

State of Ohio,)
County of Cuyahoga.)

Doc 104

- - -

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 RAVI CHARI, M.D.

MONDAY, MARCH 31, 1997

- - -

The deposition of RAVI CHARI, 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 9:45 a.m., the day and date above set forth.

- - -

Page 2

Page 4

1 APPEARANCES:

2 On behalf of the Plaintiffs:

3 JACK LANDSKRONER, ESQ.
4 PAUL GRIECC, ESQ.
5 Landskroner & Phillips Co., L.P.A.
6 55 Public Square, Suite 1040
7 Cleveland, Ohio 44113-1904

7 On behalf of the Defendant Meridia Huron Hospital:

8 JAMES S. CASEY, ESQ.
9 Reminger & Reminger
10 The 113 St. Clair Building
11 Cleveland, Ohio 44114

11 On behalf of the Defendant Beverly O'Neill, M.D.:

12 WILLIAM MEADOWS, ESQ.
13 Reminger & Reminger
14 The 113 St. Clair Building
15 Cleveland, Ohio 44114

16 On behalf of the Defendant Winston Ho, M.D., and
17 Lakeland Medical Group:

18 STEPHEN WALTERS, ESQ.
19 Reminger & Reminger
20 The 113 St. Clair Building
21 Cleveland, Ohio 44114

22 - - -

23 ALSO PRESENT:

24 Keith E. McGregor - Videographics

25 - - -

Page 3

Page 5

1 INDEX
2 PAGES

4 CROSS-EXAMINATION BY

5 MR. LANDSKRONER 5
6 MR. WALTERS 72

9 - - -

12 OBJECTIONS BY

13 MR. CASEY 29
14 MR. MEADOWS 35
15 MR. WALTERS 29, 35, 37, 69

19 - - -

1 MR. CASEY: Put on the
2 record that this is the deposition of
3 Dr. Chari and then following that we will
4 have the deposition of Dr. Caracioni.
5 Everyone was notified for the
6 deposition. Missing from the deposition
7 is someone from Susan Reinker's office for
8 Dr. Adamek and someone from Mark Jones'
9 office for Dr. Badri. I think that's the
10 only people that are missing, but they
11 have been notified.

12 - - -

13 ~ v CHARI, M.D.,

14 a Defendant herein, called for examination by the
15 Plaintiffs, under the Rules, having been first duly
16 sworn, as hereinafter certified, deposed and said as
17 follows:

18 - - -

19 MR. LANDSKRONER: In
20 addition, before we start with the doctor,
21 you might want to put on the record that
22 we made a phone call to Jacobson,
23 Maynard's law office to Mr. Jones and to
24 Mr. Kwarciany concerning the scheduling of
25 the depositions and they notified us that

1 there was a scheduling mix-up and that
2 they will not be attending.

3 - - -

4 CROSS-EXAMINATION

5 BY MR. LANDSKRONER:

6 Q. Doctor, if you'll state your name for the
7 record, please.

8 A. Dr. Ravi Chari.

9 Q. Dr. Chari, my name is Jack Landskroner.
10 I'm one of the attorneys representing Dewey Jones and
11 his family. I'm going to ask you some questions today.
12 I'd ask that you make your responses verbal so the
13 court reporter can take everything down that we say.
14 If I ask a question you don't understand, please ask me
15 to rephrase it, stop me. I don't want you to answer
16 any questions that you do not understand. Okay?

17 A. Okay.

18 Q. If you need a break at any time, let me
19 know, for a cup of coffee or to run up to the bathroom,
20 no problem.

21 If you can --

22 MR. LANDSKRONER: Is there a CV,
23 or no?

24 MR. CASEY: No, he doesn't
25 have -- we didn't bring one.

Page 6

Page 8

1 BY MR. LANDSKRONER:
 2 Q. Doctor, where were you born?
 3 A. I'm sorry, where?
 4 Q. Where were you born?
 5 A. India.
 6 Q. When did you come to the United States?
 7 A. 1980.
 8 Q. How old were you when you came to the
 9 States?
 10 A. Fourteen.
 11 Q. Can you take me through your medical
 12 educational background starting from college and
 13 then --
 14 A. I went to college at Case Western Reserve,
 15 graduated 1987, and did a year at Cleveland State. I
 16 started medical school in 1988, University of
 17 Cincinnati, graduated in '92, and did one year in
 18 Chicago, Rush Presbyterian, a year of family practice,
 19 and since '93 I've been a resident at Meridia Huron.
 20 Q. Graduated, again, from med school in
 21 199 --
 22 A. 2.
 23 Q. 1992.
 24 A. May '92.
 25 Q. Right from there you went to what program?

Page 7

Page 9

1 A. The family practice program at Rush
 2 Presbyterian-St. Lukes.
 3 Q. What did that entail?
 4 A. It was a residency, first year residency
 5 in family practice.
 6 Q. Your area of specialty is what?
 7 A. General surgery.
 8 Q. Okay, How was it that you came for that
 9 one-year residency program? Is that normally a
 10 three-year program?
 11 A. Yes. I actually changed programs. I
 12 changed fields from family practice to general surgery.
 13 Q. Why did you do that?
 14 A. It wasn't -- you know, I didn't feel
 15 family practice was for me and I wanted to do general
 16 surgery.
 17 Q. All right. You started your residency at
 Meridia Huron the following year?
 18 A. Yeah, '93.
 19 Q. And you are at what status right now?
 20 A. I'm a third year.
 21 Q. And it's a three-year program?
 22 A. Five.
 23 Q. Do you get any sort of credit towards your
 24 residency for the year you did in family practice?
 25

1 A. No.
 2 Q. Has all the time that you spent in the
 3 process of learning the residency program been at
 4 Meridia Huron?
 5 A. Yes.
 6 Q. Have you worked at any of the other
 7 Meridia hospitals?
 8 A. Hillcrest; we rotate at Hillcrest also.
 9 Q. When did you do your Hillcrest rotation?
 10 A. Well, it's part of our program. It's
 11 Meridia Huron Hillcrest actually. The first time I was
 12 there was as a first year. I don't recall the dates.
 13 Q. And then through the rest of the program
 14 you may be back there at different times?
 15 A. Yeah. I'm actually there right now.
 16 Q. Who's your supervisor in terms of your
 17 residency program?
 18 A. Dr. Chung is the chairman of the
 19 department.
 20 Q. That's the surgery department?
 21 A. Yeah, Department of Surgery.
 22 Q. Is he based at what hospital?
 23 A. Here.
 24 Q. Huron Road?
 25 A. Yeah.

1 Q. Did you train under Dr. Badri?
 2 A. Yes.
 3 Q. Doctor, outside of this case and your
 4 involvement in this case, have you ever been named as a
 5 plaintiff or a defendant in any lawsuit?
 6 A. No.
 7 Q. Have you ever testified in court?
 8 A. No.
 9 Q. Have you ever had your deposition taken
 10 before?
 11 A. No.
 12 Q. In the process of preparing for this
 13 ti did happen t get d to k t
 14 any documents?
 15 A. Documents?
 16 I d li al d anything that.
 17 MR. CASEY: He's asking you
 18
 19
 20 Q. Did you review the chart?
 21 A. No.
 22
 23
 24 MR. CASEY: we went through
 25 the chart together and I sent him

Page 10

Page 1

1 Dr. Badri's deposition?
 2 THE WITNESS: yes.
 3 MR. CASEY: And Dr. Ho's
 4 deposition?
 5 THE WITNESS: Dr. Ho's
 6 deposition.
 7 BY MR. LANDSKRONER:
 8 Q. So you had a chance to read both of those
 9 depositions?
 10 A. Yes.
 11 Q. Did you have a chance to look at the
 12 expert reports that were rendered in this case?
 13 A. No.
 14 Q. Did you do any form of literature search
 15 or anything on the issues involved in this case?
 16 A. No.
 17 Q. In reviewing the chart was there anything
 18 that you noticed as absent that you would expect to be
 19 in the chart?
 20 A. No.
 21 Q. Any documents, reports, anything like
 22 that?
 23 A. No.
 24 Q. Does the chart accurately, to the best of
 25 your recollection, reflect the care that Mr. Jones

1 A. Same -- as opposed to?
 2 Q. As opposed to you said categorical.
 3 A. It's the same level, you have the same
 4 clinical responsibilities, same everything, it's the
 5 same thing.
 6 Q. I'm not familiar with how it works. So
 7 why bother to do the year of internship if it's the
 8 same thing?
 9 A. Well, I matched -- you know, we go through
 10 the match for residency for five-year programs and I
 11 didn't match in the five-year slots, so I got a
 12 preliminary year here.
 13 Q. So that's just to fill time, in essence,
 14 until you can get into your regular program?
 15 A. Correct.
 16 Q. As a resident at Meridia Huron and your
 17 division or your discipline, is there protocols or
 18 guidelines that you have to adhere to that are set
 19 forth in writing someplace?
 20 A. Yes.
 21 Q. What are those called, if you know?
 22 A. Just guidelines for residents. We do have
 23 something on it, I don't recall the exact title of it.
 24 Q. You know what they cover, the areas that
 25 they cover?

Page 11

Page 1

1 received from you and from the other physicians at
 2 least to your knowledge?
 3 A. Yes.
 4 Q. Doctor, have your hospital privileges in
 5 terms of your residency or any program you've been in
 6 ever been diminished, revoked or suspended?
 7 A. No.
 8 Q. Have you ever been treated for substance
 9 abuse or alcohol abuse?
 10 A. No.
 11 Q. 1994 you were in your second year of
 12 residency?
 13 A. No, I was first year.
 14 Q. In October of 1994 how long had you been
 15 at Meridia Huron Hospital?
 16 A. I'd been there for over a year, a year and
 17 three months roughly.
 18 Q. Didn't that put you in your second year of
 19 residency?
 20 A. Well, I did a preliminary year in '93-'94.
 21 In surgery you get categorical or preliminary.
 22 Categorical means you match for five years straight,
 23 preliminary means you get one year internship and then
 24 they, you know, give you a spot after that.
 25 Q. What do you do in your year of internship?

1 A. Basically, you know, patient care
 2 responsibilities, attending responsibility things, you
 3 know, conduct, like that.
 4 Q. They cover areas like charting, your
 5 obligations to it?
 6 MR. CASEY: If you know.
 7 A. I don't know if that's in there
 8 specifically.
 9 Q. Was that given to you in the form of a
 10 handbook?
 11 A. Yes.
 12 Q. Do you have any sort of training or
 13 initiation training program that you come into as you
 14 first come to the hospital that tells you what your
 15 obligations are to the patients and to the physicians
 16 in addition to that?
 17 A. I'm not quite clear what you mean.
 18 Q. Like when you come in is there like an
 19 introduction program that you go through?
 20 A. Yeah. There's an orientation.
 21 Q. Is that where you get your materials as
 22 far as the protocols and the guidelines that you're
 23 supposed to adhere to?
 24 A. I don't recall when I got the protocols.
 25 Q. Is there any written material you received

Page 14

Page 16

1 in terms of your introduction to the hospital?
 2 A. Besides -- I don't recall. I mean, we got
 3 where to go for lunch, dinner, that kind of thing.
 4 That's all I remember.
 5 Q. You trained under -- one of the doctors
 6 you trained under was Dr. Badri?
 7 A. Correct.
 8 Q. Have you socialized with Dr. Badri outside
 9 of the hospital at all?
 10 A. No. I just -- we see him at hospital
 11 functions, dinners, that sort of thing, but that's it.
 12 Q. Do you work at all with Dr. Ho?
 13 A. No. He's a medical person, but I do work
 14 with him as a -- you know, he's a consultant generally
 15 or we act as consultants to him on different occasions.
 16 Q. You're familiar with Dr. Senchyshak?
 17 A. Yes.
 18 Q. I you d with Dr Senchyshak at
 19 all?
 20 A. No, I don't socialize with him.
 21 Q. And Dr. Zelis?
 22 A. I know him. He's a friend of mine, yes.
 23 Q. Have you talked to any of the physicians
 24 involved in this case about the case itself?
 25 A. No.

Page 15

Page 17

1 Q. Is there a board certification that you're
 2 preparing for in your surgical field?
 3 A. Yeah. At the end of five years we take
 4 our boards.
 5 Q. Is there -- I understand boards have two
 6 sections to it both written and orals?
 7 A. Yes.
 8 Q. Can you take the written section prior to
 9 taking the orals?
 10 A. I think you have to.
 11 Q. When are you eligible to do that?
 12 A. I'm eligible when I finish my residency to
 13 take the written part, and then contingent on passing
 14 the written part you take the oral.
 15 Q. Aside from what you've reviewed in the
 16 medical records, do you have any recollection,
 17 independently of the records, of Mr. Jones? Do you
 18 remember what he looked like; do you remember, did you
 19 have conversations with him?
 20 A. It's been three years. I mean, I don't
 21 have much recollection outside of what's --
 22 Q. I understand. I'm just looking if there's
 23 anything that's not in the chart that you recall about
 24 Mr. Jones.
 25 A. No.

1 Q. Do you have any recollection of ever
 2 meeting anyone in his family or speaking to anyone in
 3 his family?
 4 A. I did not.
 5 Q. Can you tell me what was your first
 6 involvement or how you came to become involved in the
 7 care of Mr. Jones?
 8 A. I was the resident on call and we were
 9 called by the emergency room with his complaints.
 10 Q. I'm going to ask you some questions that
 11 relate to the chart. Please, feel free to look at the
 12 chart if you need to. I don't know anypl
 13 specifically to send you yet but just so you know, if
 14 you have any questions about it, make sure you can
 15 refer to the pages you need to refer to and answer the
 16 questions appropriately.
 17 A. Okay.
 18 Q. Your first involvement with Mr. Jones was
 19 on the day of his admission?
 20 A. Correct.
 21 Q. Can you tell me when it was that you were
 22 assigned to his care and how you were assigned to his
 23 care?
 24 A. We were called by the emergency room, you
 25 know, for a patient who had specific complaints

1 deferred to Dr. Badri, so I went down and evaluated
 2 him. That's the usual way.
 3 Q. Dr. Badri was the admitting physician?
 4 A. I don't know -- I'll have to check and
 5 make sure. Yes.
 6 Q. What was your understanding of the
 7 condition of the patient that you were to see?
 8 A. You mean when I was called in?
 9 Q. Yes, when you were called.
 10 MR. CASEY: would you have
 11 seen the ER record?
 12 A. That's generally what we do, look at the
 13 ER record, take a history, do a physical.
 14 Q. What information -- tell me what I'
 15 looking for. What information was given to you when
 16 you received a call saying you had to go down and see a
 17 patient in emergency?
 18 A. I don't remember.
 19 Q. Okay. Did you eventually go down to the
 20 emergency room to see Mr. Jones?
 21 A. Yes.
 22 Q. Can you tell me what you did when you saw
 23 Mr. Jones?
 24 A. I obtained a history of Mr. Jones,
 25 performed a physical exam, reviewed his laboratory data

Page 18

Page 20

1 and discussed the case with my senior resident and
2 Dr. Badri.

3 Q. What did you -- so you had a conversation
4 with the patient at that time?

5 A. Correct.

6 Q. Tell me what your history is.

7 A. That he was a 32-year-old male, presented
8 with onset of pain in the epigastrium after eating with
9 some nausea, no vomiting. That was my basic history.

10 Q. How severe was his pain at that time?

11 A. I don't recall, and I don't see it
12 specifically addressed here.

13 Q. Would you categorize his condition as an
14 emergency condition?

15 MR. CASEY: If you can
16 answer.

17 A. Well, I mean, I don't know what you're --
18 you mean when he presented to the emergency room did I
19 think he had an emergency?

20 Q. Yes.

21 A. Just based on what I've written here --
22 well, I -- no, based on what I've written here.

23 Q. Just incidentally, where are you looking
24 right now?

25 A. Just at my history and physical. Page --

Page 19

1 MR. CASEY: It would be the
2 first progress note.

3 A. -- 188.

4 Q. Dated?

5 MR. CASEY: 10-17

6 A. Those are the orders.

7 THE WITNESS: They're not
8 indexed the same?

9 MR. CASEY: Everybody
10 indexes their charts differently.

11 MR. LANDSKRONER: Yes, they may
12 or may not be.

13 BY MR. LANDSKRONER:

14 Q. You completed your history. What did your
15 and what did you do for him?

16 A. My physical revealed that he had jaundice
17 and that he was very obese and he had right upper
18 quadrant tenderness and that he had some swelling of
19 the extremities, and those were the pertinent positives
20 on my exam.

21 Q. You mentioned that you spoke with your
22 senior resident?

23 A. Yes.

24 Q. Who was that?

25 A.

1 graduated.

2 Q. At that time what year was he in his
3 residency?

4 A. I believe he was a fourth year. I'm
5 sorry, I should add also that part of my history is
6 also his past medical problems. He was noted to be
7 hypertensive, had a history of congestive heart
8 failure, and he was shot in the past, had gunshot
9 bullet fragments in the neck and the right arm. He was
10 also on multiple medications for his blood pressure.

11 Q. Looking at the 10-17 note, surgery admit,
12 H&P notes at the top, which handwriting is yours on
13 this page?

14 A. All of it except for the signature of
15 Dr. Badri on the bottom.

16 Q. You may have -- you've sort of just gone
17 through it, but if you can, just so I make sure I'm
18 straight on the handwriting, can you just run through
19 your note and read it for us?

20 A. Okay. I have the date there, 10-17.
21 Surgery, admit, H&P. CC is chief complaint, headache
22 and epigastric pain. HPI stands for history or present
23 illness. 32-year-old black male noted subacute onset
24 of epigastric pain after dinner Saturday with mild
25 nausea. No vomiting. Pain is nonradiating, alleviated

Page 21

1 with postural changes.

2 PMH stands for past medical history.

3 Number one is hypertension; number two is CHF,
4 congestive heart failure; number three is status post
5 multiple gunshot wounds with remaining fragments in
6 neck and right upper extremity. Past surgical history,
7 none.

8 Medications: Procardia, 90 milligrams,
9 XL; Capoten, 50 milligrams t.i.d.; Lasix, 60 milligrams
10 q. day; Nitro patch, .4 milligrams q. day; K-Dur, 40
11 milligrams; Digoxin, .25 milligrams.

