IN THE COURT OF COMMON PLEAS

CUYAHOGA COUNTY, OHIO

* * *

RICHARD RICHNAFSKY,
Executor of the Estate
of Susan Richnafsky, et al.,
Plaintiffs,
vs. CASE NO. CV05-55908
UNIVERSITY HOSPITALS OF CLEVELAND,
et al.,
Defendants.

* * *

Deposition of GLENN C. HAMILTON, M.D., Witness herein, called by the Defendants for cross-examination pursuant to the Rules of Civil Procedure, taken before me, Angela S. Moore, a Notary Public in and for the State of Ohio, at the offices of Glenn C. Hamilton, M.D., 3525 Southern Boulevard, Dayton, Ohio, on Thursday, April 20, 2006, at 11:35 a.m.

* * *

APPEARANCES:

On behalf of the Plaintiffs:

Becker & Mishkind

By: Pamela Pantages
Attorney at Law
134 Middle Avenue
Elyria, Ohio 44035

On behalf of the Defendants:

Roetzel & Andress

By: Beverly Sandacz
Attorney at Law
One Cleveland Center, 10th Floor
1375 East Ninth Street
Cleveland, Ohio 44114

* * *

GLENN C. HAMILTON, M.D.

of lawful age, Witness herein, having been first duly cautioned and sworn, as hereinafter certified, was examined and said as follows:

CROSS-EXAMINATION

BY MS. SANDACZ:

Q. Please state your full name for the record.

A. Glenn Charles Hamilton.

Q. You are a physician, Dr. Hamilton?

A. Yes.

Q. And you specialize in emergency room medicine?

A. Emergency medicine, yes.

Q. You are here pursuant to a subpoena I issued to you?

A. Yes.

Q. You received that?

A. Yes, I did.

Q. Okay. And you understand that I -- on the subpoena it requested you come to my office for the purposes of the deposition?

A. Yes, it did.

Q. I will tell you, I didn't find out until today we were going to be doing this by

phone, so you are now in, is it Dayton, Ohio?

A. Yes.

MS. PANTAGES: That's not true. I told you yesterday this was going to be by phone because he couldn't appear.

MS. SANDACZ: And I told you the subpoena stood and you never engaged in any discussion after that.

MS. PANTAGES: You said we will talk about that at a later date. You did not say the subpoena would stand.

MS. SANDACZ: Oh, yes, I did. I am not going to argue with you, Pam.

THE WITNESS: I was out of town; my wife signed for the subpoena. And then I had a conversation with Ms. Pantages, who said she would talk with you about it. So here I am.

BY MS. SANDACZ:

Q. So here we are. You are down in, as I understand, Wright State University emergency room there?

A. Yeah. Actually I'm in my office, which is the offices of the department of emergency medicine at Wright State University,

that's an academic department. I am not in an emergency department right now.

Q. I do not have the benefit of your CV, that is something I have requested and have not received. So is there some time you can provide me with a copy of your curriculum vitae?

A. Absolutely. If you want to give Ms. Pantages your e-mail address, I can have that sent to you any time.

Q. Okay. Thank you so much, Doctor. Doctor, you have been identified as an expert in a lawsuit that is captioned Richard Richnafsky, et al. versus University Hospital of Cleveland; is that correct?

A. That's my understanding, yes.

Q. I understand you have issued a report dated November 30, 2005; is that correct?

A. Yes.

Q. You have received some materials in order to outline and complete the report, which outlines your opinions in this case; is that correct?

A. Yes.

11:38:28 Q. All right. Tell me what you have
11:38:30 reviewed in order to render your opinions in
11:38:34 this case.
11:38:34 A. What I had are really two things.
11:38:38 I had the medical records, at least the
11:38:40 hospitalization, as I had it, I think it was
11:38:44 forty-eight pages from the University Hospital
11:38:48 Health Systems, from that admission. And then
11:38:52 I also had, I think it's Dr. Kranitz's
11:38:56 deposition and that's all.
11:39:00 Q. Okay. I just want to be clear,
11:39:04 the hospital records you had from Bedford
11:39:06 Medical Center, those are dated November 18,
11:39:10 2001 to November 20, 2001?
11:39:12 A. Yes. And what I have in front of
11:39:14 me right now is actually an incomplete copy,
11:39:16 which I have downloaded what I thought were
11:39:20 sort of key elements off of the Internet that
11:39:24 they sent to me. So I don't have the full
11:39:26 thing in front of me, but I have things I
11:39:28 downloaded today.
11:39:30 Q. Okay. I'm confused. You had a
11:39:32 complete set of records but then at some point
11:39:36 of time somebody has sent you some additional
11:39:38 records or some piece of records, or what?

11:39:40 A. Right. Exactly. I mean, the
11:39:42 circumstance was, I was evaluating this case, I
11:39:46 guess from the perspective of the plaintiff,
11:39:50 and so when I looked at these two records, I
11:39:54 said that I did not feel specifically related
11:40:00 to the emergency physician, when I reviewed the
11:40:02 records, I conveyed to Mr. Burnett, who was on
11:40:06 the case at that time, and that's why -- I
11:40:10 didn't feel that the emergency physician had
11:40:12 made any errors or fallen below the standard of
11:40:16 care, so I really couldn't serve as a
11:40:18 plaintiff's witness. He actually then said
11:40:20 will you send me a letter to that effect.
11:40:22 Which I did. And then now I'm in this
11:40:26 conversation from a different perspective. So
11:40:28 I actually, as I explained to Ms. Pantages,
11:40:32 once having thought I stepped away from the
11:40:34 case, I have all of the materials shredded,
11:40:38 which is just routine for me. And then it
11:40:40 comes back suddenly now I'm back in this case
11:40:46 and so I had the materials resent to me last
11:40:48 night where I redid a review and downloaded
11:40:52 some selected portions just so I have them with
11:40:56 me in the room.
11:40:56 Q. All right. In addition to the

records that you reviewed, you have Dr. Kranitz's deposition?

A. Yes, I do.

Q. And you understand Dr. Kranitz was the emergency room physician?

A. Yes. And I apologize, would you give me one moment, my administrative assistant, who is supposed to be picking up my daughter because of this circumstance we are in right now, can't find her at the school.

Q. Do you want to take a break?

A. If you would give me five minutes to remedy this. I apologize but first thing's first.

Q. I understand.

(Thereupon, there was a brief interruption.)

BY MS. SANDACZ:

Q. What we can do, because of time, we will go through and we will figure out what we can do. And then maybe see if we need to suspend it, then we will do that and then we will complete it at a later point in time.

