

This deposition was delivered to C.A.T.A. with the following pages missing

Pages 51 to 63

Pages _____ to _____

Pages _____ to _____

Scanned

1990 1991 1992 1993 1994

VS. : Case No. 322444

COURT REPORTERS
Computerized Transcription
Computerized Litigation Support
THE 113 SAINT CLAIR BUILDING - SUITE 505
CLEVELAND, OHIO 44114-1273
(216) 771-8018
1-800-837-DEPO

1 APPEARANCES:

2 ON BEHALF OF THE PLAINTIFF:

3
4 Donna Taylor-Kolis, Esq.

5 Ann Garson, Esq.

6 Donna Taylor Kolis Co., LPA

7 1015 Euclid Avenue

8 Cleveland, Ohio 44115

9 (216) 861-4300.

10 -----

11
12 ON BEHALF OF THE DEFENDANT WILLIAM DOUGLAS, M.D.:

13
14 Stephen S. Crandall, Esq.

15 Jacobson, Maynard, Tuschman & Kalur

16 1001 Lakeside Avenue

17 Cleveland, Ohio 44114

18 (216) 736-8600.

19 -----

1 APPEARANCES (continued):

2 ON BEHALF OF THE DEFENDANT DR. IREFIN:

3
4 Marc W. Groedel, Esq.

5 Reminger & Reminger

6 The 113 Saint Clair Building

7 Cleveland, Ohio 44114

8 (216) 687-1311.

9
10
11 ON BEHALF OF THE DEFENDANT BEDFORD MEDICAL CENTER:

12
13 Kevin M. Norchi, Esq.

14 Davis & Young

15 101 Prospect Avenue

16 Cleveland, Ohio 44115

17 (216) 348-1700.

18 -----

I N D E X

WITNESS: WILLIAM DOUGLAS, M.D.

PAGE

Cross-examination **by** Miss Kolis 6
Cross-examination **by** Mr. Groedel 102
Cross-examination **by** Mr. Norchi 105
Recross-examination **by** Miss Kolis 109

PLAINTIFF'S EXHIBITSMARKED

A - Bedford Medical Center records 7
B - Bedford Medical Center records 7
C- Dr. Douglas' curriculum vitae 8

(FOR COMPLETE INDEX, SEE APPENDIX)

(IF ASCII DISK ORDERED, SEE BACK COVER)

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

WILLIAM DOUGLAS, M.D.

of lawful age, a defendant herein, called by the plaintiff for the purpose of cross-examination pursuant to the Ohio Rules of Civil Procedure, being first duly sworn, as hereinafter certified, was examined and testified as follows:

MISS KOLIS: Good afternoon, Dr. Douglas. As you know my name is Donna Kolis, we've just been introduced. I've been retained to represent the Estate of Jennifer Mack. As you are aware, based upon some paperwork I guess that you received, you have been named a defendant in this matter. Have you ever given a deposition before?

THE WITNESS: No.

MISS KOLIS: I'm pretty certain based upon my knowledge of your attorney he probably went over some of the ground rules for you. For the record I'll statement them.

My purpose today is to clarify what information is contained in the records that I do have, to the best of your ability.

Additionally I hope to obtain some other information that may not be written about your recollections of this matter. We're not in a

1 rush for time unless you have some restriction that
2 causes you to leave in two hours or so.

3 With that in mind, if I ask you a
4 question you don't understand, say you don't
5 understand what I'm asking. The reason I want to
6 specify that for you, is since as you know this
7 proceeding is under oath, if you answer a question
8 it's going to be presumed you understood the
9 question, your answer was responsive to it. Any
10 time you don't feel comfortable with how I asked a
11 question, you can confer with Steve or indicate for
12 the record the same.

13 THE WITNESS: Understood.

14 MISS KOLIS: Likewise, that
15 was a great response, "understood," the court
16 reporter does not take down or attempt to interpret
17 our body language. All your answers should be
18 oral.

19 If at any time you need to take a
20 break let us know, all right?

21 THE WITNESS: Okay.

22 -----

23 CROSS-EXAMINATION

24 BY MISS KOLIS:

25 Q. With those things having been said, prior to

1 coming here today I took two packets of records
2 which have previously been submitted, I hope with
3 no error on my part to other counsel in this case,
4 I marked them Exhibit A and B. I'm going to ask
5 you questions from those documents.

6 -----

7 (Plaintiff's Exhibits A and B
8 marked for identification.)

9 -----

10 MR. CRANDALL: Look through
11 there real quick.

12 MISS KOLIS: Generally
13 speaking we just want to ascertain you've at least
14 seen these documents before.

15 MR. CRANDALL: Breeze through
16 here.

17 MISS KOLIS: So to be clear
18 about it, I'm going to ask you probably about a
19 question about each and every piece of paper. If
20 we come to a document you haven't seen you'll let
21 me know.

22 MR. CRANDALL: Off the
23 record.

24 -----

25 (Discussion had off the record.)

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

MISS KOLIS: Additionally,
Doctor, we're going to mark what has been handed to
me today, your curriculum vitae, as Exhibit C.

(Plaintiff's Exhibit C marked for identification.)

Q With all the preliminaries under way, out of
the way, hopefully now I can ask you some
questions.

 Doctor, what is your current
business address?

A. 11311 Shaker Boulevard, Cleveland 44104.

Q. Whom do you work for?

A. Saint Luke's.

Q. What is your position at Saint Luke's
Hospital?

A. I am a staff emergency physician and a staff
surgeon in thoracic and vascular surgery.

Q. When did you begin that position?

A. February 1, 1997.

Q. It's probably clear from your CV, I just got
it so I didn't get a chance to memorize it yet.

A. I didn't --

Q. It's not on there?

1 A. You would have to look.

2 Q. Let's go through briefly, although you've
3 handed it to me in CV form, I want to make sure
4 it's accurate at this point in time.

5 You had your medical training
6 where?

7 A. I went to medical school at UCLA.

8 Q. You completed that education in 1988?

9 A. That's correct.

10 Q. Then pursuant to your CV from 1988 through
11 1998 which we're not in yet, you've continued with
12 post graduate training, correct?

13 A. Yes.

14 Q. Are you Boarded in emergency room medicine?

15 A. No.

16 Q. Have you taken the ACLS certification?

17 A. Yes.

18 Q. When did you take it?

19 A. July, 1996.

20 Q. Did you take that at -- first of all let's go
21 backwards.

22 I see what all your post graduate
23 training is. Your faculty positions 1996 to 1997
24 it says you were Clinical Instructor of Medicine at
25 Case?

1 A. That's correct.

2 Q. During that time were you also employed as a
3 physician?

4 A. Yes.

5 Q. Who was your employer?

6 A. Emergency Medical Services.

7 Q. When did you first start working for them?

8 A. July, 1996.

9 Q. About two months before Jennifer Mack's
10 admission to Bedford Hospital?

11 A. Roughly.

12 Q. In that neighborhood?

13 A. Yes.

14 Q. Did you take your ACLS certification at the
15 request of your employer?

16 A. Yes.

17 Q. Were you aware that that was part of the
18 requirement to serve as an emergency room doctor at
19 Bedford Community Hospital?

20 A. No.

21 Q. You had a contract with Emergency
22 Professional Services, is that who you said you
23 were working for, Emergency Medical Services?

24 A. No -- you are right, Emergency Professional
25 Services.

1 Q. I can never remember your employer. We'll
2 state for the record you had a contract with them
3 for employment?

4 A. That's correct.

5 Q. I would ask that you deliver a copy of that
6 contract, the contract that was in effect at the
7 time of Jennifer's admission to Mr. Crandall, all
8 right; do you still have one?

9 A. I believe so.

10 Q. Good enough.

11 Prior to July of 1996, were you
12 employed by any other entity as an emergency room
13 physician?

14 A. Yes.

15 Q. Whom did you work for?

16 A. The Rural Wisconsin Hospital Cooperative.

17 Q. A group I have to tell you candidly I'm not
18 familiar with-

19 From what year to what year did you
20 work for them?

21 A. Roughly 1989 through 1991.

22 Q. When you worked for them from '89 to '91, did
23 you at that time undergo any ACLS or LCS -- I'm
24 tired already -- certifications?

25 A. No.

1 Q. The one that you received in the Summer of
2 1996, was that your first certification?

3 A. Yes.

4 Q. Subsequent to 1991, but before 1996, were you
5 employed as a physician by any emergency services
6 group for emergency room medicine?

7 A. Yes, one other at Berlin Memorial Hospital
8 Berlin, Wisconsin.

9 Q. At the time when you saw Jennifer **Mack**, you
10 were doing a residency or had your residency been
11 completed in thoracic surgery?

12 A. It had been completed.

13 Q. Had you already at that time applied for
14 continuing education in thoracic surgery?

15 A. I don't understand what you mean.

16 Q. I didn't ask the question a good way.

17 Did you have a lapse in your post
18 graduate training between June of 1996 and June
19 of 1997?

20 A. Yes.

21 Q. We're just about going to hit 1997. Took a
22 year off from training I guess is the way I'm
23 phrasing it?

24 A. That's correct.

25 Q. Had you, although you took the year off,

1 applied for Fellowship programs before your
2 residency ended in June?

3 A. Yes, I did.

4 Q. You were not accepted in any Fellowship
5 program at that time?

6 A, Yes, I was.

7 Q. Can you tell me what programs you were
8 accepted in?

9 A. I was accepted as a Fellow in pediatric
10 cardiac surgery at the University of Michigan, I
11 was accepted for that position in May of 1996.

12 Q. To begin in 1997?

13 A. That's correct.

14 Q. Is that how it is with that program, there is
15 a year's lapse, or they didn't have a space for you
16 in July?

17 A, Meaning why there was a year when I was
18 accepted?

19 Q. Right.

20 A. They ordinarily pick their Fellows a year in
21 advance.

22 Q. I didn't know that, that is why I had to
23 ask.

24 Q. In July, August and September of 1996, how
25 many hours a week were you working as an emergency

1 room doctor?

2 A. Roughly 50.

3 Q. Were you working exclusively at Bedford
4 Community Hospital, that's what I'm going to call
5 it?

6 A. No.

7 Q. What other hospitals were you working at?

8 A. I worked at Trumbull Memorial Hospital in
9 Warren, Shelby Memorial, Shelby, and University
10 Hospitals in Cleveland.

11 Q. Where you would work on a given day, was that
12 determined by what the needs were for staffing?

13 A. That's correct.

14 Q. When this event occurred, I'm going to call
15 it September 13th/September 14, 1996, how many
16 times had you worked at Bedford Hospital in the
17 emergency room?

18 A. I don't recall specifically. Less than
19 five.

20 Q. Are you fairly certain it was less than five?

21 A. Fairly certain.

22 Q. Let me state this for the record so that you
23 aren't insecure about this. I'm not going to come
24 back at some later time say you worked there six
25 times. You said approximately five and I can

1 accept that answer.

2 A. Okay. Approximately five.

3 Q. Given that you had worked there approximately
4 five times, let me ask the question a little bit
5 more expansively.

6 Each and every time you had a shift
7 at Bedford Hospital, what was the duration of time
8 you spent there, was that preset?

9 A. Yes.

10 Q. Can you tell me what number of hours were in
11 a shift you would work at Bedford?

12 A. Roughly eight. It would vary to a maximum of
13 12, I don't recall specifically that shift.

14 *a.* To what extent, given that when you arrived
15 on September 14, 1996, were you able to familiarize
16 yourself with the equipment available at Bedford
17 Community Hospital to deal with emergency room
18 procedures is what we will call it?

19 A. I don't understand what yardstick you are
20 driving at.

21 Q. I didn't have a yardstick. It was a pretty
22 general question. Probably I should make it a
23 little more specific.

24 The first time you went to Bedford
25 Community Hospital to serve as an emergency room

1 physician did you have an orientation of the
2 hospital's facility and equipment?

3 A. Yes.

4 Q. Who provided that orientation for you?

5 A, I don't recall. One of the physicians did, I
6 don't recall which one.

7 Q. When you say one of the physicians, are you
8 indicating a house officer from Bedford or a
9 physician from your emergency medical group?

10 A. Physician from the emergency medical group.

11 Q. Who would be within the realm of possibility,
12 not trying to get you to guess, I take it you
13 interacted with a number of doctors in that group?

14 A. I had some interaction with the doctors in
15 that group.

16 **a.** Could you reduce it for me to a few choices
17 who would have given you an orientation?

18 A. Probably Lou Horowitz.

19 Q. In preparation for today's deposition, did
20 you review medical records?

21 A. Briefly.

22 Q. First of all define briefly for me.

23 A. Less than 10 minutes.

24 Q. Is 10 minutes the sum total of time you've
25 spent since I initiated this lawsuit reviewing the

1 medical records?

2 A. That or close to it.

3 Q. What medical records did you review?

4 A. I have seen my handwritten note, I have seen
5 my dictated note. I have seen the x-ray report. I
6 have seen the nurses' notes.

7 Q. Have you at any time reviewed the Rainbow
8 Babies and Children record for Jennifer Mack?

9 A. No.

10 Q. Have you at any time subsequent to me filing
11 the lawsuit talked with Dr. Irefin?

12 A. No.

13 Q. When did you learn that Jennifer Mack had
14 died?

15 A. Within a week after she died.

16 Q. Can you tell me how you came to know she had
17 passed away?

18 A. One of the residents in the hospital, and I
19 don't recall which one, just bumped into me while I
20 was walking through University who knew I sent the
21 patient over, told me she died.

22 Q. You saw Jennifer Mack at University
23 Hospitals, didn't you?

24 A. Yes.

25 Q. Do you remember how many times you saw her at

1 UH?

2 A. Saw her once.

3 Q. At that time, when you learned she died, did
4 you have any conversations with Dr. Irefin advising
5 him Jennifer passed away?

6 A. No.

7 MR. CRANDALL: So it's clear,
8 he saw her at UH not in the capacity as a
9 physician, her attending.

10 Q. Your attorney makes a point. You did not
11 render any medical care or treatment to Jennifer at
12 UH, you did stop and see her however; isn't that
13 correct?

14 A. That's correct.

15 Q. Doctor, I want to go through the records
16 because I have a lot of questions about them, okay?

17 A. Okay.

18 Q. Let's start with the packet marked A, for you
19 guy's benefit the packet says on the front page
20 Bedford Hospital records.

21 Exhibit A has six pages to it,
22 including the cover pages, that is how I did this.

23 Let me ask you first, page 4 of
24 Exhibit A, this is denominated in terms of printed
25 form to be the emergency department record; do you

1 agree with that?

2 A. Yes.

3 Q. Can I gather that the narrative portion of
4 this written document in the center was written by
5 yourself?

6 A. That's correct.

7 Q. Jennifer Mack, according to this document,
8 was admitted to Bedford Hospital at 15 minutes
9 after 12:00 midnight; do you agree with that?

10 A. Yes.

11 Q. At approximately 12:40 she was intubated, do
12 you agree with that from your review of the record?

13 MR. CRANDALL: Wait a second.

14 MR. NORCHI: Which record
15 are you on?

16 MISS KOLIS: Short set.

17 MR. NORCHI: Can you read
18 that.

19 MR. CRANDALL: The first
20 intubation.

21 MISS KOLPS: We will call it
22 the initial intubation.

23 MR. CRANDALL: You're asking
24 based on those records?

25 Q. Based on the record would you agree she was

1 initially intubated at 12:40?

2 A. That is what the record says. I could not
3 recall that from my memory as far as the specific
4 time course or times.

5 MR. CRANDALL: She wants to
6 know from the record.

7 A. From the record.

8 Q. To be perfectly clear in terms of following
9 up on the response you've just given me, do you
10 have an independent recollection of this case aside
11 from the medical notes?

12 A. Yes.

13 Q. Does your independent recollection of the
14 circumstances surrounding the treatment of Jennifer
15 vary from the information that the initial
16 intubation would have been at 12:40?

17 A. It seems like that it happened faster than
18 that. I couldn't be 100 percent clear on that.

19 Q. Why does it seem like it happened faster than
20 that, however inartful that question is, you are
21 telling me it seems to you from your recollection
22 of what occurred she would have been intubated
23 quicker than 25 minutes into that admission?

24 A. Or at least the decision to intubate her was
25 before then and the process thereof.

1 Q. Who made the decision then to intubate?

2 A. I did.

3 Q. Because you were the emergency room physician
4 who saw this child, correct?

5 A. That's correct,

6 Q. Can I gather from the state of the record
7 that decision to intubate was made by yourself and
8 yourself alone?

9 A. That's correct.

10 Q. Tell me what factors you took into account,
11 the clinical factors in making the decision to
12 intubate this child?

13 A. The acuity of onset of her symptoms.

14 Q. Okay,

15 A. Her severe distress, her severe respiratory
16 distress, her stridor. The fact the child would
17 certainly need to be transferred to another
18 hospital, that transfer with an unstable airway is
19 poor standard of care, the airway needs to be
20 secured prior to transport.

21 Q. You describe Jennifer as being in severe
22 respiratory distress?

23 A. Correct.

24 Q. Can you tell me what clinical constellation
25 of symptoms she had that warranted your description

1 of severe respiratory distress?

2 A. The fact that stridor was present. Her use
3 of accessory muscles and restrictions when she is
4 breathing.

5 Q. When you say stridor, what are you defining?

6 A. I'm defining noisy breath that I believe is
7 from the upper airway-

8 Q. Then you said inspiratory effort using the
9 accessory muscles to breathe?

10 A. That's correct,

11 Q. At that point in time you made a
12 determination she did in fact have an unstable
13 airway, correct?

14 A. That's correct.

15 Q. Prior to September 14, 1996 had you ever
16 intubated a child in an emergency room?

17 A. No.

18 Q. Doctor, from your review of the record, your
19 recollection of the events that are independent of
20 what is in the record, did you at any time between
21 Jennifer's admission to Bedford and her discharge
22 to Life Flight to RBC intubate this child exclusive
23 of the trach?

24 A. No.

25 Q. Prior to September 14, 1996 had you ever done

1 an emergency we will call it a tracheostomy, that
2 is what it is called on the discharge, we will
3 clarify later, had you ever performed that
4 procedure prior September 14, 1996?

5 A. Yes.

6 Q. About how many times?

7 A. Once I can remember.

8 Q. What kind of training did you receive
9 regarding that particular procedure prior to
10 Jennifer, exclusive of the fact you did it once,
11 tell me where you got your training from?

12 A. I had been -- I had done probably a good
13 couple dozen tracheostomies electively as a
14 surgical resident, in addition to thyroid surgery,
15 parathyroid surgery and other forms of neck
16 surgery.

17 Q. Which would have required you to use that
18 particular set of skills, correct?

19 A. That's correct.

20 Q. When you say you had done elective
21 tracheostomies, what kind of things did you do
22 elective ones?

23 A. Patients who required long-term ventilation.

24 Q. To the best of your recollection, other than
25 Jennifer, you have a recollection of one other

1 emergency procedure, correct?

2 A, That's correct.

3 Q. Although I'm skipping around, sometimes when
4 I'm in an area I like to ask the question.

5 There is a note, not in this set of
6 documents but in our Exhibit B that indicates that
7 the Life Flight team was trying to perform the
8 tracheostomy; do you recall seeing that note?

9 A. No, I don't recall seeing that.

10 MR. CRANDALL: Why don't you
11 look at it.

12 MISS KOLIS: Go ahead.

13 A. I see it.

14 Q. Can you explain to me what that note means?

15 MR. CRANDALL: I don't know
16 what you mean by that, Donna.

17 MR. NORCHI: Can you read
18 off the exhibit?

19 MISS KOLIS: Exhibit B,
20 Bates stamped page 00009. Even though it's out of
21 order I want to ask it now.

22 MR. CRANDALL: What is your
23 question now?

24 Q. This is the Community Hospital of Bedford
25 record, correct, the advanced life support record?

1 A. That's correct.

2 Q. On it I found a notation that says, "Trach
3 being attempted by Life Flight," you see that?

4 A. I see it.

5 Q. Do you know if Life Flight was attempting a
6 trach?

7 A. I do. They didn't.

8 Q. We will talk later. That's not your
9 handwriting, is it?

10 A. No.

11 Q. So how quickly did you make the decision that
12 Jennifer should be intubated?

13 A. Within 10 minutes of arrival, give or take,
14 more or less, maybe less.

15 Q. Do you recall as you sit here how many other
16 patients were in the emergency room that night?

17 A. No. I know that they were there. The

Q.

A. Yes.

Q.

A.