12 Under physical exam, his vital signs.
13 Temperature was 36 degrees centigrade; pulse of 90;
14 respiratory rate of 24; blood pressure of -- it's not
15 completely clear here. I believe it's 189/129. Obese
16 black male in no acute distress.

17 On head, ear, eyes, nose and throat
18 exam he had positive scleral icterus and his
19 extraocular motions were intact. His neck was supple.
20 His chest was clear. His heart had a regular rate and
21 rhythm. Those are just abbreviations.

22 Abdominal exam: He was very obese.
23 Had positive bowel sounds. It was soft with positive
24 right upper quadrant tenderness with a palpable liver
25 edge four to five fingerbreadths below the right costal

Page 22

Page 24

1 margin. Extremities: Two plus pitting edema.
 2 Neurologic exam was nonfocal. On rectal exam, it was
 3 normal sphincter tone with a smooth prostate. He had
 4 hem negative yellow stool.
 5 Laboratory data: White blood cell
 6 count was 5.8,000; hemoglobin was 12.8 grams;
 7 hematocrit was 40 percent; platelet count was 246,000;
 8 his sodium level was 140; potassium was 3.8 -- 3.6,
 9 excuse me; chloride was 106; CO2 was 25; blood urea
 10 nitrogen was 11; his creatinine level was .7; his
 11 glucose was 128; his urinalysis showed moderate
 12 bacteria; and his creatine kinase level was 200; and
 13 cardiac index was negative.
 14 His total bilirubin was 2.1; alkaline
 15 phosphatase was 133; his SGOT was 40; his SGPT was 17;
 16 his alcohol level was zero; his digoxin level was .33;
 17 his lipase was 11. His acute abdominal series showed
 18 cardiomegaly, but no evidence of congestive heart
 19 failure.
 20 In sum, my assessment was biliary
 21 colic, rule out cholecystitis; number two,
 22 hypertension; number three, CHF. The plan was to
 23 admit, make him NPO, give him IV fluids and
 24 antibiotics, an ultrasound of the abdomen in the
 25 morning, and my signature is below that. Also, discuss

1 I believe, 20 percent above the ideal body weight. I
 2 don't know if he met the criteria specifically.
 3 Q. He was over 300 pounds at that time,
 4 correct?
 5 A. I believe so.
 6 Q. And he was approximately five-eight, I
 7 believe five-eight. Does he --
 8 A. He's obese.
 9 Q. I'm just looking for the distinction
 10 between obese and morbidly obese.
 11 A. There's a definitional difference. I
 12 don't know if he met it. He may have. Probably did.
 13 I don't know.
 14 Q. Your primary diagnosis of the condition
 15 was biliary colic. Why was that?
 16 A. That was one of the possible diagnoses
 17 based on his history of pain and the laboratory values
 18 and his physical exam.
 19 Q. What is biliary colic?
 20 A. It's just pain from obstruction in the
 21 biliary system.
 22 Q. You said rule out cholecystitis?
 23 A. Yes, because of his physical exam.
 24 Q. How did you go about ruling out
 25 cholecystitis?

Page 23

Page 25

1 with Drs. Lacata and Badri.
 2 Q. Dr. Badri was at that point the attending?
 3 A. Attending physician, yes.
 4 Q. Did you, in fact, have a chance to talk to
 5 both Dr. Badri and Dr. Lacata?
 6 A. Yes, I did.
 7 Q. Did Dr. Lacata have any active involvement
 8 in the care of Mr. Jones at that time?
 9 A. I don't recall.
 10 Q. Do you recall a discussion you had with
 11 Dr. Badri about this patient?
 12 A. No, I don't.
 13 MR. CASEY: YOU can only
 14 answer what you remember. I know this is
 15 your first time.
 16 THE WITNESS: Right.
 17 BY MR. LANDSKRONER:
 18 Q. Do you recall if Dr. Badri was present
 19 when you did the exam of the patient?
 20 A. He was not present.
 21 Q. Do you know at what point in time you did
 22 speak with Dr. Badri about Mr. Jones' condition?
 23 A. No, I don't remember the specific time.
 24 Q. Was Mr. Jones morbidly obese?
 25 A. Well, the definition of morbidly obese is,

1 A. We obtained -- well, it's mainly a
 2 clinical diagnosis, but an ultrasound, I believe, was
 3 obtained.
 4 MR. CASEY: you'd probably
 5 need to look to the orders for that.
 6 BY MR. LANDSKRONER:
 7 Q. An ultrasound was obtained?
 8 A. Yes, and he was also placed on IV
 9 antibiotics.
 10 Q. Okay. You are now looking at the orders
 11 dated 10-17?
 12 A. 10-17, correct, the admission orders.
 13 Q. Is that the 6:30 p.m. note?
 14 A. Yes.
 15 Q. Again, is that your handwriting?
 16 A. Yes, it is.
 17 Q. The complete page?
 18 A. Correct.
 19 Q. Is there anything on there that's not your
 20 handwriting?
 21 A. Just what the unit secretary wrote.
 22 Q. Where is that noted?
 23 A. Just the numbers by my orders and the
 24 nurse's signature and the unit assistant's signature at
 25 the bottom.

Page 26

Page 28

3 note.

4 A. Okay.

5 MR. CASEY: He wants you to
6 read it.

7 A. Okay. Number one, admit to 4 Main, Dr. R.
8 Badri. Diagnosis: Biliary colic, hypertension,
9 obesity. Allergies: No known drug allergies.
0 Condition: Stable. Vitals q. shift. Activity as
1 tolerated.

2 Number seven, nursing, call for
3 temperature greater than 38.5, systolic blood pressure
4 greater than 180, less than 100, diastolic blood
5 pressure greater than 120, less than 60, pulse greater
6 than 100, urine output less than 250 cc's per shift.
7 Diet: NPO except meds. IV fluids: D5 lactinated
8 Ringer's with 20 milliequivalents of potassium chloride
9 per liter at 100 cc's an hour. Input and output
0 strict.

1 Medications: Number one, Unasyn, 3.0
2 grams IV q. six hours; number two, Digoxin, .25
3 milligrams p.o. q. day; number three, Procardia, 90
4 milligrams, XL, p.o. q. day; number four, Capoten, 50
5 milligrams p.o. t.i.d.; number five, Lasix, 60

Page 27

1 milligrams p.o. q. day; number six, Nitro patch, .4
2 milligrams topical q. day; number seven, Procardia, 10
3 milligrams sublingual every four hours as needed for
4 systolic blood pressure greater than 170.

5 Laboratories: CBC, Chem 18 in a.m.
6 10-18. Ultrasound of gallbladder in a.m. of 10-18 to
7 rule out stones. Consult Dr. Winston Ho for medical
8 management. May see in a.m. My signature and my pager
9 number is below that.

0 Q. The medications at number 11 -- I guess
1 the easier way to ask it is, which of those medications
2 of, it looks like, seven medications are not
3 cardiac-related medications?

4 A. Are not cardiac-related?

5 Q. Yes.

6 A. Medication number one, Unasyn.

7 Q. All the others are related to Mr. Jones'
8 cardiac condition?

9 A. Related to his blood pressure, yes.

0 Q. Consult with Dr. Ho, was that done?

1 A. Yes, as far as --

2 Q. Did you speak with Dr. Ho at all?

3 A. I don't recall.

4 Q. Was a cardiology consult requested?

5 A. By me?

Q. By you.

A. No.

3 Q. Why not obtain a cardiology consult?

4 A. That's done by the medical doctor that we
5 consulted.

6 Q. In that case would that be Dr. Ho?

7 A. Yes.

8 Q. Do you have the capability as a resident
9 to call in for a cardiology consult?

10 A. No.

11 Q. What are your limitations in terms of the
12 consults that you can request?

13 A. Consults that we request are obtained
14 after discussing with my attending, my surgical
15 attending.

16 Q. Okay. So did you talk to Dr. Badri about
17 the consults you wanted to obtain for Mr. Jones?

18 A. I don't recall.

19 Q. Well, in order to obtain a consult with
20 Dr. Ho, did you have to talk to Dr. Badri?

21 A. Yes.

22 Q. Was it Dr. Badri's decision in conjunction
23 with you to get the medical consult from Dr. Ho?

24 A. Yes.

25 Q. At any time did you discuss obtaining a

Page 29

1 cardiology consult with Dr. Badri?

2 A. I don't remember.

3 Q. Based on the medical history provided by
4 Mr. Jones, would it be appropriate to obtain a medical
5 consult or a consult from a cardiologist in this case
6 in his care?

7 MR. CASEY: Objection.

8 If you can answer that question as a
9 third-year resident, you can answer it.

10 A. The question is do I think it was
11 appropriate to --

12 Q. To obtain a cardiology consult for
13 Mr. Jones in view of his history at that time?

14 MR. WALTERS: Objection.

15 A. No, I can't say.

16 Q. You can't say one way or the other?

17 A. I can't say. As I stated, you know, we
18 obtain consults only after discussing with our
19 attendings.

20 Q. If we can switch over to the next page,
21 the notes of 10-17. I think 11:00 p.m. is at the top
22 of the page. Is there any handwriting on that page
23 that's yours?

24 A. On that whole page?

25 Q. Yes.

Page 30

Page 32

1 A. Yes. The top two lines are my handwriting
2 and the bottom.
3 Q. Let's run through the top lines. Please
4 read me the top lines.
5 A. 10-18, 11:00 p.m., number one --
6 Q. 10-17 or 10 18?
7 A. I'm sorry, 10-17. 11:00 p.m., add one
8 ampule of multi-vitamins to each IV fluid liter; number
9 two, Vitamin K, 10 milligrams subcut. q. day, first
10 dose now. And at the bottom, 10-18, 2-D echo as soon
11 as possible to evaluate left ventricular function.
12 Q. What's 2-D echo, what does that mean?
13 A. It's ultrasound of the heart to determine
14 the function.
15 Q. A test that's given to evaluate the
16 function of the heart?
17 A. Correct.
18 Q. That's an echocardiogram?
19 A. Yes.
20 Q. What's the 2-D mean?
21 A. Two-dimensional.
22 Q. Had Mr. Jones had an echocardiogram before
23 the one that you ordered on the 18th?
24 A. I don't know.
25 Q. Was that something that you would have

1 A. Correct, I don't remember.
2 Q. Did you have a chance to review any
3 prior -- after his admission at any time prior to the
4 20th of October, did you have a chance to review any of
5 Mr. Jones' previous medical records from other care
6 that he received at either Meridia Huron or other
7 hospitals?
8 A. I don't remember.
9 Q. If you had reviewed any other records,
10 would you chart that?
11 A. In general yes.
12 Q. Can you tell me, was the echocardiogram
13 you scheduled on the 18th done in conjunction with
14 Dr. Badri's consultation; did you ask Dr. Badri about
15 having an echo done on this patient?
16 A. I don't remember.
17 Q. To perform -- I'm sorry?
18 A. I don't remember talking to him.
19 Q. To perform an echocardiogram, do you have
20 to have a resident at the time, first-year resident
21 at the time, do you have to have the consent of your
22 attending physician?
23 A. To order this specific test?
24 Q. Yeah.
25 A. Generally, yes, we'd talk. It's generally

Page 31

Page 33

1 discussed with him in his history, whether he had any
2 prior tests for cardiac function?
3 A. Did I ask him specifically, is that your
4 question?
5 Q. Yes.
6 A. I don't remember.
7 Q. Did you have a discussion as part of your
8 history, if you can recall, about Mr. Jones' previous
9 medical care?
10 A. I don't remember.
11 MR. CASEY: Go back to your
12 note.
13 A. In terms of who saw him in the past? All
14 I have is his medical history, yes.
15 Q. In discussing his medical history with
16 him, did you inquire as to whether or not he had
17 received any care for his cardiac condition in the
18 past?
19 A. I don't remember. I have his medical
20 history and the medications he was on. Other than
21 that, I can't remember.
22 Q. So other than what's in your note, you
23 have no recollection of discussing any other medical
24 care he received from any other physicians for his
25 cardiac condition?

1 discussed with an attending.
2 Q. I mean, do you have the authorization to
3 order an echocardiogram without discussing with your
4 attending the testing before ordering it?
5 A. Generally not. Generally we discuss it
6 with an attending.
7 Q. What was the purpose again of ordering the
8 echo?
9 A. To evaluate his left ventricular function.
10 Q. Why was there a concern as to Mr. Jones'
11 left ventricular function?
12 A. Based on his -- based on his history.
13 Q. Okay. At that point in time was there a
14 course of treatment that was being prescribed for
15 Mr. Jones in terms of his abdominal pain?
16 A. Yes. He was given -- he was not fed,
17 which is usual. He was given IV antibiotics and IV
18 fluids.
19 Q. You note in the progress note from the
20 17th that NPO meds. What's NPO?
21 A. Nothing to eat.
22 Q. But you continued his medication?
23 A. Yes.
24 Q. Is that something you would expect would
25 be continued throughout his hospital stay?

Page 34

Page 36

1 A. I can't answer that.

2 Q. Was the second echo performed -- or, I'm

3 sorry, was the echo ordered on the 18th performed?

4 MR. CASEY: Go to the

5 report.

6 A. There's an echo report here. I'm not sure

7 what day that is from.

8 Q. What day it was done?

9 A. I believe it was done on the 22nd.

10 MR. CASEY what does this

11 mean (indicating)?

12 THE WITNESS: D is for

13 dictated, I believe, T is for transcribed.

14 MR. CASEY: So do you know

15 when it was done?

16 THE WITNESS: No.

17 MR. CASEY: That was the

18 question.

19 BY MR. LANDSKRONER:

20 Q. Are these reports generally dictated and

21 transcribed after the day of the procedure is done?

22 MR. CASEY: If you know.

23 A. I don't know.

24 Q. Are you competent to read echocardiograms?

25 A.

1 cardiologist who performed this or interpreted this,

2 there is significant left ventricular dysfunction.

3 Q. Okay. So he had -- his left ventricular

4 chamber was not operating properly?

5 A. According to this.

6 Q. Okay. What does that mean to you in terms

7 of as a surgical resident?

8 A. Nothing in itself. It's a medical test

9 and it's generally read by the medical doctors.

10 Q. In addition, this report, I believe,

11 indicates that the right atrial chamber is enlarged,

12 correct?

13 A. Under number two, yes.

14 Q. When did you review this report, if at

15 all?

16 A. I don't remember.

17 Q. Obviously -- do you know if you saw it on

18 the 18th?

19 A. I don't remember.

20 Q. Would you have charted if you had seen

21 this report and reviewed it?

22 A. Would I have charted it if the results

23 were available?

24 Q. M-hm.

25 A. Yes, generally I do.

Page 35

Page 37

1 Q. Take a second, if you will, to review the

2 echo and tell me what the results of the echo were.

3 A. You want me to read the whole thing?

4 Q. Just to yourself. I don't need you to

5 read it into the record, I just want you to be familiar

6 with it.

7 A. Okay.

8 Q. Can you tell me, are these normal findings

9 for an echocardiogram?

10 MR. WALTERS: objection.

11 Normal for him?

12 MR. LANDSKRONER: Normal for a

13 healthy patient.

14 MR. MEADOWS: Objection.

15 A. I'm not qualified.

16 Q. You ordered the echo?

17 A. Correct.

18 Q. And you ordered it on the 18th?

19 A. Correct.

20 Q. Reviewing this, you ordered it to evaluate

21 left ventricular function, correct?

22 A. Correct.

23 Q. What does this report reveal to you about

24 Mr. Jones' left ventricular function?

25 A. According to the conclusion by the

1 Q. Do you know if Dr. Badri had the

2 opportunity to review this echocardiogram?

3 A. I don't know.

4 Q. At any point in time do you recall

5 discussing with Dr. Badri -- and again -- strike the

6 question.

7 Do you know for a fact whether you

8 reviewed this echocardiogram at any time during

9 Mr. Jones' treatment?

10 MR. CASEY: If you recall.

11 A. I don't recall.

12 Q. Is this echocardiogram important for the

13 evaluation of Mr. Jones' cardiac condition?

14 MR. CASEY: Are you asking

15 from a surgical standpoint?

16 MR. LANDSKRONER: Yes, from a

17 surgical standpoint.

18 MR. WALTERS: I'm going to

19 object because I don't understand the

20 question. Go ahead.

21 BY MR. LANDSKRONER:

22 Q. You can answer it if you understand the

23 question.

24 A. Well, it's a medical condition. Only

25 inasmuch as a medical condition affects a surgical

Page 38

Page 40

1 patient. We don't -- again, we rely on the medical
2 doctors to interpret these tests and tell us about
3 them.

4 Q. I understand that Dr. James Lang is the
5 doctor that signed the echocardiogram as having read
6 it. What I want to know is who you rely on in terms of
7 the surgical department to evaluate Mr. Jones' cardiac
8 stability.

9 A. We rely on the medical consult.

10 Q. Again, in this case it was who?

11 A. Dr. Ho.

12 Q. So if I'm following you right, from the
13 standpoint of surgery, the cardiac stability of a
14 patient -- in terms of what the status of the cardiac
15 stability of a patient is, you rely completely on the
16 medical department?

17 A. In general, yes.

18 Q. And in this case was that how it worked?

19 A. To the best of my recollection.

20 Q. 'who are the -- cardiologists specialize in
21 treatment of the heart, correct?

22 A. Correct.

23 Q. At this point or at any point in time
24 Mr. Jones' care prior to the 20th of October, did you
25 or Dr. Badri discuss bringing in a cardiologist at all

Page 39

1 to evaluate Mr. Jones?

2 A. I don't remember.

3 Q. Cardiologists are qualified to read the
4 echocardiograms?

5 A. That's my understanding.

6 Q. If we can just run through the progress
7 notes, if we can, where you were at before, the 10 --
8 the last one we discussed was 10-18.

9 A. Progress orders or progress notes?

10 Q. Progress notes, I believe.

11 MR. CASEY: I think you're
12 in the orders. If you want to know what
13 the next order is.

14 BY MR. LANDSKRONER:

15 Q. The orders after the 18th. I just want to
16 run through and just see if you can pull out anything
17 that has your handwriting on it.