A. Just so you know, if -- I don't know what your timing is, I do have this

afternoon, which wasn't supposed to be open, I was supposed to be in Columbus, but I cancelled it. So with that one half hour break from 12:15 to 12:45, I can then be yours as long as you need. So I don't know if that fits your schedule or not.

Q. Unfortunately, it does not.

A. Okay.

Q. So I apologize, I hoped we could stay in line with the time frame that I had provided pursuant to subpoena, but obviously things happen.

All right. What I was asking you before you stepped away, was whether or not you had reviewed Dr. Kranitz's deposition?

A. Yes, I did.

Q. And did you review it again in addition to the materials you reviewed last night?

A. Yes.

MS. SANDACZ: Okay. Angie, would you be so kind to mark the items that Dr. Hamilton has.

(Thereupon, Defendant's Exhibit A-C were marked for purposes of identification.)

11:46:04 BY MS. SANDACZ:

11:46:04 Q. Doctor, I am going to hand you what has been marked as Defendant's Exhibit A. Can you identify that for me, please?

11:46:08 A. Yeah, what I have, it starts with the dictated material from Dr. Kranitz from the emergency department.

11:46:18 Q. And my records indicate that the dictation includes through pages -- or two and a half pages, is that what you have before you?

11:46:22 A. Yes.

11:46:28 Q. Do you have any other documents in Exhibit A, other than the dictated report or dictated summary of the emergency room visit by Dr. Kranitz?

11:46:30 A. Yes. I have the, I think the request for the CT, the preliminary CT report from Dr. Young. I do also have the nursing records and the handwritten chart. And then I have the admitting note as well as the sort of length of stay notes, the daily notes. And then I do have a copy of the CT exam, sort of final reading by Dr. Debaz, and that's what I got.

11:46:36 Q. All right. Since I can't hand it

11:47:20 to you, please pick up Defendant's Exhibit B
11:47:24 and identify that for the record?
11:47:26 A. All right. What I have got for B
11:47:28 is a one-page handwritten note, which of
11:47:32 course, I can copy, it's my notation of reading
11:47:38 Dr. Kranitz's deposition and just taking notes
11:47:42 and reminder information. It's just a memory
11:47:46 device for me.
11:47:46 Q. And I understand Defendant's
11:47:48 Exhibit C is your report, but it's not the
11:47:52 complete report?
11:47:52 A. Correct. What it does, it
11:47:56 stops -- it was turned sideways when it was
11:47:58 sent but it had specifically one, two, three,
11:48:02 four components on it, but does not continue to
11:48:04 that last paragraph. But I have a pretty good
11:48:08 idea what I said.
11:48:10 Q. Okay. Doctor, do you believe in
11:48:12 your additional review of these materials you
11:48:16 were provided with last night and the notations
11:48:18 that you made, you have all of the materials
11:48:20 that you need to support your opinions that you
11:48:22 have outlined in your November 30, 2005 report?
11:48:26 A. Yeah, I think so. That's what I
11:48:28 started with, and so that's what I completed.

11:48:30 Again, my focus was on the emergency
11:48:34 department. So I'm comfortable with that.
11:48:36 Q. I understand. And based upon your
11:48:38 review of the medical records for Susan
11:48:42 Richnafsky at Bedford Medical Center during the
11:48:46 November 18, 2001 admission, and your review of
11:48:50 Dr. Kranitz's deposition, it's my understanding
11:48:52 you do not have any criticisms of Dr. Kranitz's
11:48:56 care; is that correct?
11:48:58 A. That's correct.
11:48:58 Q. In your review of Dr. Kranitz's
11:49:10 deposition, did you see where Dr. Kranitz has
11:49:14 testified that he believes he told Mrs.
11:49:16 Richnafsky about the two masses in her right
11:49:20 lower lobe as evidenced in the CT scan?
11:49:22 A. Yes, I saw where he said that. He
11:49:26 was kind of vague about that specific point,
11:49:28 but I saw where I thought he may have done so.
11:49:30 Q. Well, I think he said a little
11:49:34 more than I may have.
11:49:34 A. Okay.
11:49:36 Q. Dr. Kranitz said, based upon my
11:49:38 custom and practice, I believe I told her.
11:49:40 A. Not a problem. That's fine.
11:49:42 Q. Do you have any reason to

disbelieve he told her?

A. No.

Q. Okay. And, in fact, you read in Dr. Kranitz's deposition that he felt that the information about the lung masses needed to be conveyed to Mrs. Richnafsky; did you see that in his deposition?

A. Right.

Q. And, in fact, Dr. Kranitz has testified he believed it was important to communicate the results of that CT scan, and specifically the two lung nodules, to the patient so she could get appropriate care; did you see that in his deposition?

A. Could you -- you know, obviously I'm at a slight disadvantage in that I don't have that deposition sitting in front of me, and just the nature of how this thing has evolved, could you give me a page number on it, being important, it was on.

Q. Page 19.

A. Page 19. Yeah, I thought that was coming from -- I put a note down, which was no specific reference in his dictated notes that the information was conveyed back to the

patient, would judge by his routine practice.

Q. Okay. And that happens sometimes, does it not, Doctor?

A. In fact, actually I would say that it might be unusual that he would go to that level of detail, since his focus was really something else, to dictate that specific exchange or what at that point in time might be viewed as an incidental finding.

Q. Okay. We know, based upon Dr. Kranitz's testimony, he believed the information about the two lung masses seen on the CT scan was important enough to be conveyed to Mrs. Richnafsky?

A. I'll have to accept that without the deposition in front of me. The key word there I'm just cautious about is important, but if that is the statement on page 19, different than my notation, then that's fine.

Q. Well, let's just assume for purposes of my question that Dr. Kranitz believed that it was important to convey the information about the two lung masses to Mrs. Richnafsky while she was in the emergency room, that would be appropriate, would it not,

Doctor?

A. Yeah, I don't have a problem if he chose to do that at all.

Q. And you are not critical of him for telling her about that; is that correct?

A. If that's all that exactly happened, as he said it did, by his usual practice; then, no, I am not critical of him.

Q. And you can accept that proposition on reliance of your usual practice to say that he may have, in fact, may have done something?

A. Correct.

Q. Okay. I note you mentioned in your review of the records, Dr. Kranitz did not document that he told Mrs. Richnafsky about the two lung masses as seen on the CT scan?

A. That's right.

Q. And you are not critical of Dr. Kranitz for not documenting that, correct?

A. No. No, like I said, I think that would actually be sort of over and above. I wouldn't view that as a standard of care issue.

Q. Okay. Based upon your statement, are there occasions when there is important

information that is conveyed to the patient but it is incidental for what they are there for that may not be documented in the record?

