.
 23 Q. That was after the surgical procedure was
 24 performed?
 25 A. Yes.

Page 35

1 Q. "Consultant follow patient with attending
 2 physician, what does that mean?"
 3 A. These are basically different degrees from
 4 the rotations of the involvement of the consultant in
 5 the care of an inpatient.
 6 Q. In my copy it notes that both are checked.
 7 Yours, as well?
 8 A. Yes.
 9 Q. Why both; why would both be checked?
 10 A. I don't know.
 11 Q. Is that a normal policy you would just
 12 check one and that's the level of involvement that you
 13 would have with the patient?
 14 A. I don't know.
 15 Q. Did you fill that out?
 16 A. No.
 17 Q. Was it your understanding or -- strike
 18 that.
 19 Were you requested in any way to clear
 20 this tie for surgery from a pulmonary standpoint?
 21 A. No.
 22 Q. I think we left off at the chest notation,
 23 the line that says chest. I think underneath that,
 24 what's the next line down?
 25 A. Abdomen.

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1 Q. What did that indicate?
 2 A. Soft, nontender to palpation. Bowel
 3 sounds are present.
 4 Q. Nontender, do you recall if you palpated
 5 in the area of Mr. Jones' gallbladder?
 6 A. I don't recall.
 7 Q. Generally where would you palpate when you
 8 were checking the abdomen?
 9 A. You would palpate the whole abdomen.
 10 Q. And that would include the gallbladder
 11 area?
 12 A. Yes.
 13 Q. The next sentence, the next part of that
 14 sentence, CXR?
 15 A. Chest x-ray-cardiomegaly.
 16 Q. What does that mean?
 17 A. Big heart.
 18 Q. And after that?
 19 A. Some laboratory results.
 20 Q. What do they indicate?
 21 MR. CASEY I think you
 22 missed the bilirubin level on the last
 23 line.
 24 BY MR. LANDSKRONER:
 25 Q. Read through the laboratory results.

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1 A. Bilirubin, 3; alkaline phosphates, 132;
 2 AST, 25.
 3 Q. what's that?
 4 A. Aspartate aminotransferase.
 5 Q. What does that indicate?
 6 A. It's nonspecific.
 7 Q. What is that a test for?
 8 A. It's part of the battery of tests.
 9 Q. I understand that. What specifically does
 10 that tell you?
 11 A. As I mentioned a minute ago, it is not
 12 specific.
 13 Q. But, I mean, I don't understand what it
 14 tests.
 15 MR. CASEY: Alkaline what?
 16 A. AST, aspartate aminotransferase.
 17 Q. What is that in laymen's terms? I just
 18 don't understand.
 19 A. That's an enzyme that is containing all
 20 cells of our bodies, or most of them.
 21 Q. If there is a low reading, what does it
 22 indicate?
 23 A. Again, it is very nonspecific.
 24 Q. I guess what I'm getting at is, what's the
 25 benefit of doing the test then? I want to know what

Page 38

1 the test shows and what are you looking for?

2 A. Depends on the clinical context of the
3 patient.

4 Q. Okay. In the case of Dewey Jones, what
5 does the test -- what are you looking for when you do
6 an AST test?

7 A. As I mentioned, it is nonspecific, so it
8 can indicate a multitude of things. It has to be taken
9 in the clinical context. To my knowledge, and let me
10 confirm it through the numbers --

11 MR. CASEY: what are you
12 looking for, Doctor?

13 THE WITNESS: Laboratory.

14 MR. CASEY YOU want the
15 CBC numbers?

16 THE WITNESS: No, the Chem
17 20's.

18 MR. CASEY That's 11-4.
19 You need to go back further.

20 A. arc same are
21 the same probably. It's normal.

22 Q. The AST is normal?

23 A. Right.

24 Q. Underneath that?

25 A. Ultrasound of the gallbladder.

Page 39

1 Q. And that --

2 A. Result, stones and normal common bile
3 duct.

4 Q. What's normal common bile duct mean, it
5 means the stones aren't in the duct?

6 A. No, it means the duct is of normal size.

7 Q. Okay. Underneath that?

8 A. White blood cells, 9,000 with 64 percent
9 neutrophils.

10 Q. Is that a normal reading?

11 A. Pretty much.

12 Q. The cardiomegaly, it said the chest x-ray
13 shows cardiomegaly. From a pulmonary perspective what
14 does that mean, what is the significance of
15 cardiomegaly?