18 A. Starting when?

19 Q. On the 18th, right after the echo was
20 ordered?

21 A. At top page,
22 That is a verbal order from me countersigned. Below
23 that is NPO after midnight. Below that is NPO now.
24 Chem 18, CBC with differential in a.m. 40
25 millicequivalents of KCL p.o. times one now and in four

1 hours.

2 Q. There's a signature there. Do you know
3 whose signature that is?

4 A. That's mine.

5 Q. On the left side -- I see on the right
6 side your signature.

7 A. Which one are you referring to?

8 Q. Above 10-18 to the left.

9 A. That is the nurse's signature or the unit
10 assistant's.

11 Q. Okay. Keep going, 10-18.

12 A. 10-18, 9:15 a.m., number one, CBC with
13 differential, Chem 18 in a.m.

14 Q. Two signatures there. Do you know who the
15 other signature is?

16 A. No, I don't. It looks like a nurse.

17 Q. Anything else on that page?

18 A. No.

19 MR. CASEY: Doctor, uncover
20 your mouth. She won't be able to take
21 things down.

22 THE WITNESS: I'm sorry.

23 A. No, there's no other signatures by me on
24 10-18.

25 Q. Go to the next page.

Page 41

1 A. On towards the bottom, 10-19, DC above
2 ABG's. Number two, regular diet as tolerated. NPO
3 after midnight. D5 lactated Ringer's at 75 cc's an
4 hour. Potassium chloride, 40 milliequivalents p.o.
5 times one now and repeat in four hours. Number six,
6 bilateral lower extremity sequential TED's on lower
7 extremities. Type in screen potassium level in a.m.,
8 10-20. 3.0 Unasyn IV on call to OR. Don't start
9 infusion, just hang bag. Anesthesia to pre-op. My
10 signature.

11 Q. ABG's done, what are ABG's?

12 A. Arterial blood gases.

13 Q. And why did you request those?

14 A. I did not.

15 Q. Someone else did, but you just noted that
16 they were completed?

17 A. Correct.

18 Q. Did you review the ABG's?

19 A. I don't remember.

20 Q. Are you qualified to review ABG's?

21 A. No.

22 Q. Number nine on that page it says, what's
23 that?

24 A. Anesthesia to pre-op.

25 Q. 'what's that mean?

Page 42

Page 44

1 A. Anesthesia sees the patient preoperatively
 2 to assess.
 3 Q. Is that something that you requested or is
 4 that something that was already done and you just noted
 5 it?
 6 A. I don't remember.
 7 Q. In your general course of charting, how do
 8 you do it? I mean, do you do it after someone has done
 9 it or could this be either, based on the way you
 10 normally chart?
 11 A. When I write as an order generally it's
 12 done --
 13 Q. After the fact, right?
 14 A. No, no. It's written as an order so the
 15 anesthesia department is notified. Also, they also
 16 come around even without an order because they see the
 17 schedule of what patients are to be operated on, so
 18 they come by and look at the patients preoperatively.
 19 Q. Number ten on that note?
 20 A. Yes, I'm sorry, I didn't read that.
 21 Q. What is that?
 22 A. EKG with preoperative reading on chart.
 23 Q. What's an EKG?
 24 A. Electrocardiogram.
 25 Q. What does that test for?

1 A. 1329.
 2 Q. Does your department review EKG's at all?
 3 A. No.
 4 Q. Does the medical department review EKG's
 5 at all?
 6 A. I don't know.
 7 Q. There's a line drawn through that notation
 8 on your order.
 9 A. Which one?
 10 Q. The one on the 19th we were just talking
 11 about.
 12 A. Which order?
 13 Q. On the order for, the same order we're
 14 looking at on the 19th. It starts with ABG's done,
 15 item ten, I think it was the page before.
 16 A. This order, that diagonal line?
 17 Q. Yes. What's that indicate?
 18 A. I believe that means the orders were taken
 19 off by the unit assistant.
 20 Q. What's that mean, taken off?
 21 A. That they were either entered into the
 22 computer or so forth.
 23 Q. Okay. The next page, if you can.
 24 A. Okay. No orders are mine here.
 25 Q. They are or they are not?

Page 43

Page 45

1 A. Just the general condition of the
 2 patient's heart.
 3 Q. Okay. What's it mean ready on chart?
 4 A. Reading on chart. Since I'm not qualified
 5 to read electrocardiograms, we generally get a
 6 qualified person to do a reading and have it on the
 7 chart.
 8 Q. Who was the qualified person at least in
 9 this case that you were relying on?
 10 A. To do what?
 11 Q. To read the EKG's.
 12 A. Well, there's more than one person. My
 13 interpretation is put on the EKG.
 14 Q. Who was the cardiologist in this case?
 15 A. Dr. Michael S. Grimblatt,
 16 G-R-I-M-B-L-A-T-T.
 17 Q. When was that done?
 18 A. There was one done on the 17th of October
 19 at 1449.
 20 Q. Was there other ones done after that?
 21 A. The next one that I see is dated October
 22 20th.
 23 Q. What time?

1 A. They are not.
 2 Q. Anything on that page that's yours
 3 starting at 1450?
 4 A. No.
 5 Q. Next page. How about on that page,
 6 anything on there yours?
 7 A. At the top line, I believe that's two
 8 liters nasal cannula O2 and that's my signature.
 9 Q. Got it. Anything else on that page?
 10 A. None that I can see.
 11 Q. Next page.
 12 Q. Those orders were there I believe
 13 after the surgical procedure was undertaken?
 14 A. Yes.
 15 Q. All right. We can jump over to the
 16 progress notes.
 17 A. Okay.
 18 Q. We went through the first page, the first
 19 page, 10-17.
 20 A. My admission, H&P?
 21 Q. Yes. Go -- walk me through the next pages
 22 and see if there's anything on there that has your

Page 46

Page 48

1 handwriting.

2 A. Yes, the next page has two of my notes.

3 Do you want me to read them?

4 Q. Yeah. That's dated 10-18?

5 A. Yeah. The hole went right through it, but
6 I believe that's 10-18.

7 Q. Okay.

8 A. Surgery. Pain somewhat better. Afebrile.
9 blood pressure 180/100, 160/120. Abdomen, mild right
10 upper quadrant; epigastric tenderness. Labs pending.
11 Assessment: Number one, rule out cholelithiasis;
12 number two, hypertension. Dr. Ho's consultation much
13 appreciated.

14 Plan: Ultrasound of the gallbladder,
15 repeat labs, add minoxidil to blood pressure control.
16 Check 2-D echo to assess LV function. At the end of
17 the note, discussed with Dr. Ho patient needs to be on
18 antihypertensive drip preoperatively. My signature and
19 Dr. Badri's signature.

20 Q. Okay. Apparently after the first day of
21 admission Mr. Jones was doing somewhat better; is that
22 a fair statement?

23 A. Per my notes his pain was somewhat better.

24 Q. It says, echo to -- again, if you can read
25 that.

1 your note in the plan to have your department look at
2 that or to have another department look at that?

3 A. Just to review the results that were
4 interpreted by the appropriate department.

5 Q. Who was to review those results?

6 A. Generally, as I said, cardiologist
7 interprets, performs and interprets the test and the
8 medical consultant then reviews it and deems the
9 patient appropriate or inappropriate for -- they base
10 their recommendations on that.

11 Q. At this point in time is surgery one of
12 the options that's being considered for Mr. Jones?

13 A. According to the notes, yes.

14 Q. And to have that echo done, is that to
15 assess whether Mr. Jones is an appropriate candidate
16 for surgery?

17 A. One of the things, yes.

18 Q. Would impairment of the left ventricular
19 function be a surgical concern from your standpoint as
20 to whether or not Mr. Jones was going to be an
21 appropriate candidate for surgery?

22 MR. CASEY: He just
23 explained that to you, Jack. How many
24 times are you going to ask him?

25 A. As I stated, we rely on the medical

Page 47

Page 49

1 A. To assess LV

2 Q. Did you review the echo?

3 A. No.

4 Q. Do you know why you didn't review the
5 echo?

6 A. It was -- as I stated, we rely on the
7 medical consultants.

8 Q. Okay. This is cosigned by Dr. Badri?

9 A. Yes, it is.

10 Q. And it says, Dr. Ho's consult much
11 appreciated. Do you recall having a discussion with
12 Dr. Ho about Mr. Jones' care at this time?

13 A. I don't remember.

14 Q. Do you recall whether or not Dr. Ho, or is
15 it charted anywhere that I can see that Dr. Ho
16 reviewed the echo?

17 A. I don't know.

18 Q. The notation is, it notes to review the
19 echo. Is that to make sure that someone else reviews
20 the echo prior to surgery?

21 A. I don't understand.

22 Q. The question is, it just notes in here --

23 A. Under the plan?

24 Q. Yes, under plan -- to see echo to assess
25 left ventricular function. My intention is, was that

1 physicians to tell us that.

2 Q. Okay. The 10-19 note, your handwriting
3 again?

4 A. Yes.

5 Q. Can you go through that?

6 A. Surgery. Slight pain. Abdomen soft,
7 minimally tender right upper quadrant. Blood pressure,
8 blank after that. Labs pending. Total bilirubin
9 increased today. Echo pending. Assessment: Stable.
10 Plan: Check labs. Will discuss with Dr. Badri
11 regarding surgery and its timing. My signature and
12 Dr. Badri's signature.

13 Q. Again, patient appears to be getting
14 better per your notes, pain is diminishing?

15 A. Just from a pain perspective, yes;
16 however, his bilirubin did increase, which implies
17 possible progression of his inflammation of his
18 gallbladder. That's just one of the things we look at.

19 Q. He minimally tender at the time. An
20 indication -- what does tenderness indicate -- your
21 suspicion?

22 A. Tenderness is a physical, it's a sign and
23 it's elicited by examination by palpating the right
24 upper quadrant and eliciting as opposed to a subjective
25 sensation.

Page 50

Page 52

1 Q. What are you looking for in terms of
2 tenderness? What does tenderness indicate, a sign of
3 what?

4 A. That there's an inflammation in that area
5 generally.

6 Q. Had the tenderness that Mr. Jones been
7 experiencing diminished, had that diminished as well as
8 the pain?

9 A. I can only go by what my notes say, but
10 the pain apparently did diminish.

11 Q. Is tenderness something that the patient
12 feels, or is that a subjective -- I mean objective
13 rather finding?

14 A. It's really both. Obviously they feel the
15 pain when you palpate the affected area.

16 Q. Is tenderness -- tenderness is a --

17 A. Tenderness is a sign.

18 Q. Is it attached to pain or is it something
19 in addition to pain that you're looking for?

20 A. Well, patients complain of pain and, you
21 know, on physical exam if you, you know, palpate the
22 affected part, they are tender. That's basically how
23 we see it.

24 Q. Echo pending, what's that mean?

25 A. That the echo is, the results and/or the

1 Q. Do you recall anything about that
2 conversation?

3 A. I don't remember.

4 Q. Do you recall discussing any concerns with
5 Dr. Ho about Mr. Jones' high blood pressure or cardiac
6 function?

7 A. I don't remember.

8 Q. Is it your understanding -- at any point
9 in time were you asked to clear Mr. Jones for surgery
10 from a surgical standpoint?

11 A. No.

12 Q. Do you know if Dr. Badri ever cleared
13 Mr. Jones for surgery?

14 A. I don't know.

15 Q. What is your understanding of who was the
16 appropriate person that was going to clear Mr. Jones
17 for surgery?

18 A. Dr. Ho.

19 Q. Do you know if he did that?

20 A. Per his note, yes.

21 Q. I see you now if the file had been
22 reviewed prior to Dr. Ho clearing Mr. Jones for
23 surgery?

24 MR. STEPHENS: By who?

25 MR. LANDSKRONER: By Dr. Ho.

Page 51

Page 53

1 performance of the test is pending.

2 Q. Does that mean the echo had been done and
3 you're just waiting on the results?

4 A. I don't know.

5 Q. Next line, is that your handwriting?

6 A. On the same page?

7 Q. Yes. 10-19, date of the surgery.

8 A. No, that's Dr. Badri's handwriting.

9 Q. Your understanding, what was the procedure
10 that was going to be undertaken surgically for
11 Mr. Jones?

12 A. Cholecystectomy.

13 Q. How was that to proceed, either open or
14 laparoscopic?

15 A. I don't remember.

16 Q. Do you have any recollection of a
17 discussion of what procedure should be undertaken for
18 Mr. Jones with Dr. Badri?

19 A. I don't remember. I don't recollect.

20 Q. The next page, anything on there yours?

21 A. No.

22 Q. If you look on that page, there's a
23 notation midway through the page. It says that Dr. Ho
24 discussed Mr. Jones' hypertension with you, correct?

25 A. Yes, I see that.

1 A. I don't know.

2 Q. Had it been reviewed by your service?

3 A. I don't know.

4 Q. Do you recall reviewing it?

5 A. No.

6 Q. And if you had reviewed it, would you have
7 charted it?

8 A. If I had reviewed it, yes.

9 Q. Next page is 10-19, I believe.

10 A. Surgery preoperative note.

11 Cholelithiasis, cholecystitis. Hypertension,
12 cardiomegaly, sleep apnea. General/prolap stands for
13 laparoscopic, possible open cholecystectomy. White
14 blood cell count, 9,000; hemoglobin, 13 grams;
15 hematocrit, 40.1 percent; platelet count, 275,000;
16 sodium, 141; potassium, 3.6; chloride, 105; CO2, 29;
17 BUN, 10; creatinine, 1; total bilirubin, 3.0.

18 Protime 14.6 seconds; partial
19 thromboplastin time, 32.8 seconds; urinalysis,
20 negative; LDH, 200; EKG, chest x-ray, cardiomegaly,
21 negative congestive heart failure; 7.43 pH; PCO2, 39.6;
22 P02, 82; bicarb level of 26; saturation, 96.2 percent
23 (room air). TNS is type in screen. Unasyn on call.
24 H&P consent on chart. My signature.

25 Q. What time was that note made?

Page 54

Page 56

1 A. I don't know.
 2 Q. From a surgical standpoint are there risks
 3 associated with sleep apnea syndrome?
 4 A. I don't know.
 5 Q. From a surgical standpoint are there risks
 6 associated with cardiomegaly?
 7 MR. CASEY: He's asking
 8 cardiomegaly alone.
 9 A. I don't know. I'm not qualified to say.
 10 Q. Do you know why this procedure was
 11 scheduled for a laparoscopic possible open?
 12 A. I don't know.
 13 Q. Next page. Anything on that page with
 14 your notes?
 15 A. No.
 16 Q. Next page?
 17 A. No.
 18 Q. The next page?
 19 MR. CASEY Do you want him
 20 to flip until he gets to one that's his?
 21 MR. LANDSKRONER: Okay.
 22 A. 10-21. Surgery POD one.
 23 Q. Got it.
 24 A. That's my note.
 25 Q. Run that -- please read that for me.

Page 55

1 A. Sedated, paralyzed. Neuro, apparently
 2 seized overnight on phenobarb. I can't read the next
 3 word. Cardiovascular, 114/54; pulse of 76; CVP, 22;
 4 pulmonary artery pressure, 48/30; cardiac output, 6.8;
 5 pulmonary capillary wedge pressure, 18. Regular rate
 6 and rhythm. CPK is negative. Under pulmonary, diffuse
 7 rhonchi. Chest x-ray, left greater than right
 8 whiteout.
 9 Arterial blood gases: 7.489, 31.6,
 10 75.7, 24, 96 percent, 60 percent, 1,200. 16 SIMV,
 11 synchronized intermittent mandatory ventilation, and
 12 Peep of 10. Renal, 1,230 cc's in, 4,225 cc's out,
 13 1,595 cc's in, 740 cc's out. Nasogastric output, 100
 14 cc's. Jackson-Pratt drain output 5 cc's.
 15 Electrolytes, sodium, 140; potassium,
 16 4.1; chloride, 107; CO2, 28; BUN of 18 and a creatinine
 17 of 1. ID infectious disease. Questioned sepsis.
 18 Temperature T max of 38.5, WBC count of 14,000. Coags,
 19 protime. Increase protime 17 seconds. Partial
 20 thromboplastin time -- I believe that says okay.
 21 Assessment: Questionable anoxic brain
 22 injury leading to seizures, question mark. Number two,
 23 pulmonary edema. Plan: Continue present management
 24 per cardiology. My signature and pager number.
 25 Q. This is on the 21st. This is the next

1 ti you see the patient after the 19th note? I
 2 believe it was the 19th, it was the last note we
 3 discussed.
 4 MR. CASEY: could you have
 5 written an order without a note?
 6 THE WITNESS: It's possible.
 7 I don't remember if I saw him or not.
 8 BY MR. LANDSKRONER:
 9 Q. Were you present for the surgical
 10 procedure?
 11 A. No, I was not.
 12 Q. Did you have any consultation with any of
 13 the physicians after the note that you charted on the
 14 19th?
 15 A. I don't remember. I don't recall.
 16 Q. Do you recall -- strike that. You noted
 17 on that note sepsis, or questioned sepsis?
 18 A. M-hm.
 19 Q. Why would you do that?
 20 A. It suggested to me by his temperature and
 21 increasing white cell count.
 22 Q. Did you, in fact, check for sepsis?
 23 A. I'd have to look at the chart to see what
 24 my orders were.
 25 Q. Okay. If you can do that.