A. That's true. Now, remember documented in the record -- if you take the record broadly, obviously there is documentation in the record; so I guess what I'm saying is, sometimes you'll see something like they may have a mole or a wart or something, it's your gauge on what degree of importance that incidental finding might have as far as your own documentation of the records. So my answer to your question is it sort of varies, depends upon the clinical judgment of the portions of the incidental finding.

Q. Right. And in this particular case, if you believe -- if Dr. Kranitz testified that he believed that this information was important to convey to the patient, but did not document that, you are not critical of him for that, right?

A. Correct.

Q. So there are occasions when important information can be conveyed to the

patient but not necessarily documented in the chart?

A. That may certainly occur. Certainly out of the emergency department.

Q. And you are not -- the absence of that important information being -- or the discussion with the patient about the important information not being in the chart is not a deviation from the standard of care; is that correct?

A. Yeah, not specifically. And also there is supporting documentation in Dr. Kranitz's chart that shows that he did share that information with others.

Q. I understand that. But as it relates to the patient.

A. Yeah, I don't have a problem with that out of the emergency department, no. No.

Q. So you don't have a problem with Dr. Kranitz conveying important information to the patient but not documenting the discussions that he conveyed that information to her, that's correct?

A. Correct. Since it was incidental information, specific to the case. And also,

as I wrote, you know, timing is everything. And here is a woman who comes in, and she is headed for surgery, and rather than giving her a double hit, sometimes it's better to, you know, even though -- to just go ahead and share that with someone else and say you have to talk to somebody later about this, because you want them to go into the surgery with the most positive mindset possible.

Q. In this particular instance, Dr. Kranitz made adjustments that he thought this information was important, and he conveyed that to the patient based upon his belief it was important, and you are not critical of that?

A. Right. And based upon what he calls his routine practice; so, no, I am not.

Q. You are not critical of Dr. Kranitz for relying on his custom and practice to support his belief that he told the patient, correct?

A. Right.

Q. And you are not critical of Dr. Kranitz for not documenting the discussion of that important information to the patient, correct?

11:56:02 A. Correct.

11:56:02 Q. All right. Has there been occasions, Doctor, where you have conveyed important information to the patient and instructed them for the need of follow-up and the patient is discharged. Has there been occasions like that, Doctor?

11:56:32 A. When you say discharged, from the emergency department?

11:56:36 Q. Right.

11:56:36 A. Well, sure. A perfect example is, you know, a kid with -- a little kid with head trauma, you'll convey important information about getting a pad on the coffee table or seat belt information, or hell, even tell them, please stop smoking, and most of all, that's just not documented, and then they are discharged, but you have had a conversation with them about that. But it's not part of the routine discharge information from the emergency department, no.

11:57:06 Q. All right. Let me give you a scenario, we are going to talk about adults, because Mrs. Richnafsky was an adult.

11:57:14 A. It's fine, my example crosses all

ages.

Q. Okay. Have you had an occasion where an adult patient comes in, you have performed various tests and there is a finding on a various -- on a particular test that needs to have follow-up outside of the emergency room, and then you have this -- you discharge this patient and have told the patient about the important information and the need for follow-up; have you had an occasion like that?

A. Sure.

Q. And in those instances where you have an occasion, is it your expectation that the patient is going to follow your direction for follow-up?

A. Yes.

Q. All right.

A. A good example is hypertension as an incidental finding. They come in for one thing, you find hypertension, that might be documented on the chart, but you may not send them out for hypertensive follow-up. You say, please, you need to follow up and get this checked and you expect they will.

Q. You agree with me, Doctor,

11:58:20 hypertension can be a life-threatening
11:58:24 situation if it gets too high or unchecked for
11:58:26 a period of time; is that correct?
11:58:28 A. Correct.
11:58:28 Q. So in those instances, where there
11:58:30 is a life-threatening observation, whether it's
11:58:34 blood pressure or something else, where you
11:58:38 conveyed it to the adult patient, and you have
11:58:42 told at the emergency room -- you told them
11:58:44 about the important information, you told them
11:58:46 to follow-up with their primary care physician,
11:58:50 you, as the emergency room physician, expect
11:58:52 that patient, if he or she chooses, to follow
11:58:56 up with your instructions, correct?
11:58:58 A. That's right. Though, I have to
11:59:00 temper your comment, you said life-threatening.
11:59:04 And, you know, life-threatening at what point
11:59:06 in time. I guess what I'm saying, obviously if
11:59:08 it was truly life-threatening at the moment,
11:59:12 you wouldn't be sending them out, et cetera.
11:59:14 So you added a term there.
11:59:16 Q. Let me make sure the example is
11:59:18 clear. You have a patient who comes into the
11:59:20 emergency room who has a stomach problem, and
11:59:24 in the course of your workup, you determine

11:59:28 that a patient has something on a CT scan that
11:59:32 needs to be followed up.
11:59:32 A. Correct.
11:59:34 Q. And it could potentially be a
11:59:36 life-threatening problem and it could
11:59:38 potentially be nothing, but you have instructed
11:59:40 the adult patient to follow up with their
11:59:44 primary care provider, you treat them for what
11:59:48 the presenting problem is, their stomachache,
11:59:50 whatever, and you send the patient home. In
11:59:54 that scenario, do you expect the patient to
11:59:56 follow up with whomever to evaluate that
12:00:00 finding on the CT scan?
12:00:00 A. Correct. The emergency room
12:00:04 department, certainly.
12:00:04 Q. Absolutely. That's how you do it.
12:00:06 Otherwise, you, as the emergency room
12:00:08 physician, can't -- you can't go to the
12:00:12 patient's home, you can't make sure they do all
12:00:14 of that. You expect to put some responsibility
12:00:16 on the patient, do you not?
12:00:18 A. Yes.
12:00:42 Q. Doctor, I'm just looking at my
12:00:44 notes, we might be done. Hopefully we'll get
12:01:40 you out of here.

12:02:06 I just have a couple more
12:02:08 questions.
12:02:08 A. Sure.
12:02:08 Q. My understanding is, just so we
12:02:12 are clear, and whoever reads this deposition is
12:02:14 clear, you were contacted by the attorney who
12:02:18 represents the estate of Susan Richnafsky,
12:02:22 correct?
12:02:22 A. Correct.
12:02:22 Q. And you were asked to review the
12:02:24 emergency room care of Dr. Kranitz, correct?
12:02:26 A. Yes.
12:02:28 Q. And you believe that it was
12:02:28 appropriate?
12:02:30 A. Yes.
12:02:30 Q. And you have told me about your
12:02:32 opinions as it relates to Dr. Kranitz, correct?
12:02:34 A. Correct.
12:02:34 Q. And you have told me about your
12:02:38 opinions with regard to patient's
12:02:40 responsibilities and things like that, correct?
12:02:42 A. Correct.
12:02:42 MS. SANDACZ: I'm all done. Thank
12:02:44 you, Doctor.
12:02:44 MS. PANTAGES: Thank you, Dr.