1 Q. Do you remember what nurse was working on
2 Jennifer with you?

3 A. No, I do not.

4 Q. Male nurse, you don't remember who it is?

5 A. No.

6 Q. Okay.

7 MR. CRANDALL: You said no?

8 THE WITNESS: I said no.

9 Q. What did you do to facilitate the intubation
10 occurring?

11 A. When I realized that she need to be
12 intubated, I asked the nurse who was the house
13 physician that night. I knew Bedford had a house
14 physician, I know they are frequently an
15 anesthesiologist. The nurse said the house
16 physician is an anesthesiologist, I asked her to
17 page him to come to the emergency room.

18 The patient was moved from one room
19 to another room, where there is more room to do a
20 difficult procedure.

21 Q. When you say she was moved from one room to
22 another room, somewhere in the notes, perhaps your
23 discharge, I believe there was a reference she was
24 moved to a cardiac room?

25 A. Um-hum,

1 Q. Does that sound right to you?

2 A. That sounds right.

3 Q. What is a cardiac room?

4 A. Room one, it is where typically chest pain
5 patients are brought in where they were seen in the
6 emergency room.

7 Q. What kind of equipment is available in that
8 room that would aid and assist in the placement of
9 an endotracheal tube, intubation tube?

10 A. Primarily space. Most of the other equipment
11 is portable, you need room.

12 Q. So the decision to move her was made on the
13 need for larger physical area?

14 A. Space.

15 Q. Were you in attendance when Dr. Irefin first
16 intubated Jennifer?

17 A. Yes.

18 Q. Did you stay with that child continuously
19 through her arrest, or did you leave the room?

20 A. If I left the room, it was for a very brief
21 time period. Essentially I stayed throughout.

22 Q. So that I'm clear about this, if we're going
23 to agree that the intubation itself according to
24 the documents, the initial intubated, occurred at
25 12:40, it's your testimony that you did

1 continuously stay in that room with the exception
2 of perhaps a brief moment through the code; is that
3 right?

4 A. That's correct.

5 Q. In your discharge summary which we're going
6 to go over, I sometimes ask questions because it
7 comes up, there is a paragraph, if you want to look
8 it's in Exhibit A, on the second page, discusses an
9 apparent administrative issue problem regarding the
10 belief Jennifer should have been transferred to
11 CCF; do you see which paragraph I'm referring to?

12 A. Yes.

13 Q. The way it was written it may or may not be
14 important, were you the person who was trying to
15 make these phone calls to CCF to see if they would
16 accept this child?

17 A. I made one -- I made one attempt at calling
18 them at least. I'm not certain, I think a nurse
19 tried making the other attempt.

20 Q. Were you trying to make this call from the
21 cardiac room?

22 A. Yeah.

23 Q. All this information that is contained in
24 that paragraph about insurance and maybe she should
25 have gone to CCF, et cetera, did all the

1 transactions that led up to you writing that
2 paragraph occur before the end of the code?

3 A. No.

4 Q. When did they happen to the best of your
5 knowledge?

6 A. There was certainly a period of time after
7 the tracheostomy the child stabilized, a lot of
8 these issues were addressed, certainly talking to
9 the parents, that happened after the tracheostomy.
10 There was not a lot of extra time to be making
11 phone calls during the code.

12 It takes the Life Flight team a
13 considerable few minutes to package somebody up and
14 get them ready to actually roll out the door. That
15 is probably when a lot of these things were
16 addressed, but I don't recall specifically.

17 Q. According to the documents in these
18 particular records can you tell what time Life
19 Flight left Bedford with Jennifer to go to RBC?

20 A. According to the nurses' notes at 1:30 in the
21 morning.

22 Q. You had tried to call the Clinic before Life
23 Flight left with her, correct, you or someone in
24 the group?

25 A. Yes.

1 Q. Let's go back to where we started, which was
2 page 4 of Exhibit A, your handwritten note, your
3 handwriting is pretty legible.

4 A. Thank you.

5 Q. I would like to go through at least what I
6 think it says, to make sure I made no errors
7 reading what you recorded. I'll read it as far as
8 I can read it, you tell me,

9 "Patient is five year old who
10 apparently had attack," you put that in quotes,
11 "'of croup.'" I don't know what the very next
12 line says.

13 A. "At midnight."

14 Q. "Patient arrived by EMS at 12:15 with severe
15 stridor, respiratory distress," correct?

16 A. That's correct.

17 Q. "Patient was intubated approximately
18 10 minutes," is that after "arrival"?

19 A. That's correct.

20 Q. Therein lies my first question.

21 When did you fill out this
22 emergency room sheet, this emergency department
23 record?

24 A. After -- I believe I filled it out after she
25 left.

1 Q. The same night?

2 A. Yes.

3 Q. This isn't dictation, this is your
4 handwriting to complete a chart page, correct?

5 A. That's correct.

6 Q. Was she immediately attended to upon
7 presentation to the emergency room because she had
8 come by ambulance? That may not make sense, do you
9 know what I'm asking?

10 A. I know what you are asking.

11 MR. CRANDALL: Let me object,
12 compound. Go ahead.

13 A. She was attended to because she arrived by
14 ambulance and because of her clinical scenario.

15 Q. When you wrote this that night, that she was
16 intubated, I think you said quickly, does that mean
17 within 10 minutes after arrival?

18 A. Approximately.

19 Q. Approximately 10 minutes after arrival, that
20 would make the initial intubation time 12:25.
21 Based upon all the documents you looked at and
22 thinking about this, is 12:40 actually the time of
23 the initial intubation or is it earlier; do you
24 know?

25 MR. CRANDALL: I'm going to

1 object, asked and answered. Go ahead.

2 A. It may have well have been 12:40. The
3 decision to make the intubation was made a few
4 minutes after arrival. I didn't put a stopwatch on
5 how long it took to get the anesthesiologist, get
6 her moved, put the tube in her throat,

7 Q. Prior to the time you performed the trach,
8 how many intubations did this child undergo?

9 A. Two .

10 Q. Was the tube changed at any time before you
11 performed the trach for size?

12 A. The anesthesiologist initially tried putting
13 in a tube that was larger than the 3.0 tube, he
14 couldn't pass a tube that was larger, a 3.0 was the
15 size eventually used at the first intubation.

16 Q. After that first intubation, at any time was
17 that 3.0 tube removed and a different tube placed,
18 or was that tube the one that essentially continued
19 to be repositioned until the time you did the
20 trach?

21 A. It was either that tube or a similarly sized
22 tube .

23 Q. After the initial intubation how many
24 repositions of the tube were there before the
25 trach?

1 A. I recall one.

2 Q. Did Dr. Irefin remain in the room with you
3 from the time of the initial intubation through the
4 code?

5 A. I do not recall specifically whether -- how
6 much time he spent out OF the room or if he was out
7 of room for a significant time.

8 Q. Is Dr. Irefin the physician who repositioned
9 the tube?

10 A. Yes.

11 Q. Did you ask Dr. Irefin to perform the trach?

12 A. No.

13 Q. Let's go back to where I stopped in your note
14 dealing with when the patient was initially
15 intubated. I think it says 3.0 something was
16 largest. I don't know what that word is, tube?

17 A. "3.0 tube largest that could be inserted.
18 Patient did poorly over the next 10 minutes."

19 Q. Looking at that note in conjunction with what
20 else you've seen in the chart, please define for me
21 what you meant when you said the patient did
22 poorly?

23 A. Her oxygenation was poor.

24 Q. Did you record any notes about what her
25 oxygenation levels were in the time period of

1 10 minutes when you thought she was doing poorly?

2 A. I would have to look.

3 Q. You can look.

4 A. It looks like the transcriptionist didn't
5 type it out.

6 MR. CRANDALL: Read the
7 sentence with respect to what you are talking
8 about.

9 A. "The patient did rather poorly over the next
10 10 minutes. Initially pulse ox was 10 minutes, but
11 began to deteriorate. Endotracheal tube became
12 dilodged," da, da.

13 Q. It was missing what it was initially by your
14 dictation, you didn't dictate what the saturations
15 were within that period?

16 A. In that period, correct.

17 Q. I wanted to be clear about that.

18 So back to where we were, "Patient
19 did poorly over the next 10 minutes, eventually
20 arrested approximately 10 minutes after
21 intubation," correct?

22 A. Correct.

23 Q. What time, based on any document in front of
24 you, did the arrest itself occur?

25 A. Based on these documents at roughly 54, 55

1 minutes after midnight.

2 Q. Are you reading the nursing note?

3 A. Yes.

4 Q. We will get to that.

5 A. According to the nurses' note.

6 Q. Would you have any reason to dispute what is
7 is in that nursing note?

8 A. I don't have any reason to dispute that
9 particular point of it.

10 Q. We're going to go through some points you
11 might dispute I suppose.

12 Immediately following that,
13 "Patient had been reintubated," you see that?

14 MR. CRANDALL: Back on his
15 note?

16 Q. Back on your note, sorry, right after.

17 A. Um-hum.

18 Q. Eventually arrested approximately 10 minutes
19 after intubation, patient had been reintubated; is
20 that correct?

21 A. Correct.

22 Q. Can you tell me at what point in time the
23 patient was reintubated after the initial
24 intubation?

25 A. The patient's saturations were deteriorating,

1 it was just on clinical grounds it became a concern
2 that the tube was not in good position as she was
3 deteriorating, she was reintubated. You want to
4 know --

5 MR. CRANDALL: Her question is
6 at what point in time was the patient reintubated.

7 A. In terms of time on the clock?

8 Q. Sure.

9 MR. CRANDALL: The chart.

10 A. It's not clear from the nurses' notes exactly
11 when the tube was -- when the patient was
12 reintubated.

13 Q. Between 12:40 and 12:52, I'm calling it
14 12:52, you didn't say that, between 12:40 and 12:52
15 did the repositioning of the tube occur?

16 A. To the best of my recollection.

17 Q. We don't know what precise moment?

18 A. No.

19 Q. Have you seen the EKG strips in this file?

20 A. I noticed they were there. I didn't look at
21 them in detail.

22 Q. Were you at that time capable of interpreting
23 EKG strips for their clinical significance?

24 A. Yes.

25 Q. Is there anything in your opinion, based upon

1 what you knew medically in September of 1996, that
2 the EKG strips can tell you about whether the tube
3 was positioned properly or not positioned
4 properly?

5 MR. CRANDALL: The strips in
6 the chart?

7 Q. Yes, just what is in the chart.

8 A. Yes.

9 Q. Tell me what they tell you.

10 A. They tell me a lot of things. There is a
11 point at which the patient became bradycardic.

12 Q. About 12:52, 12:54?

13 A. It looks to be.

14 Q. Between 12:40 and 12:54, we will call it
15 that, somewhere in there this patient as you pretty
16 clearly indicated at least in your handwritten note
17 had been reintubated, I gather she was reintubated
18 at that point by Dr. Irefin?

19 A. (Indicating affirmatively.)

20 MR. CRANDALL: You need to
21 say --

22 A. Yes.

23 Q. Did Jennifer self-extubate her tube during
24 that time?

25 A. I don't recall her self-extubating.

1 Q. Did she cough her tube out?

2 A. I don't recall her coughing the tube out.

3 Q. Between 12:40 and 12:52 were you aware that
4 the tube was in the esophagus?

5 A. I knew that she was doing poorly, at some
6 point in that time period that Irefin felt the tube
7 was probably dislodged, that is when he reintubated
8 her.

9 Q. You are telling me it's your recollection
10 because you didn't write a note about that in the
11 chart, right, that you and Dr. Irefin had a
12 conversation, your note is this note, the one we're
13 looking at, that is your handwritten note?

14 A. That's correct.

15 MR. CRANDALL: He's got a
16 dictated note.

17 MISS KOLIS: I'm talking
18 about what he has in handwriting.

19 MR. CRANDALL: Right here.

20 Q. What CO₂ monitoring equipment was in the
21 cardiac room on September 14th?

22 A. I couldn't tell you exactly.

23 Q. Was there CO₂ monitoring equipment in the
24 cardiac room?

25 A. I couldn't tell you specifically. I couldn't

1 tell you.

2 Q. You don't remember it?

3 A. All the equipment that they had in the room,
4 no. Not in terms of CO₂ detectors.

5 Q. Were CO₂ detectors used on this child during
6 the first two intubations?

7 A, I do not recall one being used,

8 Q. What experience had you personally had with
9 CO₂ detectors before attending to Jennifer Mack on
10 September 14th?

11 A, Which CO₂ detectors are you referring to?

12 Q. As we both know there are a couple of kinds.
13 Tell me the kinds you had worked with color metric,
14 had you worked with that previously?

15 A, There are end tidal CO₂ monitors as a typical
16 part of the anesthesia equipment. I have seen
17 those, Worked with them during anesthesia
18 rotation, et cetera. There are handheld disposable
19 CO₂ detectors.

20 Q. From your training, which would you have
21 received a couple of months prior to this, do you
22 recall how quickly the CO₂ detector can alert you
23 to the fact you have a tube in the wrong place?

24 A. It can alert you quickly.

25 Q. Do you recall how quickly?

1 A. Within 15, 30 seconds.

2 Q. Fair enough.

3 Doctor, you've reviewed the
4 records, you were there, can you tell me why
5 Jennifer Mack had a cardiac arrest on
6 September 14th?

7 A. She was being underventilated.

8 Q. Do you have a reasonable assessment based
9 upon the documents in the record, your observation
10 of this patient, for what period of time this child
11 went without airway protection?

12 A. In the neighborhood of 15 to 20 minutes she
13 didn't have -- she was underventilated at least
14 part of that time.

15 Q. Let's try to finish up this at least written
16 part of your note. I think we last concluded,
17 although my memory fades with age and time of day,
18 that she had been reintubated, that was the last
19 thing we covered.

20 "Patient was resuscitated." Were
21 you in charge of the resuscitation team?

22 A. Yes.

23 Q. We will talk a little bit about those notes
24 later.

25 A. Yes.

1 Q. "Chest compressions, Epi," right? Is that
2 HCO_3 ?

3 A. Correct.

4 Q. "Atropine, Code lasted approximately
5 16 minutes," right?

6 A. That's correct. That is what it says.

7 Q. Then I think your handwriting says "airway
8 was lost again"?

9 A. That's correct.

10 Q. Tell me how the airway was lost again.

11 A. I don't recall in great detail. I know
12 Dr. Ireffin felt the tube was not in good position,
13 this was during the arrest, that he wanted to
14 reposition the tube.

15 Q. In other words, Dr. Ireffin brought it to your
16 attention, you were unaware that she lost her
17 airway again?

18 A, It was always a concern.

19 Q. At the time her airway would have been lost
20 again would you have been busy directing
21 resuscitative measures in other areas, medication,
22 compressions, things of that nature; do you know
23 what I'm asking you?

24 A. No.

25 Q. Let see if I can reask that.

1 I thought that you had just told me
2 Dr. Irefin indicated to you he thought her airway
3 was lost again.

4 A. To the best of my recollection, yeah, he
5 did.

6 Q. So that implied to me you were busy doing
7 other necessary things, pursuant to protocol, to
8 resuscitate the patient, so that you weren't the
9 one that actually noticed that the airway was lost
10 again?

11 A. That's not quite the way I would put it.

12 Q. Tell me how you would put it simply.

13 A. That I was directing the resuscitation, I was
14 aware what was going on, that being actually -- he
15 was at the head of the table, he at any point for
16 whatever reason may have felt that the airway was
17 lost because he's physically holding it in his
18 hand. He told me he thought the airway was lost,
19 he wanted to reposition it.

20 Q. Did he then reposition the tube one more
21 time?

22 A. No.

23 Q. Because what happened at that point in time?

24 A. I did a tracheostomy.

25 Q. How quickly did you perform the trach after

1 it came to your attention the airway was lost again
2 for the third time?

3 A. 30 seconds.

4 Q. In terms of clinical numbers, immediately
5 following the trach -- it was actually -- I can
6 never pronounce the word, you know what I'm --

7 A. Tracheostomy?

8 Q. Not tracheostomy, didn't you do a crico --

9 A. No, I did a tracheostomy.

10 Q. I'm confused by something that appears in the
11 University Hospitals record. You wouldn't know
12 because you haven't read them, correct?

13 A. Correct.

14 Q. If they say that is what you did, you did a
15 tracheostomy?

16 A. I did what I said, a tracheostomy.

17 Q. You did what you said, you didn't use it
18 shorthand for something else?

19 A. No.

20 Q. Fair enough.

21 At the time that Jennifer was in
22 the emergency room, Doctor, based upon the training
23 that you had for your ACLS, were you acquainted
24 with the standard methods of confirming tube
25 placement in the trachea?

1 A. Yes.

2 Q. Can you list for me what you believe they
3 are?

4 A. Standard methods?

5 Q. Uh-hum.

6 A. Presence of breath sounds.

7 Q. What else?

8 A. Adequate oxygenation,

9 Q. How do you determine there is adequate
10 oxygenation?

11 A. By the color of the patient and pulse
12 oximetry,

13 Q. What else?

14 A. When they are available you can use a CO₂
15 detector. I'm not sure if that is the ACLS
16 protocol or not.

17 Q. You haven't reviewed the ACLS protocol
18 recently?

19 A. Not recently, no.

20 Q. Anything else?

21 A. Seeing the tubes go through the cords.

22 Q. By laryngoscope?

23 A. Yes.

24 **a.** When Jennifer was initially intubated, I'm
25 going by your assessment that you were in the room

1 most of the time, except you might have stepped
2 out, were you involved in ascertaining whether or
3 not there had been proper placement of the tube?

4 A. I was involved.

5 Q. Tell me how you were involved.

6 A. I was watching the pulse oximetry to see how
7 she responded to her ventilation.

8 Q. Did you see her chest rise up and down after
9 the tube was in?

10 A. I would ordinarily do that, I don't recall
11 specifically what the sequence was with her.

12 Q. Was Jennifer also bagged at that time between
13 12:40 and 12:52?

14 A. She was bagged the entire time.

15 Q. I was going to ask that as follow up, it's
16 not clear to me so I'm asking.

17 What kind of bag, self inflating or
18 nonrebreathing is what I'm asking; do you know what
19 kind of bag?

20 A. What kind of ambu bag?

21 Q. Yes .

22 A. No.

23 Q. How many kinds, not talking manufacturers,
24 how many kinds of bags are there that you are aware
25 of that perform that function a little different

1 from one another; do you know what I'm asking?

2 A. I know what you are asking.

3 Actually, no, I don't, go ahead,
4 explain it.

5 Q. If I asked you if the child was being
6 provided ventilation by a self-inflating bag, do
7 you know what I mean?

8 A. By self-inflating bag, I believe I do,

9 Q. Did you know what it was last September,
10 September of 1996?

11 A. I couldn't recall what kind of ambu bag it
12 was.

13 Q. If I asked if she was being ventilated by a
14 nonrebreathing bag, would you know what I meant?

15 A, I have an idea, although I'm not used to
16 using that terminology,

17 Q. Is there some other terminology that you
18 suspect I'm trying to get at?

19 A. No. I've used a number of different ambu
20 bags. They all work adequately for most situations
21 so we usually didn't break them apart in those
22 terms.

23 Q. I probably have asked this and you've
24 answered it, Steve will correct me, after the
25 initial intubation, when did her saturation numbers

1 start to fall? I don't see them, that is why I'm
2 asking you.

3 A. Relatively shortly. They picked up for a
4 couple of minutes, then they deteriorated.

5 Q. At that point in time, as best you recall it,
6 how long did it take Dr. Irefin to reposition the
7 tube?

8 MR. CRANDALL: Again talking
9 between the first and second intubation?

10 MISS KOLIS: Yes.

11 A. Exactly how long in terms of minutes?

12 Q. Um-hum.

13 A. How long it was between the first and second
14 intubation, is that what you are asking?

15 Q. Um-hum.

16 A. I don't recall exactly. I would imagine --

17 MR. CRANDALL: Don't guess if
18 you don't know.

19 A. I don't know.

20 Q. How soon after the second intubation -- do
21 you want me to call it the second intubation or
22 reintubation or repositioning?

23 MR. CRANDALL: Why don't we
24 call it reintubation, that is what we've been
25 doing.

1 Q. How long after the reintubation did Jennifer
2 go bradycardic?

3 A. I don't recall exactly.

4 Q. What was done by yourself on the
5 reintubation, what was done by yourself or
6 Dr. Irefin, if you observed it, on the
7 reintubation, to ascertain that the tube was in
8 proper position?

9 MR. CRANDALL: Objection. Go
10 ahead.

11 A. I asked him.

12 Q. I'm sorry, I didn't understand your answer.

13 A. We did all the same things that were
14 previously mentioned, we looked at pulse oximetry,
15 I don't recall who was listening to breath sounds
16 at what point, breath sounds were listened to.