Page 57

1 A. The only orders I have on 10-21 were,
 2 Vitamin K subcut. q. day times three days, protime,
 3 PTT, CBC, chem 18, magnesium, portable chest x-ray a.m.
 4 Those are my only orders.
 5 Q. Do you know if sepsis was ever ruled out?
 6 A. I don't know. I don't remember.
 7 Q. Your next note -- jump back to your notes,
 8 please. Sorry, I don't mean to bounce around here.
 9 Anoxic brain injury and arrow to seizures, what does
 10 that mean?
 11 A. This brings up the possibility of brain
 12 injury, and I hypothesized that it was from anoxia
 13 leading to seizures.
 14 Q. What caused you to hypothesize that that
 15 was the problem?
 16 A. I don't remember.
 17 Q. As you look at the chart now, can you tell
 18 me why you would have hypothesized that?
 19 A. Looking at other people's notes, reference
 20 is made to patient being attended or sedated. Patient
 21 apparently had a seizure. Dr. O'Neill's note states
 22 that he is now hypoxic on vent 100 percent FI02, 5 of
 23 Peep, PO2 of 78, and exam shows focal seizures with
 24 eyes and mouth twitching, nonresponsiveness.
 25 MR. CASEY: I think you

Page 58

1 answered his question.
 2 BY MR. LANDSKRONER:
 3 Q Doctor, do you know what may have caused
 4 the anoxic brain injury?
 5 A. I don't know.
 6 Q. Doctor, turn to the x-rays, x-ray dated,
 7 it looks like, 10-18-94 of your order.
 8 A. Yes, I see it.
 9 Q. You ordered an x-ray, that was for what
 10 purpose?
 11 A. I'm sorry, does it say ultrasound of the
 12 gallbladder?
 13 Q. Ultrasound of the gallbladder, correct.
 14 MR. CASEY: That's not an
 15 x-ray.
 16 Q. I'm sorry, ultrasound.
 17 What was the purpose of that?
 18 A. As I stated before, to evaluate his
 19 biliary system.
 20 Q. And what did your evaluation reveal?
 21 A. Per this report, patient had stones in the
 22 gallbladder.
 23 Q. Do you know the size of the stones?
 24 A. No, I do not.
 25 Q. Do you know how many stones?

Page 59

1 A. I do not.
 2 Q. Did you review this on the 18th?
 3 A. I don't remember.
 4 Q. Again, would that be something you would
 5 chart?
 6 A. Generally, yes.
 7 Q. What are the treatments available for
 8 cholelithiasis?
 9 A. Are you speaking in general?
 10 Q. Yes, just general.
 11 MR. CASEY: Are you asking
 12 for surgical treatments?
 13 MR. LANDSKRONER: Yes.
 14 A. Removal of the gallbladder, surgical
 15 removal of the gallbladder.
 16 Q. Okay. Is there any other procedure that's
 17 a surgical procedure that treats cholelithiasis?
 18 A. There is shock wave therapy, but I have no
 19 knowledge of that beyond the fact that it is a, that
 20 it's been done.
 21 Q. You've never undertaken shock wave
 22 therapy?
 23 A. I have not.
 24 Q. Have you ever undertaken any therapy or
 25 prescribed therapy in the realm of oral dissolution

Page 60

1 therapy?
 2 A. I have not.
 3 Q. Have you ever been involved in the
 4 treatment and care under an attending who has ordered
 5 that type of treatment?
 6 A. I have not.
 7 Q. Have you ever worked with -- I assume
 8 you've never worked with Dr. Badri when he's requested
 9 that type of treatment?
 10 A. No, I have not.
 11 Q. Is the surgeon capable of ordering that
 12 type of procedure?
 13 A. I don't know.
 14 Q. You don't know if that's in the realm of a
 15 surgeon, to order shock wave therapy?
 16 A. I'm not familiar with that procedure in
 17 any way.
 18 THE WITNESS: Can I have a
 19 bathroom break?
 20 MR. LANDSKRONER: sure.
 21 (Thereupon, there was a brief recess.)
 22 BY MR. LANDSKRONER:
 23 Q. Doctor, did you ever discuss with
 24 Dr. Badri or anyone possible alternatives to surgery
 25 for Mi. Jones?

Page 61

1 A. I don't remember.
 2 Q. What's an endoscopic sphincterotomy?
 3 A. The gastroenterologist typically does an
 4 endoscopy of the upper gastrointestinal tract and
 5 performs a -- divides the sphincter for the stones to
 6 allow the stones to pass from the common bile duct into
 7 the duodenum.
 8 Q. Is that an invasive procedure?
 9 A. I would say so.
 10 Q. I imagine it is.
 11 Is that considered a surgical
 12 procedure?
 13 A. The gastroenterologist does this, it's not
 14 performed by a surgeon, although surgeons can perform
 15 it.
 16 Q. Have you ever been involved in one?
 17 A. No, I have not.
 18 Q. I'm a little uncomfortable in my seat
 19 right now.
 20 That's an alternative treatment for
 21 cholelithiasis?
 22 A. No, it's not.
 23 Q. What's the distinction?
 24 A. It's generally performed when there are
 25 stones in the common bile duct, and a sphincterotomy is

Page 62

1 performed to allow passage of the stones. It can be
2 done in conjunction with a cholecystectomy, a removal
3 of the gallbladder, but it's not a primary treatment.

4 Q. Was this procedure that was undertaken for
5 Mr. Jones an elective procedure?

6 A. What do you mean?

7 Q. Would you categorize it -- it wasn't an
8 emergency procedure that he had to have done at that
9 time?

10 A. At that moment, no. But it needed to be
11 done soon.

12 Q. Have you ever been involved in the
13 treatment and care of a patient who has died from a
14 cholecystitis?

15 A. I have, not at this

16 Q. Tell me about the patient with
17 with that?

18 A. It was a patient who came in with
19 cholecystitis and had some other medical problems and
20 succumbed to that.

21 Q. Did they die from the cholecystitis?

22 A. I don't know. I know that they died.
23 That was one of the diagnoses when they came in.

24 Q. But you don't have a recollection of that
25 being specifically related to the cause of death?

Page 63

1 A. No, I don't.

2 Q. Mr. Jones' condition at the time of the
3 surgery was subacute cholecystitis; is that correct?

4 A. What are you referring to?

5 Q. I'm just asking you a general statement.

6 A. I believe that was his preoperative -- I
7 don't recall about the subacute part, but the
8 cholecystitis was the preoperative impression and
9 diagnosis.

10 Q. Do you know if cholecystitis was
11 confirmed?

12 A. It was confirmed on -- the pathologic
13 report refers to cholecystitis, yes.

14 Q. And was mild inflammation, correct
15 that an accurate reflection of what the pathology
16 report states?

17 A. Yes. Well, there's a distinction
18 between -- there's chronic inflammation and acute
19 inflammation.

20 Q. Mr. Jones' pathology report,
21 is it?

22 A. He had cholecystitis based on his
23 pathologic --

24 Q. Inflammation versus
25 acute inflammation, what does the pathology report

Page 64

1 indicate?

2 A. It indicates that he has mild to moderate
3 chronic inflammation.

4 Q. And as far as acute inflammation?

5 A. It says little or no acute inflammation.

6 Q. There's a cholangiogram. What is that?

7 A. It's a picture of the bile ducts that's
8 obtained by shooting radiopaque dye into the bile
9 ducts.

10 Q. Did you have a chance to review the
11 results of that procedure that was done on Mr. Jones?

12 A. I did not.

13 Q. Can you tell me what the results of that
14 test were?

15 A. According to the interpretation by the
16 radiologist, it was normal.

17 Q. Can you tell me if Mr. Jones was at risk,
18 pre-op was he at risk for a cardiac dysrhythmia
19 postoperatively?

20 A. I don't know. I'm not qualified to say.

21 Q. Was that something you relied on -- would
22 you rely on the internal medicine Dr. Ho to determine?

23 A. We would.

24 Q. Have you ever been involved in the
25 placement of a Swan-Ganz catheter?

Page 65

1 Q. Intraoperatively?

2 A. No, not intraoperatively. Correction, I
3 have placed one intraoperatively.

4 Q. Have you ever -- strike that. Was there
5 any discussions ever held between yourself and
6 Dr. Badri about the use of a Swan-Ganz catheter in
7 Mr. Jones' case?

8 A. I don't recall.

9 Q. The Swan-Ganz helps to monitor fluid
10 levels intraoperatively?

11 A. I'm not an expert, but generally it gives
12 you an idea of the hydration -- well, the fluid status
13 of the patient, and basically that's the main data that
14 you obtain from a Swan-Ganz catheter.

15 Q. Why are fluid levels important
16 intraoperatively?

17 A. In a general sense or specifically to this
18 patient?

19 Q. Specifically to this patient.

20 A. Well, again, it's a medical condition.
21 The patient had a history of congestive heart failure
22 and it would be important to have a general idea of the
23 level of his fluids, fluid status in surgery.

24 Q. Who would make the determination as to
25

Page 66

1 whether a Swan-Ganz catheter would be used in
 2 Mr. Jones' care?
 3 A. I don't know in this case who made the
 4 decision or who would make the decision.
 5 Q. As a surgeon can you make that decision?
 6 A. Generally, no. We consult with the
 7 appropriate services.
 8 Q. Which would be what?
 9 A. Anesthesia and medicine.
 10 Q. As a resident then, I assume, in the
 11 surgery department, would you have the opportunity to
 12 discuss the use of a Swan-Ganz with the surgeon?
 13 A. In general, yes. In this case I don't
 14 remember.
 15 Q. In communicating with other physicians on
 16 the case, what do you rely on to do that?
 17 A. Are you referring to this case
 18 specifically?
 19 Q. In general how do you communicate with
 20 other physicians on a case?
 21 A. Orally and verbally and through the chart.
 22 Q. Did you in this case rely on the chart and
 23 oral and verbal consultations to communicate with the
 24 other physicians?
 25 A. I don't remember specifically in this

Page 67

1 case.
 2 Q. Do you know if you were at the hospital
 3 the day the surgery was undertaken?
 4 A. I don't remember. I do not remember.
 5 Q. The surgery was moved up from an afternoon
 6 slot to a morning slot. Do you have any knowledge --
 7 A. I have no knowledge of that.
 8 MR. CASEY: It looks like
 9 you're almost done, Jack?
 10 MR. LANDSKRONER: I'm getting
 11 there. You know when I slow down I'm
 12 getting close.
 13 MR. CASEY: Do you want me
 14 to page the other person for like noon or
 15 11:45?
 16 MR. LANDSKRONER why don't you
 17 say quarter after to be safe. Give me 15
 18 minutes just to reorganize.
 19 MR. CASEY: Quarter after
 20 12:00?
 21 MR. LANDSKRONER Yes.
 22 BY MR. LANDSKRONER:
 23 Q. Can you tell me from looking at your notes
 24 what Mr. Jones' bilirubin was the day of the procedure?
 25 A. 2.1 on the 20th.

Page 68

1 Q. Is that an indication that Mr. Jones'
 2 condition is getting better from the 3.2 that was noted
 3 on the 19th?
 4 A. I cannot draw any conclusions based on
 5 that lab value.
 6 Q. How come?
 7 A. It's only part -- you're referring to his
 8 general condition. I can't comment on that based on a
 9 single lab value.
 10 Q. You indicated at least earlier that his
 11 pain was getting better on the 19th, I think on the
 12 18th and the 19th and the 17th, and I think you
 13 indicated that there was a concern that his bilirubin
 14 had increased.
 15 A. Correct.
 16 Q. At least in this case on the 20th his
 17 bilirubin was down. Was his pain also down?
 18 A. I would have to check my notes.
 19 MR. CASEY: can we go off
 20 the record for a second?
 21 (Thereupon, there was a brief recess.)
 22 BY MR. LANDSKRONER:
 23 Q. Doctor, are patients with hypertension at
 24 higher risk for myocardial infarction and cerebral
 25 ischemia from a surgical standpoint?

Page 69

1 A. I don't know.
 2 Q. Do you know if Mr. Jones' obesity played a
 3 role in the determination of what procedure would be
 4 done on Mr. Jones surgically?
 5 A. I was not involved in that decision
 6 making.
 7 Q. Does obesity play a role in the
 8 oxygenation of a surgical patient?
 9 MR. WALTERS: Objection to
 10 form.
 11 A. I don't know.
 12 Q. Was Mr. Jones a high risk surgical patient
 13 based on his medical history?
 14 A. High risk in what sense?
 15 Q. High risk to make it through the
 16 procedure.
 17 A. I don't know.
 18 Q. As you sit here today, knowing what you
 19 know about his medical history, you can't tell me
 20 whether he would be a high risk patient for a surgical
 21 procedure?
 22 MR. CASEY: Higher than
 23 what, Jack? I think that's the problem
 24 the doctor is having with your question.
 25 A. What are you trying to say?

Page 70

1 Q. High risk for complications of surgery.
 2 MR. CASEY: Higher than
 3 what? I think that's what he's having a
 4 problem with.
 5 Q. Higher than someone who's healthy.
 6 A. Specifically what complications? Are you
 7 just saying in general?
 8 Q. In general. His condition, based on his
 9 condition.
 10 THE WITNESS: I'd like to
 11 talk to you.
 12 MR. CASEY: If you can
 13 answer his question the way it's phrased,
 14 if you understand it, then answer it. If
 15 you don't understand it, then ask him to
 16 rephrase it.
 17 A. If I understand your question correctly,
 18 based on all his medical problems if he is at higher
 19 risk, I would say yes.
 20 Q. Did you have any concerns at that time
 21 that Mr. Jones would have a problem getting through the
 22 surgical procedure?
 23 MR. WALTERS: At what time?
 24 BY MR. LANDSKRONER:
 25 Q. Back at the time of your treatment of

Page 71

1 Mr. Jones prior to surgery.
 2 A. No -- or I don't remember.
 3 Q. I assume if you were concerned with his
 4 physical condition and his ability to get through
 5 surgery, you would have voiced that opinion and concern
 6 to the other physicians involved?
 7 A. Your question is?
 8 Q. My question is, if at the time you thought
 9 that he was going to have a problem getting through
 10 surgery, would you have pointed that out to the other
 11 doctors?
 12 A. I don't remember -- I don't recall in this
 13 specific instance.
 14 Q. Okay. I'm asking you as you sit here now.
 15 I mean, if that occurred, if you had concerns, would
 16 you go to the other physicians and say, I have concerns
 17 this guy is not going to make it through surgery?
 18 A. Generally, yes.
 19 Q. Do you know what obesity hyperventilation
 20 syndrome is?
 21 MR. CASEY: Hyper or hypo?
 22 MR. LANDSKRONER: Hyper, sorry.
 23 A. I'm not aware of that.
 24 MR. LANDSKRONER: That's it.
 25 MR. WALTERS: I just have a

Page 72

1 couple questions.
 2 MR. CASEY: Steve Walters
 3 for Dr. Ho
 4 - - -
 5 EXAMINATION
 6 BY MR. WALTERS:
 7 Q. When you made the order for the 2-D
 8 echocardiogram on October 18th, what time was that
 9 order made, do you know?
 10 A. I don't know.
 11 Q. Typically when you make an order, a
 12 requisition would go down to whoever performs that test
 13 with your name on it; is that correct?
 14 A. I don't know exactly the sequence of
 15 events, but generally the requisition is taken to the
 16 department.
 17 Q. As a resident would it go down with your
 18 name or Dr. Badri's name on it?
 19 A. It varies, but ideally it will go down
 20 with the attending's name on it, which would be
 21 Dr. Badri.
 22 Q. And if I understand your testimony
 23 correctly, that order for the 2-D echo was made in
 24 conjunction with Dr. Badri, in other words, with his
 25 knowledge?

Page 73

1 A. I don't remember specifically.
 2 Q. Were you aware at the time you made that
 3 order that there had been a 2-D echocardiogram done in
 4 August of 1994?
 5 A. No, I was not aware of that.
 6 Q. If I understand correctly, you have no
 7 recollection of the conversation you had with Dr. Ho on
 8 October 18th; is that correct?
 9 A. Correct, I have no recollection of that.
 10 MR. WALTERS: That's all I
 11 have. Thanks.
 12 MR. CASEY: Anything, Bill?
 13 MR. MEADOWS: Nothing.
 14 MR. CASEY: Doctor, you
 15 have a right to read the transcript. I'm
 16 going to ask that you do read it.
 17 THE WITNESS: Okay.
 18 MR. CASEY: We'll waive all
 19 the stuff you need to file the videotape.
 20 - - -
 21 (DEPOSITION CONCLUDED)
 22 - - -
 23
 24 RAVI CHARI, M.D. (Date)
 25 --

Page 74

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, RAVI
8 CHARI, 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 otherwise
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 17th day of April 1997.
25 Lauren I. Zigmont-Miller, RPR and Notary
Notary Public in and for the State of Ohio.