12:02:46 Hamilton.

12:03:16 MS. SANDACZ: Dr. Hamilton, you have a right to review your deposition transcript --

12:03:20 THE WITNESS: Routinely, I just do, all right?

12:03:22 MS. SANDACZ: I would just say, since this is a telephone deposition, I will generally suggest that that is probably a good idea.

(Thereupon, the deposition was concluded at 12:03 p.m.)

STATE OF OHIO)
COUNTY OF MONTGOMERY) SS: CERTIFICATE

I, Angela S. Moore, a Notary Public within and for the State of Ohio, duly commissioned and qualified,

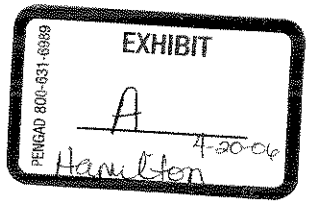
DO HEREBY CERTIFY that the above-named, GLENN C. HAMILTON, M.D, was by me first duly sworn to testify the truth, the whole truth and nothing but the truth; that said testimony was reduced to writing by me stenographically in the presence of the witness and thereafter reduced to typewriting.

I FURTHER CERTIFY that I am not a relative or Attorney of either party, in any manner interested in the event of this action, nor am I, or the court reporting firm with which I am affiliated, under a contract as defined in Civil Rule 28(D).

IN WITNESS WHEREOF, I have hereunto set my hand and seal of office at Dayton, Ohio, on this 20th day of April, 2006.

Angela S Moore / TMM

ANGELA S. MOORE
NOTARY PUBLIC, STATE OF OHIO
My commission expires 2-28-2011



UniversityHospitalsHealthSystem

Bedford Medical Center

Bedford, Ohio 44146

NAME: RICHNAFSKY, SUSAN RECORD NO: 2104382 0022
DATE: 11-18-01 ROOM: ED
E.D. PHYS.: D. KRANITZ, D.O. ADMIT: 305-2

Date of Birth: 05-07-51
Time of assessment: 07:00

PRIMARY PHYSICIAN: Dr. Hillard

CHIEF COMPLAINT: RIGHT LOW BACK PAIN.

HISTORY OF PRESENT ILLNESS: Susan Richnafsky is a 50 year-old white female who presents to Bedford Medical Center emergency department with the above noted complaint. She states that she has been having right flank for the past two days. Some slight fevers at home. Notes some nausea and vomiting, no blood in the emesis, no diarrhea. No dysuria, frequency, or urgency. She does have a slight cough, states it is nonproductive. No shortness of breath. No wheezing. No rash. No history of any similar problem. Home treatment has consisted of Excedrin which provides temporary relief. Pain radiates anteriorly into the right lower quadrant. She has been anorectic. No other complaints at this time.

PAST MEDICAL HISTORY: Negative.

PAST SURGICAL HISTORY: Tubal ligation.

SOCIAL HISTORY: Patient does not smoke cigarettes or use alcohol.

FAMILY HISTORY: Cancer and diabetes.

ALLERGIES: None.

CURRENT MEDICATIONS: None.

REVIEW OF SYSTEMS

As in the history of present illness and past medical history. Otherwise, negative for any significant cardiac, pulmonary, GI, GU, musculoskeletal, neuro, endo, hematologic, dermatologic, rheumatologic or ophthalmologic diseases.

PHYSICAL EXAMINATION

VITAL SIGNS: Temperature 38.2°, pulse 123, respirations 16, blood pressure 181/68.

CONSTITUTIONAL: The patient is awake, alert and oriented, pleasant, cooperative, discusses history intelligently, in no acute distress. Nominally obese.

NAME: RICHNAFSKY, SUSAN RECORD NO: 2104382 -0022
DATE: 11-18-01 ROOM: ED
E.D. PHYS.: D. KRANITZ, D.O.

DIAGNOSIS: ABDOMINAL PAIN/ACUTE APPENDICITIS.

TREATMENT PLAN AND DISPOSITION: The patient has otherwise been in stable condition throughout their stay in the department. Should there be any change in the patient's emergency department course, or disposition, an addendum will be dictated. Presumably she will be admitted to Dr. Ungvarsky's care for surgical intervention later today.

PRELIMINARY CLINICAL IMPRESSION

I personally have performed and/or participated in all of the above services and procedures. I have reviewed all the Nurse's notes and have confirmed their findings and have incorporated those findings into this medical record.

DK/dk
D: 11-18-01 13:05
T: 11-20-01 13:04

D. KRANITZ, D.O.

3

NAME: RICHNAFSKY, SUSAN RECORD NO: 2104382 -0022
DATE: 11-18-01 ROOM: ED
E.D. PHYS.: D. KRANITZ, D.O.

HEENT: Benign. Conjunctiva pink. Sclera clear. No icterus. Nose clear, throat clear. No asymmetry. Mucous membranes are pink and moist.

NECK: Supple without adenopathy. No thyromegaly is appreciated. No meningismus.

RESPIRATORY: Lungs are clear bilaterally.

CARDIOVASCULAR: Tachycardic, regular. No murmurs, rubs or gallops.

GASTROINTESTINAL: Abdomen is soft. Tender in the right upper quadrant and right lower quadrant. Some voluntary guarding. No rebounding at onset. Some right sided costovertebral angle tenderness.

MUSCULOSKELETAL: No cyanosis, clubbing or edema. Pulses 2/4 bilateral radial arteries, bilateral dorsalis pedis locations.

SKIN: Negative for acute appearing lesions.

DIAGNOSTIC STUDIES AND RESULTS Urine showed specific gravity of 1.020 with pH of 6, 3+ ketones, 1+ bilirubin, otherwise clear. Urine pregnancy was negative. CBC showed white count of 17.4, hemoglobin 9.6, hematocrit 29.8, platelet count 326,000. Differential shows 13.57 segmented neutrophils and 0.87 banded neutrophils, consistent with left shift. Chemistry; glucose mildly elevated at 128, sodium slightly low at 134, potassium 4.2, BUN 8, creatinine 0.9. Liver function tests completely within normal limits.