17 Q. Did he relaryngoscope on the reintubation?

18 A. Did he?

19 Q. Um-hum.

20 A. Yes.

21 Q. Chest x-ray was ordered at some point while
22 the child was in Bedford, can you tell from your
23 records, your recollection, nurses' notes,
24 whatever, when in fact that chest x-ray was
25 ordered?

1 A. After the first intubation.

2 Q. Doctor, how are you certain it was ordered
3 after the first intubation? I'm just asking you.

4 A. To the best of my recollection.

5 Q. Am I incorrect when I state there is nothing
6 in the record recorded by the nurse or a physician
7 to indicate what time, at what point in time that
8 x-ray was ordered?

9 A. That may well be correct. I didn't look
10 through the records specifically to answer that.
11 I'm sure you have,

12 Q. If in fact it was ordered after the first
13 intubation, why isn't there a second chest x-ray
14 after the second intubation?

15 A. There was no opportunity.

16 Q. Why was there no opportunity?

17 A. Because she had arrested.

18 Q. I'm very confused. Let's try to unconfuse
19 me.

20 You're indicating at least as I'm
21 following the sequence of events, there is
22 intubation, initial intubation by Dr. Irefin by
23 your request based upon the clinical factors.

24 At some point, what is documented
25 to be 12:52, 12:54 it becomes apparent that the

1 child is "not doing well," I'm going put that in
2 quotes, that is the best way I can do,

3 A. Okay.

4 Q. The tube is probably malpositioned, have I
5 stated this correctly so far?

6 A. Yes.

7 Q. A decision is then made -- did Dr. Irefin
8 make the decision to reposition, reintubate, did
9 you make the decision, tell him to do it, if you
10 know?

11 A. We probably both participated in the
12 decision.

13 Q. Fine. She is reintubated at the point before
14 she goes bradycardic.

15 Did she immediately arrest right
16 after she was intubated for the second time?

17 A. She arrested in a relatively short period of
18 time.

19 Q. Doctor, you have a portable chest x-ray in
20 the cardiac room, don't you?

21 A. Yeah.

22 Q. Who performed the portable?

23 A. Who actually does the x-ray?

24 Q. Yes.

25 A. X-ray technician.

1 conclusion was from the x-ray; do you agree with
2 that?

3 MR. CRANDALL: You're drawing
4 a distinction between dictated and written?

5 Q. In other words, you didn't make a separate
6 contemporaneous note, viewed film, saw A, B, C?

7 A. That's correct, I didn't.

8 Q. When you viewed the film, other than the
9 note, the fact that the lungs bilaterally appeared
10 to be whited out, did you note that the tube was
11 apparently in the esophagus based on looking at the
12 x-ray?

13 A. I knew the tube was in the esophagus looking
14 at the chest x-ray, yes.

15 Q. At the time you looked at the chest x-ray?

16 A. At the time I first looked at it?

17 Q. Yes.

18 A. I couldn't recall that.

19 Q. Suffice it to say there isn't a note that
20 discusses that?

21 A. Correct.

22 MR. CRANDALL: Not a
23 handwritten note.

24 Q. I'm sorry, not a handwritten, Steve is
25 correct in making the distinction.

1 MR. CRANDALL: You said
2 contemporaneous when he dictated, the same time,
3 you are saying written versus typed?

4 MISS KOLIS: I'm asking --

5 MR. CRANDALL: Handwriting?

6 MISS KOLIS: -- handwritten
7 by the doctor as things were progressing,

8 Q. The answer is no, correct?

9 A. No, I did not.

10 Q. In your discharge note, the one that your
11 counsel already is referring to -- I'm starting to
12 lose pieces of paper which happens to me all the
13 time -- in your typed discharge note, first of all
14 let's get a frame of reference, how soon after
15 Jennifer left the hospital did you dictate this
16 note?

17 A. Shortly thereafter. Probably within half an
18 hour.

19 Q. When would you have come to work that night?

20 MR. CRANDALL: Do you know?

21 A, Either 8:00 or midnight, probably eight
22 o'clock. 8:00 p.m.

23 Q. The evening before?

24 A. That's correct,

25 Q. Your shift would have been, if I follow what

1 you told me, an eight hour shift, 8:00 p.m. to
2 4:00 p.m.?

3 A. No, probably a 12 hour shift, probably 8:00
4 to 8:00.

5 Q. Fine. Any place in this discharge summary
6 I'm looking at does it indicate that you looked at
7 the film and drew the conclusion that the tube was
8 in the esophagus?

9 A. No, it's not noted there.

10 Q. That is in this typed discharge summary,
11 which was pretty contemporaneous with her discharge
12 from the hospital, correct?

13 A. That's right.

14 Q. Doctor, how much training had you had in
15 interpreting and looking for tube placement in the
16 trachea prior to treating Jennifer Mack?

17 A. How much training?

18 Q. Yes, once again going back to the yardstick
19 analysis, I never know given people's subspecialty
20 training how much experience, exposure they had
21 dealing with any particular issue.

22 The question is how much experience
23 did you actually have in interpreting an x-ray film
24 on your own regarding tube placement in the
25 trachea, or tube position is what you like to call

1 it?

2 A. Plenty.

3 Q. We're going to move to a different area I
4 think. I'm going to go to packet B, Exhibit B.

5 You've indicated you briefly
6 reviewed these notes, I want to go through them to
7 see what it is you do and don't dispute in terms of
8 your recollection.

9 A. Okay.

10 Q. In packet B, Exhibit B, the first page that
11 is Bates stamped 0, which is about the third page
12 in on these documents, let's look at what the
13 nurses' documents -- this is a nursing chart, isn't
14 it, for the emergency room?

15 A. That's correct.

16 MR. CRANDALL: Isn't that
17 stamped 01?

18 MISS KOLIS: Yes, third page
19 in from the top.

20 MR. GROEDEL: You said 0.

21 MISS KOLIS: 001. There is
22 no 0.

23 Q. At 0052 there is an indication that Jennifer
24 is bradycardic, her pulse ox is at 50, do you see
25 that?

1 A. Yes, I do.

2 Q. Does that note refresh your recollection or
3 help you to determine how much before 0052 her sats
4 went from the 90's down to the 50's?

5 A. Not more specifically than I could have told
6 you before. She was at 90 for a couple of minutes,
7 then she deteriorated thereafter.

8 Q. If the initial placement -- I try to do these
9 the best I can. I thought I heard you say you
10 thought that the tube was improperly placed on the
11 first intubation; did I hear that correctly?

12 MR. GROEDEL: Objection. Go
13 ahead.

14 A. At some point the first intubation went
15 awry. Whether it was with initial intubation or
16 whether it became dislodged a couple of minutes
17 later is speculation.

18 Q. Just so we can speak the same language, so I
19 can ask these questions intelligently, you don't
20 know whether it was improperly placed initially, or
21 whether it was dislodged, that's what you are
22 telling me?

23 A. Not with 100 percent certainty.

24 Q. If her sats went up to the 90's, 90 and 91 as
25 indicated on the 0040 note -- do you agree that is

1 what it says, where it begins "Versed given,
2 patient intubated," blah, blah, blah?

3 A. Yes.

4 Q. What does that tell you, if anything,
5 regarding whether the initial placement was
6 appropriate?

7 A. It means that the endotracheal tube was -- it
8 implies it was appropriately placed.

9 Q. Because if it was in the esophagus from its
10 initial placement, do you have an opinion whether
11 or not those sats could have gone up to 90 and 91
12 or that might be 94, I'm not positive?

13 A. It's a 9 something. 9, could be 99.

14 Q. I can't tell, we don't have that person here,
15 but that is the question.

16 MR. GROEDEL: We'll call it
17 99.

18 MISS KOLIS: For you we will
19 call it 99.

20 Q. Would the sats have gone up to into the 90's
21 if on initial intubation if the tube was in the
22 esophagus?

23 A. It's conceivable that it could have come up
24 if she was mask ventilated right before, taken a
25 couple minutes to drop. Probably not. It probably

1 was in the trachea at the beginning.

2 Q. How soon after that tube was placed would the
3 chest x-ray have been taken?

4 MR. CRANDALL: Wait a second,
5 we've been through this.

6 Q. Initial intubation?

7 MR. CRANDALL: We went through
8 that. He said he can't be more specific than
9 that.

10 Q. We see the nurses' notes that the
11 endotracheal tube became dislodged, that is what
12 the nurse said, correct, in writing, see that right
13 after the 90 up to maybe 99?

14 A. Um-hum.

15 MR. CRANDALL: You need to say
16 yes.

17 A. Yes.

18 Q. Then says reintubated, correct?

19 A. Um-hum.

20 Q. At that point the patient is given Pavulon,
21 correct?

22 A. That's correct.

23 Q. What does Pavulon do?

24 A. A muscle relaxant, a chemical paralysis.

25 Q. Does it paralyze the lungs in any way?

1 A. Paralyzes the muscles that move the lungs.

2 Q. Why was she given Pavulon at that point?

3 MR. CRANDALL: Objection.

4 Q. Did you order the Pavulon?

5 A. I do not believe I did.

6 Q. Why do you think you didn't order the
7 Pavulon? I'm asking why you don't think you
8 ordered it?

9 A. Because I don't recall ordering the
10 intubation drugs. I would have considered that an
11 intubation drug.

12 Q. This is written how it's written, of course
13 we all know the record speaks for itself.

14 Was Pavulon given before the
15 second -- before the reintubation?

16 MR. CRANDALL: If you know.

17 A. I couldn't tell you specifically.

18 Q. Would it make sense to you it would be given
19 after the second intubation, the reintubation?

20 A. Not necessarily.

21 Q. In that same I'm going to call it paragraph,
22 the 0040 time, it indicates that the patient was
23 intubated with a 3.5 tube?

24 A. Yes.

25 Q. Do you agree or disagree she was intubated

1 with a 3.5 tube initially?

2 A. My notes recollect a 3.0. In the hour that
3 passed between the time of initial intubation and
4 the time I dictated my notes I could have mistaken
5 a 3.5 for a 3.0 tube.

6 Q. Based on the sum total of the record and your
7 recollection, you don't know if a 3.5 was initially
8 placed when she was intubated or a smaller tube,
9 a 3?

10 A. No. I know the initial tube was not the
11 usual tube given to a five year old. I know it was
12 a small smaller tube, 3.5, 3.0 tube.

13 Q. On a chart I saw it specifies a 3.5 is
14 standard or general, if you look at the chart, that
15 is used on six month olds, somewhere in that range?

16 MR. CRANDALL: Do you know?

17 A. Yes.

18 Q. You agree with me, right?

19 A. Yes.

20 Q. Going down a little further, we're going to
21 have the testimony of this nurse, there are some
22 things I want to ask you.

23 At the 0104 note, "Patient has
24 strong pulse," can you see that note?

25 A. Yes.

1 Q. You follow that BP 98/76, pulse 98, bagged
2 100 percent 02. Do you see any other notes in the
3 nursing chart about the child being bagged?

4 MR. CRANDALL: Other than that
5 note?

6 Q. Other than that note?

7 A. No, I don't.

8 Q. Then says emergency trach by Dr. Douglas?

9 A. Yes.

10 Q. We're asking the silly questions about the
11 way notes get written.

12 Your decision to trach the patient
13 was based upon what?

14 A. It was based on my concerns that an adequate
15 airway was not being achieved via oral endotracheal
16 intubation.

17 Q. You determined -- your concern at that point
18 was based on what; pulse oximetry, vitals, CO₂,
19 what was it that made you decide to do a trach at
20 that point? I know what you are telling me is the
21 end product, your medical conclusive result was a
22 concern over the airway, what clinical factors
23 that --

24 A. The fact she --

25 MR. CRANDALL: Objection to

1 form. Go ahead.

2 A. That she had undergone an arrest.

3 Q. She did not get better from the arrest until
4 after you trached her; that's an accurate
5 statement?

6 A. Yes, that is an accurate statement.

7 Q. I could have gotten a quicker answer if I
8 asked **it** that way to begin with.

9 When the nurses' note indicates the
10 patient has a strong pulse, does **it** seem to you the
11 patient has a strong pulse after the trach, not
12 before the trach?

13 A. The patient got a strong pulse after the
14 tracheostomy.

15 Q. It's just the way the person wrote the note,
16 just putting information in there?

17 A. Correct.

18 Q. How soon after you trached the patient did
19 she lose her cyanosis, if you know?

20 A. She got better quickly.

21 Q. One, two minutes?

22 A. Something like that.

23 Q. You had read prior to coming here the nurses'
24 notes, right?

25 A. **Not** exhaustively, yes.

1 Q. You had implied in your answer you had some
2 dispute with something in the notes, did I
3 misinterpret or is that accurate?

4 MR. CRANDALL: No, that's not
5 accurate.

6 Q. We will put the direct question so we have an
7 answer for the record.

8 Based on your review at that point
9 in time, do you dispute anything as it's recorded
10 in the nurses' chart?

11 A. Although I don't clearly disagree in specific
12 with these parts of the notes, neither do I
13 recollect the details such that I could take every
14 statement in there and specifically say whether it
15 was the time sequence, or exact form was
16 unquestionably true or false.

17 MR. CRANDALL: She asked do
18 you disagree with anything in here?

19 A. No.

20 Q. Fair enough.

21 A. Not in this section, these two pages.

22 Q. Is there a section of notes where you have a
23 dispute with something that is recorded?

24 A. The only dispute was what was brought up
25 earlier, Life Flight.

1 Q. Life Flight was not there doing a trach?

2 A. That's correct.

3 Q. That's the only dispute you have based on the
4 information recorded in the chart?

5 A. So far.

6 Q. There is a note by Dr. Irefin, page 005. Had
7 you reviewed that note?

8 A. Yes.

9 Q. You agree with me that this note which is
10 written by Dr, Irefin, by the house officer, only
11 indicates one placement of one tube; is that right?

12 A. That --

13 Q. As far as the note goes?

14 A. That is what the note indicates.

15 Q. Do you see any indication in Dr. Irefin's
16 note of a CO₂ monitor being used?

17 A. No.

18 Q. You do see he notes bilateral breath sounds,
19 correct?

20 A. Yes.

21 Q. Did you -- I don't like calling you the
22 attending.

23 You were the physician in charge of
24 this particular patient, correct?

25 A. Yes.

1 Q. Do you want me to call you the attending?
2 A. You can call me whatever you like.
3 Q. In reviewing the chart, did you ask at any
4 time for Dr. Irefin to write a more detailed note
5 regarding the subsequent event?
6 A. I only saw this note months later.
7 Q. Going back to page 006, which was the x-ray
8 page, are you there with me?
9 A. Yes.
10 Q. This was dictated on the 14th, I know you are
11 not the radiologist, I'm going to ask you this
12 question: At the bottom says, "Film was obtained
13 in emergency, development note by Dr. Douglas
14 indicates he was aware of the endotracheal tube
15 malposition"; you see that?
16 A. Yes.
17 Q. Did they call you at some point, the
18 radiologists, did they call you to tell you what
19 their reading was; do you recall that?
20 A. No.
21 Q. When the note says that you have a note that
22 says malposition -- I'm going to withdraw that,
23 I'll ask you what -- you don't know
24 what he meant -- do you know what in the note he's
25 referring to when he discusses malposition?

1 A. I suppose I don't.

2 Q. We will skip that question.

3 What I'm going to do, Doctor, at
4 this point Ann may give me some notes, questions
5 she wants me to ask you, I'm going to ask some
6 straight probably medical questions.

7 In the scenario of Jennifer Mack,
8 who had the responsibility to continuously monitor
9 Jennifer or monitor -- if you don't like the use of
10 the word continuous -- to make sure she had a
11 protected airway?

12 A. The responsibility of the patient is mine.
13 When an anesthesiologist participates in
14 intubation, they would ordinarily have some input
15 into the situation.

16 Q. In looking at the notes that you record, you
17 probably have some memory, you told me you had, of
18 Jennifer's condition on arrival, how did you
19 characterize it, fair, critical, what was your
20 assessment initially on her arrival?

21 A. At least serious.

22 Q. Did you talk with this child, do you remember
23 one way or another?

24 A. Do I remember specifically talking?

25 Q. If she verbally is talking?

1 A. No, I don't remember that.

2 Q. She was conscious, correct?

3 A. She was conscious, yes.

4 Q. Extremely agitated, do you remember that, I'm
5 characterizing?

6 A. She was in distress.

7 Q. When you say she is in distress, eliminating
8 for a moment the respiratory distress we discussed,
9 are you describing her psychological state or her
10 emotional state?

11 A. No, I'm describing her respiratory state.

12 Q. What about her psychological state in terms
13 of agitation?

14 A. I don't remember specifically how agitated
15 she was.

16 Q. Doctor, do you have an opinion based upon
17 your experience at the time, your medical
18 experience, as to why the tube became dislodged at
19 the first and second intubations?

20 A. It's speculation. I would presume it's just
21 a very thin tube, very thin floppy tube for which
22 you are trying to do physical manipulation with to
23 ventilate a patient, there is not a lot of rigidity
24 or support to it.

25 Q. How important is it to maintain a patient's

1 airway?

2 A. Very important.

3 Q. Based upon your recollection or the notes, do
4 you know if the tube was secured by tape at any
5 time?

6 A, I do not recall how they secured it.

7 Q. Did you see any notes either in the nursing
8 section or we know you didn't write any notes other
9 than the handwritten initial note, your discharge
10 summary, did you find any notation that the tube
11 was secured by tape at any place in this chart?

12 A. I didn't look for it, I don't recall any,

13 Q. Is that something you had learned prior to
14 Jennifer Mack, that you should tape or secure the
15 tube with tape?

16 A. At some point you are certainly supposed to.

17 Q. Why do you do that?

18 A. So it doesn't become dislodged.

19 Q. I'm going to ask you a few medical questions
20 that regard the issues that present themselves. I
21 honestly will try to be brief, it will take me
22 longer to read them and eliminate than to actually
23 probably ask what is in there.

24 Doctor, unrelated to the actual
25 event, although you spent just a little bit of time

1 with the record, did you do an independent
2 literature search, medical literature search
3 regarding the issues you felt might present
4 themselves in this case?

5 A. No.

6 Q. Are you familiar with the standards for basic
7 anesthetic monitoring that are set forth by the
8 American Society of Anesthesiology?

9 A, In specific, no.

10 Q. I should ask that question better.

11 Prior to attending to the medical
12 condition of Jennifer Mack, had you familiarized
13 yourself with the standards that are promulgated by
14 the American Society of Anesthesiologists?

15 A, Not per se.

16 Q. You didn't receive any subspecialty training
17 in anesthesiology, did you? I didn't see it, I'm
18 asking.

19 A. No.

20 Q. Were you relying upon Dr. Irefin to provide
21 the anesthesiology services?

22 A. Yes.

23 Q. We've gone through this, at the time were you
24 familiar with the American Heart Association's
25 Advanced Cardiac Life Support guidelines for

1 intubation? Was that too many words in a sentence?

2 A. Yes.

3 Q. I think we went over, you have already stated
4 for the record what you believed the standards were
5 as you had learned them in your certification
6 program, correct?

7 A. Yes.

8 Q. You had just received that certification
9 about two and a half months before Jennifer came to
10 the hospital, correct?

11 A. That's correct.

12 Q. By the way, how did you receive your
13 certification?

14 A. How did I?

15 Q. Yes.

16 A. In the mail.

17 Q. I'm sorry, you got me, asked a bad question.

18 What program did you undergo to
19 allow you to obtain a certification?

20 A. It was a course given by Saint Luke's.

21 Q. Saint Luke's Hospital?

22 A. Yes.

23 Q. When did you take the course?

24 A. July, '97. '96.

25 Q. It would be hard to do it in '97, right.

1 Can you describe for me the length
2 of the program and course material provided to you?

3 A. It was over two days, neither day was a full
4 day.

5 Q. Neither day was a full day, two days at
6 Saint Luke's?

7 A. Standard ACLS booklet handed out,

8 Q. I don't have mine with me, who taught the
9 course?

10 A. Jeff Wilson.

11 Q. Was it didactic only or didactic and
12 clinical? In other words, you had a lecture
13 series, correct, on those two days?

14 A, That's correct.

15 Q. You went over the basic textbook information?

16 A. That's correct.

17 Q. In conjunction with that, were any of the --
18 were you required as part of the certification
19 program to perform any procedures?

