

State of Ohio,)
County of Cuyahoga.) SS:

IN THE COURT OF COMMON PLEAS

JAHMYLL MCDOWELL, a)
minor, by and through)
his natural mother,)
KATRINA HAYDEN, and)
KATRINA HAYDEN,) Case No. 476118
Individually,)
Plaintiff,)
vs.)
UNIVERSITY HOSPITALS)
OF CLEVELAND, et al.,)
Defendants.)

THE DEPOSITION OF ELIZABETH HAIT, M.D.
TUESDAY, FEBRUARY 4, 2003

The deposition of ELIZABETH HAIT, M.D., called by the Defendants for examination pursuant to the Ohio Rules of Civil Procedure, taken before me, the undersigned, Tracy E. Nist, a Registered Professional Reporter and Notary Public within and for the State of Ohio, taken at Rainbow Babies & Children's Hospital, 11100 Euclid Avenue, Cleveland, Ohio, commencing at 9:04 a.m., the day and date above set forth.

APPEARANCES:

On behalf of the Plaintiff:

Lawrence F. Peskin, Esq.
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On behalf of the Defendants:

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ELIZABETH HAIT, M.D.

of lawful age, called by the Plaintiff for examination pursuant to the Ohio Rules of Civil Procedure, having been first duly sworn, as hereinafter certified, was examined and testified as follows:

EXAMINATION OF ELIZABETH HAIT, M.D.

BY MR. PESKIN:

Q State and spell your last name for the record.

A Hait, H-a-i-t.

Q Your first name is Elizabeth?

A Elizabeth.

Q Hait?

A Hait, yes.

Q Dr. Hait, my name is Larry Peskin. We met briefly before the deposition.

Have you ever had your deposition taken before?

A Never.

Q Well, it's not terribly complicated. There are just a few little rules we need to follow.

First of all, it's important that you understand the question I ask you. If for any reason my question is unclear or you don't understand my question, ask me to restate or

rephrase them. Okay?

A Okay.

Q It's also important if you verbalize your responses --

A Okay.

Q -- because Tracy has trouble with gestures and nods.

Also, we both have to try to avoid talking at the same time. So do your best to let me finish the question before you start an answer, and I'll do my best to let you finish your answer before I start my next question. Okay?

A Okay.

Q I don't expect we'll be very long, but if you need a break for any reason, that's fine. Just let me know and we'll stop for a bit. Okay?

A Okay.

Q What's your current address?

A It is 30 Severance Circle, Apartment 205. That's Cleveland Heights.

Q I'd like to just briefly go over your educational background.

Where did you go to undergraduate school?

A McGill University in Montreal, Quebec.

Q When did you graduate?

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1 A I graduated in 1994.
 2 Q Then did you start medical school right away ?
 3 A I did a master's at Touro College in Dix Hills,
 4 New York.
 5 Q In what?
 6 A Interdisciplinary biomedical sciences.
 7 Q Would that be an MS then ?
 8 A It's an MA, actually.
 9 Q After you finished your master's, did you start
 10 medical school right a way?
 11 A Yes.
 12 Q Where?
 13 A University of Toronto .
 14 Q When did you start there ?
 15 A My master's was one year so I started there in
 16 1995.
 17 Q And you graduated in ?
 18 A 1999.
 19 Q After you graduated , where did you go for your
 20 post-graduate education ?
 21 A I came straight here to Rainbow Babies and
 22 Children's Hospital to do my pediatric
 23 residency.
 24 Q You've completed that?
 25 A Yes.

1 Our first year we only spend one month, but with
 2 other outpatient clinics as well. So most of
 3 our experience is in our second year.
 4 Q Were you in your second year?
 5 A Yes.
 6 Q In February of 2001, you were in your second
 7 year?
 8 A Yes.
 9 Q So are the two months or so consecutive during
 10 your second year?
 11 A No.
 12 Q Are they a month at a time ?
 13 A Correct.
 14 Q So this was one of those two months?
 15 A Correct.
 16 Q Do you know if this was your first month ?
 17 A This was my second month .
 18 Q So your work would have been supervised, I take
 19 it, then in February of 2001 by some pediatric
 20 attending ?
 21 A Overnight there's no attending . It's just two
 22 junior -- two second-year residents.
 23 Q In your department, that's it?
 24 A There's an attending on-call at home .
 25 Q Okay.

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1 Q When did you complete your residency ?
 2 A Just June, June of 2002.
 3 Q What happened after your residency ?
 4 A Currently I'm staff here at the Department of
 5 Pediatrics and I'm off to Boston to do
 6 fellowship training .
 7 Q When are you leaving ?
 8 A I'm leaving in May .
 9 Q Explain to me exactly what your position is in
 10 Boston.
 11 A I'm going to Harvard to do pediatric
 12 gastroenterology , a three-year training program .
 13 Q So, as we sit here today, that's your intention ,
 14 to specialize in pediatric gastroenterology ?
 15 A Correct.
 16 Q So you'll be doing a fellowship at Harvard.
 17 How long will that be ?
 18 A Three years.
 19 Q I take it, in February of 2001, you were working
 20 in the emergency department here at Rainbow
 21 Babies and Children's Hospital?
 22 A Correct.
 23 Q How much time in your residency do you spend
 24 rotating through the ED ?
 25 A Our second year we spend two and a half months.

1 A As well as there's the pediatric intensive care
 2 staff and the adult ER has an attending .
 3 Q Is there any requirement that all patients that
 4 you see also be seen by some attending ?
 5 A No, there's no such requirement.
 6 Q Are you required to make phone contact with
 7 regard to each patient that you see ?
 8 A No. The attending reviews the chart in the
 9 morning.
 10 Q You're here because it's my belief and
 11 assumption from looking at the medical record
 12 that you were the emergency department physician
 13 who evaluated and treated Jahmyll McDowell on
 14 February 8, 2001.
 15 Is that correct?
 16 A Correct.
 17 Q Would there have been any other physicians that
 18 would have been involved in his care at this
 19 time?
 20 A Yes. There was a pediatric surgeon .
 21 Q Who was the pediatric surgeon ?
 22 A I do not know his name .
 23 Q Is that something you could ascertain from
 24 looking at the medical record ?
 25 A He did write a note . I don't have it on these

1 two sheets.

2 MS. MAIMBOURG: It's this note.

3 (Indicating.)