16 A. Again, it has to be taken in the context
17 with all the other findings. Very nonspecific.

18 Q. In the case of Mr. Jones what's the
19 significance of it?

20 A. Makes one think he had congestive heart
21 failure and hypertension.

22 Q. Does it have any significance of view of
23 your exam for sleep apnea?

24 A. No.

25 Q. Does it have any significance in terms of

Page 40

1 your knowledge that Mr. Jones was going to be
2 undergoing a laparoscopic procedure on 10-20-94?

3 MR. CASEY He just told
4 you he wasn't clearing the patient for
5 surgery.

6 BY MR. LANDSKRONER:

7 Q. I know. I'm just wondering, with your
8 knowledge that he was going for a laparoscopic
9 procedure, is there any significance to the fact that
10 he had cardiomegaly?

11 MR. CASEY: Do you
12 understand?

13 THE WITNESS: No.

14 A. Please rephrase.

15 Q. Sure. You knew that Mr. Jones was going
16 in for a surgical procedure the following day, correct?

17 A. Correct.

18 Q. Is there any significance to the fact that
19 he had cardiomegaly to the fact that you had knowledge
20 that he was having this procedure?

21 MR. CASEY: Do you still
22 understand -- do you understand the
23 question?

24 A. No. Would you please --

25 Q. Sure. I asked that very poorly.

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1 Is there anything incumbent upon you
2 knowing that he was having a procedure, a laparoscopic
3 procedure, the next day that was significant about the
4 fact that he had cardiomegaly to relate back to any
5 other physicians?

6 MR. CASEY: I think he's
7 asking, should you have run back to
8 Dr. Badri and told him that this guy had a
9 big heart.

10 I think that's what you're asking.

11 MR. LANDSKRONER: I'll accept
12 that inquiry.

13 A. No.

14 Q. And you didn't feel any duty or anything
15 to run back to Dr. Badri or any other physician,
16 Dr. O'Neill, and point out the fact that he had
17 cardiomegaly in spite of the fact he was having a
18 lapa oscopic procedure the next day?

19 A. I was evaluating the patient for sleep
20 apnea.

21 Q. The next line, on the left side it says
22 limbs.

23 A. Limbs, trace edema.

24 Q. What does that mean?

25 A. That he had a small amount of swelling of

Page 42

1 his legs.

2 Q. Is there any significance to the trace
3 edema for purposes of your review of sleep apnea, your
4 consult of sleep apnea?

5 A. Probably not.

6 Q. The next line, what is that?

7 A. Assessment and plan.

8 Q. What is that?

9 A. First address the problem that I was
10 seeing the patient for, obstructive sleep apnea by
11 history.

12 Q. Okay. So you diagnosed him as having
13 sleep apnea by history?

14 A. Correct.

15 Q. The next line?

16 A. Check overnight pulse oximetry.

17 Q. Pulse oximetry checks the oxygen levels in
18 the blood?

19 A. The oxygen saturation of the blood.

20 Q. Was that something you were scheduling to
21 do that evening?

22 A. Yes.

23 Q. The next line says, get sleep study from
24 Bedford Hospital?

25 A. Correct.

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1 Q. Was that done, do you know?