20 A. Yes.

21 Q. What procedures did you perform in that two
22 day period in July?

23 A, Intubation, central line placement.

24 Actually, they were performed in front of the
25 instructor.

1 Q. I'm sorry?

2 A. There wasn't rigorous testing. They were
3 performed in front of an instructor that felt we
4 had adequate skills.

5 Q. You said intubation, what kind of intubation
6 did you do?

7 A. Oral.

8 Q. I'm sorry, on a patient who was in the
9 hospital who needed oral intubation?

10 A. No, on the dummy.

11 Q. I'm sorry, I'm not asking great questions
12 because it's six o'clock.

13 You were not performing these
14 procedures to demonstrate your skill level on human
15 beings as part of the certification, doing it on
16 models?

17 A. Correct.

18 Q. So you did intubation and central line
19 placement, correct?

20 A. Yes.

21 Q. You just took that course, you told me you
22 got a certification, would you consider that the
23 published guidelines of the American Heart
24 Association Advanced Cardiac Life Support program
25 would be the standard of care for the proper

1 placement of endotracheal tubes, as well as for
2 confirmation of the placement?

3 A. What do you mean by set the standards?

4 Q. I mean, what you learned in that course, if
5 they have printed what you should do to confirm the
6 placement of an endotracheal tube, would you accept
7 that in fact would be the standard of care, what at
8 a minimum should be done to confirm placement if
9 that is in fact what the guidelines say?

10 A. That depends on I don't recall exactly what
11 they printed. Every situation has to be adopted to
12 what is going on at the time. I couldn't say that
13 absolutely everything that is in their guidelines
14 necessarily needs to be applied to every clinical
15 situation.

16 That book is also meant for people
17 who are not usual providers of that kind of care.
18 Paramedics, nurses, respiratory therapists, to give
19 them a basic guideline to undergo. It's not meant
20 to imply that physicians can't use their individual
21 judgment in a given situation.

22 Q. I think we understand your answer.

23 Would you at least then consider
24 them authoritative as a baseline minimal
25 requirement for endotracheal intubation and

1 confirmation of placement?

2 A. Except as limited by what I said above.

3 Q. Were you aware that Bedford Medical Center
4 had a protocol using the ACLS guidelines for
5 both -- I'm testifying I guess, I don't have my
6 question in front of me -- for both how to place
7 the tube and confirmation of tube placement?

8 A. No.

9 Q. Had you availed yourself of the opportunity
10 to review what the protocols of Bedford Medical
11 Center were before you undertook work there?

12 A. No.

13 Q. What are some risks of improper placement of
14 an endotracheal tube?

15 A. Hypoxia, respiratory acidosis.

16 Q. Is one of the -- let me ask it this way:
17 Would you agree with me that it is possible to
18 inadvertently intubate the esophagus when you are
19 trying to do an endotracheal intubation?

20 A. Yes.

21 Q. Would you agree with me that is not a rare
22 and unheard of occurrence?

23 A, Yes, I would agree with that.

24 Q. Would you agree with me that intubating the
25 esophagus will lead, can lead -- first of all, what

1 do you think intubating the esophagus can lead to,
2 we will ask that question?

3 A. It leads to not being ventilated or
4 oxygenated.

5 Q. Which then can lead to cardiac arrest?

6 A. Yes.

7 Q. Which then can lead to hypoxia?

8 A. Yes.

9 Q. Anoxia, correct?

10 A. Correct.

11 Q. Do you have any idea or did you know at the
12 time that you took care of Jennifer Mack, what
13 approximate percentage of time that the
14 endotracheal tube accidentally intubating the
15 esophagus was? I'm just asking if you know based
16 upon your studies.

17 A. If I know that?

18 Q. What percentage? I'm asking if you have an
19 idea based upon studying medicine what percentage
20 of time the esophagus is inadvertently intubated?

21 A. No, that would vary drastically, depends on
22 the situation.

23 Q. Knowing that can happen, knowing if it's in
24 the esophagus, goes undetected, one of the critical
25 concerns is to confirm placement, make sure you're

1 not in the esophagus; would you agree with that?

2 A. Yes.

3 Q. It's not an option or within a doctor's
4 judgment, you have to do everything that you can do
5 to confirm a placement, correct?

6 MR. GROEDEL: Objection to
7 the word "everything."

8 Q. Let me ask it a different way.

9 If there is anything the least bit
10 suspicious in terms of the placement, in terms of
11 the person's saturation, return, how they are
12 breathing, you continue to investigate, you
13 continuously monitor to make sure a tube doesn't
14 get dislodged, don't you?

15 A, It's always a concern, yes.

16 Q. Did you ever hear a gurgling sound in
17 Jennifer's throat after the first or second
18 intubation?

19 A, I don't recall hearing a gurgling sound.

20 Q. Do you recall ever having any secretions
21 coming back from the tube?

22 A. No.

23 Q. No notation of suctioning in the chart
24 anywhere, is there?

25 A. . I'm sure you would know better than I would,

1 Q. I don't want that to be your answer.

2 MR. CRANDALL: You don't want
3 him to look through the whole chart for
4 suctioning?

5 Q. As you read it were you -- we'll pull the
6 question back, say what you mean, mean what you
7 say.

8 There was the suggestion I believe
9 in your discharge summary about pulmonary
10 obstructive edema; am I right?

11 A. Yes.

12 Q. If that was going to be something you were
13 thinking about, you would be looking for a
14 secretion of a pinkish color, wouldn't you?

15 A. Yes, but those don't necessarily develop
16 right off the bat.

17 Q. Of course not, While she was on your watch,
18 under your care, nothing like that existed or you
19 would have documented it in some fashion, either in
20 your discharge, typed discharge summary, or in that
21 handwritten note, wouldn't you?

22 A. I don't know if I necessarily would have
23 dictated it in my note. I don't recall seeing
24 anything like that.

25 Q. What was suggestive to you that there could

1 possibly be obstructive pulmonary edema?

2 A. It was the patient had whited out
3 hemothoraces bilaterally, I didn't have -- I did
4 not have a good explanation for it. It was just
5 one of the differentials that I was thinking about
6 because she was inspiring with great force.

7 Q. Is that caused by laryngospasm?

8 A. Yes, can be a sequela of a laryngospasm.

9 Q. You told me you have not looked at the
10 records from RBC?

11 A. That's correct.

12 Q. Have you asked to look at the records?

13 A. No.

14 Q. Do you believe that it's the standard of
15 practice to document in a patient's chart the
16 method of confirming the placement of the tube?

17 A. I think that if you reviewed charts from
18 multiple, a long series of consecutive intubations,
19 you probably would not find a lot of documentation
20 confirming it, other than probably bilateral breath
21 sounds. That's the reality.

22 a. That is the reality, do you believe the
23 standard requires that you document what you have
24 done to confirm placement of the tube?

25 MR. CRANDALL: He just

1 answered that.

2 Q. Is that your answer, what you just told me?

3 A. Yes.

4 Q. You took the history from the mother; is that
5 right, from Mrs. Mack; do you recall that?

6 A. I certainly would have gotten some from the
7 paramedics.

8 Q. Do you remember talking to Mrs. Mack after
9 the code but before Jennifer was transferred --

10 A. Yes.

11 Q. -- to RBC? What did you tell Mrs. Mack
12 happened to Jennifer?

13 A. To the best of my recollection, she had
14 arrested, that we had to do a tracheostomy, we had
15 gotten her back, but we had a rough go of it. I
16 mentioned briefly that her insurance leads her to
17 the Clinic, to the Cleveland Clinic, I was going to
18 send her to Rainbow anyway given all the things
19 that had been going on.

20 Q. Do you recall if Mrs. Mack asked you why
21 Jennifer arrested?

22 A. No, I don't,

23 Q- Do you recall having a conversation with
24 Mrs. Mack when you saw Jennifer at RBC?

25 A. I do not recall having a conversation with

1 her.

2 Q. Do you agree that having an attack of croup
3 can cause edema, which in turn does make
4 endotracheal intubation more difficult?

5 A. Yes.

6 Q. At any time, of course I'm asking what you
7 remember, I've read the chart pretty carefully, did
8 you consider transporting Jennifer to the operating
9 room for the evaluation of her upper airway and
10 intubation, as opposed to the cardiac room?

11 A. I did consider it.

12 Q. Yes?

13 A. I don't recall it specifically. I have
14 considered such things in the past.

15 Q. In this case you don't know?

16 A. Not specifically.

17 Q. You originally or a long time ago told me
18 that one thing that was perhaps -- I think you said
19 this in your differential was epiglottitis?

20 A. Yes.

21 Q. You agreed we had no confirmation that would
22 have been in existence. Did you consider there was
23 a foreign body in her throat that was causing her
24 symptoms?

25 A. I didn't consider it at that time. It seems

1 like it would have been unlikely.

2 Q. Did you actually hear her barking cough at
3 the time you saw her? I'm using the phrase that is
4 in the history.

5 A. I don't specifically remember that. I
6 remember her stridor. She may have coughed, I
7 don't really remember the cough. The cough would
8 have been less meaningful to me.

9 Q. Were you fairly certain by the time of
10 discharge she had an attack of the croup?

11 A. I felt fairly certain of it.

12 Q. When bilateral breath sounds are listed in
13 the chart, what does that mean to you? Observing
14 the thoracic inflation, deflation, is that what it
15 means?

16 A. Yes.

17 Q. Did you yourself at any time directly
18 visualize the tube passing through the vocal cords?

19 A. No.

20 Q. Once again, I don't think I asked this
21 question as specifically as I would have liked to,
22 I don't think it's actually asked and answered.

23 Going back to when I asked you to
24 look at the nursing note, it says endo tube became
25 dislodged, do you agree or disagree with that

1 recorded event by the nurse?

2 A. Yes, endotracheal tube was not in place.

3 Q. Does that mean something to you different
4 when you say it's not in place, is that different
5 to you than dislodged?

6 A. No.

7 Q. Do you have a specific recollection -- let me
8 ask it this way: You haven't been able to tell me
9 time, no documentation of pulse ox, pulse ox crash,
10 we have got that sentence where it goes to 90, up
11 to maybe, Mr. Groedel, 99, then we have her being
12 bradycardic, the pulse ox is in the 50's, do you
13 know what alerted -- what number alerted yourself
14 or Dr. Ireffin to the fact the tube was dislodged?

15 A. I wouldn't think it was one thing in
16 particular.

17 Q. When you say it -- let's ask this question:
18 This child's pulse ox is being monitored by pulse
19 ox, on the pinky was it? I'm asking do you
20 remember if that is how it was being done?

21 A, I don't remember which digit it was on.

22 Q. The digit, but that was the kind of pulse ox
23 you were doing, right?

24 A. Right.

25 Q. Who was watching those numbers?

1 A. I was.

2 Q. Did the pulse oximeter suddenly go from 90
3 something to 50?

4 A. No, it gradually goes down.

5 Q. As it was gradually going down, what did you
6 think was the reason it was gradually going down?

7 A. It was either a problem in the lungs or
8 problem with the airway.

9 Q. As it was gradually going down, is that
10 occurring after or before the second intubation?

11 A. It gradually went down, she was reintubated.

12 Q. When she was reintubated please tell me what
13 her pulse ox was?

14 A. I couldn't remember specifically, my best
15 recollection is that it's in the 60's.

16 Q. Did her sat start going up?

17 A. No.

18 Q. Over what period of time -- what is your best
19 recollection of reintubation to actual arrest?

20 A. That it was short. A couple of minutes.

21 Q. How long did it take you to perform an
22 emergency tracheostomy on Jennifer when you did
23 that?

24 MR. CRANDALL: You already
25 asked that.

1 MR. GROEDEL: Yes.

2 MISS KOLIS: I'm sorry, are
3 you sure I asked that?

4 MR. CRANDALL: Yes.

5 THE WITNESS: I am positive
6 you asked.

7 MR. GROEDEL: You know the
8 answer?

9 MISS KOLIS: 30 seconds.
10 Sometimes I think I know the answer, I don't always
11 know it, Marc.

12 MR. GROEDEL: Never seen that
13 happen once, Donna.

14 Q. Doctor, I asked this, but I think I asked the
15 general question, I didn't go back and ask the
16 specific question: When you wrote your discharge
17 summary note you were using a CO₂ monitor during
18 the arrest, was that color metric readings? You
19 know what color metric readings are?

20 A. Probably, yes.

21 Q. You just don't remember, you can't tell me
22 what you were using?

23 A. I don't remember using color metric. I don't
24 remember using anything other than that.

25 Q. If you don't remember using any that is

1 fine, You had experience with that type of
2 monitor?

3 A. Yes.

4 Q. Was auscultation applied at any point from
5 1240 through the arrest at 1679?

6 A, Auscultation?

7 Q. I can spell it, I can't say it.

8 A, There was ongoing concern about her
9 respiratory status, I'm sure that I did. I don't
10 remember how many times or exactly when I put a
11 stethoscope on her chest.

12 Q. That's not documented in the nurses' notes, I
13 didn't see it, I'm asking if you see it?

14 A. No, I don't remember seeing that.

15 a. We've covered you made no notes -- go ahead.

16 A, They did note breath sounds with intubation,
17 doesn't note --

18 Q. Initial, right.

19 A, Yes, didn't note anything after that.

20 Q. Once again to make sure I covered it, by
21 using the correct terminology you did not note any
22 pulmonary edema, fluid coming from the endotracheal
23 tube during this entire situation?

24 A. That's correct,

25 Q. Was any suctioning required that you recall

1 after the second intubation, reintubation?

2 A. Was any suctioning required?

3 Q. Yes.

4 A, Not that I recall,

5 Q. You were in the room at the time of the code,
6 you didn't have to be called back in, correct?

7 A, I do not believe so.

8 Q. Was Dr. Ireffin still there at that time?

9 A. I don't remember him leaving the emergency
10 room. He may have stepped out of the room.

11 Q. That is what I mean, the cardiac room?

12 A. I don't remember exactly when he was in and
13 out.

14 Q. During the arrest, when it became apparent
15 that the airway was again lost, as you already
16 testified you did not attempt to reintubate, you
17 immediately did the trach?

18 A. That's correct.

19 Q. Was Dr. Ireffin still in the room at that
20 point?

21 A, Yes.

22 Q. Would you have considered Dr. Ireffin
23 qualified to perform an emergency trach?

24 A. No, not as qualified as me.

25 Q. Based upon all your surgical training?

1 A. That's correct,

2 Q. Do you recall he was qualified to do it but
3 not as qualified as yourself?

4 MR. GROEDEL: Objection about
5 what he knows about Dr. Irefin's qualifications.

6 MISS KOLIS: I'm asking what
7 he's thinking.

8 MR. GROEDEL: I'm still
9 objecting. Go ahead,

10 A, I thought I should be the one performing the
11 tracheostomy.

12 Q. We've already covered that for whatever
13 reason when I found that Life Flight was attempting
14 trach, they did not attempt a trach?

15 A. They did not attempt it.

16 Q. On the advanced life support record, packet
17 B, close to the end,

18 A. Which page is it?

19 Q. I'm sorry, page 00009 of the B packet.

20 A. Yes,

21 Q. See on the bottom says participants, can you
22 tell me who these people are by name; if you can't
23 that is all right?

24 A. I can tell you first one second line, I can
25 tell you second one, second line.

1 Q. Douglas, we know who that is?

2 A. That is it. I don't know anybody's names.

3 Q. You don't know these people?

4 A. No.

5 Q. M.D. signature, that's you?

6 A. That's me.

7 Q. Did Dr. Irefin participate in this
8 resuscitation?

9 A. In the sense he was at the head of the
10 patient, he was -- he had intubated the patient,
11 I'm sure part of the time he was ventilating the
12 patient, so forth, yes. I ordered, I was the one
13 ordering the medication for resuscitation.

14 Q. Let me ask this question: Is there any
15 evidence in this chart as you reviewed it of
16 paracardial restriction?

17 A, No.

18 Q. No paracardial tamponade in the x-ray,
19 et cetera, correct?

20 A. No.

21 Q. No diuretics were administered?

22 A. That's correct.

23 Q. If there was a high index of suspicion on
24 your part for any reason of obstructive pulmonary
25 edema you probably would have given a diuretic,

1 wouldn't you?

2 A. If I had a high index of suspicion, yeah. If
3 I had a high index of suspicion.

4 Q. Stupid question, I love to ask them so I can
5 get my record, so nobody can say I didn't get it at
6 trial: Are you going to offer any opinion critical
7 of the care rendered at Rainbow Babies and
8 Childrens?

9 A. No.

10 Q. Are you going to offer any opinion critical
11 of the care rendered by nurses at Bedford Hospital?

12 A. No.

13 Q. How about Dr. Irefin?

14 A. No.

15 Q. Do you know this child's cause of death?

16 A. Presumably.

17 Q. You say presumably because?

18 A. I didn't review the record at Rainbow.

19 MISS KOLIS: I don't have
20 any further questions.

21 MR. GROEDEL: Just a few. I
22 am Marc Groedel, I represent Dr. Irefin, I have a
23 few questions for you.

24 -----

25

CROSS-EXAMINATION

BY MR. GROEDEL:

Q. Was this child restrained when she was being treated in the emergency room?

A. At any time?

Q. Prior to her going into arrest?

A. She may have needed some restraints as she was being initially intubated, I don't recall specifically.

Q. Was she in sufficient distress so as to potentially cause her endotracheal tube to come out after it was initially first successfully placed?

A. Was she moving around and agitated enough, it may have been. I do not recall how much wiggling she did after her first intubation. I don't recall it specifically one way or another.

Q. When did the patient go into cardiac arrest, what time was that?

A. As far as actually giving a time, I don't recall anything more specifically than you can see in the nurses' note.

Q. At 12:52 or a little bit after that?

A. A little bit after that.

Q. On the code sheet says CPR started at 12:52, would that be when the code --

1 A. Yes.

2 Q. Does CPR start when a patient goes into
3 asystole, or starts when she became significantly
4 bradycardic?

5 A. It would have started when she became
6 significantly bradycardic. I don't think there was
7 a very long period of bradycardia.

8 Q. At what time did you perform the
9 tracheostomy?

10 A. Give or take 10 minutes after she arrested.

11 Q. I'm sorry?

12 A. Give or take 10 minutes after she arrested.

13 Q. At what stage were you with the child when
14 you saw the x-ray results?

15 A. In relation to her being reintubated?

16 Q. In relation to anything.

17 A. The x-ray came back roughly at the time she
18 got reintubated, more or less. It takes several
19 minutes to get an x-ray back. There was not a
20 significant amount of time, plus or minus, when the
21 x-ray came back and when she got reintubated.

22 Q. Are you saying the x-ray came back, at around
23 the same time she was reintubated for a second
24 time, there was only one reintubation?

25 A. I only recall one reintubation. Somebody

1 might have adjusted the tube a little bit, called
2 that repositioning.

3 Q. This occurred prior to the child's arrest?

4 A. Yes.

5 Q. Can the manipulation involved in taking a
6 portable chest x-ray cause an endotracheal tube to
7 become dislodged?

8 A. It's unlikely but it's conceivable.

9 Q. I know there has been a number of questions
10 asked, I want to make sure the record is clear on
11 this point: In terms of whether the end tidal CO₂
12 monitor was used prior to arrest you don't know one
13 way or the other, correct?

14 A. I don't recall one being used. If *you* are
15 asking me do I specifically remember asking for
16 one, not having one available, no, I don't remember
17 specifically that.

18 MR. GROEDEL: That is all I
19 have. Thanks.

20 MR. NORCHI: Dr. Douglas, my
21 name is Kevin Norchi, I represent Bedford Medical
22 Center, I have a few questions to ask you.

23

24

25

CROSS-EXAMINATION

BY MR. NORCHI:

Q. In follow-up to Mr. Groedel's last question, was there any equipment that you requested that was not available for you during these events?

A. Again, not specifically.

Q. Is there anything as you review the records before you, now that we've gone over them for the last two and a half hours, based on your review of the records previously before the deposition, based upon your memory, is there anything that was not available to you that you specifically requested or required, or that prevented you from doing your job as an emergency room physician as relates to Jennifer Mack?

A. Again --

Q. Based upon what you know?

A. Upon what I know, no.

Q. Do you have any criticisms of -- I know this was already asked, let me ask it more specifically -- do you have any criticism of any Bedford Medical Center nurses during the time that Jennifer Mack was in the emergency room?

A. Certainly not.

Q. Why do you say "certainly not," is it your

1 opinion they acquitted themselves well, did as you
2 told them to?

3 A. It's always a difficult circumstance, every
4 situation like this is always a little different.
5 It's not as though you are having a well
6 orchestrated performance that has been done exactly
7 the same way, exactly the same sequence multiple
8 times. They did a fine job.

9 Q. No criticisms of the respiratory therapist or
10 radiology technician who were also present?

11 A. No.

12 Q. Do you remember when the Pavulon was given in
13 relationship to when you interpreted the x-ray?

14 A. No, I saw it on the nurses' notes. I
15 actually to be perfectly honest didn't recall the
16 Pavulon at all. I know it's in the nurses' notes.
17 The issue of Pavulon completely escapes me.