4 A I'm trying to read his signature. It appears to
5 be Dr. Tranz, T-r-a-n-z.

6 MS. MAIMBOURG: I think it's
7 Trang, T-r-a-n-g, T. Trang. He was a pediatric
8 surgery resident.

9 BY MR. PESKIN:

10 Q Can you explain to me how it was Dr. Trang got
11 involved in Jahmyll's care?

12 A Certainly. After I evaluated his foot, I was
13 concerned that there was potentially an
14 infection and the surgeons are the experts in
15 that sort of diagnosis and treatment so I called
16 for his opinion. He came down to the ER to
17 evaluate and that's how he was involved.

18 Q Do you have an independent recollection or, if
19 necessary, from the note, can you tell me what
20 it was that Dr. Trang did?

21 A He took a history, just as I did, just to make
22 sure that the information was the same. He
23 examined his foot and he suggested we do an
24 x-ray and some blood work and then decided to
25 admit him overnight, mostly for observation.

1 Q When you say, "Now was getting puffy," what did
2 she tell you about the history of the problems
3 with his foot?

4 A Oh, okay. She was describing that his leg
5 looked puffy to her before she left, but over
6 the course of -- you know, I'm not sure how long
7 -- but at home for whatever length of time
8 before she came to the emergency room, it seemed
9 to be getting worse so she was concerned and
10 brought him in.

11 Q So we're clear: When she told you she was
12 concerned that his foot or leg was puffy before
13 they left, did you understand that she meant
14 before they left University Hospitals?

15 A Yes.

16 Q Yes?

17 A That it looked before -- yeah, that's what I
18 assumed she meant.

19 Q Did she discuss with you her communications or
20 conversations with any people at University
21 Hospitals about Jahmyll's foot before the
22 discharge?

23 A No, not really. She just described to me that
24 it was a little puffy before he left and now it
25 was much worse and she was concerned about that

1 Q So is it fair then to say from your testimony
2 that it was Dr. Trang's decision to admit
3 Jahmyll as opposed to yours?

4 A Correct, correct.

5 Q Do you have an independent recollection of the
6 care that you provided to Jahmyll McDowell
7 without looking at the medical record?

8 A Yes.

9 Q You do remember him?

10 A Yes.

11 Q Why don't you start by telling me what you can
12 remember about your evaluation of Jahmyll
13 McDowell on February 8, 2001.

14 A Starting from?

15 Q Starting from when you first saw him.

16 A Okay. He first presented with a swollen,
17 discolored -- I believe it was his right foot --
18 one of his feet. Do you want details of the
19 history?

20 Q Yes.

21 Do you remember who was with him?

22 A Yes, his mom was with him. She described that
23 he had been discharged from the hospital where
24 he had received intravenous fluids, and she was
25 concerned because his leg now was getting puffy.

1 so she brought him in.

2 Q Do you recall her telling you about any
3 conversation she had about concerns with
4 Jahmyll's foot being puffy before the discharge?

5 A Can I look at my notes?

6 Q Sure.

7 A No, I don't recall her telling me -- you mean
8 specific conversations that she had raised
9 concerns that it was puffy before?

10 Q Right.

11 A No, I don't -- I specifically wanted to know,
12 what did it look like how many hours before it
13 and now, but I didn't really get into
14 conversations she had with staff.

15 Q So you don't have any recollection of her
16 talking about expressing concern to the nursing
17 staff or to any other residents or anything
18 before the discharge?

19 A No. She said, though, that it didn't look like
20 that when she was discharged, and that's what I
21 needed to know: how it had progressed, if this
22 was different or if it had changed, but I didn't
23 get into specific conversations.

24 Q It was clear to you from your conversation that
25 the foot was worse when you were looking at it

13

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1 than it was at the time of the discharge?
 2 A Yes.
 3 Q But that it had been puffy before they left the
 4 hospital. Is that a fair statement?
 5 A She said it was red before they left, it looked
 6 completely different when she was in the
 7 emergency room. That's, pretty much, what I'll
 8 say.
 9 Q What else can you recall about your conversation
 10 with Jahmyll's mother about the history of this
 11 problem?
 12 A Okay --
 13 MS. MAIMBOURG: And you can look
 14 at your notes.
 15 Q Yes. Look at your notes, anything that will
 16 help you recall.
 17 A The way you phrased it with "conversations" -- I
 18 was just getting a medical history from her.
 19 She just explained to me why he was admitted to
 20 the hospital: That he had a Rotavirus
 21 infection. That he had required IV hydration.
 22 That he was, I believe, in the hospital not for
 23 very long -- I don't remember how long she
 24 said -- and when they were discharged, that it
 25 looked red with one or two blisters on it and

1 of her own. We reviewed it in meetings and,
 2 obviously, the extent of that is privileged.
 3 BY MR. PESKIN:
 4 Q So it was months later that you saw that record?
 5 A Years.
 6 Q Months or years later?
 7 A Yes.
 8 Q So it wasn't something that would have come to
 9 the emergency room the next day or the day after
 10 that you looked at it?
 11 A No.
 12 Q So all the information you had about Jahmyll's
 13 admission, is it fair to say, came from his
 14 mother?
 15 A Correct.
 16 Q And that you included the important parts of
 17 that in your assessment?
 18 A Correct.
 19 Q Have you told me everything you now recall about
 20 your conversations with Jahmyll's mother about
 21 the history of Jahmyll's admission and her
 22 observations prior to his discharge?
 23 A Yes.
 24 Q Tell me what you did then after you obtained the
 25 history.

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1 over the course of the evening, it was getting
 2 progressively worse and she was concerned.
 3 Q Do you recall if you had an opportunity to look
 4 at any records from Jahmyll's admission when you
 5 were doing your evaluation?
 6 A Oh, no, I did not see any of his -- it takes a
 7 while to get medical records --
 8 Q Sure.
 9 A -- and I was concerned, you know, about my
 10 patients in the ER. I didn't really have time.
 11 I think they eventually did have the records,
 12 but by that time, he was already admitted.
 13 Q Did you get a chance to review the record at any
 14 time?
 15 A Yes.
 16 Q Tell me about that.
 17 When do you recall receiving the record
 18 from Jahmyll's earlier admission to the
 19 hospital?
 20 A When --
 21 MS. MAIMBOURG: Was it in
 22 connection with what I sent you?
 23 THE WITNESS: Yes.
 24 MS. MAIMBOURG: So she didn't
 25 see it at the time and she has never had a copy

1 A So I proceeded to examine his foot and that
 2 raised some concerns that it could potentially
 3 be infected. If it was infected, that would be
 4 serious. So right away I called for some help.
 5 I called first the plastic surgeon on-call, who
 6 was not -- he told me to call the in-house
 7 surgeon because that's, really, their domain and
 8 they're in-house. The surgeon arrived, I think,
 9 within ten minutes.
 10 Q That's Dr. Trang?
 11 A Yes, Dr. Trang.
 12 Q Do you know if it was Dr. Stallion who was the
 13 plastic surgeon on-call?
 14 A No. He was the pediatric attending.
 15 MS. MAIMBOURG: He isn't a
 16 plastic surgeon.
 17 Q Okay, excuse me.
 18 Do you know the name of the plastic
 19 surgeon you called?
 20 A No.
 21 Q Can you describe what his leg looked like?
 22 A Yes. His leg was markedly swollen compared to
 23 the other. It was discolored, dusky looking, a
 24 little darker than the other foot. There was
 25 blisters on the top of his foot -- and what

1 else? It was quite red and warm as well. There
2 was an area of discoloration surrounded by an
3 area of redness.