2 A. No, I don't know.

3 Q. And the next line?

4 A. Check pulmonary function tests.

5 Q. What's the purpose of doing that?

6 A. Evaluating his lung function.

7 Q. Was that done?

8 MR. CASEY: YOU have it
9 marked as your next exhibit, so I won't
10 try to leaf through my chart.

11 BY MR. LANDSKRONER:

12 Q. Yes, this is marked Exhibit 2. Tell me
13 what that is.

14 A. That's the spirometry.

15 Q. Is that what you were referring to when
16 you noted PFTS?

17 A. Yes. PFT's, yes.

18 Q. That's what you have in your hand right
19 there?

20 A. Correct.

21 Q. That is also dated the 19th of October?

22 A. Correct.

23 Q. The same day as your consultation.

24 Let's take a look at that exhibit for a
25 moment. At the bottom of the page it says Test # 2.

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1 Do you see that on the right lower corner?

2 A. Yes.

3 Q. Where's Test #1?

4 A. I don't know.

5 Q. Do you have any knowledge why that would
6 be marked Test #2?

7 A. No.

8 Q. Did you see a Test #1 when you looked
9 through the chart?

10 A. No.

11 Q. Do you know if a Test #1 exists?

12 A. No.

13 Q. And this test was requested to check
14 pulmonary function of Mr. Jones for the purposes of
15 sleep apnea or for any other purposes?

16 A. For the purposes of sleep apnea.

17 Q. You note on the page, it says -- the
18 notation on the page says spirometry

19 A. Yes.

20 Q. What is that?

21 A. It's pulmonary function tests.

22 Q. It's one of the tests that's requested?

23 A. Yes.

24 Q. It mentions Dr. Badri and Dr. O'Neill.

25 Those are the two physicians involved in Mr. Jones'

Page 45

1 care, two attendings?

2 A. I don't understand.

3 Q. Those are the two attendings that are
4 in Mr. Jones' care, Dr. Badri and Dr. O'Neill?

5 A. Yes.

6 Q. Underneath it says, comments, patient
7 coughed during every VC. What's a VC?

8 A. Vital capacity.

9 Q. Is that a point in time that a test -- I
10 mean, I don't understand how he could cough. Is that a
11 specific test that's done, vital capacity?

12 A. The patient blows air into a device.

13 Q. So every time he was blowing air into the
14 device he was coughing?

15 A. That's what I read.

16 Q. There's some handwriting to the right. Do
17 you know whose handwriting that is?

18 A. No.

19 Q. What's the significance of him coughing
20 during every VC?

21 A. I don't know.

22 Q. It says, patient almost passed out after
23 last FVC. what's an FVC?

24 A. Forced vital capacity.

25 Q. What is that? Is that air blown back into

Page 46

1 his lungs?

2 A. No. The patient takes a deep breath and
3 exhales forcefully.

4 Q. What's the significance to him almost
5 passing out after the last FVC?

6 A. Anybody who takes frequent deep breaths
7 gets dizzy and ultimately passes out.

8 Q. So there's no significance, at least in
9 Mr. Jones' case, there's no red flags that are raised
10 by the fact that he's almost passed out after the last
11 FVC.

12 A. No.

13 Q. It says you were notified; does that sound
14 correct?

15 A. That's what I read.

16 Q. Were you notified?

17 A. I do not recall.

18 Q. Underneath that it references, just under
19 that section it says, there may be a severe
20 restriction. What does that mean?

21 A. There is a possibility that this patient
22 has a severe restriction.

23 Q. A severe pulmonary restriction?

24 A. Yes.

25 Q. What does that indicate to you at least in

Page 47

1 terms of his sleep apnea disorder?

2 A. I'm sorry, I don't --

3 MR. CASEY: I'd like he
4 wants to know if the sleep test means
5 to you in dealing with the sleep apnea.

6 MR. LANDSKRONER: Yes

7 A. I just wanted a baseline for the patient
8 to see where he stands and how we'll address him in the
9 future.

10 Q. It doesn't raise any specific red flags to
11 you in terms of treating his sleep apnea?

12 A. No.

13 Q. Is a patient who has a severe pulmonary
14 restriction at high risk for a surgical procedure and
15 general anesthetic?