18 Q. You don't remember ordering it or
19 administering it?

20 A. No.

21 Q. Doctor, in the emergency room setting such as
22 we have here, it is the physician's duty to
23 determine whether intubation is necessary, correct?

24 A. That's correct.

25 Q. Here you made the determination it was time

1 to intubate Jennifer Mack?

2 A. That's correct.

3 Q. Not a decision delegated to a nurse or
4 hospital staff?

5 A. That's correct.

6 Q. In an emergent setting it is the physician's
7 obligation to actually do the intubation, correct?
8 Would you permit a nurse to intubate a patient?

9 A. No.

10 Q. You've intubated patient's before; is that
11 correct?

12 A. Yes.

13 Q. You've intubated adults?

14 A. Yes.

15 Q. In those situations, where you've made a
16 determination that you will intubate this patient,
17 then you followed up by actually intubating the
18 patient, have you also secured the tube, the
19 endotracheal tube?

20 A. Usually not.

21 Q. Who does that?

22 A. Usually the respiratory therapist does it,
23 sometimes I'll do it.

24 Q. How do you do that, hand it off, say here you
25 go, or how do you do that?

1 A. Yes- They put their hands on the tube, they
2 can secure it.

3 Q. Your hand would be on the tube, then the
4 respiratory therapist's would come to the tube?

5 A. That's correct.

6 Q. Like passing a baton in a relay in a track
7 meet?

8 A, Except the baton is not moving,

9 Q. Hopefully. In this case do you know whether
10 or not this child was moving at all during any of
11 the intubations?

12 A. She was given Succinylcholine before the
13 first one I performed, she wasn't -- I don't recall
14 details like was she moving at point X, Y, Z so
15 forth.

16 Q. You don't recall so other than isolated
17 incidents you don't recall there being a continual
18 problem or concern early on this child is moving or
19 bucking against the tube or coughing against the
20 tube or turning her head back and forth against the
21 tube?

22 A. No, I don't recall that as being a problem.

23 MR. NORCHI: That's it.

24 Thank you, Doctor.

25 -----

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

RECROSS-EXAMINATION

BY MISS KOLIS:

Q. The purpose of giving Jennifer Succinylcholine is to calm her down so intubation could be done, isn't that right, to relax her muscles so intubation could be done?

A. Yes.

MISS KOLIS: I don't have any further questions.

MR. CRANDALL: Do you guys have anymore? We will read it. Send it to me.

MISS KOLIS: I'll waive the seven days. Not forever.

(Deposition concluded; signature not waived.)

ERRATA SHEETNOTATIONPAGE / LINE

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

I have read the foregoing
transcript and the same is true and accurate.

WILLIAM DOUGLAS, M.D.

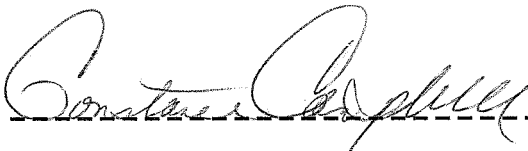
1 The State of Ohio,
2 County of Cuyahoga.

CERTIFICATE:

3 I, Constance Campbell, Notary Public within
4 and for the State of Ohio, do hereby certify that
5 the within named witness, WILLIAM DOUGLAS, M.D. was
6 by me first duly sworn to testify the truth in the
7 cause aforesaid; that the testimony then given was
8 reduced by me to stenotypy in the presence of said
9 witness, subsequently transcribed onto a computer
10 under my direction, and that the foregoing is a
11 true and correct transcript of the testimony so
12 given as aforesaid.

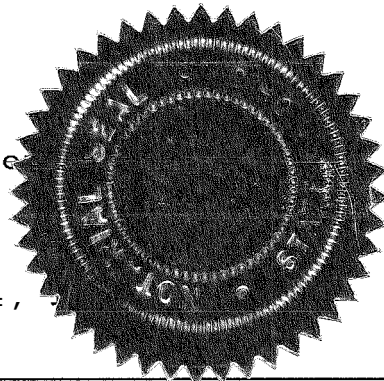
13 I do further certify that this deposition was
14 taken at the time and place as specified in the
15 foregoing caption, and that I am not a relative,
16 counsel or attorney of either party, or otherwise
17 interested in the outcome of this action.

18 IN WITNESS WHEREOF, I have hereunto set my
19 hand and affixed my seal of office at Cleveland,
20 Ohio, this 22nd day of May, 1997.

21 
22 -----

23 Constance Campbell, Stenographic Reporter
24 Notary Public/State of Ohio.

25 Commission expiration: January 14, 2000



Look-See Concordance Report

UNIQUE WORDS: 1,472
TOTAL OCCURRENCES: 5,296
NOISE WORDS: 385
TOTAL WORDS IN FILE: 17,217

SINGLE FILE CONCORDANCE

CASE SENSITIVE

PHRASE WORD LIST(S):

NOISE WORD LIST@: NOISE.NOI

COVER PAGES = 5

INCLUDES ONLY TEXT OF:

QUESTIONS
ANSWERS
COLLOQUY
PARENTHETICALS
EXHIBITS

DATES ON

INCLUDES PURE NUMBERS

POSSESSIVE FORMS ON

MAXIMUM TRACKED OCCURRENCE
THRESHOLD: 50

NUMBER OF WORDS SURPASSING
OCCURRENCE THRESHOLD: 6

LIST OF THRESHOLD WORDS:

CRANDALL [54]
intubation[69]
note [70]
recall [65]
room [61]
tube [106]

 * * **DATES** * *

August [1]

13:24

February 1, 1997 [1]

8:21

July [4]

13:16, 24; 82:24; 83:22

July, 1996 [2]

9:19; 10:8

July of 1996 [1]

11:11

June [1]

13:2

June of 1996 [1]

12:18

June of 1997 [1]

12:18

May of 1996 [1]

13:11

September [1]

46:9

September 13th [1]

14:15

September 14, 1996 [5]

14:15; 15:15; 22:15, 25; 23:4

September 14th [3]

38:21; 39:10; 40:6

September of 1996 [3]

13:24; 37:1; 46:10

* * 0 *

0 [3]

67:11, 20, 22

00009 [2]

24:20; 99:19

001 [1]

67:21

0040 [2]

68:25; 71:22

005 [1]

76:6

0052 [2]

67:23; 68:3

006 [1]

77:7

01 [1]

67:17

0104 [1]

72:23

* * 1 *

1 [1]

8:21

10 [17]

16:23, 24; 25:13; 30:18; 31:17, 19;

33:18; 34:1, 10, 19, 20; 35:18; 51:5;

60:25; 103:10, 12

100 [3]

20:18; 68:23; 73:2

11311 [1]

8:13

12 [2]

15:13; 66:3

1240 [1]

97:5

12:00 [1]

19:9

12:15 [1]

30:14

12:25 [1]

31:20

12:40 [12]

19:11; 20:1, 16; 27:25; 31:22; 32:2;

36:13, 14; 37:14; 38:3; 45:13; 51:17

12:52 [9]

36:13, 14; 37:12; 38:3; 45:13; 49:25;

102:22, 24

12:54 [4]

37:12, 14; 49:25; 51:18

13th [1]

14:15

14 [5]

14:15; 15:15; 22:15, 25; 23:4

14th [4]

38:21; 39:10; 40:6; 77:10

15 [4]

19:8; 40:1, 12; 51:5

16 [1]

41:5

1679 [1]

97:5

1988 [2]

9:8, 10

1989 [1]

11:21

1991 [2]

11:21; 12:4

1996 [16]

9:19, 23; 10:8; 11:11; 12:2, 4, 18; 13:11,

24; 14:15; 15:15; 22:15, 25; 23:4; 37:1;

46:10

1997 [5]

8:21; 9:23; 12:19, 21; 13:12

1998 [1]

9:11

1:30 [1]

29:20

* * 2 * *

2 [1]

61:19

20 [1]

40:12

25 [1]

20:23

* * 3 *

3 [1]

72:9

3.0 [8]

32:13, 14, 17; 33:15, 17; 72:2, 5, 12

3.5 [6]

71:23; 72:1, 5, 7, 12, 13

30 [3]

40:1; 43:3; 96:9

* * 4 * *

4 [2]

18:23; 30:2

44104 [1]

8:13

4:00 [1]

66:2

* * 5 * *

5 [1]

55:24

50 [3]

14:2; 67:24; 95:3

50's [2]

68:4; 94:12

54 [1]

34:25

55 [1]

34:25

* * 6 * *

60's [1]

95:15

* * 8 * *

89 [1]

11:22

8:00 [5]

65:21, 22; 66:1, 3, 4

* * 9 * *

9 [2]

69:13

9-14 [1]

63:5

90 [6]
68:6, 24; 69:11; 70:13; 94:10; 95:2
90's [3]
68:4, 24; 69:20
91 [3]
11:22; 68:24; 69:11
94 [1]
69:12
96 [1]
82:24
97 [2]
82:24, 25
98 [1]
73:1
98/76 [1]
73:1
99 [5]
69:13, 17, 19; 70:13; 94:11

*** * A * ***

A s [1]
55:24
able [2]
15:15; 94:8
absolutely [1]
85:13
accept [3]
15:1; 28:16; 85:6
acceptable [1]
52:3
accepted [5]
13:4, 8, 9, 11, 18
accessory [2]
22:3, 9
accidentally [1]
87:14
According [3]
29:17, 20; 35:5
according [3]
19:7; 27:23; 58:25
account [1]
21:10
accurate [6]
9:4; 55:3; 74:4, 6; 75:3, 5
accurately [1]
61:2
achieved [1]
73:15
acidosis [1]
86:15
ACLS [8]
9:16; 10:14; 1:23; 43:23; 44:15, 17;
83:7; 86:4
acquainted [1]
43:23
acquited [1]
106:1
actual [2]
80:24; 95:19
acuity [1]
21:13
addition [1]
23:14
Additionally [1]
8:2
address [1]
8:12
addressed [2]
29:8, 16
addressing [1]

54:22
Adequate [1]
44:8
adequate [3]
44:9; 73:14; 84:4
adequately [1]
46:20
adjusted [1]
104:1
administered [1]
100:21
administering [1]
106:19
administrative [1]
28:9
admission [4]
10:10; 11:7; 20:23; 22:21
admitted [1]
19:8
adopted [1]
85:11
adult [1]
58:4
adults [1]
107:13
advance [1]
13:21
Advanced [2]
81:25; 84:24
advanced [2]
24:25; 99:16
advised [1]
54:2
advising [1]
18:4
affirmatively [1]
37:19
age [1]
40:17
agitated [3]
79:4, 14; 102:13
agitation [1]
79:13
agree [23]
19:1, 9, 12, 25; 27:23; 52:16, 21, 25;
53:1; 59:13; 63:20; 64:1; 68:25; 71:25;
72:18; 76:9; 86:17, 21, 23, 24; 88:1;
92:2; 93:25
agreed [1]
92:21
aid [1]
27:8
airway [21]
21:18, 19; 22:7, 13; 40:11; 41:7, 10, 17,
19; 42:2, 9, 16, 18; 43:1; 73:15, 22;
78:11; 80:1; 92:9; 95:8; 98:15
alert [3]
39:22, 24; 52:23
alerted [2]
94:13
allow [1]
82:19
allowed [1]
55:21
alone [1]
21:8
ambu [3]
45:20; 46:11, 19
ambulance [2]
31:8, 14
American [4]

81:8, 14, 24; 84:23
amount [1]
103:20
analysis [1]
66:19
anesthesia [2]
39:16, 17
anesthesiologist [5]
26:15, 16; 32:5, 12; 78:13
Anesthesiologists [1]
81:14
Anesthesiology [1]
81:8
anesthesiology [2]
81:17, 21
anesthetic [1]
81:7
Ann [1]
78:4
Anoxia [1]
87:9
answer [19]
6:7, 9; 15:1; 48:12; 49:10; 55:4, 13;
60:21; 61:5, 18; 65:8; 74:7; 75:1, 7;
85:22; 89:1; 91:2; 96:8, 10
answered [6]
32:1; 46:24; 60:13; 61:14; 91:1; 93:22
answers [1]
6:17
anybody's [1]
100:2
anymore [1]
109:11
anyway [1]
91:18
anywhere [1]
88:24
apart [1]
46:21
apparent [3]
28:9; 49:25; 98:14
apparently [3]
30:10; 63:1; 64:11
appearance [1]
54:3
appeared [2]
63:15; 64:9
appears [1]
43:10
applied [4]
12:13; 13:1; 85:14; 97:4
appropriate [2]
52:22; 69:6
appropriately [1]
69:8
approximate [1]
87:13
Approximately [3]
15:2; 31:18, 19
approximately [8]
14:25; 15:3; 19:11; 30:17; 34:20; 35:18;
41:4; 63:16
area [3]
24:4; 27:13; 67:3
areas [1]
41:21
aren't [1]
14:23
arrest [20]
27:19; 34:24; 40:5; 41:13; 50:15; 58:24;
59:6, 13; 60:19; 74:2, 3; 87:5; 95:19;

96:18; 97:5; 98:14; 102:6, 17; 104:3, 12
arrested [11]
 34:20; 35:18; 49:17; 50:17; 55:20;
 59:17; 60:2; 91:14, 21; 103:10, 12
arrival [7]
 25:13; 30:18; 31:17, 19; 32:4; 78:18, 20
arrived [3]
 15:14; 30:14; 31:13
ascertain [2]
 7:13; 48:7
ascertaining [1]
 45:2
aside [1]
 20:10
asking [27]
 6:5; 19:23; 31:9, 10; 41:23; 45:16, 18;
 46:1, 2; 47:2, 14; 49:3; 55:12; 62:5;
 65:4; 71:7; 73:10; 81:18; 84:11; 87:15,
 78; 92:6; 94:19; 97:13; 99:6; 104:15
aspiration [1]
 58:9
asserting [1]
 56:5
assessment [3]
 40:8; 44:25; 78:20
assist [1]
 27:8
Association [1]
 84:24
Association's [1]
 81:24
asystole [1]
 103:3
Atropine [1]
 41:4
attack [3]
 30:10; 92:2; 93:10
attempt [7]
 6:16; 28:17, 19; 61:5; 98:16; 99:14, 15
attempted [1]
 25:3
attempting [2]
 25:5; 99:13
attendance [1]
 27:15
attended [2]
 31:6, 13
attending [5]
 18:9; 39:9; 76:22; 77:1; 81:11
attention [2]
 41:16; 43:1
attorney [1]
 18:10
August [1]
 13:24
Auscultation [1]
 97:6
auscultation [1]
 97:4
authoritative [1]
 85:24
available [8]
 15:16; 27:7; 44:14; 52:18; 59:24;
 104:16; 105:5, 12
availed [1]
 86:9
aware [6]
 10:17; 38:3; 42:14; 45:24; 77:14; 86:3
awry [1]
 68:15

* * B * *

Babies [2]
 17:8; 101:7
backwards [1]
 9:21
bag [7]
 45:17, 19, 20; 46:6, 8, 11, 14
bagged [4]
 45:12, 14; 73:1, 3
bags [2]
 45:24; 46:20
barking [1]
 93:2
Based [9]
 19:25; 31r21; 34:25; 60:9; 72:6; 75:8;
 80:3; 98:25; 105:17
based [20]
 19:24; 34:23; 36:25; 40:8; 43:22; 49:23;
 54:11; 57:1, 8; 63:5; 64:11; 73:13, 14,
 18; 76:3; 79:16; 87:15, 19; 105:9, 10
baseline [1]
 85:24
basic [3]
 81:6; 83:15; 85:19
basis [1]
 53:25
bat [1]
 89:16
Bates [2]
 24:20; 67:11
baton [2]
 108:6, 8
becomes [1]
 49:25
Bedford [21]
 10:10, 19; 14:3, 16; 15:7, 11, 16, 24;
 16:8; 18:20; 19:8; 22:21; 24:24; 26:13;
 29:19; 48:22; 86:3, 10; 101:11; 104:21;
 105:22
begins [1]
 69:1
beings [1]
 84:15
belief [1]
 28:10
believe [12]
 11:9; 22:6; 26:23; 30:24; 44:2; 46:8;
 53:13; 71:5; 89:8; 90:14, 22; 98:7
believed [1]
 82:4
benefit [1]
 18:19
Berlin [2]
 12:7, 8
bilateral [3]
 76:18; 90:20; 93:12
bilaterally [2]
 64:9; 90:3
bit [a]
 15:4; 40:23; 55:22; 80:25; 88:9; 102:22,
 23; 104:1
blah [3]
 69:2
Boarded [1]
 9:14
body [2]
 6:17; 92:23
book [1]
 85:16
booklet [1]

83:7
Boulevard [1]
 8:13
BP [1]
 73:1
bradycardia [2]
 51:19; 103:7
bradycardic [7]
 37:11; 48:2; 50:14; 67:24; 94:12; 103:4,
 6
break [3]
 6:20; 46:21; 54:15
breath [8]
 22:6; 44:6; 48:15, 16; 76:18; 90:20;
 93:12; 97:16
breathe [1]
 22:9
breathing [2]
 22:4; 88:12
Breeze [1]
 7:15
brief [3]
 27:20; 28:2; 80:21
Briefly [1]
 16:21
briefly [4]
 9:2; 16:22; 67:5; 91:16
bucking [1]
 108:19
bumped [1]
 17:19
business [1]
 8:12
busy [2]
 41:20; 42:6

* * C *

call [19]
 14:4, 14; 15:18; 19:21; 23:1; 28:20;
 29:22; 37:14; 47:21, 24; 63:10; 66:25;
 69:16, 19; 71:21; 77:1, 2, 17, 18
calling [4]
 28:17; 36:13; 55:23; 76:21
calls [2]
 28:15; 29:11
calm [1]
 109:4
candidly [1]
 11:17
capable [2]
 36:22; 51:7
capacity [1]
 18:8
Cardiac [2]
 81:25; 84:24
cardiac [18]
 13:10; 26:24; 27:3; 28:21; 38:21, 24;
 40:5; 50:20; 51:2; 59:18, 19, 20, 21;
 62:2; 87:5; 92:10; 98:11; 102:17
care [9]
 18:11; 21:19; 84:25; 85:7, 17; 87:12;
 89:18; 101:7, 11
carefully [2]
 61:4; 92:7
Case [1]
 9:25
case [6]
 7:3; 20:10; 51:14; 81:4; 92:15; 108:9
caused [1]
 90:7

CCF [3]
28:11, 15, 25
Center [4]
86:3, 11; 104:22; 105:22
center [1]
19:4
central [2]
83:23; 84:18
certainty [1]
68:23
certification [10]
9:16; 10:14; 12:2; 82:5, 8, 13, 19; 83:18;
84:15, 22
certifications [1]
11:24
cetera [3]
28:25; 39:18; 100:19
chance [1]
8:23
changed [1]
32:10
characterize [1]
78:19
characterizing [1]
79:5
charge [2]
40:21; 76:23
chart [23]
31:4; 33:20; 36:9; 37:6, 7; 38:11; 51:13;
61:5; 63:24; 67:13; 72:13, 14; 73:3;
75:10; 76:4; 77:3; 80:11; 88:23; 89:3;
90:15; 92:7; 93:13; 100:15
charting [2]
56:24; 57:6
charts [1]
90:17
chemical [1]
70:24
Chest [2]
41:1; 48:21
chest [20]
27:4; 45:8; 48:24; 49:13; 50:19; 51:8;
52:17, 18, 22; 53:3, 4; 54:23; 62:1, 11,
13; 64:14, 15; 70:3; 97:11; 104:6
child [23]
21:4, 12, 16; 22:16, 22; 27:18; 28:16;
29:7; 32:8; 39:5; 40:10; 46:5; 48:22;
50:1; 58:3, 4; 59:13; 73:3; 78:22; 102:3;
103:13; 108:10, 18
child's [5]
51:7; 54:7; 94:18; 101:15; 104:3
Children [1]
17:8
Childrens [1]
101:8
choices [1]
16:16
circumstance [1]
106:3
circumstances [1]
20:14
clarify [1]
23:3
clear [10]
7:17; 8:22; 18:7; 20:8, 18; 27:22; 34:17;
36:10; 45:16; 104:10
Cleveland [3]
8:13; 14:10; 91:17
Clinic [3]
29:22; 91:17
Clinical [1]