4 Q I'm looking at a document that has a number on
5 it. It says P621930 and that's the first page
6 of the emergency department record.

7 A Yes.

8 Q Is all of the handwriting on here yours?

9 A On the right-hand side.

10 Q On the right hand side?

11 A Yes. This is all nursing notes on the left-hand
12 side. (Indicating.)

13 Q So that description of the chief complaint would
14 have been from a nurse?

15 A Yes, triage nurse.

16 Q Are you able to read that?

17 A Yes.

18 Q Could you read it into the record?

19 A Okay. "Discharge from Rainbow at 8:00 tonight
20 for admission for Rotavirus." Oh. And, "Sugar
21 water IV in the foot. Blister on foot at
22 discharge now swollen and in creased in
23 blistering." That's the chief complaint.

24 Q Can you read the Observation section?

25 A "Left leg swollen from knee down, foot swollen,

1 contents of the IV?

2 A No.

3 Q So you were not aware that there was potassium
4 in the IV and that it was not just sugar water?

5 A I'm sure there was potassium in the IV. He
6 would have needed potassium in his IV, but I
7 don't -- I mean, I'm not sure. I don't see the
8 actual records, but that does not surprise me
9 that there was potassium in the IV.

10 Q Would the blistering that you observed be
11 something that would be consistent with an IV
12 infiltrate from an IV that contained potassium?

13 A The blisters would definitely be consistent with
14 an IV infiltrate. I'm not sure what the
15 potassium would or would not contribute to that.

16 Q If you can turn to the second page.

17 MS. MAIMBOURG: What do you
18 by, "The second page," her note?

19 Q Your notes. It's my second page. It's the
20 right-hand side, I guess, of the one page, at
21 the top it says 0045.

22 A Correct.

23 Q So now that would have been February 9?

24 A No.

25 Q Oh, 0025. I see, it didn't take long. It was

1 tense, discolored and covered with several
2 intact blisters of varying sizes. Cap re fill is
3 less than two seconds."

4 Q This investigation would have been available to
5 you when you did your initial assessment,
6 correct?

7 A Yes.

8 Q Did you obtain any other information about the
9 IV, other than the fact that it was sugar water,
10 during your conversation?

11 A No.

12 Q What conclusions, if any, did you draw about the
13 reason for Jahmyll's swollen and blistered foot?

14 A What conclusions did I draw?

15 Q (Nodding.)

16 A I had a differential diagnosis, but that's why
17 he was admitted, to find out exactly what
18 happened. So my differential was that it was an
19 IV infiltration, but, more importantly, we had
20 to rule out a deep tissue infection because that
21 would be fatal. Thank goodness it was not that,
22 but those were the two things I was worried
23 about.

24 Q As part of your assessment and treatment of
25 Jahmyll, did you learn anything more about the

1 twenty minutes after triage that you saw
2 Jahmyll.

3 Can you read your history.

4 A Sure. "Eight-month old male, full-term recently
5 in. 8:00 discharge from Rainbow Babies &
6 Children's for Rotavirus de hydration. Now
7 presents with blistering around old IV sight on
8 left foot. No fever, no irritability. Guarding
9 left foot. 'Swelling from knee downward.'
10 Small blister this morning when IV was re moved.
11 No current medications. He's possibly allergic
12 to Zithromax. No prior hospitalizations."

13 Should I keep reading this?

14 Q If you could.

15 A Sure. Under his physical exam, in general, he
16 was playful. He was non toxic of hearing. He
17 was irritable when the left foot was touched.
18 He had a neck exam, which was normal. I
19 indicated that his ears were clear and his
20 mucous membranes were moist. Lungs were clear
21 on auscultation bilaterally, his heart exam, and
22 he had a regular rate and rhythm with no
23 murmurs.

24 The extremity exam showed multiple
25 blisters 2 to 3 centimeters each. The right

1 calf circumference was 16, 17 centimeters. The
2 left calf circumference was 21 centimeters.
3 There was erythema and warmth and an area of
4 black/blue around old IV site with poor color
5 refill. He had good dorsal pulses and there was
6 no crepitus.

7 Q What orders did you write ?

8 A I wrote the orders for the CVC differential, the
9 chemistry, the basic chemistry, the ESR, the
10 coag screen and the typhoid screen in
11 conjunction with the surgesons.

12 Q I see there was a foot x-rayed also.

13 A Yes, and the foot x-ray.

14 Q All those results would have been reported back
15 to you?

16 A Yes. And I've indicated them on the sheet.

17 Q Tell me what, if anything, of significance came
18 back from the laboratory studies or the x-ray.

19 A There were significant negative findings. The
20 white count was normal. The platelet count was
21 normal. His electrolytes were all normal. All
22 of these were very reassuring that this was not
23 necrotizing fasciitis or any deep tissue
24 infection. The foot x-ray -- I did not write
25 the results -- but showed that there was no

1 A Well, the whole way a long I was telling her my
2 concerns: That this could just be an IV
3 infiltration, but we had to rule out a serious
4 infection and that's why we had to get the blood
5 work done right away. That was definitely my
6 biggest concern, was ruling out infection
7 because that could spread quickly and that could
8 have serious consequences.

9 Q Sure.

10 A So I explained that to the best of my ability to
11 his mom.

12 Q Do you recall talking to anybody else in
13 Jahmyll's family, other than his mother?

14 A I don't.

15 Q Do you know if any pictures were taken of
16 Jahmyll's foot while he was in the emergency
17 department?

18 A I don't remember at all. I remember she wanted
19 to take a picture of his foot.

20 Q Okay.

21 A I don't know if any pictures were taken. I
22 don't know the details of the pictures, to be
23 honest.

24 Q Do you recall any security personnel being
25 present in the emergency department at this

1 signs of deep tissue infection.

2 Q What else can you recall about your assessment
3 and treatment of Jahmyll, other than what's
4 contained in the medical record? You've already
5 told me you consulted a surgical resident.