Page 74

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15

'92 [2] 1:6:17 1:6:24	1:46:9	441 14 [3] 1:2:9 1:2:14 1:2:19
'93 [2] 1:6:19 1:7:19	170 [1] 1:27:4	48/30 [1] 1:55:4
'93-'94 [1] 1:11:20	17th [4] 1:33:20 1:43:20 1:68:12	489 [1] 1:55:9
1,200 [1] 1:55:10	180 [1] 1:26:14	740 [1] 1:55:13
1,230 [1] 1:55:12	180/100 [1] 1:46:9	8,000 [1] 1:22:6
1,595 [1] 1:55:13	188 [1] 1:19:3	9,000 [1] 1:53:14
10-17 [9] 1:19:5 1:20:11 1:20:20 1:25:11 1:25:12 1:29:21 1:30:6 1:30:7 1:45:22	189/129 [1] 1:21:15	abbreviations [1] 1:21:21
10-18 [12] 1:27:6 1:27:6 1:30:5 1:30:6 1:30:10 1:39:8 1:40:8 1:40:11 1:40:12 1:40:24 1:46:4 1:46:6	18th [11] 1:30:23 1:32:13 1:34:3 1:35:18 1:36:18 1:39:15 1:39:19 1:59:2 1:68:12 1:72:8 1:73:8	abdomen [3] 1:22:24 1:46:9 1:49:6
10-18-94 [1] 1:58:7	1980 [1] 1:6:7	abdominal [3] 1:21:22 1:22:17 1:33:15
10-19 [4] 1:41:1 1:49:2 1:51:7 1:53:9	1987 [1] 1:6:15	abg's [6] 1:41:2 1:41:11 1:41:11 1:41:18 1:41:20 1:44:14
10-20 [1] 1:41:8	1988 [1] 1:6:16	ability [1] 1:71:4
10-21 [2] 1:54:22 1:57:1	199 [1] 1:6:21	able [1] 1:40:20
100 [5] 1:26:14 1:26:16 1:26:19 1:55:13 1:57:22	1992 [1] 1:6:23	above [4] 1:1:23 1:24:1 1:40:8 1:41:1
1040 [1] 1:2:4	1994 [3] 1:11:11 1:11:14 1:73:4	absent [1] 1:10:18
1105 [1] 1:53:16	1997 [2] 1:1:14 1:74:23	abuse [2] 1:11:9 1:11:9
1106 [1] 1:22:9	19th [8] 1:44:10 1:44:14 1:56:1 1:56:2 1:56:14 1:68:3 1:68:11 1:68:12	according [4] 1:35:25 1:36:5 1:48:13 1:64:15
107 [1] 1:55:16	2-d [7] 1:30:10 1:30:12 1:30:20 1:46:16 1:72:7 1:72:23 1:73:3	accurate [1] 1:63:15
1113 [3] 1:2:9 1:2:13 1:2:18	200 [2] 1:22:12 1:53:20	accurately [1] 1:10:24
114/54 [1] 1:55:3	20th [5] 1:32:4 1:38:24 1:43:24 1:67:25 1:68:16	act [1] 1:14:15
120 [1] 1:26:15	21st [1] 1:55:25	action [1] 1:74:20
128 [1] 1:22:11	22nd [1] 1:34:9	active [1] 1:23:7
1329 [1] 1:44:1	246,000 [1] 1:22:7	activity [1] 1:26:10
133 [1] 1:22:15	250 [1] 1:26:16	acute [6] 1:21:16 1:22:17 1:63:18 1:63:25 1:64:4 1:64:5
13951 [1] 1:1:22	275,000 [1] 1:53:15	adamek [1] 1:4:8
14,000 [1] 1:55:18	300 [1] 1:24:3	add [3] 1:20:5 1:30:7 1:46:15
140 [2] 1:22:8 1:55:15	306012 [1] 1:1:8	addition [4] 1:4:20 1:13:16 1:36:10 1:50:19
141 [1] 1:53:16	32-year-old [2] 1:18:7 1:20:23	addressed [1] 1:18:12
1449 [1] 1:43:21	4,225 [1] 1:55:12	adhere [2] 1:12:18 1:13:23
1450 [1] 1:45:3	44113-1904 [1] 1:2:5	admission [5] 1:16:19 1:25:12 1:32:3 1:45:23 1:46:21
160/120 [1]		admit [4] 1:20:11 1:20:21 1:22:23

1:26:7	apnea [2]	1:33:2
admitting [1]	1:53:12 1:54:3	available [2]
1:17:3	appearances [1]	1:36:23 1:59:7
afebrile [1]	1:2:1	aware [3]
1:46:8	appreciated [2]	1:71:23 1:73:2 1:73:5
affected [2]	1:46:13 1:47:11	azactam [1]
1:50:15 1:50:22	appropriate [8]	1:45:13
affects [1]	1:29:4 1:29:11 1:48:4	background [1]
1:37:25	1:48:9 1:48:15 1:48:21	1:6:12
affixed [1]	1:52:16 1:66:7	bacteria [1]
1:74:22	appropriately [1]	1:22:12
aforesaid [2]	1:16:16	badri [31]
1:74:9 1:74:14	april [1]	1:4:9 1:9:1 1:14:6
afternoon [1]	1:74:23	1:14:8 1:17:1 1:17:3
1:67:5	area [3]	1:18:2 1:20:15 1:23:1
afterwards [1]	1:7:6 1:50:4 1:50:15	1:23:2 1:23:5 1:23:11
1:74:11	areas [2]	1:23:18 1:23:22 1:26:8
again [11]	1:12:24 1:13:4	1:28:16 1:28:20 1:29:1
1:6:20 1:25:15 1:33:7	arm [1]	1:32:14 1:37:1 1:37:5
1:37:5 1:38:1 1:38:10	1:20:9	1:38:25 1:47:8 1:49:10
1:46:24 1:49:3 1:49:13	arrow [1]	1:51:18 1:52:12 1:60:8
1:59:4 1:65:21	1:57:9	1:60:24 1:65:7 1:72:21
ahead [1]	arterial [2]	1:72:24
1:37:20	1:41:12 1:55:9	badri's [7]
air [1]	artery [1]	1:10:1 1:28:22 1:32:14
1:53:23	1:55:4	1:46:19 1:49:12 1:51:8
alcohol [2]	aside [1]	1:72:18
1:11:9 1:22:16	1:15:15	bag [1]
alkaline [1]	assess [5]	1:41:9
1:22:14	1:42:2 1:46:16 1:47:1	base [1]
allergies [2]	1:47:24 1:48:15	1:48:9
1:26:9 1:26:9	assessment [4]	based [15]
alleviated [1]	1:22:20 1:46:11 1:49:9	1:8:22 1:18:21 1:18:22
1:20:25	1:55:21	1:24:17 1:29:3 1:33:12
allow [2]	assigned [2]	1:33:12 1:42:9 1:63:20
1:61:6 1:62:1	1:16:22 1:16:22	1:63:22 1:68:4 1:68:8
almost [1]	assistant [1]	1:69:13 1:70:8 1:70:18
1:67:9	1:44:19	basic [1]
alone [1]	assistant's [2]	1:18:9
1:54:8	1:25:24 1:40:10	bathroom [2]
alternative [1]	associated [2]	1:5:19 1:60:19
1:61:20	1:54:3 1:54:6	become [1]
alternatives [1]	assume [3]	1:16:6
1:60:24	1:60:7 1:66:10 1:71:3	behalf [4]
ampule [1]	atrial [1]	1:2:2 1:2:7 1:2:11
1:30:8	1:36:11	1:2:16
anesthesia [5]	attached [1]	below [5]
1:41:9 1:41:24 1:42:1	1:50:18	1:21:25 1:22:25 1:27:9
1:42:15 1:66:9	attended [1]	1:39:22 1:39:23
anoxia [1]	1:57:20	best [2]
1:57:12	attending [11]	1:10:24 1:38:19
anoxic [3]	1:5:2 1:13:2 1:23:2	better [6]
1:55:21 1:57:9 1:58:4	1:23:3 1:28:14 1:28:15	1:46:8 1:46:21 1:46:23
answer [10]	1:32:22 1:33:1 1:33:4	1:49:14 1:68:2 1:68:11
1:5:15 1:16:15 1:18:16	1:33:6 1:60:4	between [3]
1:23:14 1:29:8 1:29:9	attending's [1]	1:24:10 1:63:18 1:65:6
1:34:1 1:37:22 1:70:13	1:72:20	beverly [1]
1:70:14	attendings [1]	1:2:11
answered [1]	1:29:19	beyond [1]
1:58:1	attorney [1]	1:59:19
antibiotics [3]	1:74:19	bicarb [1]
1:22:24 1:25:9 1:33:17	attorneys [1]	1:53:22
antihypertensive [1]	1:5:10	bilateral [1]
1:46:18	august [1]	1:41:6
anyplace [1]	1:73:4	bile [4]
1:16:12	authorization [1]	1:61:6 1:61:25 1:64:7
		1:64:8

biliary [6] 1:22:20 1:24:15 1:24:19 1:24:21 1:26:8 1:58:19	1:55:5 capoten [2] 1:21:9 1:26:24 caption [1] 1:74:16 zaracioni [1] 1:4:4 cardiac [12] 1:22:13 1:27:18 1:31:2 1:31:17 1:31:25 1:37:13 1:38:7 1:38:13 1:38:14 1:52:5 1:55:4 1:64:18 cardiac-related [2] 1:27:13 1:27:14 cardiologist [6] 1:29:5 1:36:1 1:38:25 1:43:14 1:43:16 1:48:6 cardiologists [2] 1:38:20 1:39:3 cardiology [6] 1:27:24 1:28:3 1:28:9 1:29:1 1:29:12 1:55:24 cardiomegaly [5] 1:22:18 1:53:12 1:53:20 1:54:6 1:54:8 cardiovascular [1] 1:55:3 care [16] 1:10:25 1:13:1 1:16:7 1:16:22 1:16:23 1:23:8 1:29:6 1:31:9 1:31:17 1:31:24 1:32:5 1:38:24 1:47:12 1:60:4 1:62:13 1:66:2 case [24] 1:1:8 1:6:14 1:9:3 1:9:4 1:10:12 1:10:15 1:14:24 1:14:24 1:18:1 1:28:6 1:29:5 1:38:10 1:38:18 1:43:9 1:43:16 1:65:8 1:66:3 1:66:13 1:66:16 1:66:17 1:66:20 1:66:22 1:67:1 1:68:16 casey [46] 1:2:8 1:3:13 1:4:1 1:5:24 1:9:17 1:9:24 1:10:3 1:13:6 1:17:10 1:18:15 1:19:1 1:19:5 1:19:9 1:23:13 1:25:4 1:26:5 1:29:7 1:31:11 1:34:4 1:34:10 1:34:14 1:34:17 1:34:22 1:37:10 1:37:14 1:39:11 1:40:19 1:48:22 1:54:7 1:54:19 1:56:4 1:57:25 1:58:14 1:59:11 1:67:8 1:67:13 1:67:19 1:68:19 1:69:22 1:70:2 1:70:12 1:71:21 1:72:2 1:73:12 1:73:14 1:73:18 categorical [3] 1:11:21 1:11:22 1:12:2 categorize [2] 1:18:13 1:62:7 catheter [4] 1:64:25 1:65:7 1:65:15 1:66:1 caused [2]	cbc [4] 1:27:5 1:39:24 1:40:12 1:57:3 cc's [9] 1:26:16 1:26:19 1:41:3 1:55:12 1:55:12 1:55:13 1:55:13 1:55:14 1:55:14 cell [3] 1:22:5 1:53:14 1:56:21 centigrade [1] 1:21:13 cerebral [1] 1:68:24 certificate [1] 1:74:2 certification [1] 1:15:1 certified [1] 1:4:16 certify [3] 1:74:6 1:74:15 1:74:18 chairman [1] 1:8:18 chamber [2] 1:36:4 1:36:11 chance [7] 1:9:13 1:10:8 1:10:11 1:23:4 1:32:2 1:32:4 1:64:10 changed [2] 1:7:11 1:7:12 changes [1] 1:21:1 chari [8] 1:1:13 1:1:16 1:4:3 1:4:13 1:5:8 1:5:9 1:73:24 1:74:7 chart [22] 1:9:18 1:9:20 1:9:25 1:10:17 1:10:19 1:10:24 1:13:5 1:15:23 1:16:11 1:16:12 1:32:10 1:42:10 1:42:22 1:43:3 1:43:4 1:43:7 1:53:24 1:56:23 1:57:17 1:59:5 1:66:21 1:66:22 charted [5] 1:36:20 1:36:22 1:47:15 1:53:7 1:56:13 charting [2] 1:13:4 1:42:7 charts [1] 1:19:10 check [5] 1:17:4 :46:16 1:49:10 1:56:22 :68:18 chem [4] 1:27:5 :39:24 1:40:13 1:57:3 chest [4] 1:21:20 :53:20 1:55:7 1:57:3 chf [2] 1:21:3 1:22:22 chicago [1] 1:6:18 chief [1]
---	--	--

1:20:21			complain [1]			1:32:14	1:46:12	1:56:12
chloride [5]			1:50:20			consultations [1]		
1:22:9	1:26:18	1:41:4	complaint [1]			1:66:23		
1:53:16	1:55:16		1:20:21			consulted [1]		
cholangiogram [1]			complaints [2]			1:28:5		
1:64:6			1:16:9	1:16:25		consults [4]		
cholecystectomy [3]			complete [1]			1:28:12	1:28:13	1:28:17
1:51:12	1:53:13	1:62:2	1:25:17			1:29:18		
cholecystitis [12]			completed [2]			contingent [1]		
1:22:21	1:24:22	1:24:25	1:19:14	1:41:16		1:15:13		
1:53:11	1:62:14	1:62:19	completely [2]			continue [1]		
1:62:21	1:63:3	1:63:8	1:21:15	1:38:15		1:55:23		
1:63:10	1:63:13	1:63:22	complications [2]			continued [2]		
cholelithiasis [5]			1:70:1	1:70:6		1:33:22	1:33:25	
1:46:11	1:53:11	1:59:8	computer [1]			control [1]		
1:59:17	1:61:21		1:44:22			1:46:15		
chronic [3]			computer-aided [1]			conversation [3]		
1:63:18	1:63:24	1:64:3	1:74:12			1:18:3	1:52:2	1:73:7
chung [1]			concern [4]			conversations [1]		
1:8:18			1:33:10	1:48:19	1:68:13	1:15:19		
cincinnati [1]			1:71:5			correct [26]		
1:6:17			concerned [1]			1:12:15	1:14:7	1:16:20
civil [1]			1:71:3			1:18:5	1:24:4	1:25:12
1:1:18			concerning [1]			1:25:18	1:30:17	1:32:1
clair [3]			1:4:24			1:35:17	1:35:19	1:35:21
1:2:9	1:2:13	1:2:18	concerns [4]			1:35:22	1:36:12	1:38:21
clear [6]			1:52:4	1:70:20	1:71:15	1:38:22	1:41:17	1:51:24
1:13:17	1:21:15	1:21:20	1:71:16			1:58:13	1:63:3	1:63:14
1:39:21	1:52:9	1:52:16	concluded [1]			1:68:15	1:72:13	1:73:8
cleared [1]			1:73:21			1:73:9	1:74:13	
1:52:12			conclusion [1]			correction [1]		
clearing [1]			1:35:25			1:65:3		
1:52:22			conclusions [1]			correctly [3]		
Cleveland [7]			1:68:4			1:70:17	1:72:23	1:73:6
1:1:22	1:2:5	1:2:9	condition [20]			cosigned [1]		
1:2:14	1:2:19	1:6:15	1:17:7	1:18:13	1:18:14	1:47:8		
1:74:22			1:23:22	1:24:14	1:26:10	costal [1]		
clinical [2]			1:27:18	1:31:17	1:31:25	1:21:25		
1:12:4	1:25:2		1:37:13	1:37:24	1:37:25	count [6]		
close [1]			1:43:1	1:63:2	1:65:21	1:22:6	1:22:7	1:53:14
1:67:12			1:68:2	1:68:8	1:70:8	1:53:15	1:55:18	1:56:21
CO2 [3]			1:70:9	1:71:4		countersigned [1]		
1:22:9	1:53:16	1:55:16	conduct [1]			1:39:22		
coags [1]			1:13:3			county [2]		
1:55:18			confirmed [2]			1:1:2	1:74:2	
coffee [1]			1:63:11	1:63:12		couple [1]		
1:5:19			congestive [5]			1:72:1		
colic [4]			1:20:7	1:21:4	1:22:18	course [2]		
1:22:21	1:24:15	1:24:19	1:53:21	1:65:22		1:33:14	1:42:7	
1:26:8			conjunction [4]			court [3]		
college [2]			1:28:22	1:32:13	1:62:2	1:1:4	1:5:13	1:9:7
1:6:12	1:6:14		1:72:24			cover [3]		
commencing [1]			consent [2]			1:12:24	1:12:25	1:13:4
1:1:22			1:32:21	1:53:24		cpk [1]		
comment [1]			considered [2]			1:55:6		
1:68:8			1:48:12	1:61:11		creatine [1]		
commissioned [1]			consult [14]			1:22:12		
1:74:5			1:27:7	1:27:20	1:27:24	creatinine [3]		
common [3]			1:28:3	1:28:9	1:28:19	1:22:10	1:53:17	1:55:16
1:1:4	1:61:6	1:61:25	1:28:23	1:29:1	1:29:5	credit [1]		
communicate [2]			1:29:5	1:29:12	1:38:9	1:7:24		
1:66:19	1:66:23		1:47:10	1:66:6		criteria [1]		
communicating [1]			consultant [2]			1:24:2		
1:66:15			1:14:14	1:48:8		cross-examination [2]		
competent [1]			consultants [2]			1:3:4	1:5:4	
1:34:24			1:14:15	1:47:7		crossed [1]		
			consultation [3]					

file:uape:lim 1:97-67.txt

echo [25] 1:30:10 1:30:12 1:32:15 1:33:8 1:34:2 1:34:3 1:34:6 1:35:2 1:35:2 1:35:16 1:39:19 1:46:16 1:46:24 1:47:2 1:47:5 1:47:16 1:47:19 1:47:20 1:47:24 1:48:14 1:49:9 1:50:24 1:50:25 1:51:2 1:72:23 echocardiogram [13] 1:30:18 1:30:22 1:32:12 1:32:19 1:33:3 1:35:9 1:37:2 1:37:8 1:37:12 1:38:5 1:52:21 1:72:8 1:73:3 echocardiograms [2] 1:34:24 1:39:4 edema [2] 1:22:1 1:55:23 edge [1] 1:21:25 educational [1] 1:6:12 Either [5] 1:32:6 1:42:9 1:44:21 1:51:13 1:74:19 ekg [4] 1:42:22 1:42:23 1:43:15 1:53:20 ekg's [3] 1:43:11 1:44:2 1:44:4 elective [1] 1:62:5 electrocardiogram [2] 1:42:24 1:43:13 electrocardiograms [1] 1:43:5 electrolytes [1] 1:55:15 elicited [1] 1:49:23 eliciting [1] 1:49:24 eligible [2] 1:15:11 1:15:12 emergency [8] 1:16:9 1:16:24 1:17:17 1:17:20 1:18:14 1:18:18 1:18:19 1:62:8 employee [1] 1:74:19 end [2] 1:15:3 1:46:16 endoscopic [1] 1:61:2 endoscopy [1] 1:61:4 enlarged [1] 1:36:11 entail [1] 1:7:3 entered [2] 1:44:21 1:45:15 epigastric [3] 1:20:22 1:20:24 1:46:10 epigastrium [1]	1:18:8 esq [5] 1:2:3 1:2:3 1:2:8 1:2:12 1:2:17 essence [1] 1:12:13 evaluate [7] 1:30:11 1:30:15 1:33:9 1:35:20 1:38:7 1:39:1 1:58:18 evaluated [1] 1:17:1 evaluation [2] 1:37:13 1:58:20 event [i] 1:74:20 events [1] 1:72:15 eventually [1] 1:17:19 everybody [1] 1:19:9 evidence [1] 1:22:18 exact [1] 1:12:23 exactly [1] 1:72:14 exam [12] 1:17:25 1:19:20 1:21:12 1:21:18 1:21:22 1:22:2 1:22:2 1:23:19 1:24:18 1:24:23 1:50:21 1:57:23 examination [4] 1:1:17 1:4:14 1:49:23 1:72:5 except [2] 1:20:14 1:26:17 excuse [1] 1:22:9 expect [2] 1:10:18 1:33:24 experiencing [1] 1:50:7 expert [2] 1:10:12 1:65:12 explained [1] 1:48:23 extraocular [1] 1:21:19 extremities [3] 1:19:19 1:22:1 1:41:7 extremity [2] 1:21:6 1:41:6 eyes [2] 1:21:17 1:57:24 fact [5] 1:23:4 1:37:7 1:42:13 1:56:22 1:59:19 failure [5] 1:20:8 1:21:4 1:22:19 1:53:21 1:65:22 fair [1] 1:46:22 familiar [4] 1:12:6 1:14:16 1:35:5	1:60:16 Family [9] 1:5:11 1:6:18 1:7:1 1:7:5 1:7:12 1:7:15 1:7:25 1:16:2 1:16:3 far [3] 1:13:22 1:27:21 1:64:4 Fed [1] 1:33:16 Feels [1] 1:50:12 fi02 [1] 1:57:22 Field [1] 1:15:2 Fields [1] 1:7:12 file [1] 1:73:19 Fill [1] 1:12:13 finding [1] 1:50:13 findings [1] 1:35:8 fingerbreadths [1] 1:21:25 finish [1] 1:15:12 first [16] 1:4:15 1:7:4 1:8:11 1:8:12 1:11:13 1:13:14 1:16:5 1:16:18 1:19:2 1:23:15 1:30:9 1:45:14 1:45:21 1:45:21 1:46:20 1:74:7 first-year [1] 1:32:20 five [5] 1:7:23 1:11:22 1:15:3 1:21:25 1:26:25 five-eight [2] 1:24:6 1:24:7 five-year [2] 1:12:10 1:12:11 flip [1] 1:54:20 fluid [5] 1:30:8 1:65:10 1:65:13 1:65:16 1:65:24 fluids [4] 1:22:23 1:26:17 1:33:18 1:65:24 focal [1] 1:57:23 following [3] 1:4:3 1:7:18 1:38:12 follows [1] 1:4:17 foregoing [2] 1:74:13 1:74:16 form [3] 1:10:14 1:13:9 1:69:10 forth [3] 1:1:23 1:12:19 1:44:22 four [5]
file:page:line 1:97-67.txt		