9:24
clinical [10]
21:11, 24; 31:14; 36:1, 23; 43:4; 49:23;
73:22; 83:12; 85:14
clock [1]
36:7
CO2 [26]
38:20, 23; 39:4, 5, 9, 11, 15, 19, 22;
44:14; 58:23, 25; 59:4, 5, 9, 12; 60:6,
10, 19; 61:10, 11, 17; 73:18; 76:16;
96:17; 104:11
Code [1]
41:4
code [8]
28:2; 29:2, 11; 33:4; 91:9; 98:5; 102:24,
25
color [6]
39:13; 44:11; 89:14; 96:18, 19, 23
comfortable [1]
6:10
coming [4]
7:1; 74:23; 88:21; 97:22
communication [1]
53:7
Community [5]
10:19; 14:4; 15:17, 25; 24:24
complete [1]
31:4
completed [4]
9:8; 12:11, 12; 61:22
completely [2]
61:22; 106:17
compound [1]
31:12
compressions [2]
41:1, 22
conceivable [2]
69:23; 104:8
concern [9]
36:1; 41:18; 55:8; 58:7; 73:17, 22;
88:15; 97:8; 108:18
concerns [2]
73:14; 87:25
concluded [2]
40:16; 109:16
conclusion [3]
63:14; 64:1; 66:7
conclusive [1]
73:21
condition [5]
51:7; 54:7; 55:8; 78:18; 81:12
conducted [1]
62:14
confer [1]
6:11
Confirm [1]
52:6
confirm [14]
51:25; 52:3, 5, 18, 22; 53:3, 5, 9; 56:24;
85:5, 8; 87:25; 88:5; 90:24
confirmation [4]
85:2; 86:1, 7; 92:21
confirming [3]
43:24; 90:16, 20
confirms [1]
57:7
confused [2]
43:10; 49:18
conjunction [2]
33:19; 83:17
Connie [1]

57:4
conscious [2]
79:2, 3
consecutive [1]
90:18
consider [6]
84:22; 85:23; 92:8, 11, 22, 25
considerable [1]
29:13
considered [3]
71:10; 92:14; 98:22
constellation [1]
21:24
contained [1]
28:23
contemporaneous [3]
64:6; 65:2; 66:11
continual [1]
108:17
continue [1]
88:12
continued [2]
9:11; 32:18
continuing [1]
12:14
continuous [1]
78:10
continuously [4]
27:18; 28:1; 78:8; 88:13
contract [4]
10:21; 11:2, 6
conversation [3]
38:12; 91:23, 25
conversations [1]
18:4
Cooperative [1]
11:16
copy [1]
11:5
cords [2]
44:21; 93:18
correctly [2]
50:5; 68:11
cough [4]
38:1; 93:2, 7
coughed [2]
55:3; 93:6
coughing [2]
38:2; 108:19
counsel [2]
7:3; 65:11
couple [9]
23:13; 39:12, 21; 47:4; 60:25; 68:6, 16;
69:25; 95:20
course [10]
20:4; 71:12; 82:20, 23; 83:2, 9; 84:21;
85:4; 89:17; 92:6
court [1]
6:15
cover [1]
18:22
covered [4]
40:19; 97:15, 20; 99:12
CPR [2]
102:24; 103:2
Crandall [1]
11:7
crash [1]
94:9
crico [1]
43:8

critical [4]
78:19; 87:24; 101:6, 10
criticism [1]
105:21
criticisms [2]
105:19; 106:9
criticizing [1]
62:19
CROSS-EXAMINATION [3]
6:23; 102:1; 105:1
Croup [1]
54:10
croup [3]
30:11; 92:2; 93:10
current [1]
8:11
curriculum [1]
8:4
CV [3]
8:22; 9:3, 10
CXR [1]
61:21
cyanosis [1]
74:19

* * D * *

da [2]
34:12
day [8]
14:11; 40:17; 63:1; 83:3, 4, 5, 22
days [4]
83:3, 5, 13; 109:13
deal [3]
15:17; 54:4; 55:22
dealing [2]
33:14; 66:21
death [1]
101:15
decide [3]
52:10, 13; 73:19
decision [13]
20:24; 21:1, 7, 11; 25:11; 27:12; 32:3;
50:7, 8, 9, 12; 73:12; 107:3
define [2]
16:22; 33:20
defining [2]
22:5, 6
Definitely [1]
62:9
deflation [1]
93:14
delay [2]
51:9, 24
delegated [1]
107:3
deliver [1]
11:5
demonstrate [1]
84:14
denominated [1]
18:24
department [2]
18:25; 30:22
Depends [1]
52:5
depends [2]
85:10; 87:21
Deposition [1]
109:16
deposition [3]

16:19; 60:24; 105:10
describe [2]
21:21; 83:1
describing [3]
62:22; 79:9, 11
description [2]
21:25; 54:5
detail [3]
36:21; 41:11; 57:18
detailed [1]
77:4
details [2]
75:13; 108:14
detector [5]
39:22; 44:15; 59:1, 4, 6
detectors [5]
39:4, 5, 9, 11, 19
deteriorate [1]
34:11
deteriorated [2]
47:4; 68:7
deteriorating [2]
35:25; 36:3
determination [3]
22:12; 106:25; 107:16
determine [3]
44:9; 68:3; 106:23
determined [2]
14:12; 73:17
develop [2]
58:7; 89:15
development [1]
77:13
diagnosis [1]
54:6
dictate [2]
34:14; 65:15
dictated [12]
17:5; 38:16; 62:25; 63:1, 5, 8, 11; 64:4;
65:2; 72:4; 77:10; 89:23
dictation [2]
31:3; 34:14
didactic [2]
83:11
died [4]
17:14, 15, 21; 18:3
differential [2]
54:6; 92:19
differentials [1]
90:5
difficult [3]
26:20; 92:4; 106:3
digit [2]
94:21, 22
dilodged [1]
34:12
direct [1]
75:6
directing [2]
41:20; 42:13
disagree [4]
71:25; 75:11, 18; 93:25
discharge [20]
22:21; 23:2; 26:23; 28:5; 55:25; 56:4;
61:19; 63:8, 11; 65:10, 13; 66:5, 10, 11;
80:9; 89:9, 20; 93:10; 96:16
discussed [1]
79:8
discusses [3]
28:8; 64:20; 77:25
Discussion [1]

7:25
dislodged [12]
38:7; 55:6; 68:16, 21; 70:11; 79:18;
80:18; 88:14; 93:25; 94:5, 14; 104:7
disposable [1]
39:18
dispute [12]
35:6, 8, 11; 57:2, 11, 12; 67:7; 75:2, 9,
23, 24; 76:3
disputing [1]
57:9
distinction [2]
64:4, 25
distress [9]
21:15, 16, 22; 22:1; 30:15; 79:6, 7, 8;
102:10
diuretic [1]
100:25
diuretics [1]
100:21
Doctor [19]
8:3, 11; 18:15; 22:18; 40:3; 43:22; 49:2;
50:19; 54:21; 58:15; 59:11; 60:23;
66:14; 78:3; 79:16; 80:24; 96:14;
106:21; 108:24
doctor [3]
10:18; 14:1; 65:7
doctor's [1]
88:3
doctors [2]
16:13, 14
document [8]
7:20; 19:4, 7; 34:23; 61:8; 63:4; 90:15,
23
documentation [2]
90:19; 94:9
documented [3]
49:24; 89:19; 97:12
documents [12]
7:5, 14; 24:6; 27:24; 29:17; 31:21;
34:25; 40:9; 55:24; 63:25; 67:12, 13
doesn't [5]
60:15; 62:19; 80:18; 88:13; 97:17
Donna [2]
24:16; 96:13
door [1]
29:14
Douglas [5]
56:16; 73:8; 77:13; 100:1; 104:20
dozen [1]
23:13
Dr [33]
17:11; 18:4; 27:15; 33:2, 8, 11; 37:18;
38:11; 41:12, 15; 42:2; 47:6; 48:6;
49:22; 50:7; 54:2, 12; 73:8; 76:6, 10, 15;
77:4, 13; 81:20; 94:14; 98:8, 19, 22;
99:5; 100:7; 101:13, 22; 104:20
drastically [1]
87:21
draw [1]
63:14
drawing [2]
63:19; 64:3
drew [1]
66:7
driving [1]
15:20
drop [1]
69:25
drug [1]
71:11

drugs [1]

71:10

dummy [1]

84:10

duration [1]

15:7

duty [3]

25:20, 22; 106:22

*** * E * *****early** [1]

108:18

easier [1]

62:7

edema [5]

89:10; 90:1; 92:3; 97:22; 100:25

education [2]

9:8; 12:14

effect [2]

11:6; 22:8

eight [3]

15:12; 65:21; 66:1

EKG [3]

36:19, 23; 37:2

elapsed [1]

55:18

elective [2]

23:20, 22

electively [1]

23:13

eliminate [2]

54:11; 80:22

eliminating [1]

79:7

else's [1]

56:18

Emergency [4]

10:6, 21, 23, 24

emergency [38]

8:18; 9:14; 10:18; 11:12; 12:5, 6; 13:25; 14:17; 15:17, 25; 16:9, 10; 18:25; 21:3; 22:16; 23:1; 24:1; 25:16, 18, 19, 22; 26:17; 27:6; 30:22; 31:7; 43:22; 55:23; 67:14; 73:8; 77:13; 95:22; 98:9, 23; 102:4; 105:14, 23; 106:21

emergent [1]

107:6

emotional [1]

79:10

employed [3]

10:2; 11:12; 12:5

employer [3]

10:5, 15; 11:1

employment [1]

11:3

empty [1]

25:18

EMS [1]

30:14

end [5]

29:2; 39:15; 73:21; 99:17; 104:11

ended [1]

13:2

endo [1]

93:24

Endotracheal [1]

34:11

endotracheal [18]

27:9; 63:20; 69:7; 70:11; 73:15; 77:14; 85:1, 6, 25; 86:14, 19; 87:14; 92:4; 94:2;

97:22; 102:11; 104:6; 107:19

entity [1]

11:12

Epi [1]

41:1

epiglottitis [3]

54:10, 11; 92:19

equipment [10]

15:16; 16:2; 27:7, 10; 38:20, 23; 39:3, 16; 59:17; 105:4

error [1]

7:3

errors [1]

30:6

escapes [1]

106:17

esophagus [16]

38:4; 52:7, 11, 24; 64:11, 13; 66:8; 69:9, 22; 86:18, 25; 87:1, 15, 20, 24; 88:1

Essentially [1]

27:21

essentially [2]

32:18; 55:25

establish [1]

62:6

ET [1]

58:24

et [3]

28:25; 39:18; 100:19

evaluation [1]

92:9

evening [1]

65:23

event [4]

14:14; 77:5; 80:25; 94:1

events [3]

22:19; 49:21; 105:5

Eventually [1]

35:18

eventually [2]

32:15; 34:19

evidence [1]

100:15

exact [1]

75:15

Exactly [1]

47:11

exactly [9]

36:10; 38:22; 47:16; 48:3; 85:10; 97:10; 98:12; 106:6, 7

Except [2]

86:2; 108:8

except [1]

45:1

exception [1]

28:1

exclusive [2]

22:22; 23:10

exclusively [1]

14:3

exhaustively [1]

74:25

Exhibit [11]

7:4; 8:4, 6; 18:21, 24; 24:6, 19; 28:8; 30:2; 67:4, 10

exhibit [1]

24:18

Exhibits [1]

7:7

existed [1]

89:18

existence [1]

92:22

expansively [1]

15:5

experience [6]

39:8; 66:20, 22; 79:17, 18; 97:1

Explain [1]

52:9

explain [2]

24:14; 46:4

explanation [1]

90:4

exposure [1]

66:20

extent [1]

15:14

extra [2]

29:10; 61:1

Extremely [1]

79:4

extubated [1]

55:2

*** * F * *****facilitate** [1]

26:9

facility [1]

16:2

fact [17]

21:16; 22:2, 12; 23:10; 39:23; 48:24; 49:12; 51:25; 52:23; 57:2; 60:10; 62:6; 64:9; 73:24; 85:7, 9; 94:14

factors [4]

21:10, 11; 49:23; 73:22

faculty [1]

9:23

fades [1]

40:17

Fair [3]

40:2; 43:20; 75:20

fair [1]

78:19

Fairly [1]

14:21

fairly [5]

14:20; 51:13, 16; 93:9, 11

fall [1]

47:1

false [2]

53:4; 75:16

familiar [3]

11:18; 81:6, 24

familiarize [1]

15:15

familiarized [1]

81:12

fashion [1]

89:19

faster [2]

20:17, 19

fault [1]

52:14

February [1]

8:21

feel [1]

6:10

Fellow [1]

13:9

Fellows [1]

13:20

Fellowship [2]

13:1, 4

felt [6]

38:6; 41:12; 42:16; 81:3; 84:3; 93:11

file [1]

36:19

filing [1]

17:10

fill [2]

30:21; 58:3

filled [1]

30:24

Film [1]

77:12

film [11]62:3, 13, 16, 20; 63:11, 15, 17; 64:6, 8;
66:7, 23**final [1]**

61:21

find [4]

51:12; 63:10; 80:10; 90:19

Fine [2]

50:13; 66:5

fine [2]

97:1; 106:8

finish [1]

40:15

First [2]

16:22; 56:8

first [39]9:20; 10:7; 12:2; 15:24; 18:23; 19:19;
27:15; 30:20; 32:15, 16; 39:6; 47:9, 13;
49:1, 3, 12; 51:11, 19, 22; 55:7; 56:5;
57:21; 58:20; 60:11, 17; 61:9, 12; 64:16;
65:13; 67:10; 68:11, 14; 79:19; 86:25;
88:17; 99:24; 102:12, 15; 108:13**five [7]**

14:19, 20, 25; 15:2, 4; 30:9; 72:11

Flight [11]22:22; 24:7; 25:3, 5; 29:12, 19, 23; 60:2;
75:25; 76:1; 99:13**floppy [1]**

79:21

fluid [1]

97:22

follow [3]

45:15; 65:25; 73:1

follow-up [1]

105:3

followed [1]

107:17

following [5]

20:8; 35:12; 43:5; 49:21; 51:15

force [1]

90:6

foreign [1]

92:23

forever [1]

109:13

form [4]

9:3; 18:25; 74:1; 75:15

forms [1]

23:15

forth [4]

81:7; 100:12; 108:15, 20

found [2]

25:2; 99:13

frame [1]

65:14

frequently [1]

26:14

front [5]

18:19; 34:23; 83:24; 84:3; 86:6

full [2]

83:3, 5

un [1]

56:14

unction [1]

45:25

undamentally [1]

63:19

uzzy [1]

57:21

* * G * *

gather [4]

19:3; 21:6; 37:17; 55:13

gave [1]

54:12

Give [2]

103:10, 12

give [3]

25:13; 78:4; 85:18

Given [1]

15:3

given [17]14:11; 15:14; 16:17; 20:9; 66:19; 69:1;
70:20; 71:2, 14, 18; 72:11; 82:20; 85:21;
91:18; 100:25; 106:12; 108:12**giving [2]**

102:19; 109:3

goes [6]

50:14; 76:13; 87:24; 94:10; 95:4; 103:2

gotten [3]

74:7; 91:6, 15

gradually [5]

95:4, 5, 6, 9, 11

graduate [3]

9:12, 22; 12:18

reat [5]

6:15; 41:11; 54:4; 84:11; 90:6

ROEDEL [14]60:12; 61:15; 67:20; 68:12; 69:16; 88:6;
96:1, 7, 12; 99:4, 8; 101:21; 102:2;
104:18**roedel [2]**

94:11; 101:22

Groedel's [1]

105:3

grounds [1]

36:1

group [8]11:17; 12:6; 16:9, 10, 13, 15; 29:24;
55:24**guess [4]**

12:22; 16:12; 47:17; 86:5

guideline [1]

85:19

guidelines [5]

81:25; 84:23; 85:9, 13; 86:4

gurgling [2]

88:16, 19

guy's [1]

18:19

guys [1]

109:10

* * H * *

half [3]

65:17; 82:9; 105:9

hand [3]

42:18; 107:24; 108:3

handed [3]

8:3; 9:3; 83:7

andheld [1]

39:18

snds [1]

108:1

andwriting [1]

65:5

andwriting [6]

25:9; 30:3; 31:4; 38:18; 41:7; 63:25

andwritten [9]17:4; 30:2; 37:16; 38:13; 64:23, 24;
65:6; 80:9; 89:21**appens [2]**

51:17; 65:12

ard [1]

82:25

aven't [4]

7:20; 43:12; 44:17; 94:8

CO3 [1]

41:2

le's [1]

38:15

e's [3]

42:17; 77:24; 99:7

lead [3]

42:15; 100:9; 108:20

lear [3]

68:11; 88:16; 93:2

leard [1]

68:9

iearing [1]

88:19

leart [2]

81:24; 84:23

elp [1]

68:3

elpful [2]

53:24; 55:15

emothoraces [1]

90:3

high [3]

100:23; 101:2, 3

history [2]

91:4; 93:4

hit [1]

12:21

holding [1]

42:17

honest [1]

106:15

honestly [1]

80:21

hope [1]

7:2

Hopefully [1]

108:9

hopefully [1]

8:9

Horowitz [1]

16:18

Hospital [16]8:17; 10:10, 19; 11:16; 12:7; 14:4, 8, 16;
15:7, 17, 25; 18:20; 19:8; 24:24; 82:21;
101:11**hospital [8]**17:18; 21:18; 62:8; 65:15; 66:12; 82:10;
84:9; 107:4**hospital's [1]**

16:2

Hospitals [3]

14:10; 17:23; 43:11

hospitals [1]

14:7

hour [4]

65:18; 66:1, 3; 72:2

hours [4]

6:2; 13:25; 15:10; 105:9

house [5]

16:8; 26:12, 13, 15; 76:10

human [1]

84:14

Hypoxia [1]

86:15

hypoxia [1]

87:7

* * J *

I've [3]

46:19; 59:16; 92:7

idea [3]

46:15; 87:11, 19

identification [2]

7:8; 8:6

imagine [1]

47:16

immediate [1]

54:23

Immediately [1]

35:12

immediately [5]

31:6; 43:4; 50:15; 53:17; 98:17

implied [3]

42:6; 53:2; 75:1

implies [1]

69:8

imply [1]

85:20

important [3]

28:14; 79:25; 80:2

improper [1]

86:13

improperly [2]

68:10, 20

inadvertently [2]

86:18; 87:20

inartful [1]

20:20

incidents [1]

108:17

incorrect [3]

49:5; 52:8, 9

independent [4]

20:10, 13; 22:19; 81:1

index [3]

100:23; 101:2, 3

indicate [4]

6:11; 49:7; 58:6; 66:6

indicated [6]

37:16; 42:2; 58:22; 60:23; 67:5; 68:25

indicates [6]

24:6; 71:22; 74:9; 76:11, 14; 77:14

Indicating [1]

37:19

indicating [2]

16:8; 49:20

indication [4]

51:12; 59:12; 67:23; 76:15

individual [1]

85:20

inflating [1]

45:17

inflation [1]

93:14

information [5]

20:15; 28:23; 74:16; 76:4; 83:15

Initial [2]

70:6; 97:18

initial [20]19:22; 20:15; 27:24; 31:20, 23; 32:23;
33:3; 35:23; 46:25; 49:22; 51:15; 56:22;
68:8, 15; 69:5, 10, 21; 72:3, 10; 80:9**Initially [1]**

34:10

initially [11]20:1; 32:12; 33:14; 34:13; 44:24; 68:20;
72:1, 7; 78:20; 102:8, 12**initiated [1]**

16:25

input [1]

78:14

insecure [1]

14:23

inserted [1]

33:17

inspiratory [1]

22:8

inspiring [1]

90:6

Instructor [1]

9:24

instructor [2]

83:25; 84:3

insurance [2]

28:24; 91:16

intelligently [1]

68:19

interacted [1]

16:13

interaction [1]

16:14

interfere [1]

55:9

interpret [1]

6:16

Interpretation [1]

62:13

interpreted [3]

62:16; 63:10; 106:13

interpreting [3]

36:22; 66:15, 23

intubate [9]20:24; 21:1, 7, 12; 22:22; 86:18; 107:1,
8, 16**intubated [22]**19:11; 20:1, 22; 22:16; 25:12; 26:12;
27:16, 24; 30:17; 31:16; 33:15; 44:24;
50:16; 69:2; 71:23, 25; 72:8; 87:20;
100:10; 102:8; 107:10, 13**intubating [4]**

86:24; 87:1, 14; 107:17

Intubation [1]

83:23

intubations [7]32:8; 39:6; 51:19; 60:11; 79:19; 90:18;
108:11**investigate [1]**

88:12

involved [4]