16 MR. CASEY: Understand he's
17 asking you to assume that and that alone.

18 A. Depends on all the other factors, other
19 conditions the patient has.

20 Q. Would you say based on Mr. Jones'
21 condition that he was at high risk for a surgical
22 procedure under general anesthetic because of his
23 severe restriction?

24 MR. CASEY: Object. Again,
25 we get back to that thing if high risk

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1 compared to what?

2 BY MR. LANDSKRONER:

3 Q. High risk as compared to a patient that
4 did not have a severe respiratory restriction or
5 pulmonary restriction.

6 A. Nor does this patient positively have it.
7 It says there may be a severe restriction.

8 Q. Okay. Do you know if Mr. Jones, if it was
9 ever determined whether or not Mr. Jones had a severe
10 restriction?

11 A. I do not know.

12 Q. Was there any other testing done that
13 you're aware of prior to his surgical procedure that
14 was undertaken on the 20th?

15 A. I'm not aware.

16 Q. Is there any testing at least in terms of
17 him undergoing a surgical procedure that you would
18 liked to have seen done prior to him having the
19 procedure undertaken on the 20th to either confirm or
20 rule out the severe restriction?

21 MR. CASEY: object. He's
22 already told you he wasn't clearing this
23 guy for surgery.

24 MR. LANDSKRONER: I know.

25 A. I saw the patient prior to surgery. It

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1 would have been after surgery, as well. The reason why
2 we're consulted, it was a long-lasting disease. The
3 patient probably has it until the end of his life, so
4 it wouldn't make any difference whether I saw him
5 before or after the surgery.

6 Q. So you weren't --

7 A. So this wasn't related in any means to his
8 preoperative, to the evaluation that goes on
9 preoperatively.

10 Q. And just so I'm clear, it didn't raise any
11 red flags for you in terms of him going into surgery
12 that he might have had a severe pulmonary restriction?

13 A. No.

14 Q. Okay. The next page, or the next line
15 down it says bronchitis?

16 A. Yes.

17 Q. What's after that?

18 A. Continue with Unasyn. Check sputum
19 culture and sensitivity and gram stain.

20 Q. Did Mr. Jones have bronchitis?

21 A. Mild bronchitis.

22 Q. And that was confirmed how?

23 A. Clinically.

24 Q. By the gram stain tests?

or

1 cough and yellow sputum.
 2 Q. That in and of itself means he has
 3 bronchitis?
 4 A. Again, it depends on other findings in the
 5 patient.
 6 Q. I'm just asking you if you can tell me how
 7 you can tell me clinically that he had bronchitis?
 8 A. He was coughing and had yellow phlegm.
 9 Q. And that's the basis for the determination
 10 that he had bronchitis?
 11 A. Yes.
 12 Q. Anything else that was done to confirm
 13 that diagnosis?
 14 A. Yes.
 15 Q. What else?
 16 A. Chest x-ray.
 17 Q. And that confirmed the diagnosis of
 18 bronchitis?
 19 MR. CASEY: Hold on,
 20 Doctor. Let's look at the chest x-rays
 21 first before you go talking about that.
 22 A. Yes, it confirms bronchitis by ruling out
 23 pneumonia. Lung fields are clear.
 24 Q. That's what date; what's the date of that
 25 x-ray?