1:21:25	1:26:24	1:27:3	greene [1]	1:17:13	1:17:24	1:18:6
1:39:25	1:41:5		1:1:8	1:18:9	1:18:25	1:19:14
Fourteen [1]			grieco [1]	1:20:5	1:20:7	1:20:22
1:6:10			1:2:3	1:21:2	1:21:6	1:24:17
Fourth [1]			grimblatt [1]	1:29:3	1:29:13	1:31:1
1:20:4			1:43:17	1:31:8	1:31:14	1:31:15
Fragments [2]			group [1]	1:31:20	1:33:12	1:65:22
1:20:9	1:21:5		1:2:16	1:69:13	1:69:19	
free [1]			guess [1]	ho's [4]		
1:16:11			1:27:10	1:10:3	1:10:5	1:46:12
friend [1]			guidelines [3]	1:47:10		
1:14:22			1:12:18	laole [1]		
Function [13]			1:12:22	1:46:5		
1:30:11	1:30:14	1:30:16	gunshot [2]	hospital [13]		
1:31:2	1:33:9	1:33:11	1:20:8	1:1:9	1:1:21	1:2:7
1:35:21	1:35:24	1:46:16	1:21:5	1:8:22	1:11:4	1:11:15
1:47:1	1:47:25	1:48:19	guy [1]	1:13:14	1:14:1	1:14:9
1:52:6			1:71:17	1:14:10	1:33:25	1:62:15
Functions [1]			hand [1]	1:67:2		
1:14:11			1:74:21	hospitals [2]		
g-r-i-m-b-l-a-t-t [1]			handbook [1]	1:8:7	1:32:7	
1:43:18			1:13:10	laour [2]		
gallbladder [9]			handwriting [12]	1:26:19	1:41:4	
1:27:6	1:46:14	1:49:18	1:20:12	hours [5]		
1:58:12	1:58:13	1:58:22	1:20:18	1:26:22	1:27:3	1:40:1
1:59:14	1:59:15	1:62:3	1:25:20	1:41:5	1:45:14	
gases [2]			1:26:2			
1:41:12	1:55:9		1:30:1			
gastroenterologist [2]			1:39:17			
1:61:3	1:61:13		1:49:2			
gastrointestinal [1]			hang [1]			
1:61:4			1:41:9	hpi [1]		
general [17]			head [1]	1:20:22		
1:7:7	1:7:12	1:7:15	1:21:17	huron [11]		
1:32:11	1:38:17	1:42:7	headache [1]	1:1:9	1:1:21	1:2:7
1:43:1	1:59:9	1:59:10	1:20:21	1:6:19	1:7:18	1:8:4
1:63:5	1:65:18	1:65:23	healthy [2]	1:8:11	1:8:24	1:11:15
1:66:13	1:66:19	1:68:8	1:35:13	1:12:16	1:32:6	
1:70:7	1:70:8		1:70:5	hydration [1]		
general/prolap [1]			heart [10]	1:65:13		
1:53:12			1:20:7	hyper [2]		
generally [19]			1:22:18	1:71:21	1:71:22	
1:14:14	1:17:12	1:32:25	1:21:4	hypertension [7]		
1:32:25	1:33:5	1:33:5	1:30:13	1:21:3	1:22:22	1:26:8
1:34:20	1:36:9	1:36:25	1:38:21	1:46:12	1:51:24	1:53:11
1:42:11	1:43:5	1:48:6	1:43:2	1:68:23		
1:50:5	1:59:6	1:61:24	1:65:22	hypertensive [1]		
1:65:12	1:66:6	1:71:18	held [1]	1:20:7		
1:72:15			1:65:6	hyperventilation [1]		
given [7]			helps [1]	1:71:19		
1:13:9	1:17:15	1:30:15	1:65:10	hypo [1]		
1:33:16	1:33:17	1:74:9	hem [1]	1:71:21		
1:74:14			1:22:4	hypothesize [1]		
glen [1]			hematocrit [2]	1:57:14		
1:1:6			1:22:7	hypothesized [2]		
glucose [1]			1:53:15	1:57:12	1:57:18	
1:22:11			hemoglobin [2]	hypoxic [1]		
gone [2]			1:22:6	1:57:22		
1:9:23	1:20:16		1:53:14	icterus [1]		
graduated [4]			hereby [1]	1:21:18		
1:6:15	1:6:17	1:6:20	1:74:6	idea [2]		
1:20:1			herein [2]	1:65:13	1:65:23	
grams [4]			1:1:17	ideal [1]		
1:22:6	1:26:22	1:45:13	1:4:14	1:24:1		
1:53:14			hereinafter [1]	ideally [1]		
greater [6]			1:4:16	1:72:19		
1:26:13	1:26:14	1:26:15	hereunto [1]	illness [1]		
1:26:15	1:27:4	1:55:7	1:74:21	1:20:23		
			high [6]	imagine [1]		
			1:52:5	1:61:10		
			1:69:12	impairment [1]		
			1:69:15	1:48:18		
			1:69:20			
			higher [5]			
			1:68:24			
			1:70:5			
			hillcrest [4]			
			1:8:8			
			1:8:11			
			history [23]			

implies [1] 1:49:16	1:74:20	1:38:7	1:38:24	1:47:12
important [3] 1:37:12 1:65:16 1:65:23	intermittent [1] 1:55:11	1:51:24	1:52:5	1:63:2
impression [1] 1:63:8	internal [1] 1:64:22	1:65:8	1:66:2	1:67:24
inappropriate [1] 1:48:9	internship [3] 1:11:23 1:11:25 1:12:7	judge [1] 1:1:8		
inasmuch [1] 1:37:25	interpret [1] 1:38:2	jump [2] 1:45:18 1:57:7		
incidentally [1] 1:18:23	interpretation [2] 1:43:15 1:64:15	k-dur [1] 1:21:10		
increase [2] 1:49:16 1:55:19	interpreted [3] 1:36:1 1:43:14 1:48:4	kcl [1] 1:39:25		
increased [2] 1:49:9 1:68:14	interprets [2] 1:48:7 1:48:7	keep [1] 1:40:11		
increasing [1] 1:56:21	intraoperatively [5] 1:65:2 1:65:3 1:65:4 1:65:11 1:65:17	keith [1] 1:2:23		
independently [1] 1:15:17	introduction [2] 1:13:19 1:14:1	kinase [1] 1:22:12		
index [2] 1:3:1 1:22:13	invasive [1] 1:61:8	kind [1] 1:14:3		
indexed [1] 1:19:8	involved [io] 1:10:15 1:14:24 1:16:6 1:60:3 1:61:16 1:62:12 1:62:16 1:64:24 1:69:5 1:71:6	knowing [1] 1:69:18		
indexes [1] 1:19:10	involvement [4] 1:9:4 1:16:6 1:16:18 1:23:7	knowledge [5] 1:11:2 1:59:19 1:67:6 1:67:7 1:72:25		
india [1] 1:6:5	ischemia [1] 1:68:25	known [1] 1:26:9		
indicate [4] 1:44:17 1:49:20 1:50:2 1:64:1	issues [1] 1:10:15	kwarciany [1] 1:4:24		
indicated [2] 1:68:10 1:68:13	item [1] 1:44:15	lab [2] 1:68:5 1:68:9		
indicates [2] 1:36:11 1:64:2	itself [2] 1:14:24 1:36:8	laboratories [1] 1:27:5		
indicating [1] 1:34:11	jack [5] 1:2:3 1:5:9 1:48:23 1:67:9 1:69:23	laboratory [3] 1:17:25 1:22:5 1:24:17		
indication [2] 1:49:20 1:68:1	jackson-pratt [1] 1:55:14	labs [4] 1:46:10 1:46:15 1:49:8 1:49:10		
infarction [1] 1:68:24	jacobson [1] 1:4:22	lacata [5] 1:19:25 1:19:25 1:23:1 1:23:5 1:23:7		
infectious [1] 1:55:17	james [2] 1:2:8 1:38:4	lactated [1] 1:41:3		
inflammation [io] 1:49:17 1:50:4 1:63:14 1:63:18 1:63:19 1:63:24 1:63:25 1:64:3 1:64:4 1:64:5	jaundice [1] 1:19:16	lactinated [1] 1:26:17		
information [2] 1:17:14 1:17:15	jones [39] 1:1:6 1:4:23 1:5:10 1:10:25 1:15:17 1:15:24 1:16:7 1:16:18 1:17:20 1:17:23 1:17:24 1:23:8 1:23:24 1:28:17 1:29:4 1:29:13 1:30:22 1:33:15 1:39:1 1:46:21 1:48:12 1:48:15 1:48:20 1:50:6 1:51:11 1:51:18 1:52:9 1:52:13 1:52:16 1:52:22 1:60:25 1:62:5 1:63:20 1:64:11 1:64:17 1:69:4 1:69:12 1:70:21 1:71:1	Lakeland [1] 1:2:16		
infusion [1] 1:41:9		Landskroner [34] 1:2:3 1:2:4 1:3:5 1:4:19 1:5:5 1:5:9 1:5:22 1:6:1 1:9:19 1:10:7 1:19:11 1:19:13 1:23:17 1:25:6 1:34:19 1:35:12 1:37:16 1:37:21 1:39:14 1:52:25 1:54:21 1:56:8 1:58:2 1:59:13 1:60:20 1:60:22 1:67:10 1:67:16 1:67:21 1:67:22 1:68:22 1:70:24 1:71:22 1:71:24		
initiation [1] 1:13:13		[1] 1:38:4		
injury [4] 1:55:22 1:57:9 1:57:12 1:58:4	jones' [20] 1:4:8 1:23:22 1:27:17 1:31:8 1:32:5 1:33:10 1:35:24 1:37:9 1:37:13	laparoscopic [3] 1:51:14 1:53:13 1:54:11		
input [1] 1:26:19		lasix [2] 1:21:9 1:26:25		
inquire [1] 1:31:16		last [2]		
instance [1] 1:71:13				
intact [1] 1:21:19				
interested [1]				

1:39:8	1:56:2	1:41:6	1:41:6	1:47:7	1:48:8	1:48:25
auren [3]		ukes [1]		1:62:19	1:65:21	1:69:13
1:1:19	1:74:3	1:7:2		1:69:19	1:70:18	
aw [1]		unch [1]		nedication [2]		
1:4:23		1:14:3		1:27:16	1:33:22	
awsuit [1]		n-hm [2]		nedications [8]		
1:9:5		1:36:24	1:56:18	1:20:10	1:21:8	1:26:21
dh [1]		nagnesium [1]		1:27:10	1:27:11	1:27:12
1:53:20		1:57:3		1:27:13	1:31:20	
eadng [2]		nain [2]		medicine [2]		
1:55:22	1:57:13	1:26:7	1:65:14	1:64:22	1:66:9	
earning [1]		nale [3]		neds [2]		
1:8:3		1:18:7	1:20:23	1:26:17	1:33:20	
east [4]		nanagement [2]	1:21:16	neeting [1]		
1:11:2	1:43:8	1:27:8	1:55:23	1:16:2		
1:68:16		nandatory [1]		mentioned [1]		
eft [13]		1:55:11		1:19:21		
1:30:11	1:33:9	narch [1]		neridia [11]		
1:35:21	1:35:24	1:1:14		1:1:9	1:1:21	1:2:7
1:36:3	1:40:5	nargin [1]		1:6:19	1:7:18	1:8:4
1:47:1	1:47:25	1:22:1		1:8:7	1:8:11	1:11:15
1:55:7		nark [2]		1:12:16	1:32:6	
ess [3]		1:4:8	1:55:22	net [2]		
1:26:14	1:26:15	natch [3]		1:24:2	1:24:12	
evel [9]		1:11:22	1:12:10	michael [1]		
1:12:3	1:22:8	1:12:9	1:12:11	1:43:17		
1:22:12	1:22:16	natched [1]		niddle [1]		
1:41:7	1:53:22	1:12:9		1:45:12		
levels [2]		naterial [1]		midnight [2]		
1:65:11	1:65:16	1:13:25		1:39:23	1:41:3	
illian [1]		materials [1]		midway [1]		
1:1:8		1:13:21		1:51:23		
limitations [1]		nax [1]		night [1]		
1:28:11		1:55:18		1:4:21		
line [4]		nay [8]		mild [4]		
1:44:7	1:44:16	1:6:24	1:8:14	1:20:24	1:46:9	1:63:14
1:51:5		1:19:12	1:20:16	1:64:2		
lines [3]		1:27:8	1:58:3	milliequivalents [3]		
1:30:1	1:30:3	maynard's [1]		1:26:18	1:39:25	1:41:4
lipase [1]		1:4:23		milligrams [13]		
1:22:17		mcgregor [1]		1:21:8	1:21:9	1:21:9
liquid [1]		1:2:23		1:21:10	1:21:11	1:21:11
1:39:21		meadows [4]		1:26:23	1:26:24	1:26:25
Liter [2]		1:2:12	1:3:14	1:27:1	1:27:2	1:27:3
1:26:19	1:30:8	1:73:13	1:35:14	1:30:9		
literature [1]		mean [22]		mine [3]		
1:10:14		1:13:17	1:14:2	1:14:22	1:40:4	1:44:24
Liters [1]		1:17:8	1:18:17	minimally [2]		
1:45:8		1:30:12	1:30:20	1:49:7	1:49:19	
liver [1]		1:34:11	1:36:6	minoxidil [1]		
1:21:24		1:42:8	1:43:3	1:46:15		
look [12]		1:50:12	1:50:24	minutes [1]		
1:9:13	1:10:11	1:57:8	1:57:10	1:67:18		
1:17:12	1:25:5	1:71:15		missing [2]		
1:48:1	1:48:2	means [3]		1:4:6	1:4:10	
1:51:22	1:56:23	1:11:22	1:11:23	mix-up [1]		
looked [1]		med [1]	1:44:18	1:5:1		
1:15:18		1:6:20		moderate [2]		
looking [11]		medical [35]		1:22:11	1:64:2	
1:15:22	1:17:15	1:2:16	1:6:11	moment [2]		
1:20:11	1:24:9	1:9:16	1:14:13	1:62:9	1:62:10	
1:44:14	1:50:1	1:20:6	1:21:2	monday [1]		
1:57:19	1:67:23	1:28:4	1:28:23	1:1:14		
looks [4]		1:29:4	1:31:9	monitor [1]		
1:27:12	1:40:16	1:31:15	1:31:19	1:65:10		
1:67:8		1:32:5	1:36:8	months [1]		
lower m		1:37:24	1:37:25			
		1:38:9	1:38:16			