45:2, 4, 5; 104:5

Irefin [29]17:11; 18:4; 27:15; 33:2, 8, 11; 37:18;
38:6, 11; 41:12, 15; 42:2; 47:6; 48:6;
49:22; 50:7; 54:2, 12; 76:6, 10; 77:4;
81:20; 94:14; 98:8, 19, 22; 100:7;
101:13, 22**Irefin's [2]**

76:15; 99:5

isolated [1]

108:16

issue [4]

28:9; 54:22; 66:21; 106:17

issues [3]

29:8; 80:20; 81:3

* * J *

Jeff [1]

83:10

Jennifer [48]10:9; 12:9; 17:8, 13, 22; 18:5, 11; 19:7;
20:14; 21:21; 23:10, 25; 25:12; 26:2;
27:16; 28:10; 29:19; 37:23; 39:9; 40:5;
43:21; 44:24; 45:12; 48:1; 51:17; 55:2;
56:5, 21; 59:17; 65:15; 66:16; 67:23;
78:7, 9; 80:14; 81:12; 82:9; 87:12; 91:9,
12, 21, 24; 92:8; 95:22; 105:15, 23;
107:1; 109:3**Jennifer's [5]**

11:7; 22:21; 54:3; 78:18; 88:17

job [2]

105:13; 106:8

judgment [2]

85:21; 88:4

July [7]9:19; 10:8; 11:11; 13:16, 24; 82:24;
83:22**June [3]**

12:18; 13:2

* * K *

Kevin [1]

104:21

kinds [4]

39:12, 13; 45:23, 24

Knowing [1]

87:23

knowing [1]

87:23

knowledge [1]

29:5

KOLIS [26]6:14, 24; 7:12, 17; 8:2; 19:16, 21; 24:12,
19; 38:17; 47:10; 53:22; 54:16, 20; 65:4,
6; 67:18, 21; 69:18; 96:2, 9; 99:6;
101:19; 109:2, 8, 12

* * L *

language [2]

6:17; 68:18

lapse [2]

12:17; 13:15

larger [3]

27:13; 32:13, 14

largest [2]

33:16, 17

laryngoscope [1]

44:22

laryngospasm [2]

90:7, 8

larynx [1]

54:3
last [7]
 40:16, 18; 46:9; 56:8; 61:20; 105:3, 9
lasted [1]
 41:4
lawsuit [2]
 16:25; 17:11
LCS [1]
 11:23
lead [5]
 86:25; 87:1, 5, 7
leads [2]
 87:3; 91:16
learn [1]
 17:13
learned [4]
 18:3; 80:13; 82:5; 85:4
leave [3]
 6:2; 27:19; 63:24
leaving [1]
 98:9
lecture [1]
 83:12
legible [1]
 30:3
length [1]
 83:1
Let's [10]
 9:2; 18:18; 30:1; 33:13; 40:15; 49:18;
 52:15; 55:22; 60:22; 63:3
let's [5]
 9:20; 62:5; 65:14; 67:12; 94:17
level [1]
 84:14
levels [1]
 33:25
lies [1]
 30:20
Life [13]
 22:22; 24:7; 25:3, 5; 29:12, 18, 22; 60:2;
 75:25; 76:1; 81:25; 84:24; 99:13
life [2]
 24:25; 99:16
liked [1]
 93:21
Likewise [1]
 6:14
limit [1]
 52:19
limited [1]
 86:2
line [5]
 30:12; 83:23; 84:18; 99:24, 25
lines [1]
 58:15
list [1]
 44:2
listed [1]
 93:12
listened [1]
 48:16
listening [1]
 48:15
literature [2]
 81:2
long-term [1]
 23:23
looks [3]
 34:4; 37:13; 63:5
lose [2]
 65:12; 74:19

lost [10]
 41:8, 10, 16, 19; 42:3, 9, 17, 18; 43:1;
 98:15
lot [7]
 18:16; 29:7, 10, 15; 37:10; 79:23; 90:19
Lou [1]
 16:18
love [1]
 101:4
lucky [1]
 51:4
Luke's [5]
 8:15, 16; 82:20, 21; 83:6
lungs [5]
 62:17; 64:9; 70:25; 71:1; 95:7

* * M * *

M.D. [1]
 100:5
Mack [20]
 12:9; 17:8, 13, 22; 19:7; 39:9; 40:5;
 66:16; 78:7; 80:14; 81:12; 87:12; 91:5,
 4, 11, 20, 24; 105:15, 23; 107:1
Mack's [1]
 109
mail [1]
 82:16
maintain [1]
 79:25
Male [1]
 26:4
malposition [3]
 77:15, 22, 25
malpositioned [3]
 50:4; 53:12, 14
manipulation [2]
 79:22; 104:5
manufacturers [1]
 45:23
Marc [2]
 96:11; 101:22
mark [1]
 8:3
marked [4]
 7:4, 8; 8:6; 18:18
mask [1]
 69:24
material [1]
 83:2
maximum [1]
 15:12
May [1]
 13:11
mean [13]
 12:15; 24:16; 31:16; 46:7; 52:5; 62:19;
 85:3, 4; 89:6; 93:13; 94:3; 98:11
Meaning [1]
 13:17
meaningful [1]
 93:8
means [3]
 24:14; 69:7; 93:15
meant [5]
 33:21; 46:14; 77:24; 85:16, 19
measures [1]
 41:21
Medical [6]
 10:6, 23; 86:3, 10; 104:21; 105:22
medical [15]
 9:5, 7; 16:9, 10, 20; 17:1, 3; 18:11;

20:11; 73:21; 78:6; 79:17; 80:19; 81:2,
 11
medically [3]
 37:1; 58:6; 62:22
medication [2]
 41:21; 100:13
Medicine [1]
 9:24
medicine [3]
 9:14; 12:6; 87:19
meet [1]
 108:7
Memorial [3]
 12:7; 14:8, 9
memorize [1]
 8:23
memory [7]
 20:3; 40:17; 57:1, 9; 59: 78:17; 105:11
mention [1]
 61:9
mentioned [3]
 48:14; 51:23; 91:16
method [1]
 90:16
methods [2]
 43:24; 44:4
metric [4]
 39:13; 96:18, 19, 23
Michigan [1]
 13:10
midnight [4]
 19:9; 30:13; 35:1; 65:21
mind [4]
 6:3; 54:6, 14, 16
mine [2]
 78:12; 83:8
minimal [1]
 85:24
minimum [1]
 85:8
minus [2]
 60:25; 103:20
minutes [32]
 16:23, 24; 19:8; 20:23; 25:13; 29:13;
 30:18; 31:17, 19; 32:4; 33:18; 34:1, 10,
 19, 20; 35:1, 18; 40:12; 41:5; 47:4, 11;
 51:5; 61:1; 68:6, 16; 69:25; 74:21;
 95:20; 103:10, 12, 19
misinterpret [1]
 75:3
MISS [26]
 6:14, 24; 7:12, 17; 8:2; 19:16, 21; 24:12,
 19; 38:17; 47:10; 53:22; 54:16, 20; 65:4,
 6; 67:18, 21; 69:18; 96:2, 9; 99:6;
 101:19; 109:2, 8, 12
missing [1]
 34:13
mistaken [1]
 72:4
models [1]
 84:16
moment [3]
 28:2; 36:17; 79:8
monitor [19]
 58:24; 59:9, 12, 22, 24; 60:3, 6, 10, 17,
 19; 61:10, 11; 76:16; 78:8, 9; 88:13;
 96:17; 97:2; 104:12
monitored [1]
 94:18
monitoring [3]
 38:20, 23; 81:7

monitors [2] 39:15; 61:17 month [1] 72:15 months [4] 10:9; 39:21; 77:6; 82:9 morning [1] 29:21 mother [1] 91:4 move [3] 27:12; 67:3; 71:1 moved [4] 26:18, 21, 24; 32:6 moving [5] 102:13; 108:8, 10, 14, 18 Mrs [5] 91:5, 8, 11, 20, 24 multiple [2] 90:18; 106:7 muscle [1] 70:24 muscles [4] 22:3, 9; 71:1; 109:6 myself [1] 62:15	43:4; 46:25; 94:25 nurse [11] 26:1, 4, 12, 15; 28:18; 49:6; 70:12; 72:21; 94:1; 107:3, 8 nurse's [2] 56:24; 57:6 nurses [18] 17:6; 25:22; 29:20; 35:5; 36:10; 48:23; 67:13; 70:10; 74:9, 23; 75:10; 85:18; 97:12; 101:11; 102:21; 105:22; 106:14, 16 nursing [6] 35:2, 7; 67:13; 73:3; 80:7; 93:24 * * O *	onset [1] 21:13 operating [1] 92:8 opinion [6] 36:25; 69:10; 79:16; 101:6, 10; 106:1 opportunity [3] 49:15, 16; 86:9 opposed [1] 92:10 option [1] 88:3 Oral [1] 84:7 oral [3] 6:18; 73:15; 84:9 orchestrated [1] 106:6 order [3] 24:21; 71:4, 6 ordered [7] 48:21, 25; 49:2, 8, 12; 71:8; 100:12 ordering [3] 71:9; 100:13; 106:18 ordinarily [3] 13:20; 45:10; 78:14 orientation [3] 16:1, 4, 17 original [1] 56:10 originally [3] 53:12, 13; 92:17 ox [9] 34:10; 67:24; 94:9, 12, 18, 19, 22; 95:13 oximeter [1] 95:2 oximetry [4] 44:12; 45:6; 48:14; 73:18 oxygenated [1] 87:4 oxygenation [4] 33:23, 25; 44:8, 10
* * N * * name [2] 99:22; 104:21 names [1] 100:2 narrative [1] 19:3 nature [1] 41:22 neck [1] 23:15 needs [3] 14:12; 21:19; 85:14 neighborhood [2] 10:12; 40:12 night [10] 25:16, 20, 23, 24; 26:13; 31:1, 15; 62:8; 63:16; 65:19 nobody [1] 101:5 noisy [1] 22:6 nonrebreathing [2] 45:18; 46:14 NORCHI [6] 19:14, 17; 24:17; 104:20; 105:2; 108:23 Norchi [1] 104:21 notation [3] 25:2; 80:10; 88:23 noted [1] 66:9 notes [32] 17:6; 20:11; 26:22; 29:20; 33:24; 36:10; 40:23; 48:23; 57:2, 9; 59:22; 61:1; 67:6; 70:10; 72:2, 4; 73:2, 11; 74:24; 75:2, 12, 22; 76:18; 78:4, 16; 80:3, 7, 8; 97:12, 15; 106:14, 16 noticed [2] 36:20; 42:9 number [5] 15:10; 16:13; 46:19; 94:13; 104:9 numbers [3]	o'clock [2] 65:22; 84:12 O2 [1] 73:2 oath [1] 6:7 object [2] 31:11; 32:1 objecting [1] 99:9 Objection [8] 48:9; 60:12; 61:13; 68:12; 71:3; 73:25; 88:6; 99:4 objection [1] 61:16 obligation [1] 107:7 observation [1] 40:9 observed [1] 48:6 Observing [1] 93:13 obstructive [3] 89:10; 90:1; 100:24 obtain [1] 82:19 obtained [1] 77:12 occur [3] 29:2; 34:24; 36:15 occurred [8] 14:14; 20:22; 27:24; 51:15; 56:25; 57:7, 10; 104:3 occurrence [1] 86:22 occurring [2] 26:10; 95:10 offer [2] 101:6, 10 officer [2] 16:8; 76:10 Okay [7] 6:21; 15:2; 18:17; 21:14; 26:6; 50:3; 67:9 okay [1] 18:16 old [2] 30:9; 72:11 olds [1] 72:15 ones [1] 23:22 ongoing [1] 97:8	* * P * * p.m. [3] 65:22; 66:1, 2 package [1] 29:13 packet [7] 18:18, 19; 63:4; 67:4, 10; 99:16, 19 packets [1] 7:1 Page [1] 61:19 page [19] 18:19, 23; 24:20; 26:17; 28:8; 30:2; 31:4; 55:24; 56:8; 58:20; 67:10, 11, 18; 76:6; 77:7, 8; 99:18, 19 pages [3] 18:21, 22; 75:21 pain [1] 27:4 paper [2] 7:19; 65:12 paracardial [2] 100:16, 18 paragraph [7] 28:7, 11, 24; 29:2; 58:21; 61:20; 71:21 paralysis [1] 70:24

paralyze [1]
70:25
Paralyzes [1]
71:1
Paramedics [1]
85:18
paramedics [1]
91:7
paraphrase [1]
57:5
parathyroid [1]
23:15
parents [1]
29:9
part [10]
7:3; 10:17; 39:16; 40:14, 16; 53:1;
83:18; 84:15; 100:11, 24
participants [1]
99:21
participate [1]
100:7
participated [1]
50:11
participates [1]
78:13
parts [1]
75:12
pass [1]
32:14
passed [3]
17:17; 18:5; 72:3
passing [2]
93:18; 108:6
Patient [8]
30:9, 14, 17; 33:18; 34:18; 35:13; 40:20;
72:23
patient [36]
17:21; 26:18; 33:14, 21; 34:9; 35:19, 23;
36:6, 11; 37:11, 15; 40:10; 42:8; 44:11;
56:9; 69:2; 70:20; 71:22; 73:12; 74:10,
11, 13, 18; 76:24; 78:12; 79:23; 84:8;
90:2; 100:10, 12; 102:17; 103:2; 107:8,
16, 18
patient's [5]
35:25; 61:21; 79:25; 90:15; 107:10
Patients [1]
23:23
patients [2]
25:16; 27:5
Pavulon [9]
70:20, 23; 71:2, 4, 7, 14; 106:12, 16, 17
pediatric [1]
13:9
people [4]
60:2; 85:16; 99:22; 100:3
people's [1]
66:19
percent [3]
20:18; 68:23; 73:2
percentage [3]
87:13, 18, 19
perfectly [2]
20:8; 106:15
perform [10]
24:7; 33:11; 42:25; 45:25; 51:2; 83:19,
21; 95:21; 98:23; 103:8
performance [1]
106:6
performed [8]
23:3; 32:7, 11; 50:22; 62:1; 83:24; 84:3;
108:13

performing [3]
62:10; 84:13; 99:10
period [12]
27:21; 29:6; 33:25; 34:15, 16; 38:6;
40:10; 50:17; 57:15; 83:22; 95:18; 103:7
permit [1]
107:8
person [5]
28:14; 58:4; 69:14; 74:15
person's [1]
88:11
personally [1]
39:8
phase [1]
59:23
phone [2]
28:15; 29:11
phrase [3]
61:7, 20; 93:3
phrasing [1]
12:23
physical [2]
27:13; 79:22
physically [1]
42:17
Physician [1]
16:10
physician [16]
8:18; 10:3; 11:13; 12:5; 16:1, 9; 18:9;
21:3; 25:19; 26:13, 14, 16; 33:8; 49:6;
76:23; 105:14
physician's [2]
106:22; 107:6
physicians [3]
16:5, 7; 85:20
pick [1]
13:20
picked [1]
47:3
piece [1]
7:19
pieces [1]
65:12
pinkish [1]
89:14
pinky [1]
94:19
place [8]
39:23; 58:25; 61:9; 66:5; 80:11; 86:6;
94:2, 4
placed [8]
32:17; 55:7; 68:10, 20; 69:8; 70:2; 72:8;
102:12
placement [33]
27:8; 43:25; 45:3; 52:1, 4, 5, 19, 22;
53:3, 10; 54:24; 55:10; 58:15; 66:15, 24;
68:8; 69:5, 10; 76:11; 83:23; 84:19;
85:1, 2, 6, 8; 86:1, 7, 13; 87:25; 88:5,
10; 90:16, 24
Plaintiffs [2]
7:7; 8:6
please [3]
33:20; 57:3; 95:12
Plenty [1]
67:2
plus [2]
60:25; 103:20
pneumonia [2]
58:8, 9
point [33]
9:4; 18:10; 22:11; 35:9, 22; 36:6; 37:11,

18; 38:6; 42:15, 23; 47:5; 48:16, 21;
49:7, 24; 50:13; 54:1; 55:20; 63:6;
68:14; 70:20; 71:2; 73:17, 20; 75:8;
77:17; 78:4; 80:16; 97:4; 98:20; 104:11;
108:14
points [1]
35:10
poor [2]
21:19; 33:23
poorly [6]
33:18, 22; 34:1, 9, 19; 38:5
portable [10]
27:11; 50:19, 22; 52:17, 18, 21; 53:18;
62:1, 10; 104:6
portion [1]
19:3
position [12]
8:16, 20; 13:11; 36:2; 41:12; 48:8;
52:13; 53:5, 10, 18; 63:20; 66:25
positioned [2]
37:3
positions [1]
9:23
positive [2]
69:12; 96:5
possibility [1]
16:11
post [3]
9:12, 22; 12:17
potentially [1]
102:11
practical [1]
53:25
practice [1]
90:15
precise [1]
36:17
preliminaries [1]
8:8
preparation [1]
16:19
Presence [1]
44:6
present [5]
22:2; 62:7; 80:20; 81:3; 106:10
presentation [1]
31:7
presenting [1]
54:7
preset [1]
15:8
Presumably [1]
101:16
presumably [1]
101:17
presume [1]
79:20
presumed [1]
6:8
pretty [5]
15:21; 30:3; 37:15; 66:11; 92:7
prevented [1]
105:13
previous [1]
60:16
previously [4]
7:2; 39:14; 48:14; 105:10
Primarily [1]
27:10
printed [3]
18:24; 85:5, 11

Prior [6]
11:11; 22:15, 25; 32:7; 81:11; 102:6

prior [13]
6:25; 21:20; 23:4, 9; 39:21; 58:21;
59:13; 60:21; 66:16; 74:23; 80:13;
104:3, 12

problem [6]
28:9; 53:8; 95:7, 8; 108:18, 22

procedure [4]
23:4, 9; 24:1; 26:20

procedures [4]
15:18; 83:19, 21; 84:14

proceeding [1]
6:7

process [1]
20:25

product [1]
73:21

Professional [2]
10:22, 24

program [7]
13:5, 14; 82:6, 18; 83:2, 19; 84:24

programs [2]
13:1, 7

progressing [1]
65:7

promulgated [1]
81:13

pronounce [1]
43:6

proper [3]
45:3; 48:8; 84:25

properly [3]
37:3, 4; 55:7

protected [1]
78:11

protection [1]
40:11

protocol [4]
42:7; 44:16, 17; 86:4

protocols [1]
86:10

provide [1]
81:20

provided [3]
16:4; 46:6; 83:2

providers [1]
85:17

prudent [2]
53:17; 55:13

psychological [2]
79:9, 12

published [1]
84:23

pull [1]
89:5

pulmonary [4]
89:9; 90:1; 97:22; 100:24

pulse [19]
34:10; 44:11; 45:6; 48:14; 67:24; 72:24;
73:1, 18; 74:10, 11, 13; 94:9, 12, 18, 22;
95:2, 13

purpose [1]
109:3

pursuant [2]
9:10; 42:7

putting [2]
32:12; 74:16

* * Q * *

qualifications [1]
99:5

qualified [4]
98:23, 24; 99:2, 3

question [34]
6:4, 7, 9, 11; 7:19; 12:16; 15:4, 22;
20:20; 24:4, 23; 30:20; 36:5; 54:22;
59:17; 61:7; 63:23; 66:22; 69:15; 75:6;
77:12; 78:2; 81:10; 82:17; 86:6; 87:2;
89:6; 93:21; 94:17; 96:15, 16; 100:14;
101:4; 105:3

questions [15]
7:5; 8:10; 18:16; 28:6; 68:19; 73:10;
78:4, 6; 80:19; 84:11; 101:20, 23; 104:9,
22; 109:9

quick [2]
7:11; 52:21

quicker [2]
20:23; 74:7

quickly [7]
25:11; 31:16; 39:22, 24, 25; 42:25;
74:20

quotes [2]
30:10; 50:2

* * R * *

radiologist [4]
62:2, 7; 63:1; 77:11

radiologists [1]
77:18

radiology [2]
62:4; 106:10

Rainbow [4]
17:7; 91:18; 101:7, 18

range [1]
72:15

rare [1]
86:21

RBC [5]
22:22; 29:19; 90:10; 91:11, 24

Read [1]
34:6

read [12]
19:17; 24:17; 30:7, 8; 43:12; 56:3; 57:4;
74:23; 80:22; 89:5; 92:7; 109:11