1 MR. CASEY: 10-17 on the
 2 top of what I see.
 3 BY MR. LANDSKRONER:
 4 Q. Next line is morbid obesity?
 5 A. Yes.
 6 Q. And then hypertension is the next line?
 7 A. Yes.
 8 Q. Then it says questionable CHF?
 9 A. Yes.
 10 Q. That's congestive heart failure?
 11 A. Yes.
 12 Q. The question mark was placed there why?
 13 A. It was a patient who gave me the diagnosis
 14 of congestive heart failure. I did not have objective
 15 proof thereof.
 16 Q. Now, was it your understanding -- what was
 17 your understanding as to who was going to treat the
 18 condition for hypertension?
 19 A. I don't know.
 20 Q. What about the questionable congestive
 21 heart failure, do you know who was going to treat --
 22 what was your intention as to who was going to treat
 23 that?
 24 A. I don't know. As I mentioned, I came in
 25 the case to see a patient for a condition that he

1 probably had for the previous half of his life and will
 2 have to the end of his life. I had a very limited
 3 involvement with this patient. I addressed the problem
 4 I was asked to see him for, the sleep apnea.
 5 Q. AP stands for?
 6 A. Assessment and plan.
 7 Q. In your plan you put in notations for
 8 dealing with his morbid obesity, his hypertension and
 9 his congestive heart failure. I'm just wondering in
 10 terms of your involvement who you intended to have
 11 follow up with those items.
 12 A. I mentioned them as part of his problems.
 13 MR. CASEY: Jack,
 14 assessment includes assessment, too. It
 15 doesn't just include plan.
 16 BY MR. LANDSKRONER:
 17 Q. As part of your assessment you didn't have
 18 any intention to have anybody follow up with these
 19 conditions?
 20 A. No, I didn't. Again, my assessment and
 21 plan would have been as written, obstructive sleep
 22 apnea, period, perhaps bronchitis. If you want the
 23 complete, it says resident. I was a resident at that
 24 point, so I was used to address many other things. The
 25 consult was strictly for sleep apnea, period.

1 MR. CASEY: You were
 2 thorough.
 3 THE WITNESS: Yes.
 4 BY MR. LANDSKRONER:
 5 Q. You, of course, related all this
 6 information to Dr. O'Neill, including your full
 7 assessment and plan?
 8 A. Yes.
 9 Q. It says at the bottom of the page, see
 10 dictated consult per Dr. Epstein.
 11 A. Yes.
 12 Q. Dr. Epstein is not a pulmonologist.
 13 A. Yes.
 14 Q. Was Dr. Epstein in the care of
 15 Mr. Jones?
 16 MR. CASEY: If you recall.
 17 A. I do not recall.
 18 Q. Can you point me to where the dictated
 19 consult per Dr. Epstein is at in the record?
 20 MR. CASEY: I can't find it
 21 either. I mean, we went through this and
 22 we tried to find it. I didn't find it.
 23 Q. So is it your understanding there is no
 24 consult dictated from Dr. Epstein that's a part of this
 25 record?

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1 A. I do not know.
 2 MR. LANDSKRONER: YOU looked for
 3 it? Did you look for it?
 4 MR. CASEY: I looked for it
 5 while I was sitting with him and I
 6 couldn't find it.
 7 BY MR. LANDSKRONER:
 8 Q. And you've never seen that report at least
 9 after -- did you ever see that report at all?
 10 A. I do not recall.
 11 Q. Doctor, in the progress notes -- did you
 12 chart anywhere in the physician orders or progress
 13 notes at all?
 14 A. Physician orders, yes.
 15 MR. CASEY: on 10-19. It
 16 starts at 14 or 1659. That has to be
 17 1459. The top of the page is 1450.
 18 There's a little number 94 with a circle
 19 around it at the bottom.
 20 Q. Just run through that with me, if you
 21 will.
 22 A. Certainly.
 23 Q. Please read it.
 24 A. 10-19, 1450, PFT's today please.
 25 Q. What's that?