1:11:17	1:57:24	nurse's [2]
morbidly [3]	noon [1]	1:25:24 1:40:9
1:23:24 1:23:25 1:24:10	1:67:14	nursing [1]
morning [2]	normal [5]	1:26:12
1:22:25 1:67:6	1:22:3 1:35:8 1:35:11	o'neill [1]
motions [1]	1:35:12 1:64:16	1:2:11
1:21:19	normally [2]	o'neill's [1]
mouth [2]	1:7:9 1:42:10	1:57:21
1:40:20 1:57:24	nose [1]	obese [8]
moved [1]	1:21:17	1:19:17 1:21:15 1:21:22
1:67:5	notary [4]	1:23:24 1:23:25 1:24:8
multi-vitamins [1]	1:1:20 1:74:4 1:74:24	1:24:10 1:24:10
1:30:8	1:74:25	obesity [4]
multiple [2]	notation [3]	1:26:9 1:69:2 1:69:7
1:20:10 1:21:5	1:44:7 1:47:18 1:51:23	1:71:19
myocardial [1]	note [24]	object [1]
1:68:24	1:19:2 1:20:11 1:20:19	1:37:19
name [6]	1:25:13 1:26:3 1:31:12	objection [5]
1:5:6 1:5:9 1:72:13	1:31:22 1:33:19 1:33:19	1:29:7 1:29:14 1:35:10
1:72:18 1:72:18 1:72:20	1:42:19 1:46:17 1:48:1	1:35:14 1:69:9
named [1]	1:49:2 1:52:20 1:53:10	objections [1]
1:9:4	1:53:25 1:54:24 1:56:1	1:3:12
nasal [1]	1:56:2 1:56:5 1:56:13	objective [1]
1:45:8	1:56:17 1:57:7 1:57:21	1:50:12
nasogastric [1]	noted [7]	obligations [2]
1:55:13	1:20:6 1:20:23 1:25:22	1:13:5 1:13:15
nausea [2]	1:41:15 1:42:4 1:56:16	obstruction [1]
1:18:9 1:20:25	1:68:2	1:24:20
neck [3]	notes [is]	obtain [7]
1:20:9 1:21:6 1:21:19	1:20:12 1:29:21 1:39:7	1:28:3 1:28:17 1:28:19
need [6]	1:39:9 1:39:10 1:45:19	1:29:4 1:29:12 1:29:18
1:5:18 1:16:12 1:16:15	1:46:2 1:46:23 1:47:18	1:65:15
1:25:5 1:35:4 1:73:19	1:47:22 1:48:13 1:49:14	obtained [6]
needed [2]	1:50:9 1:54:14 1:57:7	1:17:24 1:25:1 1:25:3
1:27:3 1:62:10	1:57:19 1:67:23 1:68:18	1:25:7 1:28:13 1:64:8
needs [1]	nothing [4]	obtaining [1]
1:46:17	1:33:21 1:36:8 1:73:13	1:28:25
negative [5]	1:74:8	obviously [2]
1:22:4 1:22:13 1:53:20	notice [1]	1:36:17 1:50:14
1:53:21 1:55:6	1:1:21	occasions [1]
neuro [1]	noticed [1]	1:14:15
1:55:1	1:10:18	occurred [1]
neurologic [1]	notified [4]	1:71:15
1:22:2	1:4:5 1:4:11 1:4:25	october [7]
never [2]	1:42:15	1:11:14 1:32:4 1:38:24
1:59:21 1:60:8	now [12]	1:43:20 1:43:23 1:72:8
next [is]	1:7:20 1:8:15 1:18:24	1:73:8
1:29:20 1:39:13 1:40:25	1:25:10 1:30:10 1:39:23	Off [3]
1:43:23 1:44:23 1:45:5	1:39:25 1:41:5 1:57:17	1:44:19 1:44:20 1:68:19
1:45:11 1:45:24 1:46:2	1:57:22 1:61:19 1:71:14	office [4]
1:51:5 1:51:20 1:53:9	npo [7]	1:4:7 1:4:9 1:4:23
1:54:13 1:54:16 1:54:18	1:22:23 1:26:17 1:33:20	1:74:22
1:55:2 1:55:25 1:57:7	1:33:20 1:39:23 1:39:23	ohio [12]
nine [1]	1:41:2	1:1:1 1:1:18 1:1:21
1:41:22	number [29]	1:1:22 1:2:5 1:2:9
nitro [2]	1:21:3 1:21:3 1:21:4	1:2:14 1:2:19 1:74:1
1:21:10 1:27:1	1:22:21 1:22:22 1:26:7	1:74:5 1:74:22 1:74:25
nitrogen [1]	1:26:12 1:26:21 1:26:22	old [1]
1:22:10	1:26:23 1:26:24 1:26:25	1:6:8
none [2]	1:27:1 1:27:2 1:27:9	one [34]
1:21:7 1:45:10	1:27:10 1:27:16 1:30:5	1:5:10 1:5:25 1:6:17
nonfocal [1]	1:30:8 1:36:13 1:40:12	1:11:23 1:14:5 1:21:3
1:22:2	1:41:2 1:41:5 1:41:22	1:24:16 1:26:7 1:26:21
nonradiating [1]	1:42:19 1:46:11 1:46:12	1:27:16 1:29:16 1:30:5
1:20:25	1:55:22 1:55:24	1:30:7 1:30:23 1:39:8
nonresponsiveness [1]	numbers [1]	1:39:25 1:40:7 1:40:12
	1:25:23	1:41:5 1:43:12 1:43:20
	nurse [1]	
	1:40:16	

1:43:23	1:44:9	1:44:10	1:18:25	1:20:13	1:25:17	1:50:20	1:68:23
1:45:21	1:46:11	1:48:11	1:29:20	1:29:22	1:29:22	paul [1]	
1:48:17	1:49:18	1:54:20	1:29:24	1:39:21	1:40:17	1:2:3	
1:54:22	1:61:16	1:62:23	1:40:25	1:41:22	1:44:15	pco2 [1]	
1:65:4			1:44:23	1:45:2	1:45:5	1:53:21	
me-year [1]			1:45:5	1:45:9	1:45:11	peep [2]	
1:7:9			1:45:22	1:46:2	1:51:6	1:55:12	1:57:23
ones [1]			1:51:20	1:51:22	1:51:23	pending [5]	
1:43:22			1:53:9	1:54:13	1:54:13	1:46:10	1:49:8
onset [2]			1:54:16	1:54:18	1:67:14	1:50:24	1:51:1
1:18:8	1:20:23		pager [2]			people [1]	
1:27:8	1:55:24		1:27:8	1:55:24		1:4:10	
open [3]			pages [3]			people's [1]	
1:51:13	1:53:13	1:54:11	1:3:2	1:16:15	1:45:24	1:57:19	
operated [1]			pain [21]			per [7]	
1:42:17			1:18:8	1:18:10	1:20:22	1:26:16	1:26:19
operating [1]			1:20:24	1:20:25	1:24:17	1:49:14	1:52:20
1:36:4			1:24:20	1:33:15	1:46:8	1:58:21	1:55:24
opinion [1]			1:46:23	1:49:6	1:49:14	percent [7]	
1:71:5			1:49:15	1:50:8	1:50:10	1:22:7	1:24:1
opportunity [2]			1:50:15	1:50:18	1:50:19	1:53:22	1:55:10
1:37:2	1:66:11		1:50:20	1:68:11	1:68:17	1:57:22	1:53:15
opposed [3]			palpable [1]			perform [3]	
1:12:1	1:12:2	1:49:24	1:21:24			1:32:17	1:32:19
options [1]			palpate [2]			performance [1]	1:61:14
1:48:12			1:50:15	1:50:21		1:51:1	
oral [3]			palpating [1]			performed [7]	
1:15:14	1:59:25	1:66:23	1:49:23			1:17:25	1:34:2
orally [1]			paralyzed [1]			1:36:1	1:61:14
1:66:21			1:55:1			1:62:1	1:61:24
orals [2]			part [8]			performs [3]	
1:15:6	1:15:9		1:8:10	1:15:13	1:15:14	1:48:7	1:61:5
order [21]			1:20:5	1:31:7	1:50:22	person [6]	
1:28:19	1:32:23	1:33:3	1:63:7	1:68:7		1:14:13	1:43:6
1:39:13	1:39:22	1:42:11	partial [2]			1:43:12	1:52:16
1:42:14	1:42:16	1:44:8	1:53:18	1:55:19		perspective [1]	
1:44:12	1:44:13	1:44:13	party [1]			1:49:15	
1:44:16	1:56:5	1:58:7	1:74:19			pertinent [1]	
1:60:15	1:72:7	1:72:9	pass [1]			1:19:19	
1:72:11	1:72:23	1:73:3	1:61:6			phenobarb [1]	
ordered [8]			passage [1]			1:55:2	
1:30:23	1:34:3	1:35:16	1:62:1			phillips [1]	
1:35:18	1:35:20	1:39:20	passing [1]			1:2:4	
1:58:9	1:60:4		1:15:13			phone [1]	
ordering [3]			past [6]			1:4:22	
1:33:4	1:33:7	1:60:11	1:20:6	1:20:8	1:21:2	phosphatase [1]	
orders [15]			1:21:6	1:31:13	1:31:18	1:22:15	
1:19:6	1:25:5	1:25:10	patch [2]			phrased [1]	
1:25:12	1:25:23	1:39:9	1:21:10	1:27:1		1:70:13	
1:39:12	1:39:15	1:44:18	pathologic [2]			physical [11]	
1:44:24	1:45:12	1:45:15	1:63:12	1:63:23		1:17:13	1:17:25
1:56:24	1:57:1	1:57:4	pathology [3]			1:19:15	1:19:16
orientation [1]			1:63:15	1:63:20	1:63:25	1:24:18	1:24:23
1:13:20			patient [30]			1:50:21	1:71:4
otherwise [1]			1:13:1	1:16:25	1:17:7	physician [3]	
1:74:19			1:17:17	1:18:4	1:23:11	1:17:3	1:23:3
output [5]			1:23:19	1:32:15	1:35:13	physicians [11]	
1:26:16	1:26:19	1:55:4	1:38:1	1:38:14	1:38:15	1:11:1	1:13:15
1:55:13	1:55:14		1:42:1	1:46:17	1:48:9	1:31:24	1:49:1
outside [3]			1:49:13	1:50:11	1:56:1	1:66:15	1:66:20
1:9:3	1:14:8	1:15:21	1:57:20	1:57:20	1:58:21	1:71:6	1:71:16
overnight [1]			1:62:13	1:62:18	1:65:14	picture [1]	
1:55:2			1:65:19	1:65:20	1:65:22	1:64:7	
oxygenation [1]			1:69:8	1:69:12	1:69:20	pitting [1]	
1:69:8			patient's [1]			1:22:1	
p02 [1]			1:43:2			place [1]	
1:53:22			patients [5]			1:74:16	
page [30]			1:13:15	1:42:17	1:42:18		

file:page:line

1:97-67.txt

placed [2] 1:25:8 1:65:4	preoperative [4] 1:42:22 1:53:10 1:63:6 1:63:8	properly [1] 1:36:4
placement [1] 1:64:25	preoperatively [3] 1:42:1 1:42:18 1:46:18	prostate [1] 1:22:3
plaintiff [1] 1:9:5	preparing [2] 1:9:12 1:15:2	protime [4] 1:53:18 1:55:19 1:55:19 1:57:2
plaintiffs [4] 1:1:7 1:1:1 1:2:2 1:4:15	presbyterian [1] 1:6:18	protocols [3] 1:12:17 1:13:22 1:13:24
plan [7] 1:22:22 1:46: 4 1:47:23 1:47:24 1:48: 1:49:10 1:55:23	presbyterian-st [1] 1:7:2	provided [1] 1:29:3
platelet [2] 1:22:7 1:53: 5	prescribed [2] 1:33:14 1:59:25	ptt [1] 1:57:3
play [1] 1:69:7	presence [1] 1:74:10	public [4] 1:1:20 1:2:4 1:74:4 1:74:25
played [1] 1:69:2	present [6] 1:2:22 1:20:22 1:23:18 1:23:20 1:55:23 1:56:9	pull [1] 1:39:16
pleas [1] 1:1:4	presented [2] 1:18:7 1:18:18	pulmonary [4] 1:55:4 1:55:5 1:55:6 1:55:23
plus [1] 1:22:1	pressure [12] 1:20:10 1:21:14 1:26:13 1:26:15 1:27:4 1:27:19 1:46:9 1:46:15 1:49:7 1:52:5 1:55:4 1:55:5	pulse [3] 1:21:13 1:26:15 1:55:3
pmh [1] 1:21:2	previous [2] 1:31:8 1:32:5	purpose [3] 1:33:7 1:58:10 1:58:17
po2 [1] 1:57:23	primary [2] 1:24:14 1:62:3	pursuant [1] 1:1:21
pod [1] 1:54:22	privileges [1] 1:11:4	put [4] 1:4:1 1:4:21 1:11:18 1:43:15
point [8] 1:23:2 1:23:21 1:33:13 1:37:4 1:38:23 1:38:23 1:48:11 1:52:8	problem [6] 1:5:20 1:57:15 1:69:23 1:70:4 1:70:21 1:71:9	quadrant [5] 1:19:18 1:21:24 1:46:10 1:49:7 1:49:24
pointed [1] 1:71:10	problems [3] 1:20:6 1:62:19 1:70:18	qualified [9] 1:35:15 1:39:3 1:41:20 1:43:4 1:43:6 1:43:8 1:54:9 1:64:20 1:74:5
portable [1] 1:57:3	procordia [3] 1:21:8 1:26:23 1:27:2	quarter [2] 1:67:17 1:67:19
positive [3] 1:21:18 1:21:23 1:21:23	procedure [22] 1:1:18 1:34:21 1:45:16 1:51:9 1:51:17 1:54:10 1:56:10 1:59:16 1:59:17 1:60:12 1:60:16 1:61:8 1:61:12 1:62:4 1:62:5 1:62:8 1:64:11 1:67:24 1:69:3 1:69:16 1:69:21 1:70:22	questionable [1] 1:55:21
positives [1] 1:19:19	proceed [1] 1:51:13	questioned [2] 1:55:17 1:56:17
possibility [1] 1:57:11	process [3] 1:8:3 1:9:12 1:74:12	questions [6] 1:5:11 1:5:16 1:16:10 1:16:14 1:16:16 1:72:1
possible [7] 1:24:16 1:30:1 1:49:17 1:53:13 1:54:1 1:56:6 1:60:24	professional [2] 1:1:19 1:74:4	quite [1] 1:13:17
post [1] 1:21:4	program [13] 1:6:25 1:7:1 1:7:9 1:7:10 1:7:22 1:8:3 1:8:10 1:8:13 1:8:17 1:11:5 1:12:14 1:13:13 1:13:19	radiologist [1] 1:64:16
postoperatively [1] 1:64:19	programs [2] 1:7:11 1:12:10	radiopaque [1] 1:64:8
postural [1] 1:21:1	progress [7] 1:19:2 1:33:19 1:39:6 1:39:9 1:39:9 1:39:10 1:45:19	rate [3] 1:21:14 1:21:20 1:55:5
potassium [6] 1:22:8 1:26:18 1:41:4 1:41:7 1:53:16 1:55:15	progression [1] 1:49:17	rather [1] 1:50:13
pounds [1] 1:24:3		ravi [6] 1:1:13 1:1:16 1:4:13 1:5:8 1:73:24 1:74:6
practice [6] 1:6:18 1:7:1 1:7:5 1:7:12 1:7:15 1:7:25		read [20] 1:10:8 1:20:19 1:26:6 1:30:4 1:34:24 1:35:3 1:35:5 1:36:9 1:38:5 1:39:3 1:42:20 1:43:5 1:43:11 1:43:14 1:46:3 1:46:24 1:54:25 1:55:2 1:73:15 1:73:16

eading [3] 1:42:22 1:43:4 1:43:6	1:64:22 1:66:16 1:66:22	responses [1] 1:5:12
eady [1] 1:43:3	dying [1] 1:43:9	responsibilities [2] 1:12:4 1:13:2
early [1] 1:50:14	emaining [1] 1:21:5	responsibility [1] 1:13:2
realm [2] 1:59:25 1:60:14	emember [38] 1:14:4 1:15:18 1:15:18 1:17:18 1:23:14 1:23:23 1:29:2 1:31:6 1:31:10 1:31:19 1:31:21 1:32:1 1:32:8 1:32:16 1:32:18 1:36:16 1:36:19 1:39:2 1:41:19 1:42:6 1:47:13 1:51:15 1:51:19 1:52:3 1:52:7 1:56:7 1:56:15 1:57:6 1:57:16 1:59:3 1:61:1 1:66:14 1:66:25 1:67:4 1:67:4 1:71:2 1:71:12 1:73:1	rest [1] 1:8:13
received [6] 1:11:1 1:13:25 1:17:16 1:31:17 1:31:24 1:32:6		results [8] 1:35:2 1:36:22 1:48:3 1:48:5 1:50:25 1:51:3 1:64:11 1:64:13
ecess [2] 1:60:21 1:68:21		reveal [3] 1:19:15 1:35:23 1:58:20
ecollect [1] 1:51:19		revealed [2] 1:18:6 1:19:16
ecollection [10] 1:10:25 1:15:16 1:15:21 1:16:1 1:31:23 1:38:19 1:51:16 1:62:24 1:73:7 1:73:9	eminger [6] 1:2:8 1:2:8 1:2:13 1:2:13 1:2:18 1:2:18	review [17] 1:9:20 1:32:2 1:32:4 1:35:1 1:36:14 1:37:2 1:41:18 1:41:20 1:44:2 1:44:4 1:47:2 1:47:4 1:47:18 1:48:3 1:48:5 1:59:2 1:64:10
ecommendations [1] 1:48:10	emoval [3] 1:59:14 1:59:15 1:62:2	reviewed [10] 1:15:15 1:17:25 1:32:9 1:36:21 1:37:8 1:47:16 1:52:22 1:53:2 1:53:6 1:53:8
ecord [7] 1:4:2 1:4:21 1:5:7 1:17:11 1:17:13 1:35:5 1:68:20	enal [1] 1:55:12	reviewing [3] 1:10:17 1:35:20 1:53:4
ecords [5] 1:9:16 1:15:16 1:15:17 1:32:5 1:32:9	endered [1] 1:10:12	reviews [2] 1:47:19 1:48:8
ectal [1] 1:22:2	eorganize [1] 1:67:18	revoked [1] 1:11:6
educed [1] 1:74:10	epeat [2] 1:41:5 1:46:15	rhonchi [1] 1:55:7
eder [2] 1:16:15 1:16:15	ephase [2] 1:5:15 1:70:16	rhythm [2] 1:21:21 1:55:6
eference [1] 1:57:19	eport [11] 1:34:5 1:34:6 1:35:23 1:36:10 1:36:14 1:36:21 1:58:21 1:63:13 1:63:16 1:63:20 1:63:25	right [25] 1:6:25 1:7:17 1:7:20 1:8:15 1:18:24 1:19:17 1:20:9 1:21:6 1:21:24 1:21:25 1:23:16 1:26:2 1:36:11 1:38:12 1:39:19 1:40:5 1:42:13 1:45:18 1:46:5 1:46:9 1:49:7 1:49:23 1:55:7 1:61:19 1:73:15
eferring [4] 1:40:7 1:63:4 1:66:17 1:68:7	eporter [3] 1:1:20 1:5:13 1:74:4	ringer's [2] 1:26:18 1:41:3
efers [1] 1:63:13	eports [3] 1:10:12 1:10:21 1:34:20	risk [9] 1:64:17 1:64:18 1:68:24 1:69:12 1:69:14 1:69:15 1:69:20 1:70:1 1:70:19
eflect [1] 1:10:25	epresenting [1] 1:5:10	risks [2] 1:54:2 1:54:5
eflection [1] 1:63:15	equest [3] 1:28:12 1:28:13 1:41:13	road [2] 1:1:22 1:8:24
egarding [1] 1:49:11	equested [3] 1:27:24 1:42:3 1:60:8	role [2] 1:69:3 1:69:7
egistered [2] 1:1:19 1:74:3	equisition [2] 1:72:12 1:72:15	room [5] 1:16:9 1:16:24 1:17:20 1:18:18 1:53:23
egular [4] 1:12:14 1:21:20 1:41:2 1:55:5	eserve [1] 1:6:14	rotate [1] 1:8:8
einker's [1] 1:4:7	esidency [13] 1:7:4 1:7:4 1:7:9 1:7:17 1:7:25 1:8:3 1:8:17 1:11:5 1:11:12 1:11:19 1:12:10 1:15:12 1:20:3	rotation [1] 1:8:9
elate [1] 1:16:11	esident [12] 1:6:19 1:12:16 1:16:8 1:18:1 1:19:22 1:28:8 1:29:9 1:32:20 1:32:20 1:36:7 1:66:10 1:72:17	
elated [3] 1:27:17 1:27:19 1:62:25	esident's [1] 1:12:22	
elative [1] 1:74:18	espiratory [1] 1:21:14	
elied [1] 1:64:21		
ely [9] 1:38:1 1:38:6 1:38:9 1:38:15 1:47:6 1:48:25		