Reading [1]
63:18

reading [4]
30:7; 35:2; 63:7; 77:19

readings [2]
96:18, 19

real [1]
7:11

reality [2]
90:21, 22

realize [1]
57:25

realized [1]
26:11

realm [1]
16:11

reask [1]
41:25

reason [8]
6:5; 35:6, 8; 42:16; 57:1; 95:6; 99:13;
100:24

reasonable [1]
40:8

receive [3]
23:8; 81:16; 82:12

received [3]
12:1; 39:21; 82:8

recently [2]
44:18, 19

Recess [1]
54:18

recollect [2]
72:2; 75:13

recollection [23]
20:10, 13, 21; 22:19; 23:24, 25; 36:16;
38:9; 42:4; 48:23; 49:4; 55:2; 60:10;
61:6, 11; 67:8; 68:2; 72:7; 80:3; 91:13;
94:7; 95:15, 19

record [37]
6:12; 7:23, 25; 11:2; 14:22; 17:8; 18:25;
19:12, 14, 25; 20:2, 6, 7; 21:6; 22:18,
20; 24:25; 30:23; 33:24; 40:9; 43:11;
49:6; 55:23; 59:5; 60:22; 62:6; 71:13;
72:6; 75:7; 78:16; 81:1; 82:4; 99:16;
101:5, 18; 104:10

recorded [6]
30:7; 49:6; 75:9, 23; 76:4; 94:1

records [16]
7:1; 16:20; 17:1, 3; 18:15, 20; 19:24;
29:18; 40:4; 48:23; 49:10; 63:6; 90:10,
12; 105:7, 10

RECROSS-EXAMINATION [1]
109:1

reduce [1]
16:16

reference [2]
26:23; 65:14

referring [4]
28:11; 39:11; 65:11; 77:25

refresh [4]
59:3; 61:6, 10; 68:2

regard [1]
80:20

regarding [6]
23:9; 28:9; 66:24; 69:5; 77:5; 81:3

reintubate [2]
50:8; 98:16

reintubated [19]
35:13, 19, 23; 36:3, 6, 12; 37:17; 38:7;
40:18; 50:13; 55:20; 70:18; 95:11, 12;
103:15, 18, 21, 23

reintubation [15]
47:22, 24; 48:1, 5, 7, 17; 53:15, 21;
60:18; 71:15, 19; 95:19; 98:1; 103:24,
25

relaryngoscope [1]
48:17

relates [1]
105:14

relation [2]
103:15, 16

relationship [1]
106:13

Relatively [1]
47:3

relatively [1]
50:17

relax [1]
109:5

relaxant [1]
70:24

relay [1]
108:6

rely [1]
58:1

relying [1]

81:20
remain [1]
 33:2
remember [37]
 11:1; 17:25; 23:7; 26:1, 4; 39:2; 57:13, 18, 20; 60:15, 16; 63:18; 78:22, 24; 79:1, 4, 14; 91:8; 92:7; 93:5, 6, 7; 94:20, 21; 95:14; 96:21, 23, 24, 25; 97:10, 14; 98:9, 12; 104:15, 16; 106:12, 18
removed [1]
 32:17
render [1]
 18:11
rendered [2]
 101:7, 11
repeat [1]
 53:18
report [3]
 17:5; 63:18, 24
reporter [1]
 6:16
reposition [5]
 41:14; 42:19, 20; 47:6; 50:8
repositioned [2]
 32:19; 33:8
repositioning [4]
 36:15; 47:22; 56:25; 104:2
repositions [1]
 32:24
represent [2]
 101:22; 104:21
request [2]
 10:15; 49:23
requested [2]
 105:4, 12
required [6]
 23:17, 23; 83:18; 97:25; 98:2; 105:13
requirement [2]
 10:18; 85:25
requires [1]
 90:23
residency [3]
 12:10; 13:2
resident [1]
 23:14
residents [1]
 17:18
respect [1]
 34:7
respiratory [12]
 21:15, 22; 22:1; 30:15; 79:8, 11; 85:18; 86:15; 97:9; 106:9; 107:22; 108:4
responded [1]
 45:7
response [2]
 6:15; 20:9
responsibility [2]
 78:8, 12
responsive [1]
 6:9
restrained [1]
 102:3
restraints [1]
 102:7
restriction [1]
 100:16
restrictions [1]
 22:3
result [1]
 73:21
results [1]

103:14
resuscitate [1]
 42:8
resuscitated [1]
 40:20
resuscitation [7]
 40:21; 42:13; 59:19, 20; 60:20; 100:8, 13
resuscitative [2]
 41:21; 59:23
return [1]
 88:11
review [9]
 16:20; 17:3; 19:12; 22:18; 75:8; 86:10; 101:18; 105:7, 9
reviewed [7]
 17:7; 40:3; 44:17; 67:6; 76:7; 90:17; 100:15
reviewing [4]
 16:25; 61:1, 8; 77:3
Right [4]
 13:19; 38:19; 53:11; 94:24
right [27]
 6:20; 10:24; 11:8; 27:1, 2; 28:3; 35:16; 38:11; 41:1, 5; 50:15; 55:18; 63:2; 66:13; 69:24; 70:12; 72:18; 74:24; 76:11; 82:25; 89:10, 16; 91:5; 94:23; 97:18; 99:23; 109:5
rigidity [1]
 79:23
rigorous [1]
 84:2
rise [1]
 45:8
risks [1]
 86:13
roll [1]
 29:14
Room [1]
 27:4
rotation [1]
 39:18
rough [1]
 91:15
Roughly [4]
 10:11; 11:21; 14:2; 15:12
roughly [2]
 34:25; 103:17
Rural [1]
 11:16

* * S *

Saint [5]
 8:15, 16; 82:20, 21; 83:6
sat [1]
 95:16
sats [4]
 68:3, 24; 69:11, 20
saturation [2]
 46:25; 88:11
saturation [2]
 34:14; 35:25
saying [5]
 55:17; 57:16, 17; 65:3; 103:22
scenario [2]
 31:14; 78:7
school [1]
 9:7
se [1]
 81:15

search [2]
 81:2
second [31]
 19:13; 28:8; 47:9, 13, 20, 21; 49:13, 14; 50:16; 54:1, 24; 55:9, 13, 19; 57:8, 14, 20, 22, 23; 61:12; 70:4; 71:15, 19; 79:19; 88:17; 95:10; 98:1; 99:24, 25; 103:23
seconds [3]
 40:1; 43:3; 96:9
secretion [1]
 89:14
secretions [1]
 88:20
section [3]
 75:21, 22; 80:8
secure [2]
 80:14; 108:2
secured [5]
 21:20; 80:4, 6, 11; 107:18
self [2]
 45:17; 55:2
self-extubate [1]
 37:23
self-extubating [1]
 37:25
self-inflating [2]
 46:6, 8
Send [1]
 109:11
send [1]
 91:18
sense [3]
 31:8; 71:18; 100:9
sentence [5]
 34:7; 56:8; 58:21; 82:1; 94:10
separate [2]
 60:20; 64:5
September [13]
 13:24; 14:15; 15:15; 22:15, 25; 23:4; 37:1; 38:21; 39:10; 40:6; 46:9, 10
sequela [1]
 90:8
sequence [4]
 45:11; 49:21; 75:15; 106:7
series [2]
 83:13; 90:18
serious [1]
 78:21
serve [2]
 10:18; 15:25
Services [4]
 10:6, 22, 23, 25
services [2]
 12:5; 81:21
setting [2]
 106:21; 107:6
seven [1]
 109:13
severe [5]
 21:15, 21; 22:1; 30:14
severity [1]
 51:7
Shaker [1]
 8:13
sheet [2]
 30:22; 102:24
Shelby [2]
 14:9
shift [6]
 15:6, 11, 13; 65:25; 66:1, 3

shorthand [1]
 43:18
sides [1]
 61:23
signature [3]
 56:14; 100:5; 109:16
signed [1]
 56:13
significance [1]
 36:23
significant [2]
 33:7; 103:20
significantly [2]
 103:3, 6
silly [1]
 73:10
sit [1]
 25:15
situation [a]
 55:15; 78:15; 85:11, 15, 21; 87:22;
 97:23; 106:4
situations [2]
 46:20; 107:15
six [4]
 14:24; 18:21; 72:15; 84:12
size [2]
 32:11, 15
sized [1]
 32:21
skill [1]
 84:14
skills [2]
 23:18; 84:4
skip [1]
 78:2
skipping [1]
 24:3
smaller [2]
 72:8, 12
Society [2]
 81:8, 14
Somebody [2]
 56:18; 103:25
somebody [1]
 29:13
someone [2]
 29:23; 51:6
somewhere [3]
 26:22; 37:15; 72:15
sorry [11]
 35:16; 48:12; 52:14; 64:24; 82:17; 84:1,
 8, 11; 96:2; 99:19; 103:11
sound [4]
 27:1; 63:2; 88:16, 19
Sounds [1]
 63:22
sounds [8]
 27:2; 44:6; 48:15, 16; 76:18; 90:21;
 93:12; 97:16
Space [1]
 27:14
space [2]
 13:15; 27:10
speak [1]
 68:18
speaking [1]
 7:13
speaks [1]
 71:13
specific [8]
 15:23; 20:3; 59:5; 70:8; 75:11; 81:9;

94:7; 96:16
specifically [30]
 14:18; 15:13; 25:24; 29:16; 33:5; 38:25;
 45:11; 49:10; 51:23; 57:15, 18; 59:16;
 68:5; 71:17; 75:14; 78:24; 79:14; 92:13,
 16; 93:5, 21; 95:14; 102:9, 16, 20;
 104:15, 17; 105:6, 12, 21
specifies [1]
 72:13
specify [1]
 6:6
speculation [2]
 68:17; 79:20
spell [1]
 97:7
spent [5]
 15:8; 16:25; 33:6; 60:25; 80:25
stabilized [1]
 29:7
staff [3]
 8:18; 107:4
staffing [1]
 14:12
stage [1]
 103:13
stamp [6]
 56:14, 15, 16, 18, 19
stamped [3]
 24:20; 67:11, 17
Standard [2]
 44:4; 83:7
standard [9]
 21:19; 43:24; 52:3, 17; 72:14; 84:25;
 85:7; 90:14, 23
standards [4]
 81:6, 13; 82:4; 85:3
standing [2]
 51:4, 6
stands [1]
 60:21
start [5]
 10:7; 18:18; 47:1; 95:16; 103:2
started [3]
 30:1; 102:24; 103:5
starting [1]
 65:11
starts [1]
 103:3
stat [1]
 51:3
State [1]
 57:3
state [8]
 11:2; 14:22; 21:6; 49:5; 79:9, 10, 11, 12
stated [2]
 50:5; 82:3
statement [4]
 53:2; 74:5, 6; 75:14
stating [2]
 55:3; 61:1
status [1]
 97:9
stay [2]
 27:18; 28:1
stayed [1]
 27:21
stepped [2]
 45:1; 98:10
stethoscope [1]
 97:11
Steve [3]

6:11; 46:24; 64:24
stop [1]
 18:12
stopped [1]
 33:13
stopwatch [1]
 32:4
straight [1]
 78:6
stridor [5]
 21:16; 22:2, 5; 30:15; 93:6
strips [4]
 36:19, 23; 37:2, 5
strong [4]
 72:24; 74:10, 11, 13
studies [1]
 87:16
studying [1]
 87:19
Stupid [1]
 101:4
submitted [1]
 7:2
Subsequent [1]
 12:4
subsequent [2]
 17:10; 77:5
subspecialty [2]
 66:19; 81:16
successfully [1]
 102:12
Succinylcholine [2]
 108:12; 109:4
suctioning [4]
 88:23; 89:4; 97:25; 98:2
Suffice [1]
 64:19
sufficient [1]
 102:10
suggest [1]
 58:14
suggestion [1]
 89:8
suggestive [1]
 89:25
sum [3]
 16:24; 60:25; 72:6
summary [14]
 28:5; 56:1, 4; 59:11, 14; 61:20; 63:8, 12;
 66:5, 10; 80:10; 89:9, 20; 96:17
Summer [1]
 12:1
Support [2]
 81:25; 84:24
support [3]
 24:25; 79:24; 99:16
suppose [2]
 35:11; 78:1
supposed [1]
 80:16
surgeon [1]
 8:19
surgery [7]
 8:19; 12:11, 14; 13:10; 23:14, 15, 16
surgical [2]
 23:14; 98:25
surrounding [1]
 20:14
suspect [1]
 46:18
suspicion [3]

100:23; 101:2, 3
suspicious [1]
 88:10
symptoms [3]
 21:13, 25; 92:24

* * T * *

T-1 [2]
 63:16, 21
table [1]
 42:15
takes [2]
 29:12; 103:18
talk [3]
 25:8; 40:23; 78:22
talked [1]
 17:11
talking [10]
 29:8; 34:7; 38:17; 45:23; 47:8; 51:11,
 18; 78:24, 25; 91:8
talks [1]
 60:18
tamponade [1]
 100:18
tape [4]
 80:4, 11, 14, 15
taught [1]
 83:8
team [3]
 24:7; 29:12; 40:21
tech [2]
 51:21; 62:10
technician [4]
 50:25; 51:2; 62:4; 106:10
telling [4]
 20:21; 38:9; 68:22; 73:20
terminology [3]
 46:16, 17; 97:21
terms [12]
 18:24; 20:8; 36:7; 39:4; 43:4; 46:22;
 47:11; 67:7; 79:12; 88:10; 104:11
testified [2]
 55:1; 98:16
testifying [1]
 86:5
testimony [5]
 27:25; 56:24; 57:7; 60:16; 72:21
testing [1]
 84:2
textbook [1]
 83:15
Thank [2]
 30:4; 108:24
Thanks [1]
 104:19
therapist [2]
 106:9; 107:22
therapist's [1]
 108:4
therapists [1]
 85:18
thereafter [2]
 65:17; 68:7
Therein [1]
 30:20
thereof [1]
 20:25
thin [2]
 79:21
thinking [5]

31:22; 54:21; 89:13; 90:5; 99:7
third [3]
 43:2; 67:11, 18
thoracic [4]
 8:19; 12:11, 14; 93:14
three [1]
 25:25
throat [4]
 32:6; 55:9; 88:17; 92:23
thyroid [1]
 23:14
tidal [2]
 39:15; 104:11
times [8]
 14:16, 25; 15:4; 17:25; 20:4; 23:6;
 97:10; 106:8
tip [1]
 63:15
tired [1]
 11:24
today's [1]
 16:19
total [3]
 16:24; 60:25; 72:6
Trach [1]
 25:2
trach [19]
 22:23; 25:6; 32:7, 11, 20, 25; 33:11;
 42:25; 43:5; 73:8, 12, 19; 74:11, 12;
 76:1; 98:17, 23; 99:14
trachea [13]
 43:25; 52:7, 11, 13, 23; 53:4, 6, 10, 19;
 58:25; 66:16, 25; 70:1
trached [2]
 74:4, 18
tracheostomies [2]
 23:13, 21
Tracheostomy [1]
 43:7
tracheostomy [14]
 23:1; 24:8; 29:7, 9; 42:24; 43:8, 9, 15,
 16; 74:14; 91:14; 95:22; 99:11; 103:9
track [1]
 108:6
training [14]
 9:5, 12, 23; 12:18, 22; 23:8, 11; 39:20;
 43:22; 66:14, 17, 20; 81:16; 98:25
transactions [1]
 29:1
transcribed [2]
 62:25; 63:2
transcription [1]
 56:11
transcriptionist [1]
 34:4
transfer [2]
 21:18; 59:18
transferred [3]
 21:17; 28:10; 91:9
transport [1]
 21:20
transporting [1]
 92:8
treated [1]
 102:4
treating [1]
 66:16
treatment [6]
 18:11; 20:14; 58:21; 59:5, 11, 24
trial [1]
 101:6

true [1]
 75:16
Trumbull [1]
 14:8
tubes [2]
 44:21; 85:1
turning [1]
 108:20
type [2]
 34:5; 97:1
typed [6]
 55:22; 61:19; 65:3, 13; 66:10; 89:20
typewriting [1]
 58:23
typical [1]
 39:15
typically [1]
 27:4

* U * *

UCLA [1]
 9:7
UH [3]
 18:1, 8, 12
Uh-hum [1]
 44:5
Um-hum [10]
 26:25; 35:17; 47:12, 15; 48:19; 58:10;
 59:2; 61:25; 70:14, 19
unaware [1]
 41:16
unconfuse [1]
 49:18
underdeveloped [1]
 62:20
undergo [4]
 11:23; 32:8; 82:18; 85:19
undergone [1]
 74:2
understand [6]
 6:4, 5; 12:15; 15:19; 48:12; 85:22
Understood [1]
 6:13
understood [2]
 6:8, 15
undertook [1]
 86:11
underventilated [2]
 40:7, 13
undetected [1]
 87:24
unheard [1]
 86:22
University [5]
 13:10; 14:9; 17:20, 22; 43:11
unlikely [3]
 51:5; 93:1; 104:8
unquestionably [1]
 75:16
unrelated [1]
 80:24
unstable [2]
 21:18; 22:12
upper [2]
 22:7; 92:9
usual [2]
 72:11; 85:17

* V *

vary [3]

15:12; 20:15; 87:21

vascular [1]

8:19

ventilate [1]

79:23

ventilated [3]

46:13; 69:24; 87:3

ventilating [1]

100:11

ventilation [3]

23:23; 45:7; 46:6

verbally [1]

78:25

Versed [1]

69:1

versus [1]

65:3

via [1]

73:15

viewed [2]

64:6, 8

viewing [1]

62:3

Vis-a-vis [1]

58:9

visualize [1]

93:18

vitae [1]

8:4

vitals [1]

73:18

vocal [1]

93:18

vomit [4]

56:9, 21; 57:16, 21

vomited [1]

56:5

vomiting [8]

56:25; 57:7, 10, 13, 14, 23, 25; 58:22

vomits [1]

58:4

*** * W * ***

Wait [2]

19:13; 70:4

waive [1]

109:12

waived [1]

109:16

walking [1]

17:20

wanted [3]

34:17; 41:13; 42:19

wants [2]

20:5; 78:5

warranted [1]

21:25

Warren [1]

14:9

watch [1]

89:17

watching [2]

45:6; 94:25

We'll [3]

11:1; 61:18; 69:16

we'll [1]

89:5

We're [4]

12:21; 35:10; 67:3; 73:10

we're [7]

8:3; 9:11; 27:22; 28:5; 38:12; 51:18;

72:20

We've [4]

62:10; 81:23; 97:15; 99:12

we've [4]

47:24; 58:22; 70:5; 105:8

week [2]

13:25; 17:15

weren't [1]

42:8

whited [4]

61:23; 62:17; 64:10; 90:2

wiggling [1]

102:14

Wilson [1]

83:10

Wisconsin [2]

11:16; 12:8

withdraw [1]

77:22

WITNESS [4]

6:13, 21; 26:8; 96:5

won't [1]

57:4

word [4]

33:16; 43:6; 78:10; 88:7

words [4]

41:15; 64:5; 82:1; 83:12

work [8]

8:14; 11:15, 20; 14:11; 15:11; 46:20;

65:19; 86:11

Worked [1]

39:17

worked [7]

11:22; 14:8, 16, 24; 15:3; 39:13, 14

working [6]

10:7, 23; 13:25; 14:3, 7; 26:1

Wouldn't [1]

53:17

wouldn't [7]

43:11; 55:8, 12; 89:14, 21; 94:15; 101:1

write [3]

38:10; 77:4; 80:8

writing [2]

29:1; 70:12

written [11]

19:4; 28:13; 40:15; 63:23; 64:4; 65:3;

71:12; 73:11; 76:10

wrong [1]

39:23

wrote [3]

31:15; 74:15; 96:16

*** * X ***

X-ray [1]

50:25

x-ray [42]

17:5; 48:21, 24; 49:8, 13; 50:19, 23;

51:1, 8, 14, 22, 25; 52:10, 12, 17, 18, 22;

53:4, 18; 54:23; 55:13, 21; 62:1, 11;

63:15, 18; 64:1, 12, 14, 15; 66:23; 70:3;

77:7; 100:18; 103:14, 17, 19, 21, 22;

104:6; 106:13

x-rays [1]

53:3

*** * Y ***

yardstick [3]

15:19, 21; 66:18

Yeah [2]

28:22; 50:21

yeah [3]

42:4; 63:19; 101:2

year [8]

11:19; 12:22, 25; 13:17, 20; 30:9; 72:11

year's [1]

13:15

you'll [1]

7:20

You've [3]

59:21; 67:5; 107:10

you've [9]

7:13; 9:2, 11; 16:24; 20:9; 33:20; 40:3;

46:23; 107:15

yourself [12]

15:16; 19:5; 21:7, 8; 48:4, 5; 59:21;

81:13; 86:9; 93:17; 94:13; 99:3

You've [1]

107:13