6 A Yes.

7 Q Anything else?

8 A I'm not sure -- what else?

9 Q I'm just trying to find out what, if anything,
10 you recall, other than what you've already told
11 me.

12 MS. MAIMBOURG: Regarding?

13 MR. PESKIN: Regarding the --

14 MS. MAIMBOURG: Assessment.

15 MR. PESKIN: -- assessment.

16 MS. MAIMBOURG: Is there

17 anything else you haven't told him?

18 THE WITNESS: Nothing else.

19 BY MR. PESKIN:

20 Q You already told me that the decision to admit
21 Jahmyll was made by the surgical resident,
22 correct?

23 A Correct.

24 Q What did you tell Jahmyll's mother about your
25 assessment?

1 time?

2 A Yes. I recall -- I don't know all the details
3 of this, to be honest. He was very sick and I
4 was worried about his foot, not taking pictures,
5 but she wanted a picture taken. I didn't have a
6 camera with me. I know that security sometimes
7 takes pictures for physical abuse cases so I
8 called them.

9 Q Okay.

10 A And I think they only take pictures for abuse
11 cases and because I was not suspicious for
12 abuse, they weren't interested in taking the
13 picture. I was very, very busy at the time
14 because I had another very sick child. I did
15 indicate to the security guard that if she's the
16 mother's child and if she wants the picture, she
17 can have the picture, but that's how I left it.
18 I don't know what happened with it.

19 I really, honestly do not recall what
20 happened with the picture because at the time it
21 really was not important to me. I was really
22 worried about his foot being infected and my
23 other patient, who was extremely ill. But I do
24 recall the security guard coming and there being
25 some issue about not being able to take pictures

1 unless it was for, like, forensic evidence .
 2 Q Was that something that you were aware of --
 3 A No.
 4 Q -- prior to that?
 5 A No, no. I don't routinely take pictures of my
 6 patients in the ER.
 7 Q Let me understand that.
 8 You didn't have a camera, obviously ?
 9 A No.
 10 Q To your recollection, Jahmyll's mother didn't
 11 have a camera ?
 12 A I assume not because she was asking.
 13 Q She was asking about getting a picture taken .
 14 You called security and you called them
 15 because, at least at some level, sometimes they
 16 take pictures?
 17 A They've come for me for rape kits, for physical
 18 abuse cases. That's the only camera I knew
 19 about and I felt, you know , if she wants a
 20 picture, she's entitled to a picture .
 21 Q So when they came down -- I don't want to put
 22 words in your mouth -- but, as I understand your
 23 testimony, it sounds like somebody from security
 24 made it clear to you that the purpose of taking
 25 pictures were for abuse cases and rape cases and

1 they didn't generally take them under these
 2 circumstances.
 3 Is that a fair statement?
 4 A Correct.
 5 Q And you had some sort of conversation, if you
 6 can recall, with the security personnel saying
 7 basically, "If she wants a picture, go ahead and
 8 take a picture?"
 9 A I said, "I don't see why you can't take a
 10 picture."
 11 Q Right.
 12 A I don't even know what happened . I recall
 13 seeing a Polaroid that came out very poorly .
 14 Like, you couldn't even make out that it was a
 15 person so someone took a picture . You know, you
 16 really couldn't make anything out on this
 17 Polaroid so I assumed the security guard took
 18 the picture. I honestly don't recall who took
 19 it. I do recall there being a terrible-quality
 20 picture. You couldn't even make out that it was
 21 a human being or what it was, but that's all I
 22 remember about this photograph business.
 23 Q You didn't take the picture, obviously, then ?
 24 A I certainly did not take a picture of the child .
 25 I was very busy that night.

1 Q I just wanted to show you that and ask if you
 2 recognize either of those as being a picture
 3 that was taken in the emergency room ?
 4 A No. These were not pictures that were taken in
 5 the emergency room .
 6 MS. MAIMBOURG: Those are dated
 7 the next day, 2/9.
 8 THE WITNESS: Oh, yes.
 9 A It even looks different than it looked . It's
 10 very red here and it was more dusky . Maybe the
 11 blisters had popped here . I don't know.
 12 (Indicating.)
 13 MS. MAIMBOURG: Don't guess.
 14 There's no question . He's just asking you if
 15 those were the ones that were taken .
 16 A No, these were definitely not. The one from the
 17 ER honestly looked like a haze . You couldn't
 18 even make anything out.
 19 Q It was a poor-quality picture, to your
 20 recollection ?
 21 A Yes.
 22 Q And I think you were saying that these pictures,
 23 which are dated 2/9, wouldn't even be a fair
 24 representation of what his foot looked like at
 25 the time you saw it.

1 A Correct.
 2 Q It's different?
 3 A It looks different there .
 4 Q Okay.
 5 Were you ever asked to provide a written
 6 statement about your treatment of Jahmyll
 7 McDowell, other than what's contained in the
 8 medical record ?
 9 A No.
 10 Q Did you keep any notes independently of your
 11 encounter with Jahmyll?
 12 A No.
 13 Q Do you recall expressing any concern to
 14 Jahmyll's mother about the care that had been
 15 provided to Jahmyll during his hospitalization ?
 16 A No. I needed to know what it looked like before
 17 he left, and I was very re assured that it did
 18 not look the way it looked when he showed up in
 19 the emergency room, but I did not get into the
 20 care because I wasn't there . I don't know what
 21 kind of care he got before he arrived to the
 22 emergency room.
 23 Q Do you recall saying anything to Jahmyll's
 24 mother about your belief that he shouldn't have
 25 been discharged --

29

- 1 A No.
- 2 Q -- with a foot in the condition that she
- 3 described?
- 4 A No, no. IVs infiltrate quite frequently so I
- 5 wasn't surprised that it had infiltrated a
- 6 little bit. I would have been surprised if he
- 7 had been discharged with his foot looking the
- 8 way it had.
- 9 And, again, that's why I needed her to
- 10 describe to me what it looked like before, just
- 11 so I could get a time-line of the progress of
- 12 the swelling and, you know, to get an inkling of
- 13 what went on in the hospital. But, as I said, I
- 14 was worried that he was infected and that was my
- 15 primary concern.
- 16 Q Other than the tests and x-rays that we've
- 17 already discussed, did you prescribe any sort of
- 18 intervention for the infiltrate?
- 19 A I'm not sure what you mean.
- 20 MS. MAIMBOURG: Yes or no.
- 21 Q Any medication or any --
- 22 A No.
- 23 Q Had you ever treated an IV infiltrate prior to
- 24 February 8, 2001?
- 25 A Yes, but in a different context.