TREATMENT AND HOSPITAL COURSE After initial assessment, Hep-lock was established. She received a liter of normal saline wide open and a gram of Tylenol. After the liter of normal saline, she was run at 150 cc/hr. In light of the ketonuria, she received a second liter of normal saline wide open and again was run following this at 150 cc/hr. In recognition of the elevation in her white count, she was empirically treated with a gram of Rocephin and sent to radiology for CT scan of her abdomen and pelvis. This was requested at 09:05. At the hour of 12:30 p.m., I spoke with Dr. Young, who reports the patient to have positive radiographic findings consistent with acute appendicitis. It should be mentioned that throughout the patient's stay in the emergency department, her examination has progressed. It seems to be localizing into the right lower quadrant and she does demonstrate rebounding at this time. Dr. Young additionally mentions that there appears to be questionable lung masses at her bases. I spoke with Dr. Lane, physician on-call today for Dr. Hillard, at the hour of 12:55 p.m. Discussed case and care. He requested Dr. Ungvarsky take care of this patient surgically while she is at Bedford. I am currently awaiting a return call from Dr. Ungvarsky.

2

Rm 4

305-2

BEDFORD-CT CENTER
DRS. SACHS, ROSS AND ASSOCIATES
44 Blaine Street • Bedford, Ohio 44146
Tel: (440) 439-2000 Ext. 2275

X-RAY NO. ______ DATE 11/18/01

... SUSAN F
VST ...
... 07/07/1951
... CAT # 50Y
... 11/18/01

PREVIOUS X-RAY		YEAR	FACILITY
YES	NO		

PREGNANT		TECH INITIALS	INDUSTRIAL		CHAIR	STRETCH
YES	NO		YES	NO		
						4

ROUTINE C.T. EXAMINATIONS

☐ BRAIN ☒ ABDOMEN ☒ PELVIS ☐ CHEST

*IV CONTRAST MATERIAL? ☒ YES ☐ NO ☐ WITH AND WITHOUT CONTRAST

ORAL CONTRAST MATERIAL? ☒ YES ☐ NO

*NOTE: IF THE PATIENT IS TO HAVE CONTRAST MATERIAL INJECTED PLEASE ADVISE PATIENT NOT TO EAT OR DRINK ANYTHING 5 HOURS PRIOR TO THE EXAMINATION

PROCEDURAL CODES	
HOSPITAL	SRA
1948713 ER 1948707	

C.T. SPINE EXAMINATIONS

☐ LUMBAR (levels) ______
☐ CERVICAL (levels) ______
☐ THORACIC (levels) ______
☐ OTHER ______

PERTINENT CLINICAL INFORMATION? (include pertinent previous surgery, etc.)

abd. pain c̄ WBC = 17.0
R/O appendicitis

Dr. Krantz
REFERRING PHYSICIAN

CARDIAC HISTORY: ______ HAS THE PATIENT PROVIDED INSTRUCTIONS REGARDING AN ADVANCED DIRECTIVE: ☐ YES ☐ NO

CARDIAC MEDICATION: ☐ YES ☐ NO TYPE: ______ ALLERGIES TO I.V. X-RAY CONTRAST MATERIAL ☐ YES ☐ NO

OTHER MEDICATION: ☐ YES ☐ NO TYPE: ______ OTHER ALLERGIES: ______ L.M.P. ______

STAT

BEDFORD CT /UNIVERSITY RADIOLOGIST

Age 50

WORK SHEET / PRELIMINARY REPORT

Patient Name Richnafsky, Susan Medical Record # 02104382 Date: 11-18-01

Inpatient (indicate Room #)..... Outpatient (ER)

Indications: RLQ pain

Hx, tubes tied

Type of examination:(List any additional special scans eg. Thin sections, dual phase etc.):

CT Abd / Pelvis

IV Contrast (circle one) (Yes) No Amount: 100 cc Angio cath. 20 g.

If IV contrast was not given indicate reason: Flow 2ml/s, delay 50s.

Oral Contrast (circle one) (Yes) No If oral contrast was not given indicate reason:

Technologist Remarks:

Time Faxed: Technologist: DF

Preliminary Report: ~~Rt tubes~~ Guard

Appendicitis

2rt lung masses

Useful Telephone #s:
Bedford CT: 440-735-3685
Department of Radiology: 440-735-3539
2nd Floor: 440-735-3608
3rd Floor: 440-735-3519
ICU: 440-735-3610
OBGYN (4th Floor): 440-735-3553
ER: 440-735-3800

Radiologist (please print)

Dr Young / SP

Fax to: 440-735-3540

Time Faxed: am pm

University Hospitals Health System

Bedford Medical Center

SUSAN F ... 11/18/01

DATE	TIME	
		[illegible]
11/18/2001		[illegible] admitted ... laparoscopic appendectomy ... developed ... low back pain x 1.5 days associated c ↓ appetite + N/V ... pain ... moved to the RLQ ...
		...
		PE ... NAD
		... tender RLQ
		A/P ... Appendicitis ...
		[signature]
11/18/01	1610	[illegible]
11-19-01	0300	Nursing Note: VS stable. Dressing intact. JP drain serosang... Voided. Medicated as ordered. IV antibiotics given. Continue to monitor. [signature]
		15

CH 850-005 6-96

INTEGRATED PROGRESS NOTES 180

DATE	TIME	
11-19-01		Surgery note 1st POD doing well. Drain draining Sero sanguinous material. H&H ↓ 67.2 ↑ 21.9. There was no bleeding during the surgery. I feel this is due to hemodilution. H H&H started at 9.6 - 29.8 but the pt had nothing to eat or drink for 2 days. Pt will investigate her anemia and keep on IV antibiotics for tomorrow.
	1530	POD #1 Nsg. Note: J-P drained 30cc yel-pink drainage ambulating [illegible] tol diet well. Gives 2 pt discomfort [illegible]. Ambulation encouraged
11/19/01	21	Pt up and ambulating in hallway. tolerated soft diet well. No nausea or vomiting. Abd. dsg: dsg intact. J.P. c scant amt. serosanguinous drainage. Christina
11/20/2001	0240	[illegible] diet x 3 - NO c/o pain. [illegible] [illegible] [illegible] J.P. [illegible] [illegible] [illegible] [illegible] [illegible] to void. VS stable. [illegible] 94% on RA
11-20-01		Surgery note Doing well. Home today. F/U in the office on August [illegible] + Flagyl.
11/20/01	2:53 pm	HO JP cath removed [illegible] APP

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PROGRESS NOTES - CONTINUED

UniversityHospitalsHealthSystem

Bedford Medical Center

Bedford, Ohio 44146

B05'V

NAME: RICHNAFSKY, SUSAN RECORD NO: 02104382
ROOM NO:

SURGEON: S. ELKHAIRI, M.D. SURGERY DATE: 11-18-01

ASSISTANT SURGEON: L. DRESLINSKI, S.A.