roughly [1] 1:11:17	1:17:20 1:18:11 1:27:8	signature [18] 1:20:14 1:22:25 1:25:24
rpr [1] 1:74:24	1:39:16 1:40:5 1:42:16	1:25:24 1:27:8 1:40:2
rule [4] 1:22:21 1:24:22 1:27:7	1:43:23 1:45:10 1:45:25	1:40:3 1:40:6 1:40:9
1:46:11	1:47:15 1:47:24 1:50:23	1:40:15 1:41:10 1:45:8
ruled [1] 1:57:5	1:51:25 1:56:1 1:56:23	1:46:18 1:46:19 1:49:11
rules [2] 1:1:18 1:4:15	1:58:8	1:49:12 1:53:24 1:55:24
ruling [1] 1:24:24	sees [1] 1:42:1	signatures [2] 1:40:14 1:40:23
run [7] 1:5:19 1:20:18 1:26:1	seized [1] 1:55:2	signed [1] 1:38:5
1:30:3 1:39:6 1:39:16	seizure [1] 1:57:21	significant [1] 1:36:2
1:54:25	seizures [4] 1:55:22 1:57:9 1:57:13	signs [1] 1:21:12
rush [2] 1:6:18 1:7:1	1:57:23	simv [1] 1:55:10
safe [1] 1:67:17	senchyshak [2] 1:14:16 1:14:18	single [1] 1:68:9
samuel [1] 1:19:25	send [1] 1:16:13	sit [2] 1:69:18 1:71:14
saturation [1] 1:53:22	senior [2] 1:18:1 1:19:22	six [3] 1:26:22 1:27:1 1:41:5
saturday [1] 1:20:24	sensation [1] 1:49:25	size [1] 1:58:23
saw [4] 1:17:22 1:31:13 1:36:17	sense [2] 1:65:18 1:69:14	sleep [2] 1:53:12 1:54:3
1:56:7	sent [1] 1:9:25	slight [1] 1:49:6
says [6] 1:41:22 1:46:24 1:47:10	sepsis [5] 1:55:17 1:56:17 1:56:17	slot [2] 1:67:6 1:67:6
1:51:23 1:55:20 1:64:5	1:56:22 1:57:5	slots [1] 1:12:11
schedule [1] 1:42:17	sequence [1] 1:72:14	slow [1] 1:67:11
scheduled [2] 1:32:13 1:54:11	sequential [1] 1:41:6	smooth [1] 1:22:3
scheduling [2] 1:4:24 1:5:1	series [1] 1:22:17	socialize [2] 1:14:18 1:14:20
school [2] 1:6:16 1:6:20	service [1] 1:53:2	socialized [1] 1:14:8
scleral [1] 1:21:18	services [1] 1:66:7	sodium [3] 1:22:8 1:53:16 1:55:15
screen [2] 1:41:7 1:53:23	set [3] 1:1:23 1:12:18 1:74:21	soft [2] 1:21:23 1:49:6
seal [1] 1:74:22	seven [3] 1:26:12 1:27:2 1:27:12	someone [6] 1:4:7 1:4:8 1:41:15
search [1] 1:10:14	severe [1] 1:18:10	1:42:8 1:47:19 1:70:5
seat [1] 1:61:18	sgot [1] 1:22:15	someplace [1] 1:12:19
second [5] 1:11:11 1:11:18 1:34:2	sgpt [1] 1:22:15	somewhat [3] 1:46:8 1:46:21 1:46:23
1:35:1 1:68:20	shift [2] 1:26:10 1:26:16	soon [2] 1:30:10 1:62:11
seconds [3] 1:53:18 1:53:19 1:55:19	shock [3] 1:59:18 1:59:21 1:60:15	sorry [11] 1:6:3 1:20:5 1:30:7
secretary [1] 1:25:21	shooting [1] 1:64:8	1:32:17 1:34:3 1:40:22
section [1] 1:15:8	shot [1] 1:20:8	1:42:20 1:57:8 1:58:11
sections [1] 1:15:6	showed [2] 1:22:11 1:22:17	sort [4] 1:7:24 1:13:12 1:14:11
sedated [2] 1:55:1 1:57:20	shows [1] 1:57:23	sounds [1] 1:21:23
see [19] 1:14:10 1:17:7 1:17:16	side [2] 1:40:5 1:40:6	speak [2] 1:23:22 1:27:22
	sign [3] 1:49:22 1:50:2 1:50:17	

speaking [2] 1:16:2 1:59:9	1:2:17	1:48:19 1:52:10 1:54:2
specialize [1] 1:38:20	stephens [1] 1:52:24	1:54:5 1:56:9 1:59:12
specialty [1] 1:7:6	steve [1] 1:72:2	1:59:14 1:59:17 1:61:11
specific [4] 1:16:25 1:23:23 1:32:23 1:71:13	stones [8] 1:27:7 1:58:21 1:58:23 1:58:25 1:61:5 1:61:6 1:61:25 1:62:1	1:68:25 1:69:8 1:69:12 1:69:20 1:70:22
specifically [12] 1:13:8 1:16:13 1:18:12 1:24:2 1:31:3 1:62:25 1:65:18 1:65:20 1:66:18 1:66:25 1:70:6 1:73:1	stool [1] 1:22:4	surgically [2] 1:51:10 1:69:4
specified [1] 1:74:17	stop [1] 1:5:15	susan [1] 1:4:7
spent [1] 1:8:2	straight [2] 1:11:22 1:20:18	suspended [1] 1:11:6
sphincter [2] 1:22:3 1:61:5	strict [1] 1:26:20	swan-ganz [6] 1:64:25 1:65:7 1:65:10 1:65:15 1:66:1 1:66:12
sphincterotomy [2] 1:61:2 1:61:25	strike [3] 1:37:5 1:56:16 1:65:5	swelling [1] 1:19:18
spoke [1] 1:19:21	stuff [1] 1:73:19	switch [1] 1:29:20
spot [1] 1:11:24	subacute [3] 1:20:23 1:63:3 1:63:7	sworn [2] 1:4:16 1:74:7
square [1] 1:2:4	subcut [2] 1:30:9 1:57:2	synchronized [1] 1:55:11
stability [3] 1:38:8 1:38:13 1:38:15	subjective [2] 1:49:24 1:50:12	syndrome [2] 1:54:3 1:71:20
stable [2] 1:26:10 1:49:9	sublingual [1] 1:27:3	system [2] 1:24:21 1:58:19
standpoint [9] 1:37:15 1:37:17 1:38:13 1:48:19 1:49:21 1:52:10 1:54:2 1:54:5 1:68:25	substance [1] 1:11:8	systolic [2] 1:26:13 1:27:4
stands [3] 1:20:22 1:21:2 1:53:12	succumbed [1] 1:62:20	taking [1] 1:15:9
start [2] 1:4:20 1:41:8	suggested [1] 1:56:20	ted's [1] 1:41:6
started [2] 1:6:16 1:7:17	suite [1] 1:2:4	tells [1] 1:13:14
starting [4] 1:6:12 1:26:2 1:39:18 1:45:3	sum [1] 1:22:20	temperature [4] 1:21:13 1:26:13 1:55:18 1:56:20
starts [1] 1:44:14	supervisor [1] 1:8:16	ten [2] 1:42:19 1:44:15
stat [1] 1:45:14	supple [1] 1:21:19	tender [3] 1:49:7 1:49:19 1:50:22
state [7] 1:1:1 1:1:20 1:5:6 1:6:15 1:74:1 1:74:5 1:74:25	supposed [1] 1:13:23	tenderness [12] 1:19:18 1:21:24 1:46:10 1:49:20 1:49:22 1:50:2 1:50:2 1:50:6 1:50:11 1:50:16 1:50:16 1:50:17
statement [2] 1:46:22 1:63:5	surgeon [5] 1:60:11 1:60:15 1:61:14 1:66:5 1:66:12	terms [io] 1:8:16 1:11:5 1:14:1 1:28:11 1:31:13 1:33:15 1:36:6 1:38:6 1:38:14 1:50:1
states [4] 1:6:6 1:6:9 1:57:21 1:63:16	surgeons [1] 1:61:14	terrace [1] 1:1:22
status [5] 1:7:20 1:21:4 1:38:14 1:65:13 1:65:24	surgery [34] 1:7:7 1:7:12 1:7:16 1:8:20 1:8:21 1:11:21 1:20:11 1:20:21 1:38:13 1:46:8 1:47:20 1:48:11 1:48:16 1:48:21 1:49:6 1:49:11 1:51:7 1:52:9 1:52:13 1:52:17 1:52:23 1:53:10 1:54:22 1:60:24 1:63:3 1:65:24 1:66:11 1:67:3 1:67:5 1:70:1 1:71:1 1:71:5 1:71:10 1:71:17	test [8] 1:30:15 1:32:23 1:36:8 1:42:25 1:48:7 1:51:1 1:64:14 1:72:12
stay [1] 1:33:25	surgical [23] 1:15:2 1:21:6 1:28:14 1:36:7 1:37:15 1:37:17 1:37:25 1:38:7 1:45:16	testified [1] 1:9:7
stenotypy [1] 1:74:10		testimony [3] 1:72:22 1:74:9 1:74:14
stephen [1]		testing [1] 1:33:4
		tests [2] 1:31:2 1:38:2
		thanks [1] 1:73:11

therapy [6]			transcribed [3]			1:67:3		
1:59:18	1:59:22	1:59:24	1:34:13	1:34:21	1:74:11	unit [4]		
1:59:25	1:60:1	1:60:15	transcript [2]			1:25:21	1:25:24	1:40:9
hereupon [2]			1:73:15	1:74:13		1:44:19		
1:60:21	1:68:21		transcription [1]			united [1]		
third [1]			1:74:12			1:6:6		
1:7:21			treated [1]			university [1]		
third-year [1]			1:11:8			1:6:16		
1:29:9			treatment [10]			upper [7]		
thought [1]			1:33:14	1:37:9	1:38:21	1:19:17	1:21:6	1:21:24
1:71:8			1:60:4	1:60:5	1:60:9	1:46:10	1:49:7	1:49:24
three [6]			1:61:20	1:62:3	1:62:13	1:61:4		
1:11:17	1:15:20	1:21:4	1:70:25			urea [1]		
1:22:22	1:26:23	1:57:2	treatments [2]			1:22:9		
three-year [2]			1:59:7	1:59:12		urinalysis [2]		
1:7:10	1:7:22		treats [1]			1:22:11	1:53:19	
throat [1]			1:59:17			urine [1]		
1:21:17			true [2]			1:26:16		
thromboplastin [2]			1:62:9	1:74:13		used [1]		
1:53:19	1:55:20		truth [3]			1:66:1		
through [26]			1:74:8	1:74:8	1:74:8	usual [2]		
1:6:11	1:8:13	1:9:18	trying [1]			1:17:2	1:33:17	
1:9:23	1:9:24	1:12:9	1:69:25			value [2]		
1:13:19	1:20:17	1:20:18	turn [1]			1:68:5	1:68:9	
1:26:1	1:30:3	1:39:6	1:58:6			values [1]		
1:39:16	1:44:7	1:45:21	twitching [1]			1:24:17		
1:45:24	1:46:5	1:49:5	1:57:24			varies [1]		
1:51:23	1:66:21	1:69:15	two [15]			1:72:19		
1:70:21	1:71:4	1:71:9	1:15:5	1:21:3	1:22:1	vent [1]		
1:71:17	1:74:11		1:22:21	1:26:22	1:30:1	1:57:22		
throughout [1]			1:30:9	1:36:13	1:40:14	ventilation [1]		
1:33:25			1:41:2	1:45:7	1:45:13	1:55:11		
times [5]			1:46:2	1:46:12	1:55:22	ventricular [9]		
1:8:14	1:39:25	1:41:5	two-dimensional [1]			1:30:11	1:33:9	1:33:11
1:48:24	1:57:2		1:30:21			1:35:21	1:35:24	1:36:2
timing [1]			type [5]			1:36:3	1:47:25	1:48:18
1:49:11			1:41:7	1:53:23	1:60:5	verbal [3]		
title [1]			1:60:9	1:60:12		1:5:12	1:39:22	1:66:23
1:12:23			typed [1]			verbally [1]		
tns [1]			1:43:14			1:66:21		
1:53:23			typically [2]			versus [1]		
today [3]			1:61:3	1:72:11		1:63:24		
1:5:11	1:49:9	1:69:18	ultrasound [9]			videographics [1]		
together [1]			1:22:24	1:25:2	1:25:7	1:2:23		
1:9:25			1:27:6	1:30:13	1:46:14	videotape [1]		
tolerated [2]			1:58:11	1:58:13	1:58:16	1:73:19		
1:26:11	1:41:2		unasyn [4]			view [1]		
tone [13]			1:26:21	1:27:16	1:41:8	1:29:13		
1:22:3			1:53:23			vital [1]		
top [7]			uncomfortable [1]			1:21:12		
1:20:12	1:29:21	1:30:1	1:61:18			vitals [1]		
1:30:3	1:30:4	1:39:21	uncover [1]			1:26:10		
1:45:7			1:40:19			vitamin [2]		
topical [1]			under [11]			1:30:9	1:57:2	
1:27:2			1:1:17	1:4:15	1:9:1	voiced [1]		
total [3]			1:14:5	1:14:6	1:21:12	1:71:5		
1:22:14	1:49:8	1:53:17	1:36:13	1:47:23	1:47:24	vomiting [2]		
towards [3]			1:55:6	1:60:4		1:18:9	1:20:25	
1:7:24	1:41:1	1:45:12	understand [13]			waiting [1]		
tract [1]			1:5:14	1:5:16	1:15:5	1:51:3		
1:61:4			1:15:22	1:37:19	1:37:22	waive [1]		
train [1]			1:38:4	1:47:21	1:70:14	1:73:18		
1:9:1			1:70:15	1:70:17	1:72:22	walk [1]		
trained [2]			1:73:6			1:45:24		
1:14:5	1:14:6		undertaken [7]			walters [12]		
training [2]			1:45:16	1:51:10	1:51:17	1:2:17	1:3:6	1:3:15
1:13:12	1:13:13		1:59:21	1:59:24	1:62:4			

file:page:line 1:97-67.txt

1:29:14	1:35:10	1:37:18	1:6:15	1:6:17	1:6:18
1:69:9	1:70:23	1:71:25	1:7:4	1:7:18	1:7:21
1:72:2	1:72:6	1:73:10	1:7:25	1:8:12	1:11:11
wants [1]			1:11:13	1:11:16	1:11:16
1:26:5			1:11:18	1:11:20	1:11:23
wave [3]			1:11:25	1:12:7	1:12:12
1:59:18	1:59:21	1:60:15	1:20:2	1:20:4	
wbc [1]			years [3]		
1:55:18			1:11:22	1:15:3	1:15:20
wedge [1]			yellow [1]		
1:55:5			1:22:4		
weight [1]			ret [1]		
1:24:1			1:16:13		
western [3]			yourself [2]		
1:6:14			1:35:4	1:65:6	
whereof [1]			zelis [1]		
1:74:21			1:14:21		
white [3]			zero [1]		
1:22:5	1:53:13	1:56:21	1:22:16		
whiteout [1]			zigmont-miller [3]		
1:55:8			1:1:19	1:74:3	1:74:24
whole [3]					
1:29:24	1:35:3	1:74:8			
william [1]					
1:2:12					
winston [2]					
1:2:16	1:27:7				
within [1]					
1:74:4					
within-named [1]					
1:74:6					
without [3]					
1:33:3	1:42:16	1:56:5			
witness [15]					
1:9:22	1:10:2	1:10:5			
1:19:7	1:23:16	1:34:12			
1:34:16	1:40:22	1:56:6			
1:60:18	1:70:10	1:73:17			
1:74:6	1:74:11	1:74:21			
word [1]					
1:55:3					
words [1]					
1:72:24					
worked [4]					
1:8:6	1:38:18	1:60:7			
1:60:8					
works [1]					
1:12:6					
wounds [1]					
1:21:5					
write [1]					
1:42:11					
writing [1]					
1:12:19					
written [9]					
1:13:25	1:15:6	1:15:8			
1:15:13	1:15:14	1:18:21			
1:18:22	1:42:14	1:56:5			
wrote [1]					
1:25:21					
x-ray [6]					
1:53:20	1:55:7	1:57:3			
1:58:6	1:58:9	1:58:15			
x-rays [1]					
1:58:6					
year [20]					