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1 A. Pulmonary function tests.
 2 Q. No. 40, what does that mean?
 3 A. That's the way the assistants code their
 4 orders.
 5 Q. That's not your writing?
 6 A. No.
 7 Q. Number two?
 8 A. Please get records from Bedford Hospital.
 9 See attached consent form.
 10 Q. And it says form faxes?
 11 A. Form faxed.
 12 Q. Number three?
 13 A. Overnight oximetry tonight please, and
 14 signed by me.
 15 Q. Is that the only place that you've
 16 charted, anywhere else in the orders or notes?
 17 A. Following two orders are mine, as well.
 18 Q. Okay. If you'll run through that.
 19 A. Same day.
 20 Q. 1600
 21 A. 1600. Incentive spirometry every hour
 22 while the patient is awake preoperatively. Signed.
 23 The next order is, sputum, gram stain, culture and
 24 sensitivity. Signed.
 25 Q. Do you know what the results of the gram

Page 56

1 stain was, of those tests?
 2 A. Yes.
 3 Q. What are those results, those findings?
 4 A. Normal respiratory flora.
 5 Q. So normal findings?
 6 A. Normal findings.
 7 Q. Again, back to your note, your charting,
 8 your orders.
 9 A. Yes.
 10 Q. Anything else in there?
 11 A. No, that's -- I think here ends my
 12 involvement with Dewey Jones.
 13 Q. You never saw him again after the 19th?
 14 A. No.
 15 Q. Doctor, how do you normally communicate to
 16 other doctors, through the chart, or do you talk to
 17 them in person, or a combination?
 18 A. Combination.
 19 Q. In this case do you remember any specific
 20 conversations you had with any other doctors that were
 21 involved in Mr. Jones' care?
 22 A. I don't recall.
 23 Q. Doctor, did you review the echocardiogram
 24 or any echocardiograms at all from Mr. Jones?
 25 A. I don't recall.

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1 Q. Are you competent to read echocardiograms?
 2 MR. CASEY: NOW or then?
 3 MR. LANDSKRONER: Back then.
 4 BY MR. LANDSKRONER:
 5 Q. Were you qualified to read echocardiograms
 6 back then?
 7 A. Would you please rephrase?
 8 Q. Sure. Did you feel comfortable reading
 9 echocardiograms in your area of expertise or would you
 10 defer to another expert to read those?
 11 A. I would defer reading echocardiograms to
 12 an expert.
 13 Q. In your practice in internal medicine, do
 14 you occasionally have to utilize the findings of an
 15 echocardiogram, request one to be done by another
 16 physician?
 17 A. Certainly.
 18 Q. And you utilize the results of that in
 19 terms of your evaluation of a patient?
 20 A. Yes.
 21 Q. You have no recollection of doing that,
 22 reviewing an echocardiogram in this case?
 23 A. No.
 24 Q. Would you as a matter of course for your
 25 evaluation of this patient for sleep apnea have

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Page 58

1 reviewed the echocardiogram?

2 A. No.

3 Q. If you reviewed it, would you have charted
4 it?

5 A. It would have been charted, yes.

6 Q. I believe I asked you about obesity,
7 hypoventilation --

8 MR. CASEY: YOU did.

9 BY MR. LANDSKRONER

10 Q. Were you made aware at any point in time
11 that Mr. Jones' oxygen saturation levels dropped to 87
12 percent on the evening of the 19th?

13 A. No.

14 Q. Were you aware that the morning of the
15 20th Mr. Jones had oxygen therapy?

16 A. No.

17 Q. In the course of your practice, Doctor, do
18 you treat patients with any regularity who have
19 cholecystitis?

20 MR. CASEY: You're asking
21 him now?

22 MR. LANDSKRONER Yes.

23 A. No.

24 Q. Back at the time you were working as a
25 resident in pulmonology, had you had experience

Page 59

1 treating patients with cholecystitis?