PREOPERATIVE DIAGNOSIS: ACUTE APPENDICITIS.

POSTOPERATIVE DIAGNOSIS: ACUTE APPENDICITIS WITH PERFORATION.

OPERATION: LAPAROSCOPIC APPENDECTOMY.

ANESTHESIA: GENERAL.

CLINICAL HISTORY: This is a 50 year-old female who started complaining of right flank pain and pain radiating to the right lower quadrant since Friday. The pain got worse and she had nausea but no vomiting. There was loss of appetite and slight temperature with no dysuria. The patient was seen in the emergency department and found to have tenderness in the right lower quadrant with positive rebound. CT scan was positive for appendicitis and the white count was 17,700. The patient was brought in for laparoscopic appendectomy.

OPERATIVE PROCEDURE: The patient was placed on the operating room table in the supine position after induction of appropriate endotracheal anesthesia. A Foley catheter and orogastric tube were inserted. The abdomen was prepped with Hibiclens and water, draped the usual way. A 1 cm incision was made in the umbilicus. Under blunt dissection, the abdomen was entered. S-shaped retractors were inserted and the blunt trocar and cannula was inserted and fixed in place with an 0-Vicryl suture. After adequate insufflation with carbon dioxide, two 5 mm trocars were inserted in the left lower quadrant and suprapubic region. The cecum appeared to be stuck to the lateral gutter. The appendix appeared inflamed. The appendix was dissected with blunt dissection. A small abscess was entered. The pus was aspirated and submitted for culture and sensitivity. The base of the appendix was then dissected and divided with an Endo-GIA 2.5 mm staples. The base of the appendix was grasped. The appendix was dissected in retrograde fashion. The mesoappendix was divided in two bites, utilizing the Endo-GIA 2.5 mm staples, 13 mm long. The appendix came out with the tip still in. The appendix was then put in a bag, brought out through the umbilical trocar site and submitted for pathological diagnosis. The trocar was reinserted and the tip of the appendix was then dissected with sharp and blunt dissection and placed in an Endo-bag and brought out and submitted for pathological diagnosis. The area was irrigated, suctioned out. A 10 mm drain was brought through the suprapubic region in retrograde fashion from the left lower quadrant trocar site and was placed in the area of the appendix and abscess, and sutured to the skin with a 3-0 silk suture. The other trocar was removed. There was no bleeding from the trocar sites. The abdomen was deflated. The umbilical trocar sites were closed with an 0-Vicryl suture. The skin was closed with subcuticular sutures utilizing 4-0 Vicryl sutures. The patient tolerated the procedure well and was sent to the Recovery Room in good condition.

NAME: RICHNAFSKY, SUSAN RECORD NO: 02104382

SURGEON: S. ELKHAIRI, M.D. SURGERY DATE: 11-18-01

ASSISTANT SURGEON: L. DRESLINSKI, S.A.

SE/dk
D: 11-18-01 16:13
T: 11-19-01 09:42

S. ELKHAIRI, M.D.

University Hospitals Health System

Bedford Medical Center

?X104???-??14 ?3L ?
?ICH?AFSKY, SUSAN F
VST 14?3??09
33?-4??-4?4? OE ??/?7/19?1
?RIN ILLAR? CAT ? SGY
20?-??-76?? 11/18/?1
??-FD?L?

DATE	TIME	
11-18-?1		Admitting note
		A 50Y old F started with pain in Rt RF
		flank around Rt RFLQ nausea but no
		vomiting normal BM yesterday - no dysuria
		no frequency [illegible]
		PH - Tubal ligation
		No Meds
		Allergies NKA.
		O/E Pt doesn't appear in acute distress
		Abdomen soft Tender +++ RFLQ
		with ++ rebound - no mass felt
		some Rt flank tender.
		Lab work
		BMP Glu 128 - Na 134
		LFTs Nml
		WBC 17.400 H+H 9.6 + 29.8
		5% Bands.
		CT scan acute appendicitis
		Plan laparoscopic appendectomy possible
		open
		Procedure Risks + benefits explained
		in details [illegible]
		[signature]

CH 850-005 5-06

University Hospitals Health System
Bedford Medical Center
Department of Radiology
Bedford, Ohio 44146

NAME:	RICHNAFSKY, SUSAN	X-RAY NO:	02104382
	AGE: 50 SEX: F ROOM: 305-2	DATE:	11-18-01
ATT. PHYS.:	S. ELKHAIRI, M.D.	DOB:	05-07-51

REGIONS EXAMINED: CT SCAN OF THE ABDOMEN AND PELVIS.

CLINICAL INFORMATION: Abdominal pain, white count 17,000, rule out appendicitis.

INTERPRETATION:

A spiral CT scan is performed from the base of the heart to the inferior pubic rami following intravenous and oral administration of contrast.

There is stranding and edema in the right lower quadrant. There is also a 2 x 1.6 cm fluid collection in the right lower quadrant. A swollen appendix is probably seen. The findings, however, are consistent with an acute appendicitis.

The liver, spleen, pancreas, adrenal glands and left kidney are normal. There is a 4 x 3.3 cm right parapelvic cyst. No retroperitoneal lymphadenopathy or abdominal aortic aneurysm. The uterus is slightly prominent. No adnexal masses. On the lung bases, there appears to be a 2 cm mass in the right lung base and a 5 mm nodule in the lateral right lung base. A CT scan of the chest is therefore recommended for further evaluation. Note is made of a 7.5 x 5.5 cm hiatal hernia.

IMPRESSION: STRANDING AND A SMALL FLUID COLLECTION IN THE RIGHT LOWER QUADRANT CONSISTENT WITH ACUTE APPENDICITIS.

SUSPECTED 2 CM MASS AND A 5 MM NODULE IN THE RIGHT LUNG BASE. A CT SCAN OF THE CHEST IS RECOMMENDED.

HIATAL HERNIA.