THE STATE OF OHIO,) SS:
COUNTY OF CUYAHOGA.)

I, Tracy E. Nist, a Notary Public within and for the State of Ohio, duly commissioned and qualified, do hereby certify that ELIZABETH HAIT, M.D., was first duly sworn to testify the truth, the whole truth and nothing but the truth in the cause aforesaid; that the testimony then given by her was by me reduced to stenotypy in the presence of said witness, afterwards transcribed on a computer/printer, and that the foregoing is a true and correct transcript of the testimony so given by her as aforesaid.

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

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal of office at Cleveland, Ohio, on this 14th day of February, 2003.

Tracy E. Nist, Notary Public
within and for the State of Ohio
My Commission expires 1/26/2008.

30

- 1 Q Tell me about that. What's your familiarity
- 2 with treating IV infiltrates?
- 3 A I've had many patients who have come in for IV
- 4 and rehydration, or for whatever reason, and if
- 5 it's infiltrated we take the IV out. Sometimes
- 6 if it's badly infiltrated -- I mean, you take
- 7 the IV out and you, maybe, put some compresses
- 8 on for a short period of time. That's about it.
- 9 Q Are there any medications you're familiar with
- 10 that could be used to treat an IV infiltrate?
- 11 A In the pediatric unit we've used Wydase, but I
- 12 don't like using that.
- 13 Q Why not?
- 14 A I'm just not comfortable using that.
- 15 Q Is there a particular reason why you're
- 16 uncomfortable using it?
- 17 A Because it's an acid and I'm not exactly sure
- 18 how it works, but it doesn't always work and I
- 19 would just prefer to take out the IV and put
- 20 another one in.
- 21 MR. PESKIN: I don't have any
- 22 other questions.
- 23 MS. MAIMBOURG: We'll read it.
- 24 (Thereupon, the deposition
- 25 was adjourned at 9:39 a.m.)

THE STATE OF _____)
COUNTY OF _____) SS:

Before me, a Notary Public in and for said state and county, personally appeared the above-named ELIZABETH HAIT, M.D., who acknowledged that she did sign the foregoing transcript and that the same is a true and correct transcript of the testimony so given.

IN TESTIMONY WHEREOF, I have hereunto affixed my name and official seal at _____ this _____ day of _____, 2003.

ELIZABETH HAIT, M.D.

Notary Public

My Commission expires: _____

ten

	30:25	A	B	Chief
'Swelling	23:10	Ability	Babies	17:13 17:23
20:9		23:10	1:18 5:21 6:21 20:5	Child
0		Able	Background	24:14 24:16 26:24
0025		17:16 24:25	4:22	Children's
19:25		Above-named	Badly	1:19 5:22 6:21 20:6
0045		32:6	30:6	Circle
19:21		Abuse	Basic	4:19
1		24:7 24:10 24:12 25:18 25:25	21:9	Circumference
1/26/2008		Acid	Becker	21:1 21:2
31:25		30:17	2:4	Circumstances
1100		Acknowledged	Behalf	26:2
2:9		32:6	2:2 2:7	Civil
11100		Action	Belief	1:15 3:3
1:19		31:19	8:10 28:24	Clear
14th		Actual	Best	11:11 12:24 20:19 20:20 25:24
31:22		19:8	4:9 4:11 23:10	Cleveland
16		Address	Biggest	1:9 1:20 2:5 2:10 4:20 31:21
21:1		4:18	23:6	Clinics
1660		Adjourned	Bilaterally	7:2
2:5		30:25	20:21	Co
17		Admission	Biomedical	2:4
21:1		14:4 14:18 15:13 15:21 17:20	5:6	Coag
1994		Admit	Bit	21:10
5:1		9:25 10:2 22:20	4:16 29:6	College
1995		Admitted	Black/blue	5:3
5:16		13:19 14:12 18:17	21:4	Color
1999		Adult	Blister	21:4
5:18		8:2	17:21 20:10	Comfortable
2		Affixed	Blistered	30:14
2		31:21 32:11	18:13	Coming
20:25		Aforesaid	Blistering	24:24
2/9		31:8 31:13	17:23 19:10 20:7	Commencing
27:7 27:23		Afterwards	Blisters	1:20
2001		31:10	13:25 16:25 18:2 19:13 20:25 27:11	Commission
6:19 7:6 7:19 8:14 10:13 29:24		Age	Blood	31:25 32:18
2002		3:2	9:24 23:4	Commissioned
6:2		Ahead	Boston	31:4
2003		26:7	6:5 6:10	COMMON
1:12 31:22 32:13		Al	Break	1:2
205		1:9	4:15	Communications
4:19		Allergic	Briefly	11:19
21		20:11	3:16 4:21	Compared
21:2		Answer	Brought	16:22
2nd		4:10 4:12	11:10 12:1	Complaint
2:5		Apartment	Building	17:13 17:23
3		4:19	2:9	Complete
3		APPEARANCES	Business	6:1
20:25		2:1	26:22	Completed
30		Appeared	Busy	5:24
4:19		32:5	24:13 26:25	Completely
4		Area	C	13:6
1:12		17:2 17:3 21:3	Calf	Complicated
44113		Arrived	21:1 21:2	3:20
2:5		16:8 28:21	Camera	Compresses
44115-1475		Arter	24:6 25:8 25:11 25:18	30:7
2:10		2:8	Cap	Concern
476118		8:23	18:2	12:16 23:6 28:13 29:15
1:5		Assessment	Caption	Concerned
6		15:17 18:5 18:24 22:2 22:14 22:15 22:25	31:16	9:13 10:25 11:9 11:12 11:25 14:2 14:9
660		Assume	Care	Concerns
2:4		25:12	8:1 8:18 9:11 10:6 28:14 28:20 28:21	12:3 12:9 16:2 23:2
8		Assumed	Case	Conclusions
8		11:18 26:17	1:5	18:12 18:14
8:14 10:13 29:24		Assumption	Cases	Condition
8:00		8:11	24:7 24:11 25:18 25:25 25:25	29:2
17:19 20:5		Attending	Centimeters	Conjunction
9		7:20 7:21 7:24 8:2 8:4 8:8 16:14	20:25 21:1 21:2	21:11
19:23		Attorney	Certainly	Connection
925		31:17	9:12 26:24	14:22
2:9		Auscultation	Certified	Consecutive
9:04		20:21	3:5	7:9
1:20		Available	Certify	Consequences
9:39		18:4	31:5 31:14 31:16	23:8
		Avenue	Chance	Consistent
		1:19 2:9	14:13	19:11 19:13
		Avoid	Changed	Consulted
		4:8	12:22	22:5
		Aware	Chart	Contact
		19:3 25:2	8:8	8:6
			Chemistry	Contained
				19:12 22:4 28:7
				Contents