2 A. Occasionally.

3 Q. You did back then?

4 A. (Witness nods.)

5 Q. How often would you see a patient with
6 cholecystitis back during your residency?

7 A. I don't know.

8 Q. More than one a week?

9 A. No.

10 Q. More than one a month?

11 A. I don't know.

12 Q. Have you ever ordered a Swan-Ganz catheter
13 for a patient?

14 A. Yes.

15 Q. What type of patient did you order that
16 for; what was the purpose for ordering it?

17 A. I can't recall any particular patient.

18 MR. CASEY: was it when you
19 were a resident or now since you've become
20 an attending?

21 THE WITNESS: Both.

22 BY MR. LANDSKRONER

23 Q. Have you ever ordered a Swan-Ganz catheter
24 for a patient for the purposes -- is it?

25 A. No.

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1 Q. What is the purpose of a Swan-Ganz
2 cath from the standpoint of a pulmonologist?

3 A. I'm sorry?

4 Q. Why would a pulmonologist order a
5 Swan-Ganz catheter for a patient?

6 A. In Dewey Jones?

7 Q. Okay, in Dewey Jones.

8 A. At the time I saw him he didn't need any
9 Swan.

10 Q. Why not?

11 A. Because he was -- he had no indication for
12 a Swan at the time I saw Dewey Jones.

13 Q. From the standpoint of sleep apnea or from
14 the standpoint surgically?

15 A. From the standpoint of sleep apnea he had
16 no indication.

17 Q. Would you expect that surgically he would
18 have had an indication -- strike that.

19 From the standpoint of a patient
20 undergoing surgery in his condition, from a pulmonology
21 perspective would you expect that the patient would
22 have had a Swan-Ganz catheter?

23 A. I do not know.

24 MR. CASEY: object. He's
25 not a pulmonologist.

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1 MR. LANDSKRONER: He did a
2 residency,

3 MR. CASEY: He rotated
4 through for a month.

5 BY MR. LANDSKRONER:

6 Q. Doctor, did you ever find out if Dewey
7 Jones, in fact, had a severe restriction, severe
8 pulmonary restriction?

9 A. I don't recall.

10 Q. As you look through the chart can you tell
11 me if he did or did not have a severe restriction?

12 MR. CASEY: can you tell by
13 reading that, Exhibit 2, whether that
14 indicates a severe restriction?

15 A. It's not diagnostic of a severe
16 restriction. There may be.

17 Q. Can you tell me if it was ever -- do you
18 know if it was ever ruled out?

19 A. I do not know.

20 Q. Did you see it anywhere in the charts,
21 further testing or any evidence that he either had or
22 did not have a severe restriction?

23 MR. CASEY: If you know.

24 A. I don't know.

25 Q. Do you know if Dr. O'Neill or anyone from

1 the pulmonary service intended to see Mr. Jones before
2 he went into surgery besides yourself?

3 A. I don't know.

4 Q. Are you aware of whether or not the
5 pulmonary service was asked to clear Mr. Jones prior to
6 surgery?

7 MR. CASEY: He's already
8 told you that.

9 A. I am aware. Pulmonary service was not
10 asked to clear this patient for surgery.

11 Q. Okay. Doctor, was the pulse oximetry test
12 that you requested performed in the manner that you
13 requested it to be performed in?

14 THE WITNESS: Do we have the
15 result --

16 MR. CASEY: All we have is
17 these nurses --

18 THE WITNESS: There's no
19 graph?

20 MK. CASEY There's no
21 graph.

22 A. No.

23 Q. How did you want it to be performed?

24 A. There's a graph that basically shows the
25 patient's heart, the patient's oxygen saturation and

ig 13

1 heart rate throughout the time it's looked at
2 respectively throughout the night.

3 Q. Is that a continuous pulse ox?

4 A. Yes, it is a continuous pulse oximetry.

5 Q. The one that was done, how did it vary
6 from what you wanted?

7 A. From what I see here, they hooked the
8 patient up to a pulse oximeter without the continuous
9 charting, without having it continuously recorded.