4 X 3.3 CM RIGHT PARAPELVIC RENAL CYST.

BD/as
D: 11-19-01 15:52
T: 11-20-01 09:03

B. DEBAZ, M.D.
Radiologist

4

UniversityHospitalsHealthSystem
Bedford Medical Center
Department of Radiology
Bedford, Ohio 44146

NAME:	RICHNAFSKY, SUSAN	X-RAY NO:	02104382
	AGE: 50 SEX: F ROOM: 305-2	DATE:	11-18-01
ATT. PHYS.:	S. ELKHAIRI, M.D.	DOB:	05-07-51

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BD/as
D: 11-19-01 15:52
T: 11-20-01 09:03

B. DEBAZ, M.D.
Radiologist

UniversityHospitals HealthSystem

Bedford Medical Center

021043R2-0014 EOLL B
PICHNARSKY, SUSAN F
VST 14655509
350-40?-4948 DE 05/07/1951
EVIN MILLARD CAT N 50?
206-40-7606 11/18/01
G&I-EOILR

LAB ORDERS:

☑ CBC	☐ Digoxin	☐ UA
☑ BMP	☐ Dilantin	☑ UCG
☐ Cardiac Enz	☐ Tegretol	☐ Serum HCG
☐ PT/INR/PTT	☐ Depakote	☐ EKG
☐ Amylase/Lipase	☐ ETOH	☐ Old Charts/EKG
☑ Liver Profile	☐ Tox Screen	☐ ABG
☐ Occult Blood_____	☐ U Tox	☐ Type & Screen
		☐ Type & X _____ Units

done. stat done cath spec

CULTURE(S):
☐ Blood x _____ sites ☐ Urine ☐ Sputum ☐ Wound

OTHER: _____

X-RAY ORDERS: ☐CXR ☐PCXR ☐AAS ☐C-Spine Full ☐CT: Head/Abd/Pelvis

Other: _____ Call Placed: _____

T	BP	P	R	SpO2 _____	Pain Scale 0-10	Allergies
O/R/A/T				RA/O2 _____	Score: _____	

Time: 0700 ☐ A.M. ☐ P.M.

CC/HOPI: 40s (R) flank pain x ~20.
HT' HN/V ED 1 hr. Odys/Keflex.
+ blood
(H) cough ↓prod ↓SOB/wheeze. Cough
Dx ~ prob UTIx: Cipro → temp well.
Pain resol wt - Anorectic

PM Hx: Ø
PS Hx: Malig
Soc Hx: Ø Ø
Fam Hx: CAD M
ROS:

Pyelo Cx 1000

1230 Pt Young Happy 7 1 more episodes

PCP/On call contacted:	Paged	Ans

Consultant contacted:	Paged	Ans

Dr. Holland - Lyme 1235 Dr. Ungvarsky - Okhuis 1320

Diagnosis: Mid Stone suspect Appy 1/2

Condition on D/C: ☐ Improved ☐ Stable ☐ Guarded ☐ Serious ☐ Critical
☐ Other: _____
Examining Physician: _____

Time Ordered	Orders	Trmt/ Time
	Saline lock / IVF ____ bolus rate	
	O2	
	Monitor	
	ASA 325 mg, 160 mg, PO	
	Tylenol _____ mg	
	Ibuprofen _____ mg	
	Albuterol / Atrovent	
	Solumedrol 80 mg 125 mg	
	Protocol	
	Hep lock - done	
	0.9 NS @ 1 L W.O.	
	T/S 65 ig po 0715	
	0.9 NS @ 150 cc/hr	0800
	repeat 0.9 NS @ 150 cc/hr	0945
	1 L W.O. → 100 cc/hr	
	Rocephin 1g IV	0940 CD
	CT Abd/Pelvis	0905
	PO X 1hr	CD
	Flagyl 500mg IV	1435
		CD
	5	

Disposition: 36471
☐ Admit: ☐ Tele ☐ ICU
Dr. _____
☐ Observation: ☐ Tele
Dr. Okhuis
☐ Home ☐ Transfer ☐ AMA ☐ Expired

CH900016 R7 D: **EMERGENCY DEPARTMENT RECORD - 115**

WHITE COPY - MEDICAL RECORDS YELLOW COPY - ER PHYSICIAN BILLING PINK COPY - ATTENDING PHYSICIAN GOLD COPY - BMC BILLING

UniversityHospitals HealthSystem

Bedford Medical Center

PRESENTING TIME	TO TX. AREA	ROOM
0652	0658	4

BP	P	R	T	WT
181/62	123	16	38.2	

CHIEF COMPLAINT: (R) lower back pain radiates to abd. Started 11/16. N+V. Chills. Not able to keep much down. Pain worse when on back.

PAIN 0 - 10: 7

MODE OF ARRIVAL: [X] Walk-in [ ] Wheelchair [ ] Ambulance (see run sheet)
Accompanied by: [ ] Parent [ ] Spouse [ ] Other:
Transported from: Home

TREATMENT PRIOR TO ARRIVAL: [ ] Squad
[X] None [ ] IV Type Amount
[ ] O2 [ ] Monitor [ ] Splints
[ ] C-collar [ ] Backboard
[ ] Medications:

ALLERGIES: [X] NONE [ ] UNKNOWN

TB SCREEN: [X] NEGATIVE [ ] POSITIVE
If positive see Attachment (

DOMESTIC VIOLENCE: [ ] NEGATIVE [ ] POSITIVE [X] NA

CURRENT MEDS: [X] Denies

LMP: Now Pregn 11/15

TETANUS STATUS: [X] UNKNOWN [ ] >5 YEARS [ ] <5 YEARS [ ] >10 YEARS

LATEX ALLERGIES: [X] NEGATIVE [ ] POSITIVE

IMMUNIZATIONS:

P.M.H.: [X] Denies Tubal Ligation

Triage Nurse, Signature: [illegible]

RELEVANT REVIEW OF SYSTEMS

GLASCOW COMA
[X] N/A
EYE OPENING
SPONTANEOUS 4
TO VOICE 3
TO PAIN 2
NONE 1

VERBAL RESPONSE
ORIENTED 5
CONFUSED 4
INAPPROPRIATE 3
INCOMPREHENSIVE SOUNDS 2
NONE 1

MOTOR RESPONSE
OBEYS COMMANDS 6
LOCALIZED (PAIN) 5
WITHDRAW (PAIN) 4
FLEXION (PAIN) 3
EXTENSION (PAIN) 2
NONE 1
Sum Total

MENTAL/NEURO [X] N/A

A & O x 3	[X] Yes	[ ] No
Responds Appropriately	[ ] Yes	[ ] No
Loss of Consciousness	[ ] Yes	[ ] No
H/A	[ ] Yes	[ ] No
Nausea/Vomiting	[ ] Yes	[ ] No
Sensory Intact	[ ] Yes	[ ] No
Motor Intact	[ ] Yes	[ ] No
PERRLA	[ ] Yes	[ ] No

VISUAL ACUITY OD OS OU N/A

LACERATION [X] N/A
Pain 0 - 10:
Location:
Description:
Time of Injury: [ ] AM [ ] PM
Date of Injury: / /

ORTHO [X] N/A
Pain Location:
Duration:
Radiation:

Swelling/Deformity	[ ] Yes	[ ] No
Neuro Intact	[ ] Yes	[ ] No
Circulation Intact	[ ] Yes	[ ] No

Pain 0 - 10:
ROM [X] Full [ ] Limited [ ] Immobilized

HEART/LUNGS [X] N/A
Rhythm:
Pain Location: 0 - 10
Duration:
Radiation:
Quality:
(degree 0 = none 10 = worst)
Pulse Ox:

Breath Sounds	R	L	Bilat
Clear	[ ]	[ ]	[ ]
Rales/Rhonchi	[ ]	[ ]	[ ]
Diminished	[ ]	[ ]	[ ]
Absent			
Wheezing			

6

SOB	[ ] Yes	[ ] No
Nausea/Vomiting	[ ] Yes	[ ] No
Smoking	[ ] Yes	[ ] No

SKIN [X] Warm/Dry [ ] Cyanotic [ ] Diaphoretic [ ] Flushed [X] Pink [ ] Pale/Ashen
Capillary Refill [X] <3 sec [ ] >3 sec

GU/GYN [ ] N/A

Frequency	[ ] Yes	[X]
Dysuria (Pain) 0 - 10	[ ] Yes	[X]
Retention	[ ] Yes	[X]
Hematuria	[ ] Yes	[X]
Incontinent	[ ] Yes	[X]
Vaginal/Penile Discharge	[ ] Yes	[X]
Possibly Pregnant	[ ] Yes	[X]

Period [X] Normal [ ] Irregular
G P AB
LMP 11-15-01
Pelvic Witnessed By

ABDOMEN [ ] N/A
Pain Location: (R) side & back
0 - 10: 7
Duration: Pain started
Radiation:

Bowel Sounds	[X] Yes	[ ] N
Nausea/Vomiting	[ ] Yes	[X]
Anorexia	[ ] Yes	[X]

BM [X] Normal [ ] Constipated [ ] Diarrhea/Loose
Last BM: 11/17/01

Signature: [illegible] R.

TIME	BP	P	RR	P.OX/TEMP	PAIN SCALE 0-10	MEDS/IVS	NURSE'S PROGRESS NOTES
0720						NS 1 liter	0658 Amb. to exam room
						20g	0700 Assumed care
						(R) Arm/	of pt. @ s.o. shift
							0720 IV access attained.
							Labs drawn & sent
0715						Tylenol	as ordered. Urine cath
						1g MR/	U/A done. UA, UCG stat
							0800 IVF bolus given
							as ordered.
0905						Rocephin	0905 Pending rad CT
						1g IV/	Pt.'s husband advised
							of plan of care.
							1030 To CT.
1330	112/74	108	18	37.7			1115 Back from CT.
							1245 Awaiting dispo-
							sition of pt.
1425						Flagyl	1330 Pt. admission
						500mg	to hospital. Clothing
						IV/	list completed & a decomp.
							chart. Awaiting bed
							assignment.
							1437 Dr. Elkhaini here
							to see pt. Pt. to go to
							OR from here. Floor
							notified. Pt. to notify
							her family - on way
							back to hospital.
							1445 To OR.

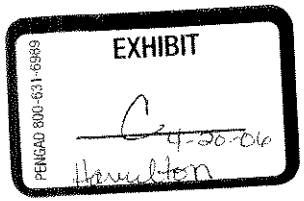
ADMIT/TRANSFER	DISCHARGE	DISCHARGE CHECKLIST
Disposition: Admit OR → 305-1	☐ Home ☐ Other ☐ Expired ☐ LWBS ☐ AMA	☐ IV HL Discontinued Intact
Room #:	MODE OF DISCHARGE: ☐ Wheelchair ☐ Ambulatory ☐ Ambulance	☐ F/U Instructions For Physician 7
Report Called to:	ACCOMPANIED BY:	☐ F/U Instructions Reinforced
Report Called by: [signature]	☐ Family	☐ Patient/Family Verbalized Understanding of Directions
Valuables to: [signature]	☐ Other:	

Draft Daniel Krainitz DO

15- Dr Young - radiologist, spoke about questionable lung masses
17. To CT - 10:30 AM, returned by 11:15 AM - Pt in ED when spoke c Dr Young, 12:30 pm

19. No reference in his notes (dictated) information conveyed back to patient. - Would judge by his routine practice

21. Don't have memory of conveying lung mass to pt "Yes"
22. Can't recall if husband present.
24. Erin Hilliard - noted as Husbands PCP - Never spoke to. Discussed c Dr Zane who was covering
26. Does recall specifically mentioning need for f/u to Dr Zane regarding lung masses.
30. Dr Zane advised he would pass on the Dr Hilliard or group. Doesn't recall whom.
31. Dr Zane advised Dr Ungvarsky should consult on surgery
Dr El-Khairi (on-call for Dr U) called back.
33. Doesn't recall exact information shared.
- but is routine to convey both.
36 Dr El-Khairi to see pt at 2:35 pm - 37 Care transferred
38. Didn't Speak to Dr El-Khairi again, unknown who he spoke to. Dr Young, Dr Debay.
43. Not sure if husband present.
44. States would have told Dr El same info as Dr Zane - conveyed lung masses.
*45. Dr Zane conveyed info would be followed up, that was conveyed to Dr El-K Didn't have understanding pt would f/u with anyone.



Glenn C. Hamilton, M.D.

53 Monteray Rd. W. - Dayton, Ohio 45419

November 30, 2005

John W. Burnett
Becker & Mishkind Co., L.P.A.
Attorneys At Law
Becker Haynes Building
134 Middle Ave.
Elyria, OH. 44035

Fax: 440-323-1879

Re: Richard Richnafsky, et al. v University Hospitals of Cleveland, et al.

Dr. Mr. Burnett

As requested I have reviewed the medical records involved in this case including the transcript deposition of Daniel Kranitz, D.O. taken August 30, 2005. After careful review and consideration of these materials, I do not believe that Dr. Kranitz's actions fell below the standard of care in this case.

Specifically:

1. He performed appropriate screening evaluation and further assessment of the patient resulting in her being diagnosed as having an under-lying acute surgical illness.
2. He made appropriate referral for the care of that illness in a timely manner.
3. While he was aware there was a specific incidental finding on the chest x-ray that was not specifically relevant to the acute surgical problem, he was not obligated at the time to share this additional information regarding this finding with the patient. Reasonable and prudent clinical judgment would require a physician not to further concern or agitate a patient who is about to undergo an emergent surgical procedure.
4. Dr. Kranitz was well within the standard of care to expect that the findings noted and reported on the chest film would also be noted by subsequent physicians in this case.