19:1 Context 29:25 Contribute 19:15 Conversation 12:3 12:24 13:9 18:10 26:5 Conversations 11:20 12:8 12:14 12:23 13:17 15:20 Copy 14:25 Correct 6:15 6:22 7:13 7:15 8:15 8:16 10:4 10: 4 15:15 15:18 18:6 19:22 22:22 22:23 26:4 28:1 31:12 32:8 Counsel 31:17 Count 21:20 21:20 County 1:1 31:1 32:2 32:5 Course 11:6 14:1 COURT 1:2 Covered 18:1 Crepitus 21:6 Current 4:18 20:11 Cuyahoga 1:1 31:1 CVC 21:8	17:2 Discolored 10:17 16:23 18:1 Discuss 11:19 Discussed 29:17 Dix 5:3 Document 17:4 Domain 16:7 Done 23:5 Dorsal 21:5 Down 9:16 17:25 25:21 Downward 20:9 Dr 3:15 9:5 9:10 9:20 10:2 16:10 16:11 16: 12 Draw 18:12 18:14 Duly 3:4 31:4 31:6 During 7:9 18:10 28:15 Dusky 16:23 27:10	31:18 Eventually 14:11 Evidence 25:1 Exactly 6:9 18:17 30:17 Exam 20:15 20:18 20:21 20:24 Examination 1:14 3:3 3:7 Examine 16:1 Examined 3:5 9:23 Excuse 16:17 Expect 4:14 Experience 7:3 Experts 9:14 Expires 31:25 32:18 Explain 6:9 9:10 Explained 13:19 23:10 Expressing 12:16 28:13 Extent 15:2 Extremely 24:23 Extremity 20:24	3:21 Follows 3:6 Foot 9:12 9:23 10:17 11:3 11:12 11:21 12:4 12:25 16:1 16:24 16:25 17:21 17:21 17: 25 18:13 20:8 20:9 20:17 21:12 21:13 21:24 23:16 23:19 24:4 24:22 27:24 29: 2 29:7 Foregoing 31:11 31:15 32:7 Forensic 25:1 Forth 1:21 Frequently 29:4 Full-term 20:4
D		E	
Darker 16:24 Date 1:21 Dated 27:6 27:23 Decided 9:24 Decision 10:2 22:20 Deep 18:20 21:23 22:1 Defendants 1:10 1:14 2:7 Definitely 19:13 23:5 27:16 Dehydration 20:6 Department 6:4 6:20 7:23 8:12 17:6 23:17 23:25 Deposition 1:11 1:13 3:16 3:17 30:24 31:14 Describe 16:21 29:10 Described 10:22 11:23 29:3 Describing 11:4 Description 17:13 Details 10:18 23:22 24:2 Diagnosis 9:15 18:16 Different 12:22 13:6 27:9 28:2 28:3 29:25 Differential 18:16 18:18 21:8 Discharge 11:22 12:4 12:18 13:1 15:22 17:19 17: 22 20:5 Discharged 10:23 12:20 13:24 28:25 29:7 Discoloration	Ears 20:19 ED 6:24 Education 5:20 Educational 4:22 Eight 20:4 Eight-month 20:4 Either 27:2 31:17 Electrolytes 21:21 Elizabeth 1:11 1:13 3:1 3:7 3:11 3:12 31:5 32:6 32:15 Emergency 6:20 8:12 11:8 13:7 15:9 17:6 23:16 23: 25 27:3 27:5 28:19 28:22 Encounter 28:11 Entitled 25:20 ER 8:2 9:16 14:10 25:6 27:17 Erythema 21:3 Esq 2:3 2:8 ESR 21:9 Et 1:9 Euclid 1:19 2:9 Evaluate 9:17 Evaluated 8:13 9:12 Evaluation 10:12 14:5 Evening 14:1 Event	F	
		Fact 18:9 Fair 10:1 13:4 15:13 26:3 27:23 Familiar 30:9 Familiarity 30:1 Family 23:13 Fasciitis 21:23 Fatal 18:21 February 1:12 6:19 7:6 7:19 8:14 10:13 19:23 29: 24 31:22 Feet 10:18 Fellowship 6:6 6:16 Felt 25:19 Fever 20:8 Few 3:21 Findings 21:19 Fine 4:15 Finish 4:10 4:11 Finished 5:9 First 3:4 3:11 3:22 7:1 7:16 10:15 10:16 16: 5 17:5 31:6 Fluids 10:24 Follow	3:21 Follows 3:6 Foot 9:12 9:23 10:17 11:3 11:12 11:21 12:4 12:25 16:1 16:24 16:25 17:21 17:21 17: 25 18:13 20:8 20:9 20:17 21:12 21:13 21:24 23:16 23:19 24:4 24:22 27:24 29: 2 29:7 Foregoing 31:11 31:15 32:7 Forensic 25:1 Forth 1:21 Frequently 29:4 Full-term 20:4
		G	
		Gastroenterology 6:12 6:14 General 20:15 Generally 26:1 Gestures 4:6 Given 31:8 31:12 32:9 Goodness 18:21 Graduate 4:25 5:20 Graduated 5:1 5:17 5:19 Guard 24:15 24:24 26:17 Guarding 20:8 Guess 19:20 27:13	
		H	
		Hadden 2:8 Hait 1:11 1:13 3:1 3:7 3:10 3:10 3:13 3:14 3: 15 31:5 32:6 32:15 Half 6:25 Hand 17:10 19:20 31:21 Handwriting 17:8 Harvard 6:11 6:16 HAYDEN 1:5 1:5 Haze 27:17 Hearing 20:16 Heart 20:21 Heights 4:20 Help 13:16 16:4 Hereby 31:5 Hereinafter 3:5 Hereunto 31:20 32:10 Hills 5:3 History 9:21 10:19 11:2 13:10 13:18 15:21 15: 25 20:3	