10 Q. Will the results of the continuous pulse
11 ox play a role in the intraoperative management of this
12 patient?

13 A. No.

14 Q. Would it play a role in the postoperative
15 management of this patient?

16 A. No.

17 Q. Doctor, is there associated complications
18 with sleep apnea syndrome and respiratory arrest?

19 A. I'm sorry, I didn't understand the
20 question.

21 Q. Or a surgical patient is there so at
22 a point with sleep apnea syndrome and
23 respiratory arrest?

24 A. I don't know.

25 MR. LANDSKRONER: All right,

1 Doctor, thank you. I don't have anything
2 else.

3 MR. CASEY: What's going to
4 happen is they're going to have this typed
5 up. They're going to send it to me, I'll
6 send it to you, you look it over, make any
7 changes that you need to make, send it
8 back to me and I'll send it back to the
9 court reporter. Okay?

10 THE WITNESS: Certainly.

11 MR. CASEY: We're done.

12 ---

13 (DEPOSITION CONCLUDED)

14 ---

17 ADRIAN A. CARACIONI, MD. (Date)

19 ---

1 STATE OF OHIO,)

2 COUNTY OF CUYAHOGA,) SS:

3 CERTIFICATE

4 I, LAUREN I. ZIGMONT-MILLER, Registered

5 Professional Reporter and Notary Public within and for

6 the State of Ohio, duly commissioned and qualified, do

7 hereby certify that the within-named witness, ADRIAN A.

8 CARACIONI, M.D., was by me first duly sworn to tell the

9 truth, the whole truth and nothing but the truth in the

10 cause aforesaid; that the testimony then given by him

11 was reduced to stenotypy in the presence of said

12 witness, and afterwards transcribed by me through the

13 process of computer-aided transcription, and that the

14 foregoing is a true and correct transcript of the

15 testimony so given by him as aforesaid.

16 I do further certify that this deposition was

17 taken at the time and place in the foregoing caption

18 specified.

19 I do further certify that I am not a relative,

20 employee or attorney of either party, or in any way

21 interested in the event of this action.

22 IN WITNESS WHEREOF, I have hereunto set my hand

23 and affixed my seal of office at Cleveland, Ohio, on

24 this 30th day of April 1997.

25 Lauren I. Zigmont-Miller, RPR and Notary
Notary Public in and for the State of Ohio.

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May 27, 1997

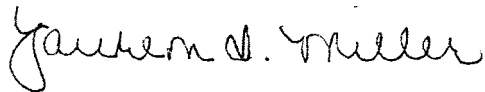
Jack Landskroner, Esq.
Landskroner & Phillips Co., L.P.A.
55 Public Square, Suite 1040
Cleveland, Ohio 44113-1904

Re: Dewey Glenn Jones vs. Meridia Huron Hospital,
et al.
Case No. 306012

Dear Mr. Landskroner:

Enclosed please find the signed signature page and errata
sheet to the deposition of Adrian A. Caracioni, M.D. in the above-
referenced case.

Very truly yours,



Lauren I. Miller
Registered Professional Reporter

Enclosures

copy: James S. Casey, Esq.
William Meadows, Esq.
Stephen Walters, Esq.
File

1 Doctor, thank you. I don't have anything
2 else.

3 MR. CASEY: What's going to
4 happen **is** they're going to have this typed
5 up. They're going **to** send it to me, I'll
6 send it to you, you look it over, make any
7 changes that you need to make, send it
8 back to me and I'll send it back **to** the
9 court reporter. **Okay?**

10 THE WITNESS: Certainly.

11 MR. CASEY: We're done.

12 - _ -

13 (DEPOSITION CONCLUDED)

14 - - -

15

16

17 Adrian A. Caracioni — — — 5/11/91 -
ADRIAN A. CARACIONI, M.D. (Date)

18

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20

21

22

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25

LAWYER'S NOTES

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7	7	TIMISOARA	AC
17	16	MEDDEN	AC
49	1	'COULD', not 'WOULD'	AC
52	21	COULD HAVE BEEN WRITTEN	AC
52	22 - 23	{ THIS PROBABLY WAS THE INERTIA OF BEING A RESIDENT.	AC

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