Hours 12:12	19:6 19:9 19:11 19:12 19:14 20:7 20: 10 21:4 23:2 29:23 30:2 30:3 30:5 30:7 30:10 30:19	2:8 9:2 9:6 13:13 14:21 14:24 16:15 19: 17 22:12 22:14 22:16 27:6 27:13 29:20 30:23	Needed 12:21 19:6 28:16 29:9
House 16:6 16:8	IVs 29:4	Male 20:4	Negative 21:19
Human 26:21	J	Markedly 16:22	Never 3:19 14:25
Huntington 2:9	Jahmyll 1:3 8:13 10:3 10:6 10:12 18:25 20:2 22: 3 22:21 28:6 28:11 28:15	Master's 5:3 5:9 5:15	New 5:4
Hydration 13:21	Jahmyll's 9:11 11:21 12:4 13:10 14:4 14:18 15: 12 15:20 15:21 18:13 22:24 23:13 23: 16 25:10 28:14 28:23	McDowell 1:3 8:13 10:6 10:13 28:7	Next 4:12 15:9 27:7
I	June 6:2 6:2	McGill 4:24	Night 26:25
Ill 24:23	Junior 7:22	MD 1:13 31:6 32:6	Nist 1:16 31:3 31:24
Important 3:22 4:3 15:16 24:21	K	Mean 12:7 19:7 19:17 29:19 30:6	Nontoxic 20:16
Importantly 18:19	KATRINA 1:5 1:5	Meant 11:13 11:18	Normal 20:18 21:20 21:21 21:21
In-house 16:6 16:8	Keep 20:13 28:10	Medical 5:2 5:10 8:11 8:24 10:7 13:18 14:7 22: 4 28:8	Notary 1:17 31:3 31:24 32:4 32:17
Included 15:16	Kind 28:21	Medication 29:21	Note 8:25 9:2 9:19 19:18
Increased 17:22	Kits 25:17	Medications 20:11 30:9	Notes 12:5 13:14 13:15 17:11 19:19 28:10
Independent 9:18 10:5	Knee 17:25 20:9	Meetings 15:1	Nothing 22:18 31:7
Independently 28:10	L	Membranes 20:20	Number 17:4
Indicate 24:15	Laboratory 21:18	Met 3:15	Nurse 17:14 17:15
Indicated 20:19 21:16	Larry 3:15	Minor 1:4	Nursing 12:16 17:11
Indicating 9:3 17:12 27:12	Last 3:9	Minutes 16:9 20:1	O
Individually 1:6	Lawful 3:2	Mishkind 2:4	Observation 9:25 17:24
Infected 16:3 16:3 24:22 29:14	Lawrence 2:3	Moist 20:20	Observations 15:22
Infection 9:14 13:21 18:20 21:24 22:1 23:4 23:6	Learn 18:25	Mom 10:22 23:11	Observed 19:10
Infiltrate 19:12 19:14 29:4 29:18 29:23 30:10	Least 25:15	Month 7:1 7:12 7:16 7:17 20:4	Obtain 18:8
Infiltrated 29:5 30:5 30:6	Leaving 6:7 6:8	Months 6:25 7:9 7:14 15:4 15:6	Obtained 15:24
Infiltrates 30:2	Left 11:5 11:13 11:14 11:24 13:3 13:5 17: 25 20:8 20:9 20:17 21:2 24:17 28:17	Montreal 4:24	Obviously 15:2 25:8 26:23
Infiltration 18:19 23:3	Left-hand 17:11	Morning 8:9 20:10	Office 2:4 31:21
Information 9:22 15:12 18:8	Leg 10:25 11:4 11:12 16:21 16:22 17:25	Most 7:2	Official 32:11
Initial 18:5	Length 11:7	Mostly 9:25	Ohio 1:1 1:15 1:18 1:20 2:5 2:10 3:3 31:1 31: 4 31:22 31:24
Inkling 29:12	Less 18:3	Mother 1:4 13:10 15:14 15:20 22:24 23:13 25: 10 28:14 28:24	Old 20:4 20:7 21:4
Intact 18:2	Level 25:15	Mother's 24:16	On-call 7:24 16:5 16:13
Intensive 8:1	LLP 2:8	Mouth 25:22	One 5:15 7:1 7:14 10:18 13:25 19:20 27:16 30:20
Intention 6:13	Look 12:5 12:12 12:19 13:13 13:15 14:3 28: 18	Mucous 20:20	Ones 27:15
Interdisciplinary 5:6	Looked 11:5 11:17 13:5 13:25 15:10 16:21 27: 9 27:17 27:24 28:16 28:18 29:10	Multiple 20:24	Opinion 9:16
Interested 24:12 31:18	Looking 8:11 8:24 10:7 12:25 16:23 17:4 29:7	Murmurs 20:23	Opportunity 14:3
Intervention 29:18	Looks 27:9 28:3	N	Opposed 10:3
Intravenous 10:24	LPA 2:4	Name 3:9 3:11 3:15 8:22 16:18 32:11	Orders 21:7 21:8
Investigation 18:4	Lungs 20:20	Natural 1:4	Otherwise 31:18
Involved 8:18 9:11 9:17	M	Necessary 9:19	Outpatient 7:2
Irritability 20:8	M.D. 1:11 3:1 3:7 32:15	Neck 20:18	Overnight 7:21 9:25
Irritable 20:17	Maimbourg	Necrotizing 21:23	Own 15:1
Issue 24:25		Need 3:21 4:15	
IV 13:21 17:21 18:9 18:19 19:1 19:4 19:5			

8:3 14:10 25:6 30:3 Pediatric 5:22 6:11 6:14 7:19 8:1 8:20 8:21 9:7 16:14 30:11 Pediatrics 6:5 People 11:20 Period 30:8 Person 26:15 Personally 32:5 Personnel 23:24 26:6 Peskin 2:3 3:8 3:15 9:9 15:3 22:13 22:15 22:19 30:21 Phone 8:6 Photograph 26:22 Phrased 13:17 Physical 20:15 24:7 25:17 Physician 8:12 Physicians 8:17 Picture 23:19 24:5 24:13 24:16 24:17 24:20 25:13 25:20 25:20 26:7 26:8 26:10 26:15 26:18 26:20 26:23 26:24 27:2 27:19 Pictures 23:15 23:21 23:22 24:4 24:7 24:10 24:25 25:5 25:16 25:25 27:4 27:22 Place 31:15 Plaintiff 1:7 2:2 3:2 Plastic 16:5 16:13 16:16 16:18 Platelet 21:20 Playful 20:16 PLEAS 1:2 Polaroid 26:13 26:17 Poor 21:4 27:19 Poor-quality 27:19 Poorly 26:13 Popped 27:11 Position 6:9 Possibly 20:11 Post 5:20 Post-graduate 5:20 Potassium 19:3 19:5 19:6 19:9 19:12 19:15 Potentially 9:13 16:2 Prefer 30:19 Prescribe 29:17 Presence 31:9 Present 23:25 Presented	10:16 Presents 20:7 Pretty 13:7 Primary 29:15 Privileged 15:2 Problem 13:11 Problems 11:2 Procedure 1:15 3:4 Proceeded 16:1 Professional 1:17 Program 6:12 Progress 29:11 Progressed 12:21 Progressively 14:2 Provide 28:5 Provided 10:6 28:15 Public 1:17 31:3 31:24 32:4 32:17 Puffy 10:25 11:1 11:5 11:12 11:24 12:4 12:9 13:3 Pulses 21:5 Purpose 25:24 Pursuant 1:14 3:3 Put 25:21 30:7 30:19	28:17 Reassuring 21:22 Received 10:24 Receiving 14:17 Recently 20:4 Recognize 27:2 Recollection 9:18 10:5 12:15 25:10 27:20 Record 3:9 8:11 8:24 10:7 14:13 14:17 15:4 17:6 17:18 22:4 28:8 Records 14:4 14:7 14:11 19:8 Red 13:5 13:25 17:1 27:10 Redness 17:3 Reduced 31:9 Refill 18:2 21:5 Regard 8:7 Regarding 22:12 22:13 Registered 1:16 Regular 20:22 Rehydration 30:4 Relative 31:17 Remember 10:9 10:12 10:21 13:23 23:18 23:18 26:22 Removed 20:10 Rephrase 4:1 Reported 21:14 Reporter 1:17 Representation 27:24 Required 8:6 13:21 Requirement 8:3 8:5 Residency 5:23 6:1 6:3 6:23 Resident 9:8 22:5 22:21 Residents 7:22 12:17 Responses 4:4 Restate 3:25 Results 21:14 21:25 Review 14:13 Reviewed 15:1 Reviews 8:8 Rhythm 20:22 Right-hand 17:9 19:20 Rita 2:8 Room	11:8 13:7 15:9 27:3 27:5 28:19 28:22 Rotating 6:24 Rotavirus 13:20 17:20 20:6 Routinely 25:5 Rule 18:20 23:3 Rules 1:15 3:3 3:21 Ruling 23:6
S			
Saw 10:15 15:4 20:1 27:25 School 4:23 5:2 5:10 Sciences 5:6 Screen 21:10 21:10 Seal 31:21 32:11 Second 6:25 7:3 7:4 7:6 7:10 7:17 19:16 19:18 19:19 Second-year 7:22 Seconds 18:3 Section 17:24 Security 23:24 24:6 24:15 24:24 25:14 25:23 26:6 26:17 See 8:4 8:7 14:6 14:25 19:7 19:25 21:12 26:9 Seeing 26:13 Sent 14:22 Serious 16:4 23:3 23:8 Set 1:21 31:20 Several 18:1 Severance 4:19 Sheet 21:16 Sheets 9:1 Short 30:8 Show 27:1 Showed 20:24 21:25 28:18 Sick 24:3 24:14 Side 17:9 17:10 17:12 19:20 Sight 20:7 Sign 32:7 Signature 9:4 Significance 21:17 Significant 21:19 Signs 22:1 Sit 6:13 Site			

Specialize 6:14	3:20	Typhoid 21:10	5: 4
Specific 12:8 12:23	Testified 3:6	U	Z
Specifically 12:11	Testify 31:6	Unclear 3:24	Zithromax 20: 12
Specified 31:16	Testimony 10:1 25:23 31:8 31:12 32:9 32:10	Uncomfortable 30:16	
Spell 3:9	Tests 29:16	Under 20:15 26:1	
Spend 6:23 6:25 7:1	Thereupon 30:24	Undergraduate 4:23	
Spread 23:7	They've 25:17	Undersigned 1:16	
SS 1:1 31:1 32:1	Three 6:12 6:18	Unit 30:11	
Staff 6:4 8:2 12:14 12:17	Three-year 6:12	University 1:9 4:24 5:13 11:14 11:20	
Stallion 16:12	Time-line 29:11	Unless 25:1	
Start 4:10 4:12 5:2 5:9 5:14 10:11	Tissue 18:20 21:23 22:1	Up 28:18	
Started 5:15	Today 6:13	V	
Starting 10:14 10:15	Tonight 17:19	Varying 18:2	
State 1:1 1:18 3:9 31:1 31:4 31:24 32:1 32:5	Took 9:21 26:15 26:17 26:18	Verbalize 4:3	
Statement 13:4 26:3 28:6	Top 16:25 19:21	Vs 1:8	
Stenotypy 31:9	Toronto 5:13	W	
Stop 4:16	Touched 20:17	Wants 24:16 25:19 26:7	
Straight 5:21	Touro 5:3	Warm 17:1	
Street 2:5	Tower 2:4	Warmth 21:3	
Studies 21:18	Tracy 1:16 4:6 31:3 31:24	Water 17:21 18:9 19:4	
Sugar 17:20 18:9 19:4	Training 6:6 6:12	West 2:5	
Suggested 9:23	Trang 9:7 9:7 9:7 9:10 9:20 16:10 16:11	WHEREOF 31:20 32:10	
Suite 2:4	Trang's 10:2	White 21:20	
Supervised 7:18	Transcribed 31:10	Whole 23:1 31:7	
Surgeon 8:20 8:21 16:5 16:7 16:8 16:13 16:16 16:19	Transcript 31:12 32:7 32:8	Witness 14:23 22:18 27:8 31:10 31:20	
Surgeons 9:14 21:11	Tranz 9:5 9:5	Words 25:22	
Surgery 9:8	Treat 30:10	Works 30:18	
Surgical 22:5 22:21	Treated 8:13 29:23	Worried 18:22 24:4 24:22 29:14	
Surprise 19:8	Treating 30:2	Worse 11:9 11:25 12:25 14:2	
Surprised 29:5 29:6	Treatment 9:15 18:24 22:3 28:6	Write 8:25 21:7 21:24	
Surrounded 17:2	Triage 17:15 20:1	Written 28:5	
Suspicious 24:11	Trouble 4:6	Wrote 21:8	
Swelling 29:12	True 31:11 32:8	Wydase 30:11	
Swollen 10:16 16:22 17:22 17:25 17:25 18:13	Truth 31:6 31:7 31:7	X	
Sworn 3:4 31:6	Try 4:8	X-ray 9:24 21:13 21:18 21:24	
T	Trying 9:4 22:9	X-rayed 21:12	
Ten 16:9 32:24	TUESDAY 1:12	X-rays 29:16	
Tense 18:1	Turn 19:16	Y	
Terrible-quality 26:19	Twenty 20:1	Year 5:15 6:12 6:25 7:1 7:3 7:4 7:7 7:10	
Terribly	Two 6:25 7:9 7:14 7:21 7:22 9:1 13:25 18:3 18:22	Years 6:18 15:5 15:6	
		York	